



Board of Directors: Public

Schedule	Thursday 4 April 2024, 9:30 AM — 12:00 PM BST
Venue	Lecture Theatres 1 & 2, Education Centre, Barnsley Hospital NHS Foundation Trust
Organiser	Lindsay Watson

Agenda

9:30 AM	1. Introduction	(10 mins)	1
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	1.2. Declarations of Interest To Note - Presented by Sheena McDonnell		3
	1.3. Minutes of the Previous Meeting: 1 February 2024 To Review/Approve - Presented by Sheena McDonnell		4
	1.4. Action Log To Review - Presented by Sheena McDonnell		15
	2. Culture		17
9:40 AM	2.1. Staff Story - verbal: Michael Shanaghey/Dawn Denham in attendance To Note - Presented by Steve Ned	(30 mins)	18
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	For Assurance - Presented by Becky Hoskins and Kevin Clifford		
	3.3. Finance & Performance Committee Chair's Log: 29 February/28 March 2024		336
	For Assurance - Presented by Stephen Radford		
	3.4. Barnsley Facilities Services Chair's Log		349
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10:35 AM	4. Strategy	(10 mins)	362
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10:45 AM	5. Performance	(20 mins)	377
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	For Assurance - Presented by Becky Hoskins		



	5.2. Integrated Performance Report		402
	For Assurance - Presented by Lorraine Burnett		
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11:05 AM	Break	(10 mins)	435
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	6.1. Bi-annual Report of the use of the Trust Seal		437
	For Assurance - Presented by Angela Wendzicha		
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	For Assurance/Approval - Presented by Angela Wendzicha		
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11:30 AM	7. System Working	(5 mins)	477
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	To Note - Presented by Richard Jenkins and Bob Kirton		
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	For Information - Presented by Bob Kirton		
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11:35 AM	8. For Information	(15 mins)	496
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	For Information - Presented by Sheena McDonnell		
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	8.3. NHS Horizon Report		509
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	8.4. 2024/25 Work Plan		513
	To Note - Presented by Sheena McDonnell and Angela Wendzicha		
11:50 AM	9. Any Other Business	(10 mins)	522
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	To Note - Presented by Sheena McDonnell		
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	To Note - Presented by Sheena McDonnell		
	<p>Members of the public may request that they address a question to the Board of Directors. Any member of the public wishing to do so must advise the Corporate Governance Manager at least 24 hours before commencement of the meeting, stating their name and the nature of the question. These questions shall be brought to the attention of the Chair before the commencement of the meeting and the decision as to whether any question will or will not be allowed to be put to the Board of Directors by any member of the public will lie with the Chair whose decision will be final.</p> <p>In accordance with the Trust's Standing Orders and Constitution, to resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</p>		525
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1. Introduction

1.1. Welcome and Apologies

Apologies: Sarah Moppett (Becky Hoskins
in attendance)

To Note

Presented by Sheena McDonnell

1.2. Declarations of Interest

To Note

Presented by Sheena McDonnell

1.3. Minutes of the Previous Meeting: 1 February 2024

To Review/Approve

Presented by Sheena McDonnell



**Minutes of the meeting of the Board of Directors Public Session
 Thursday 1 February 2024 at 9.30 am, Lecture Theatre 1 & 2,
 Barnsley Hospital NHS Foundation Trust**

- PRESENT:**
- | | |
|------------------|---|
| Sheena McDonnell | Chair |
| Richard Jenkins | Chief Executive |
| Bob Kirton | Managing Director |
| Simon Enright | Medical 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:**
- | | |
|--------------------|--|
| Lorraine Burnett | Director of Operations |
| Tom Davidson | Director of ICT |
| Angela Wendzicha | Director of Corporate Affairs |
| Theresa Rastall | Freedom to Speak Up Guardian, min ref: 24/159 |
| Sara Collier-Hield | Associate Director of Midwifery, min ref: 24/166 |
| Lindsay Watson | Corporate Governance Manager, minutes |
- OBSERVING:**
- | | |
|------------------|--|
| Tom Wood | Lead Governor, Council of Governors |
| Robert Lawson | Public Governor, Council of Governors |
| Philip Carr | Public Governor, Council of Governors |
| Dianne Mansfield | Public Governor, Council of Governors |
| Jon Maskill | Staff Governor, Council of Governors |
| Nigel Bullock | Staff Governor, Council of Governors |
| Adriana Rrustemi | Public Governor, Council of Governors |
| Francis Connelly | Lead Nurse, Children’s Nursing Team/
Children’s Outpatient Department |
| Nick White | Corporate Governance Officer |
- APOLOGIES:**
- | | |
|-------------|--|
| Emma Parkes | Director of Communications & Marketing |
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	INTRODUCTION	
BoD 24/154	<p>Welcome and Apologies</p> <p>Sheena McDonnell welcomed members, attendees and observers to the public session of the Board of Directors (BoD) meeting. Apologies were noted as above.</p> <p><i>The agenda was taken out of order at various times to accommodate presenters attending the meeting.</i></p>	

BoD 24/155	Declarations of Interest 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). A declaration of interest was noted from Lorraine Burnett and David Plotts as Directors of Barnsley Facilities Services (BFS). No new interests were declared.	
BoD 24/156	Minutes of the Meeting held on 7 December 2023 The minutes of the meeting held on 7 December 2023 were reviewed and approved as an accurate record of events.	
BoD 24/157	Action Log The action log was reviewed, noting all actions from the previous meeting were complete.	
	CULTURE	
BoD 24/158	Patient Story Sarah Moppett introduced the patient's story which was shared with the BoD via video technology, noting consent had been received from the patient for the story to be heard within the public domain. The video related to care and treatment received during admission to Ward 33, following transfer from the Intensive Care Unit. The description portrayed a series of events which included a lack of compassion, delays in pain relief being administered and a general feeling of poor communication and care being provided during the inpatient stay. The patient was subsequently reviewed by the Consultant Surgeon with the concerns being highlighted, following which an urgent referral to the Pain Management Team was made. From this point, the patient noted a vast improvement in the treatment and care provided. The Board acknowledged the problems associated with poor care and was assured several mitigations had been implemented to ensure lessons had been learnt. This included the video being shared with the clinical teams as part of ongoing learning, a review of communication between all wards/staff to promote awareness of the acute pain services available, along with a review of leadership on the wards to ensure patient experience and safety remained a top priority, regardless of the operational pressures faced. The Board acknowledged the concerns described by the patient and recognised the importance of communication between staff, service users and their families. The Board also expressed gratitude to the patient for sharing her personal story.	
BoD 24/159	Freedom to Speak Up Quarter Three Report	

	<p>Theresa Rastall attended to provide an overview of activity during the third quarter of 2023/24. The Board was informed that the Freedom to Speak Up (FTSU) Planning Tool had been included for information.</p> <p>During the reporting period a total of 33 concerns were raised, noting a significant increase in comparison to previous reporting periods; the main theme identified being multiple members of staff reporting the same concern. In January 2024, 15 new concerns had been raised. There had been an increase in concerns raised both regionally and across the North East and Cumbria, which could be attributable to the recent events at the Countess of Chester Hospital.</p> <p>Three detriment concerns had been raised during the quarter as a result of staff speaking up; the Board was informed information relating to the Speaking Up Support Scheme, implemented by NHS England (NHSE), had been circulated to the respective individuals, Human Resources and Occupational Health Departments. This provided information on how to join the annual programme if negative effects have been faced due to speaking up. Following discussion, the Board expressed concerns noting this was the first time detriments had been raised at the Trust, Steve Ned assured that actions are being taken to address the concerns, including support being provided to the individuals whilst maintaining confidentiality.</p> <p>In response to a comment raised about the distribution analysis of data with other Trusts within the system both at regional and national level; the Board was informed an annual report is published by the National Guardians Office however, the breakdown of national data is not available. The Board noted this could be provided through analysis of previous Board papers, which will be discussed in further detail outside the meeting. This will be discussed as part of the regular 1:1 meetings with Theresa Rastall and Steve Ned.</p> <p>Following discussion, the Board agreed to an in-depth review of the current position for the uptake of training of managers to be undertaken. This will be monitored and reviewed at the People Committee, escalating any concerns to the Board as appropriate. Action: <i>delegate to the People Committee.</i></p>	SE/SN
	ASSURANCE	
BoD 24/160	<p>Audit Committee Chair's Log</p> <p>Nick Mapstone presented the chair's log from the meeting held on 17 January 2024 which was noted and received by the Board.</p> <p>The Committee received an update from the Chief Pharmacist following a review of wasted medicines, the losses were attributed to a combination of factors including equipment and stock control failures. Reassurance was provided that several mitigations have been proposed and following a request by the Committee, a further update will be provided at the meeting scheduled in April 2024.</p> <p>In response to a question relating to staffing resources within the Pharmacy Department; Simon Enright advised a quarterly staffing report is presented at</p>	

	<p>the Quality and Governance Committee, commenting that a detailed action plan is in place to review the senior leadership and recruitment of junior pharmacists in the department.</p>	
<p>BoD 24/161</p>	<p>People Committee Chair's Log</p> <p>Sue Ellis presented the chair's log from the meeting held on 23 January 2024 which was noted and received by the Board. Several reports were presented including the approach to the publication of the gender pay gap information, sickness management audit follow up and an update on the staff car parking policy.</p> <p>The initial findings of the staff survey results were presented which are currently embargoed until March 2024; the results will be discussed in further detail at the private session of the BoD later this morning. The National NHS Staff Survey will be presented at the Public Board meeting on 4 April 2024.</p> <p>The Board noted the new Support Staff Attendance Policy, previously the Sickness Absence Policy, had recently been launched. This is supported and underpinned by a training package to help educate managers on the early stages of sickness management and an emphasis on health and wellbeing.</p>	
<p>BoD 24/162</p>	<p>Quality and Governance Committee Chair's Log</p> <p>Kevin Clifford presented the chair's logs from the meetings held on 20 December 2023 and 24 January 2024 which were noted and received by the Board. Several reports were received including a pharmacy staffing update, maternity minimum data set/Clinical Negligence Scheme for Trusts (CNST) submission, a positive research and development update, health inequalities action plan and the final report for the 360 assurance cleaning standards.</p> <p>At the January 2024 meeting, the Committee received an update following a review of 52 non-clinical incidents by the Medicines Management (MM) Committee. An action plan has been implemented and remedial actions are being managed by the MM Operation Group, escalating concerns to the Committee as appropriate. The Committee was also made aware of the challenges experienced in managing the clostridioides difficile targets, noting the Trust had exceeded the annual target of 33 cases. An action plan has been simultaneously developed and implemented, with an update on the implications and impact to be presented to the Committee in due course, any concerns will be escalated to the Board appropriately.</p> <p>On behalf of the Board, colleagues were commended for their support in achieving significant assurance for the 360 Assurance Cleaning Standards Report.</p>	
<p>BoD 24/163</p>	<p>Finance & Performance Committee Chair's Log</p> <p>Stephen Radford presented the chair's logs from the meetings held on 21 December 2023 and 25 January 2024 which were noted and received by the Board. Several reports were received including an update on the financial position and elective recovery, green action plan sustainability report and efficiency and productivity programme.</p>	

	<p>The Green Action was received and approved by the Committee, noting the Trust has defined several actions and is committed to achieving net zero by 2040.</p>	
BoD 24/164	<p>Barnsley Facilities Services Chair's Log</p> <p>David Plotts introduced the chair's logs from the meetings held in December 2023 and January 2024 which were noted and received by the Board.</p> <p>The Board was informed that BFS had been awarded £420,000 for the LED Lighting Project, which will be utilised to install a further 2,500 LED light fittings throughout the Trust.</p> <p>Following a recent concern regarding a service user unable to attend the Hospital due to a lack of disabled parking spaces, the Board noted that communications have been circulated to all staff as a polite reminder and the issue has been addressed directly with the patient.</p>	
BoD 24/165	<p>Executive Team Report and Chair's Log</p> <p>Richard Jenkins presented the chair's log from the meetings held throughout December 2023 and January 2024 which was noted and received.</p> <p>The key highlights noted from the reports were the Baby Friendly Initiative, the investment in resus to increase training compliance and an update on the graduate management trainees following their first three months. The Board was pleased to hear the Trust achieved the Joint Advisory Group (JAG) Accreditation for the Endoscopy Unit, commending all colleagues for their hard work and support.</p> <p>In response to a question regarding the direct impact of the industrial action on the Trust; Richard Jenkins advised this will be reviewed as part of the winter planning process where a full de-brief will be provided.</p> <p>Simon Enright advised following a recent meeting with the British Medical Association (BMA), the Consultant body had rejected the government's most recent pay offer. Balloting will take place between 1 February – 20 March 2024 to secure a further mandate for industrial action noting no further periods have been announced as yet. Robust plans had been implemented during each period to ensure safe staffing and patient care were maintained during these challenging times.</p>	
BoD 24/166	<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 key points were raised:</p> <ul style="list-style-type: none"> • Following a recent visit by the UNICEF Baby Friendly Initiative (BFI), a recommendation was made for the Trust to progress to the Gold Award; only one-third of Maternity Units were noted to have been awarded BFI Gold Accreditation. • The overall safety and harm metrics within the reporting period remain 	

	<p>stable.</p> <ul style="list-style-type: none"> • A deep dive into the maternity dashboard, to review the annualised rates against regional rates, was reassuring and in line. • Workforce improvements have been made to current midwifery vacancies, reported to be low against the budgeted establishment. • Several actions are in place to ensure the Saving Babies Lives Version 3 will be implemented by the national deadline of March 2024. <p>The Board was informed the CNST compliance was submitted to NHS Resolution following approval by the Chief Executive and ICB Chief Nurse.</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. Action: <i>Following discussion, it was agreed future iterations will include an appendix of acronyms.</i></p>	SMo
	STRATEGY	
<p>BoD 24/167</p>	<p>Trust Objectives 2023/24: Quarter Three</p> <p>Bob Kirton presented the Trust Objectives report for quarter three of 2023/24 providing a high-level summary of the key highlights and concerns for the Trust. The report had been fully scrutinised and received by the Assurance Committees. The Board noted future reports will provide a greater emphasis on the key risks and the approach undertaken by the Trust.</p> <p>The Trust had progressed well despite a number of challenges encountered due to operational pressures both internally and within the wider system. The key highlights within the quarter are the monitoring of activity and performance against health inequalities, John's Campaign which is embedded within the Trust and continued diagnostic work with the Health and Wellbeing Framework.</p> <p>One of the major concerns is the impact of potential further industrial action by the BMA and an increase in operational winter pressures which could impact the delivery.</p> <p>The Board received and endorsed the report as an assurance of progress made against the Trust Objectives for 2023/24.</p>	
	PERFORMANCE	
<p>BoD 24/168</p>	<p>Integrated Performance Report</p> <p>Lorraine Burnett introduced the Integrated Performance Report (IPR) for December 2023 providing an overview of performance and challenges throughout the Trust, which had been scrutinised and discussed at length at the recent Assurance Committees. The Trust continued to experience several challenges during the reporting period as a result of operational pressures and the impact of the industrial action.</p> <p>Emergency care performance against the four-hour standard was reported at 56.3% against an England performance of 54.74%. A number of initiatives were implemented within the Emergency Department (ED) including listening</p>	

	<p>events to understand how colleagues are feeling and potential expansion in the waiting area to create a minor illness stream. The feedback will be collated and used to ensure improvements are made within the department.</p> <p>The Trust continues to work towards eliminating patients waiting above 65 weeks for treatment by the end of March 2024, in line with NHSE's key priorities. Following a question asking if the Trust is on track to achieve this trajectory; the Board was informed the waiting lists are reducing week by week and additional capacity is being scheduled to ensure there is sufficient capacity to treat patients. The Mexborough Elective Orthopaedic Centre of Excellence (MEOC) opened in mid-January 2024, treating a particular core of patients which is having a positive impact in reducing the Trust's waiting list.</p> <p>A question was raised regarding the concerns noted within ED, asking if mutual aid had been offered; Lorraine Burnett informed that a National Urgent and Emergency Care Improvement Plan was developed last winter and is currently being reviewed to ensure best practices are in place.</p> <p>As agreed at the recent People Committee, the Board was made aware the return to work interview target of 70% will be reflected in the next report cycle for the IPR.</p>	
<p>BoD 24/169</p>	<p>Quarterly Mortality Report</p> <p>Simon Enright presented the mortality report which was noted and received by the Board. Arising from the report the following was noted:</p> <ul style="list-style-type: none"> • Crude (mortality deaths per 1,000 admissions) latest analysed year-to-date data to the end of November 2023 is 22.14, a slight reduction on last year's figure reported at 26.4. • SHMI (all deaths within the Trust and up to 30 days following discharge, excluding Covid-19) latest rolling month to June 2023 is 100.06, within the expected range. • HSMR latest data from CHKs is to September 2023 reported at 100.37 for the preceding 12-month period, within the expected range. A Task and Finish Group has been established to address previous concerns regarding the HSMR figures. • Learning from deaths 100% of deaths were scrutinised by the Medical Examiner. <p>The Board was informed Susie Orme had recently been appointed as Lead Medical Examiner; work is currently ongoing with the local coroner to ensure robust working relationships are embedded within the Trust</p> <p>A query was raised regarding information within the report; under the Medical Examiner Service Section, relating to Mental Health patients falling under Mid Yorkshire. Action <i>Simon Enright will clarify this and send confirmation to the Board.</i></p>	<p>SEn</p>

	The Board noted and received the report as an assurance of progress.	
	GOVERNANCE	
BoD 24/170	<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 of 13 risks on the BAF; three extreme (15+) and five scored as high (12). Following a review of risk 2557 regarding the lack of space and adequate facilities on site to support the future configuration and safe delivery of services; the Executive Team recommended the residual score be increased from 12 to 16.</p> <p>There are currently six risks on the CRR, noting no changes have been made to the scoring of the risks since the last presentation to the Board in December 2023.</p> <p>In response to a comment raised about the alignment with the ICB risk register; Angela Wendzicha confirmed a meeting has been arranged at Place and will provide an update to the Board following discussions. Bob Kirton commented that the South Yorkshire Integrated Care Board (ICB) BAF/risk registers had been presented recently at the Barnsley Place Board which cross references risks at Place, this was noted to be a complex document which is still under development.</p> <p>Following presentation, the Board received and endorsed the recommendation of the residual risk score for BAF Risk 2557, and received and approved the updated registers.</p>	
BoD 24/171	<p>Assurance Committee Terms of Reference</p> <p>Angela Wendzicha presented the revised Terms of Reference (ToR) for the People, Quality & Governance and Finance & Performance Committees, as part of the annual review cycle.</p> <p>The Board received and endorsed the documents, subject to a minor amendment required to the Quality and Governance Committee ToR.</p> <p>In response to a comment raised regarding the ToR for the Audit Committee; the Board noted these are currently being re-formatted to ensure consistency amongst the Committees and will be presented in due course.</p>	
	SYSTEM WORKING	
BoD 24/172	<p>System Update</p> <p>The Chief Executive Report from the ICB Chief Executive was included for information.</p>	
	FOR INFORMATION	
BoD 24/173	Chair Report	

	<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. No questions were raised.</p> <p>The Board noted and received the report.</p>	
BoD 24/174	<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. No questions were raised.</p> <p>The Board noted and received the report.</p>	
BoD 24/175	<p>NHS Horizon Report</p> <p>The report, which provided an overview of NHS Choices Reviews; reviews of strategic developments and national and regional initiatives was noted and received by the Board.</p> <p>Nick Mapstone referred to the commentary regarding South Warwickshire University Trust and University Hospitals Coventry & Warwickshire Trust; noting that the Integrated Care Board is planning to move the Community Services to the Acute Hospital to enable integration of pathways; suggesting there would be merit for the Trust to potentially review. Action: Following the discussion, Sheena McDonnell agreed to take this opportunity to highlight this to the ICB.</p>	SM
BoD 24/176	<p>2023/24 Work Plan (2024/25 work plan in development)</p> <p>The work plan, which sets out the structure of the year ahead was included for information. The Board was made aware the 2024/25 work plan is currently in development and the Care Quality Commission Annual Report and the Sustainability Plan will be included.</p>	
	ANY OTHER BUSINESS	
BoD 24/177	<p>Questions from the Governors regarding the Business of the Meeting</p> <p>On behalf of the Council of Governors, Trust Members and Constituents, Tom Wood, Lead Governor the following questions were raised:</p> <p>Patient Story: Are there any metrics available for patients who request pain relief; Sarah Moppett informed regular monthly audits are undertaken within Trust.</p> <p>FTSU: Have any internal measures been undertaken to raise the profile; Steve Ned confirmed active visits throughout the Trust have been made by the FTSU Guardian. This has generated awareness of the guardian and champions, which in turn, prompts colleagues to raise concerns.</p> <p>Research and Development: A previous query had been raised by a member of the Council of Governors, regarding processes and compliance; it was asked if an action plan was in place. The Board requested further information to be submitted which would be reviewed outside the meeting. Action:</p>	

	<p><i>further information to be obtained by the Council of Governors.</i></p> <p>Executive Team Chair's Log Industrial Action: Is there an opportunity to apply the lessons learnt to other contingency planning/areas; Lorraine Burnett informed as part of the emergency preparedness planning, the learning from the pandemic and industrial action, is being built into future planning.</p> <p>Philip Carr, Public Governor asked if there had been any improvements with staffing in the Oncology Services at the Trust; Lorraine Burnett informed the Oncology Service is provided by Sheffield Teaching Hospital which had been impacted due to a national shortage of Oncologists. A project has been undertaken to review the services provided, including several listening events being held where feedback has been provided by the Trust, to ensure that the Oncology Services remain at the Trust.</p> <p>He also asked if there are any plans for the Trust to establish a minor ailments clinic, within the Emergency Department, to help reduce operational pressures; Lorraine Burnett advised a pilot of different work streams is currently being trialled by the Accident and Emergency Team to ensure improvements are made.</p>	AW
BoD 24/178	<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>	
BoD 24/179	<p>Date of next meeting</p> <p>The next Board of Directors Public Session is to be held on Thursday 4 April 2024, 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>	

1.4. Action Log

To Review

Presented by Sheena McDonnell

Board of Directors Public Session: Action Log

Meeting Date	Agenda	Action	Assigned To	Due Date	Progress / Notes	Status
1 Feb 2024	Freedom to Speak Up Quarter Three Report	The Board agreed to an in-depth review of the current position for the uptake of training of managers to be undertaken. This will be monitored and reviewed at the People Committee, escalating any concerns to the Board as appropriate. <u>This is to be delegated to the People Committee.</u>	Sue Ellis, Steve Ned	4 Apr 2024	Training figures incorporated into the Freedom to Speak Up quarterly report. First report to be considered at the People committee meeting on 26th March, 2024.	Complete
1 Feb 2024	Maternity Services Board Measures Minimum Data	Future iterations of the report to include a list of acronyms.	Sarah Moppett	4 Apr 2024	A list of acronyms has now been included within the report.	Complete
1 Feb 2024	Quarterly Mortality Report	Page 13 of the Mortality Report: A query was raised under the Medical Examiner Service Section, relating to Mental Health patients falling under Mid Yorkshire. Simon Enright will clarify this and send confirmation to the Board	Simon Enright	4 Apr 2024	South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provide specialist secure mental health (forensic) services for the whole of Yorkshire & Humber. The mental health (MH) in-patient facilities include Fieldhead Hospital and Kendray Hospital. The clinicians responsible for inpatient mental health work across Kendray and Fieldhead. The Medical Examiner (ME) service at Pinderfields scrutinises any non-coronial deaths that occur in Fieldhead Hospital and therefore it made sense for SWYPFT to have any in-patient MH deaths that occurred at Kendray referred to the same ME team at Pinderfields. This is more appropriate, as an ME team who frequently review in-patient MH deaths are better at identification of concerns or themes in MH care. Most deaths that occur in inpatient mental health facilities, by their nature, are referred to HMC. The agreement was confirmed in October 2023 with Dr Katherine Naik, who is the Lead ME at Pinderfields Hospital.	Complete
1 Feb 2024	NHS Horizon Report	Commentary regarding South Warwickshire University Trust and University Hospitals Coventry & Warwickshire Trust; the Integrated Care Board is planning to move the Community Services to the Acute Hospital to enable integration of pathways. It was suggested there would be merit for the Trust to potentially review. Sheena McDonnell agreed to take this opportunity to highlight this to the ICB	Sheena McDonnell	4 Apr 2024	This has been raised with the ICB.	Complete
1 Feb 2024	Questions from the Governors regarding the Business of the Meeting	Research and Development: A previous query had been raised by a member of the Council of Governors, regarding processes and compliance; it was asked if an action plan was in place. The Board requested further information to be submitted which would be reviewed outside the meeting.	Angela Wendzicha	4 Apr 2024	In progress: additional information being sought.	In progress

2. Culture

2.1. Staff Story - verbal: Michael

Shanaghey/Dawn Denham in attendance

To Note

Presented by Steve Ned

2.2. NHS Staff Survey 2023

For Information

Presented by Steve Ned



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/2.2
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SUBJECT:	NHS NATIONAL STAFF SURVEY - 2023
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

PREPARED BY:	Steven Ned – Director of People
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SPONSORED BY:	Richard Jenkins – Chief Executive Officer
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PRESENTED BY:	Steven Ned – Director of People
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STRATEGIC CONTEXT

The NHS staff survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the NHS People Promise which sets out what staff in the NHS have said is important to them at work. The survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year.

The NHS staff survey, our results and our response to the survey are critical to enabling the organisation to achieve our strategic goal of being ‘Best for People’ – making the Trust the best place to work by ensuring a caring, supportive, fair and equitable culture for all.

EXECUTIVE SUMMARY

The 2023 NHS Staff Survey results for the Trust show continued improvement. The response rate has increased to 58% and each score in the People Promise elements and additional themes has improved from 2022. In some of the themes the Trust is the best in the country when compared to our comparator group of Acute and Acute and Community Trusts. All of the results score higher than the average results for our comparator group.

Attached to this cover sheet are 3 documents. The first shows the Trust’s results compared to 121 Acute and Acute and Community Trusts. The second gives an internal breakdown of scores for relevant CBU’s, Directorates and Departments. The final document is a presentation of a summary of the key results and an outline of the next steps in disseminating the staff survey results within the Trust and supporting the development of action plans.

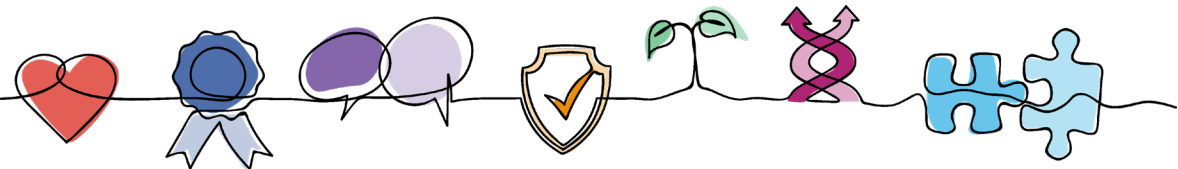
These documents have previously been presented at the Board of Directors strategic session held in March 2024 but were subject to the national embargo on staff survey results.

RECOMMENDATION

The Board of Directors is asked to note the findings of the NHS National Staff Survey for the Trust and the proposed next steps in the development of action plans to build on these results.

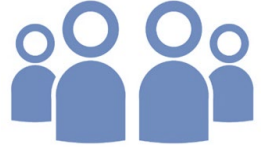
Barnsley Hospital NHS Foundation Trust

NHS Staff Survey Benchmark report 2023



Barnsley Hospital NHS Foundation Trust

2023 NHS Staff Survey



Organisation details

Completed questionnaires **2267**

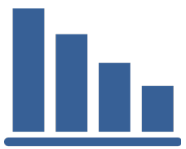
2023 response rate **58%**

Survey details

Survey mode **Paper**

◀ This organisation is benchmarked against:

Acute and Acute & Community Trusts



2023 benchmarking group details

Organisations in group: 122

Median response rate: 45%

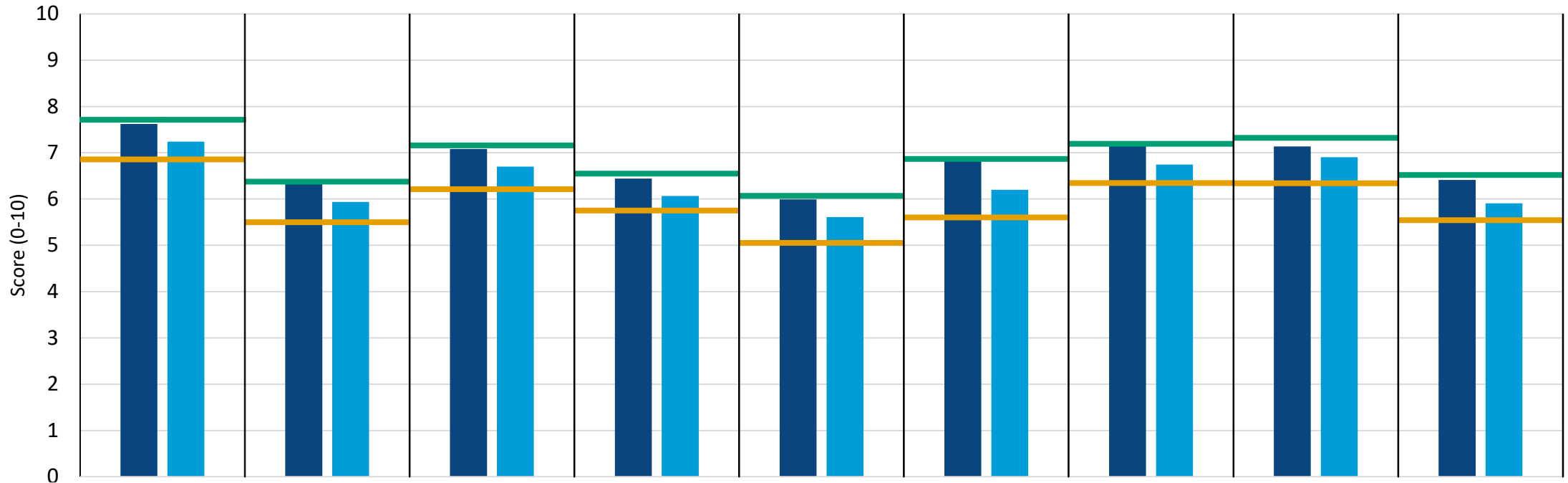
No. of completed questionnaires: 477643

People Promise elements and themes: Overview

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



We are compassionate and inclusive We are recognised and rewarded We each have a voice that counts We are safe and healthy We are always learning We work flexibly We are a team Staff Engagement Morale



Your org	7.62	6.37	7.08	6.44	5.99	6.86	7.19	7.14	6.41
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	2258	2261	2226	2212	2114	2243	2249	2262	2261

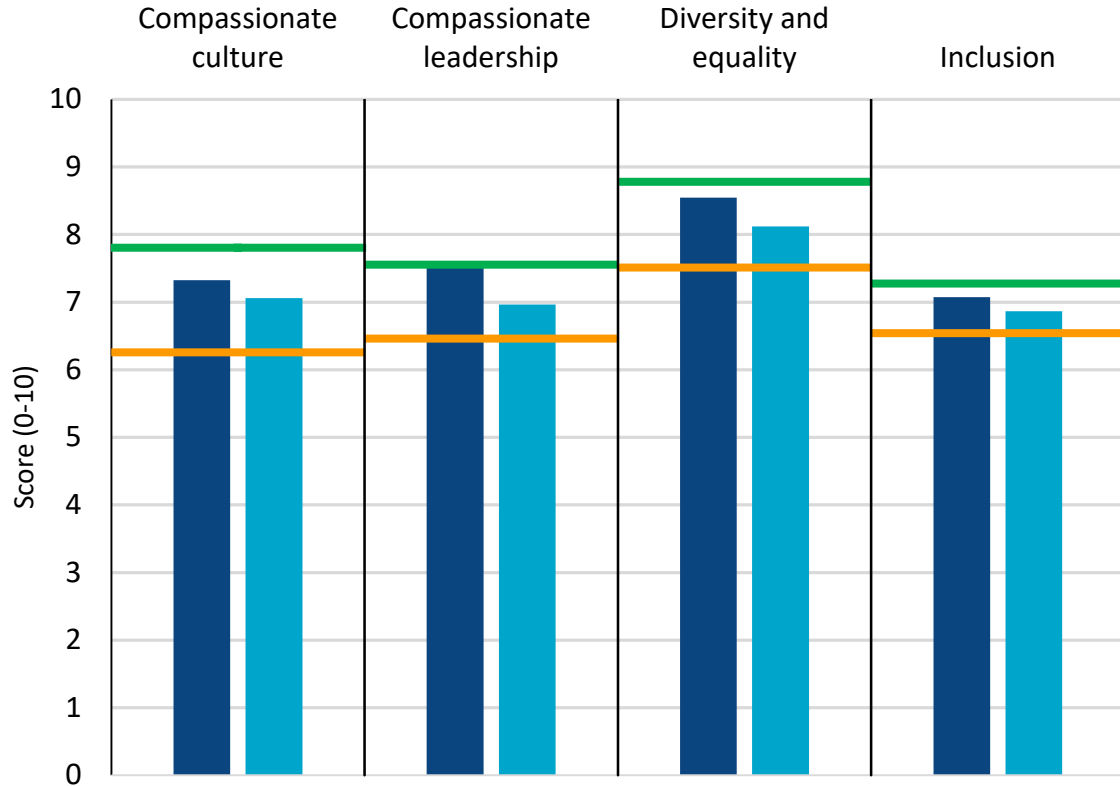


People Promise elements, themes and sub-scores: Sub-score overview

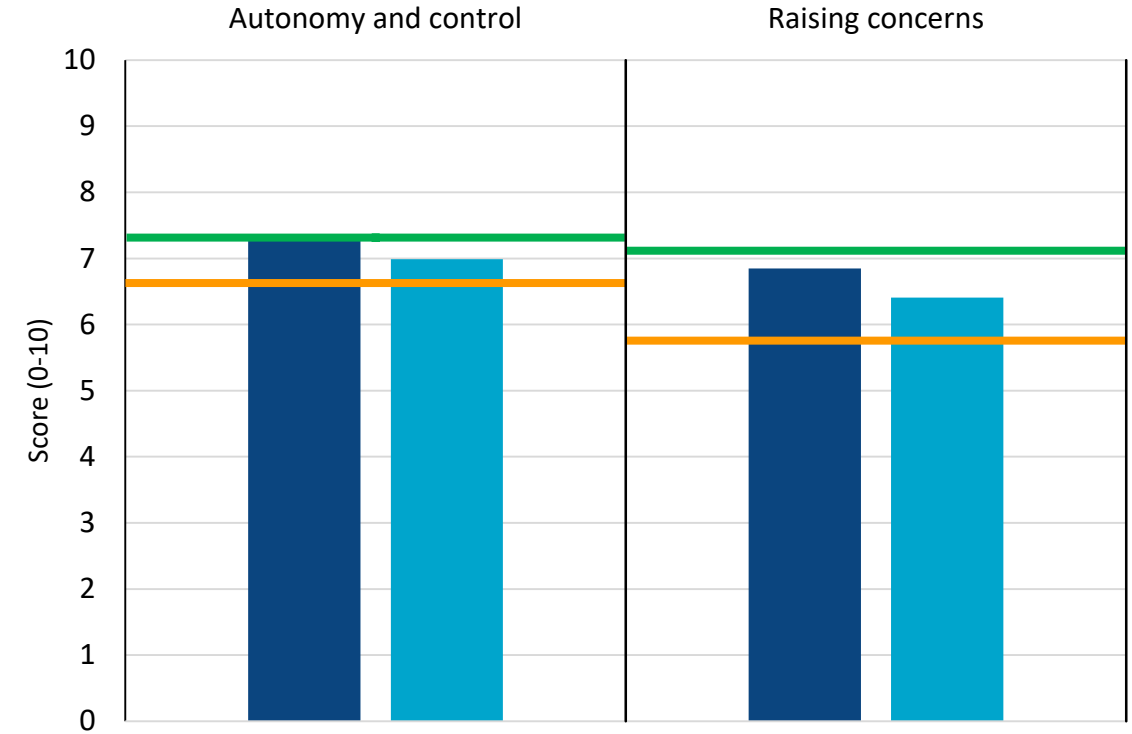
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	7.33	7.55	8.54	7.08
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	2243	2250	2246	2259

Your org	7.31	6.85
Best result	7.31	7.12
Average result	6.99	6.41
Worst result	6.63	5.76
Responses	2259	2230

Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

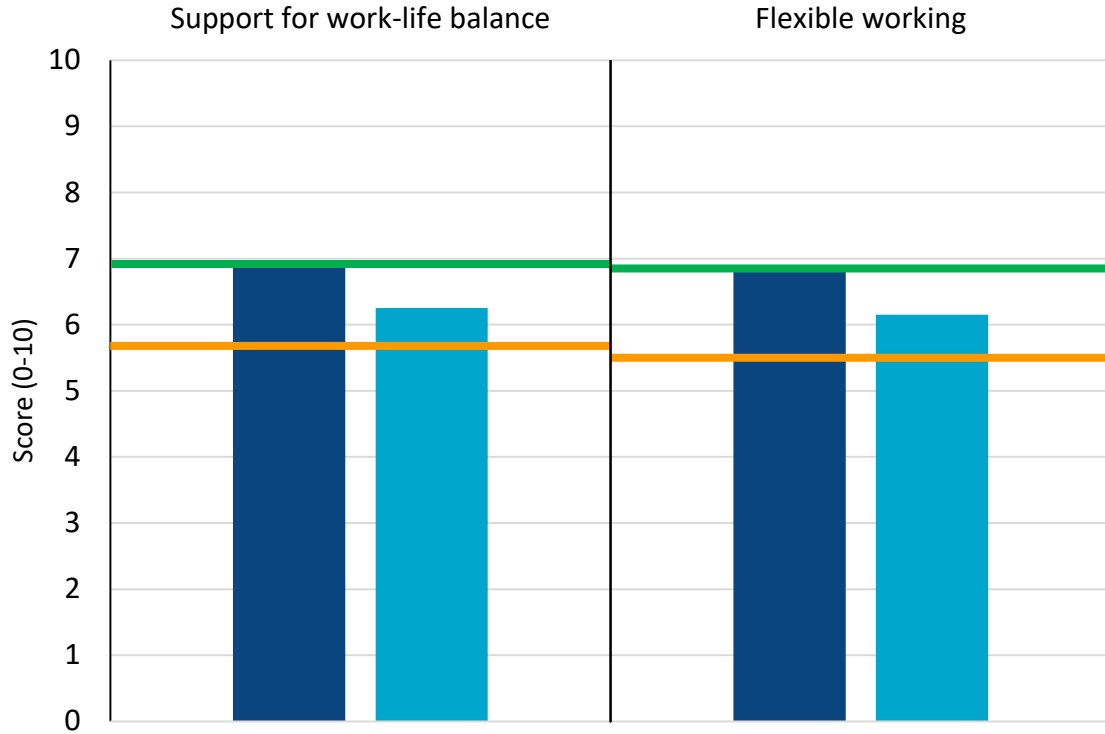
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Promise element 7: We are a team



Your org	6.92	6.81
Best result	6.92	6.85
Average result	6.25	6.15
Worst result	5.68	5.50
Responses	2252	2253



Your org	7.03	7.35
Best result	7.03	7.35
Average result	6.68	6.80
Worst result	6.29	6.30
Responses	2261	2249



We are
compassionate and
inclusive



We are recognised
and rewarded



We each have a voice
that counts



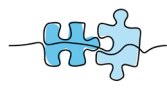
We are safe and
healthy



We are always
learning



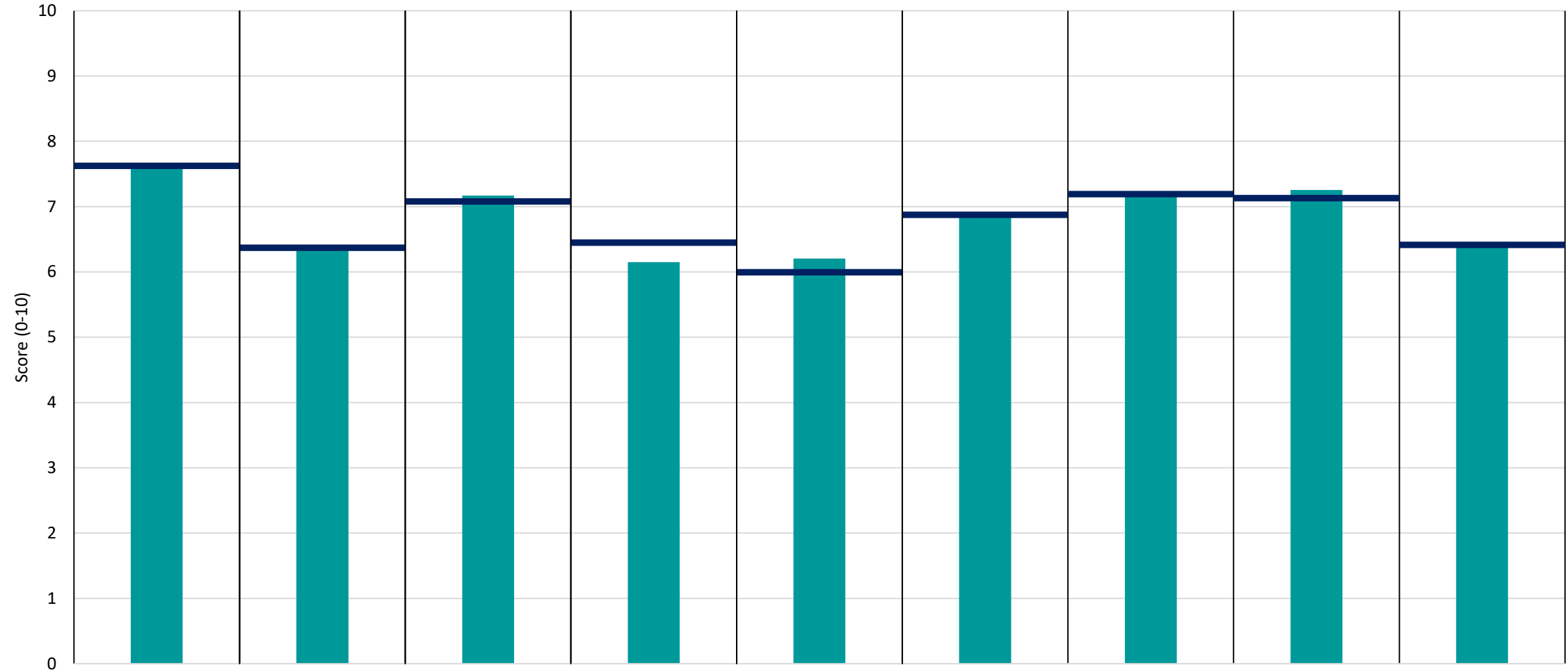
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.63	6.36	7.17	6.15	6.20	6.88	7.19	7.26	6.43
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	676	676	666	659	628	670	672	676	676



We are
compassionate and
inclusive



We are recognised
and rewarded



We each have a voice
that counts



We are safe and
healthy



We are always
learning



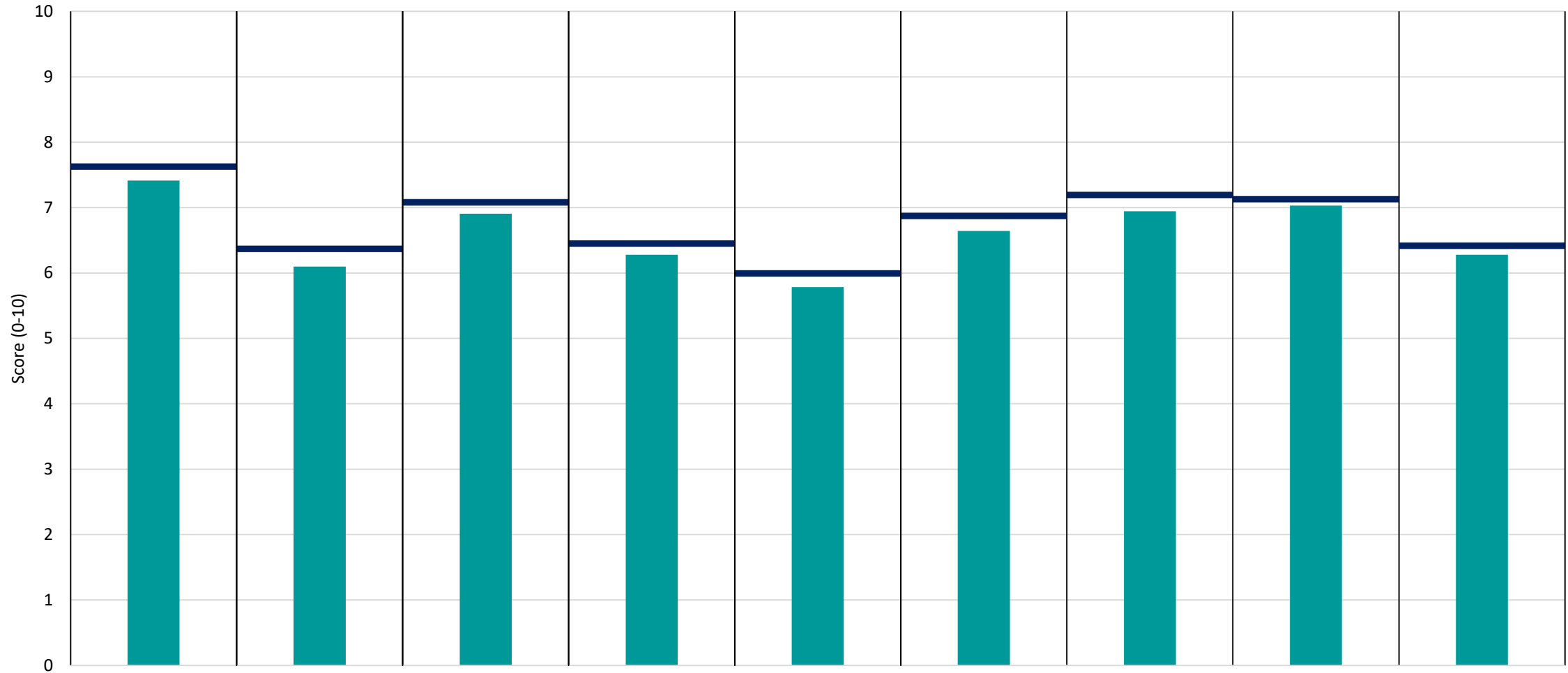
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.41	6.10	6.90	6.28	5.79	6.64	6.94	7.03	6.28
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	428	430	424	416	401	426	426	431	430



We are
compassionate and
inclusive



We are recognised
and rewarded



We each have a voice
that counts



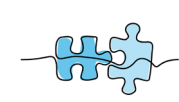
We are safe and
healthy



We are always
learning



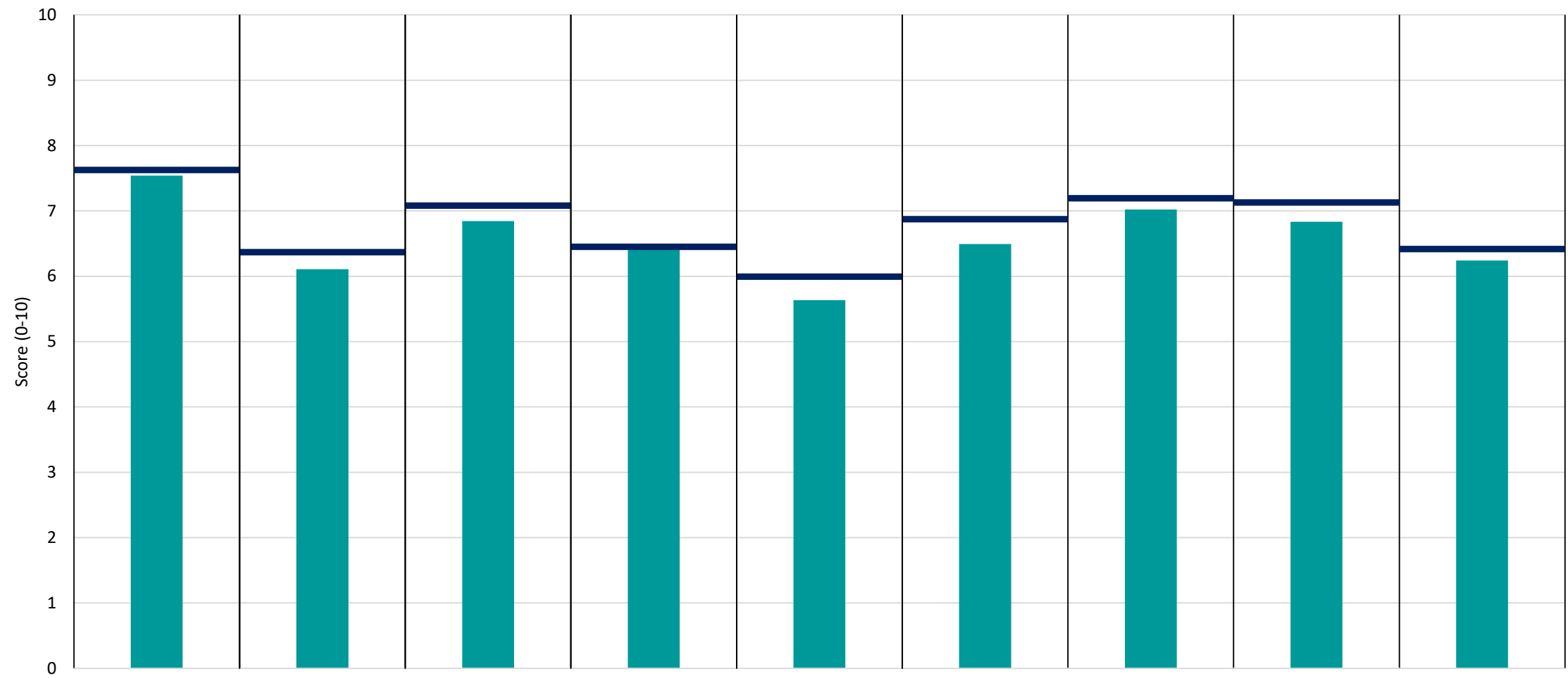
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.54	6.11	6.84	6.45	5.63	6.49	7.02	6.83	6.24
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	665	666	656	659	623	665	664	666	666



We are
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inclusive



We are recognised
and rewarded



We each have a voice
that counts



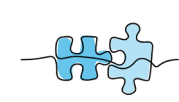
We are safe and
healthy



We are always
learning



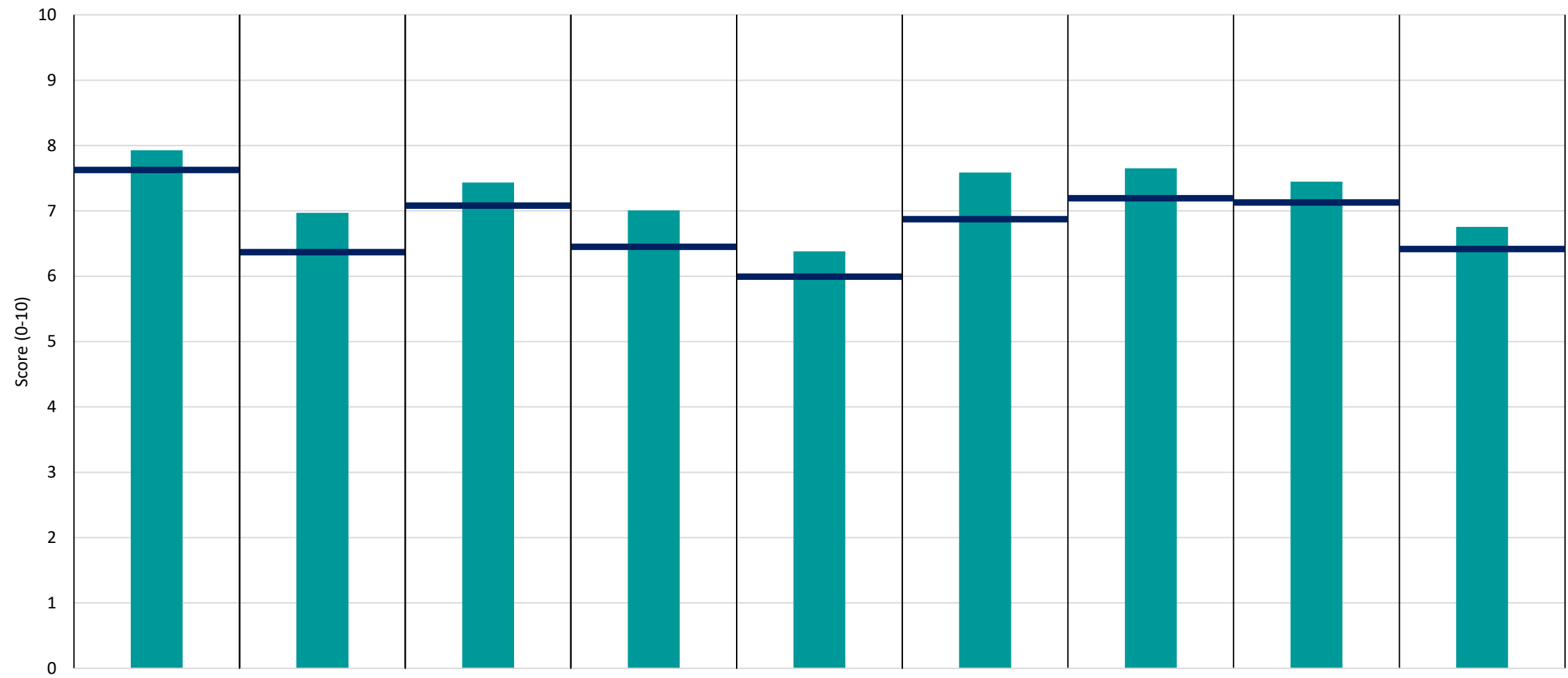
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.93	6.97	7.44	7.01	6.38	7.59	7.65	7.45	6.76
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	489	489	480	478	462	482	487	489	489



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healthy



We are always
learning



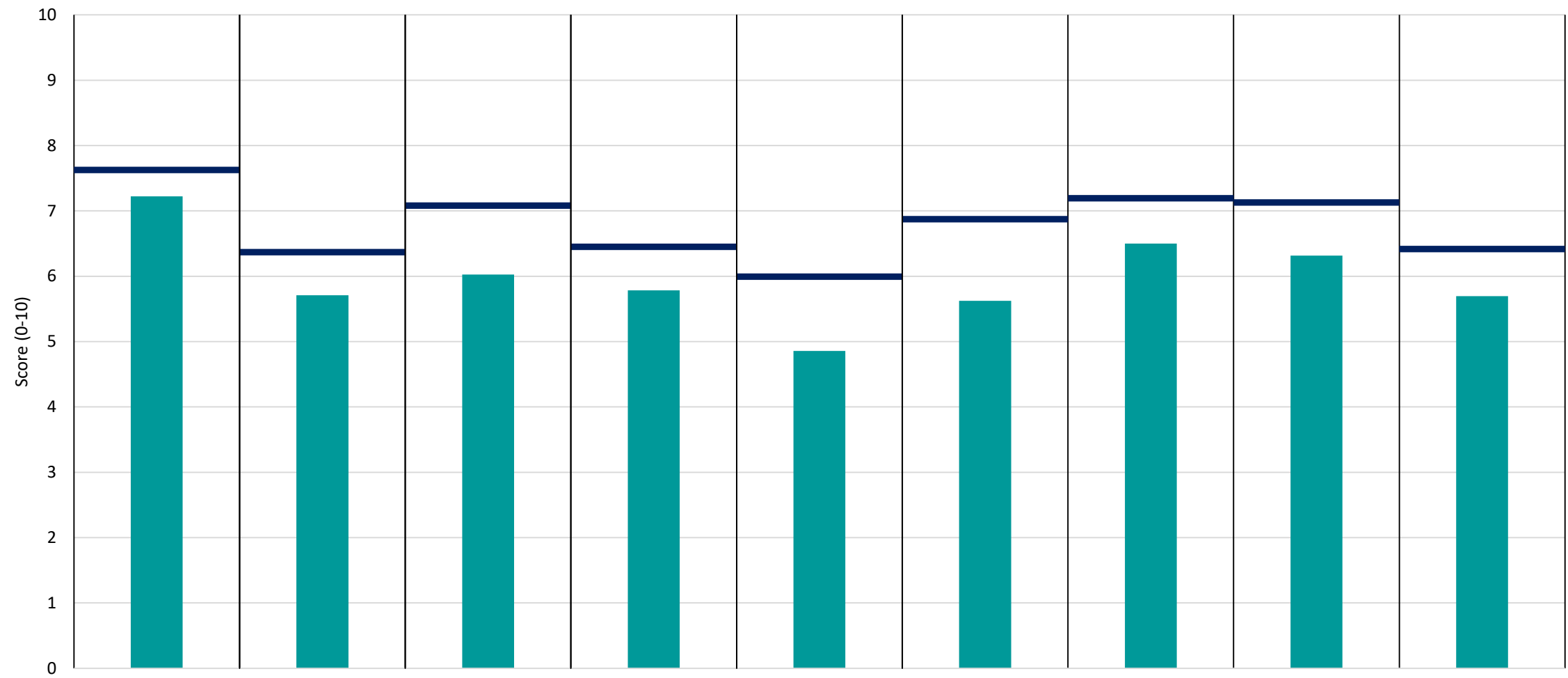
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.22	5.71	6.02	5.78	4.86	5.63	6.50	6.32	5.70
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	30	31	30	30	29	30	30	31	31



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inclusive



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and rewarded



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that counts



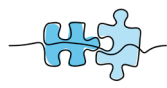
We are safe and
healthy



We are always
learning



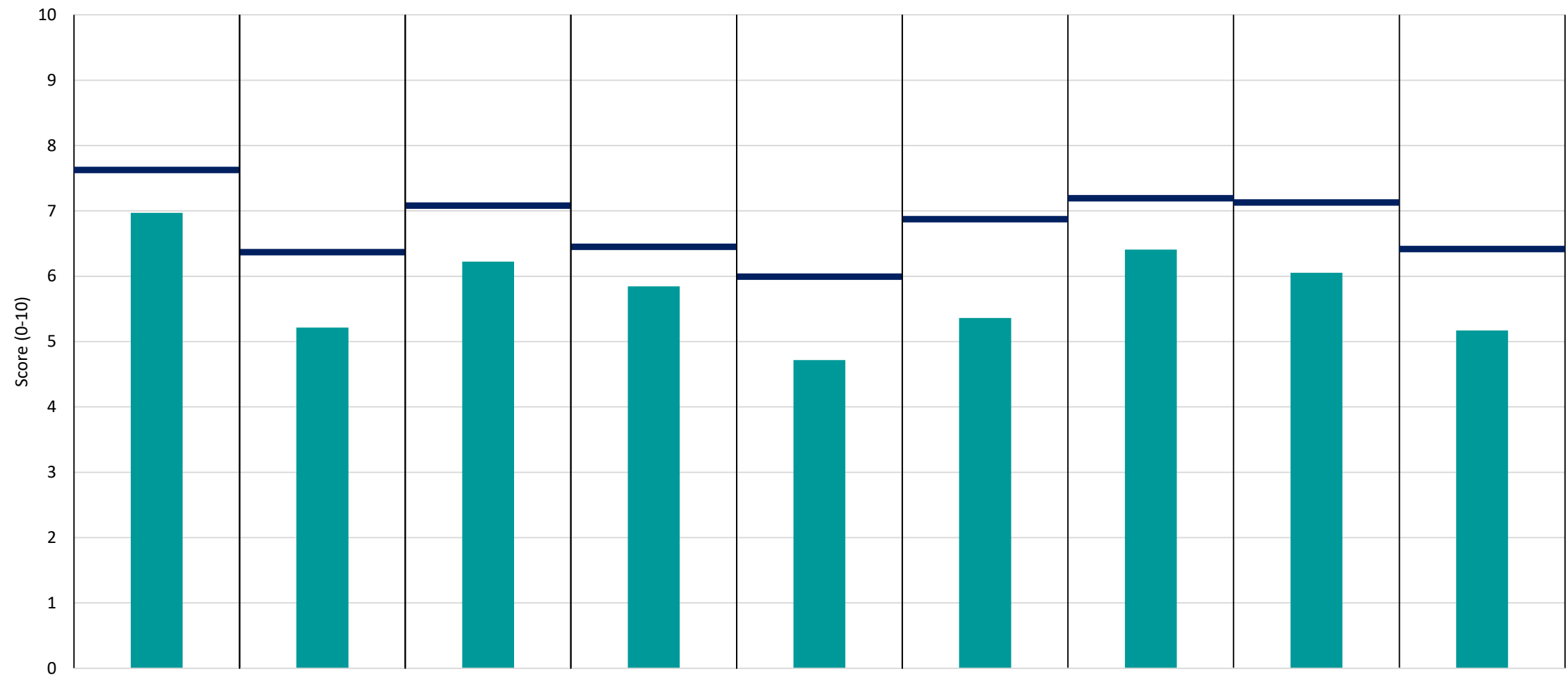
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	6.97	5.21	6.22	5.85	4.72	5.36	6.41	6.05	5.17
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	85	85	83	85	80	85	84	85	85



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inclusive



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and rewarded



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that counts



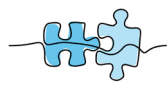
We are safe and
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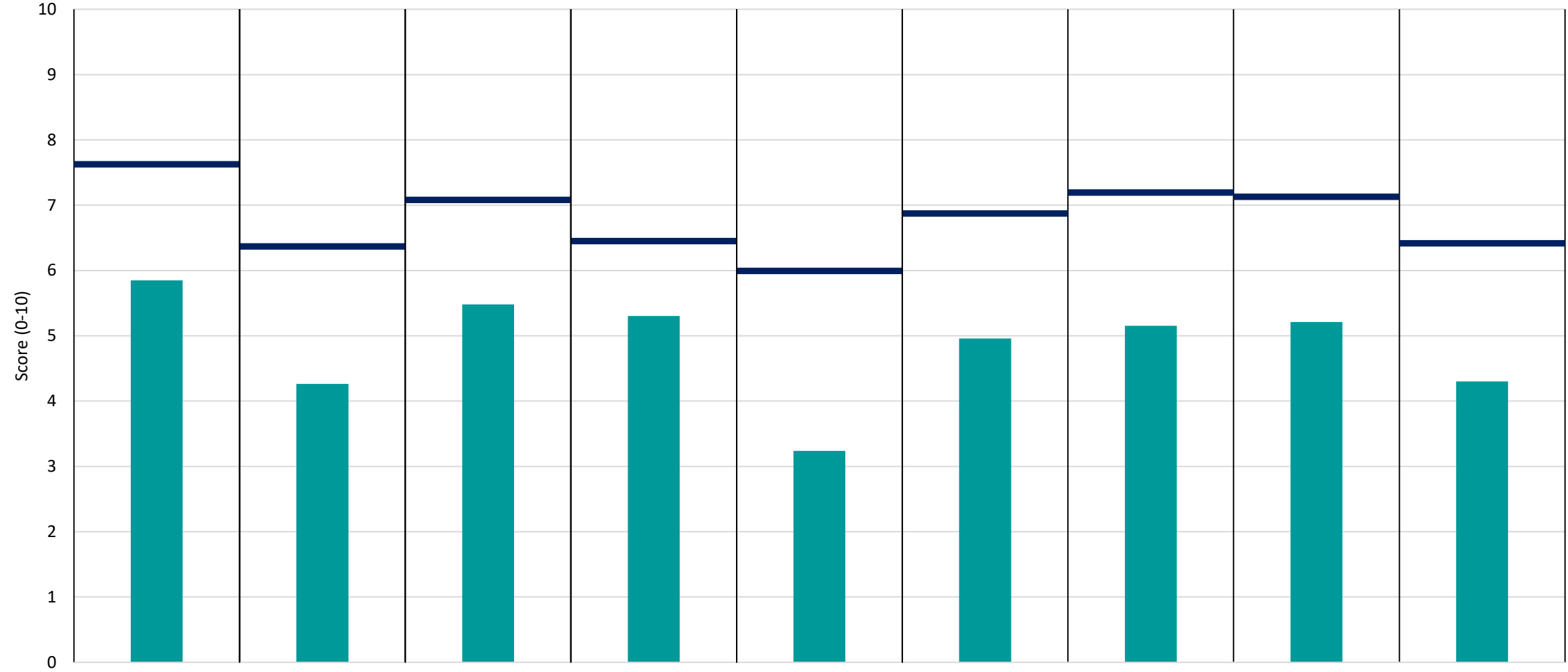
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	5.85	4.26	5.48	5.30	3.24	4.96	5.15	5.21	4.30
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	51	51	49	50	48	51	51	51	51



Survey results sharing and action planning

2023 Survey





Plan



December

Jan

Feb

March

Milestone

Initial Results

1. Frequency Report Tables
2. RAG Table Reports
3. People Promise RAG Report
4. Full Management Report
5. WRES and WDES data

Analysing and Planning

1. Analyse local Picker results
2. Share with Senior Leaders
3. Organisational themes identified
4. Planning Cascade

Reviewing Results

1. Final results and free text comments received
2. Continue to plan to cascade results
3. Identify 1-3 high level themes locally

Sharing Results

1. National Results published
2. Dashboard and Benchmarks available
3. Headline results shared with all colleagues
4. Begin local results sharing

Leadership Teams

Exec Team and senior HR
Receive initial results; analyse and digest

VT & E team receive initial results and share with reminder of embargo

Exec Team/PEG/ People Committee
Understand results; discuss organisational actions; Exec Report

CBU Leaders
Review own results

OD; HR BPs
People Committee; PEG report; advice and guidance

VT & E team – receive WRES and WDES; results queries; additional reporting

CBU Leaders
Continue to review results for own area; identify high level themes and potential actions; plan cascade and action planning

OD; HR BPs – advice and guidance

VT & E team – receive final results; results queries

Exec Team – Share results in Team Brief

CBU Leaders
Share local results with wider teams; engage with teams on action planning; identify champions/groups

HR BPs – support cascade

OD and Engagement – support interpretation and planning; benchmark results

Comms - Share high level results e.g. poster/team brief and next steps; publish on Intranet

Support



Plan



April

May

June

July

August

Milestone

Local Sharing and Taking Action

1. Engage with champions/teams on actions
2. Develop and report Action Plan
3. Plan ongoing monitoring

Taking Action

1. Local Engagement Groups
2. Report high level organisational plan at PEG, People Committee and other fora
3. Take action

Taking Action

1. Local Engagement Groups
2. Report progress
3. Take action

Taking Action

1. Local Engagement Groups
2. Report progress
3. Take action

Reviewing Progress

1. Communicate Progress locally and organisation-wide

Leadership Teams

CBU Leaders

Share high level actions and progress in cascade at PEG, Business and Governance and Performance Meetings; action planning with teams

HR BPs – Encourage local leaders to share results and engage in action planning

OD – support ‘hot spots’; develop organisational actions

CBU Leaders

Engagement Group(s) around 2 or 3 themes; keep it simple; engage with teams; share power and responsibility

HR BPs – Support local leaders to share results and engage in action planning

OD – support ‘hot spots’; report org actions

Comms – actions and results sharing

CBU Leaders

Share progress in action taking at PEG, Business and Governance and Performance Meetings

HR BPs – Encourage local leaders to communicate progress

OD – support ‘hot spots’

Comms – local actions and stories

CBU Leaders

Sponsor actions
Share progress at PEG, Business and Governance and Performance Meetings

HR BPs – Encourage local leaders to support

OD – support ‘hot spots’

Comms – local actions and stories

CBU Leaders

Review progress with teams; celebrate success

HR BPs – Support comms and action planning

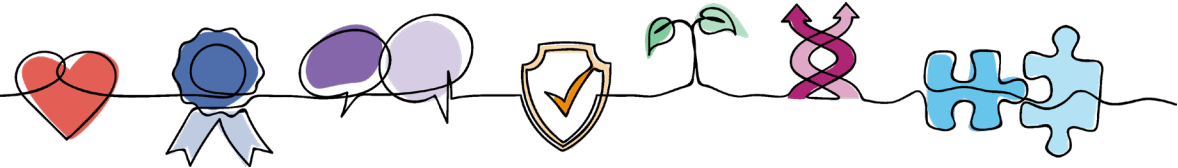
OD – support ‘hot spots’

Comms – org and local actions; celebrate success; signpost next survey

Support

Barnsley Hospital NHS Foundation Trust

NHS Staff Survey Benchmark report 2023



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Introduction

About this report

This benchmark report for Barnsley Hospital NHS Foundation Trust contains results for the 2023 NHS Staff Survey, and historical results back to 2019 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations*.

Please note: Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from the [Staff Survey website](#).

How results are reported

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



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

* The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor. Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.



Note where there are fewer than 10 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.

Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2022 vs 2023.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Key features

Note this is example data

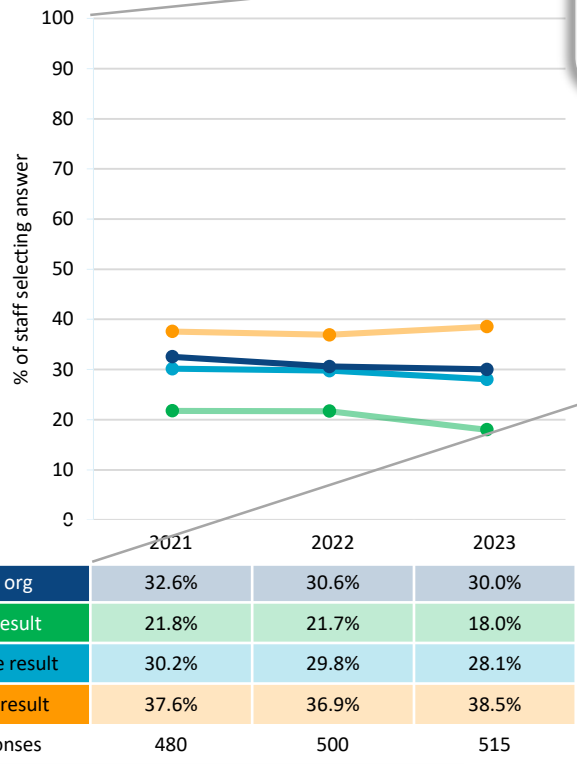
Question number and text (or summary measure) specified at the top of each slide.

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

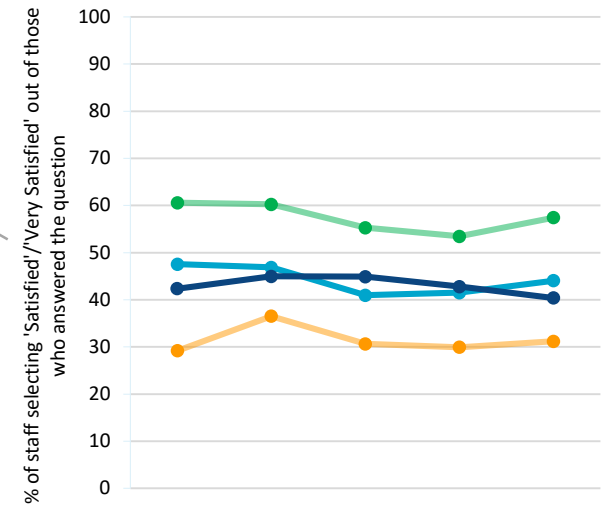
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst results.

Number of responses for the organisation for the given question.



Q4b How satisfied are you with each of the following aspects of your job?



	2019	2020	2021	2022	2023
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	53.5%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

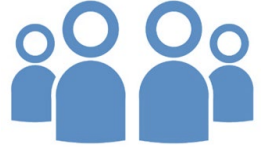
Tips on how to read, interpret and use the data are included in the Appendices

Note charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2021, 2022 and 2023 portions of the chart and table.

Organisation details

Barnsley Hospital NHS Foundation Trust

2023 NHS Staff Survey



Organisation details

Completed questionnaires **2267**

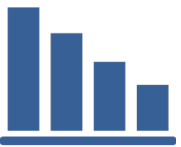
2023 response rate **58%**

Survey details

Survey mode **Paper**

◀ This organisation is benchmarked against:

Acute and Acute & Community Trusts



2023 benchmarking group details

Organisations in group: 122

Median response rate: 45%

No. of completed questionnaires: 477643



People Promise elements, themes and sub-score results

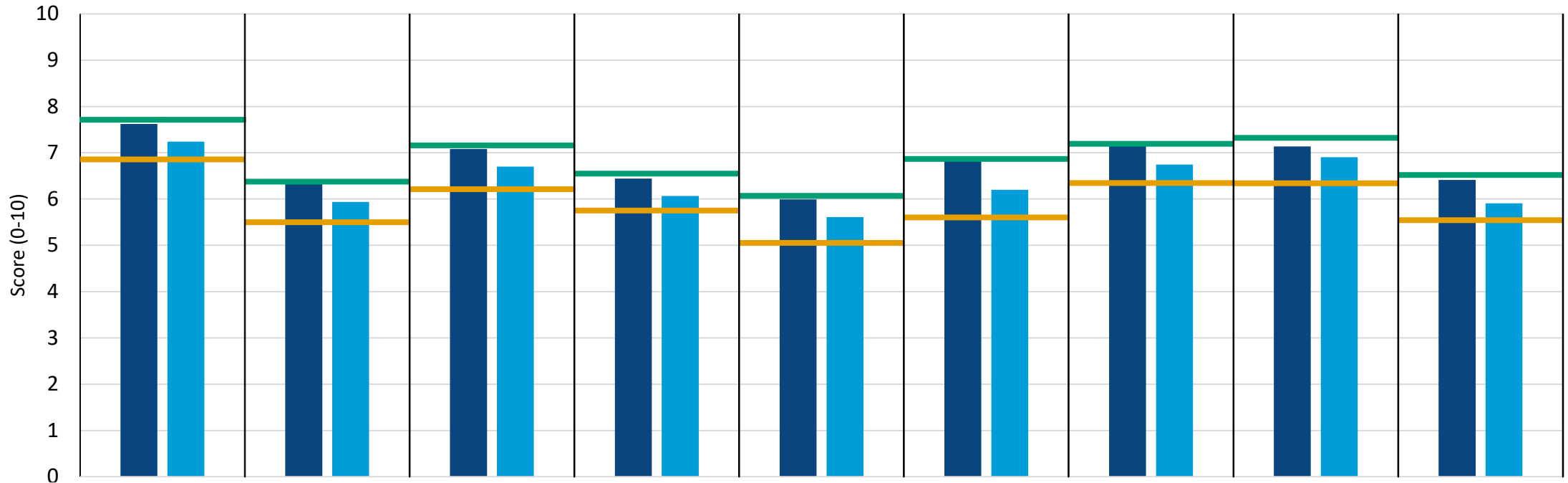
People Promise elements, themes and sub-scores: Overview

People Promise elements and themes: Overview

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



We are compassionate and inclusive We are recognised and rewarded We each have a voice that counts We are safe and healthy We are always learning We work flexibly We are a team Staff Engagement Morale



Your org	7.62	6.37	7.08	6.44	5.99	6.86	7.19	7.14	6.41
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	2258	2261	2226	2212	2114	2243	2249	2262	2261

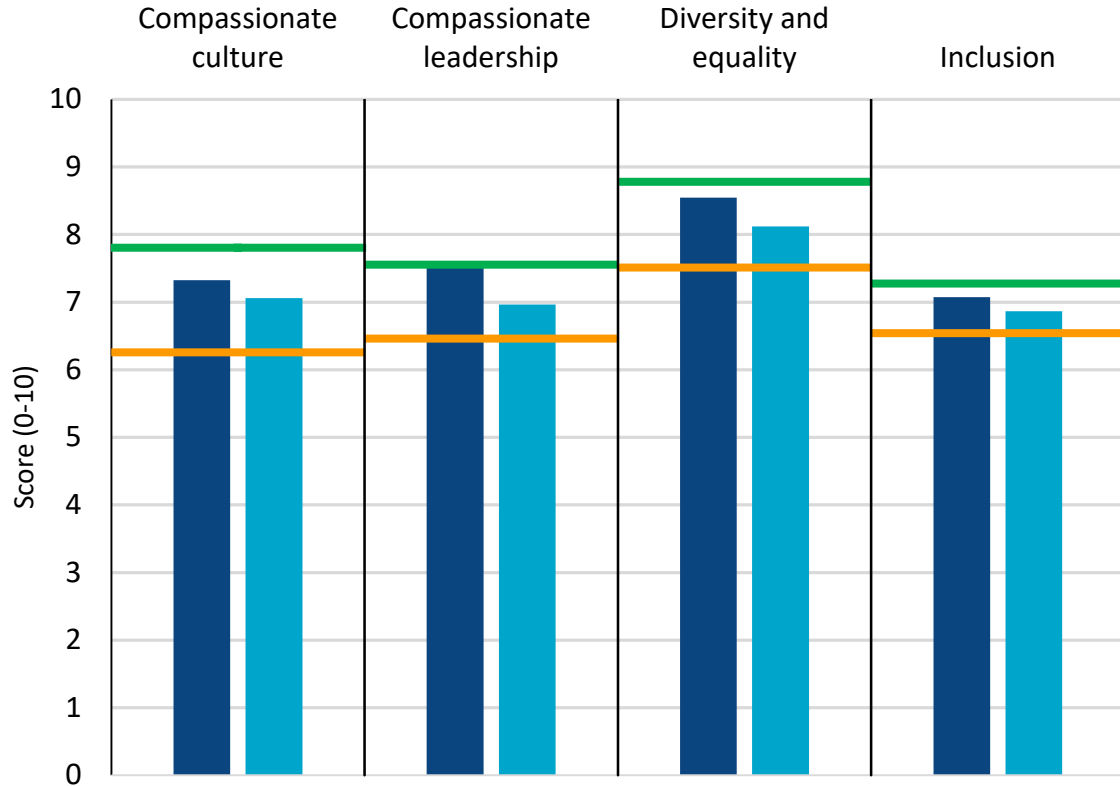


People Promise elements, themes and sub-scores: Sub-score overview

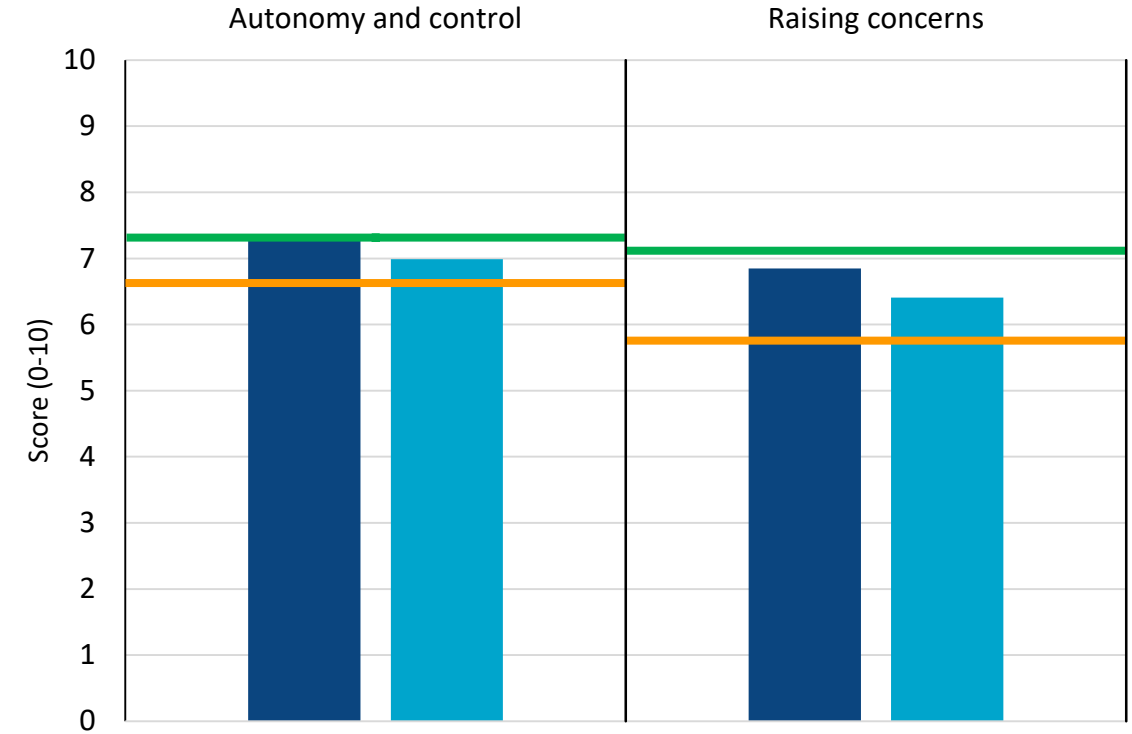
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	7.33	7.55	8.54	7.08
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	2243	2250	2246	2259

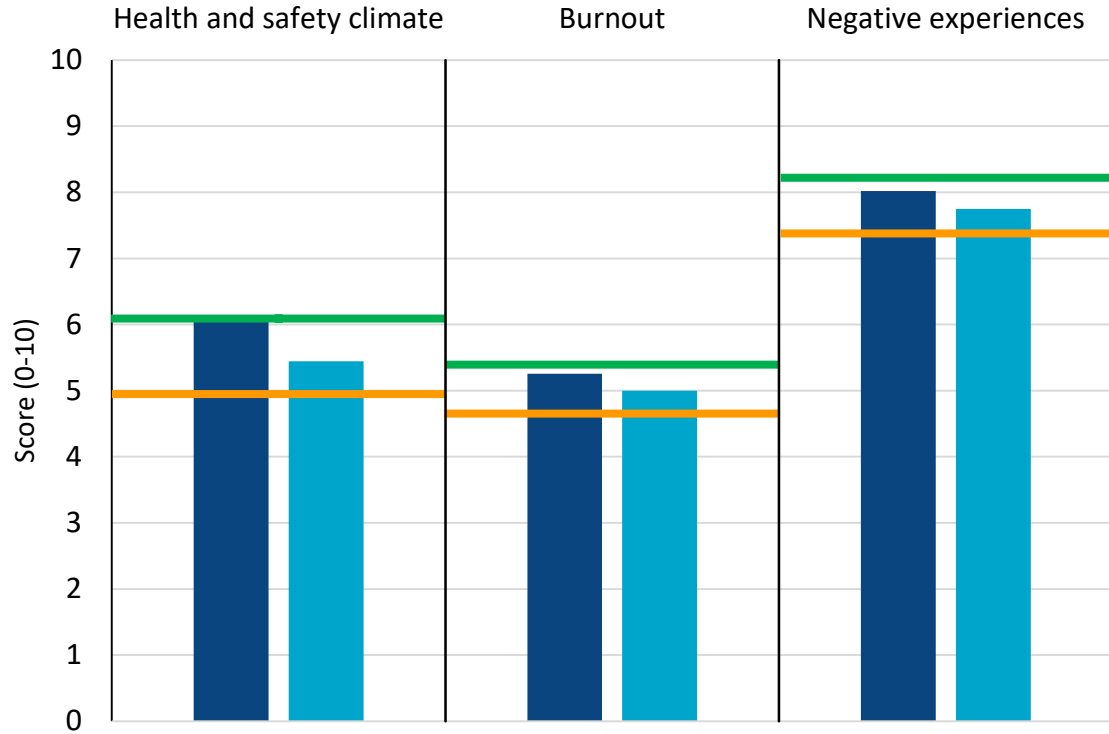
Your org	7.31	6.85
Best result	7.31	7.12
Average result	6.99	6.41
Worst result	6.63	5.76
Responses	2259	2230

Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

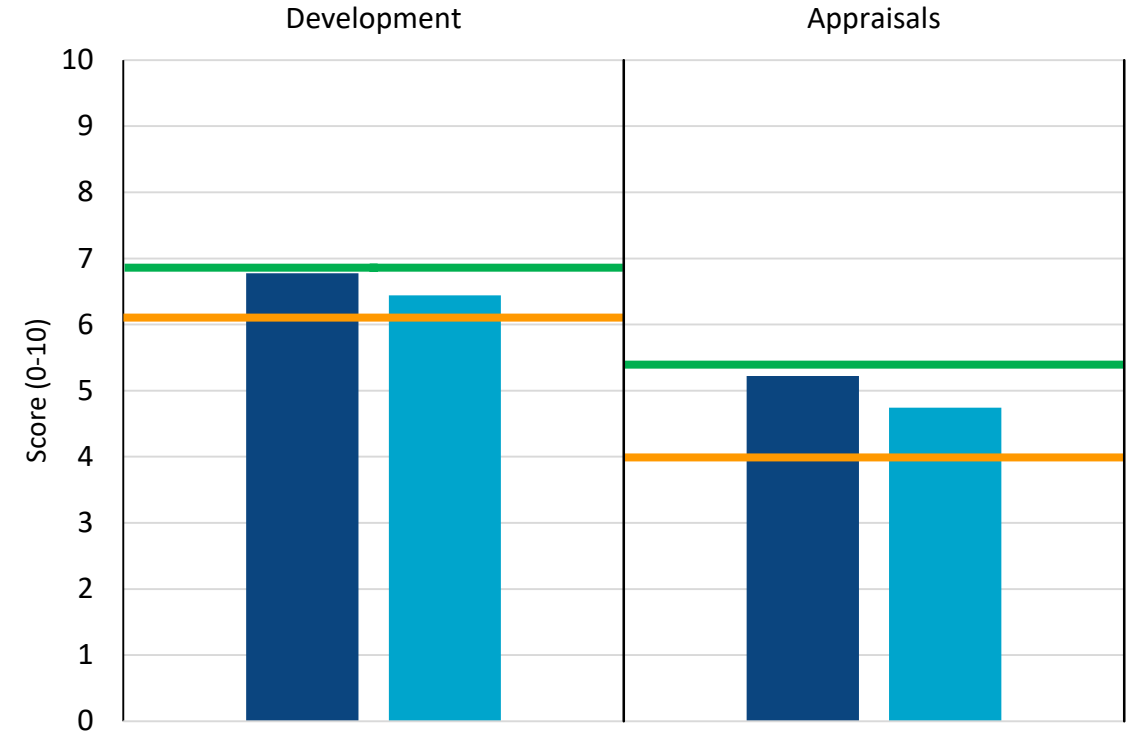
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



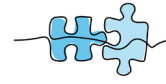
Your org	6.04	5.25	8.02
Best result	6.09	5.39	8.22
Average result	5.45	5.00	7.75
Worst result	4.95	4.65	7.38
Responses	2258	2253	2224

Your org	6.78	5.22
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	2241	2122

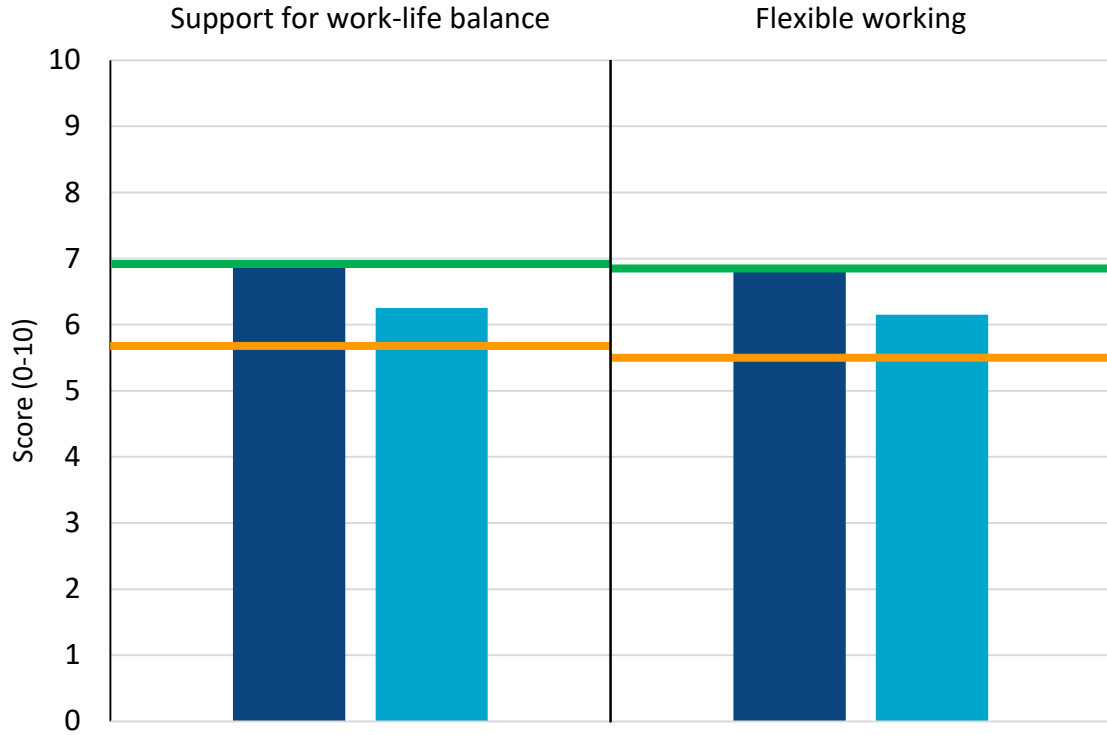
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Promise element 7: We are a team



Category	Your org	Best result	Average result	Worst result	Responses
Support for work-life balance	6.92	6.92	6.25	5.68	2252
Flexible working	6.81	6.85	6.15	5.50	2253

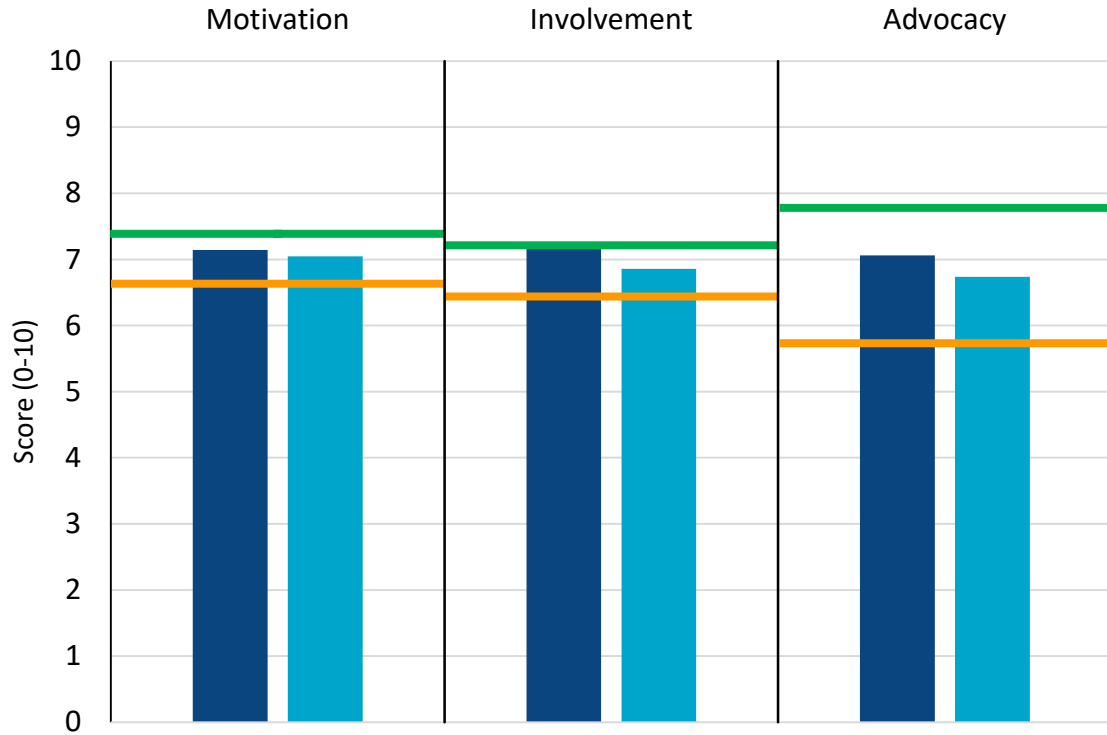


Category	Your org	Best result	Average result	Worst result	Responses
Team working	7.03	7.03	6.68	6.29	2261
Line management	7.35	7.35	6.80	6.30	2249



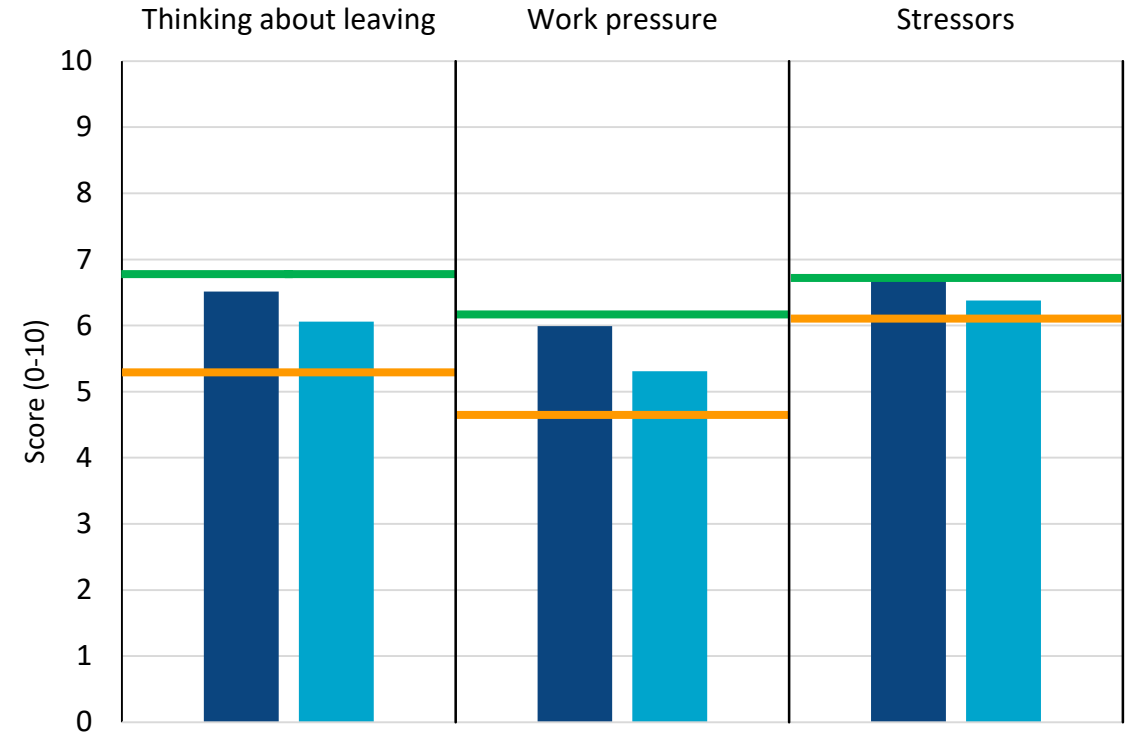
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Your org	7.14	7.21	7.06
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73
Responses	2232	2259	2243


Theme: Morale



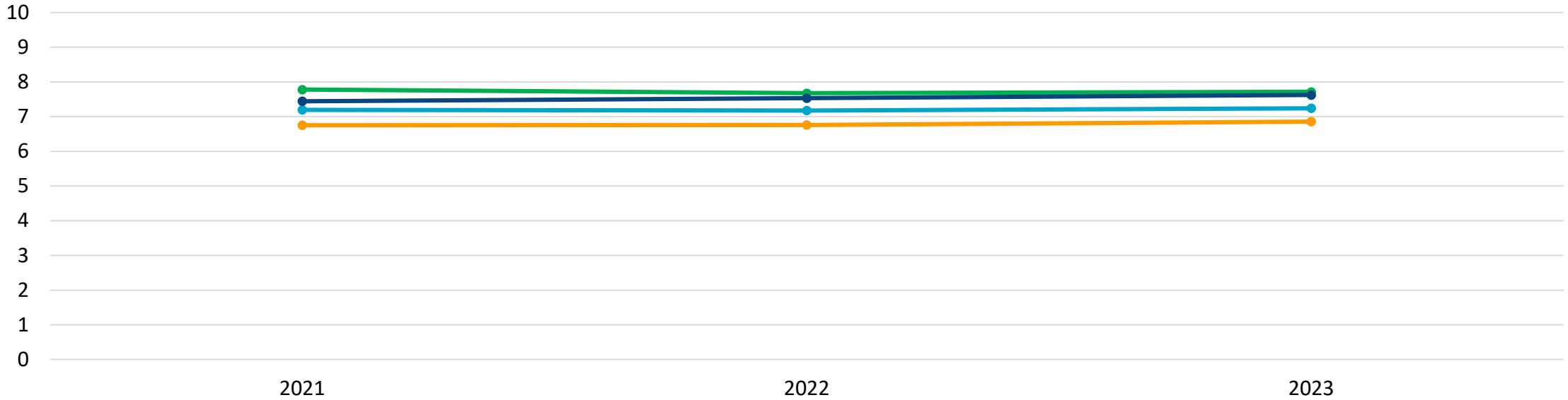
Your org	6.52	5.99	6.72
Best result	6.78	6.17	6.72
Average result	6.06	5.31	6.38
Worst result	5.29	4.65	6.11
Responses	2241	2256	2258

People Promise elements, themes and sub-scores: Trends

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

 **Promise element 1: We are compassionate and inclusive**

We are compassionate and inclusive



	2021	2022	2023
Your org	7.44	7.53	7.62
Best result	7.78	7.67	7.71
Average result	7.20	7.18	7.24
Worst result	6.75	6.76	6.85
Responses	2031	2086	2258

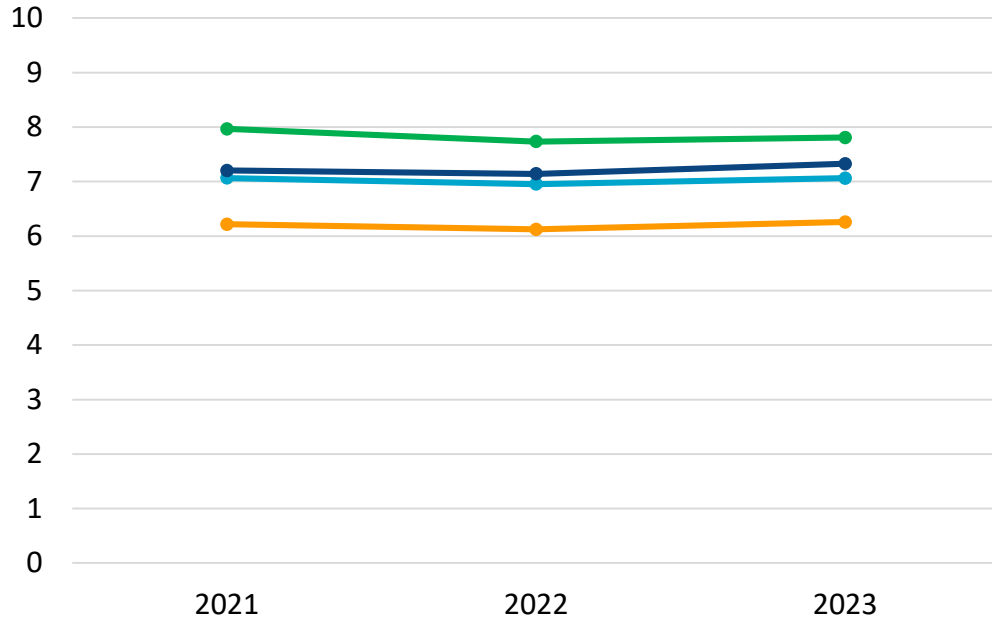


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



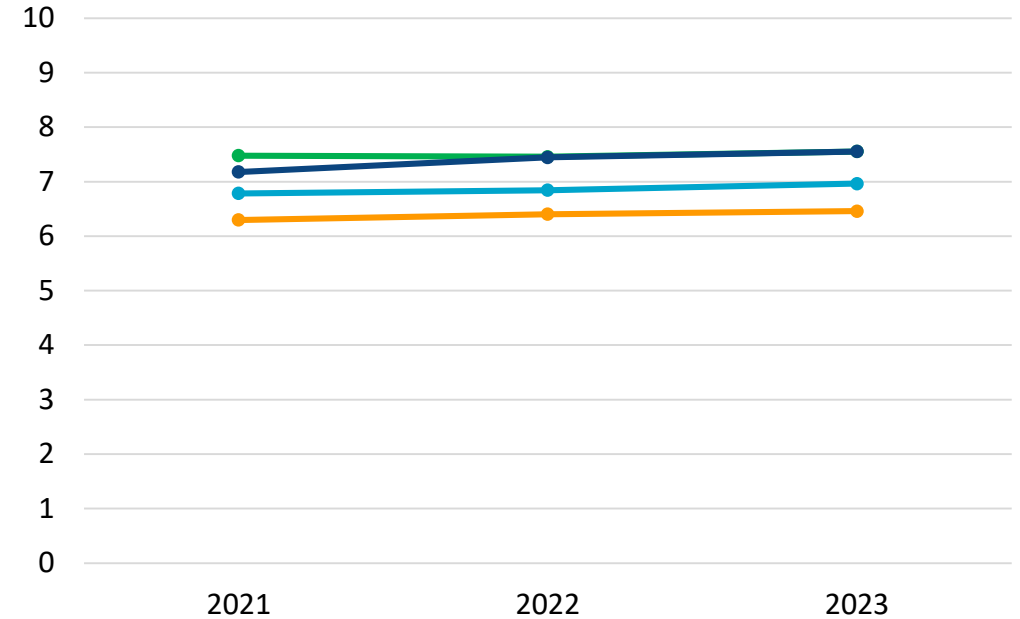
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023
Your org	7.20	7.14	7.33
Best result	7.97	7.74	7.81
Average result	7.06	6.95	7.06
Worst result	6.22	6.12	6.26
Responses	2022	2067	2243

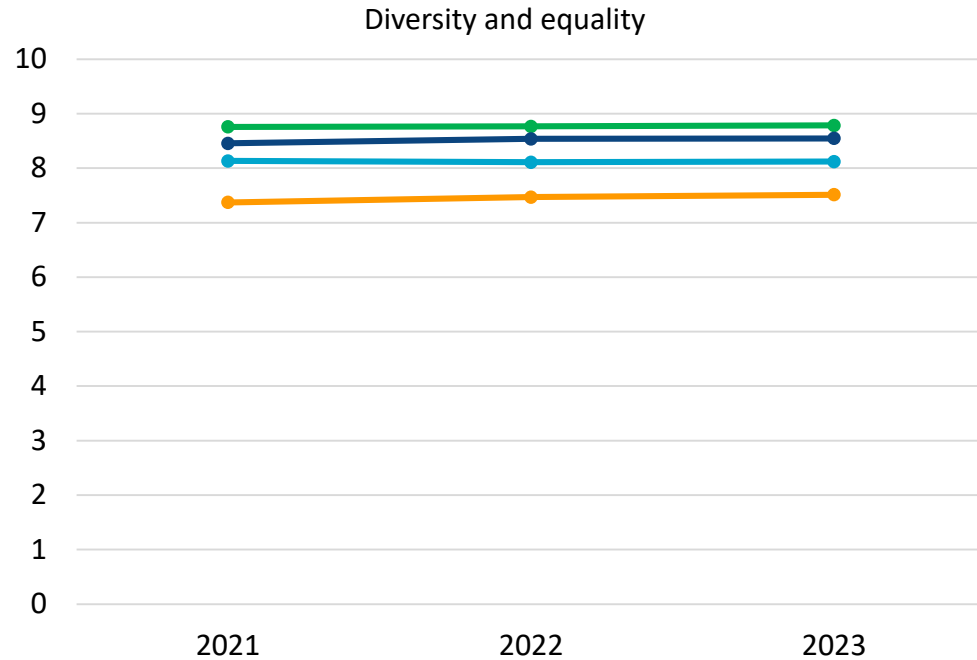
Compassionate leadership



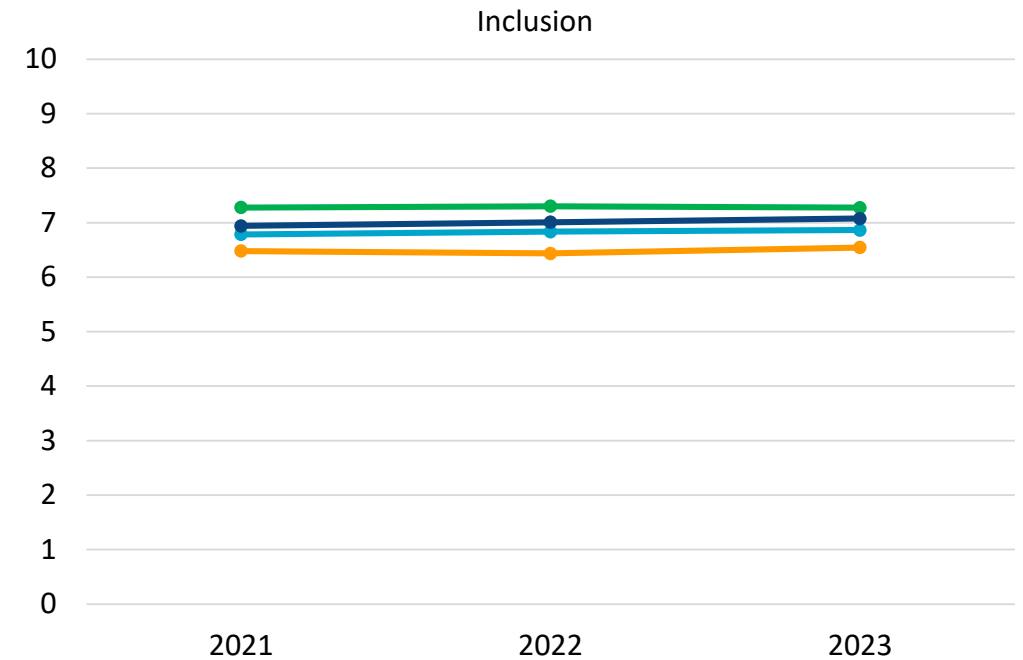
	2021	2022	2023
Your org	7.18	7.45	7.55
Best result	7.48	7.46	7.55
Average result	6.78	6.84	6.96
Worst result	6.30	6.40	6.46
Responses	2020	2083	2250

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

Promise element 1: We are compassionate and inclusive (2)



	2021	2022	2023
Your org	8.45	8.54	8.54
Best result	8.76	8.77	8.78
Average result	8.13	8.11	8.12
Worst result	7.37	7.47	7.51
Responses	2023	2077	2246



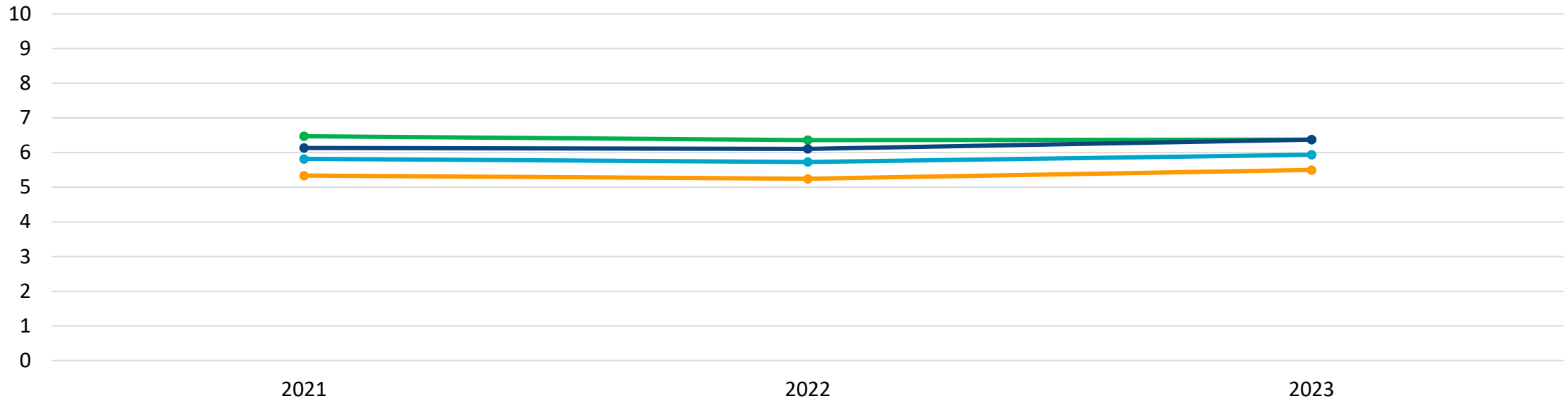
	2021	2022	2023
Your org	6.94	7.01	7.08
Best result	7.28	7.30	7.27
Average result	6.78	6.83	6.86
Worst result	6.48	6.44	6.54
Responses	2027	2081	2259

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



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



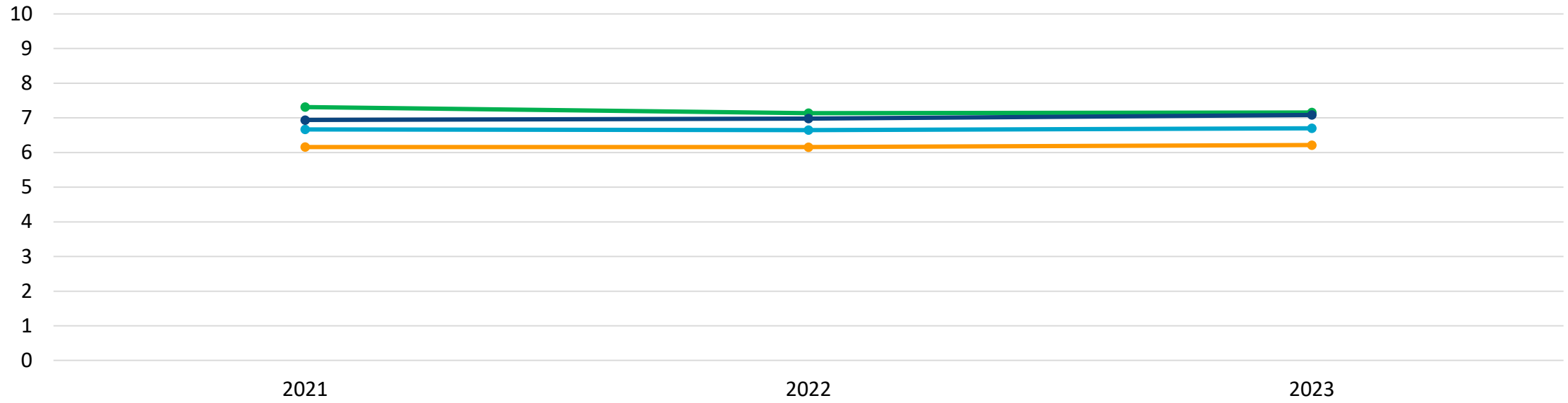
	2021	2022	2023
Your org	6.13	6.11	6.37
Best result	6.47	6.36	6.37
Average result	5.82	5.73	5.94
Worst result	5.34	5.24	5.50
Responses	2040	2088	2261

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



Promise element 3: We each have a voice that counts

We each have a voice that counts



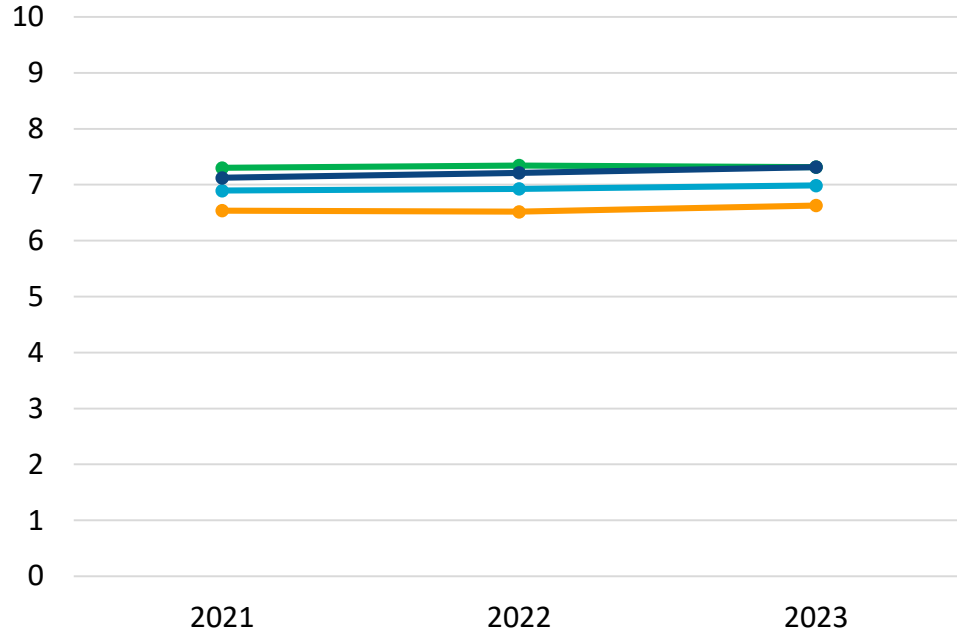
	2021	2022	2023
Your org	6.94	6.98	7.08
Best result	7.31	7.14	7.16
Average result	6.67	6.65	6.70
Worst result	6.16	6.16	6.21
Responses	1998	2050	2226

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

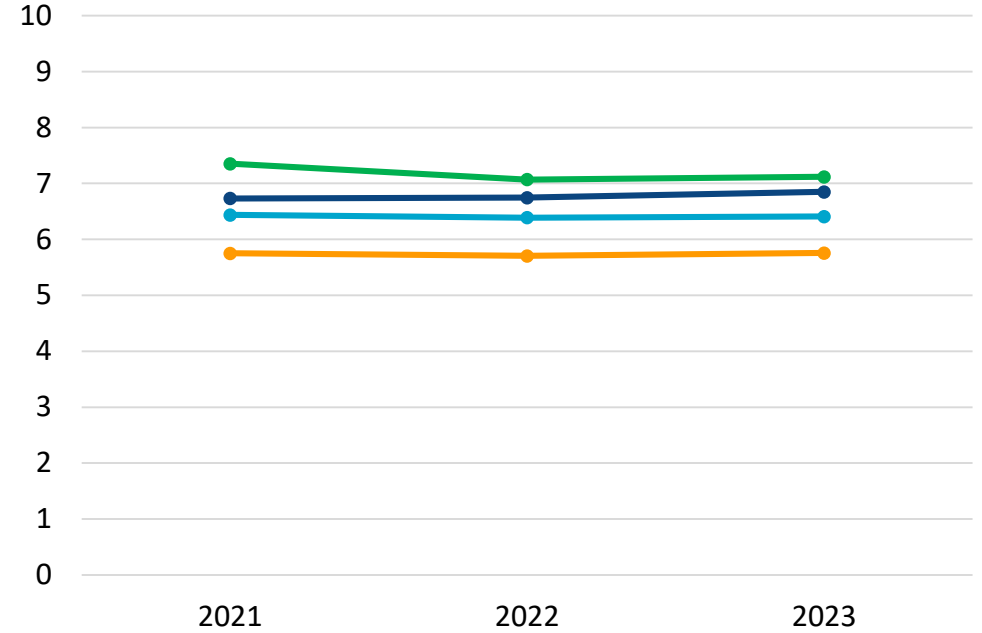


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022	2023
Your org	7.12	7.21	7.31
Best result	7.30	7.35	7.31
Average result	6.90	6.93	6.99
Worst result	6.54	6.52	6.63
Responses	2038	2084	2259

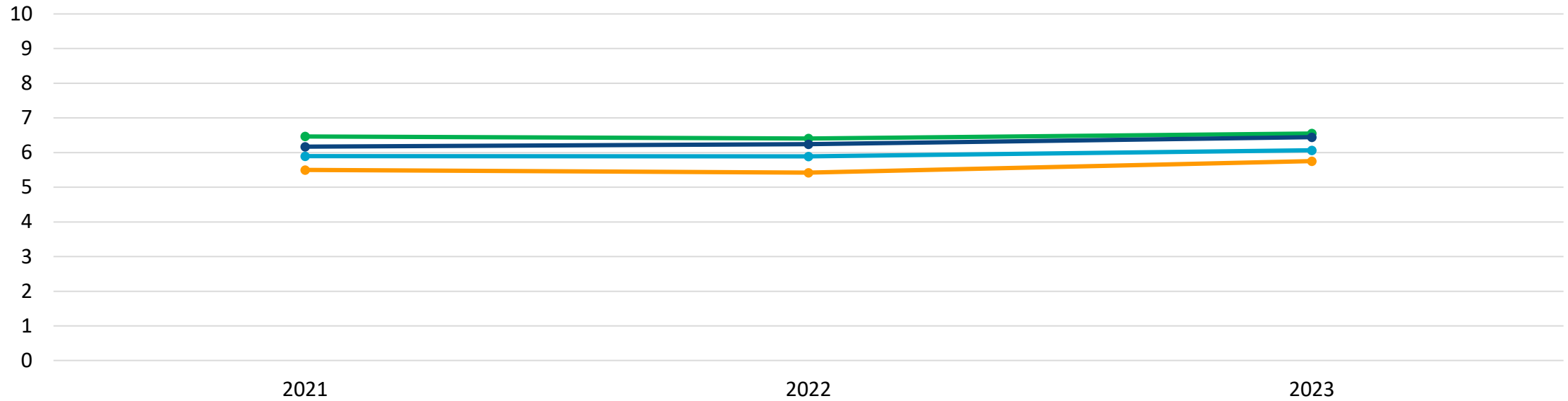
	2021	2022	2023
Your org	6.73	6.75	6.85
Best result	7.35	7.07	7.12
Average result	6.44	6.39	6.41
Worst result	5.75	5.71	5.76
Responses	2004	2057	2230

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



Promise element 4: We are safe and healthy

We are safe and healthy



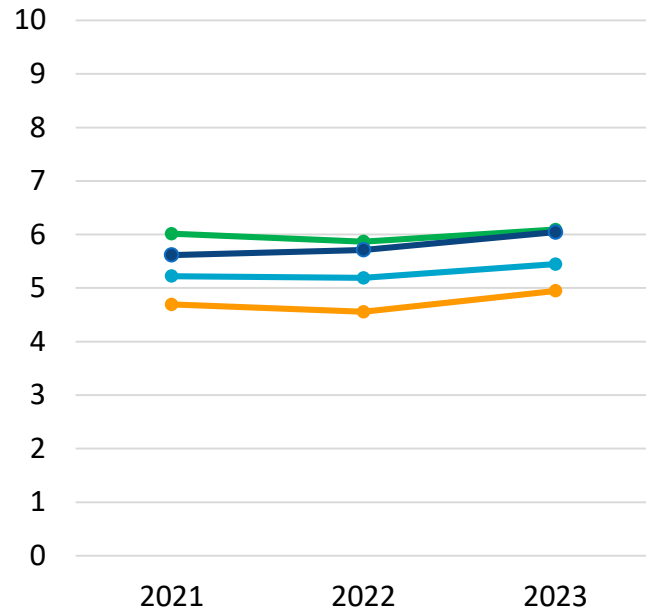
	2021	2022	2023
Your org	6.17	6.24	6.44
Best result	6.47	6.41	6.55
Average result	5.90	5.89	6.06
Worst result	5.50	5.42	5.75
Responses	1988	2049	2212

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



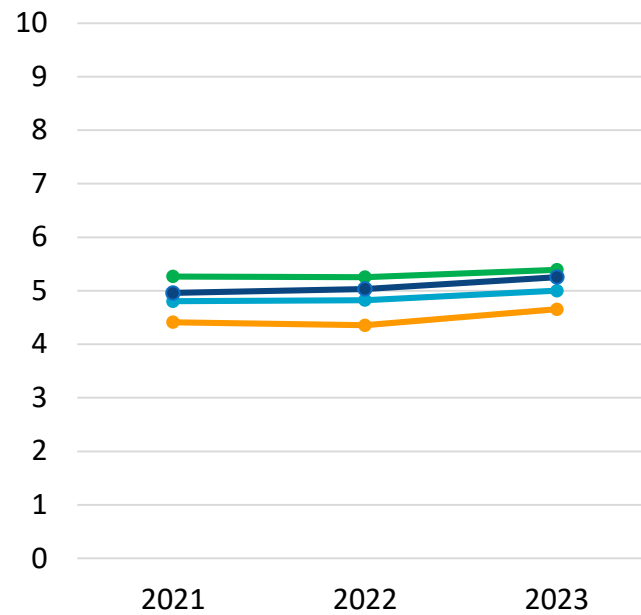
Promise element 4: We are safe and healthy

Health and safety climate



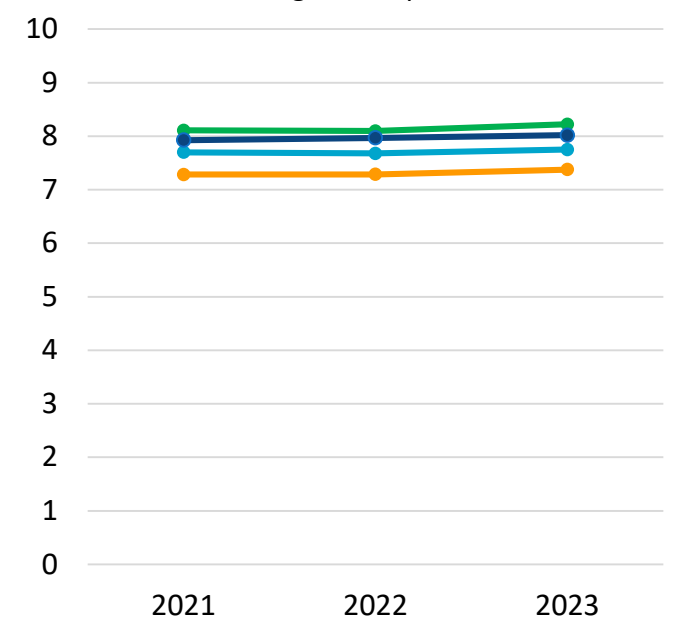
	2021	2022	2023
Your org	5.62	5.71	6.04
Best result	6.01	5.87	6.09
Average result	5.22	5.19	5.45
Worst result	4.69	4.56	4.95
Responses	2039	2084	2258

Burnout



	2021	2022	2023
Your org	4.96	5.03	5.25
Best result	5.27	5.25	5.39
Average result	4.80	4.82	5.00
Worst result	4.41	4.35	4.65
Responses	2021	2079	2253

Negative experiences



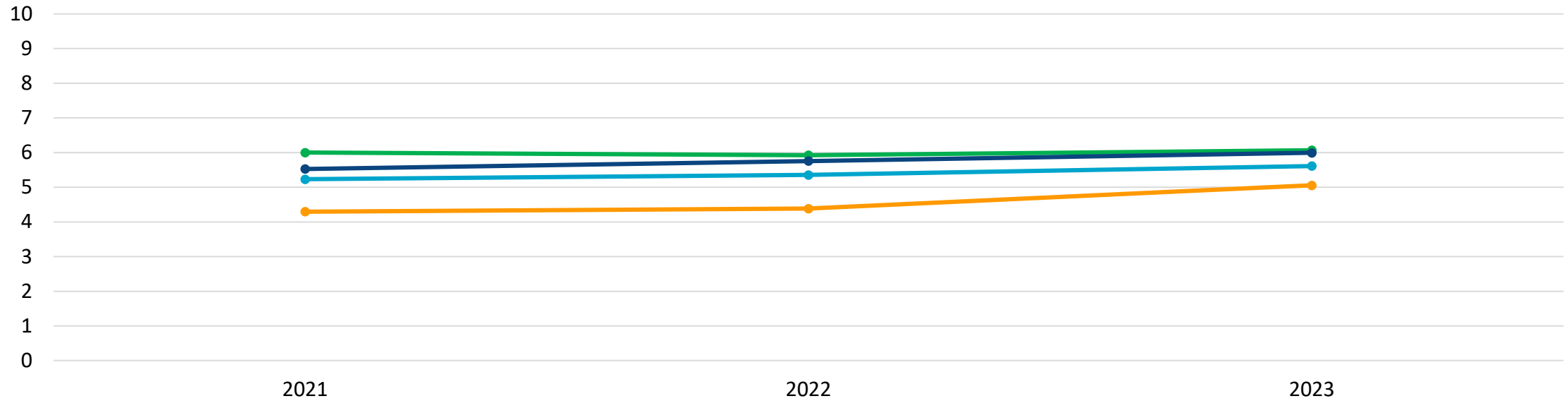
	2021	2022	2023
Your org	7.93	7.97	8.02
Best result	8.11	8.10	8.22
Average result	7.70	7.68	7.75
Worst result	7.28	7.29	7.38
Responses	2008	2065	2224

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



Promise element 5: We are always learning

We are always learning



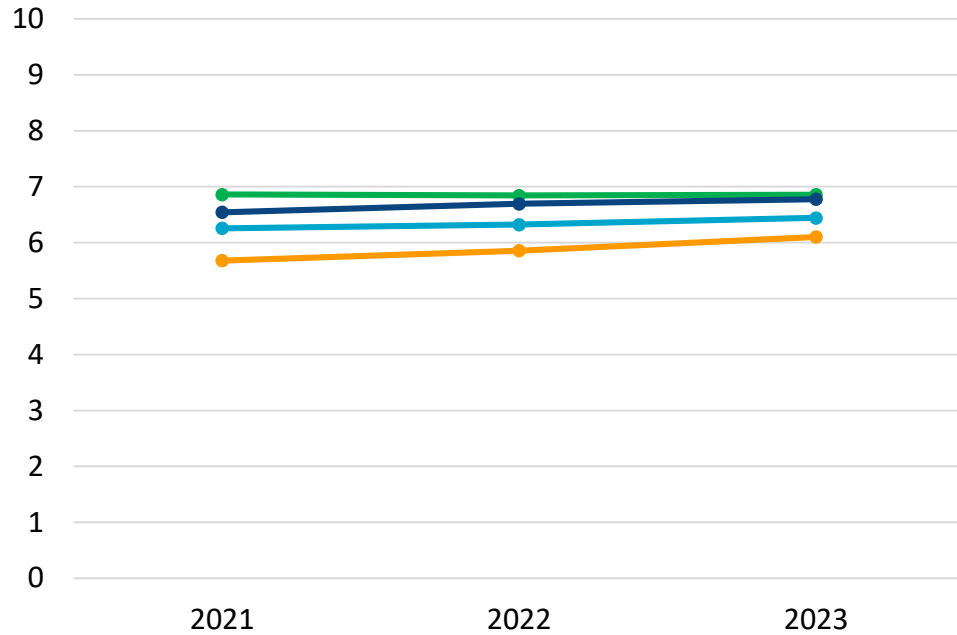
	2021	2022	2023
Your org	5.53	5.75	5.99
Best result	6.00	5.92	6.07
Average result	5.23	5.35	5.61
Worst result	4.30	4.38	5.05
Responses	1951	1991	2114

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



Promise element 5: We are always learning

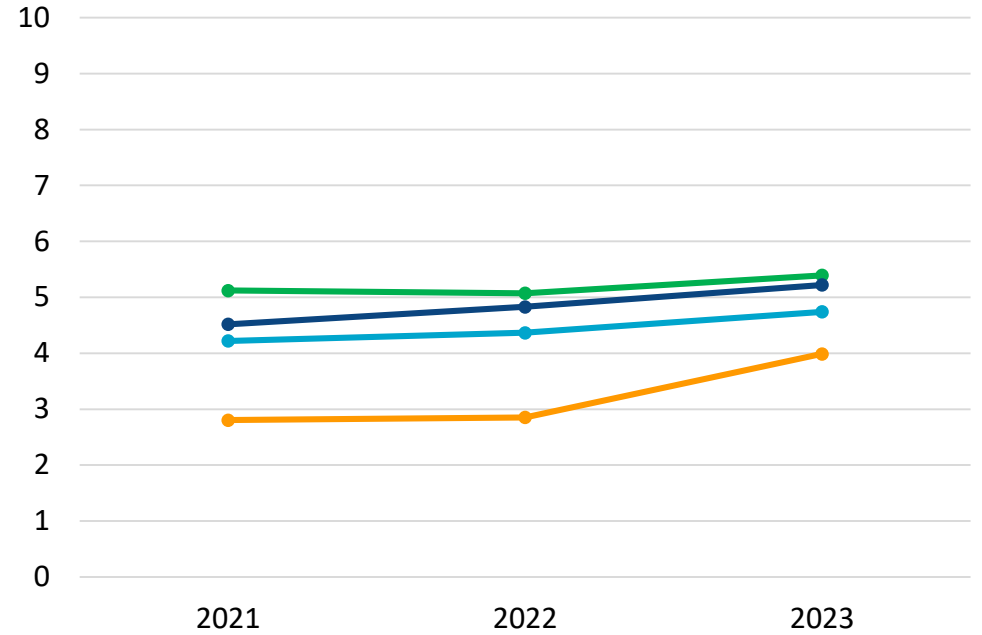
Development



	2021	2022	2023
Your org	6.54	6.70	6.78
Best result	6.86	6.84	6.86
Average result	6.26	6.32	6.44
Worst result	5.68	5.86	6.10

Responses 2026 2059 2241

Appraisals



	2021	2022	2023
Your org	4.52	4.83	5.22
Best result	5.12	5.07	5.39
Average result	4.22	4.37	4.74
Worst result	2.81	2.85	3.99

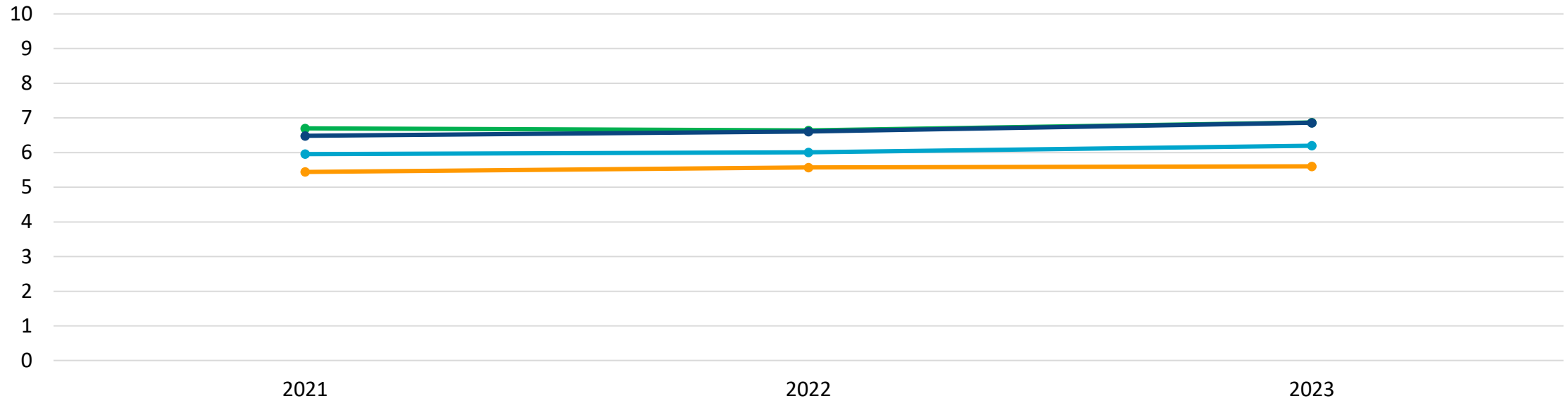
Responses 1960 2019 2122

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



Promise element 6: We work flexibly

We work flexibly



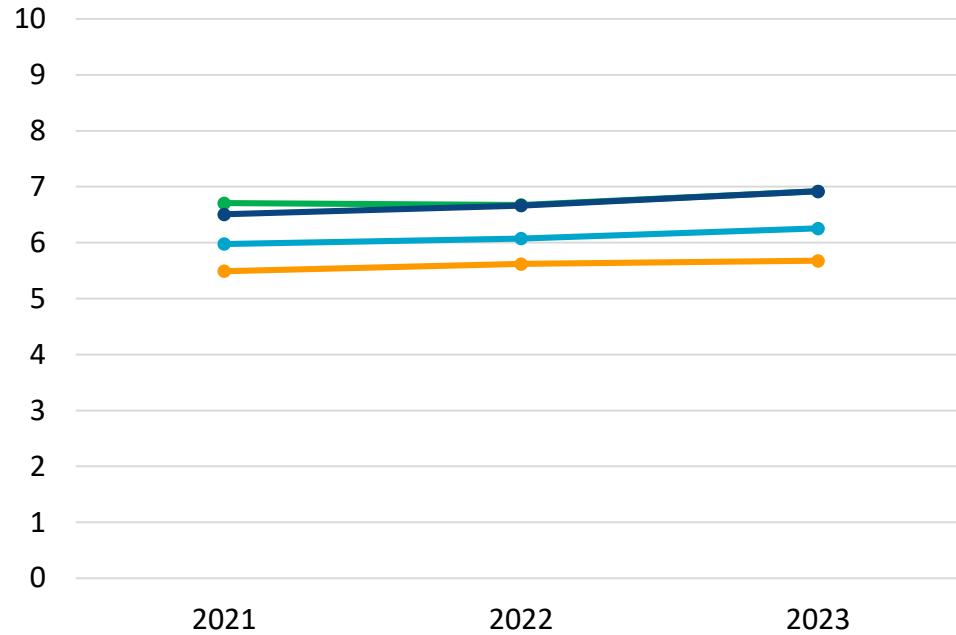
	2021	2022	2023
Your org	6.48	6.61	6.86
Best result	6.70	6.64	6.87
Average result	5.96	6.01	6.20
Worst result	5.44	5.57	5.60
Responses	2022	2067	2243

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

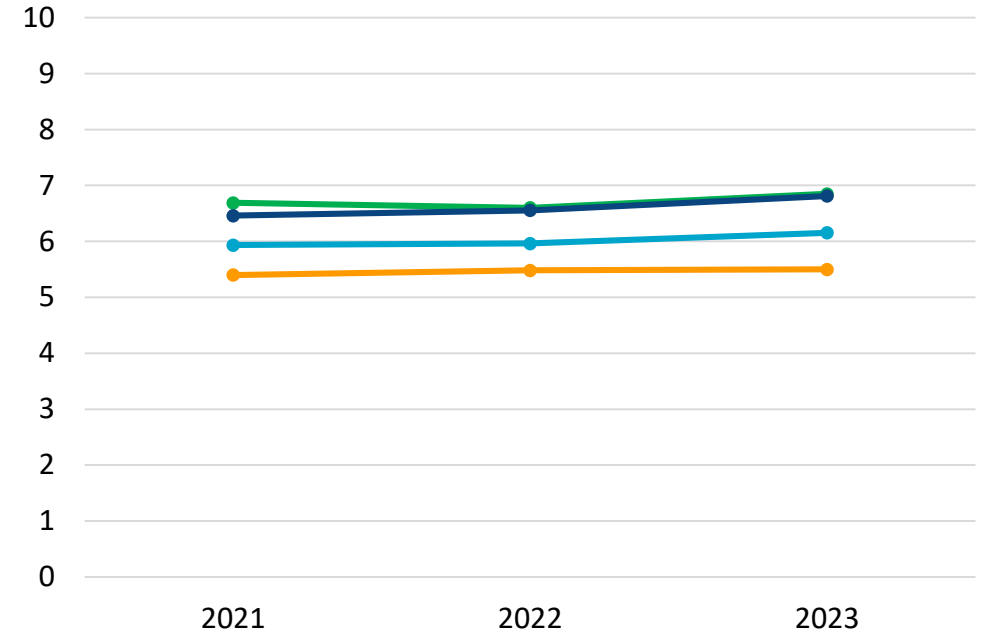


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



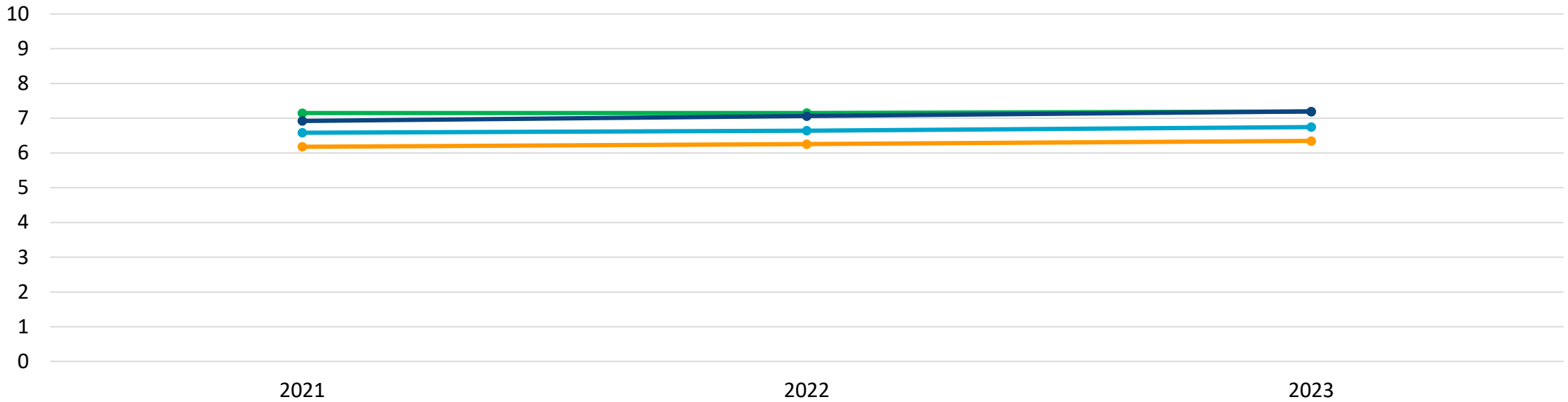
	2021	2022	2023
Your org	6.51	6.66	6.92
Best result	6.71	6.68	6.92
Average result	5.98	6.08	6.25
Worst result	5.49	5.62	5.68
Responses	2031	2077	2252

	2021	2022	2023
Your org	6.46	6.55	6.81
Best result	6.69	6.60	6.85
Average result	5.93	5.96	6.15
Worst result	5.40	5.48	5.50
Responses	2033	2078	2253

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

 **Promise element 7: We are a team**

We are a team

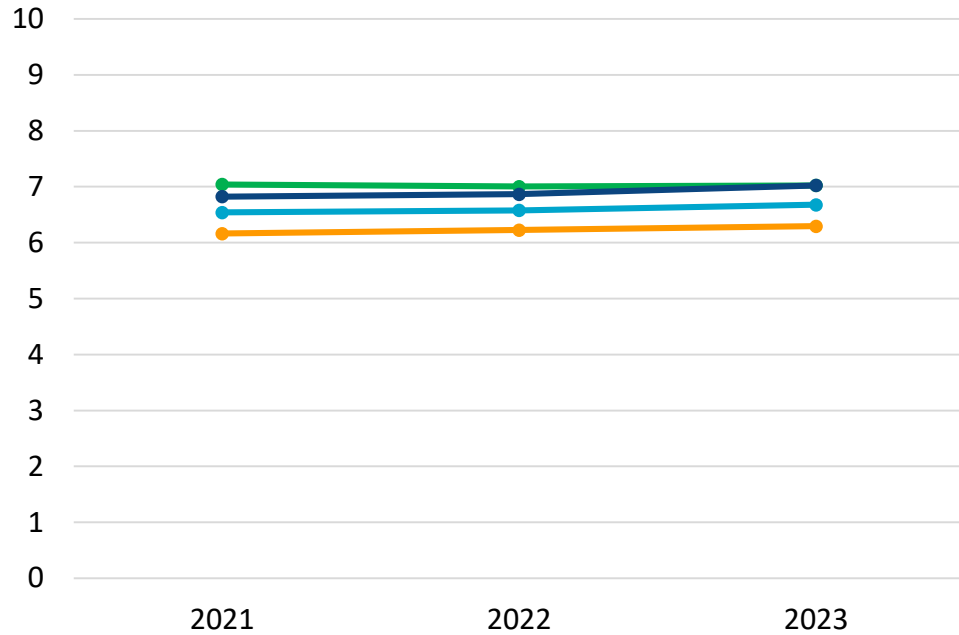


	2021	2022	2023
Your org	6.92	7.06	7.19
Best result	7.15	7.15	7.19
Average result	6.58	6.64	6.75
Worst result	6.18	6.25	6.35
Responses	2026	2083	2249

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

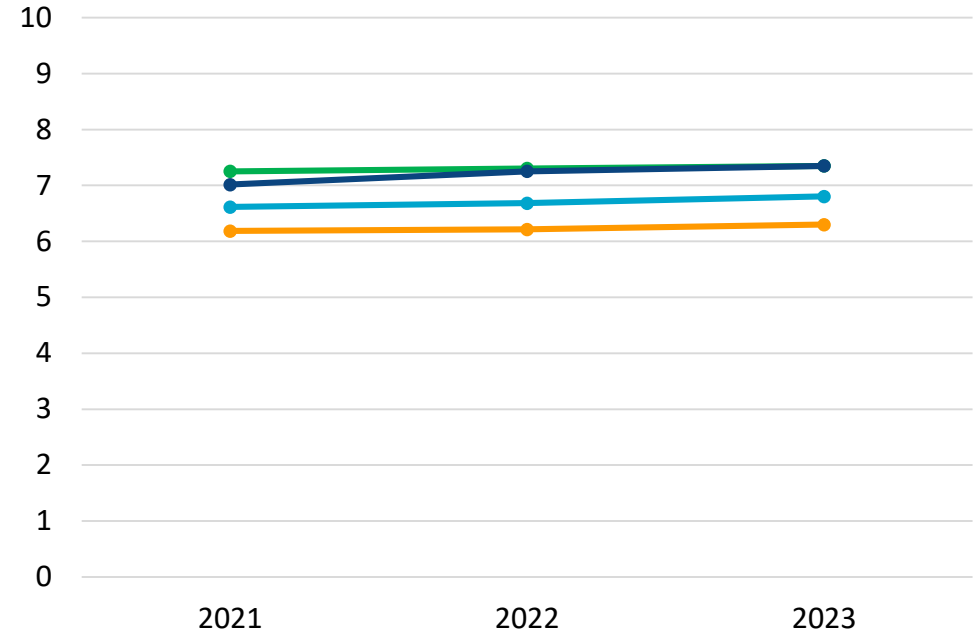
 **Promise element 7: We are a team**

Team working



	2021	2022	2023
Your org	6.82	6.87	7.03
Best result	7.04	7.00	7.03
Average result	6.54	6.58	6.68
Worst result	6.16	6.23	6.29
Responses	2035	2088	2261

Line management

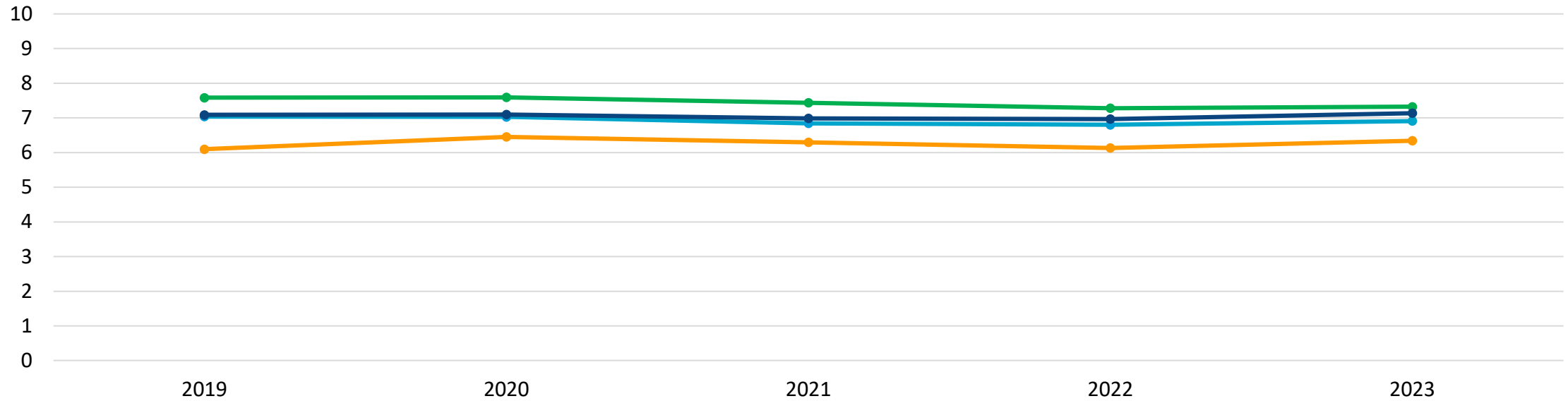


	2021	2022	2023
Your org	7.02	7.25	7.35
Best result	7.25	7.30	7.35
Average result	6.61	6.68	6.80
Worst result	6.19	6.21	6.30
Responses	2028	2085	2249

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

Theme: Staff Engagement

Staff Engagement



	2019	2020	2021	2022	2023
Your org	7.09	7.10	6.99	6.97	7.14
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	2233	1922	2039	2086	2262

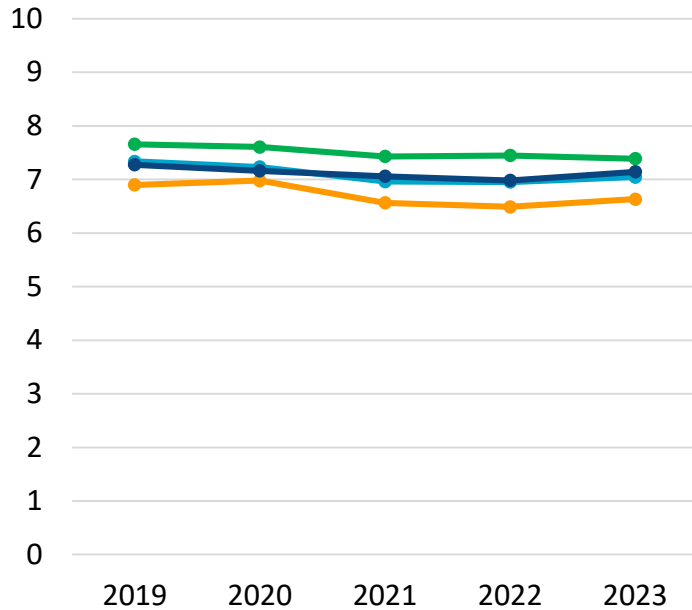


People Promise elements, themes and sub-scores: Sub-score trends

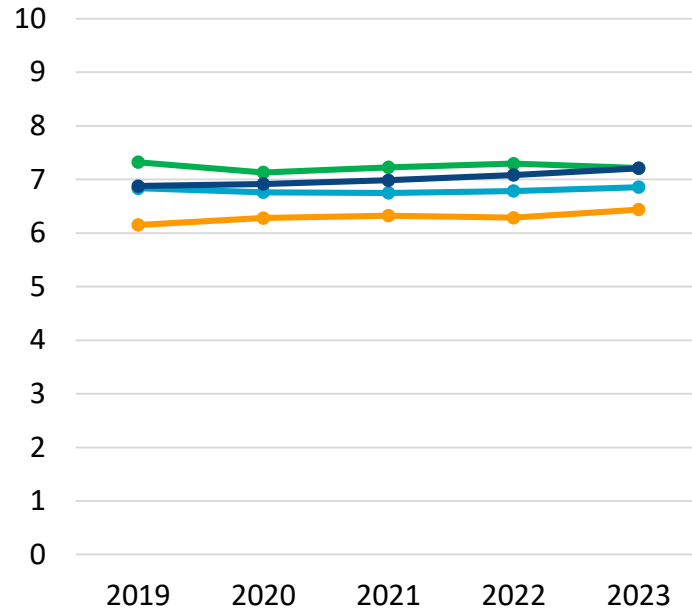
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff Engagement

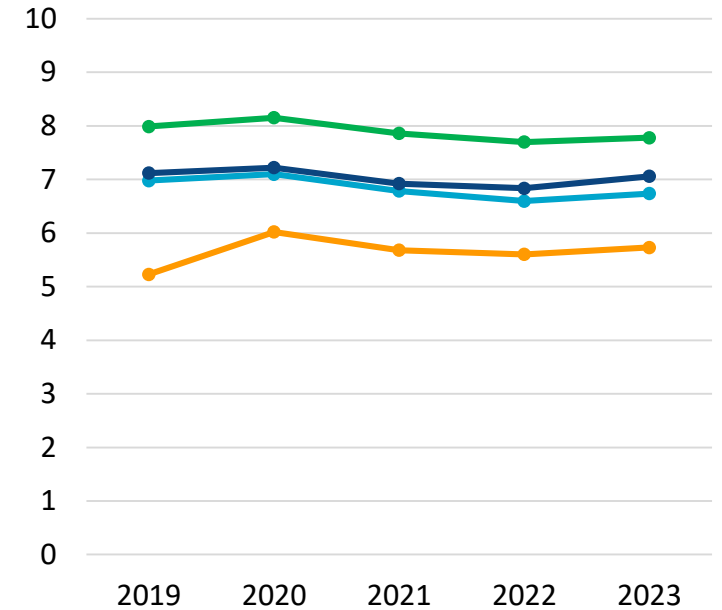
Motivation



Involvement



Advocacy



	2019	2020	2021	2022	2023
Your org	7.27	7.16	7.06	6.98	7.14
Best result	7.66	7.61	7.43	7.45	7.39
Average result	7.34	7.23	6.96	6.95	7.04
Worst result	6.90	6.98	6.56	6.49	6.63
Responses	2213	1907	2018	2070	2232

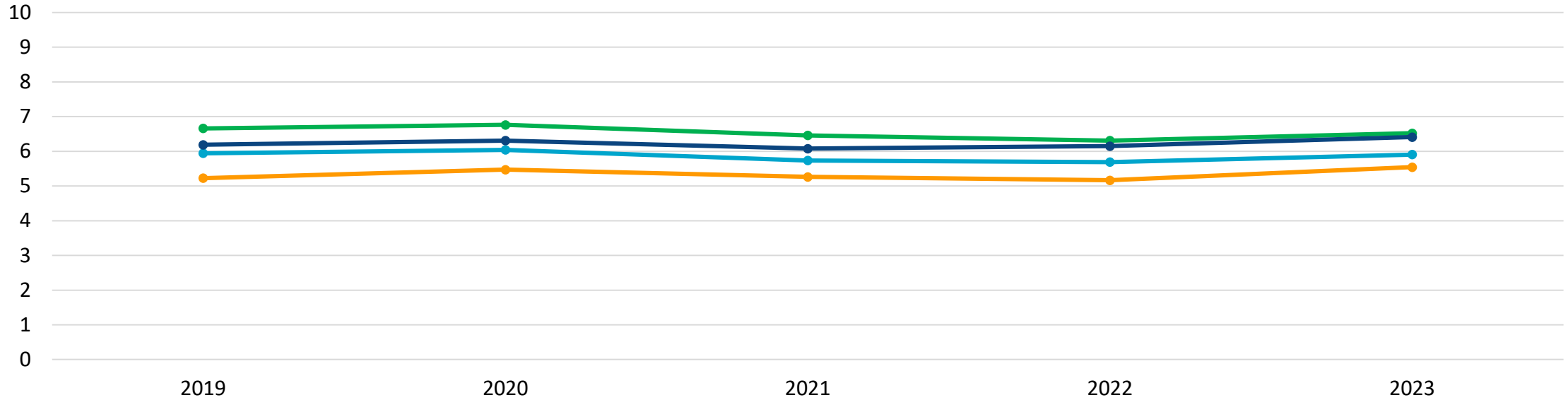
	2019	2020	2021	2022	2023
Your org	6.88	6.92	6.99	7.08	7.21
Best result	7.32	7.13	7.22	7.29	7.21
Average result	6.83	6.76	6.75	6.79	6.86
Worst result	6.15	6.28	6.32	6.29	6.44
Responses	2230	1922	2039	2084	2259

	2019	2020	2021	2022	2023
Your org	7.12	7.22	6.92	6.84	7.06
Best result	7.99	8.15	7.86	7.70	7.78
Average result	6.98	7.10	6.78	6.60	6.74
Worst result	5.23	6.02	5.68	5.60	5.73
Responses	2214	1915	2021	2067	2243

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

Theme: Morale

Morale



	2019	2020	2021	2022	2023
Your org	6.19	6.31	6.08	6.15	6.41
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	2233	1921	2039	2087	2261

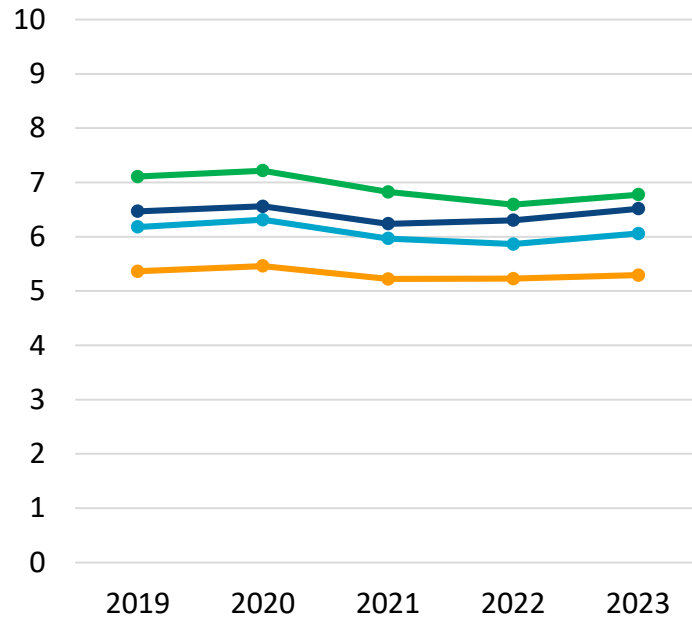


People Promise elements, themes and sub-scores: Sub-score trends

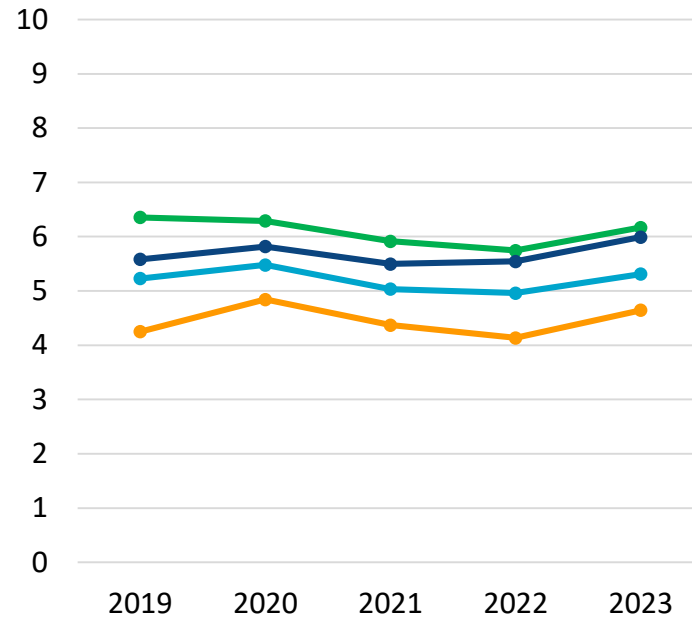
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale

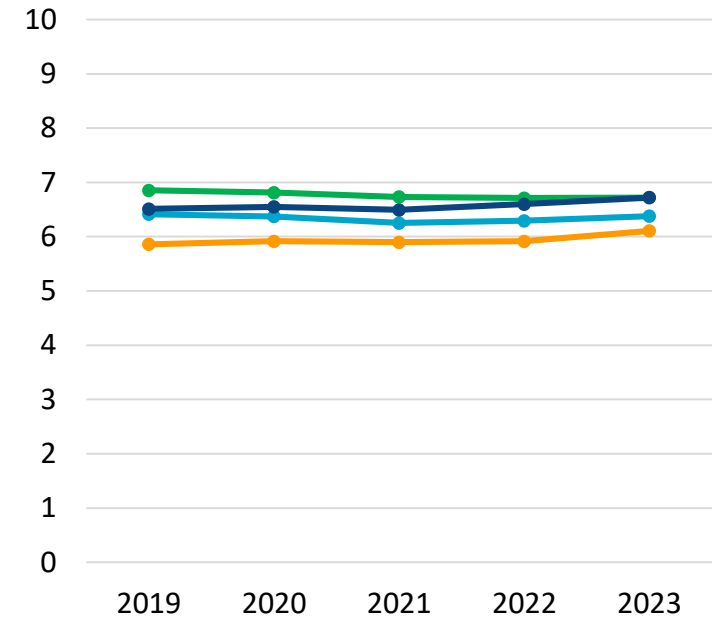
Thinking about leaving



Work pressure



Stressors

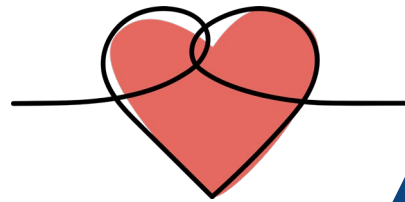


	2019	2020	2021	2022	2023
Your org	6.47	6.56	6.24	6.30	6.52
Best result	7.11	7.22	6.83	6.59	6.78
Average result	6.18	6.31	5.97	5.86	6.06
Worst result	5.36	5.46	5.22	5.23	5.29
Responses	2220	1913	2021	2060	2241

	2019	2020	2021	2022	2023
Your org	5.58	5.82	5.50	5.54	5.99
Best result	6.35	6.29	5.91	5.75	6.17
Average result	5.23	5.48	5.03	4.96	5.31
Worst result	4.25	4.84	4.37	4.14	4.65
Responses	2228	1920	2033	2081	2256

	2019	2020	2021	2022	2023
Your org	6.51	6.55	6.49	6.60	6.72
Best result	6.85	6.81	6.73	6.71	6.72
Average result	6.41	6.37	6.25	6.29	6.38
Worst result	5.86	5.91	5.90	5.92	6.11
Responses	2231	1920	2035	2084	2258

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

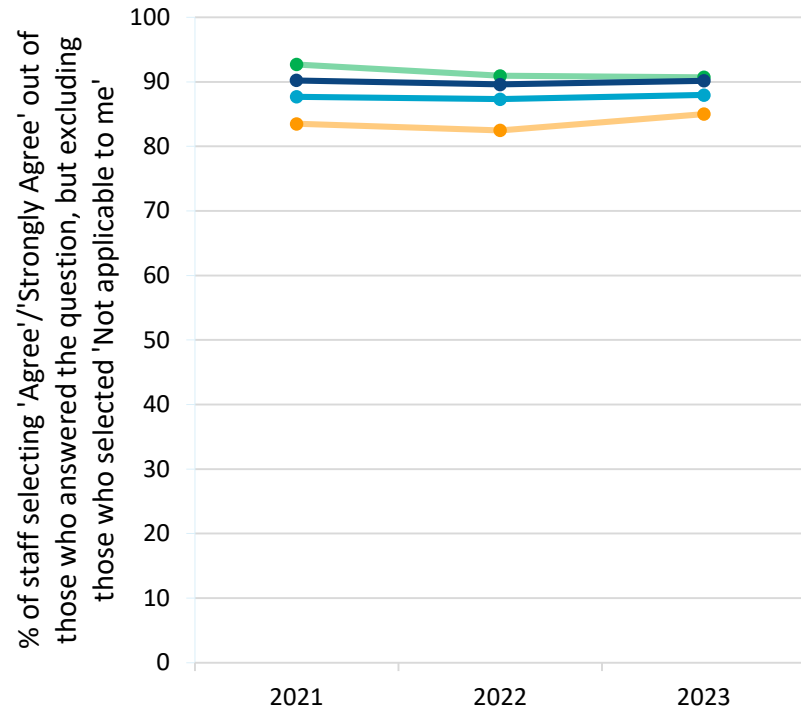
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

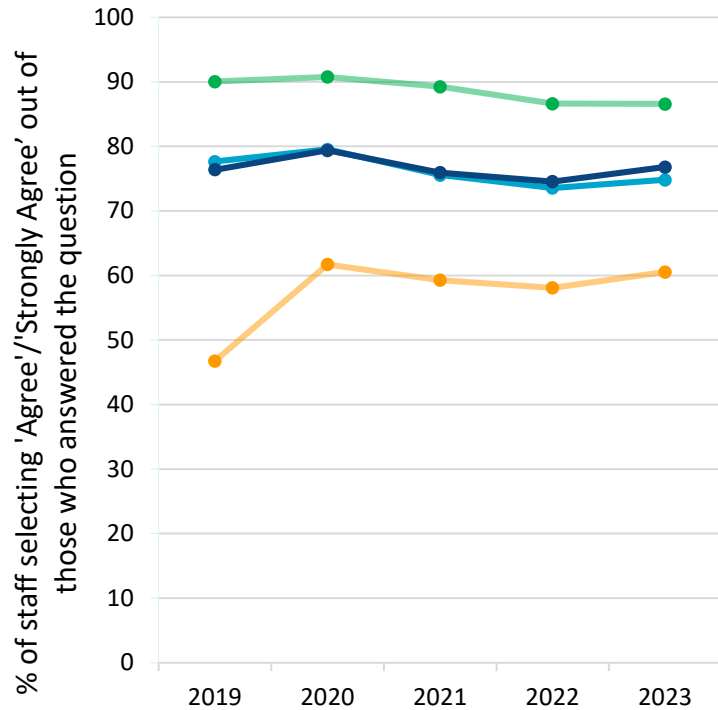


Q6a I feel that my role makes a difference to patients / service users.



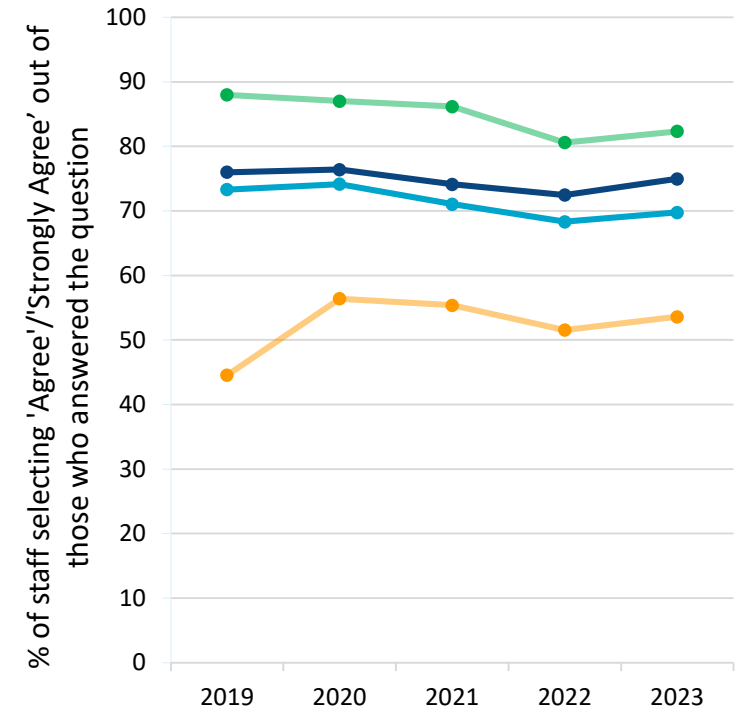
	2021	2022	2023
Your org	90.22%	89.59%	90.17%
Best result	92.70%	90.93%	90.71%
Average result	87.70%	87.31%	87.96%
Worst result	83.51%	82.48%	85.01%
Responses	1966	2005	2179

Q25a Care of patients / service users is my organisation's top priority.



	2019	2020	2021	2022	2023
Your org	76.40%	79.37%	75.93%	74.55%	76.81%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	2216	1910	2015	2062	2240

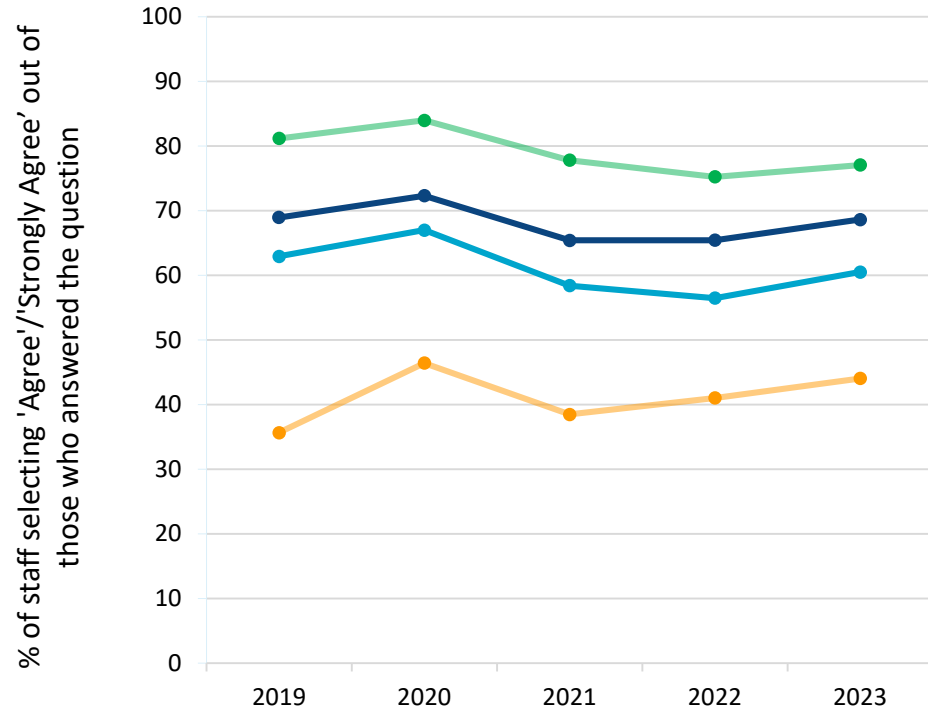
Q25b My organisation acts on concerns raised by patients / service users.



	2019	2020	2021	2022	2023
Your org	75.99%	76.42%	74.14%	72.48%	74.98%
Best result	87.98%	87.02%	86.18%	80.61%	82.34%
Average result	73.32%	74.14%	71.07%	68.32%	69.78%
Worst result	44.56%	56.41%	55.39%	51.54%	53.59%
Responses	2207	1908	2020	2060	2239

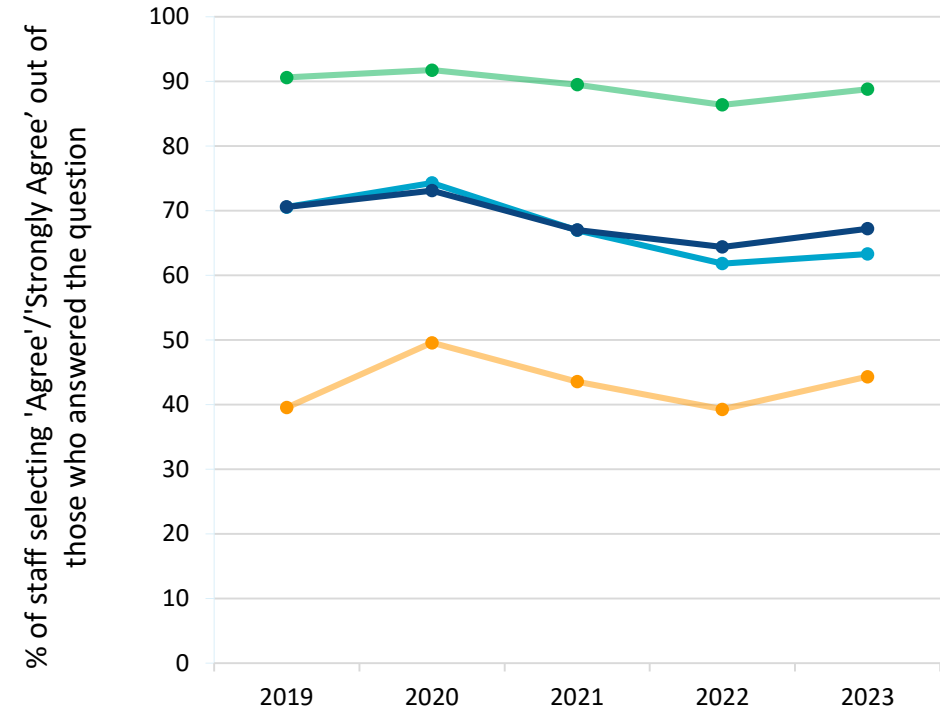


Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	68.93%	72.32%	65.43%	65.44%	68.64%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	2176	1915	2020	2064	2237

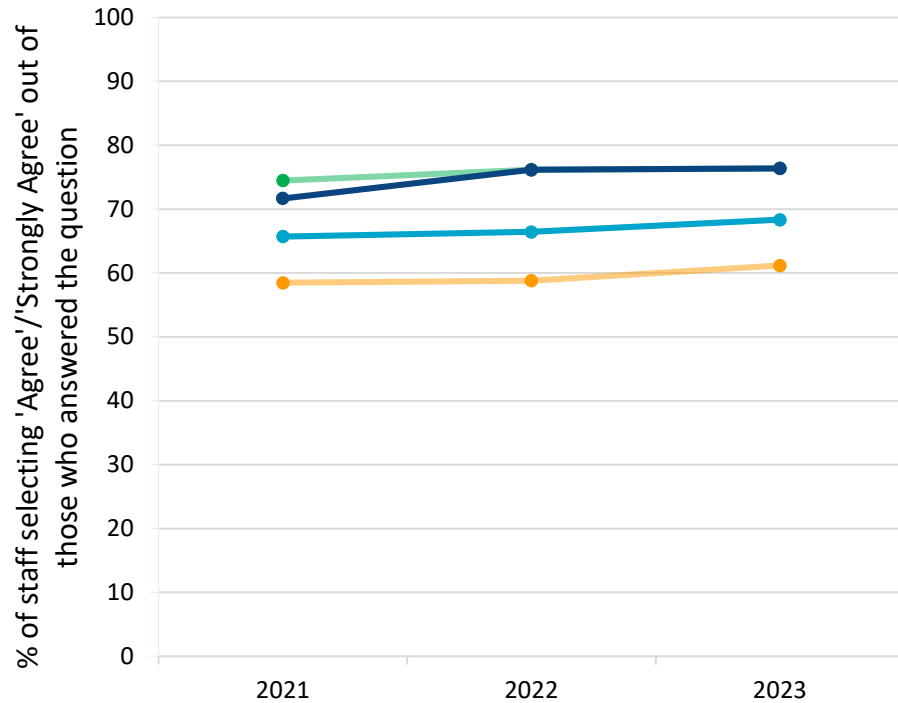
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	70.57%	73.12%	67.03%	64.40%	67.23%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	2207	1907	2016	2062	2235

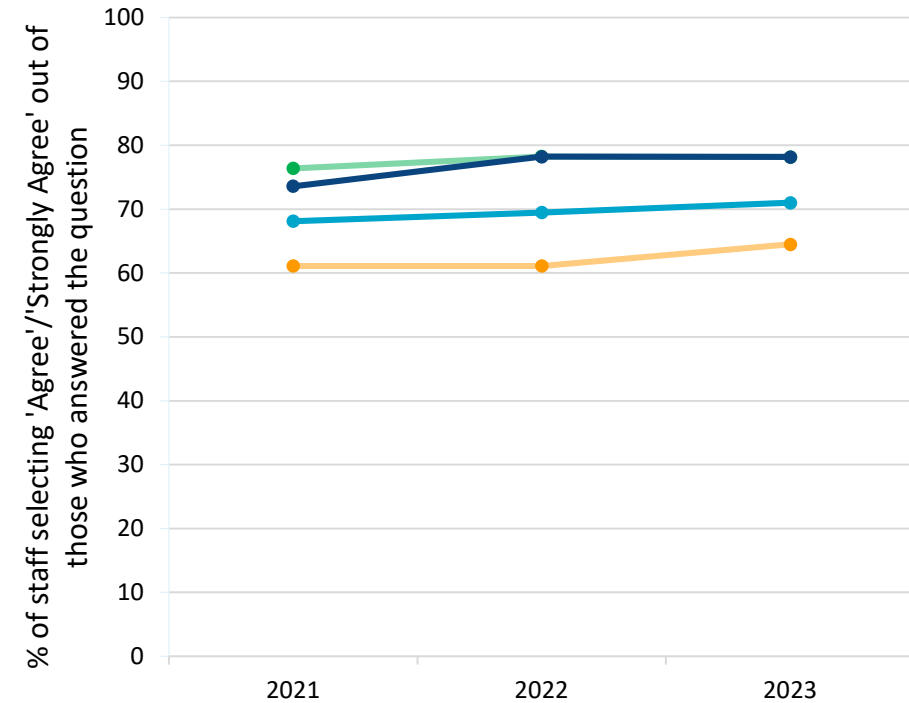


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023
Your org	71.65%	76.16%	76.38%
Best result	74.49%	76.16%	76.38%
Average result	65.70%	66.44%	68.35%
Worst result	58.47%	58.79%	61.17%
Responses	2024	2083	2249

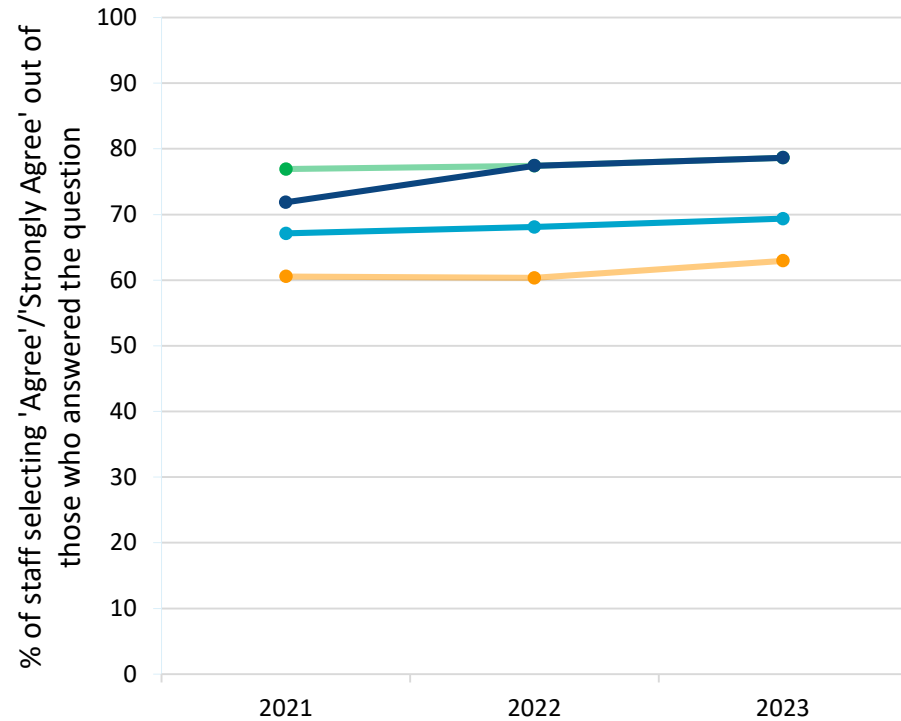
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023
Your org	73.57%	78.22%	78.17%
Best result	76.39%	78.22%	78.17%
Average result	68.12%	69.47%	70.99%
Worst result	61.09%	61.11%	64.48%
Responses	2025	2083	2250



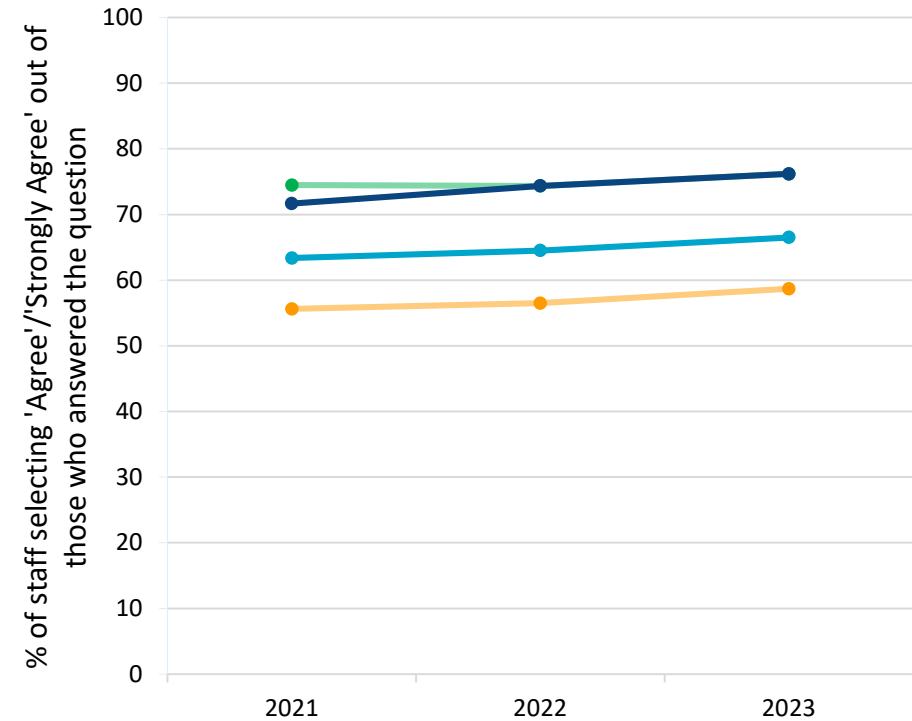
Q9h My immediate manager cares about my concerns.



	2021	2022	2023
Your org	71.84%	77.43%	78.65%
Best result	76.92%	77.43%	78.65%
Average result	67.12%	68.10%	69.37%
Worst result	60.55%	60.34%	62.95%

Responses 2018 2083 2250

Q9i My immediate manager takes effective action to help me with any problems I face.

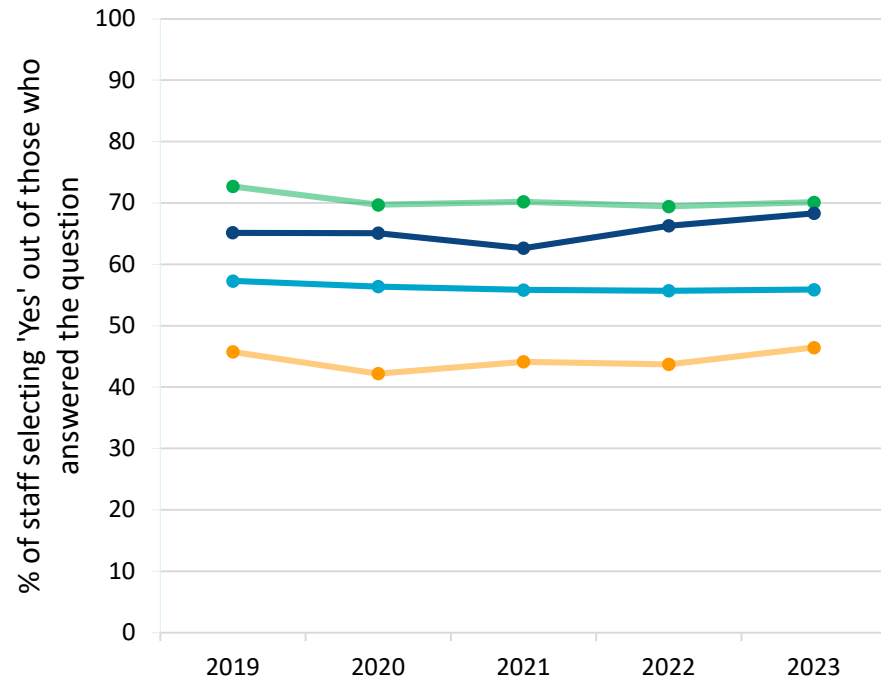


	2021	2022	2023
Your org	71.67%	74.35%	76.19%
Best result	74.49%	74.35%	76.19%
Average result	63.37%	64.50%	66.50%
Worst result	55.62%	56.50%	58.68%

Responses 2017 2082 2251

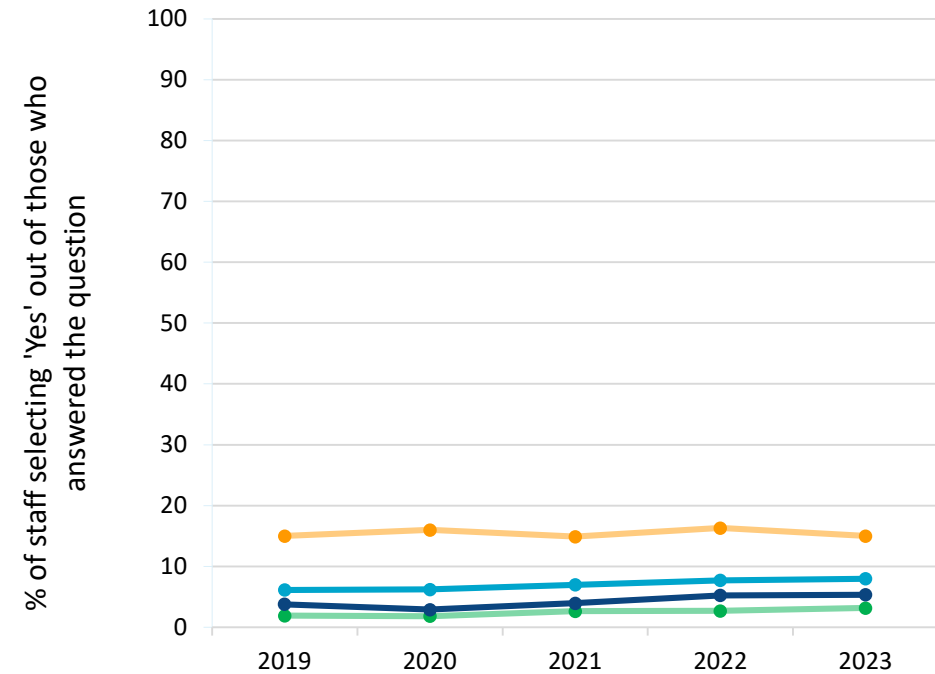


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2019	2020	2021	2022	2023
Your org	65.15%	65.09%	62.63%	66.30%	68.31%
Best result	72.70%	69.70%	70.19%	69.43%	70.11%
Average result	57.31%	56.38%	55.83%	55.69%	55.89%
Worst result	45.74%	42.19%	44.12%	43.72%	46.44%
Responses	2215	1903	1985	2049	2217

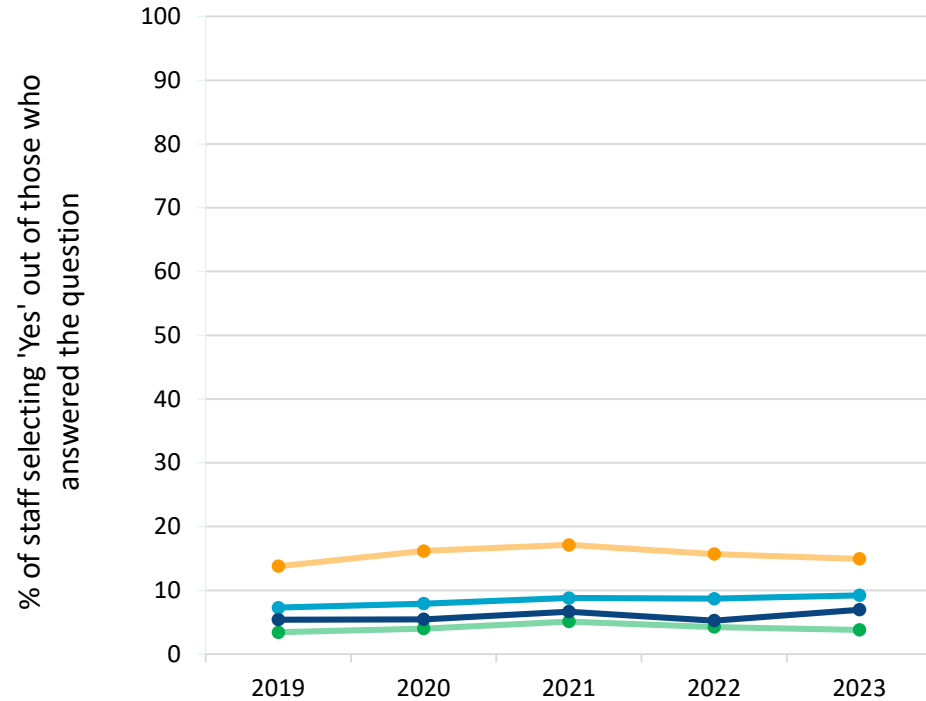
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2019	2020	2021	2022	2023
Your org	3.76%	2.90%	3.96%	5.23%	5.35%
Best result	1.91%	1.83%	2.64%	2.69%	3.17%
Average result	6.15%	6.21%	6.98%	7.71%	7.99%
Worst result	14.99%	15.99%	14.91%	16.33%	15.02%
Responses	2214	1908	2025	2074	2242

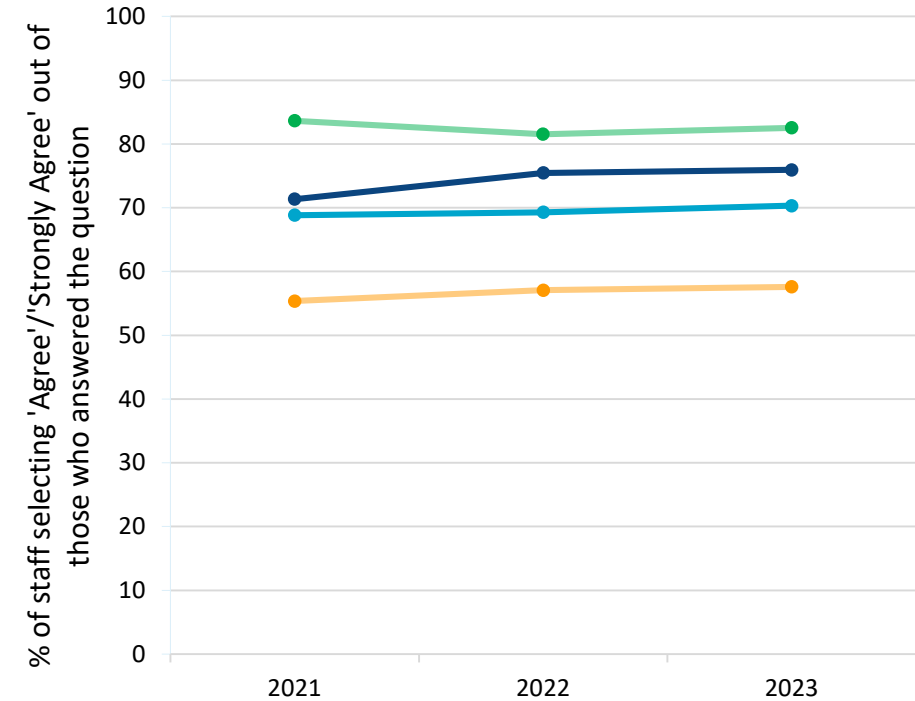


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2019	2020	2021	2022	2023
Your org	5.39%	5.45%	6.67%	5.25%	6.95%
Best result	3.41%	3.99%	5.09%	4.24%	3.79%
Average result	7.29%	7.90%	8.78%	8.69%	9.20%
Worst result	13.78%	16.17%	17.12%	15.70%	14.93%
Responses	2214	1889	2018	2067	2233

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

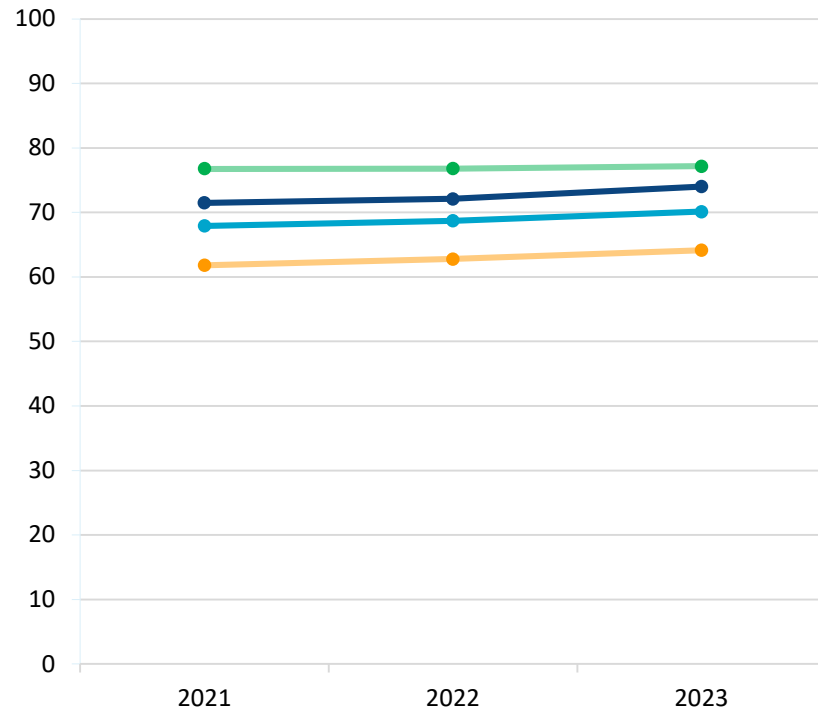


	2021	2022	2023
Your org	71.36%	75.46%	75.94%
Best result	83.66%	81.52%	82.55%
Average result	68.83%	69.29%	70.33%
Worst result	55.37%	57.06%	57.60%
Responses	2015	2077	2247



Q7h I feel valued by my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

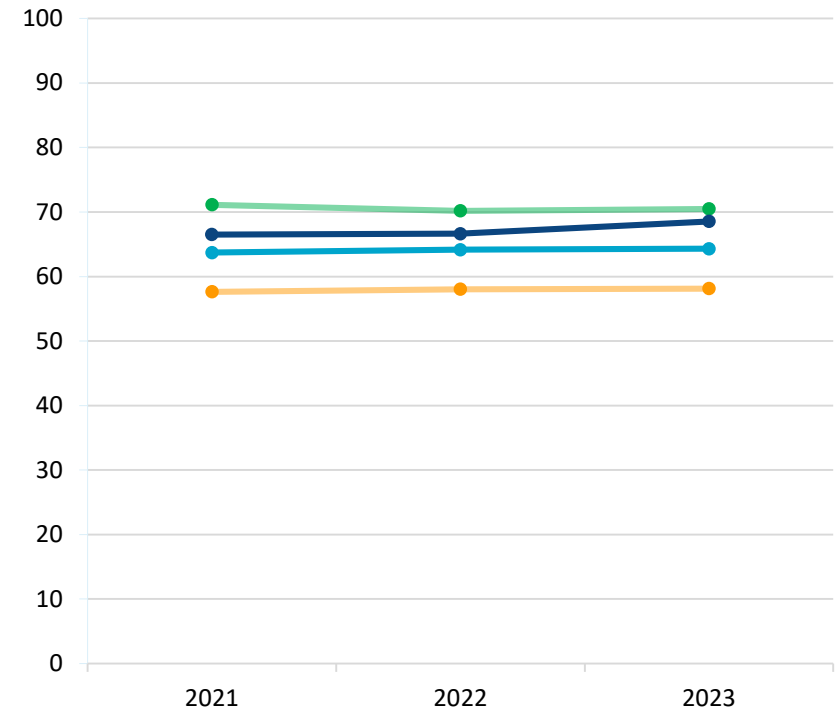


	2021	2022	2023
Your org	71.49%	72.12%	74.02%
Best result	76.79%	76.81%	77.16%
Average result	67.92%	68.70%	70.12%
Worst result	61.81%	62.78%	64.16%

Responses 2031 2083 2259

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



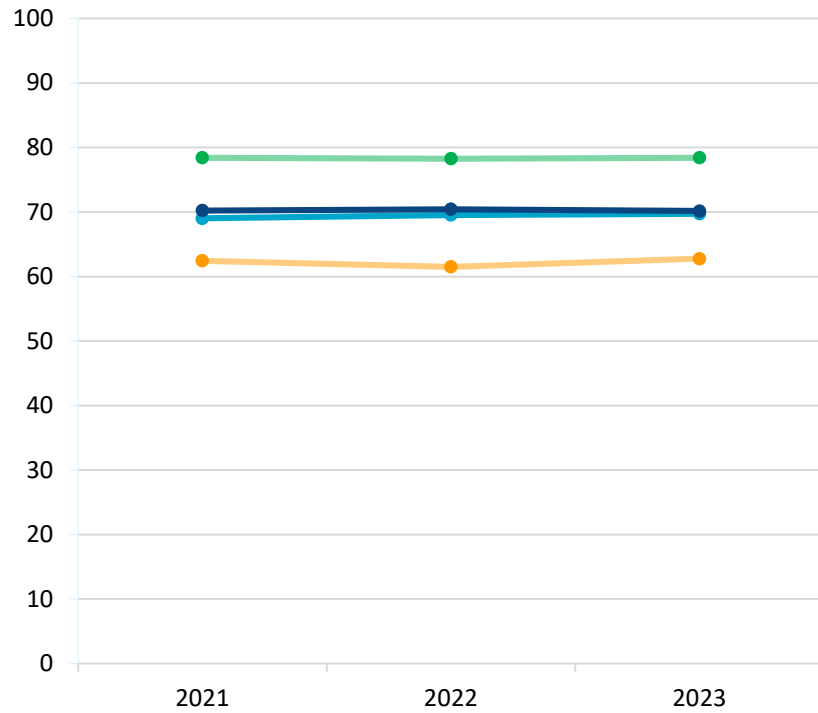
	2021	2022	2023
Your org	66.52%	66.63%	68.56%
Best result	71.13%	70.17%	70.48%
Average result	63.71%	64.17%	64.32%
Worst result	57.63%	58.03%	58.14%

Responses 2030 2081 2257



Q8b The people I work with are understanding and kind to one another.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

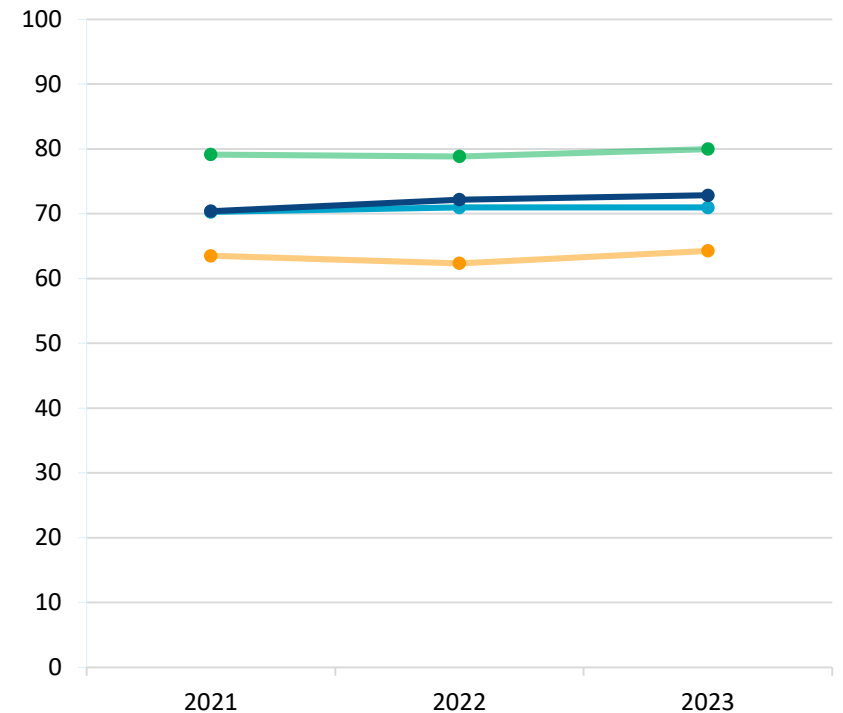


	2021	2022	2023
Your org	70.22%	70.43%	70.17%
Best result	78.43%	78.25%	78.42%
Average result	69.01%	69.54%	69.73%
Worst result	62.44%	61.50%	62.78%

Responses 2030 2084 2259

Q8c The people I work with are polite and treat each other with respect.

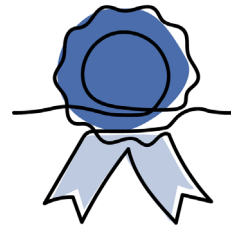
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023
Your org	70.37%	72.18%	72.85%
Best result	79.13%	78.83%	79.99%
Average result	70.27%	70.96%	70.95%
Worst result	63.50%	62.35%	64.27%

Responses 2027 2083 2256

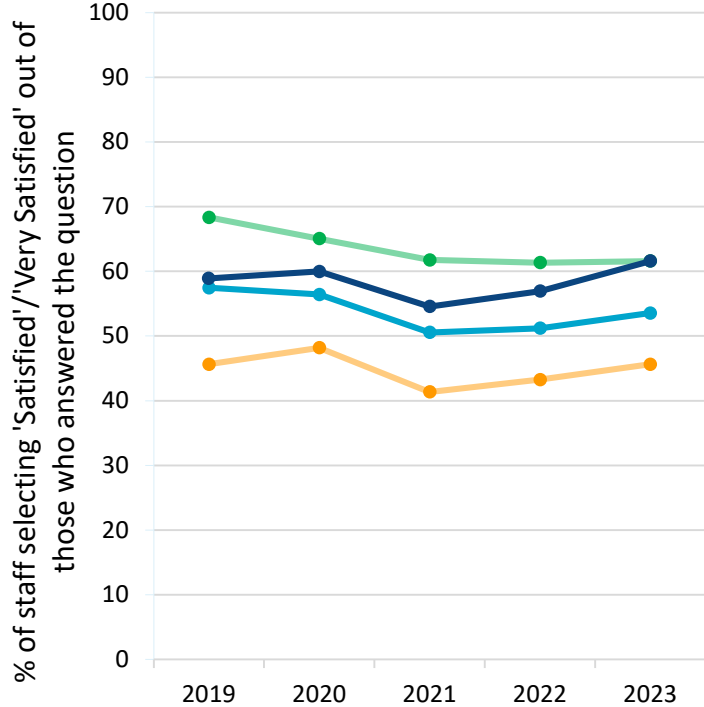
People Promise element – We are recognised and rewarded



Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

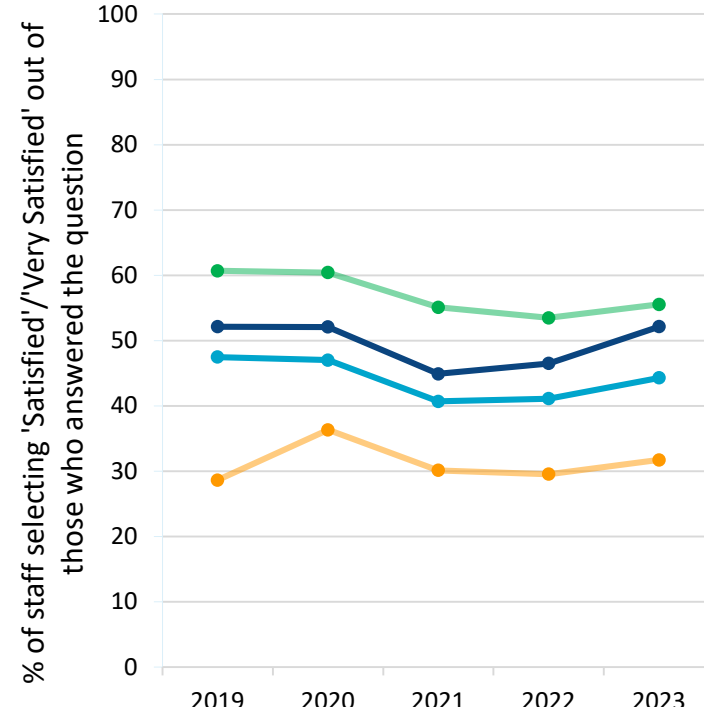


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



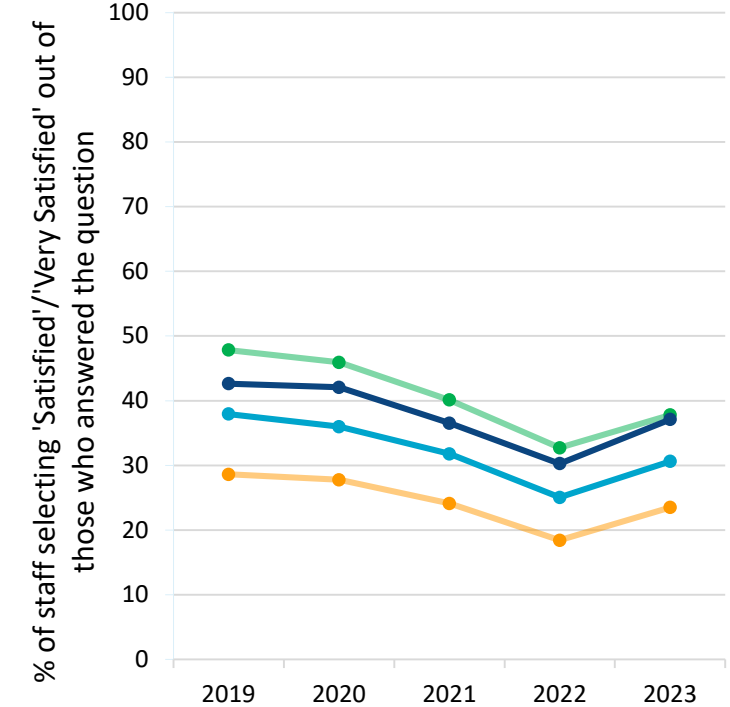
	2019	2020	2021	2022	2023
Your org	58.92%	59.98%	54.55%	56.92%	61.58%
Best result	68.34%	65.04%	61.75%	61.35%	61.58%
Average result	57.46%	56.42%	50.55%	51.18%	53.55%
Worst result	45.63%	48.18%	41.36%	43.25%	45.64%
Responses	2226	1914	2044	2086	2256

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2019	2020	2021	2022	2023
Your org	52.12%	52.09%	44.91%	46.50%	52.12%
Best result	60.68%	60.41%	55.10%	53.47%	55.53%
Average result	47.48%	47.00%	40.68%	41.11%	44.28%
Worst result	28.63%	36.32%	30.11%	29.53%	31.72%
Responses	2223	1907	2037	2085	2253

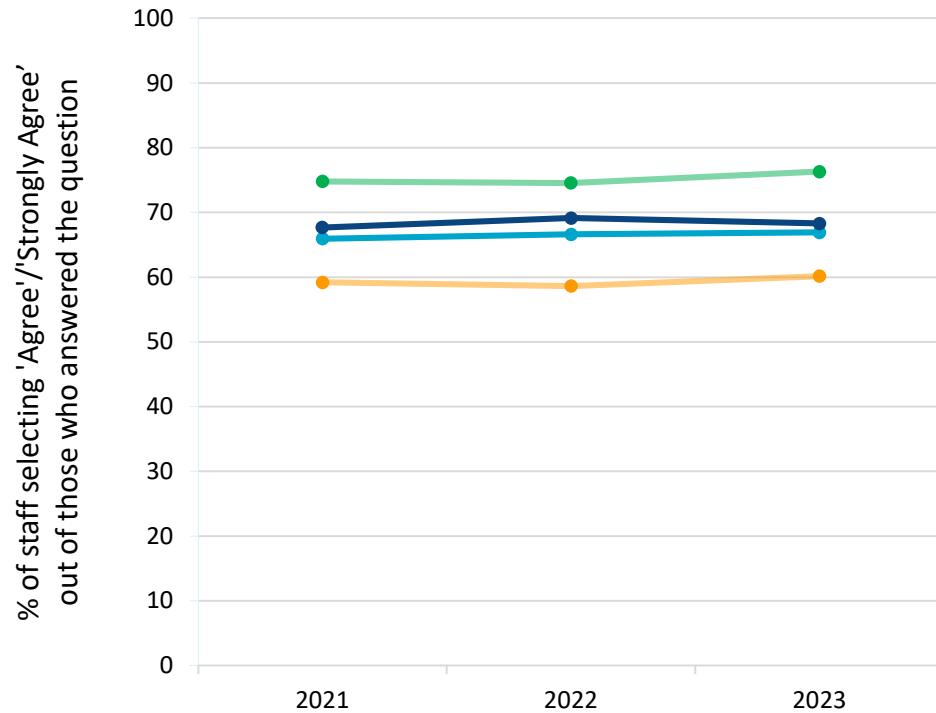
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2019	2020	2021	2022	2023
Your org	42.60%	42.08%	36.54%	30.28%	37.11%
Best result	47.83%	45.94%	40.11%	32.72%	37.78%
Average result	37.95%	35.97%	31.78%	25.05%	30.61%
Worst result	28.62%	27.76%	24.12%	18.41%	23.49%
Responses	2220	1905	2031	2084	2254



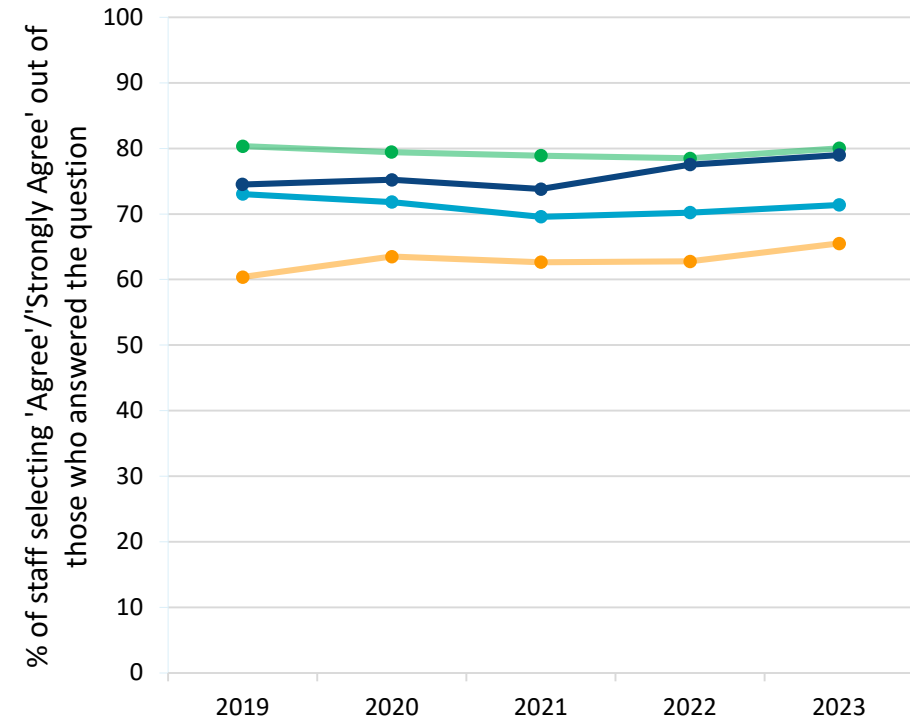
Q8d The people I work with show appreciation to one another.



	2021	2022	2023
Your org	67.69%	69.14%	68.30%
Best result	74.80%	74.54%	76.31%
Average result	65.94%	66.61%	66.91%
Worst result	59.19%	58.63%	60.16%

Responses 2027 2083 2252

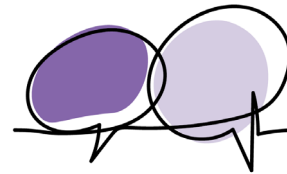
Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	74.47%	75.21%	73.79%	77.54%	78.99%
Best result	80.34%	79.41%	78.91%	78.48%	80.03%
Average result	73.03%	71.81%	69.57%	70.22%	71.39%
Worst result	60.37%	63.50%	62.64%	62.77%	65.51%

Responses 2221 1911 2026 2085 2247

People Promise element – We each have a voice that counts



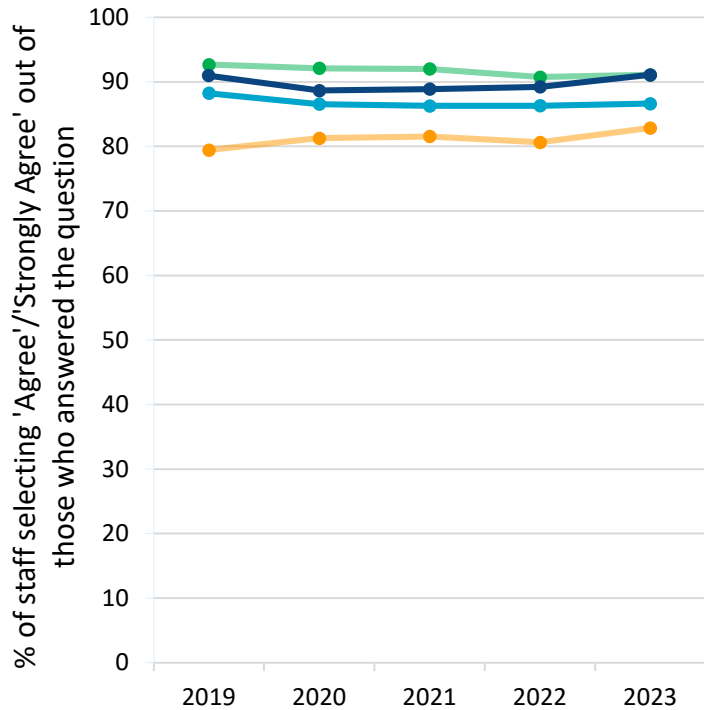
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

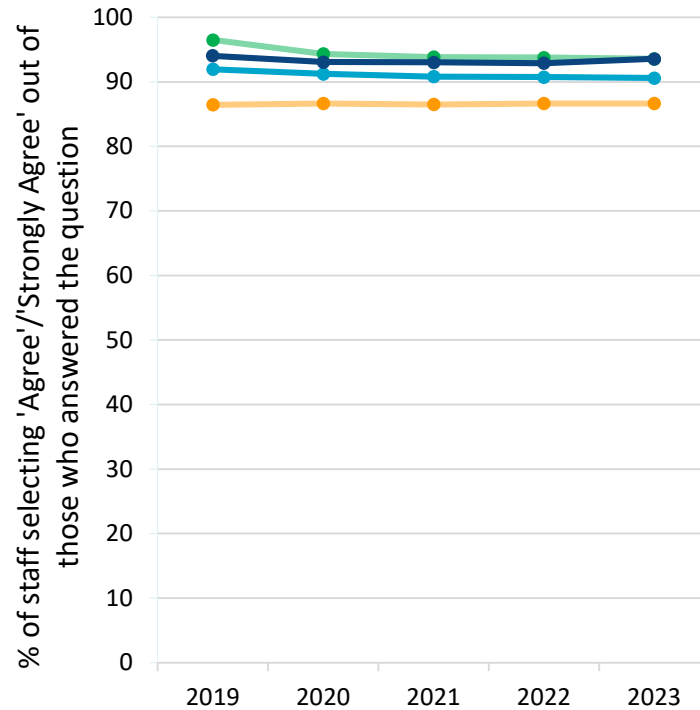


Q3a I always know what my work responsibilities are.



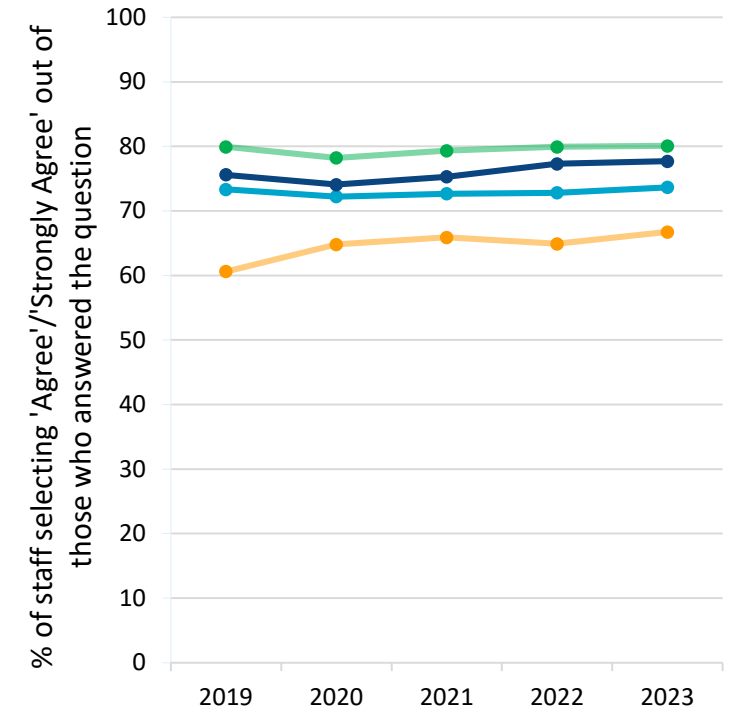
	2019	2020	2021	2022	2023
Your org	90.94%	88.65%	88.87%	89.22%	91.10%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	2233	1923	2030	2083	2260

Q3b I am trusted to do my job.



	2019	2020	2021	2022	2023
Your org	94.03%	93.07%	93.03%	92.91%	93.56%
Best result	96.50%	94.35%	93.84%	93.78%	93.56%
Average result	91.97%	91.23%	90.82%	90.74%	90.58%
Worst result	86.45%	86.64%	86.51%	86.64%	86.64%
Responses	2225	1919	2035	2084	2259

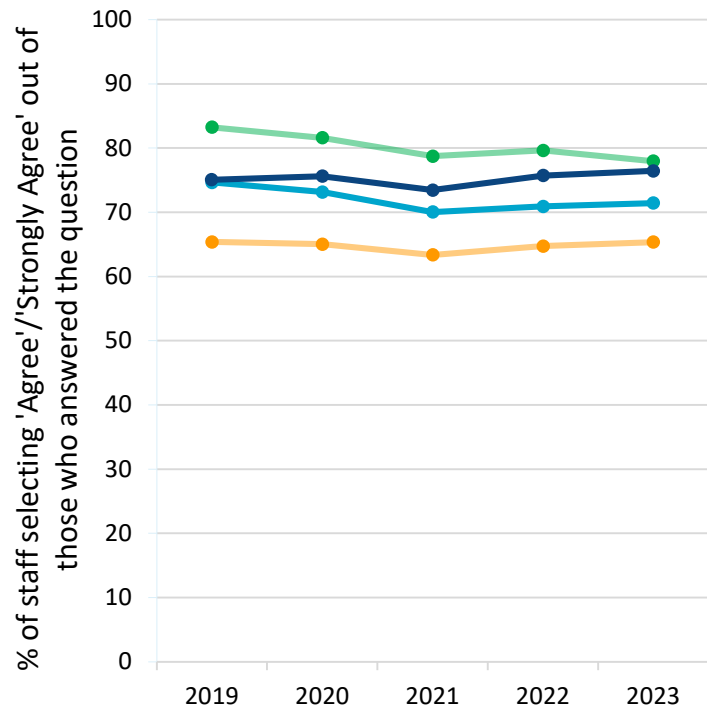
Q3c There are frequent opportunities for me to show initiative in my role.



	2019	2020	2021	2022	2023
Your org	75.59%	74.07%	75.29%	77.29%	77.71%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	2227	1917	2036	2081	2254

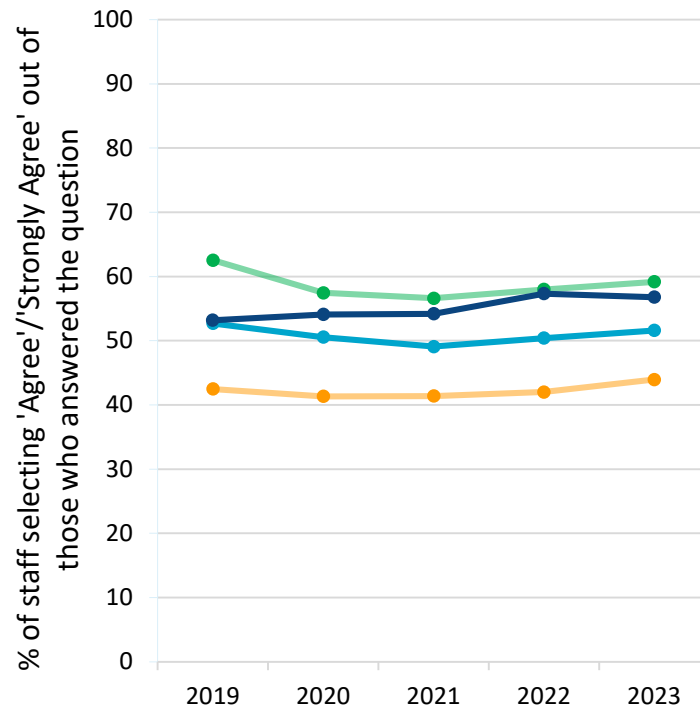


Q3d I am able to make suggestions to improve the work of my team / department.



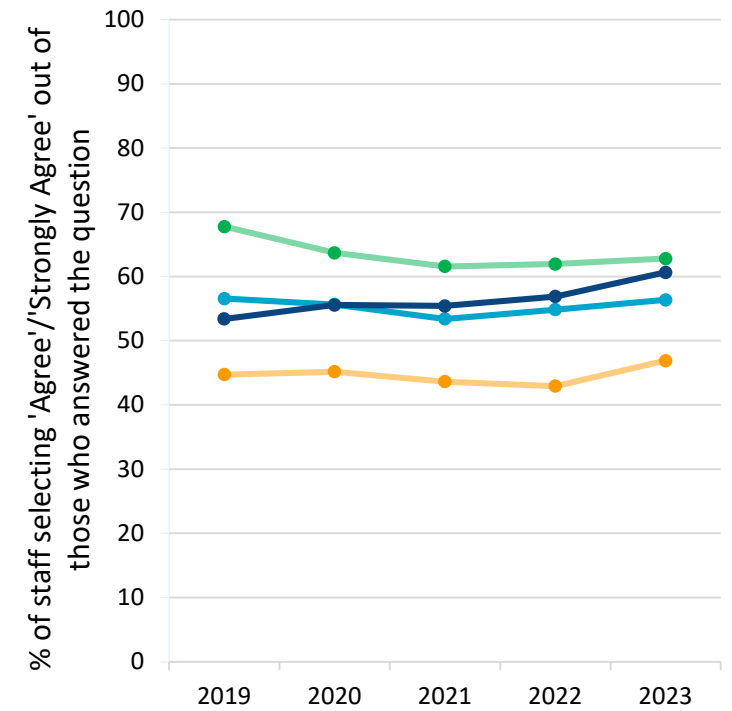
	2019	2020	2021	2022	2023
Your org	75.05%	75.62%	73.45%	75.71%	76.44%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	2223	1922	2034	2080	2251

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2019	2020	2021	2022	2023
Your org	53.20%	54.08%	54.20%	57.34%	56.77%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	2224	1915	2037	2077	2257

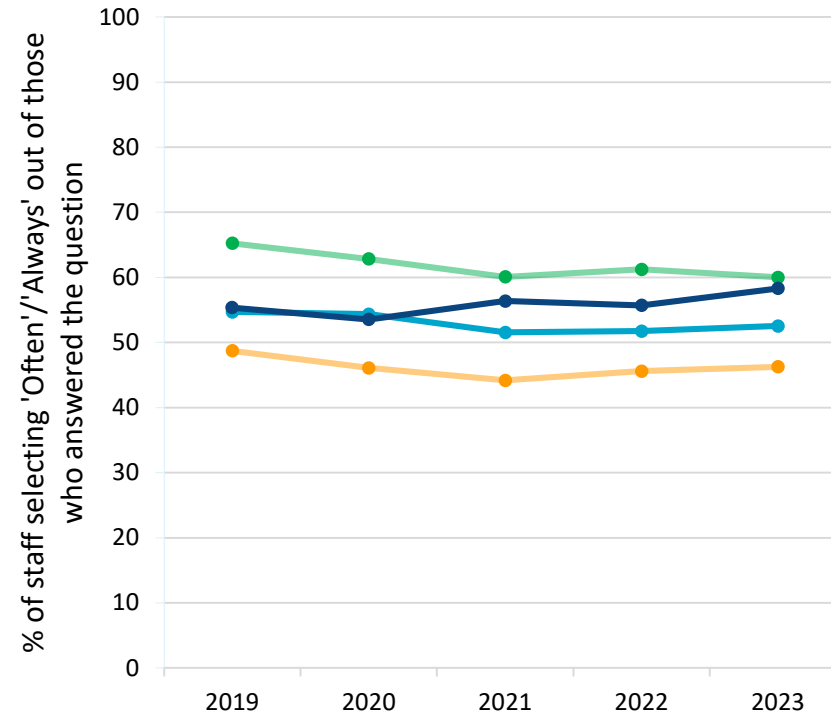
Q3f I am able to make improvements happen in my area of work.



	2019	2020	2021	2022	2023
Your org	53.36%	55.56%	55.42%	56.89%	60.64%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	2221	1908	2031	2075	2248



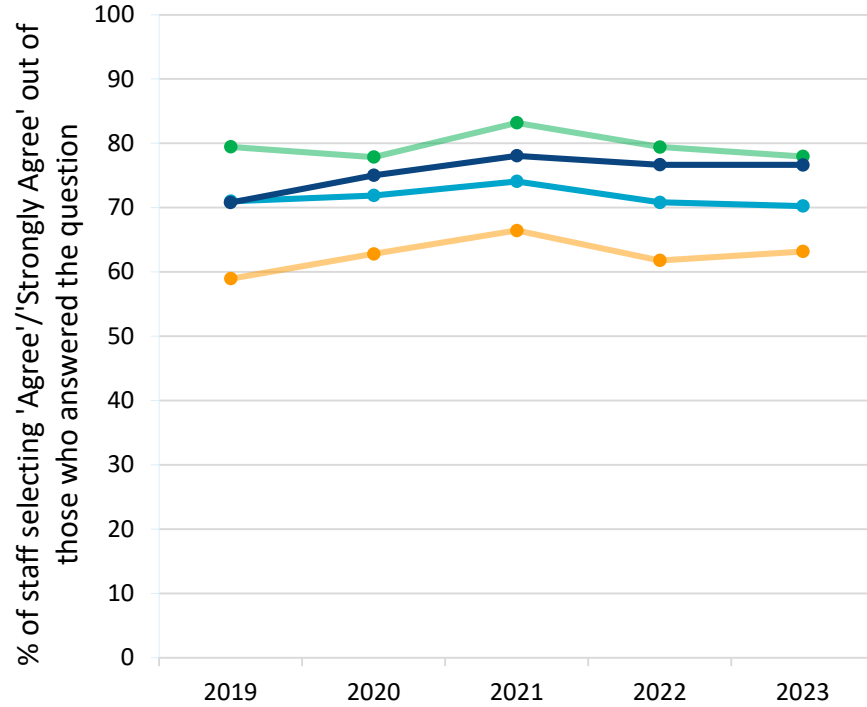
Q5b I have a choice in deciding how to do my work.



	2019	2020	2021	2022	2023
Your org	55.36%	53.54%	56.38%	55.70%	58.32%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	2222	1917	2032	2076	2253

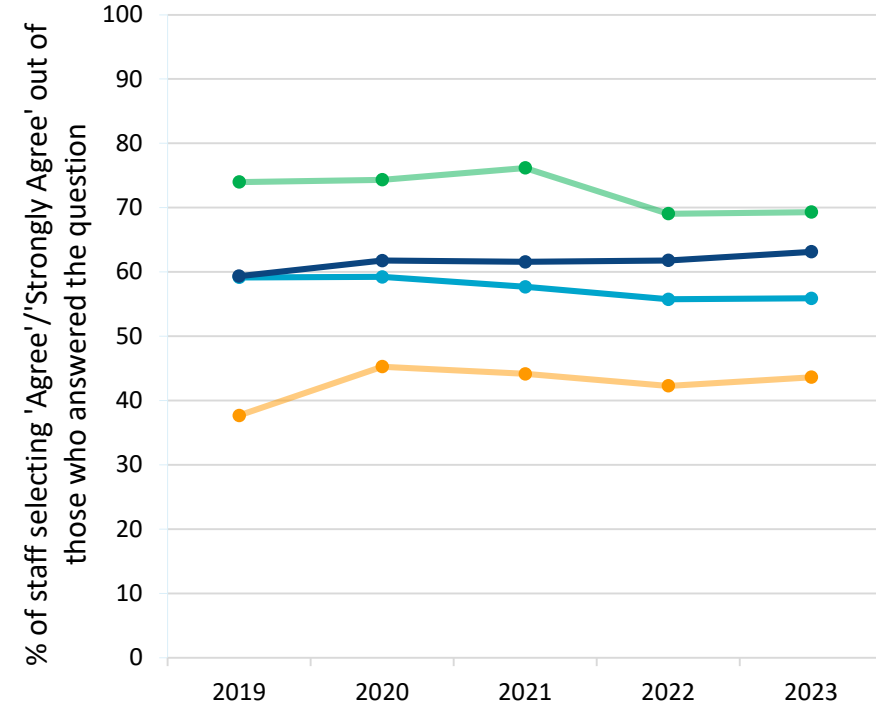


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	70.78%	75.03%	78.06%	76.68%	76.65%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	2205	1904	2021	2080	2247

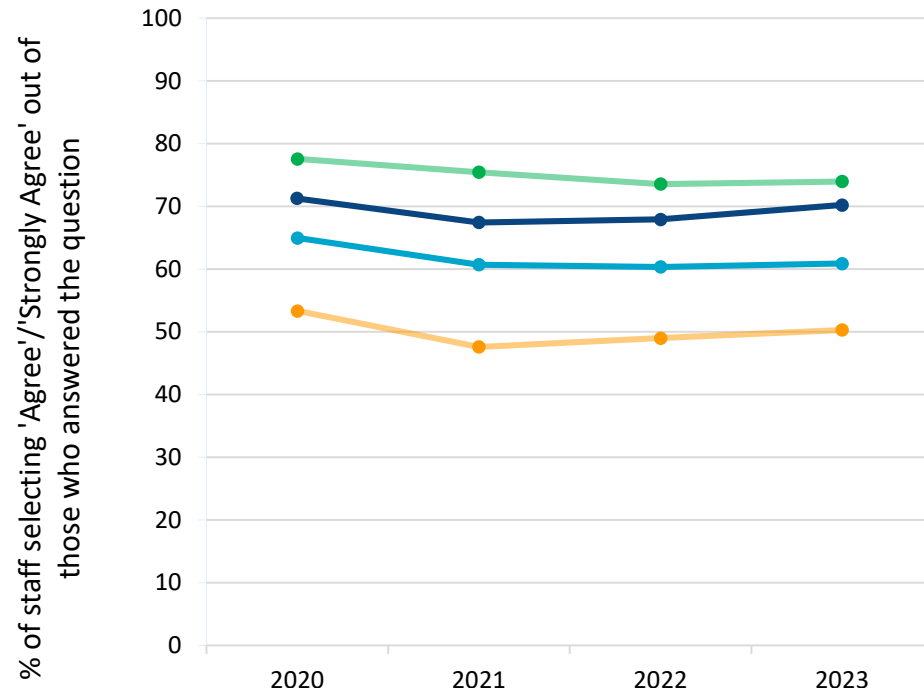
Q20b I am confident that my organisation would address my concern.



	2019	2020	2021	2022	2023
Your org	59.34%	61.76%	61.56%	61.79%	63.14%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%
Responses	2200	1900	2023	2076	2247

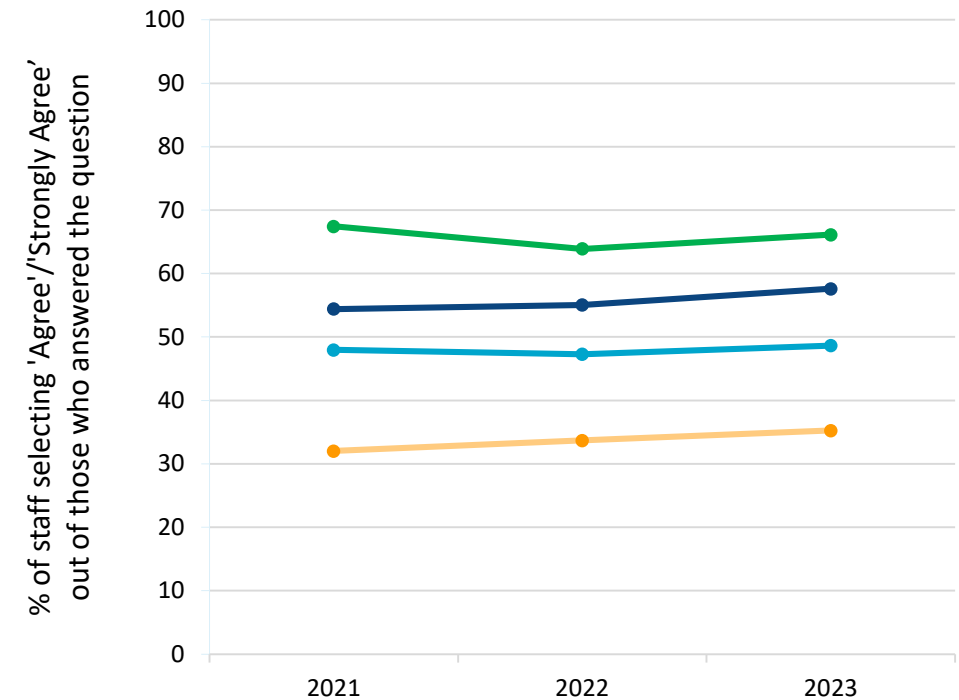


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	71.27%	67.46%	67.93%	70.22%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	1904	2016	2063	2240

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	54.40%	55.05%	57.61%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	2015	2058	2237

People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

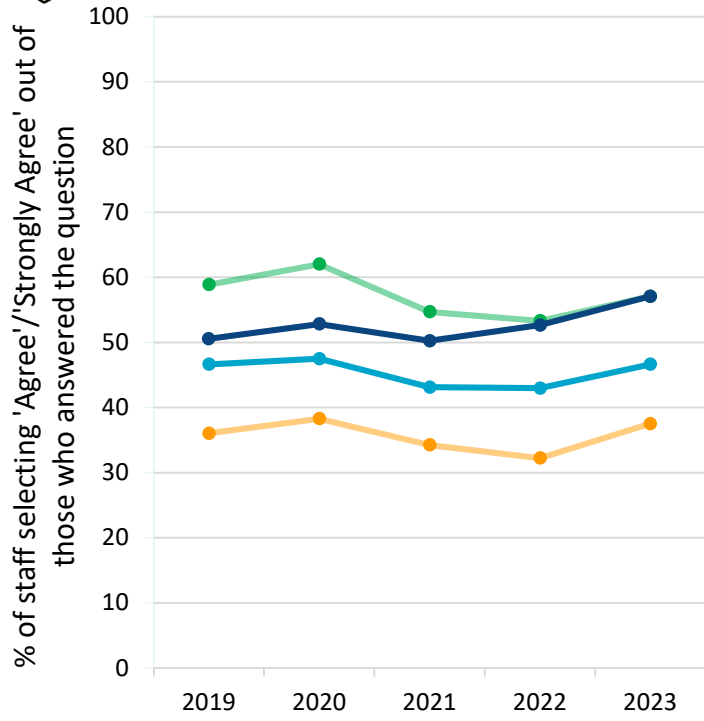
Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

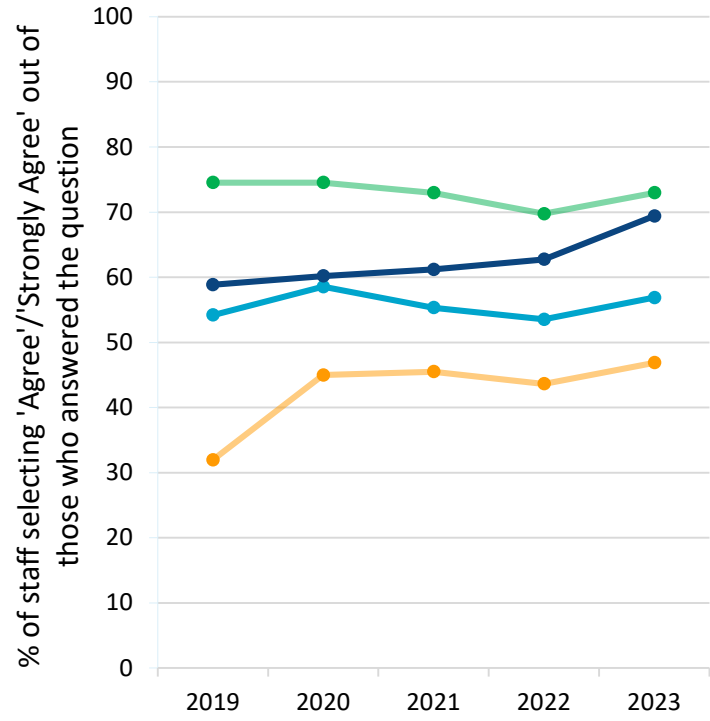


Q3g I am able to meet all the conflicting demands on my time at work.



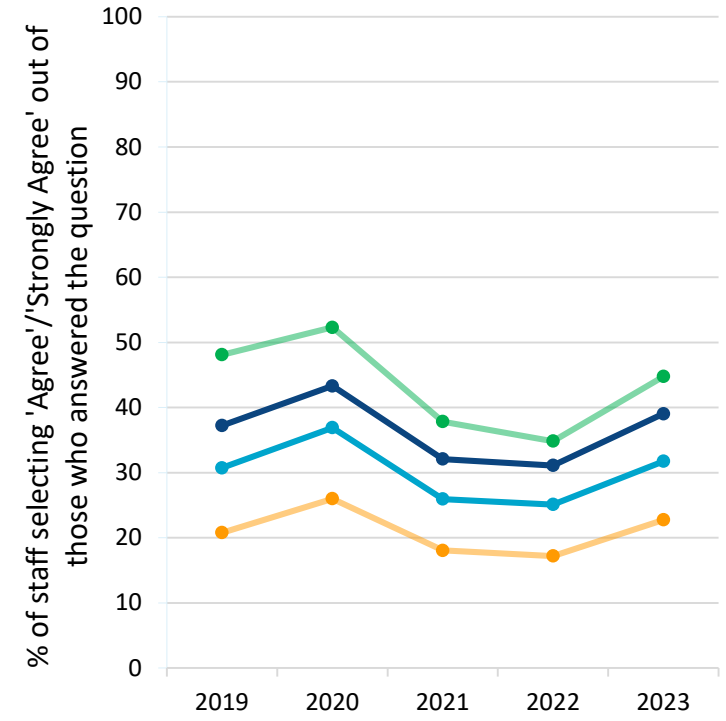
	2019	2020	2021	2022	2023
Your org	50.54%	52.82%	50.24%	52.64%	57.08%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	2215	1912	2028	2077	2239

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	58.85%	60.19%	61.20%	62.74%	69.40%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	2220	1915	2032	2075	2251

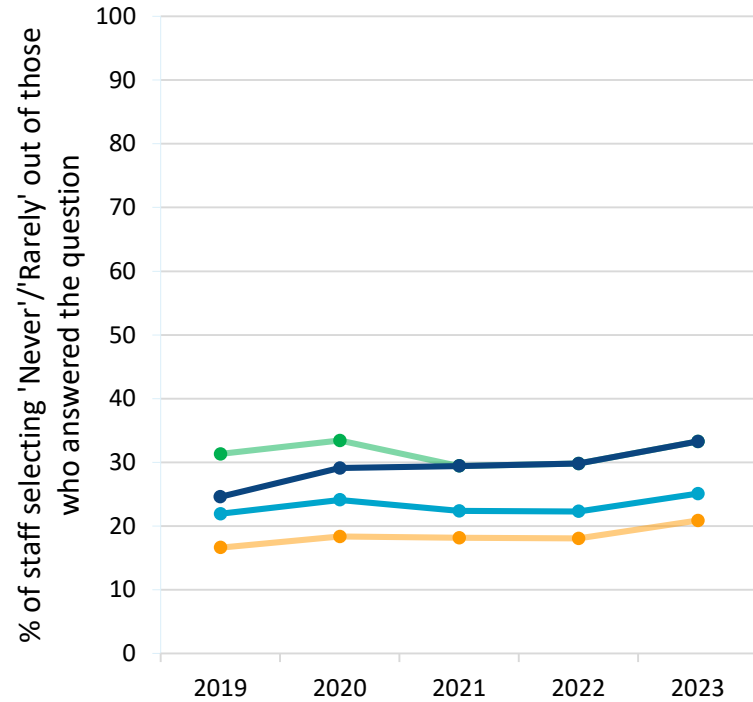
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	37.24%	43.31%	32.08%	31.10%	39.05%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	2225	1908	2032	2074	2248

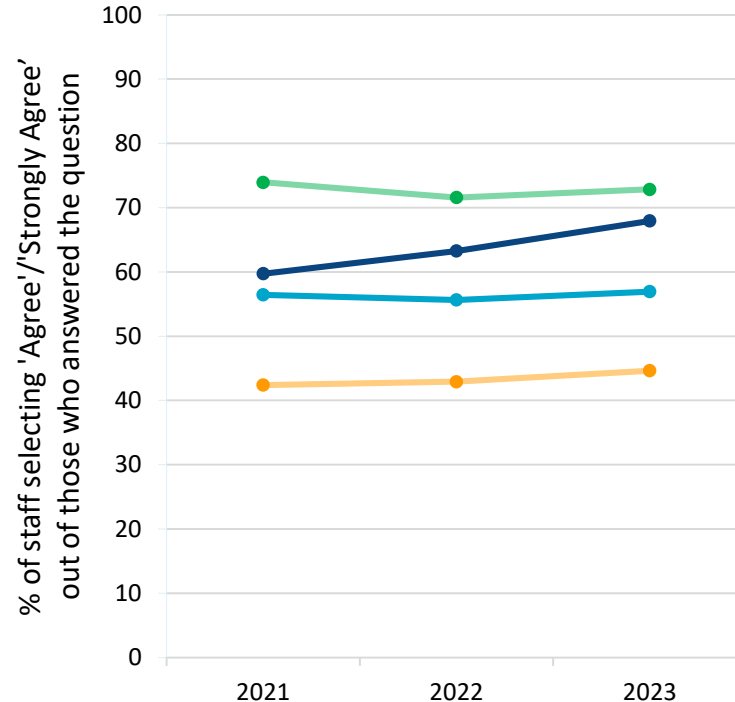


Q5a I have unrealistic time pressures.



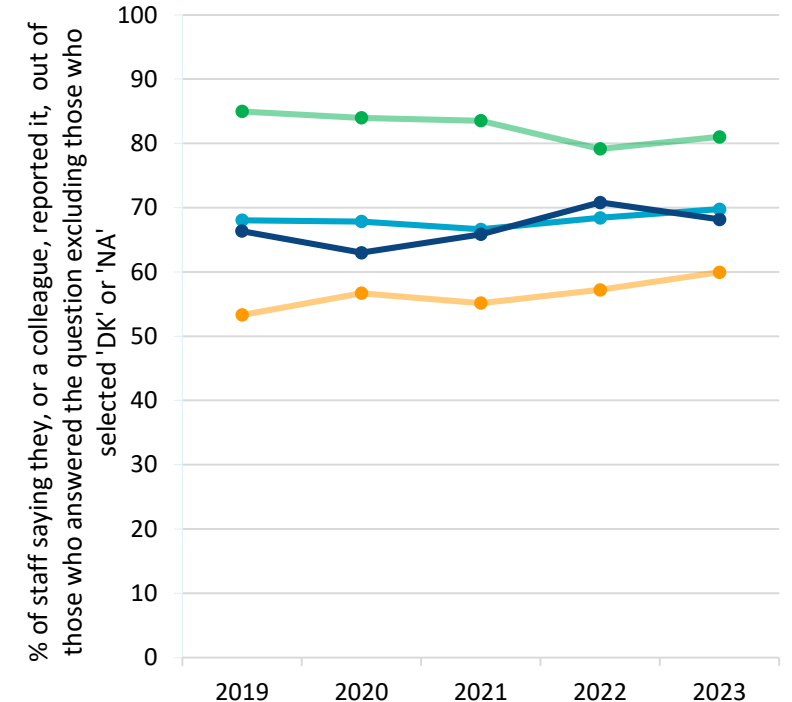
	2019	2020	2021	2022	2023
Your org	24.61%	29.10%	29.43%	29.80%	33.29%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	2226	1916	2035	2079	2256

Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023
Your org	59.71%	63.26%	67.94%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%
Responses	2013	2052	2244

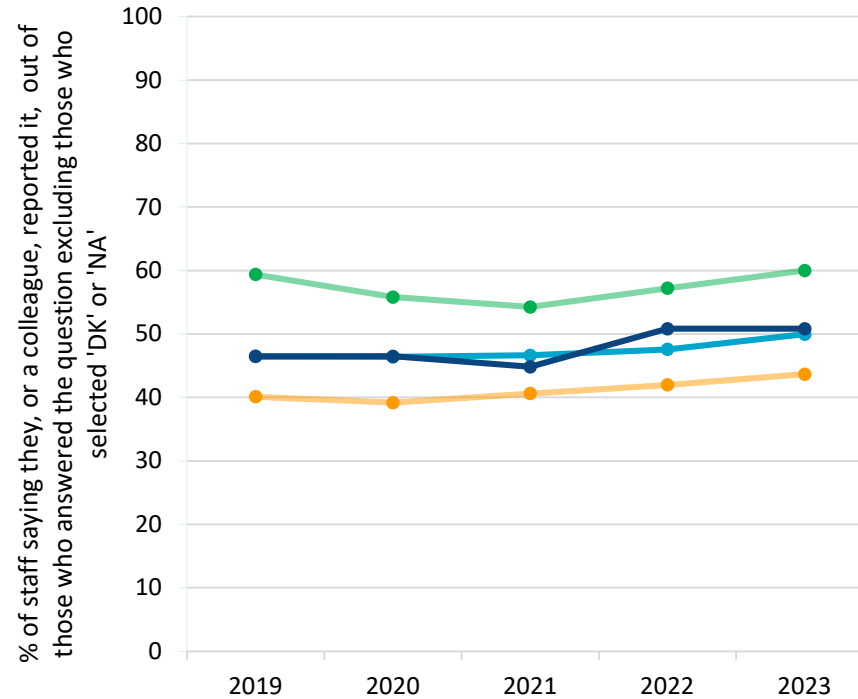
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	66.32%	62.98%	65.85%	70.80%	68.16%
Best result	84.97%	83.98%	83.53%	79.14%	81.01%
Average result	68.03%	67.86%	66.62%	68.43%	69.76%
Worst result	53.29%	56.69%	55.14%	57.21%	59.96%
Responses	347	253	262	319	326



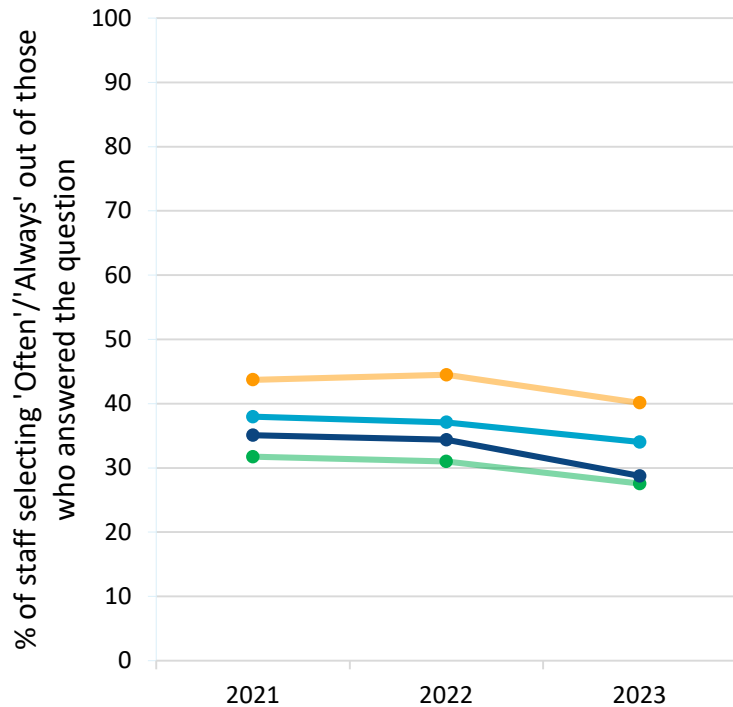
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	46.47%	46.49%	44.83%	50.82%	50.82%
Best result	59.36%	55.82%	54.24%	57.20%	60.00%
Average result	46.49%	46.39%	46.64%	47.58%	49.96%
Worst result	40.11%	39.16%	40.62%	41.97%	43.66%
Responses	723	538	590	591	607

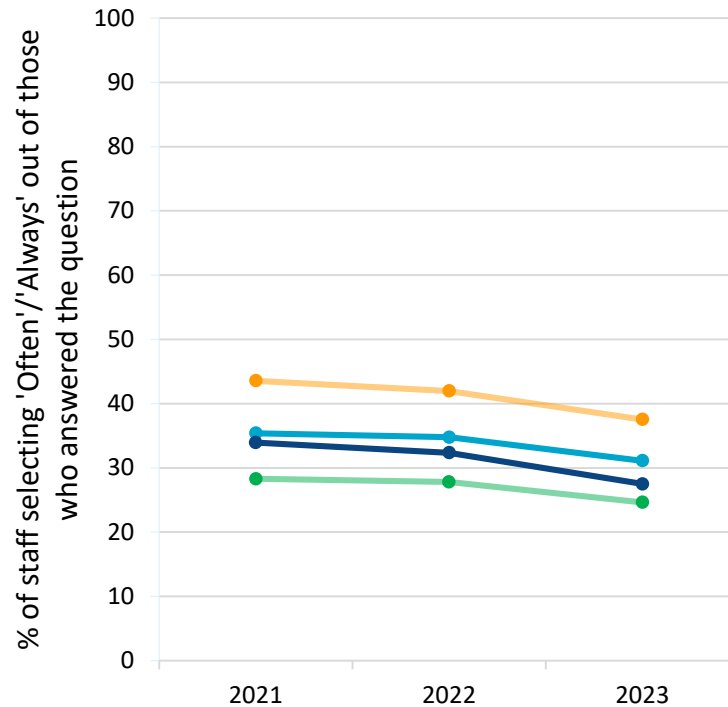


Q12a How often, if at all, do you find your work emotionally exhausting?



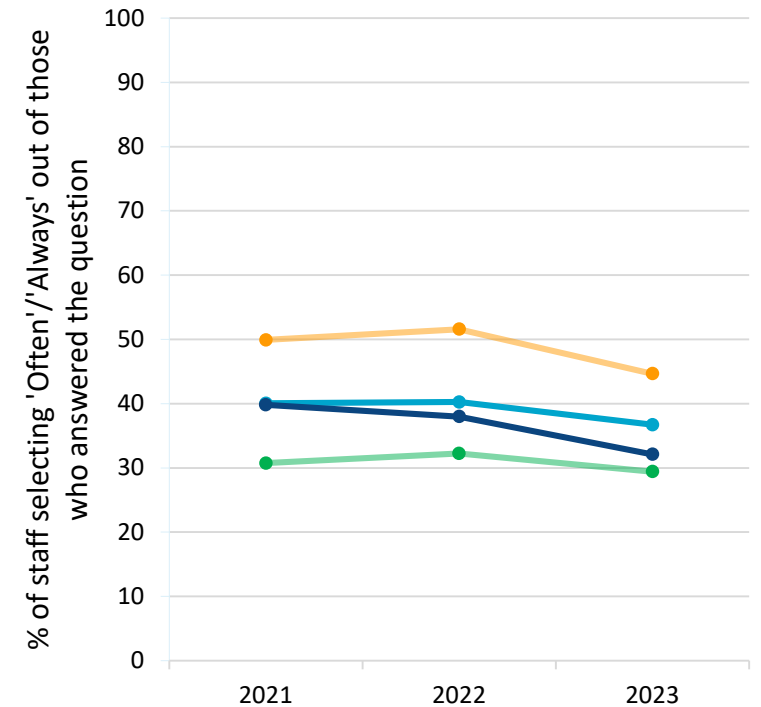
	2021	2022	2023
Your org	35.10%	34.37%	28.74%
Best result	31.73%	30.99%	27.56%
Average result	37.97%	37.10%	34.03%
Worst result	43.72%	44.49%	40.14%
Responses	2021	2078	2252

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022	2023
Your org	33.93%	32.35%	27.50%
Best result	28.30%	27.84%	24.64%
Average result	35.39%	34.77%	31.12%
Worst result	43.56%	41.98%	37.54%
Responses	2023	2078	2251

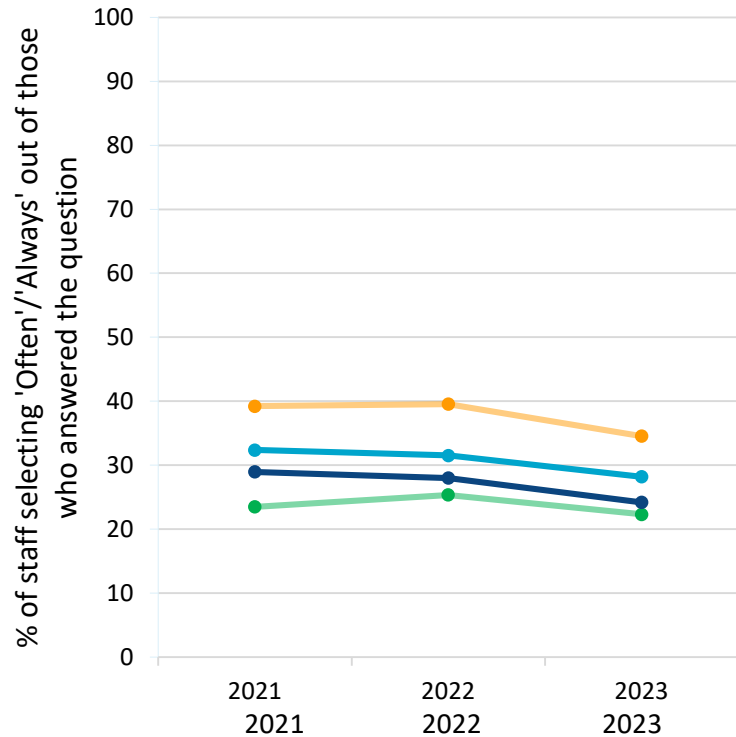
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023
Your org	39.81%	37.99%	32.11%
Best result	30.75%	32.24%	29.42%
Average result	40.06%	40.25%	36.71%
Worst result	49.91%	51.58%	44.65%
Responses	2022	2079	2247

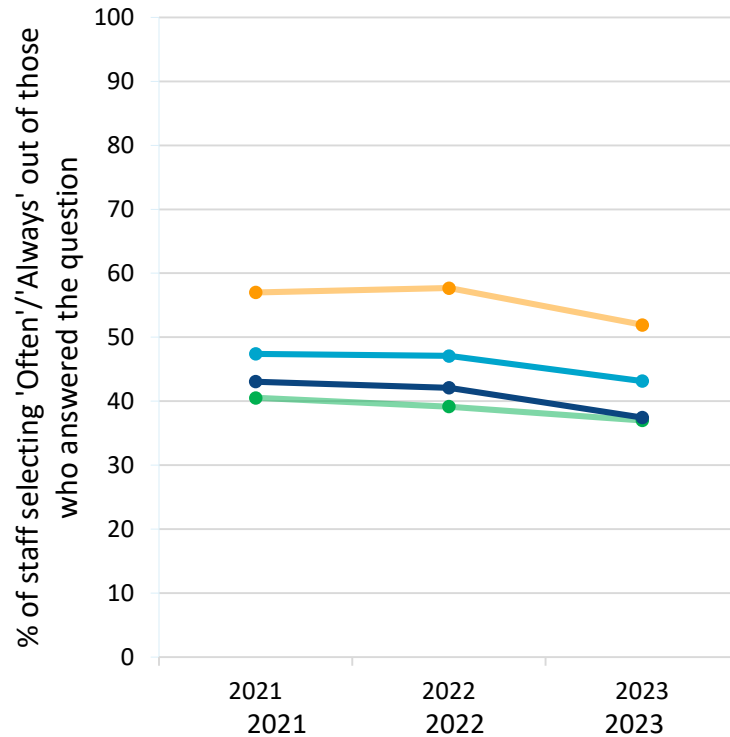


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



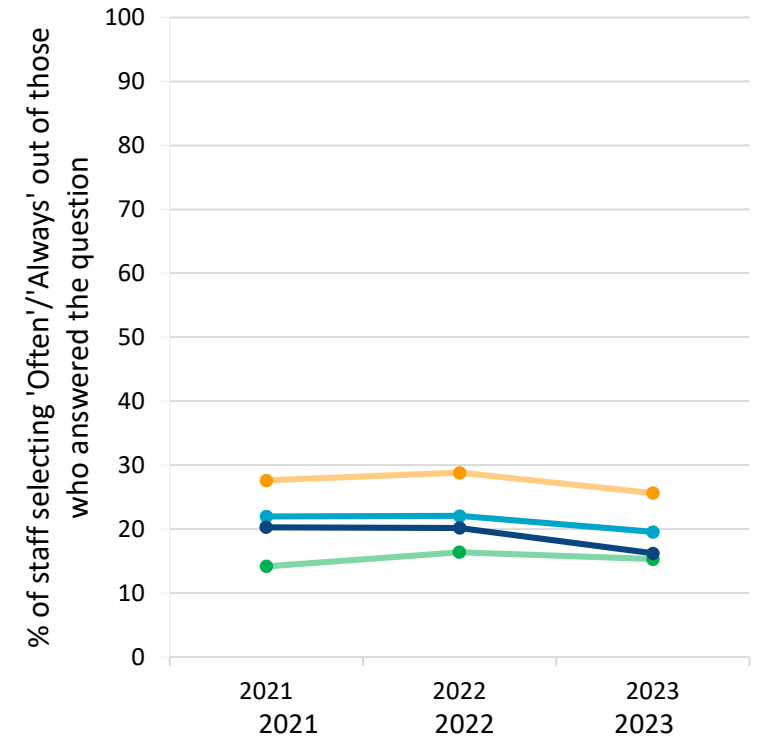
	2021	2022	2023
Your org	28.93%	28.02%	24.21%
Best result	23.50%	25.32%	22.32%
Average result	32.39%	31.53%	28.22%
Worst result	39.23%	39.56%	34.55%
Responses	2016	2074	2246

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022	2023
Your org	43.03%	42.12%	37.46%
Best result	40.53%	39.15%	37.02%
Average result	47.40%	47.08%	43.17%
Worst result	57.02%	57.69%	51.94%
Responses	2026	2078	2249

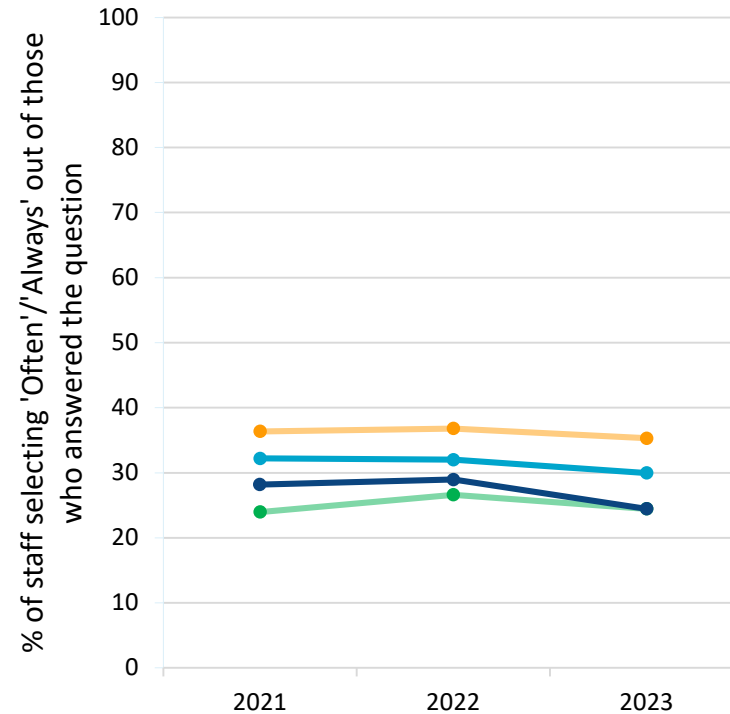
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023
Your org	20.31%	20.21%	16.24%
Best result	14.19%	16.40%	15.32%
Average result	21.99%	22.07%	19.59%
Worst result	27.62%	28.83%	25.65%
Responses	2019	2077	2248



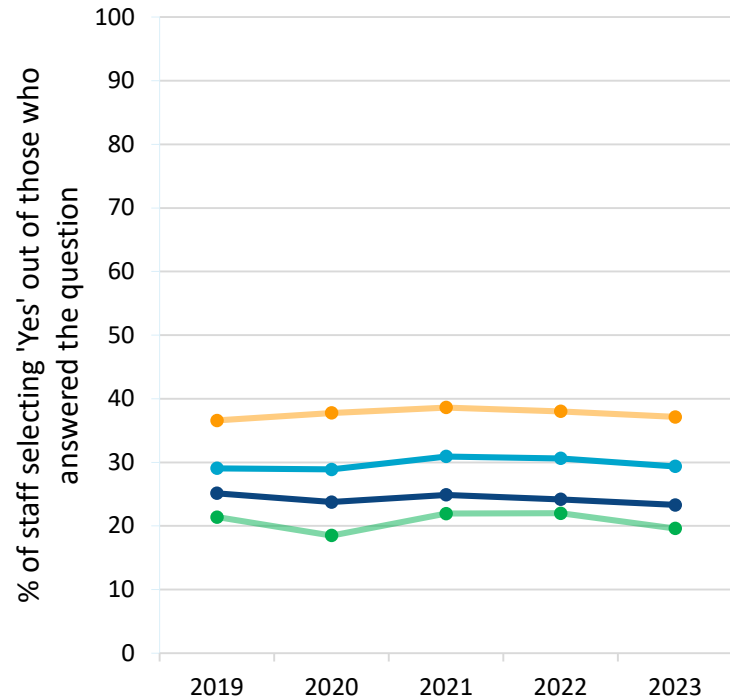
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023
Your org	28.19%	28.96%	24.45%
Best result	23.96%	26.60%	24.45%
Average result	32.21%	32.01%	29.98%
Worst result	36.37%	36.81%	35.30%
Responses	2017	2075	2247

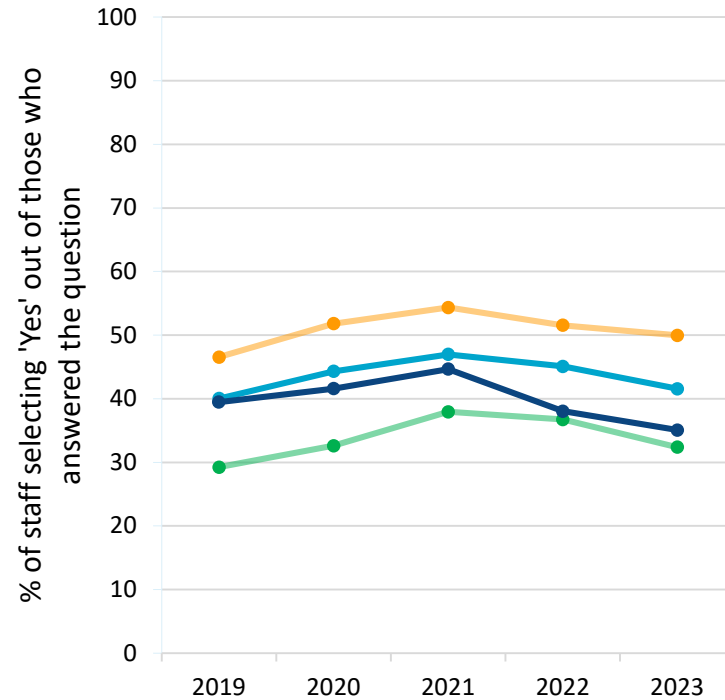


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



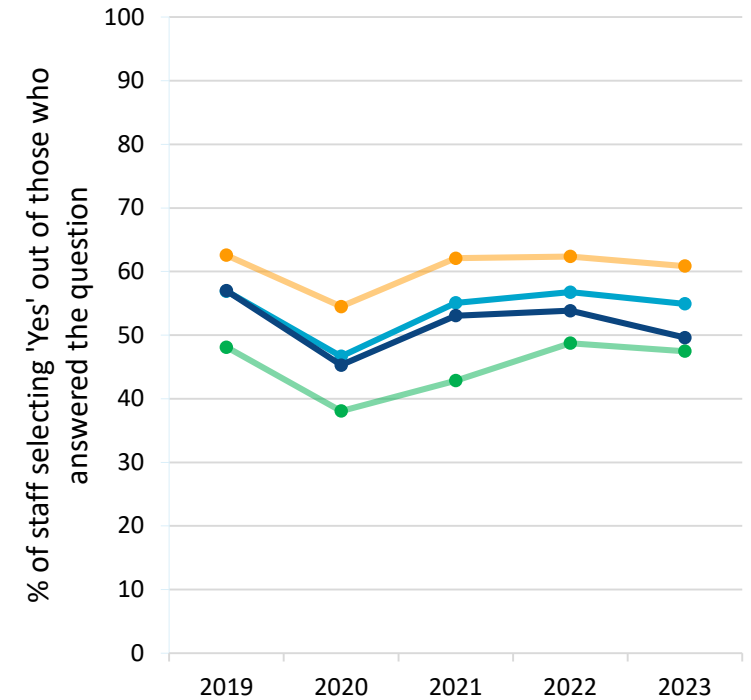
	2019	2020	2021	2022	2023
Your org	25.14%	23.76%	24.88%	24.19%	23.31%
Best result	21.38%	18.49%	21.95%	22.00%	19.59%
Average result	29.05%	28.90%	30.92%	30.62%	29.36%
Worst result	36.57%	37.76%	38.62%	38.01%	37.13%
Responses	2222	1906	2023	2079	2246

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2019	2020	2021	2022	2023
Your org	39.45%	41.59%	44.67%	38.04%	35.07%
Best result	29.25%	32.61%	37.94%	36.73%	32.39%
Average result	40.03%	44.31%	46.97%	45.09%	41.57%
Worst result	46.55%	51.81%	54.35%	51.55%	49.97%
Responses	2223	1913	2013	2070	2239

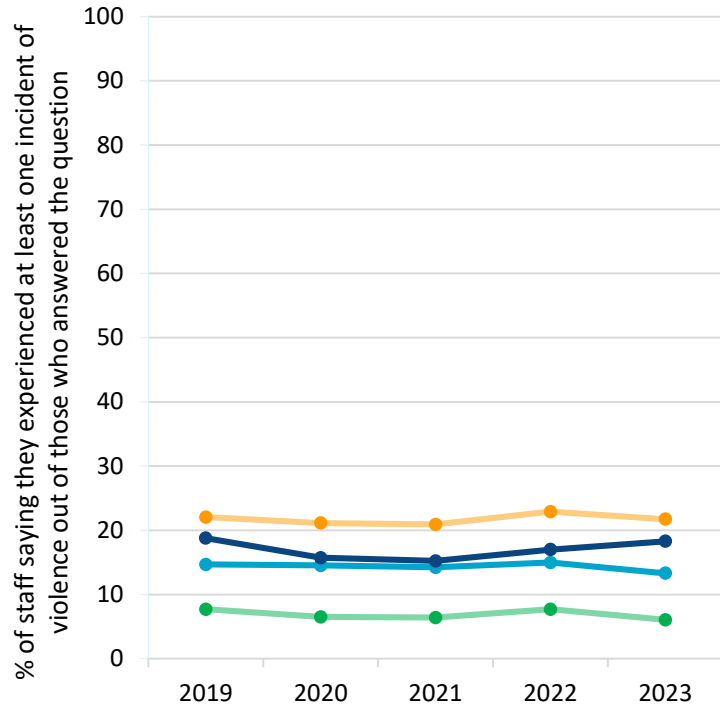
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2019	2020	2021	2022	2023
Your org	56.96%	45.28%	53.06%	53.83%	49.61%
Best result	48.09%	38.07%	42.84%	48.74%	47.48%
Average result	56.90%	46.68%	55.07%	56.76%	54.92%
Worst result	62.56%	54.49%	62.09%	62.37%	60.87%
Responses	2216	1901	1996	2038	2226

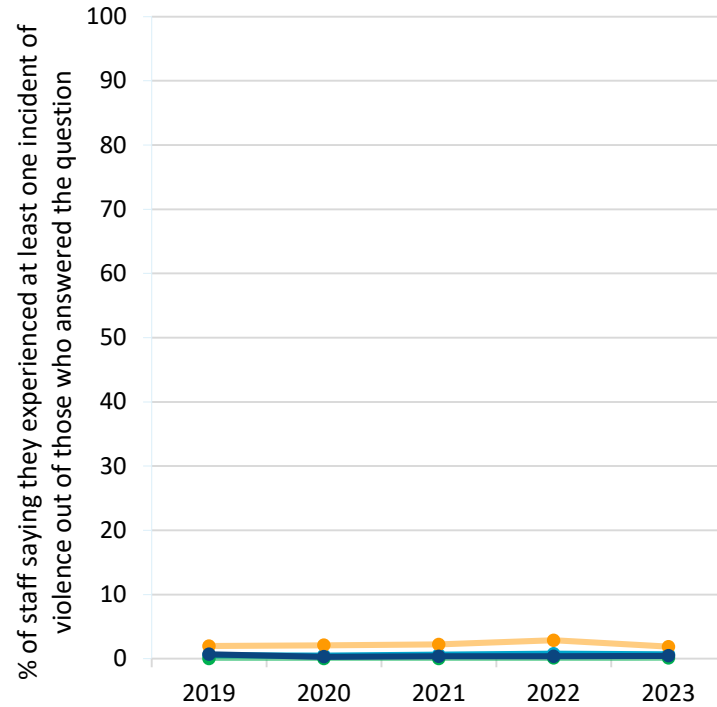


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



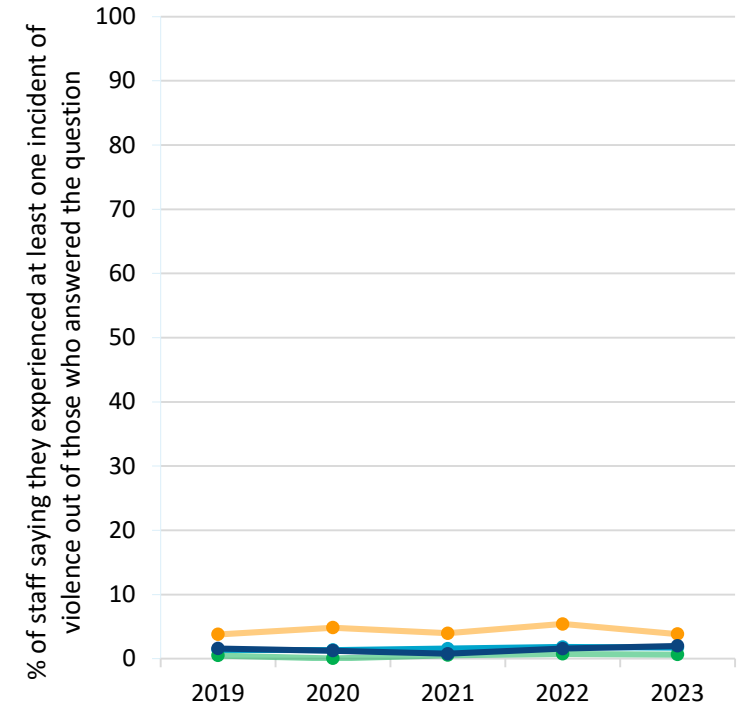
	2019	2020	2021	2022	2023
Your org	18.77%	15.73%	15.22%	17.01%	18.29%
Best result	7.71%	6.51%	6.42%	7.71%	6.06%
Average result	14.67%	14.54%	14.22%	14.98%	13.32%
Worst result	22.06%	21.14%	20.92%	22.90%	21.74%
Responses	2218	1908	2025	2082	2173

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2019	2020	2021	2022	2023
Your org	0.68%	0.32%	0.38%	0.38%	0.46%
Best result	0.00%	0.00%	0.00%	0.11%	0.14%
Average result	0.54%	0.51%	0.63%	0.79%	0.67%
Worst result	1.98%	2.11%	2.23%	2.87%	1.87%
Responses	2198	1895	2003	2058	2134

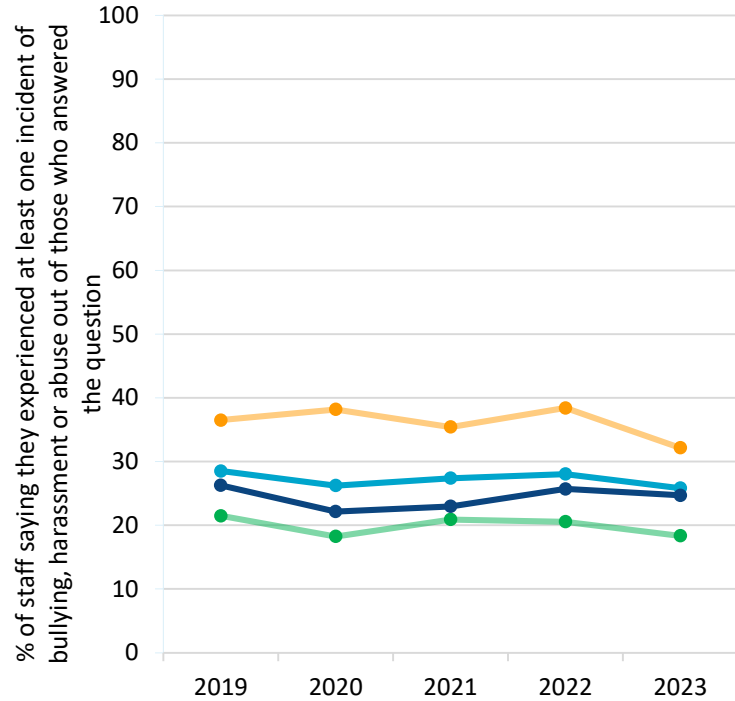
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2019	2020	2021	2022	2023
Your org	1.58%	1.25%	0.79%	1.59%	2.00%
Best result	0.52%	0.06%	0.56%	0.76%	0.66%
Average result	1.41%	1.36%	1.58%	1.82%	1.75%
Worst result	3.79%	4.85%	3.97%	5.40%	3.85%
Responses	2200	1891	2000	2056	2136



Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.

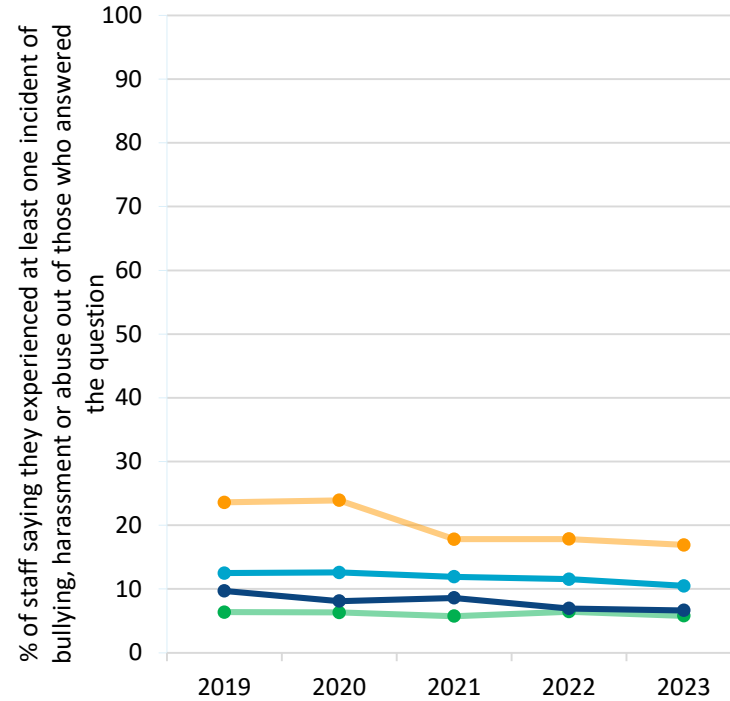


2019 2020 2021 2022 2023

Your org	26.29%	22.13%	22.96%	25.69%	24.70%
Best result	21.48%	18.24%	20.91%	20.55%	18.33%
Average result	28.51%	26.23%	27.39%	28.03%	25.82%
Worst result	36.49%	38.19%	35.40%	38.39%	32.15%

Responses 2206 1899 2012 2077 2237

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.

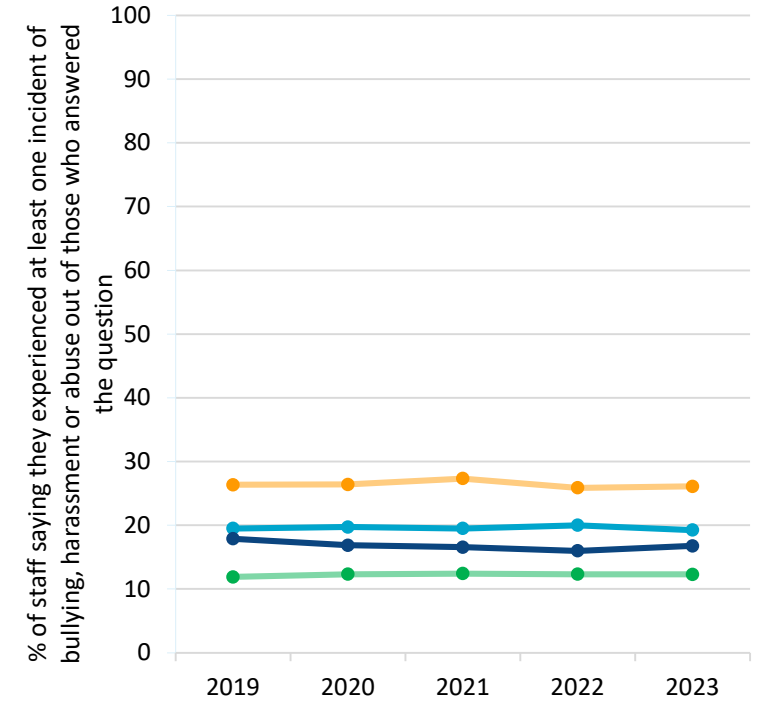


2019 2020 2021 2022 2023

Your org	9.71%	8.10%	8.60%	6.94%	6.64%
Best result	6.37%	6.31%	5.73%	6.45%	5.78%
Average result	12.48%	12.60%	11.91%	11.55%	10.49%
Worst result	23.60%	23.90%	17.82%	17.85%	16.90%

Responses 2198 1888 1984 2050 2204

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



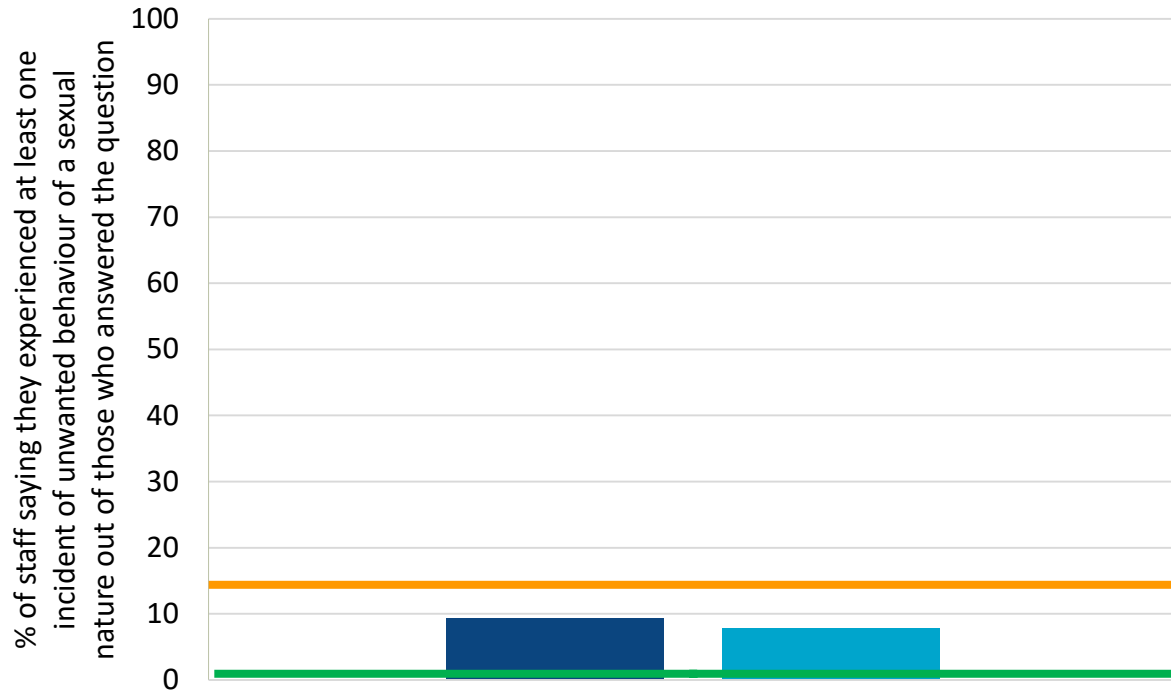
2019 2020 2021 2022 2023

Your org	17.89%	16.85%	16.55%	15.99%	16.76%
Best result	11.88%	12.31%	12.42%	12.32%	12.30%
Average result	19.50%	19.73%	19.50%	19.99%	19.25%
Worst result	26.36%	26.39%	27.32%	25.87%	26.09%

Responses 2192 1890 1983 2044 2206



Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public

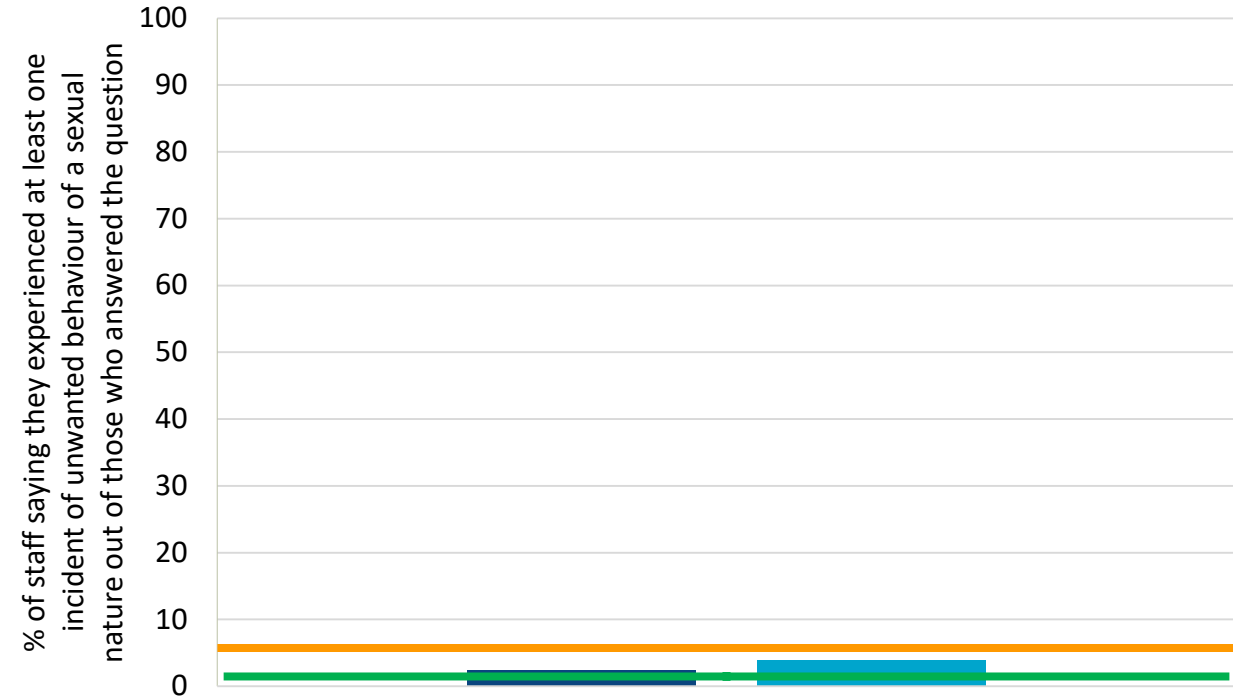


2023

Your org	9.24%
Best result	0.93%
Average result	7.73%
Worst result	14.39%

Responses 2248

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues

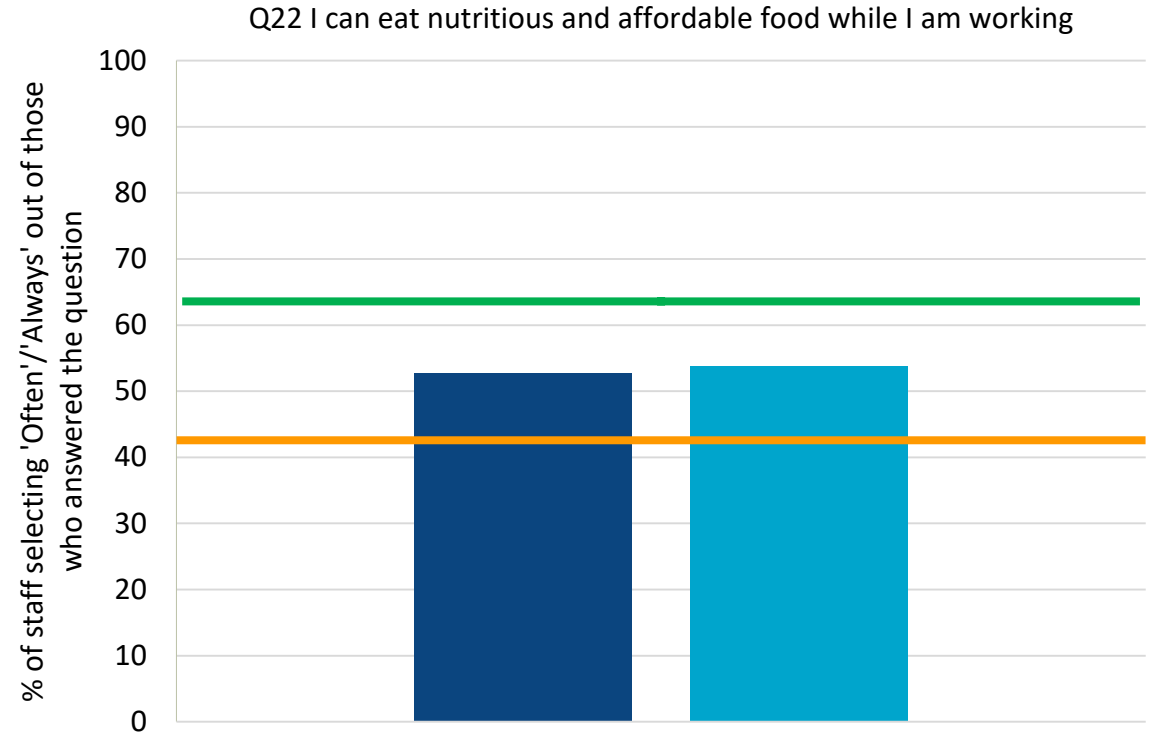


2023

Your org	2.36%
Best result	1.44%
Average result	3.82%
Worst result	5.73%

Responses 2201

*These questions do not contribute towards any People Promise element score, theme score or sub-score



	2023
Your org	52.70%
Best result	63.59%
Average result	53.77%
Worst result	42.58%
Responses	2245

*These questions do not contribute towards any People Promise element score, theme score or sub-score

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

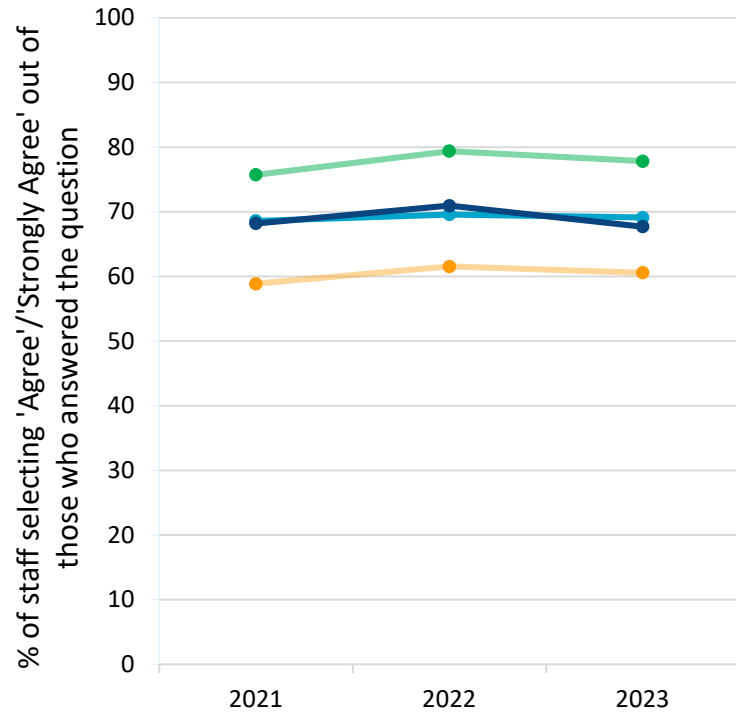
Appraisals – Q23a*, Q23b, Q23c, Q23d

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

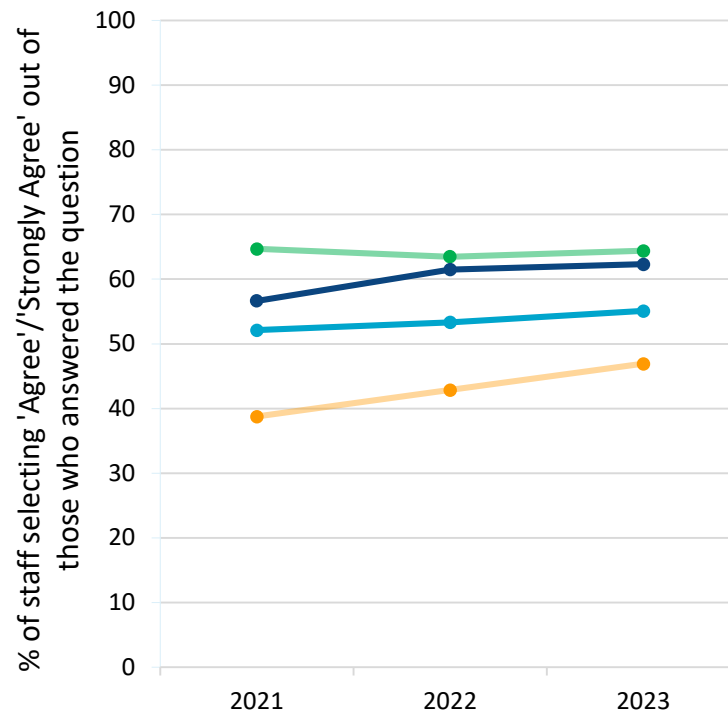


Q24a This organisation offers me challenging work.



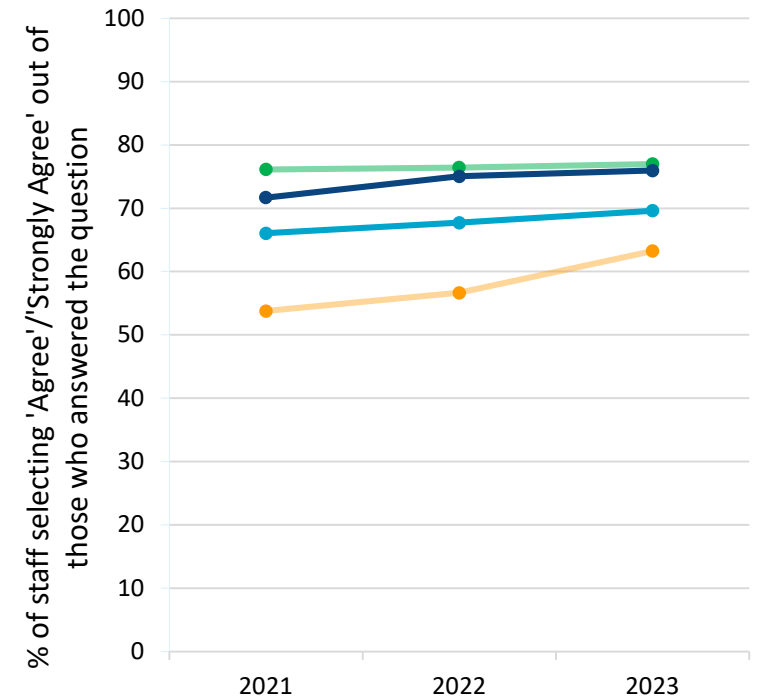
	2021	2022	2023
Your org	68.21%	70.94%	67.70%
Best result	75.71%	79.35%	77.83%
Average result	68.60%	69.57%	69.12%
Worst result	58.88%	61.55%	60.58%
Responses	2024	2058	2242

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023
Your org	56.62%	61.50%	62.32%
Best result	64.69%	63.48%	64.38%
Average result	52.12%	53.34%	55.07%
Worst result	38.74%	42.85%	46.92%
Responses	2025	2059	2238

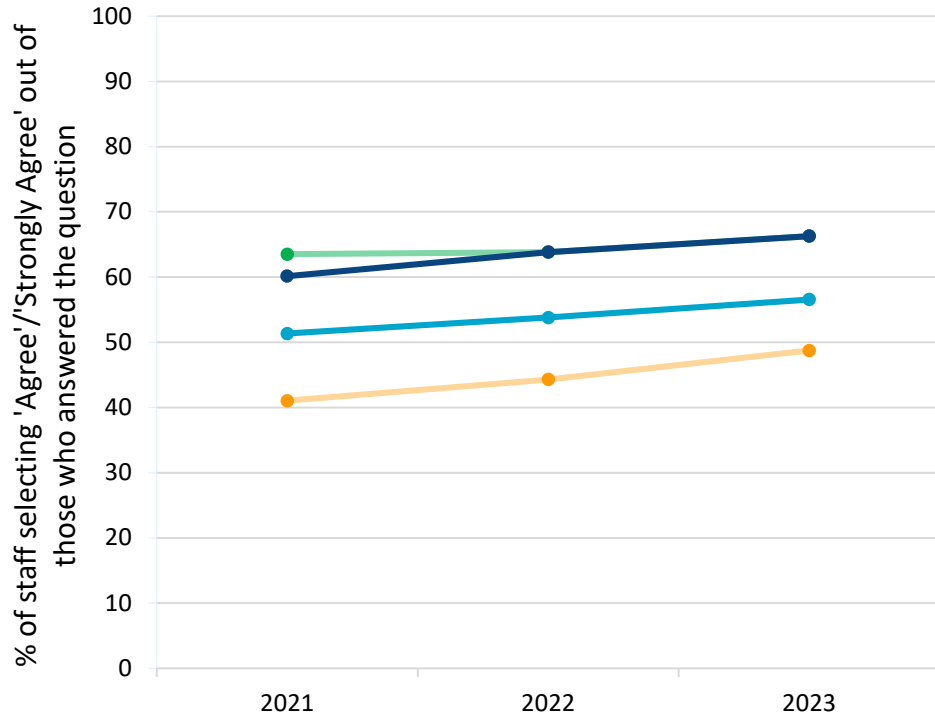
Q24c I have opportunities to improve my knowledge and skills.



	2021	2022	2023
Your org	71.68%	75.04%	75.96%
Best result	76.13%	76.43%	76.99%
Average result	66.04%	67.72%	69.61%
Worst result	53.76%	56.66%	63.25%
Responses	2024	2056	2239

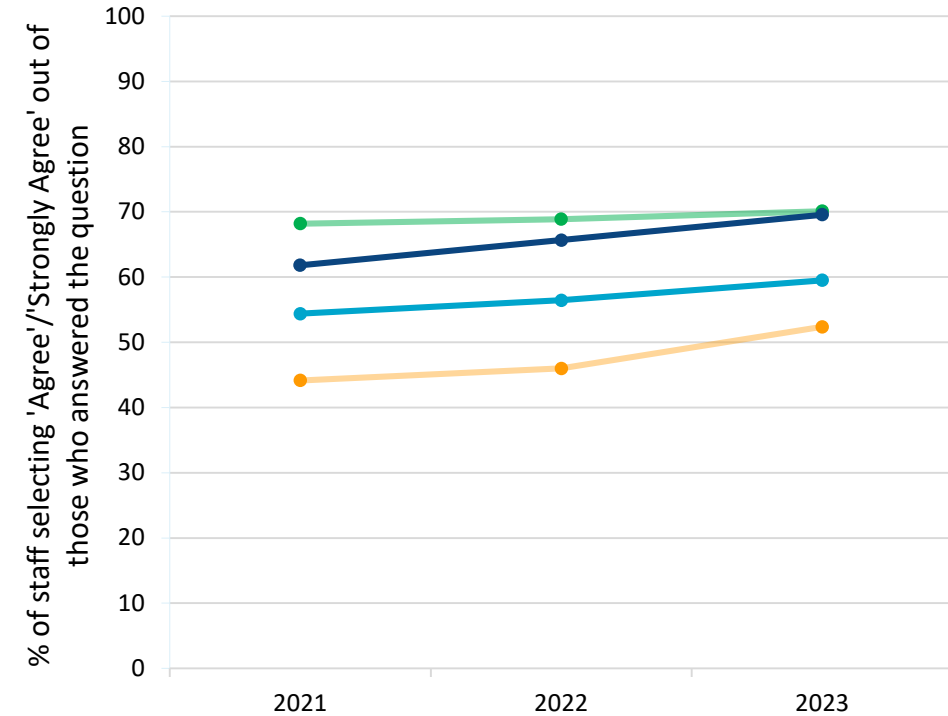


Q24d I feel supported to develop my potential.



	2021	2022	2023
Your org	60.12%	63.83%	66.27%
Best result	63.51%	63.83%	66.27%
Average result	51.34%	53.79%	56.56%
Worst result	41.04%	44.30%	48.75%
Responses	2025	2056	2240

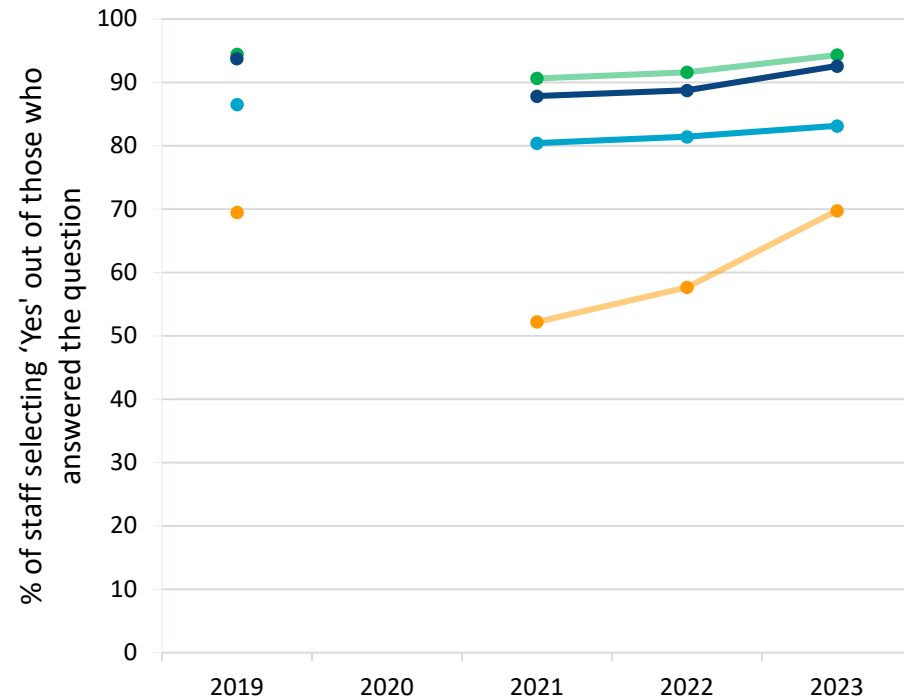
Q24e I am able to access the right learning and development opportunities when I need to.



	2021	2022	2023
Your org	61.80%	65.66%	69.57%
Best result	68.20%	68.89%	70.11%
Average result	54.38%	56.44%	59.52%
Worst result	44.16%	45.98%	52.38%
Responses	2024	2052	2238

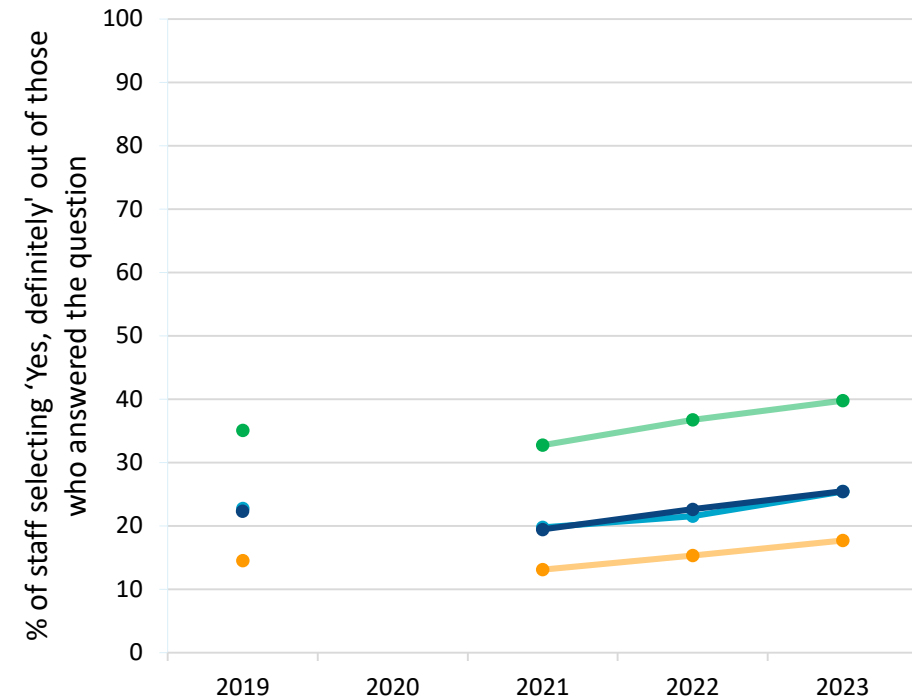


Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	93.70%	-	87.84%	88.73%	92.58%
Best result	94.45%	-	90.63%	91.59%	94.32%
Average result	86.53%	-	80.40%	81.41%	83.12%
Worst result	69.48%	-	52.20%	57.65%	69.76%
Responses	2211	-	2018	2059	2195

Q23b It helped me to improve how I do my job.

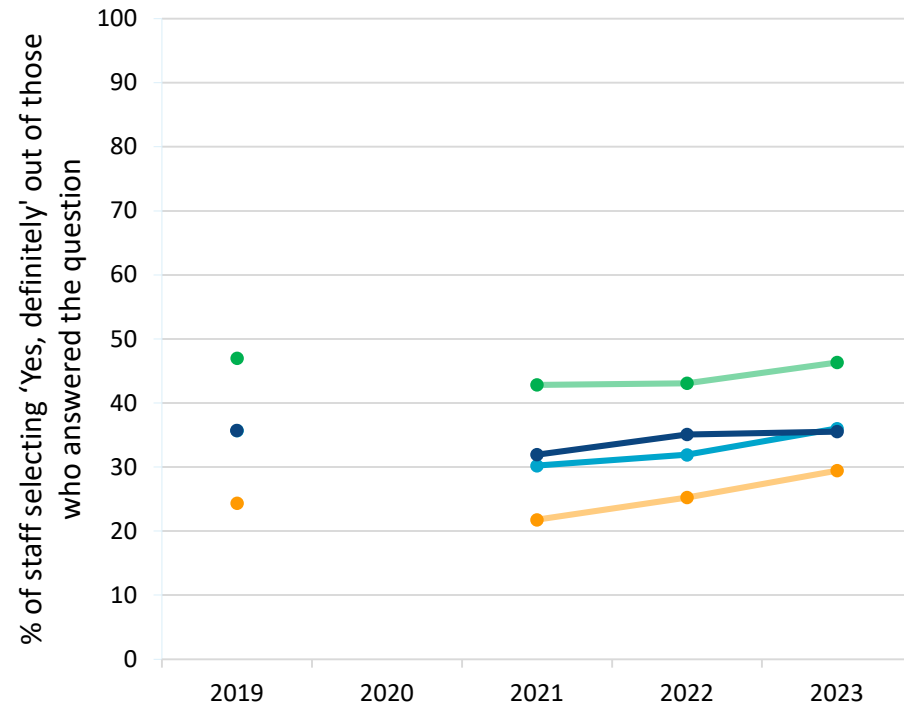


	2019	2020	2021	2022	2023
Your org	22.30%	-	19.45%	22.63%	25.47%
Best result	35.12%	-	32.75%	36.74%	39.78%
Average result	22.76%	-	19.79%	21.56%	25.44%
Worst result	14.56%	-	13.13%	15.33%	17.71%
Responses	2069	-	1750	1812	1990

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

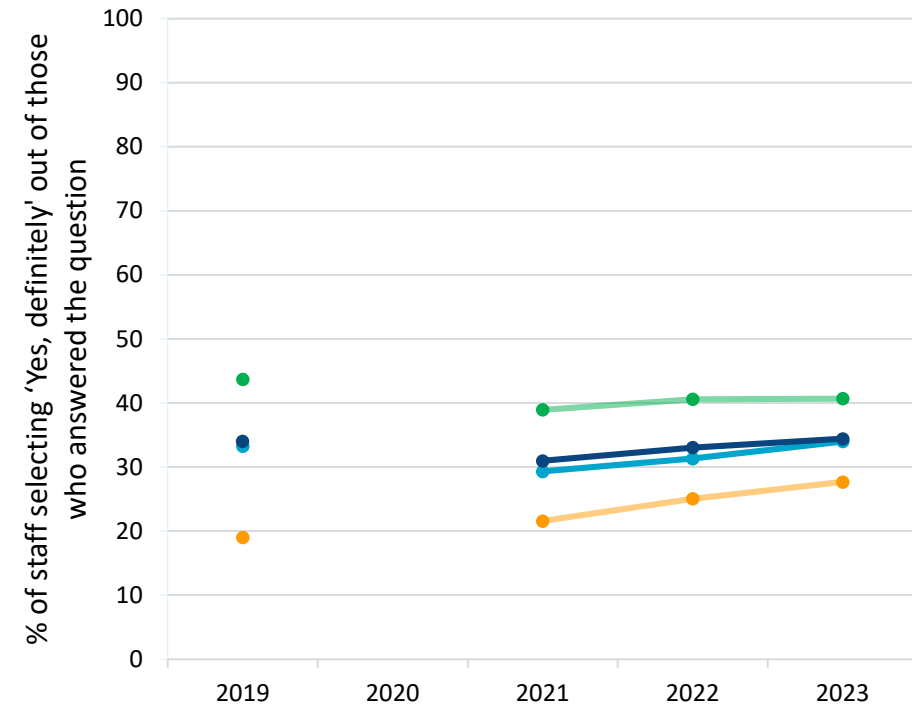


Q23c It helped me agree clear objectives for my work.



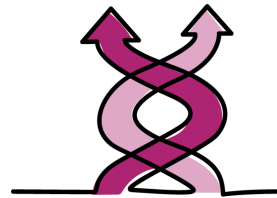
	2019	2020	2021	2022	2023
Your org	35.70%	-	31.93%	35.09%	35.55%
Best result	47.00%	-	42.85%	43.07%	46.33%
Average result	35.71%	-	30.21%	31.92%	36.02%
Worst result	24.35%	-	21.78%	25.24%	29.43%
Responses	2064	-	1742	1814	1983

Q23d It left me feeling that my work is valued by my organisation.



	2019	2020	2021	2022	2023
Your org	33.99%	-	30.96%	33.04%	34.41%
Best result	43.71%	-	38.94%	40.60%	40.68%
Average result	33.25%	-	29.33%	31.33%	34.00%
Worst result	18.99%	-	21.57%	25.05%	27.66%
Responses	2054	-	1745	1815	1981

People Promise element – We work flexibly



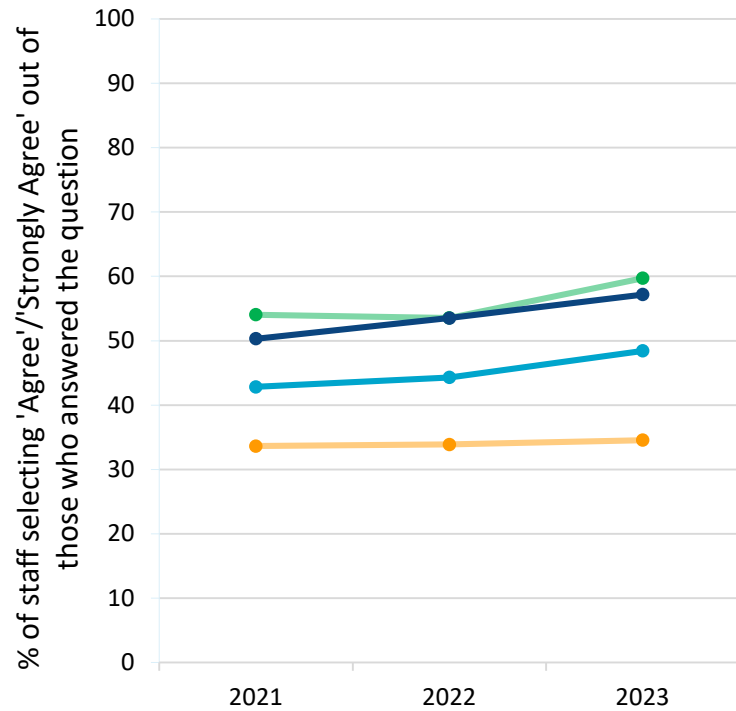
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

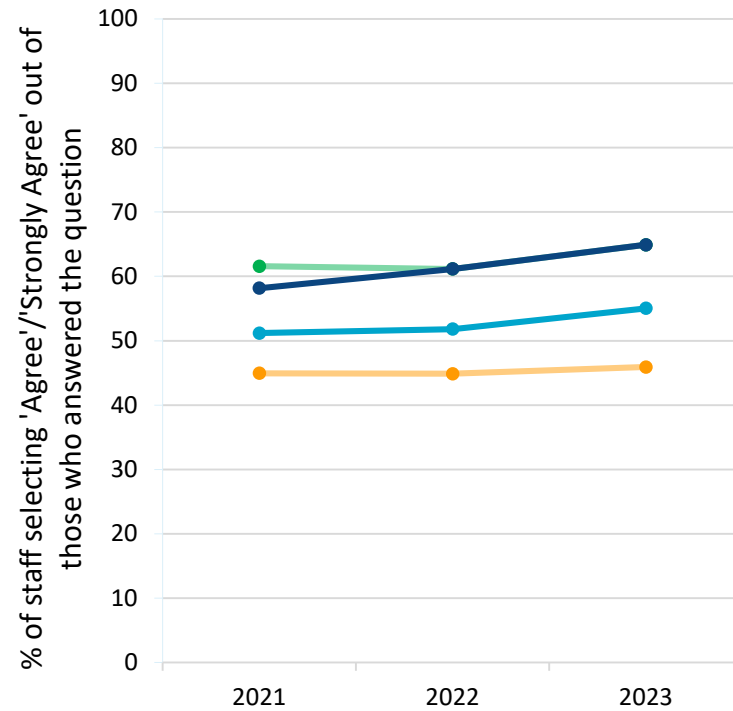


Q6b My organisation is committed to helping me balance my work and home life.



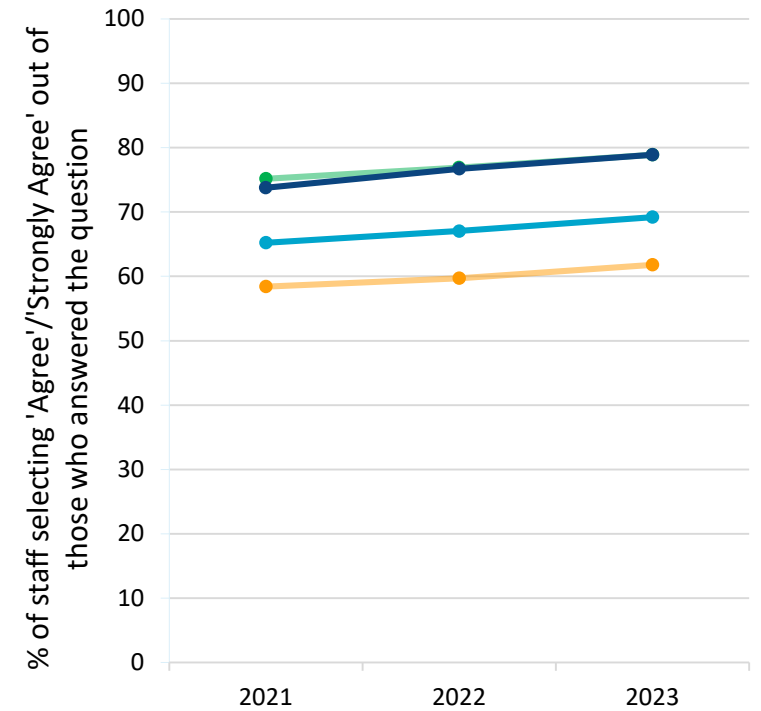
	2021	2022	2023
Your org	50.28%	53.51%	57.17%
Best result	54.04%	53.54%	59.70%
Average result	42.83%	44.29%	48.43%
Worst result	33.62%	33.88%	34.55%
Responses	2031	2076	2253

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023
Your org	58.14%	61.15%	64.91%
Best result	61.58%	61.15%	64.91%
Average result	51.19%	51.81%	55.04%
Worst result	44.93%	44.86%	45.92%
Responses	2030	2076	2250

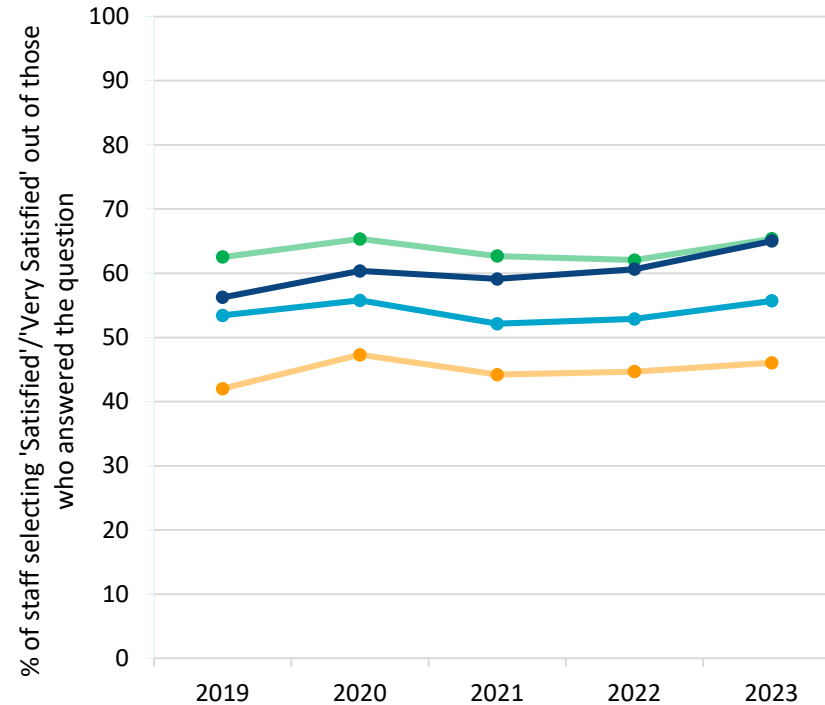
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023
Your org	73.75%	76.72%	78.91%
Best result	75.18%	76.88%	78.91%
Average result	65.22%	67.05%	69.22%
Worst result	58.41%	59.70%	61.81%
Responses	2029	2072	2250

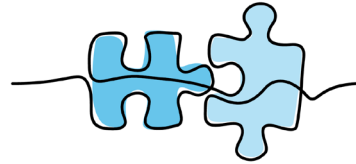


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2019	2020	2021	2022	2023
Your org	56.22%	60.36%	59.11%	60.63%	65.02%
Best result	62.54%	65.35%	62.69%	62.05%	65.39%
Average result	53.43%	55.77%	52.13%	52.89%	55.70%
Worst result	42.02%	47.31%	44.22%	44.69%	46.05%
Responses	2222	1911	2033	2078	2253

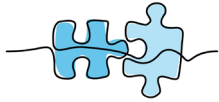
People Promise element – We are a team



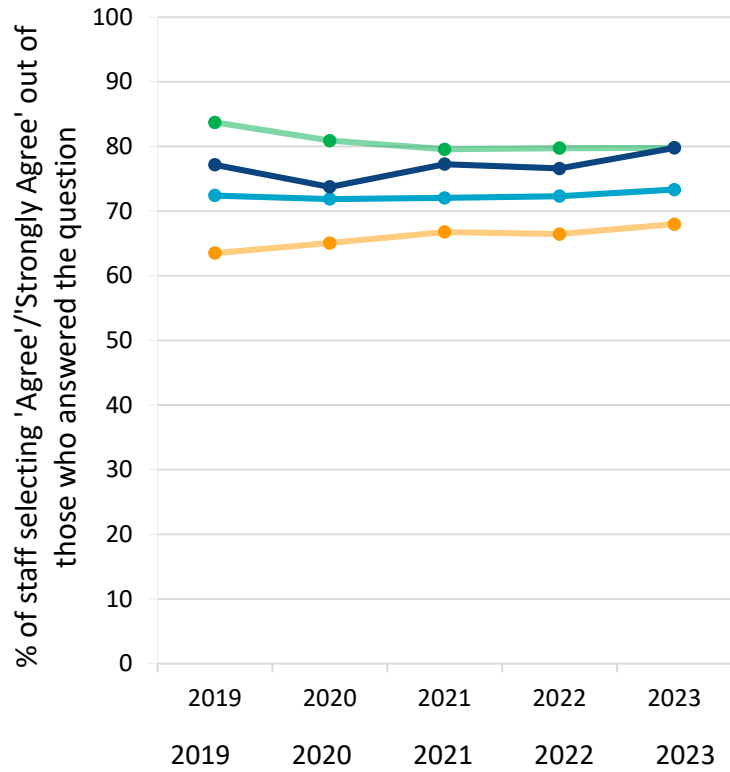
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

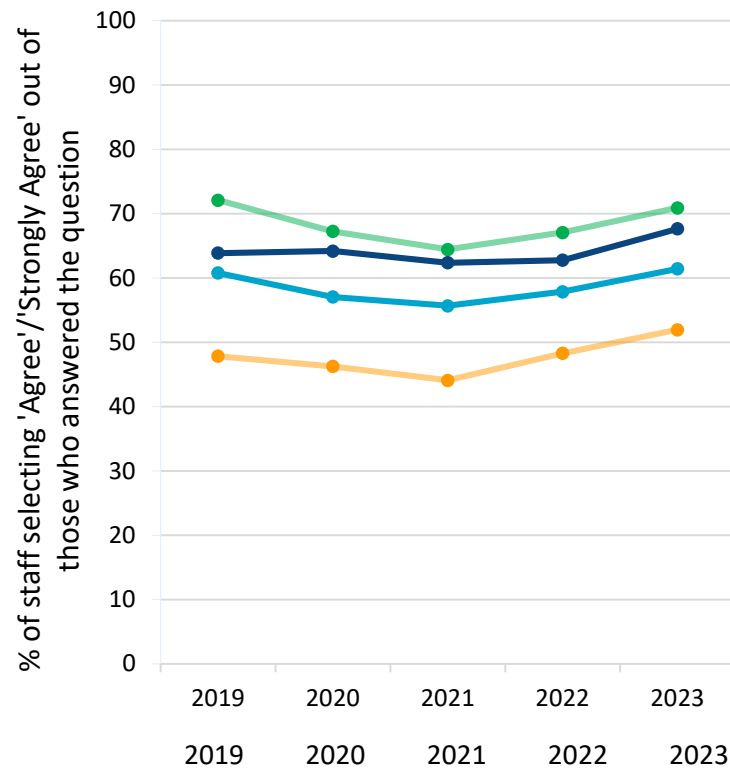


Q7a The team I work in has a set of shared objectives.



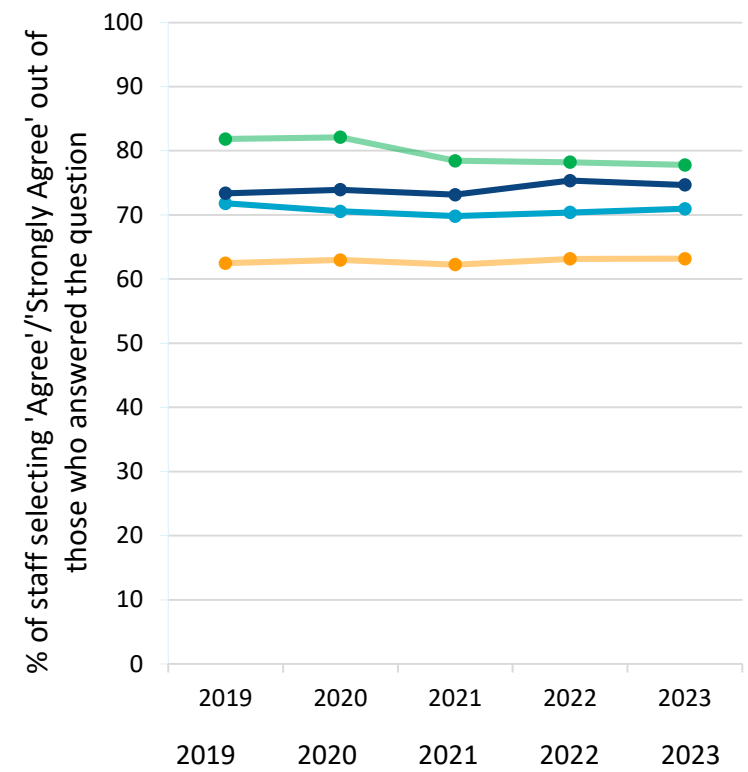
Your org	2019	2020	2021	2022	2023
Best result	83.74%	80.91%	79.58%	79.76%	79.81%
Average result	72.42%	71.88%	72.05%	72.32%	73.34%
Worst result	63.51%	65.07%	66.78%	66.46%	68.00%
Responses	2225	1915	2035	2084	2254

Q7b The team I work in often meets to discuss the team's effectiveness.

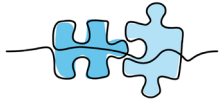


Your org	2019	2020	2021	2022	2023
Best result	72.10%	67.26%	64.44%	67.09%	70.92%
Average result	60.78%	57.06%	55.69%	57.87%	61.43%
Worst result	47.86%	46.25%	44.09%	48.30%	51.95%
Responses	2221	1910	2031	2085	2257

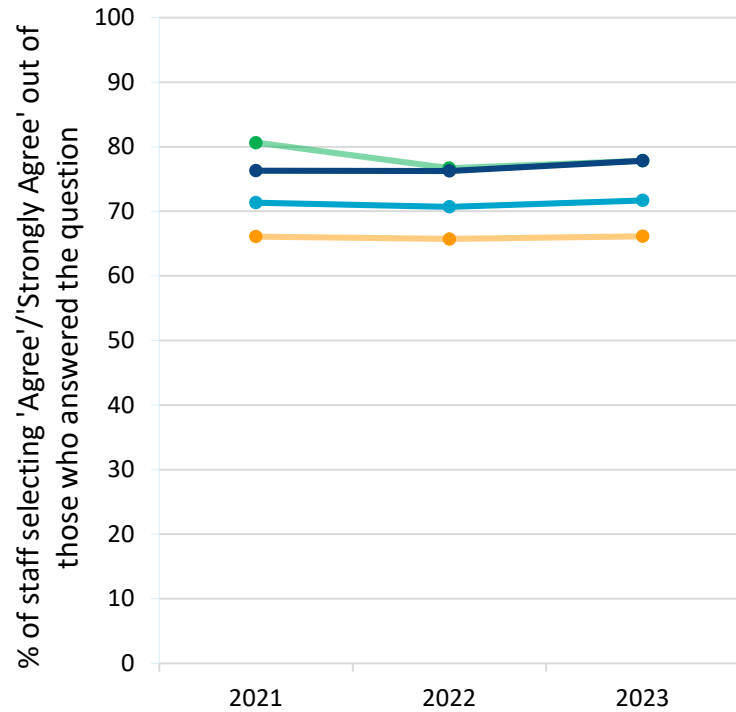
Q7c I receive the respect I deserve from my colleagues at work.



Your org	2019	2020	2021	2022	2023
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	2220	1913	2032	2084	2257

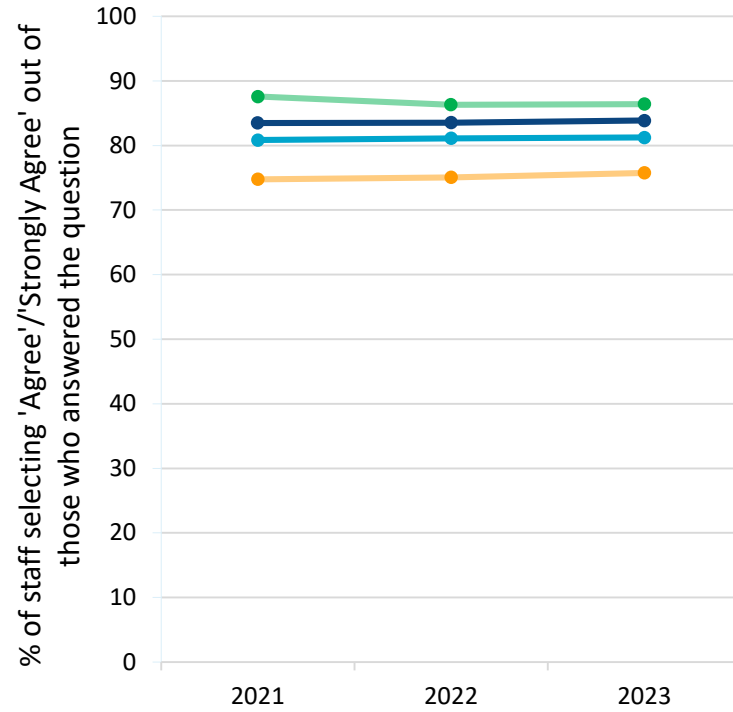


Q7d Team members understand each other's roles.



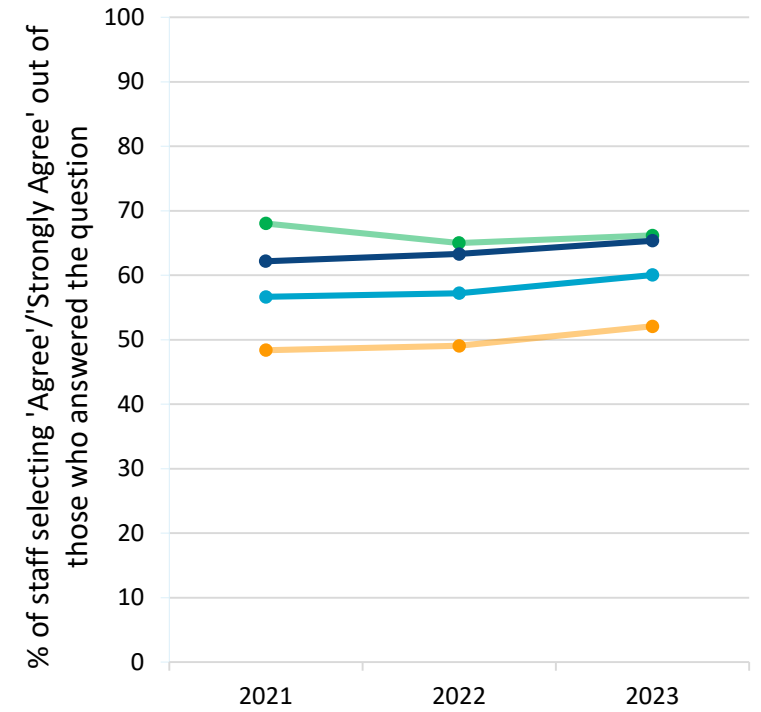
	2021	2022	2023
Your org	76.29%	76.25%	77.83%
Best result	80.62%	76.69%	77.83%
Average result	71.35%	70.69%	71.68%
Worst result	66.09%	65.73%	66.13%
Responses	2034	2086	2257

Q7e I enjoy working with the colleagues in my team.

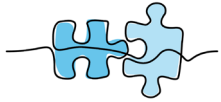


	2021	2022	2023
Your org	83.46%	83.53%	83.86%
Best result	87.58%	86.31%	86.41%
Average result	80.85%	81.10%	81.23%
Worst result	74.77%	75.07%	75.77%
Responses	2034	2084	2255

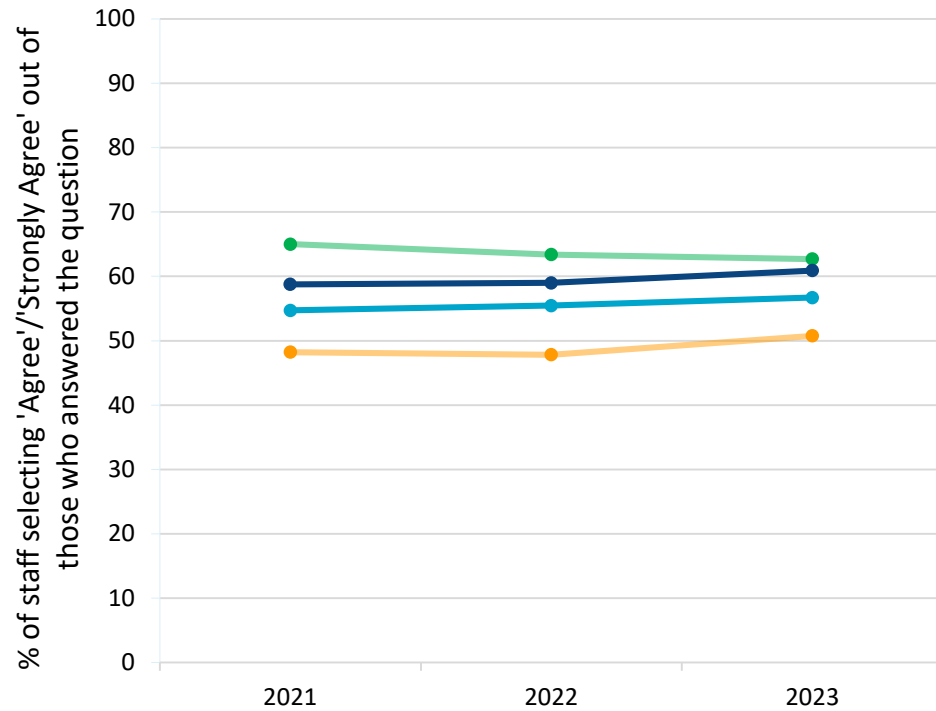
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023
Your org	62.18%	63.31%	65.36%
Best result	68.05%	64.98%	66.18%
Average result	56.64%	57.22%	60.06%
Worst result	48.40%	49.06%	52.08%
Responses	2031	2085	2254

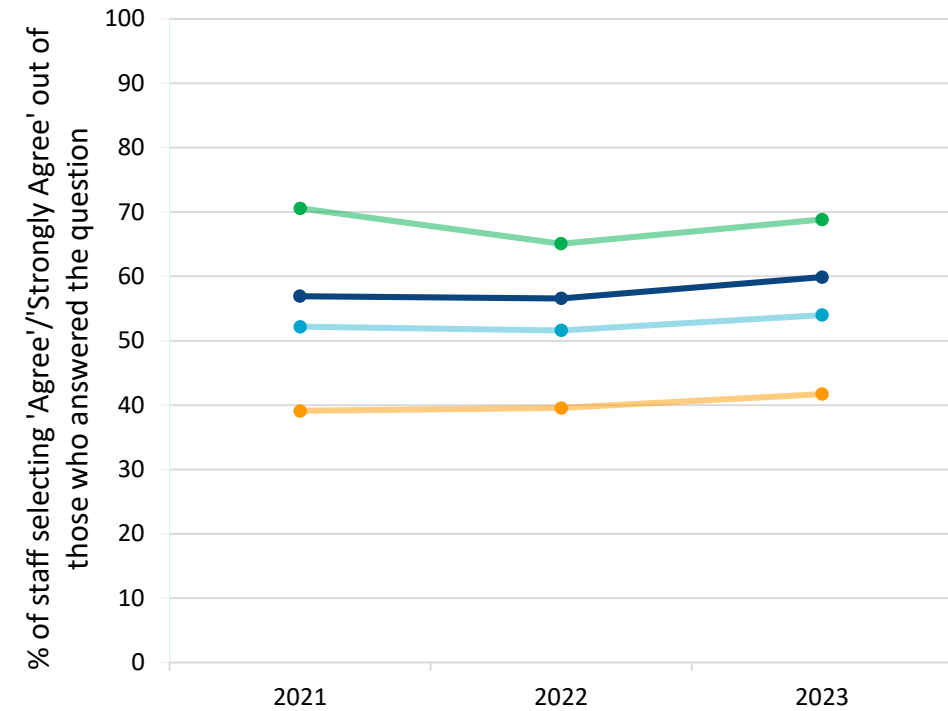


Q7g In my team disagreements are dealt with constructively.

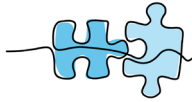


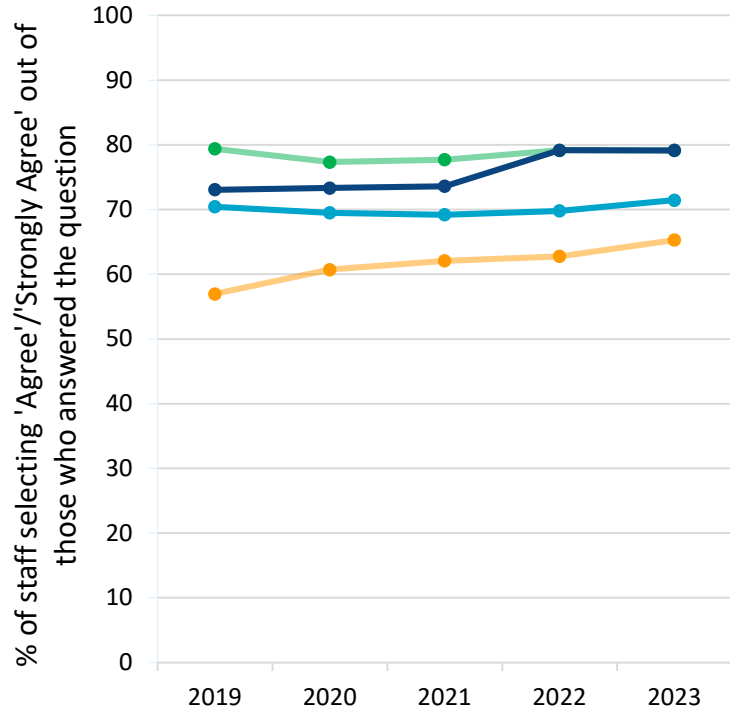
	2021	2022	2023
Your org	58.73%	58.98%	60.90%
Best result	65.00%	63.36%	62.70%
Average result	54.72%	55.46%	56.71%
Worst result	48.24%	47.83%	50.76%
Responses	2029	2076	2259

Q8a Teams within this organisation work well together to achieve their objectives.



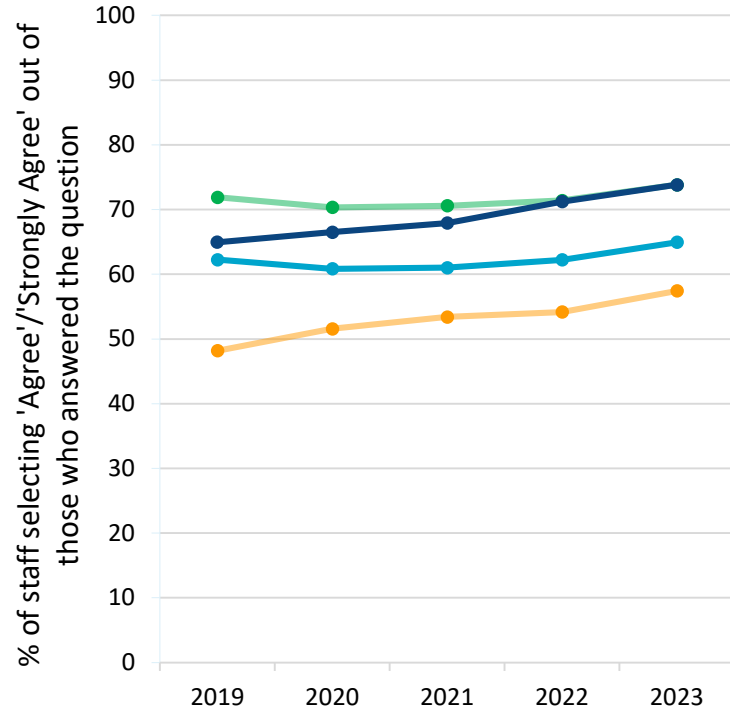
	2021	2022	2023
Your org	56.90%	56.57%	59.88%
Best result	70.58%	65.06%	68.83%
Average result	52.17%	51.61%	54.00%
Worst result	39.09%	39.54%	41.71%
Responses	2029	2085	2257

 Q9a My immediate manager encourages me at work.



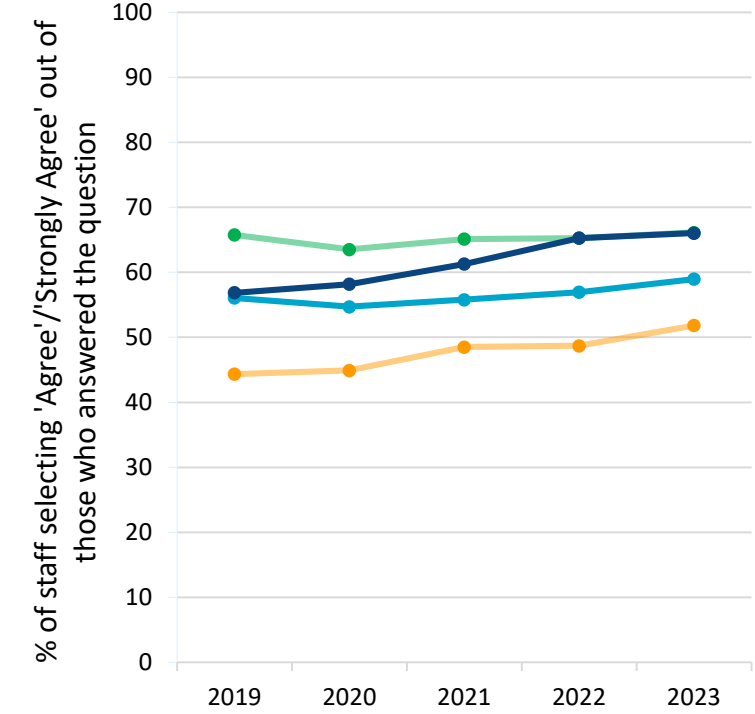
	2019	2020	2021	2022	2023
Your org	73.04%	73.32%	73.61%	79.17%	79.13%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	2225	1913	2027	2085	2250

Q9b My immediate manager gives me clear feedback on my work.

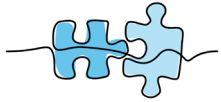


	2019	2020	2021	2022	2023
Your org	64.93%	66.50%	67.91%	71.22%	73.81%
Best result	71.89%	70.33%	70.57%	71.39%	73.81%
Average result	62.26%	60.85%	61.01%	62.21%	64.96%
Worst result	48.18%	51.57%	53.40%	54.16%	57.43%
Responses	2227	1913	2026	2084	2249

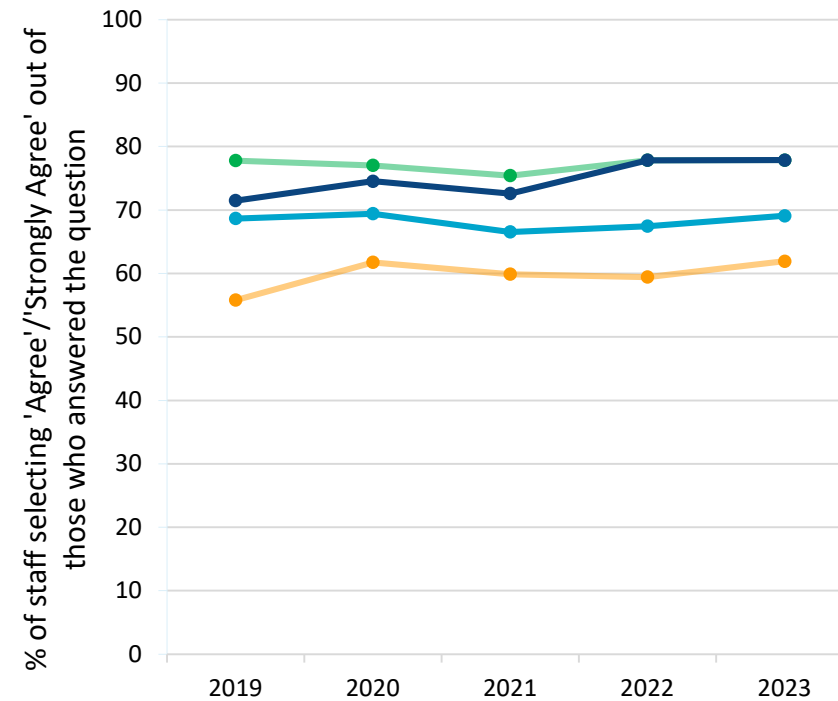
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2019	2020	2021	2022	2023
Your org	56.82%	58.18%	61.28%	65.27%	66.04%
Best result	65.77%	63.52%	65.12%	65.27%	66.13%
Average result	56.07%	54.71%	55.78%	56.95%	58.97%
Worst result	44.34%	44.91%	48.51%	48.70%	51.84%
Responses	2226	1911	2028	2086	2246



Q9d My immediate manager takes a positive interest in my health and well-being.



	2019	2020	2021	2022	2023
Your org	71.49%	74.53%	72.60%	77.84%	77.87%
Best result	77.80%	77.02%	75.43%	77.84%	77.87%
Average result	68.65%	69.43%	66.55%	67.45%	69.10%
Worst result	55.79%	61.76%	59.90%	59.42%	61.93%
Responses	2227	1914	2022	2083	2249

Theme – Staff engagement

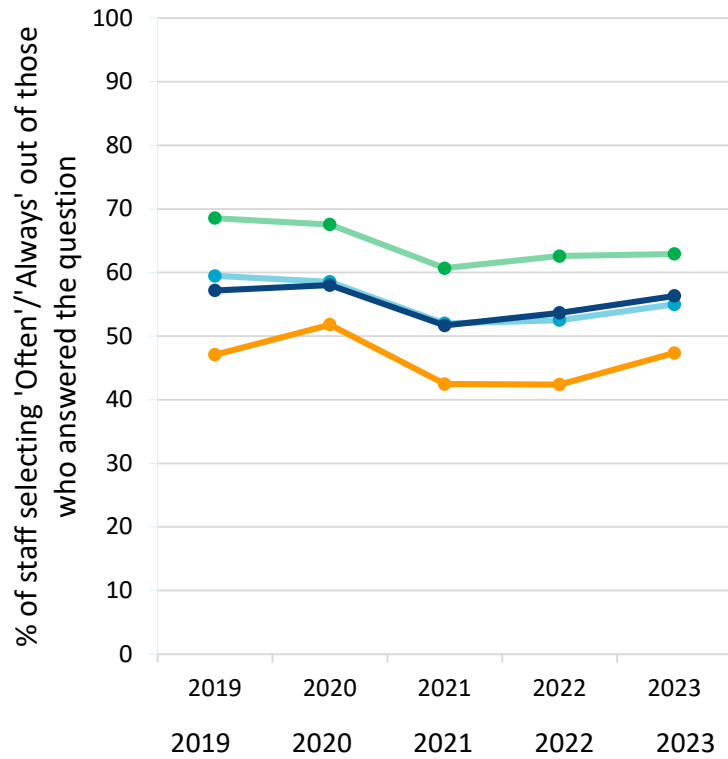
Questions included:

Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

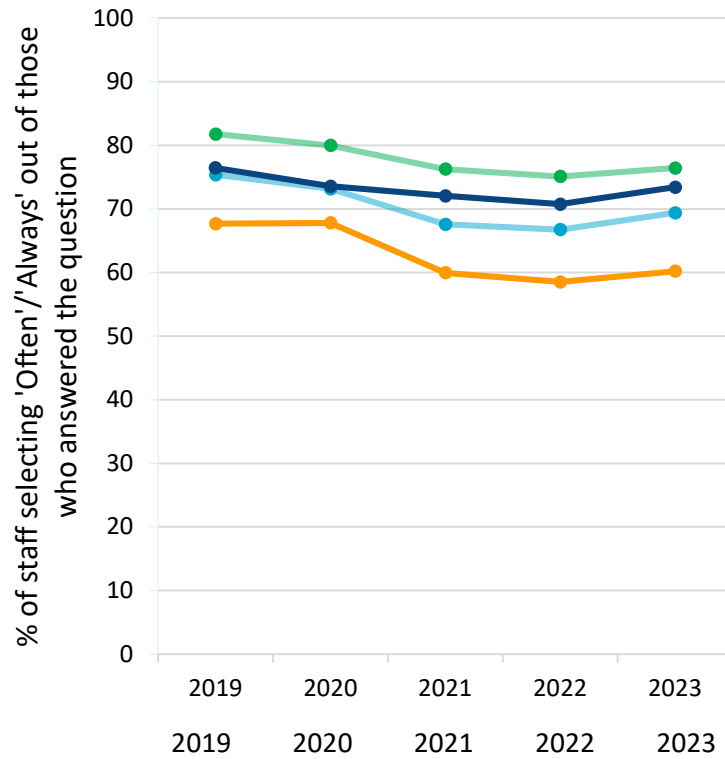
Advocacy – Q25a, Q25c, Q25d

Q2a I look forward to going to work.



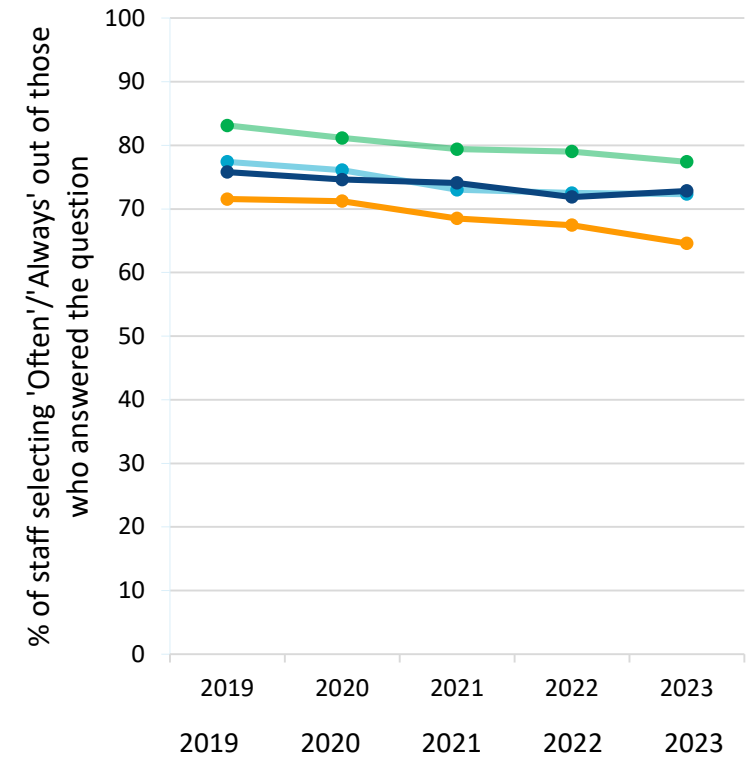
	2019	2020	2021	2022	2023
Your org	57.17%	58.01%	51.68%	53.67%	56.34%
Best result	68.55%	67.55%	60.68%	62.60%	62.92%
Average result	59.47%	58.55%	52.01%	52.49%	55.00%
Worst result	47.07%	51.81%	42.48%	42.39%	47.34%
Responses	2224	1909	2026	2080	2249

Q2b I am enthusiastic about my job.



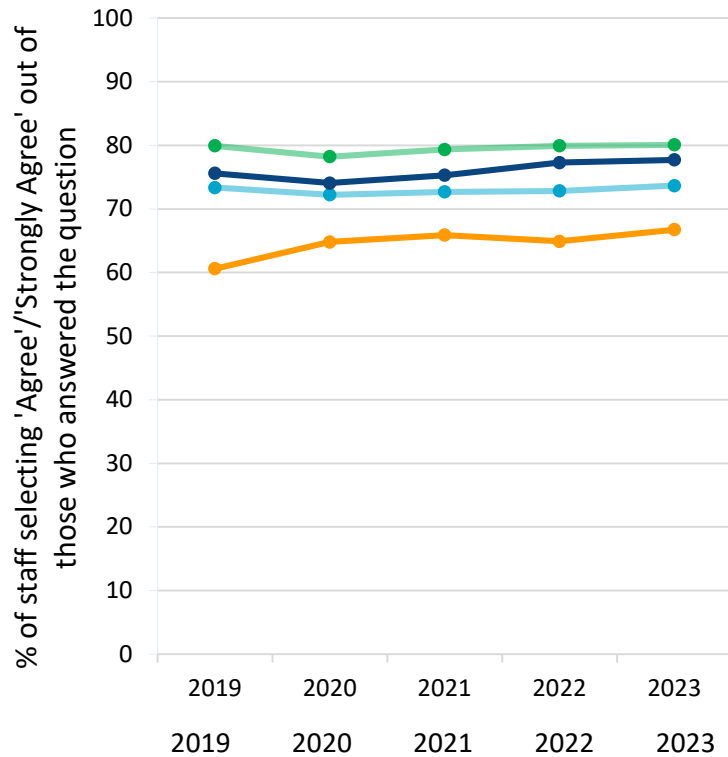
	2019	2020	2021	2022	2023
Your org	76.45%	73.56%	72.05%	70.75%	73.42%
Best result	81.75%	79.97%	76.25%	75.09%	76.43%
Average result	75.37%	73.16%	67.57%	66.74%	69.39%
Worst result	67.68%	67.81%	59.95%	58.50%	60.20%
Responses	2209	1908	2021	2071	2234

Q2c Time passes quickly when I am working.



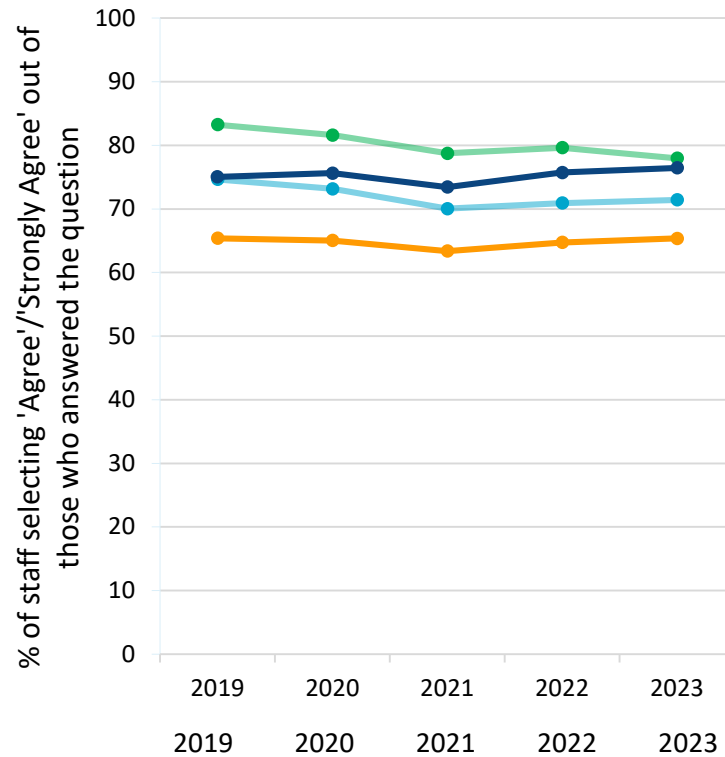
	2019	2020	2021	2022	2023
Your org	75.78%	74.61%	74.09%	71.86%	72.82%
Best result	83.13%	81.17%	79.41%	79.01%	77.42%
Average result	77.41%	76.10%	73.00%	72.50%	72.33%
Worst result	71.54%	71.21%	68.52%	67.44%	64.58%
Responses	2212	1908	2019	2069	2234

Q3c There are frequent opportunities for me to show initiative in my role.



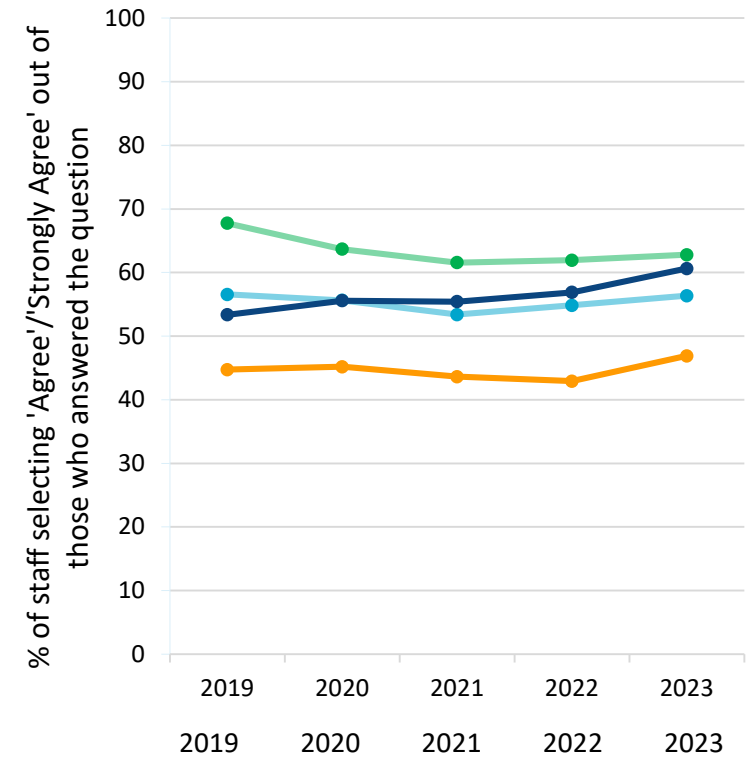
Your org	75.59%	74.07%	75.29%	77.29%	77.71%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	2227	1917	2036	2081	2254

Q3d I am able to make suggestions to improve the work of my team / department.



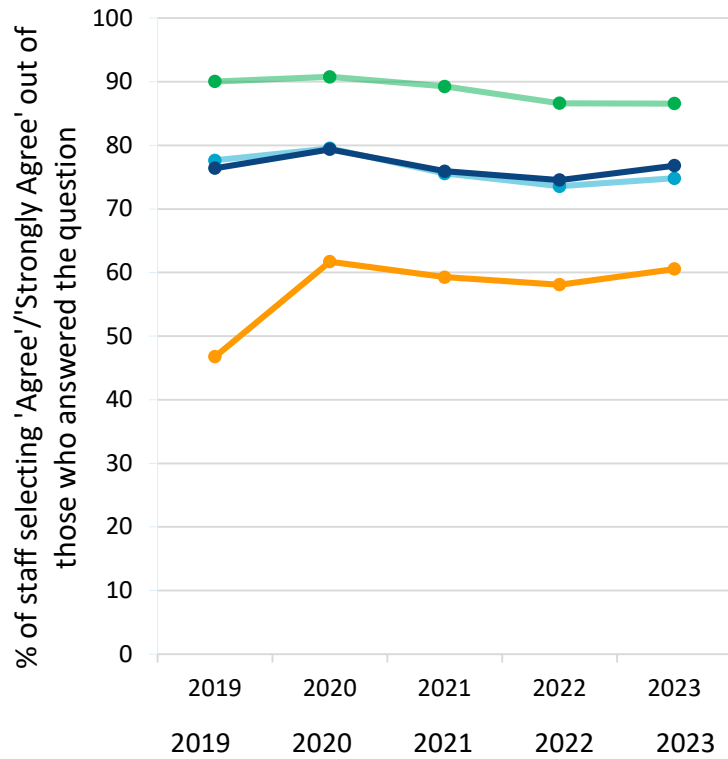
Your org	75.05%	75.62%	73.45%	75.71%	76.44%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	2223	1922	2034	2080	2251

Q3f I am able to make improvements happen in my area of work.



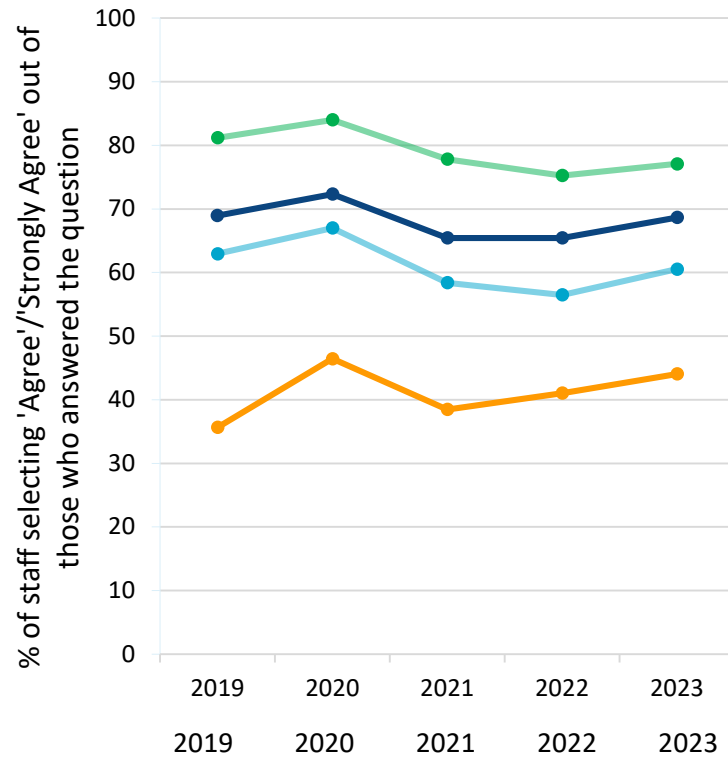
Your org	53.36%	55.56%	55.42%	56.89%	60.64%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	2221	1908	2031	2075	2248

Q25a Care of patients / service users is my organisation's top priority.



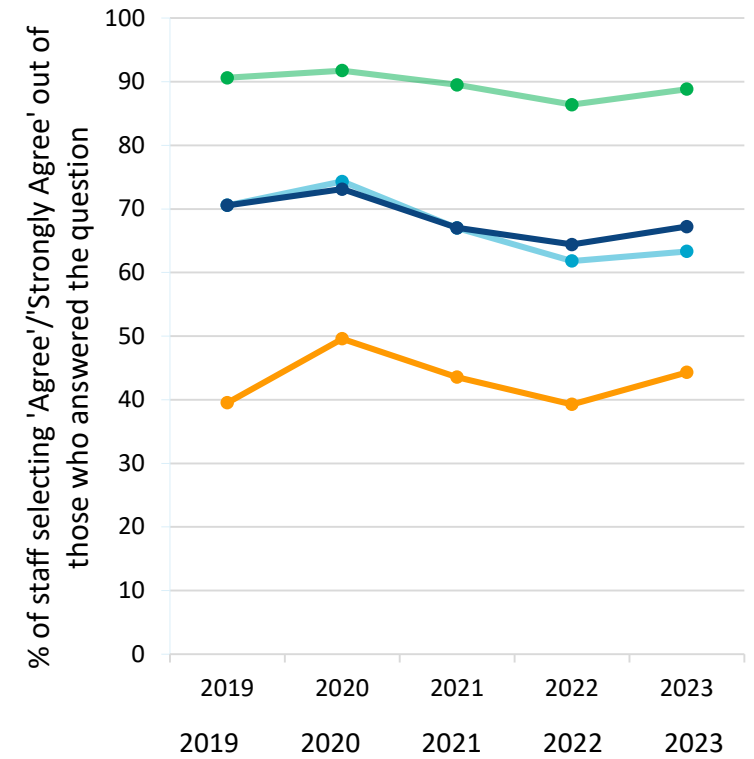
Your org	76.40%	79.37%	75.93%	74.55%	76.81%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	2216	1910	2015	2062	2240

Q25c I would recommend my organisation as a place to work.



Your org	68.93%	72.32%	65.43%	65.44%	68.64%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	2176	1915	2020	2064	2237

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



Your org	70.57%	73.12%	67.03%	64.40%	67.23%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	2207	1907	2016	2062	2235

Theme - Morale

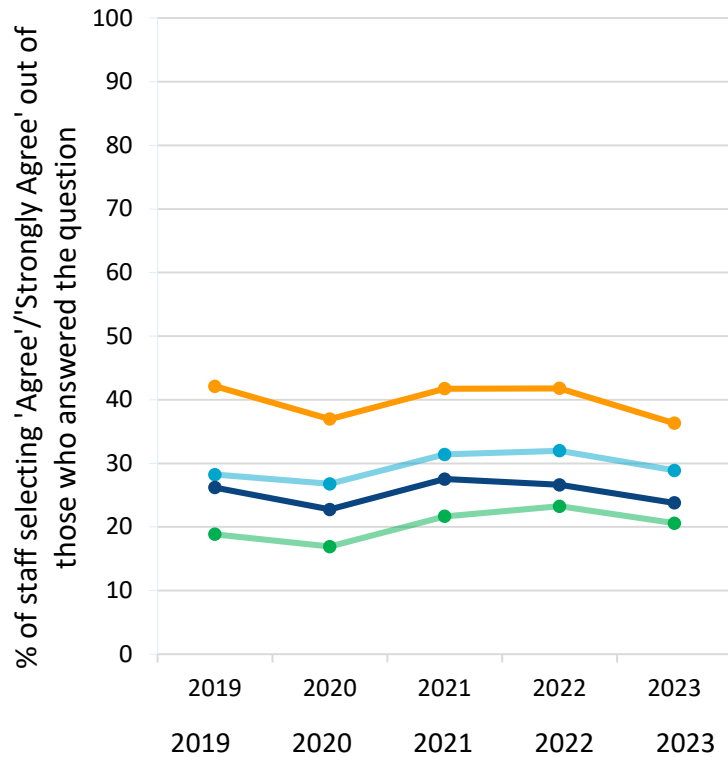
Questions included:

Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

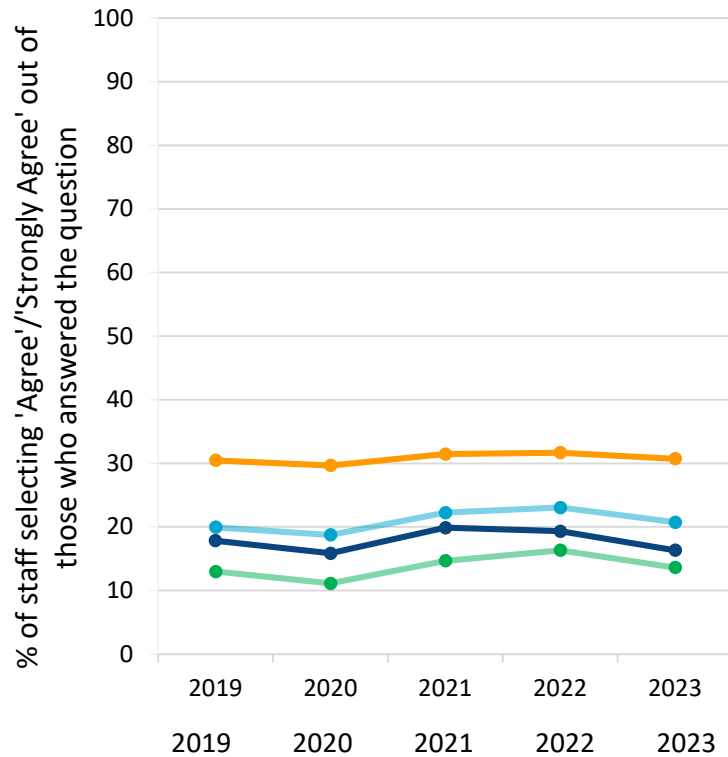
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Q26a I often think about leaving this organisation.



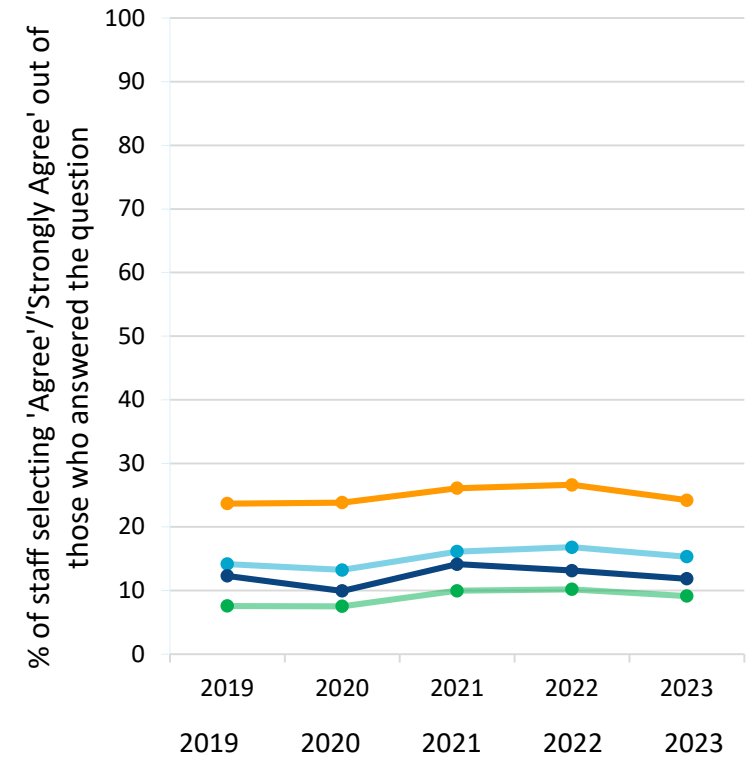
	2019	2020	2021	2022	2023
Your org	26.21%	22.75%	27.54%	26.61%	23.77%
Best result	18.85%	16.90%	21.67%	23.25%	20.57%
Average result	28.22%	26.78%	31.40%	31.98%	28.89%
Worst result	42.13%	36.96%	41.75%	41.80%	36.31%
Responses	2221	1915	2022	2060	2243

Q26b I will probably look for a job at a new organisation in the next 12 months.



	2019	2020	2021	2022	2023
Your org	17.84%	15.86%	19.89%	19.32%	16.33%
Best result	12.98%	11.12%	14.66%	16.34%	13.63%
Average result	19.95%	18.76%	22.23%	23.05%	20.74%
Worst result	30.46%	29.66%	31.44%	31.68%	30.73%
Responses	2218	1910	2018	2060	2239

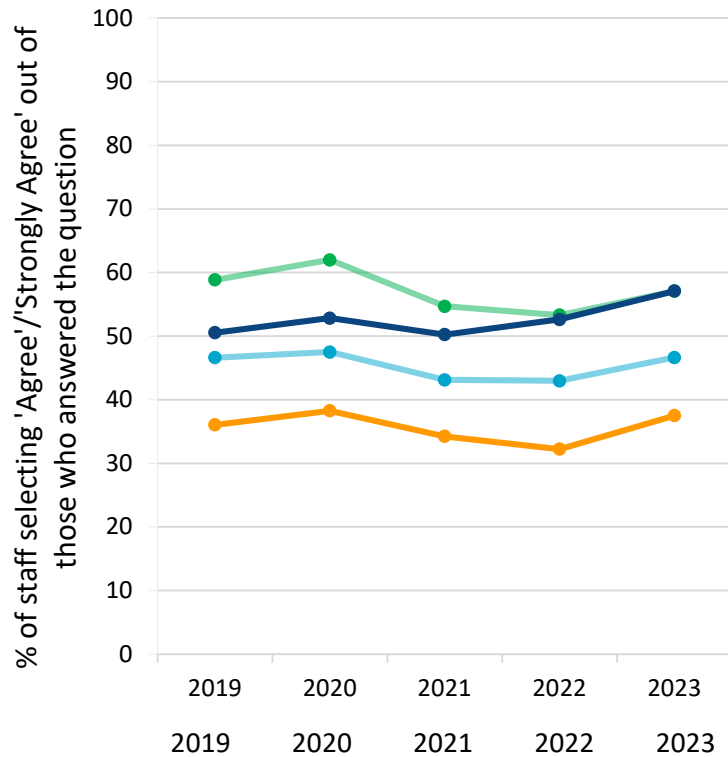
Q26c As soon as I can find another job, I will leave this organisation.



	2019	2020	2021	2022	2023
Your org	12.31%	9.94%	14.15%	13.14%	11.85%
Best result	7.58%	7.52%	9.98%	10.19%	9.13%
Average result	14.18%	13.25%	16.14%	16.82%	15.32%
Worst result	23.67%	23.82%	26.10%	26.61%	24.21%
Responses	2205	1909	2011	2052	2227

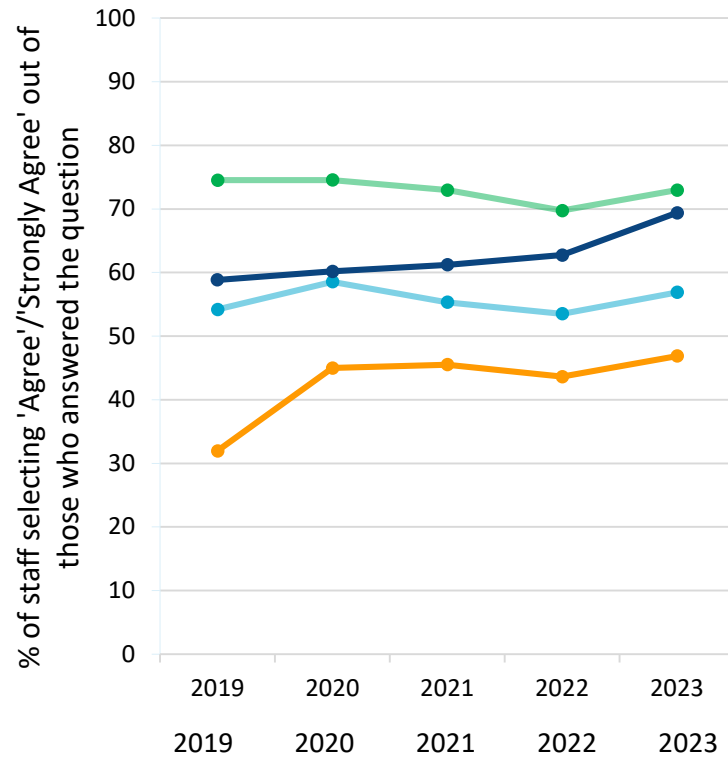


Q3g I am able to meet all the conflicting demands on my time at work.



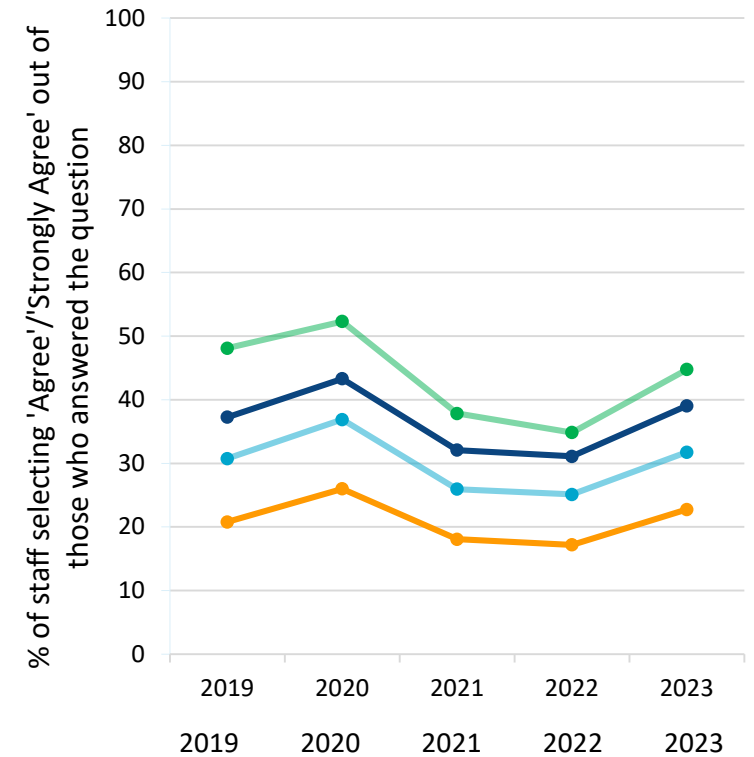
	2019	2020	2021	2022	2023
Your org	50.54%	52.82%	50.24%	52.64%	57.08%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	2215	1912	2028	2077	2239

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	58.85%	60.19%	61.20%	62.74%	69.40%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	2220	1915	2032	2075	2251

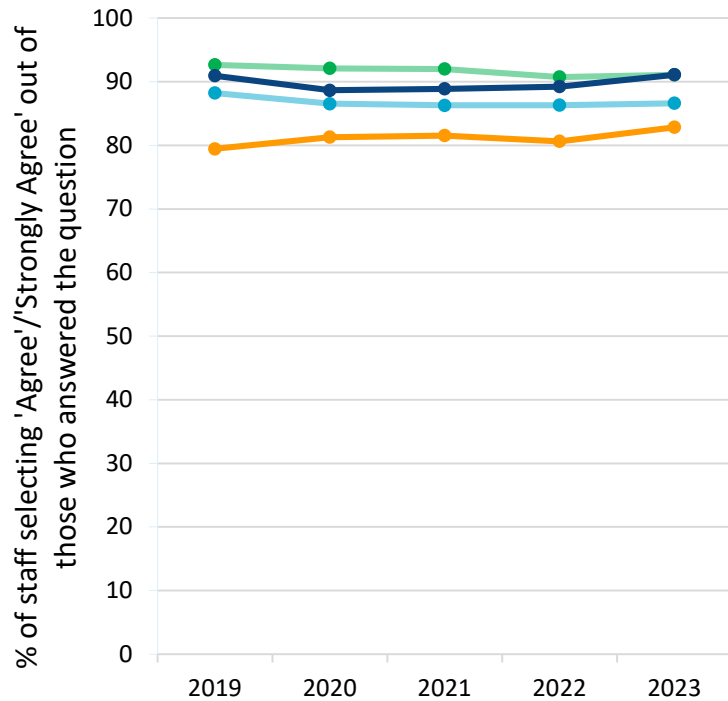
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	37.24%	43.31%	32.08%	31.10%	39.05%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	2225	1908	2032	2074	2248

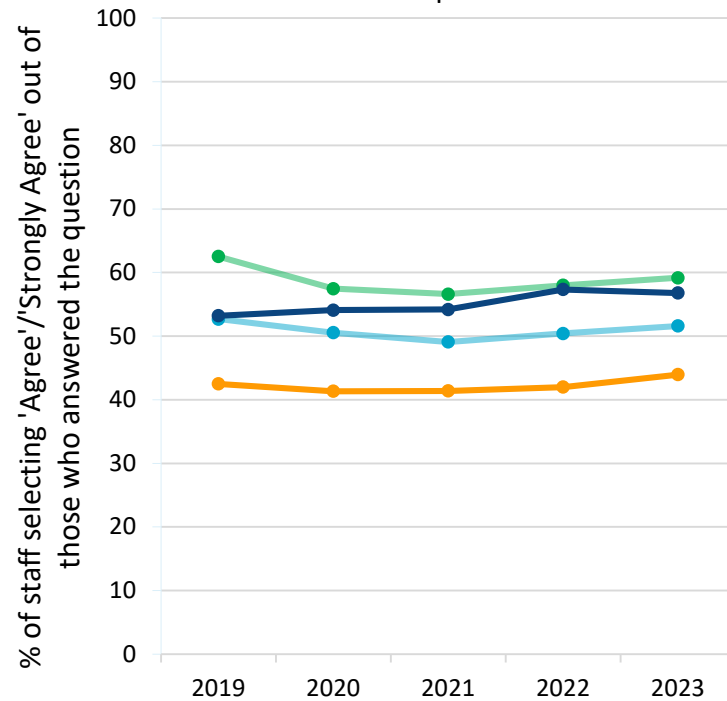


Q3a I always know what my work responsibilities are.



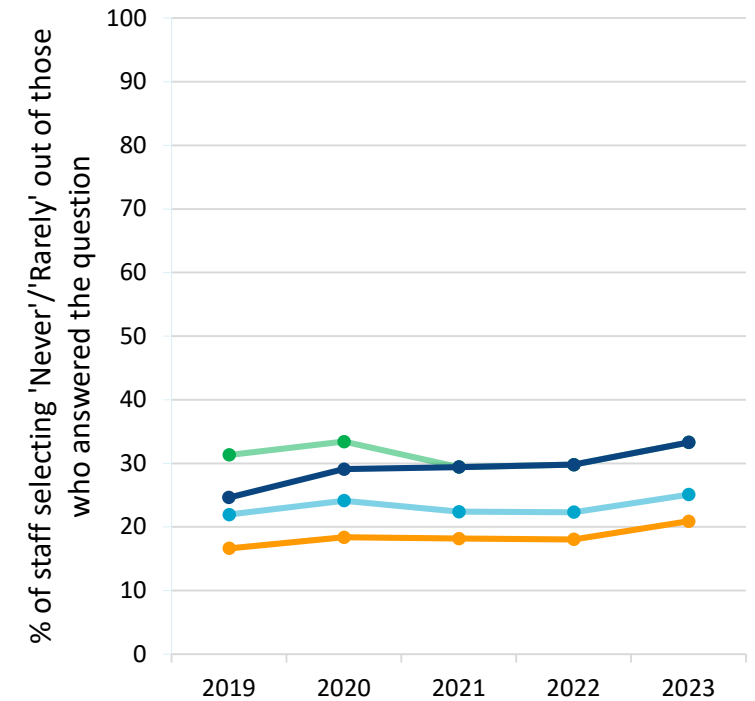
	2019	2020	2021	2022	2023
Your org	90.94%	88.65%	88.87%	89.22%	91.10%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	2233	1923	2030	2083	2260

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2019	2020	2021	2022	2023
Your org	53.20%	54.08%	54.20%	57.34%	56.77%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	2224	1915	2037	2077	2257

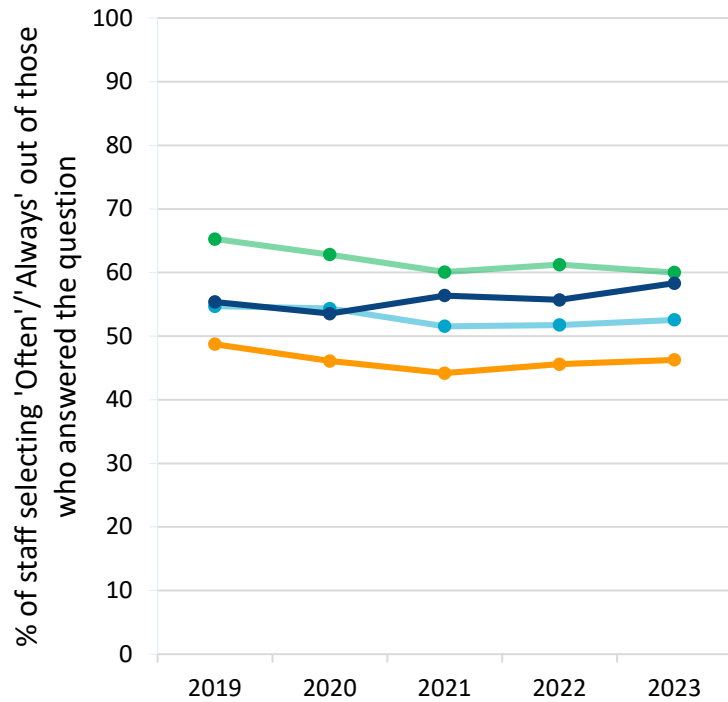
Q5a I have unrealistic time pressures.



	2019	2020	2021	2022	2023
Your org	24.61%	29.10%	29.43%	29.80%	33.29%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	2226	1916	2035	2079	2256

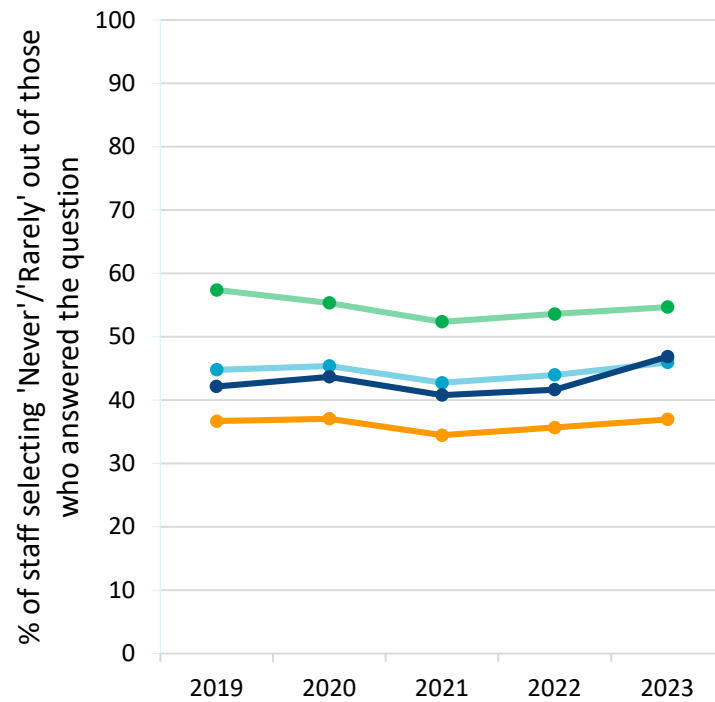


Q5b I have a choice in deciding how to do my work.



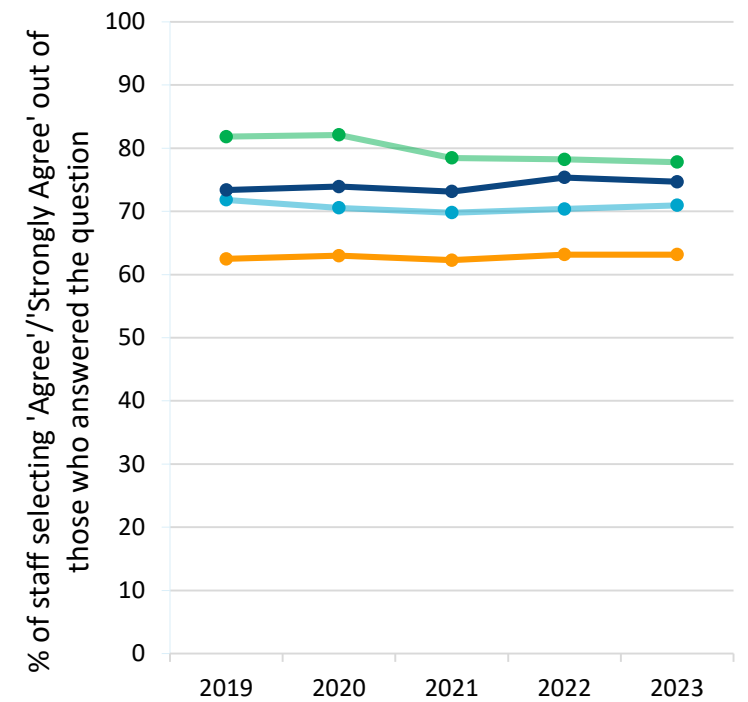
	2019	2020	2021	2022	2023
Your org	55.36%	53.54%	56.38%	55.70%	58.32%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	2222	1917	2032	2076	2253

Q5c Relationships at work are strained.



	2019	2020	2021	2022	2023
Your org	42.14%	43.67%	40.80%	41.66%	46.86%
Best result	57.40%	55.35%	52.37%	53.60%	54.70%
Average result	44.78%	45.38%	42.74%	43.99%	45.96%
Worst result	36.68%	37.06%	34.45%	35.67%	36.97%
Responses	2223	1911	2032	2072	2254

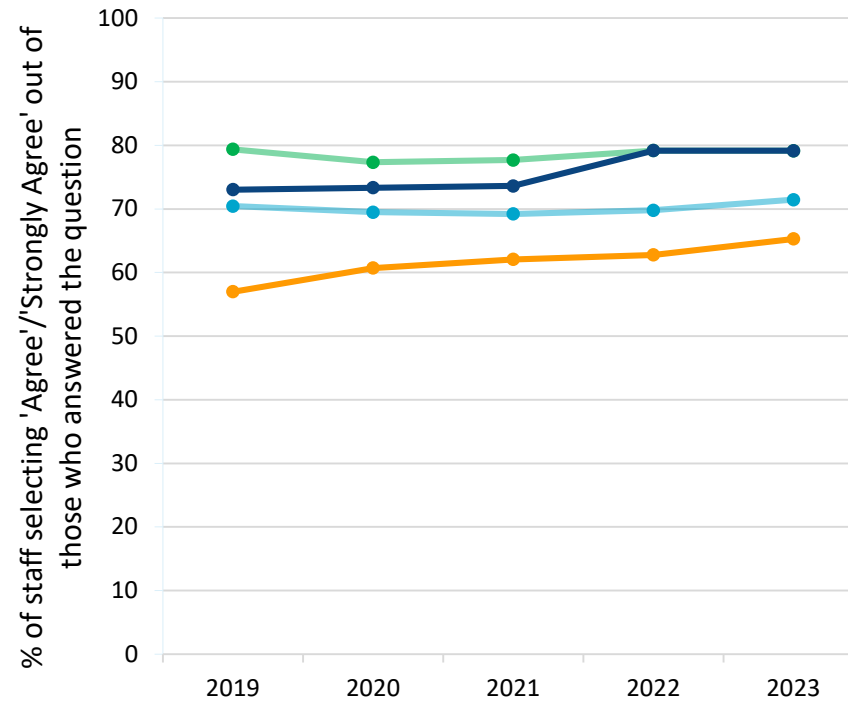
Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	73.35%	73.91%	73.15%	75.35%	74.67%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	2220	1913	2032	2084	2257



Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	73.04%	73.32%	73.61%	79.17%	79.13%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	2225	1913	2027	2085	2250

Question not linked to People Promise elements or themes

Questions included:*

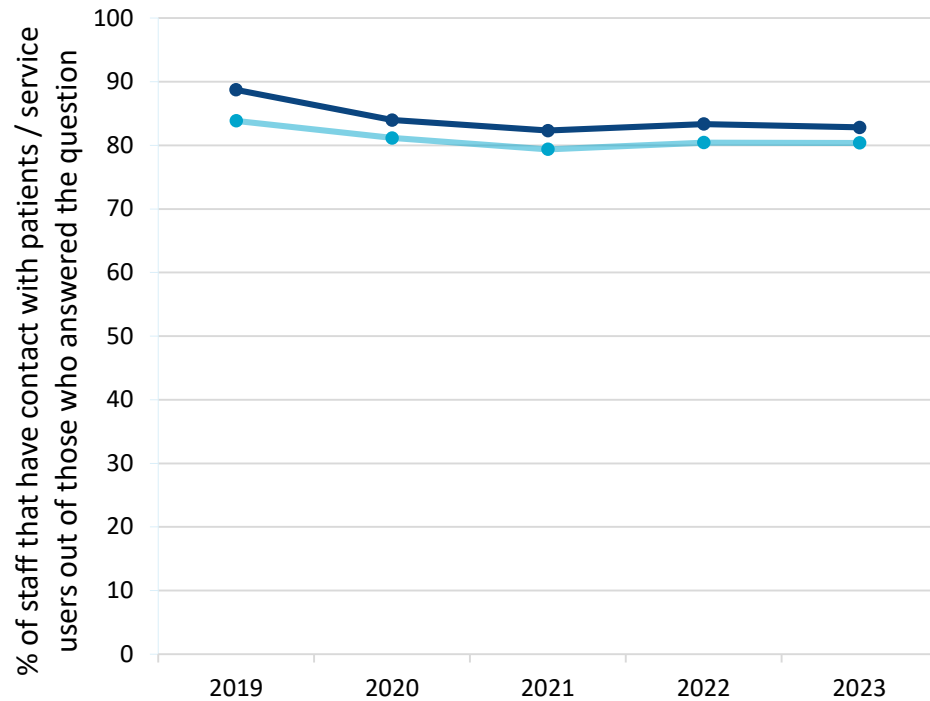
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

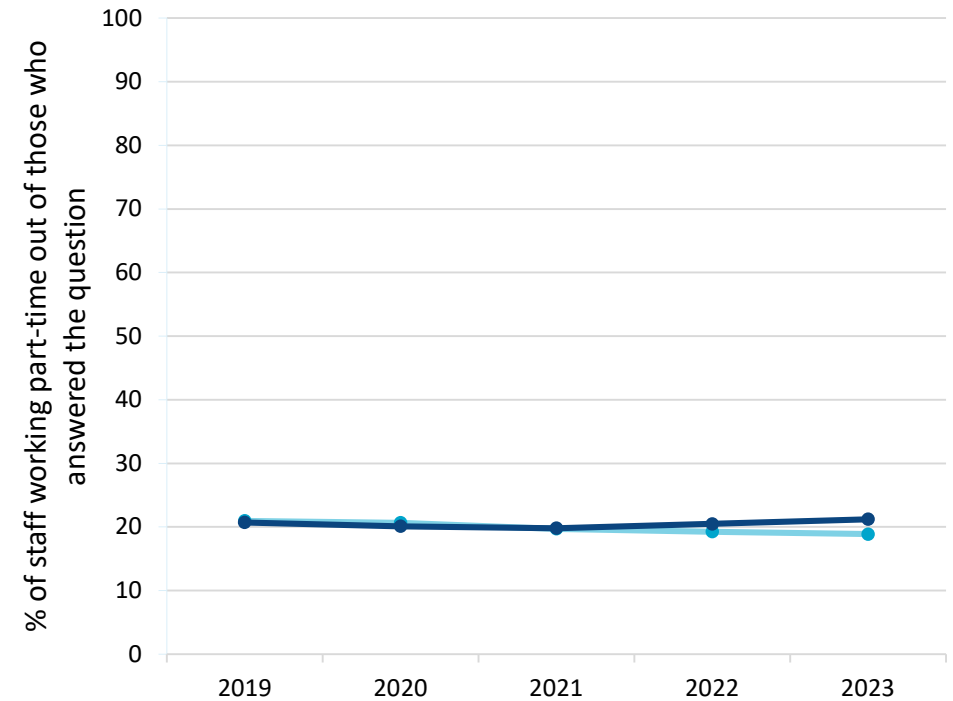


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2019	2020	2021	2022	2023
Your org	88.71%	83.98%	82.31%	83.33%	82.82%
Average	83.86%	81.16%	79.36%	80.42%	80.37%
Responses	2224	1904	2018	2064	2235

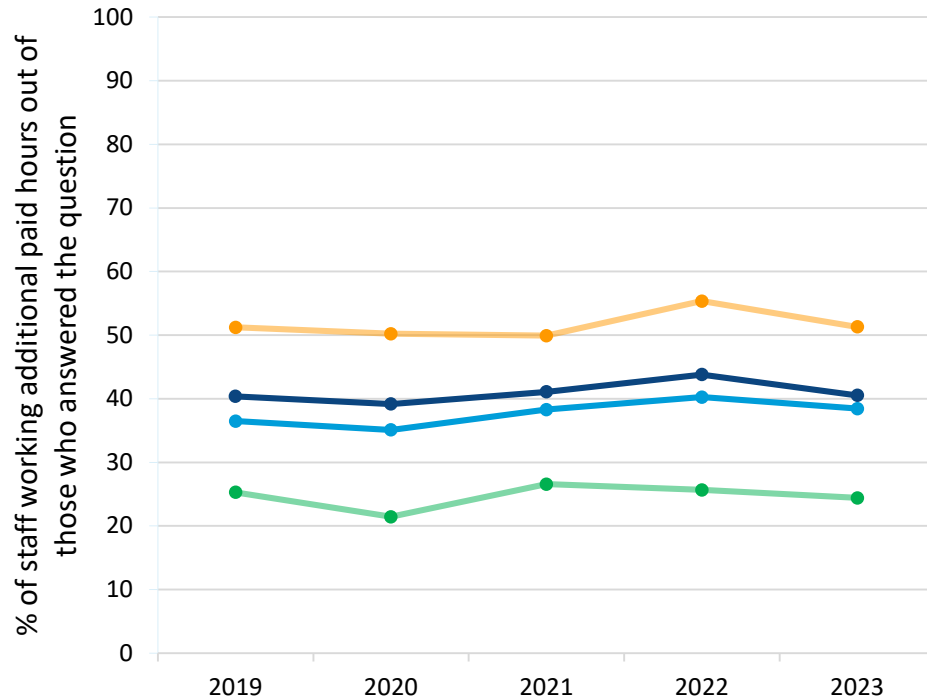
Q10a How many hours a week are you contracted to work?



	2019	2020	2021	2022	2023
Your org	20.70%	20.10%	19.79%	20.47%	21.22%
Average	20.97%	20.66%	19.69%	19.24%	18.88%
Responses	2217	1910	2021	2071	2243



Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?

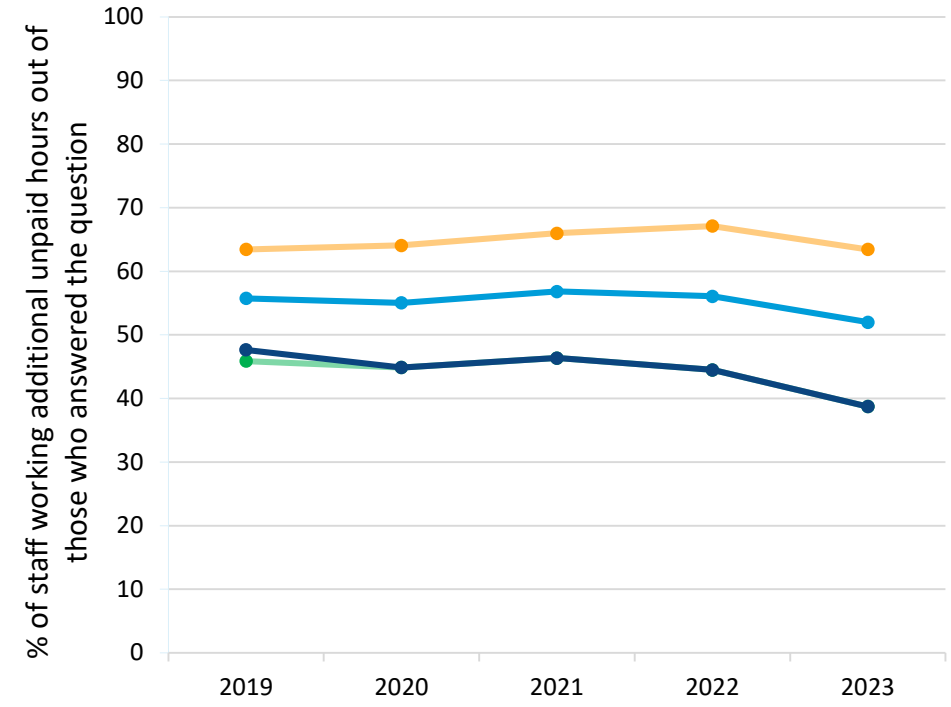


2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	40.36%	39.17%	41.09%	43.80%	40.53%
Lowest	25.29%	21.45%	26.56%	25.66%	24.41%
Average	36.47%	35.09%	38.29%	40.25%	38.45%
Highest	51.23%	50.22%	49.92%	55.35%	51.29%

Responses 2147 1849 1929 1984 2120

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



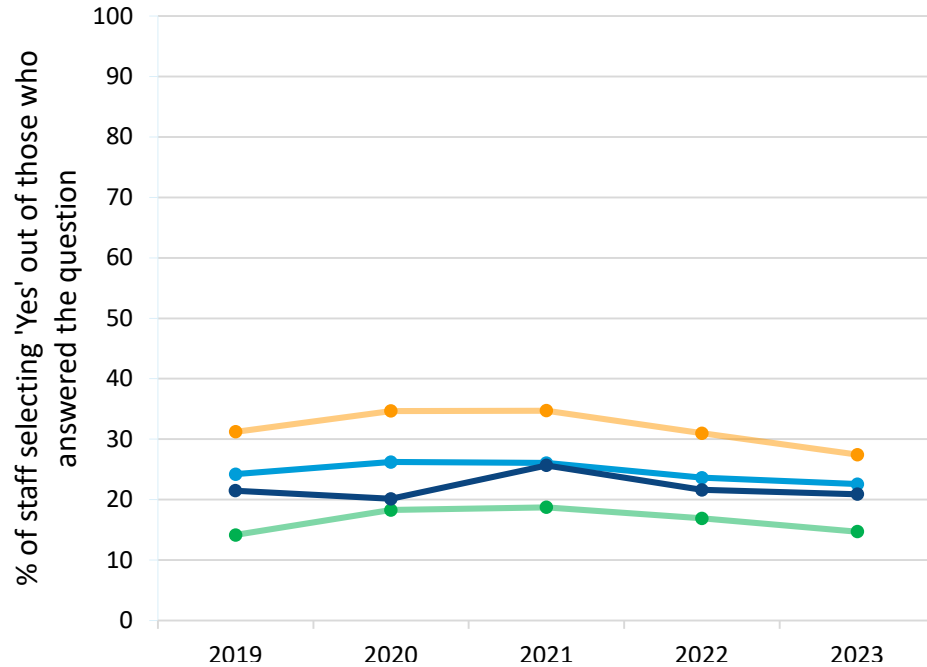
2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	47.64%	44.88%	46.37%	44.50%	38.73%
Lowest	45.87%	44.88%	46.37%	44.50%	38.73%
Average	55.74%	55.02%	56.83%	56.06%	52.00%
Highest	63.43%	64.06%	65.99%	67.12%	63.45%

Responses 2162 1849 1950 1988 2125

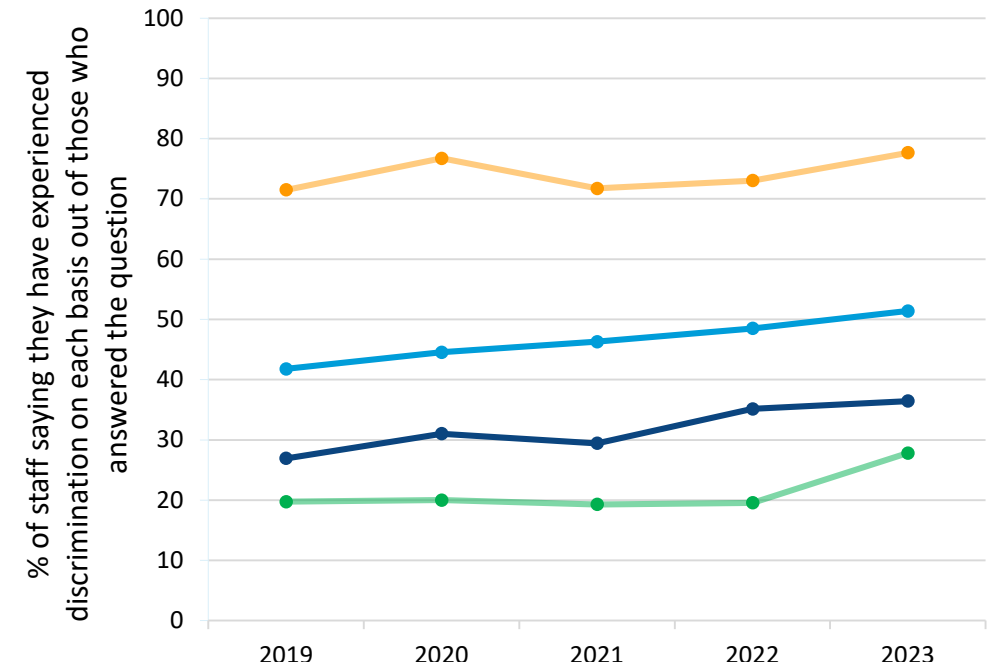


Q11e* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	21.46%	20.14%	25.66%	21.61%	20.91%
Best result	14.16%	18.27%	18.73%	16.91%	14.70%
Average result	24.21%	26.23%	26.05%	23.64%	22.57%
Worst result	31.23%	34.66%	34.72%	30.98%	27.44%
Responses	1257	844	888	945	932

Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.

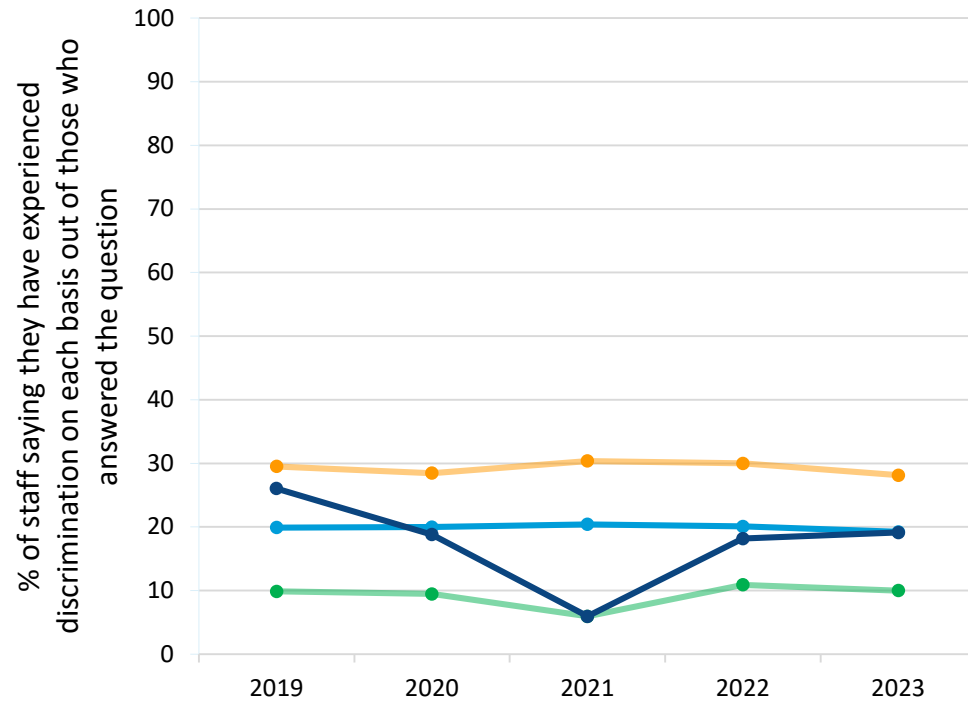


	2019	2020	2021	2022	2023
Your org	26.93%	31.03%	29.43%	35.14%	36.45%
Best result	19.75%	20.01%	19.29%	19.55%	27.81%
Average result	41.77%	44.53%	46.29%	48.50%	51.38%
Worst result	71.50%	76.72%	71.74%	73.03%	77.66%
Responses	167	130	163	176	220

*Q11e is only answered by staff who responded 'Yes' to Q11d.

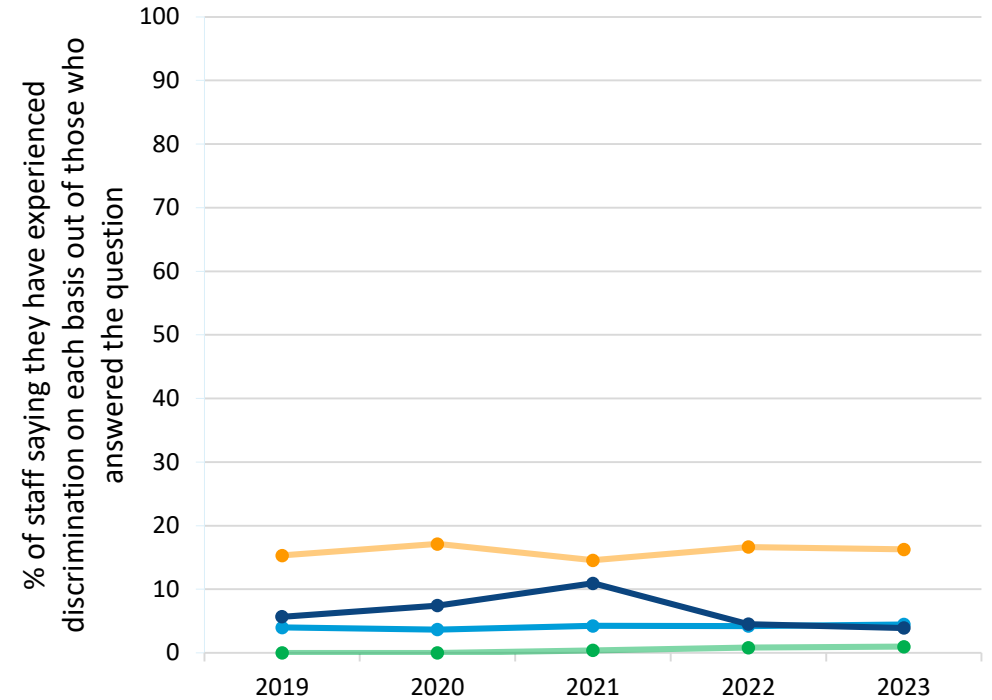


Q16c.2 On what grounds have you experienced discrimination?
– Gender.



	2019	2020	2021	2022	2023
Your org	26.06%	18.79%	5.94%	18.16%	19.12%
Best result	9.88%	9.46%	5.94%	10.90%	9.99%
Average result	19.91%	19.98%	20.41%	20.09%	19.22%
Worst result	29.51%	28.46%	30.36%	29.99%	28.12%
Responses	167	130	163	176	220

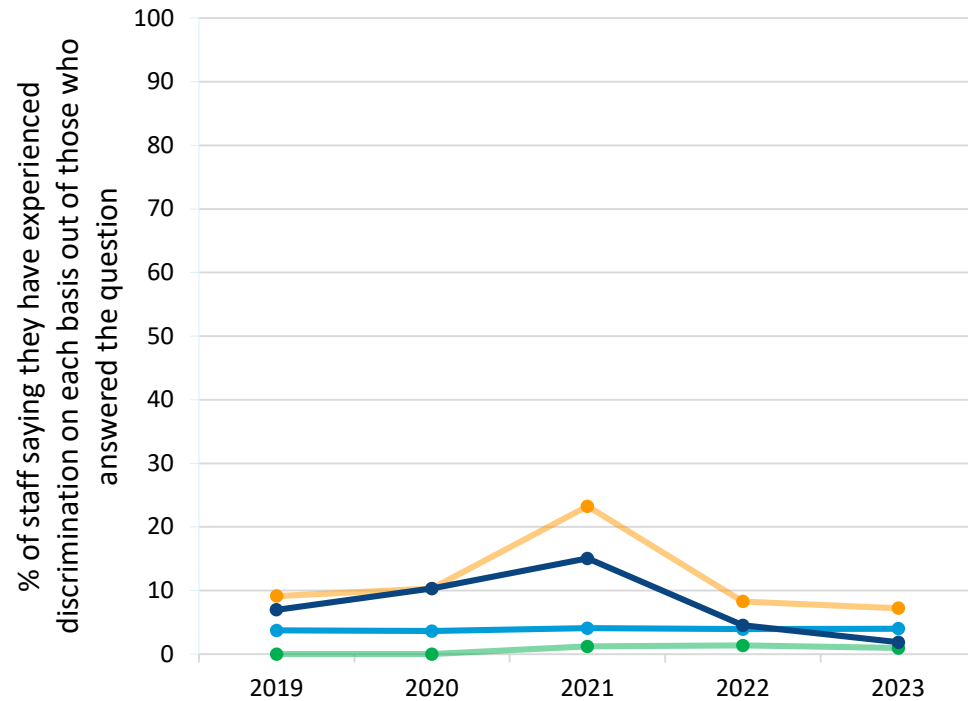
Q16c.3 On what grounds have you experienced discrimination?
– Religion.



	2019	2020	2021	2022	2023
Your org	5.68%	7.45%	10.93%	4.52%	3.92%
Best result	0.00%	0.00%	0.41%	0.83%	0.98%
Average result	4.01%	3.68%	4.25%	4.23%	4.47%
Worst result	15.33%	17.13%	14.56%	16.66%	16.27%
Responses	167	130	163	176	220



Q16c.4 On what grounds have you experienced discrimination?
– Sexual orientation.

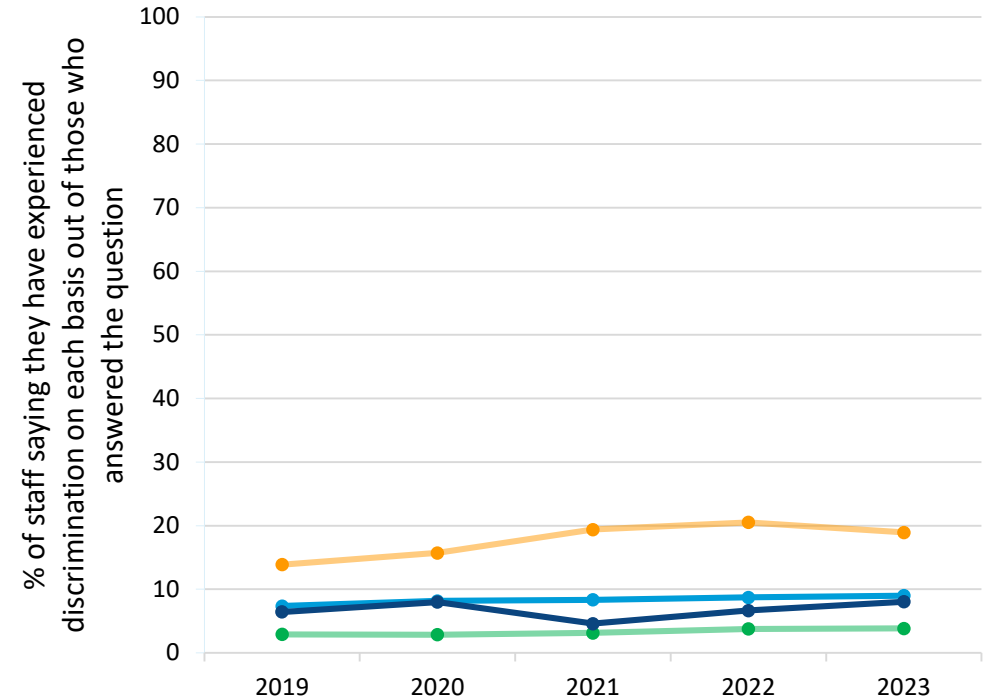


2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	6.96%	10.33%	15.04%	4.55%	1.87%
Best result	0.00%	0.00%	1.21%	1.38%	0.97%
Average result	3.74%	3.63%	4.09%	3.93%	4.00%
Worst result	9.14%	10.33%	23.26%	8.28%	7.22%

Responses 167 130 163 176 220

Q16c.5 On what grounds have you experienced discrimination?
– Disability.



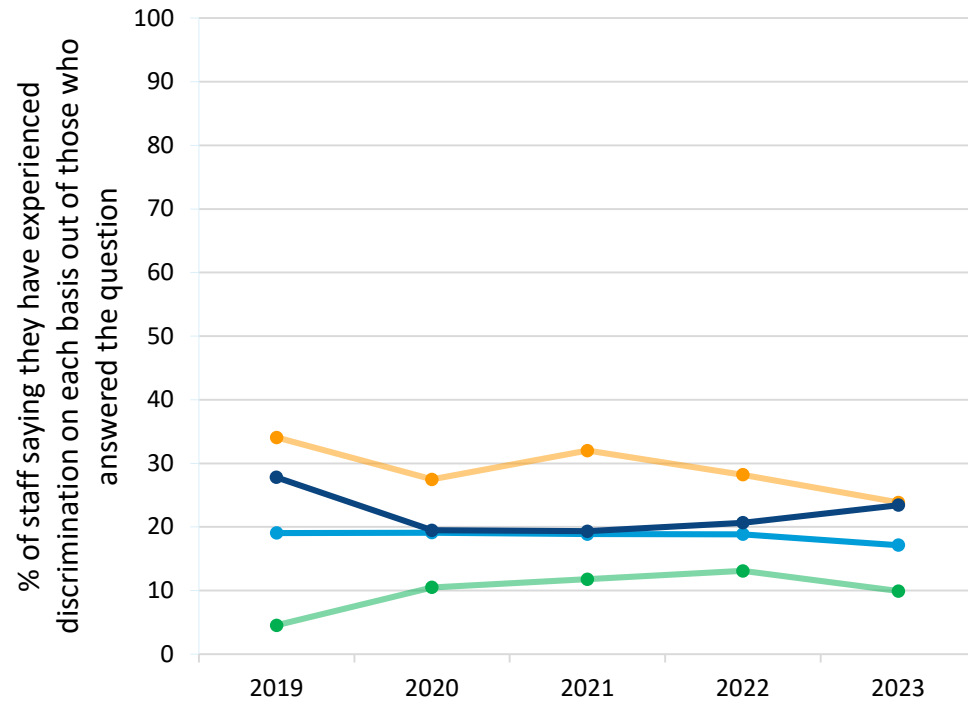
2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	6.41%	8.01%	4.59%	6.66%	8.05%
Best result	2.91%	2.86%	3.14%	3.77%	3.86%
Average result	7.37%	8.17%	8.36%	8.74%	9.01%
Worst result	13.87%	15.73%	19.39%	20.53%	18.93%

Responses 167 130 163 176 220

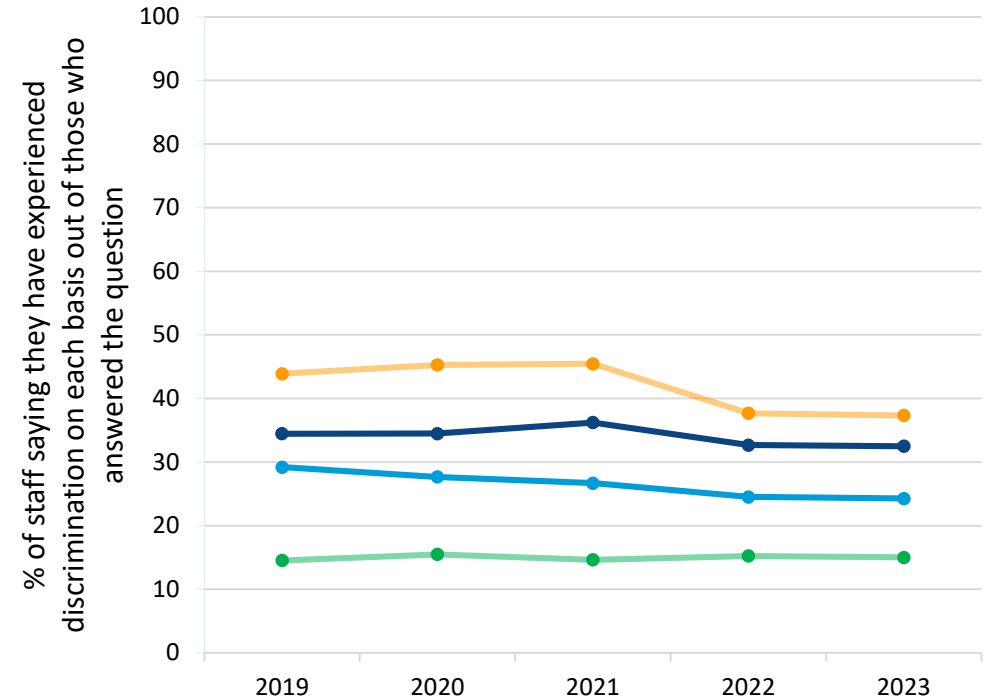


Q16c.6 On what grounds have you experienced discrimination?
– Age.



	2019	2020	2021	2022	2023
Your org	27.79%	19.48%	19.33%	20.66%	23.44%
Best result	4.55%	10.50%	11.78%	13.08%	9.92%
Average result	19.05%	19.09%	18.89%	18.84%	17.15%
Worst result	34.06%	27.49%	32.01%	28.20%	23.85%
Responses	167	130	163	176	220

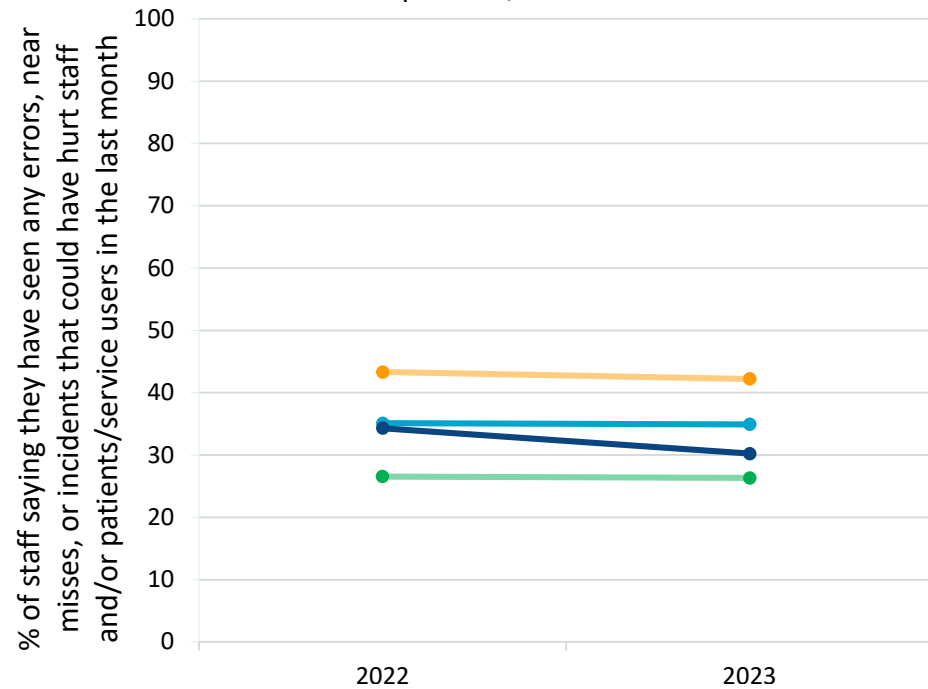
Q16c.7 On what grounds have you experienced discrimination?
– Other.



	2019	2020	2021	2022	2023
Your org	34.44%	34.48%	36.22%	32.68%	32.50%
Best result	14.53%	15.51%	14.64%	15.24%	15.03%
Average result	29.20%	27.66%	26.69%	24.52%	24.27%
Worst result	43.90%	45.27%	45.46%	37.68%	37.34%
Responses	167	130	163	176	220



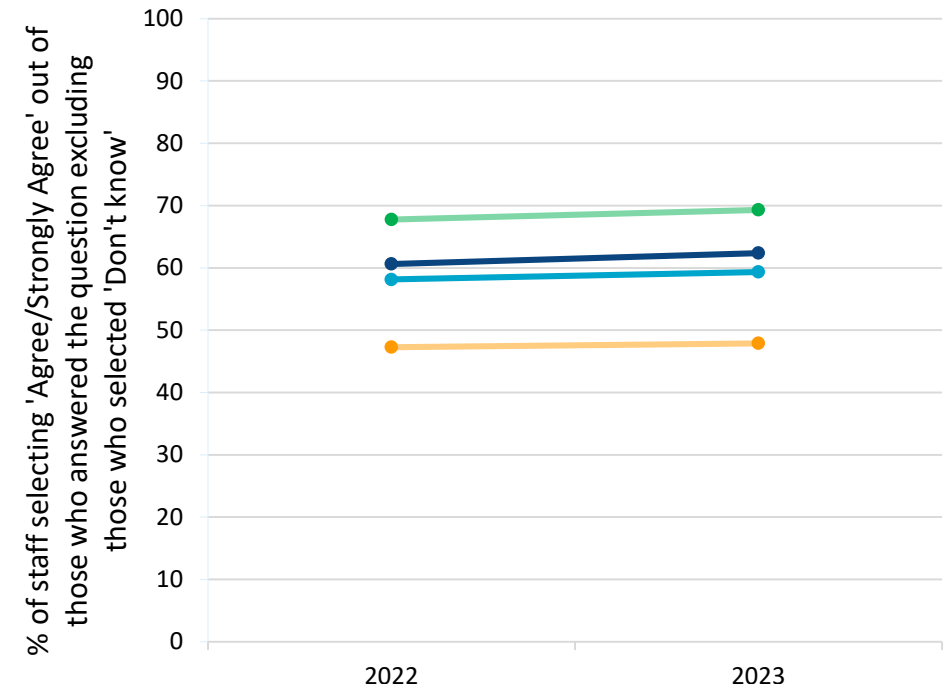
Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022	2023
Your org	34.31%	30.22%
Best result	26.54%	26.31%
Average result	35.09%	34.92%
Worst result	43.33%	42.20%

Responses 2044 2244

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.

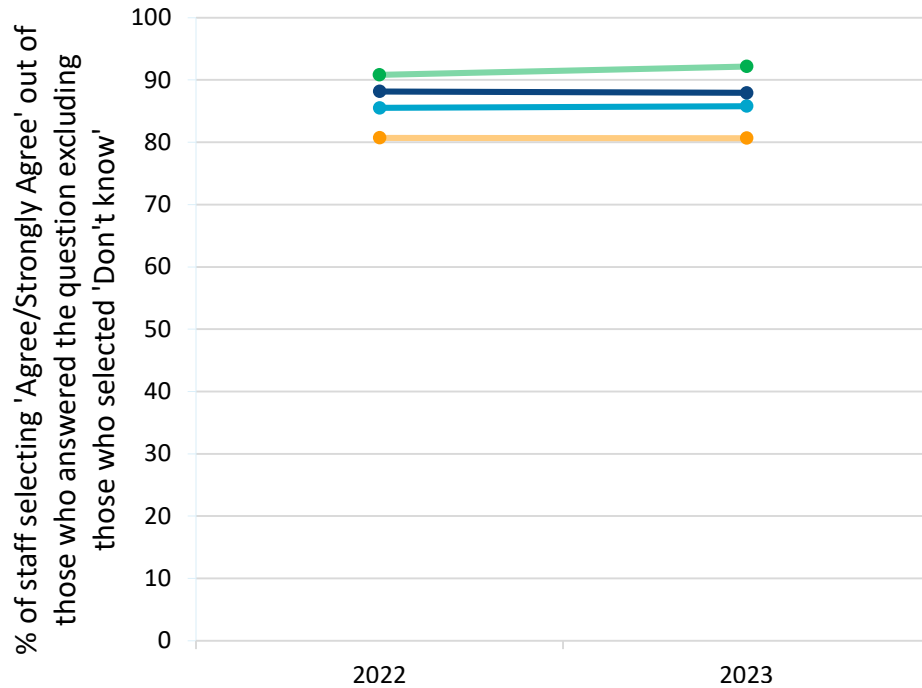


	2022	2023
Your org	60.63%	62.38%
Best result	67.74%	69.31%
Average result	58.15%	59.36%
Worst result	47.28%	47.88%

Responses 1694 1785 Page 132 of 526



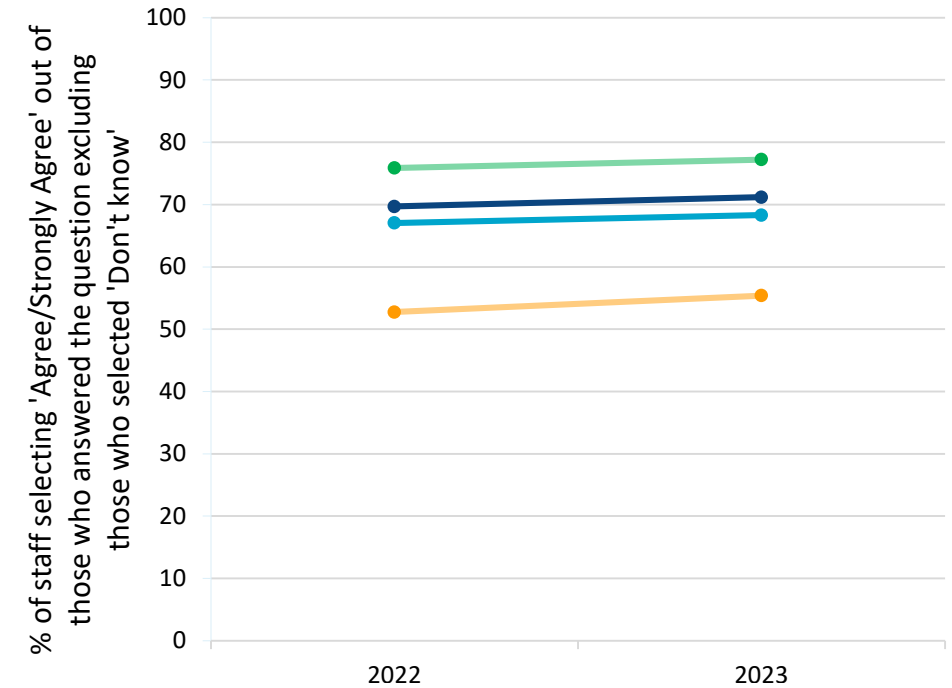
Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023
Your org	88.17%	87.93%
Best result	90.82%	92.17%
Average result	85.51%	85.79%
Worst result	80.70%	80.69%

Responses 2029 2186

Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.

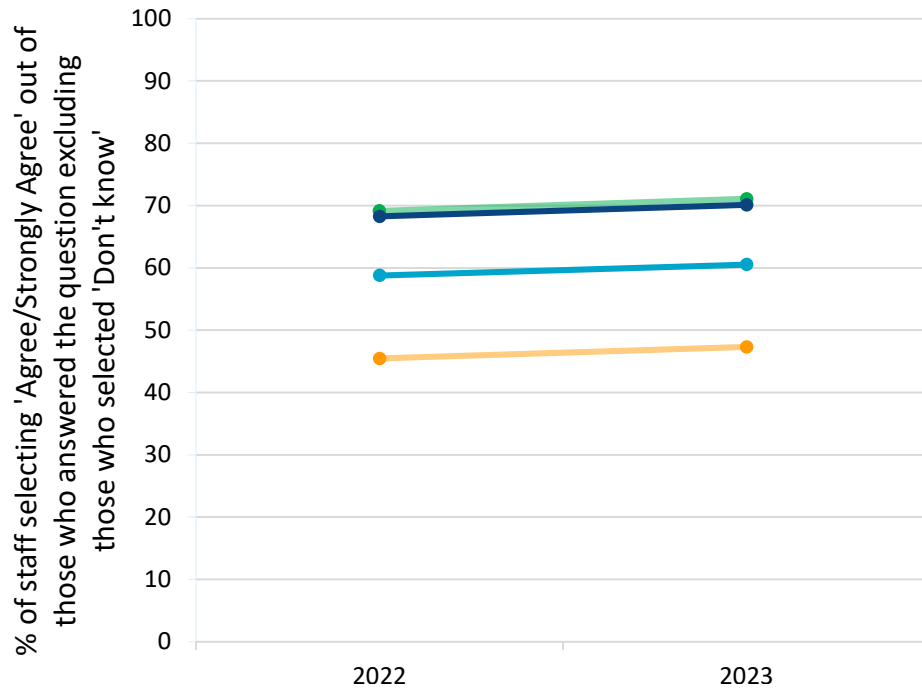


	2022	2023
Your org	69.69%	71.17%
Best result	75.89%	77.22%
Average result	67.04%	68.30%
Worst result	52.76%	55.39%

Responses 1899 1990

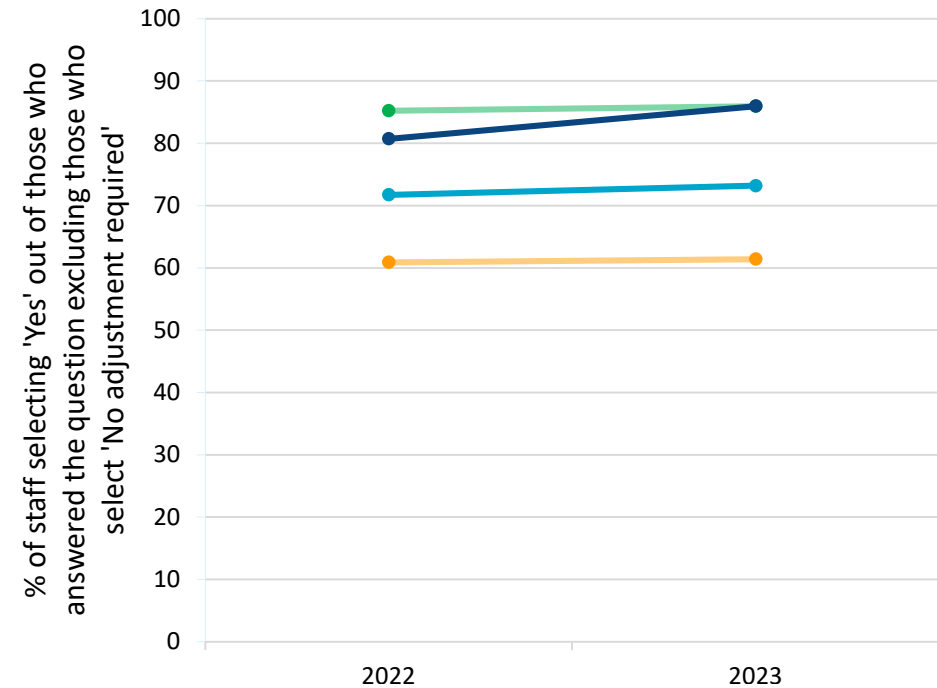


Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022	2023
Your org	68.25%	70.11%
Best result	69.13%	71.09%
Average result	58.78%	60.53%
Worst result	45.47%	47.31%
Responses	1919	2048

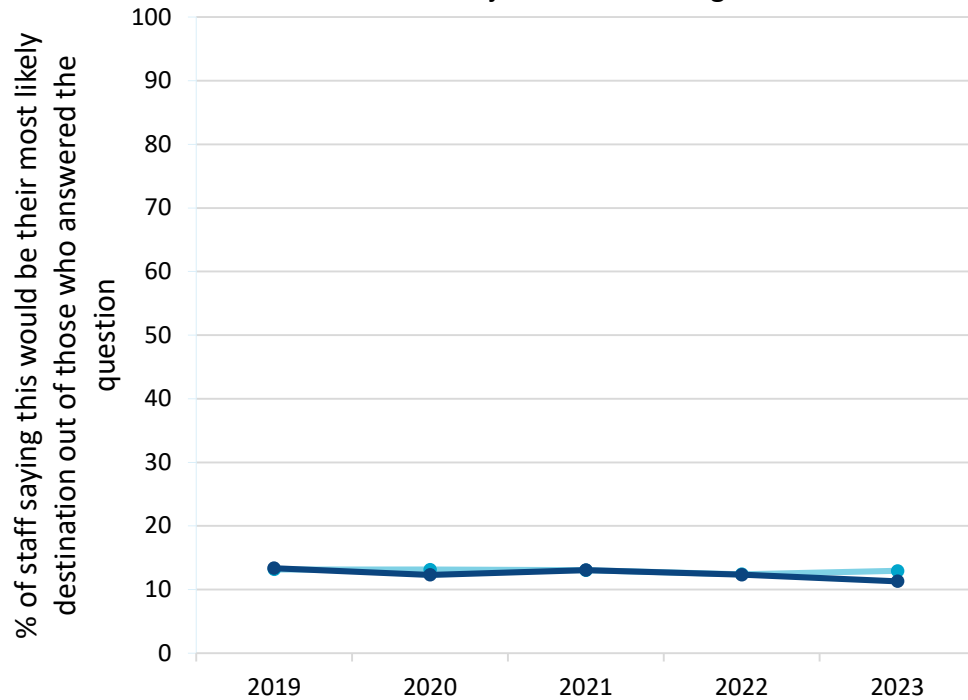
Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022	2023
Your org	80.70%	85.95%
Best result	85.20%	85.95%
Average result	71.72%	73.19%
Worst result	60.88%	61.41%
Responses	321	350



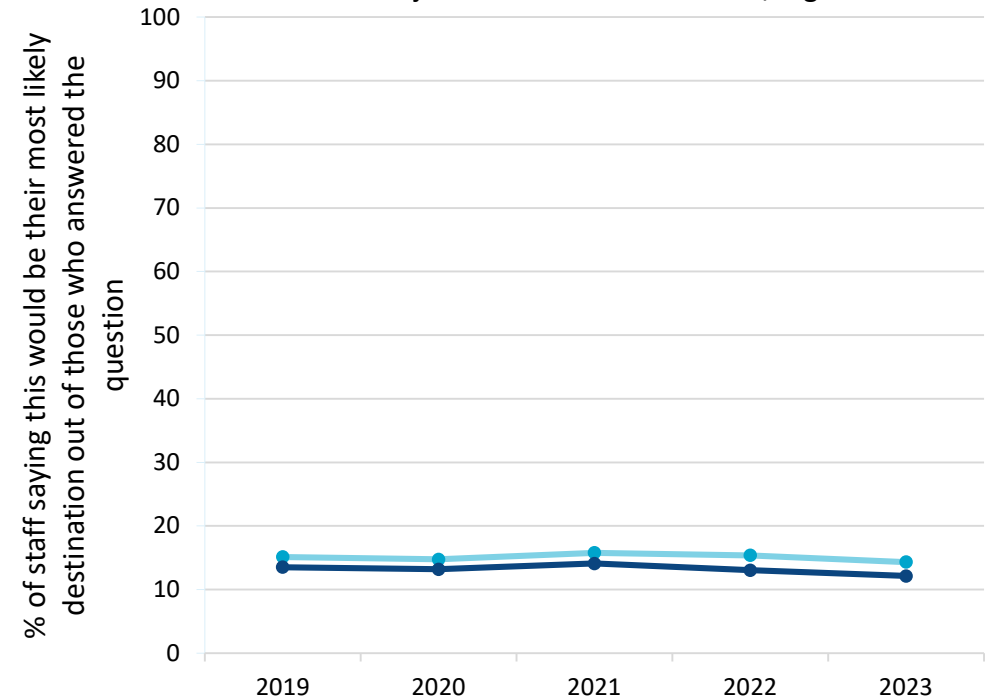
Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	13.37%	12.31%	13.06%	12.33%	11.29%
Average	13.18%	13.13%	13.04%	12.40%	12.94%
Responses	1885	1592	1661	1719	1815

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

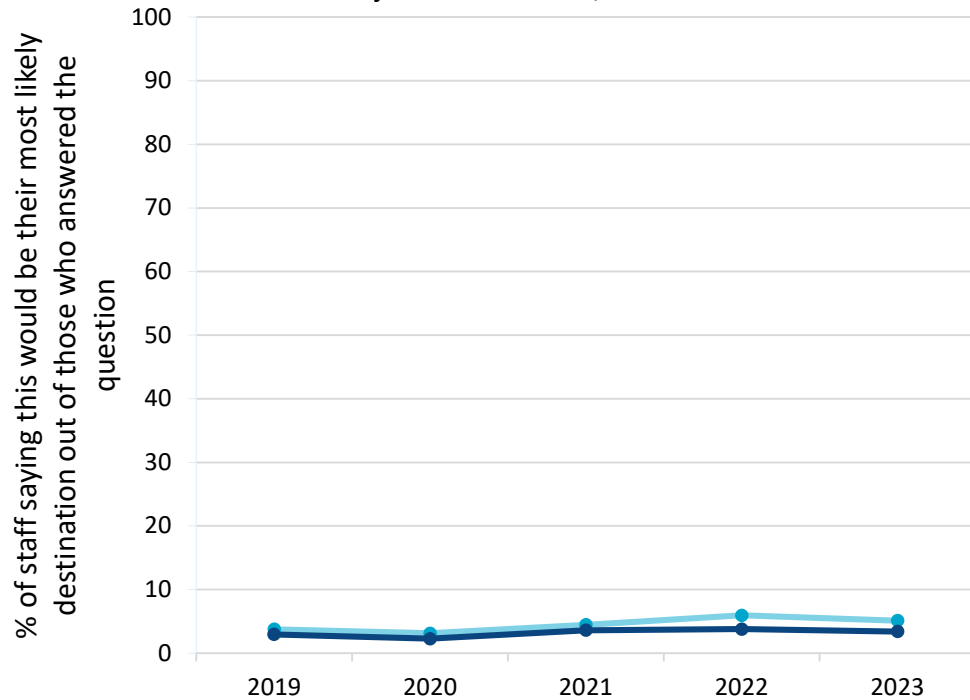


2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	13.53%	13.19%	14.09%	13.03%	12.12%
Average	15.12%	14.76%	15.78%	15.37%	14.32%
Responses	1885	1592	1661	1719	1815



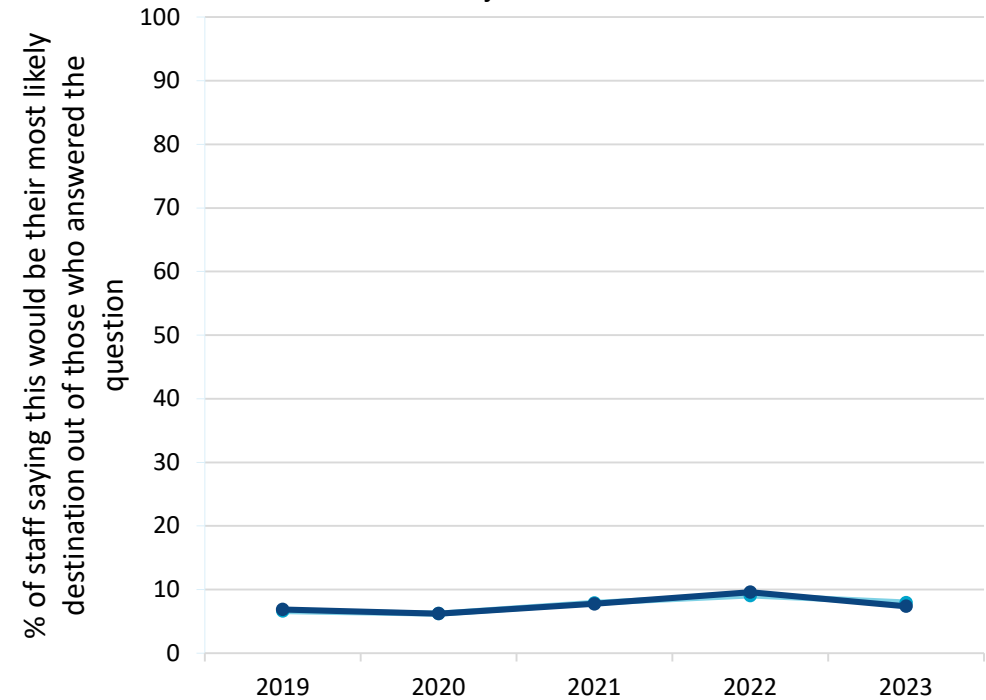
Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	2.92%	2.26%	3.61%	3.78%	3.42%
Average	3.76%	3.12%	4.47%	5.95%	5.12%
Responses	1885	1592	1661	1719	1815

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.

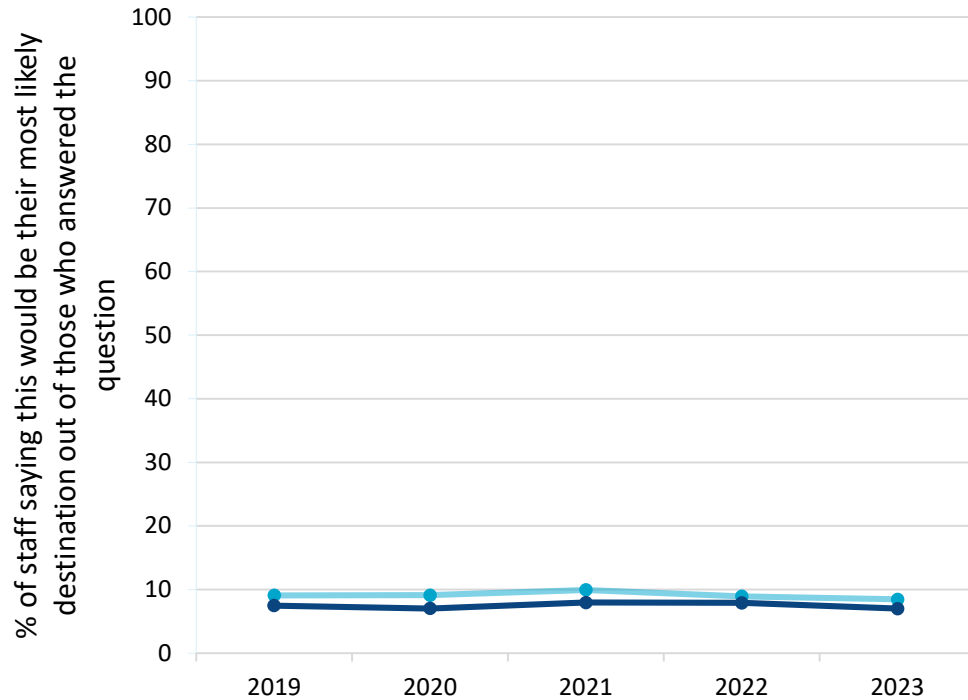


2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	6.84%	6.22%	7.77%	9.60%	7.38%
Average	6.63%	6.23%	7.91%	9.06%	7.96%
Responses	1885	1592	1661	1719	1815



Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.

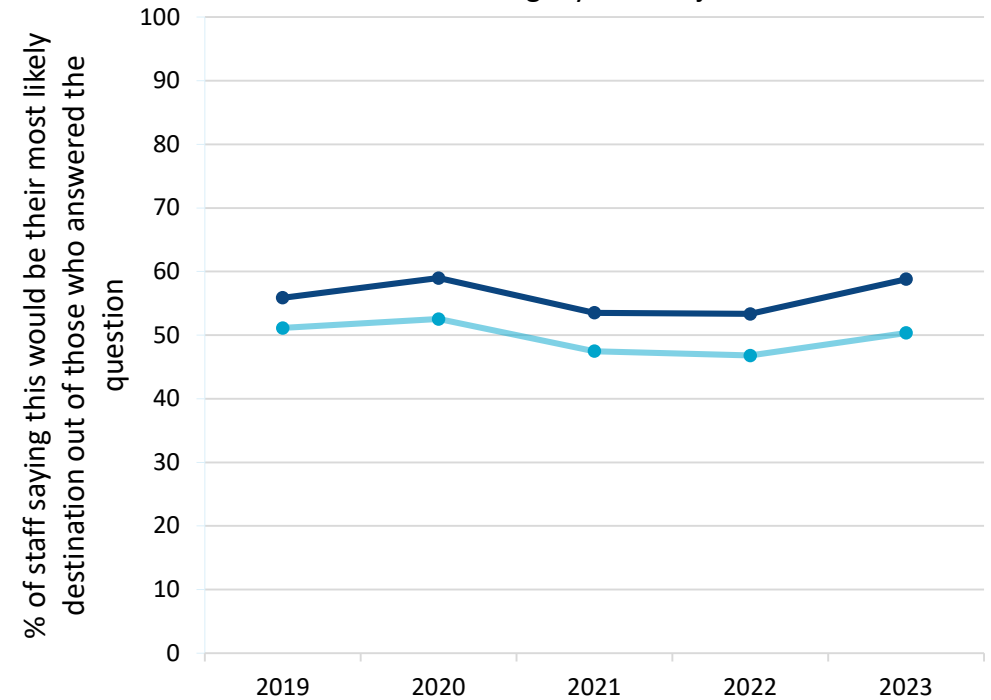


2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	7.48%	7.04%	7.95%	7.91%	7.00%
Average	9.09%	9.13%	9.95%	8.94%	8.45%

Responses 1885 1592 1661 1719 1815

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



2019 2020 2021 2022 2023

	2019	2020	2021	2022	2023
Your org	55.86%	58.98%	53.52%	53.34%	58.79%
Average	51.12%	52.53%	47.46%	46.79%	50.34%

Responses 1885 1592 1661 1719 1815

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

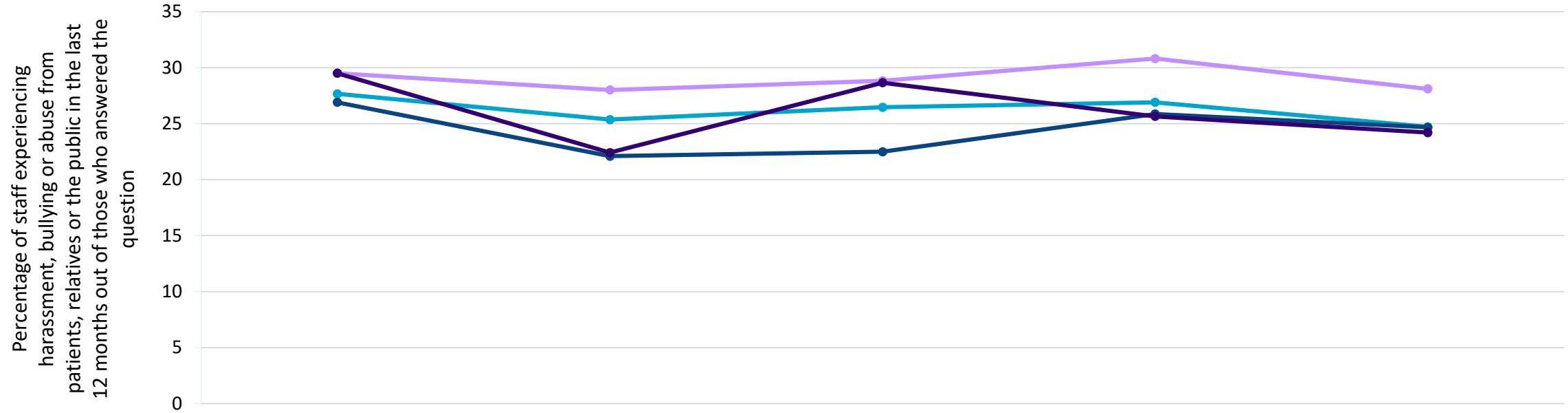
Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

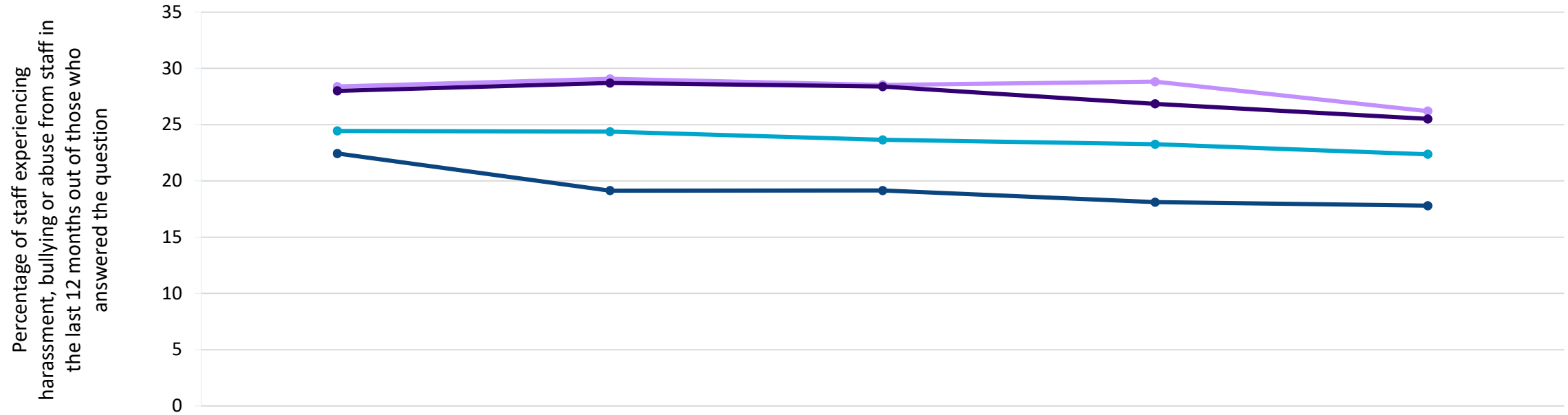
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



	2019	2020	2021	2022	2023
White staff: Your org	26.91%	22.10%	22.49%	25.87%	24.68%
All other ethnic groups*: Your org	29.51%	22.41%	28.66%	25.65%	24.21%
White staff: Average	27.67%	25.36%	26.47%	26.91%	24.72%
All other ethnic groups*: Average	29.51%	28.01%	28.84%	30.82%	28.11%
White staff: Responses	2051	1715	1805	1848	1945
All other ethnic groups*: Responses	122	116	157	191	252

*Staff from all other ethnic groups combined

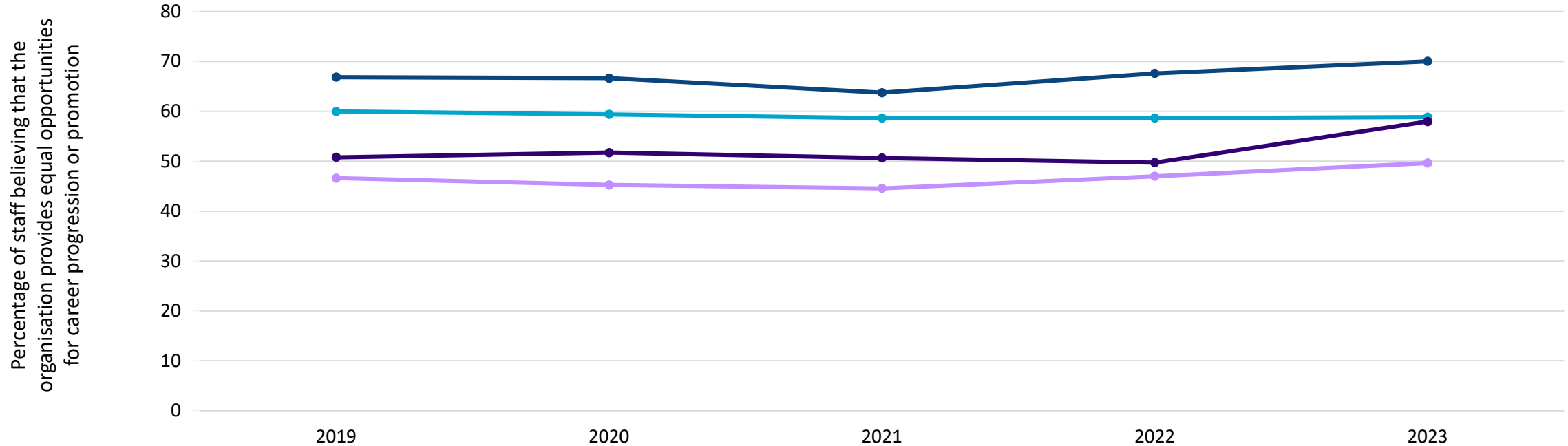
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



	2019	2020	2021	2022	2023
White staff: Your org	22.43%	19.14%	19.15%	18.11%	17.80%
All other ethnic groups*: Your org	28.00%	28.70%	28.39%	26.84%	25.51%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	2055	1719	1786	1828	1933
All other ethnic groups*: Responses	125	115	155	190	247

*Staff from all other ethnic groups combined

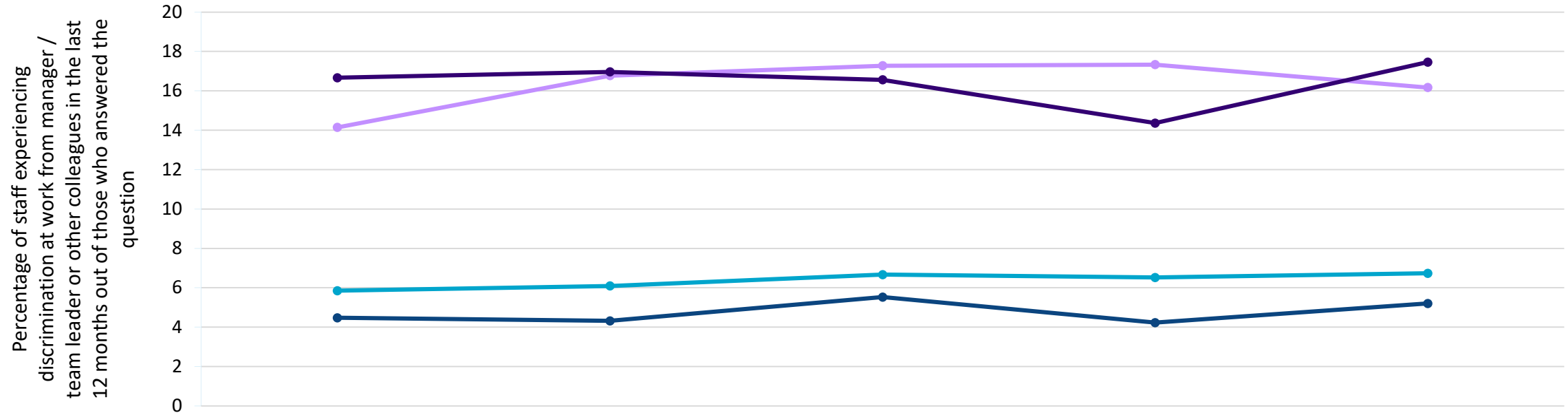
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2019	2020	2021	2022	2023
White staff: Your org	66.84%	66.65%	63.73%	67.60%	70.02%
All other ethnic groups*: Your org	50.79%	51.72%	50.65%	49.73%	57.96%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	2057	1721	1781	1824	1928
All other ethnic groups*: Responses	126	116	154	187	245

*Staff from all other ethnic groups combined

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	4.48%	4.32%	5.53%	4.23%	5.20%
All other ethnic groups*: Your org	16.67%	16.96%	16.56%	14.36%	17.46%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	2055	1713	1809	1843	1942
All other ethnic groups*: Responses	126	112	157	188	252

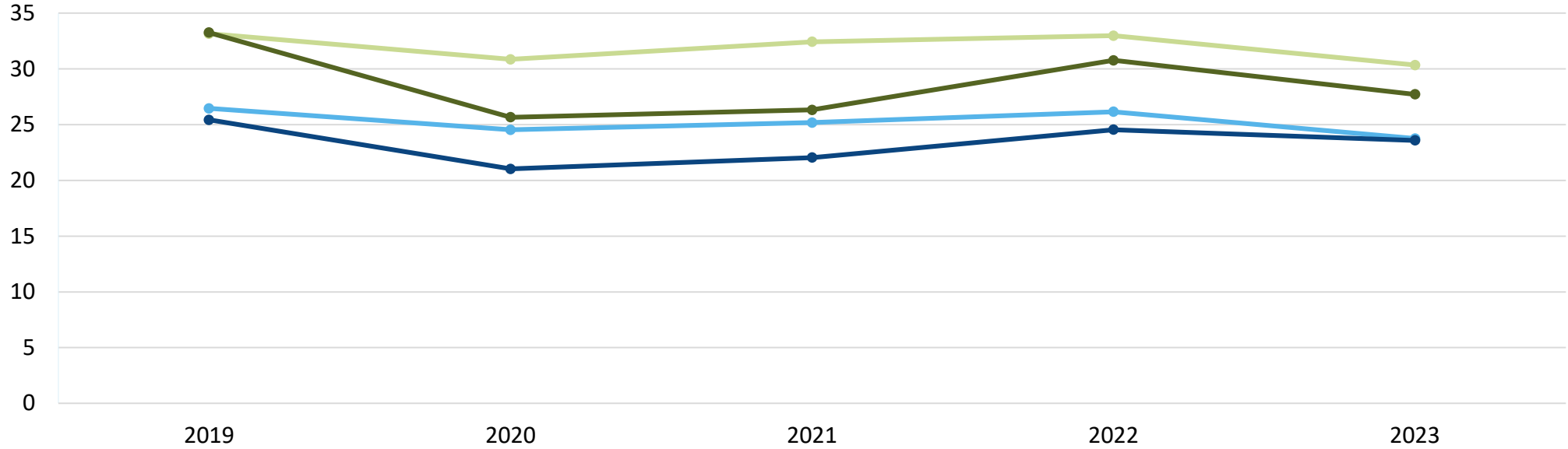
*Staff from all other ethnic groups combined

Workforce Disability Equality Standards (WDES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

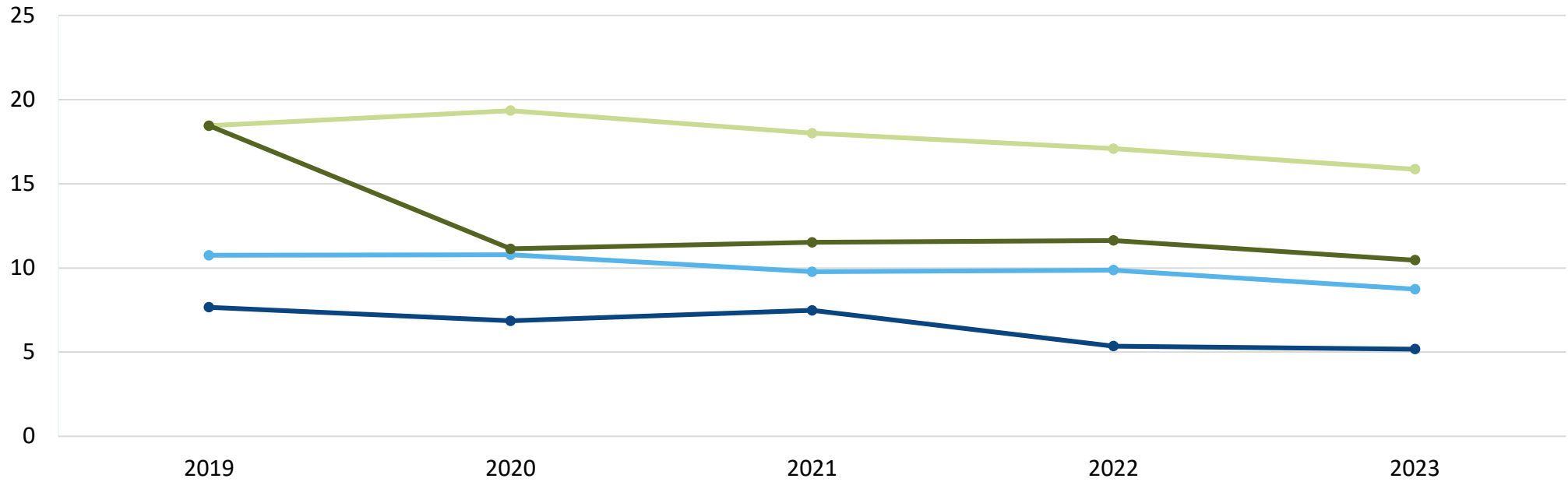
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	33.26%	25.67%	26.33%	30.77%	27.73%
Staff without a LTC or illness: Your org	25.43%	21.03%	22.05%	24.55%	23.59%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	484	409	471	494	541
Staff without a LTC or illness: Responses	1683	1431	1501	1552	1670

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

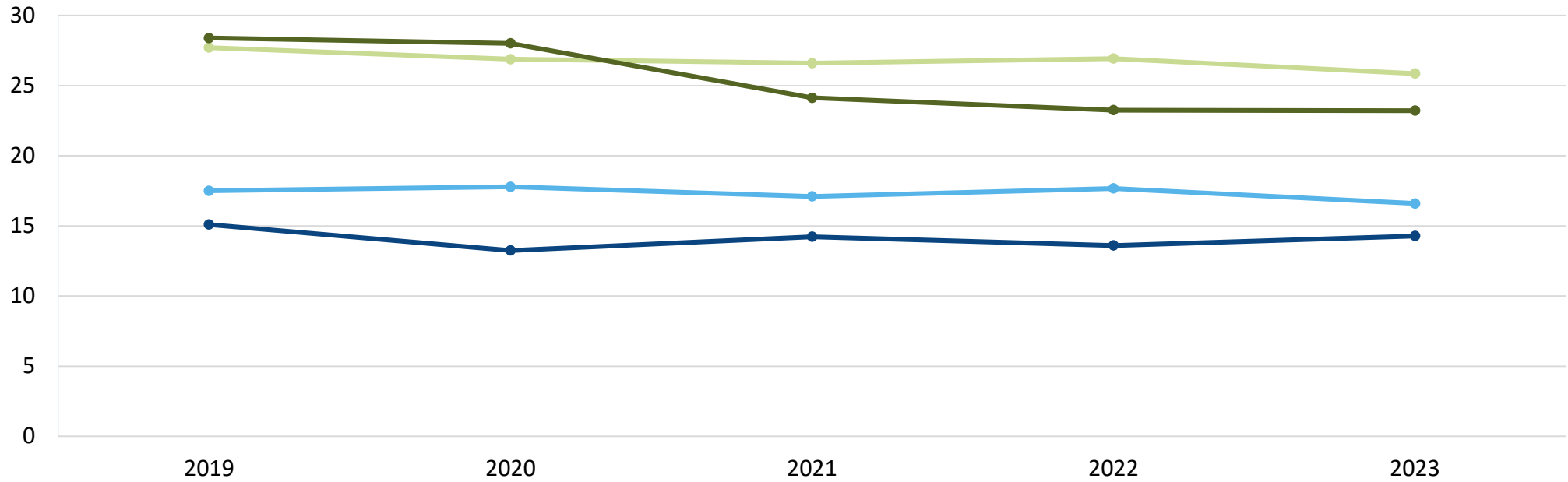
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	18.45%	11.14%	11.52%	11.63%	10.47%
Staff without a LTC or illness: Your org	7.66%	6.86%	7.48%	5.36%	5.18%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	477	404	460	490	535
Staff without a LTC or illness: Responses	1683	1428	1483	1531	1642

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

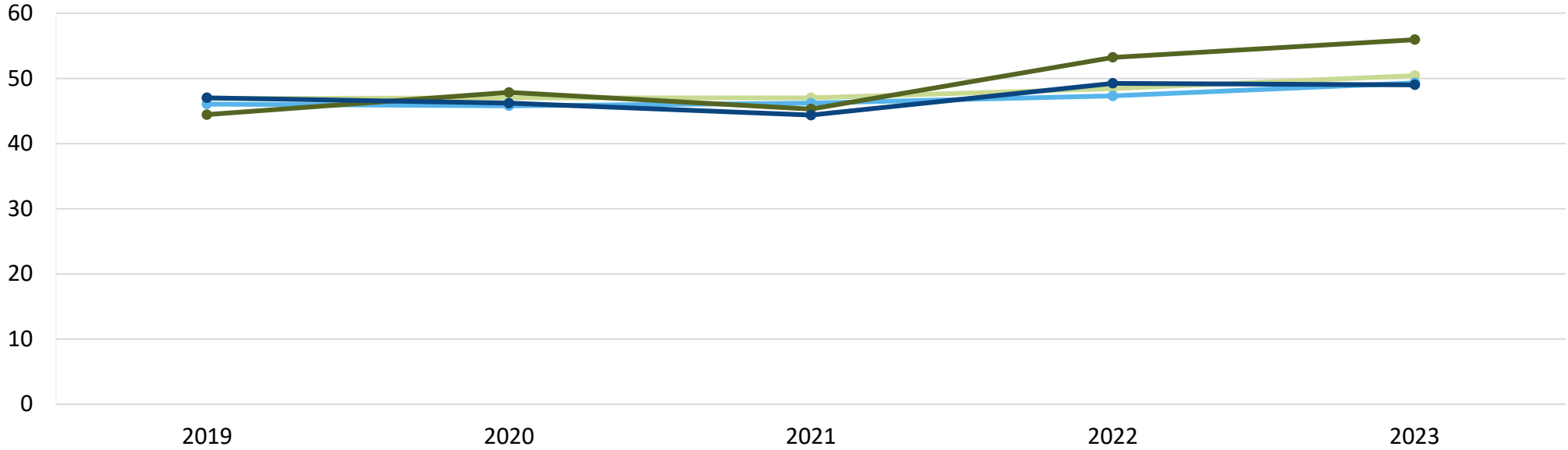
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	28.39%	28.01%	24.13%	23.25%	23.22%
Staff without a LTC or illness: Your org	15.10%	13.25%	14.23%	13.60%	14.28%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	479	407	460	486	534
Staff without a LTC or illness: Responses	1676	1426	1483	1529	1639

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

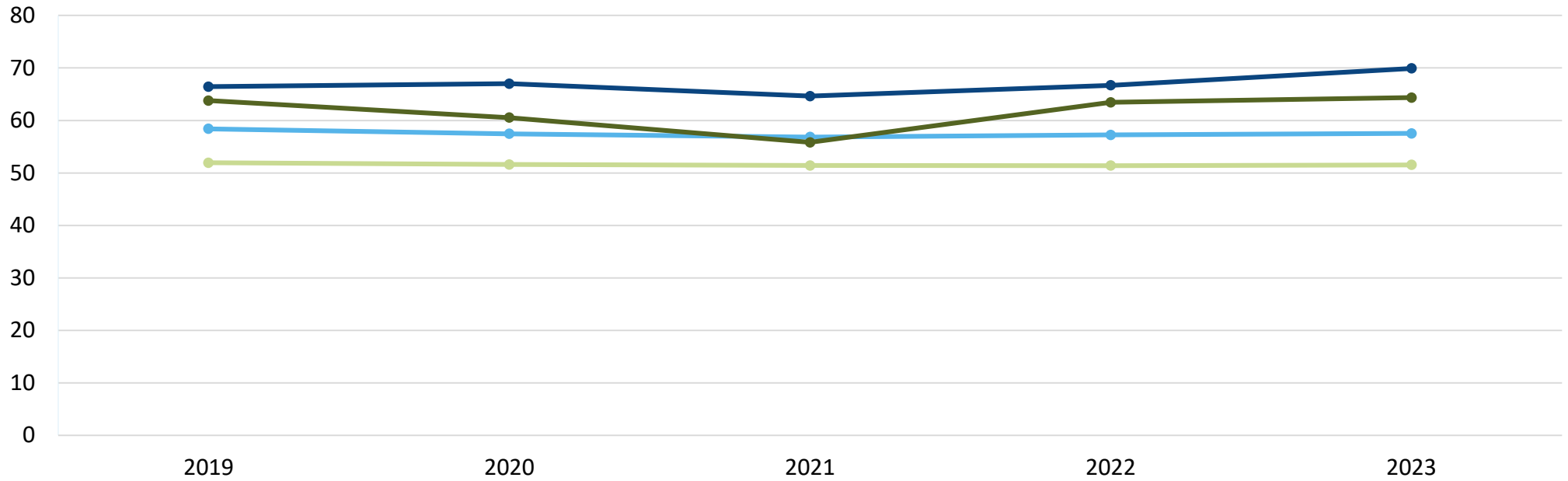
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	44.44%	47.85%	45.30%	53.23%	55.96%
Staff without a LTC or illness: Your org	47.02%	46.20%	44.36%	49.24%	49.01%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	207	163	181	186	193
Staff without a LTC or illness: Responses	504	355	399	394	406

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

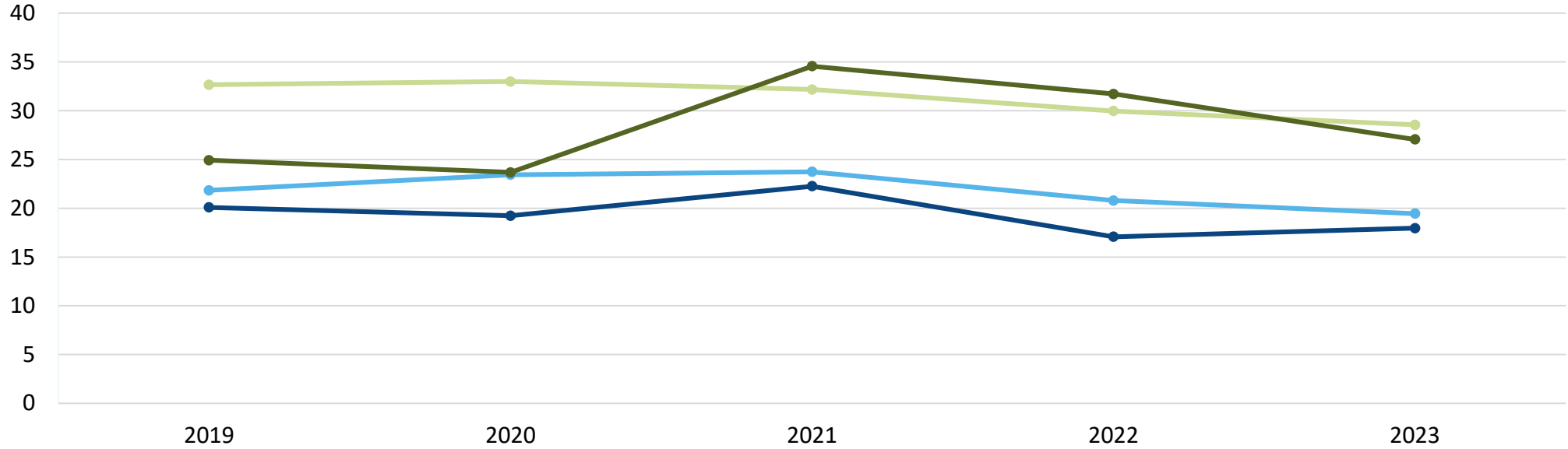
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	63.79%	60.54%	55.82%	63.45%	64.35%
Staff without a LTC or illness: Your org	66.43%	67.01%	64.64%	66.69%	69.91%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	486	408	464	487	533
Staff without a LTC or illness: Responses	1689	1437	1482	1531	1655

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

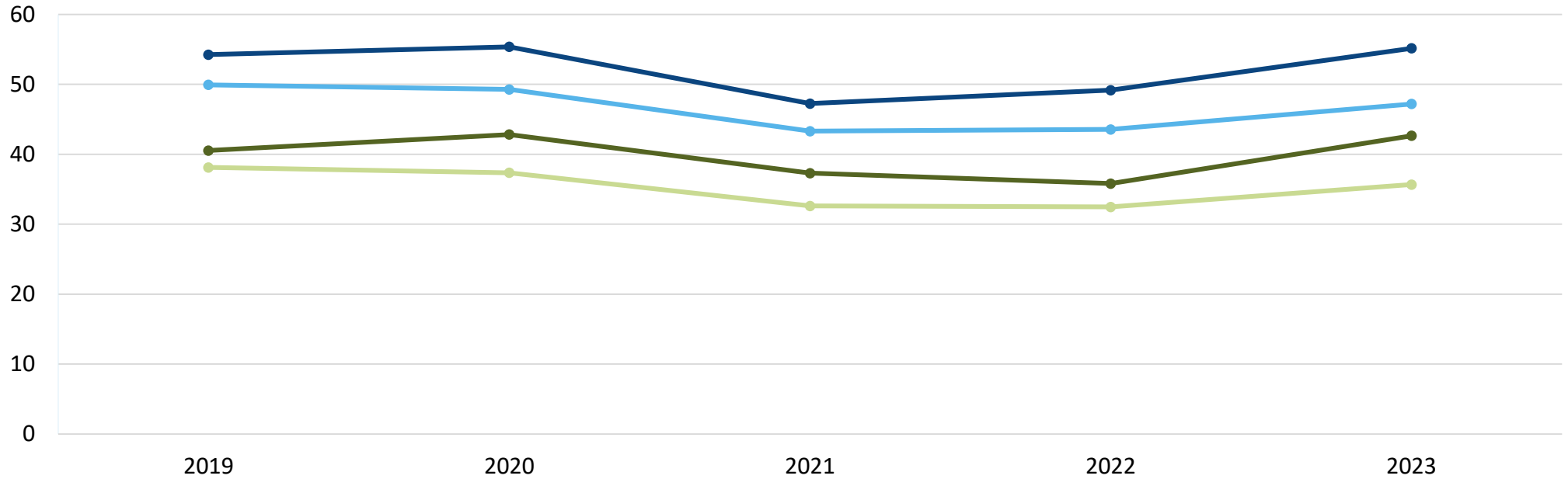
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	24.93%	23.68%	34.57%	31.72%	27.06%
Staff without a LTC or illness: Your org	20.09%	19.23%	22.26%	17.08%	17.96%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	365	266	269	290	303
Staff without a LTC or illness: Responses	866	546	602	644	618

Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

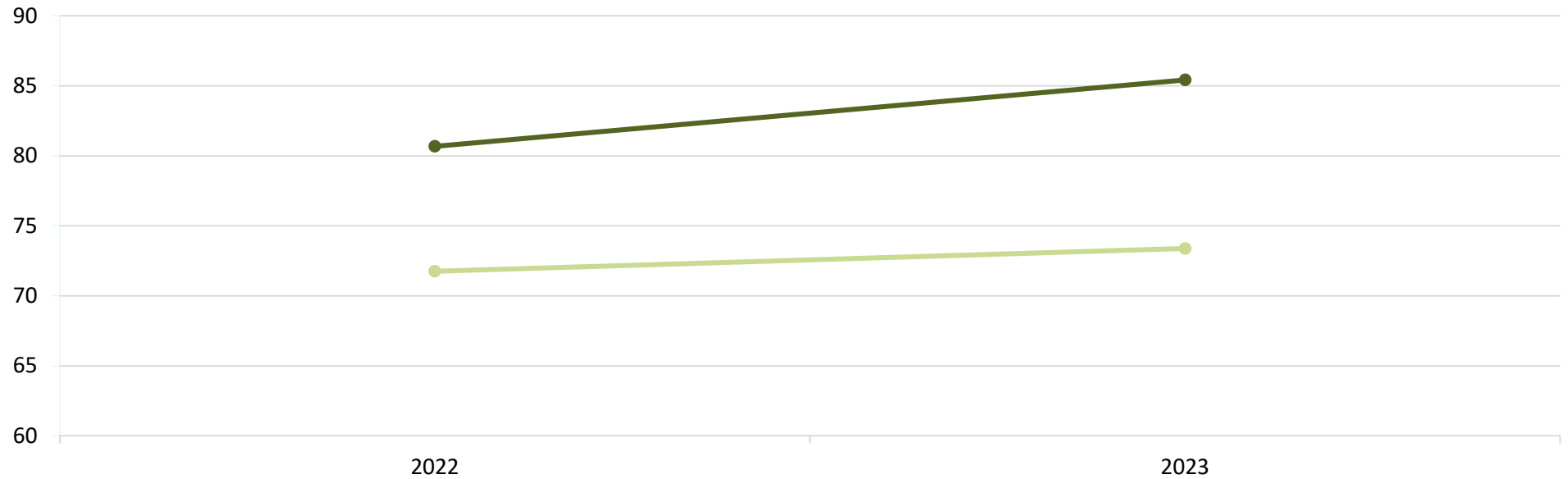
Percentage of staff satisfied with the extent to which their organisation values their work.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	40.53%	42.82%	37.29%	35.81%	42.65%
Staff without a LTC or illness: Your org	54.25%	55.36%	47.25%	49.16%	55.15%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	486	411	480	497	544
Staff without a LTC or illness: Responses	1696	1436	1511	1556	1679

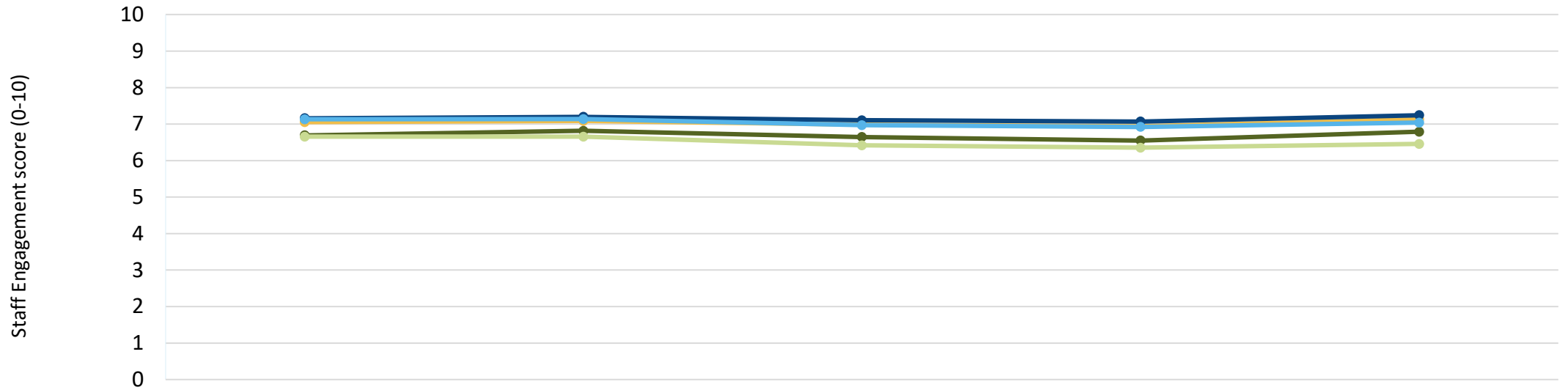
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question



	2022	2023
Staff with a LTC or illness: Your org	80.69%	85.43%
Staff with a LTC or illness: Average	71.76%	73.38%
Staff with a LTC or illness: Responses	321	350

Staff engagement score (0-10)

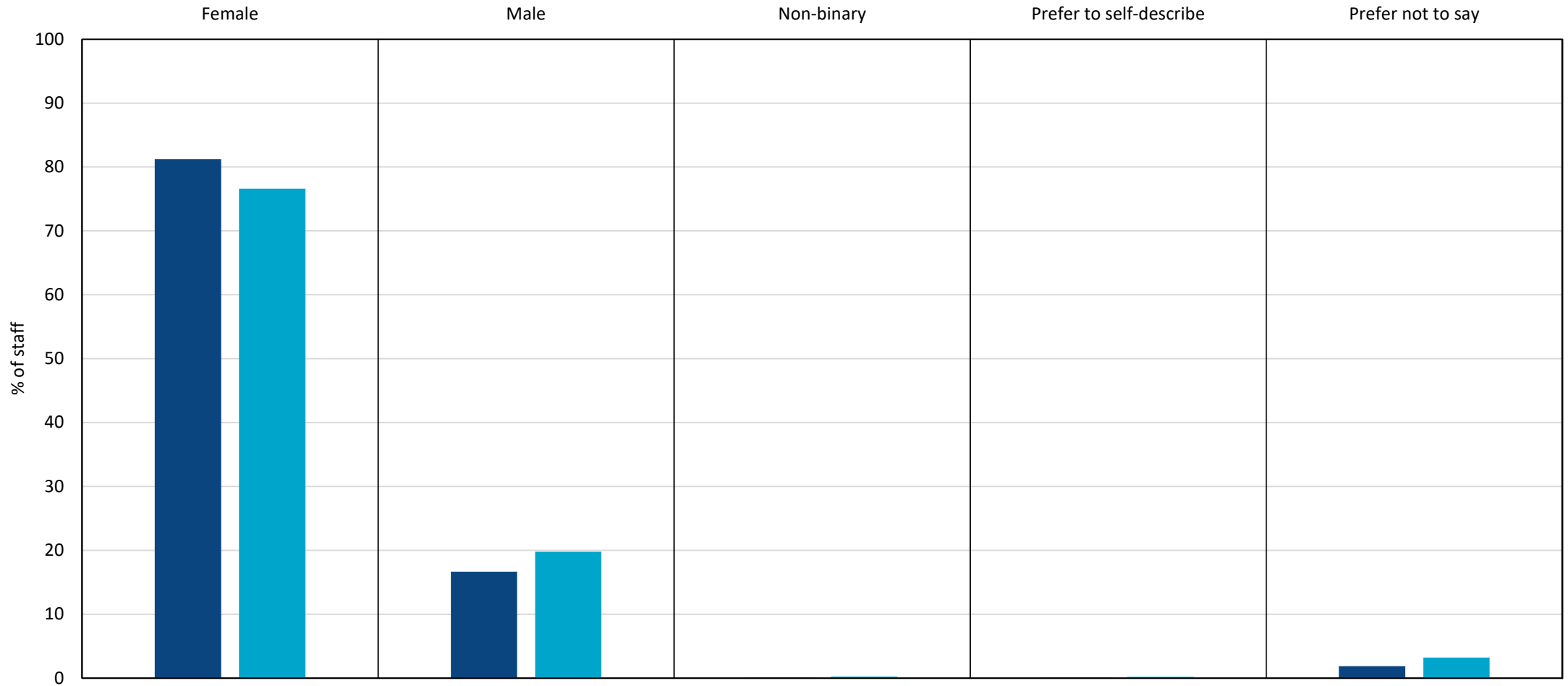


	2019	2020	2021	2022	2023
Organisation average	7.05	7.09	6.99	6.94	7.13
Staff with a LTC or illness: Your org	6.69	6.82	6.65	6.55	6.79
Staff without a LTC or illness: Your org	7.16	7.20	7.10	7.07	7.24
Staff with a LTC or illness: Average	6.65	6.65	6.42	6.35	6.46
Staff without a LTC or illness: Average	7.13	7.14	6.97	6.92	7.04
Staff with a LTC or illness: Responses	488	414	479	497	545
Staff without a LTC or illness: Responses	1705	1447	1515	1558	1687

Note. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

About your respondents

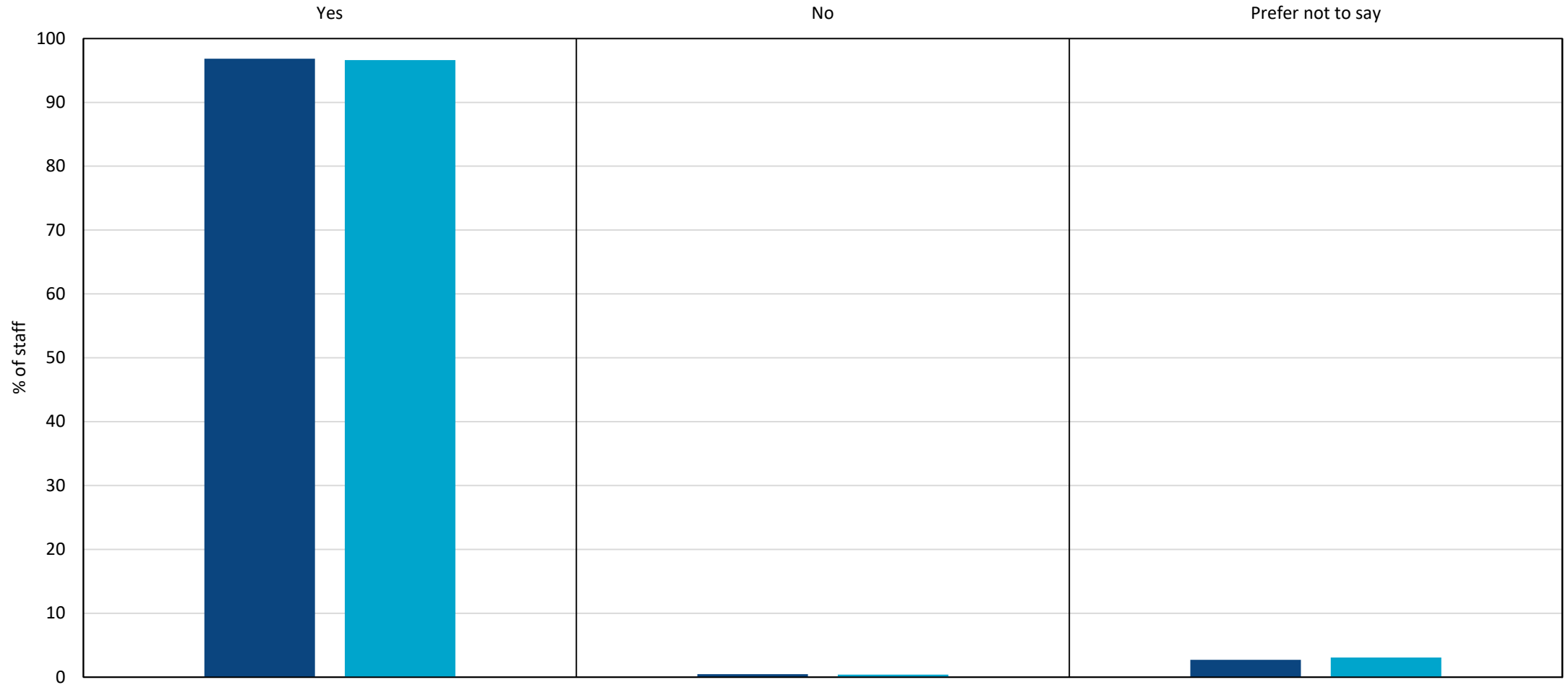
This section shows demographic and other background information for 2023.



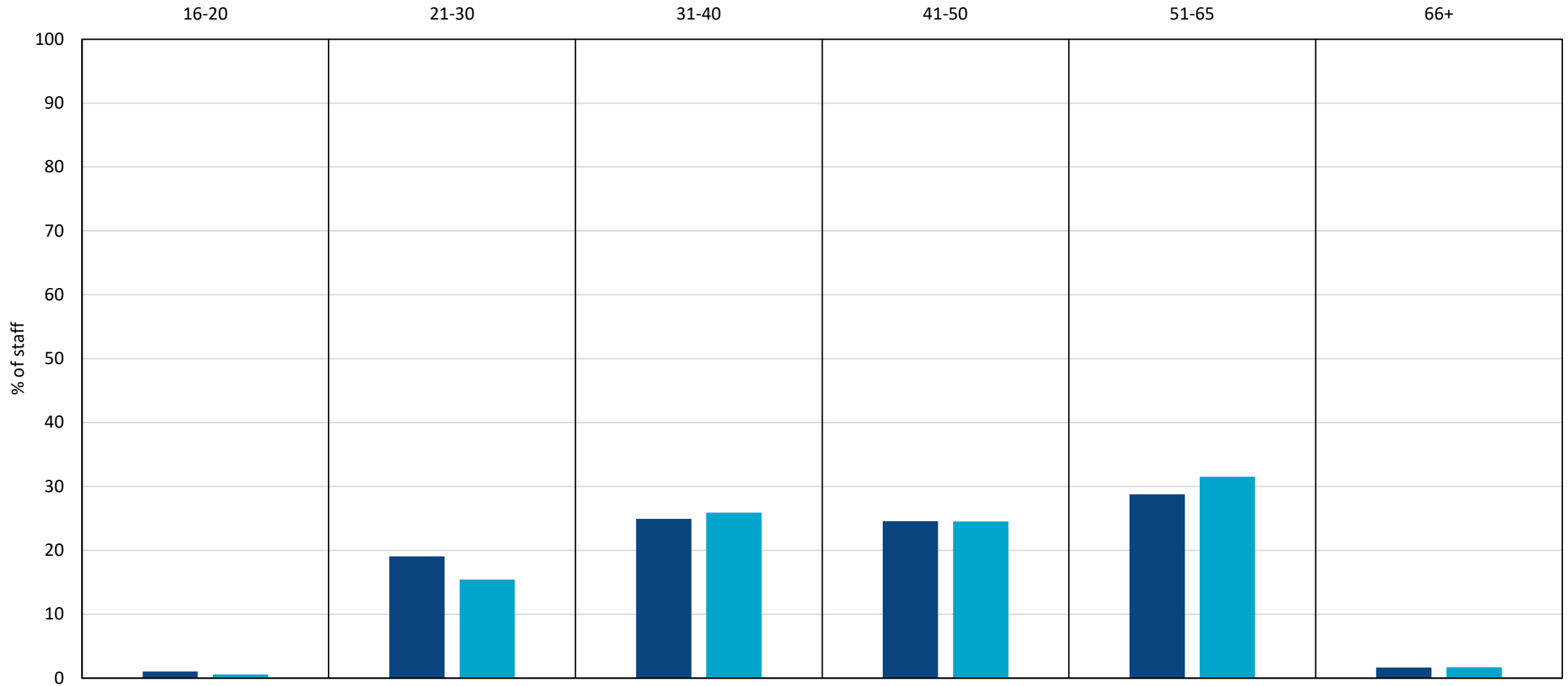
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	81.20%	16.66%	0.13%	0.13%	1.88%
Average	76.60%	19.78%	0.24%	0.18%	3.22%
Responses	2239	2239	2239	2239	2239



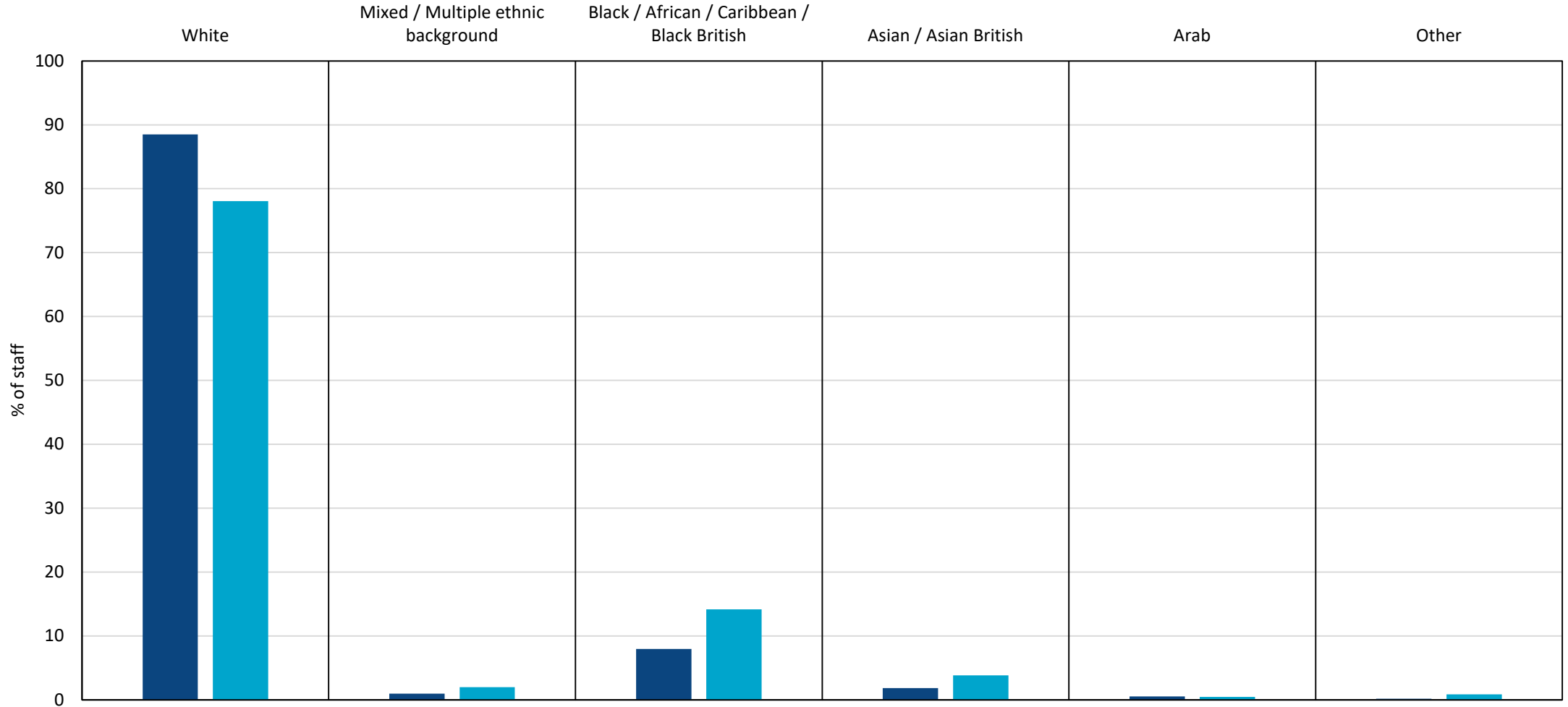
Background details – Is your gender identity the same as the sex you were registered at birth?



Responses	Yes	No	Prefer not to say
Your org	96.85%	0.46%	2.69%
Average	96.62%	0.37%	3.08%
Responses	1523	1523	1523

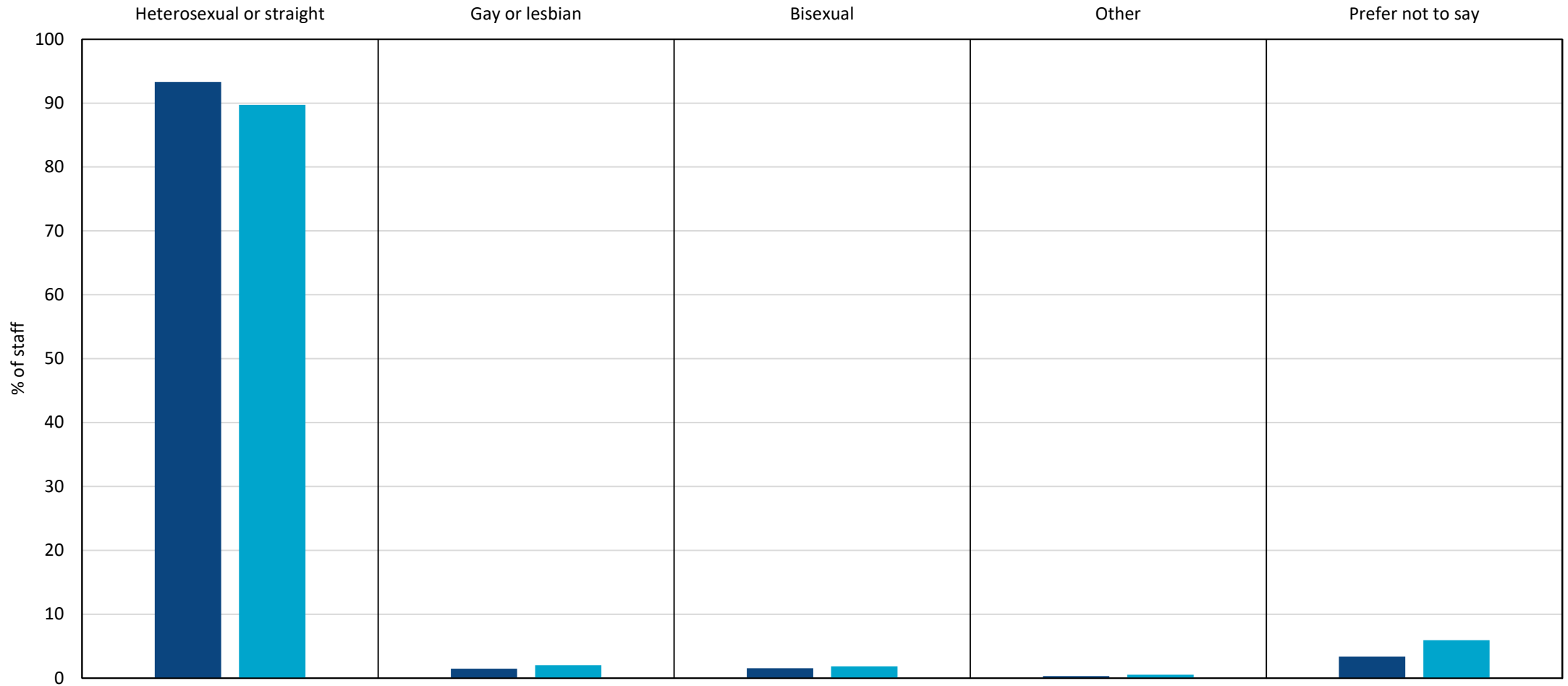


Your org	1.05%	19.07%	24.92%	24.55%	28.76%	1.65%
Average	0.55%	15.42%	25.91%	24.51%	31.50%	1.70%
Responses	2187	2187	2187	2187	2187	2187

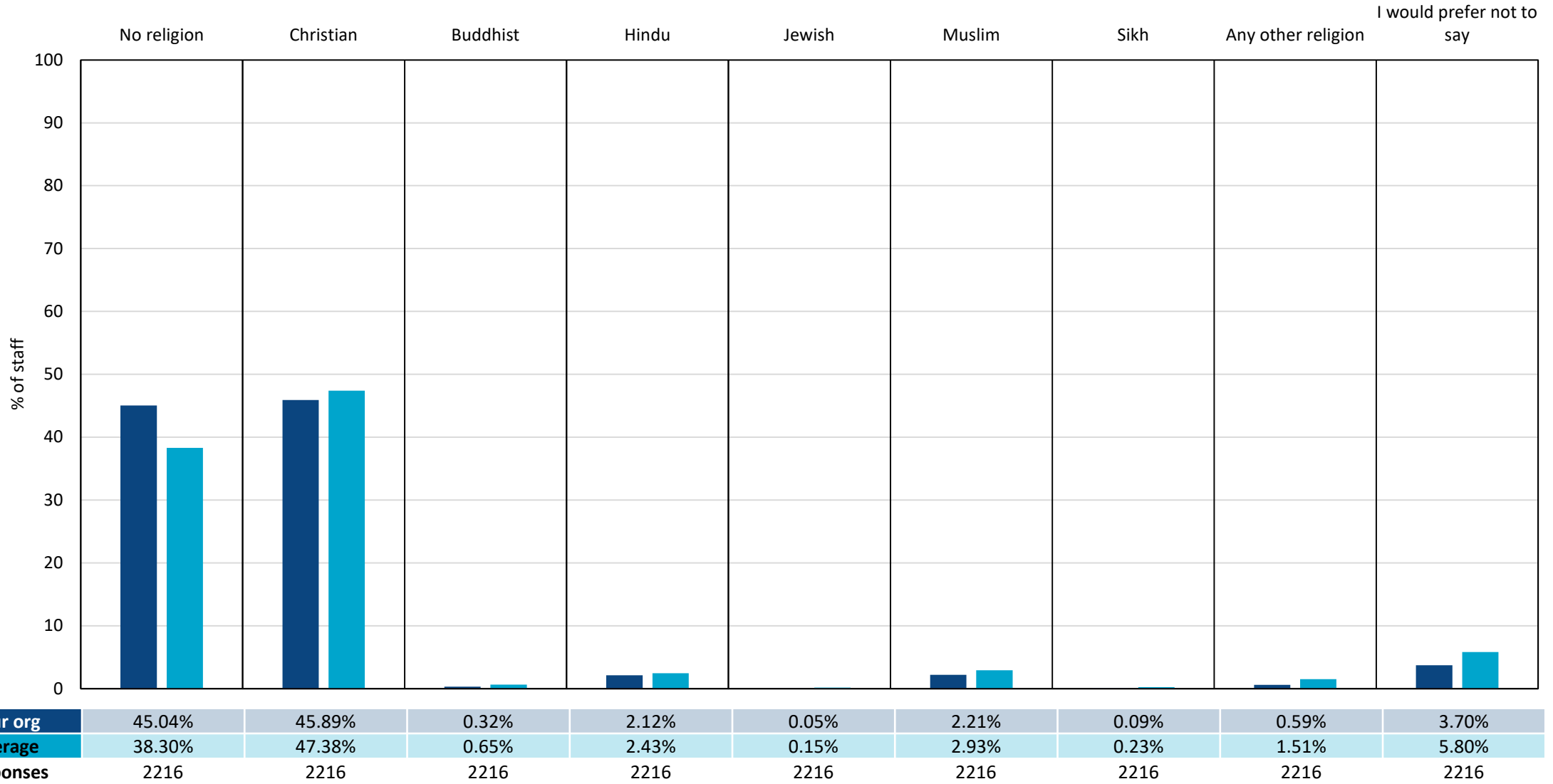


	White	Mixed / Multiple ethnic background	Black / African / Caribbean / Black British	Asian / Asian British	Arab	Other
Your org	88.51%	0.95%	7.97%	1.85%	0.54%	0.18%
Average	78.07%	1.97%	14.15%	3.83%	0.44%	0.84%
Responses	2220	2220	2220	2220	2220	2220

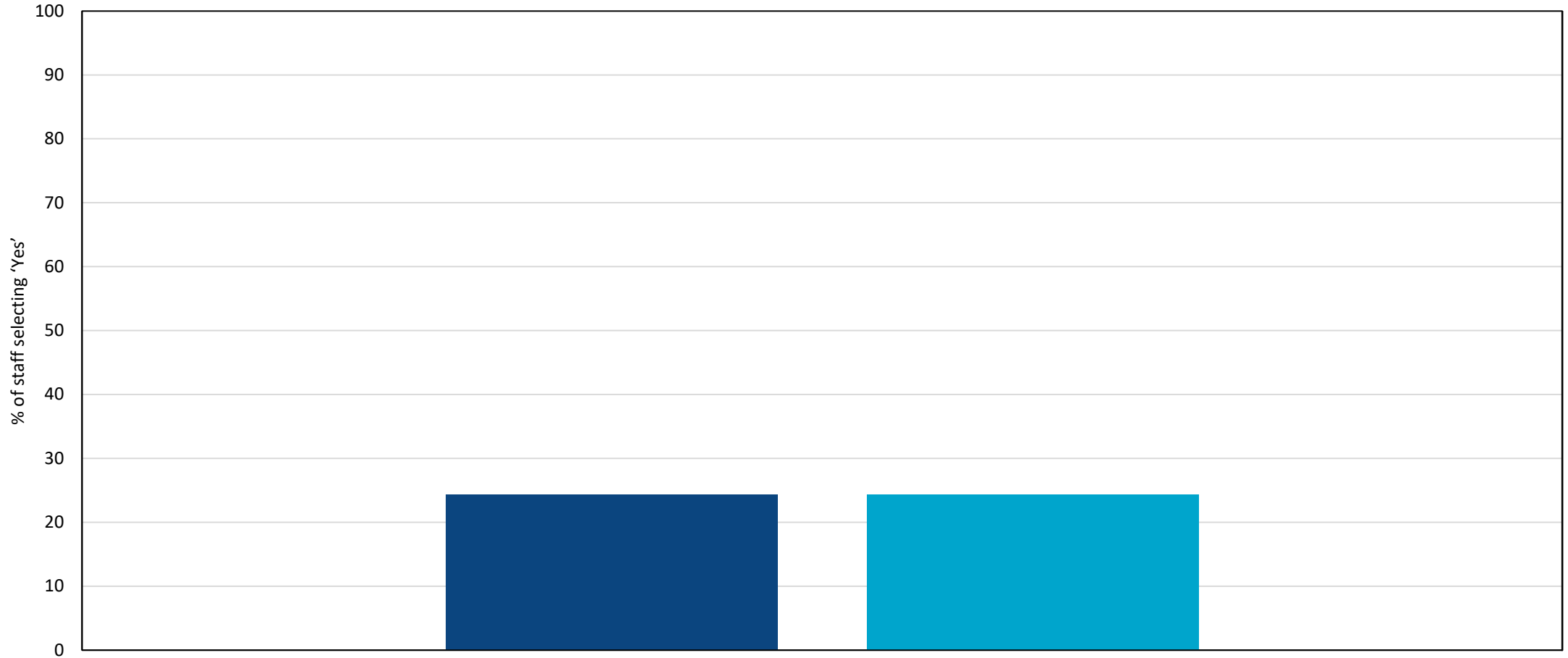
Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	93.32%	1.48%	1.52%	0.31%	3.36%
Average	89.71%	2.00%	1.84%	0.52%	5.94%
Responses	2231	2231	2231	2231	2231



Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



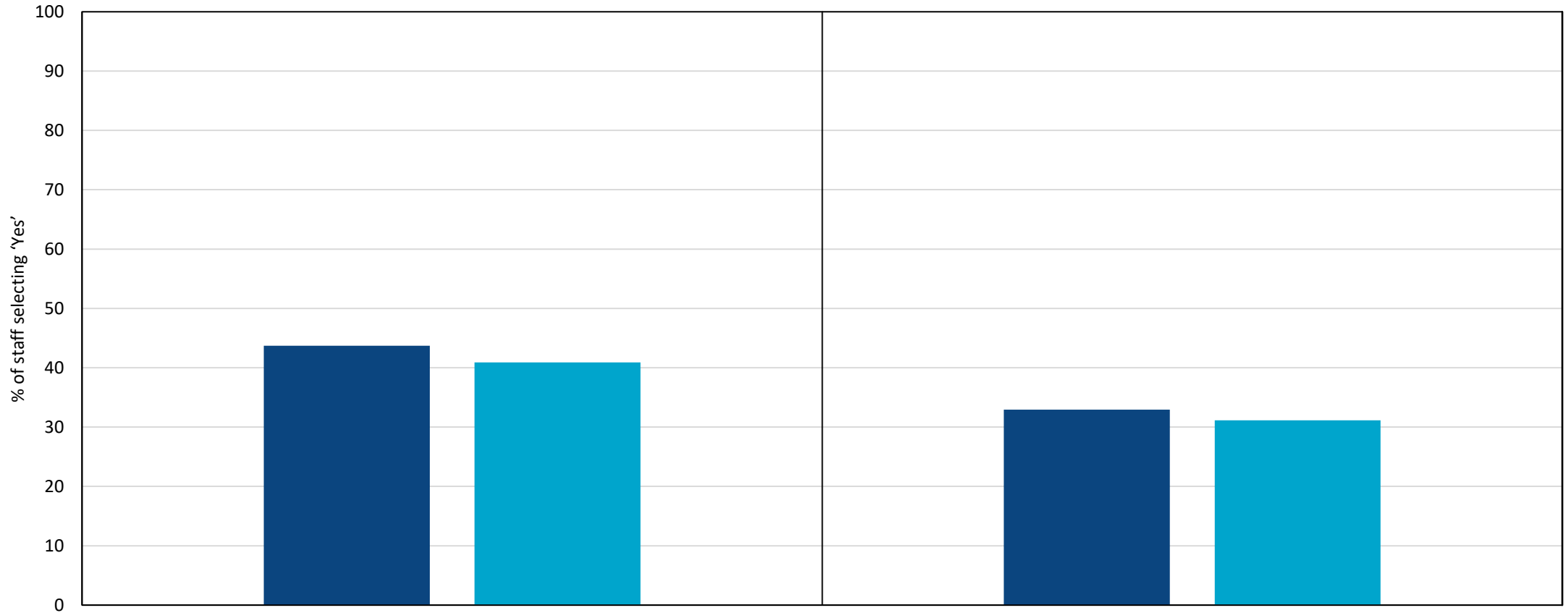
Your org	24.38%
Average	24.33%
Responses	2235



Background details – Parental / caring responsibilities

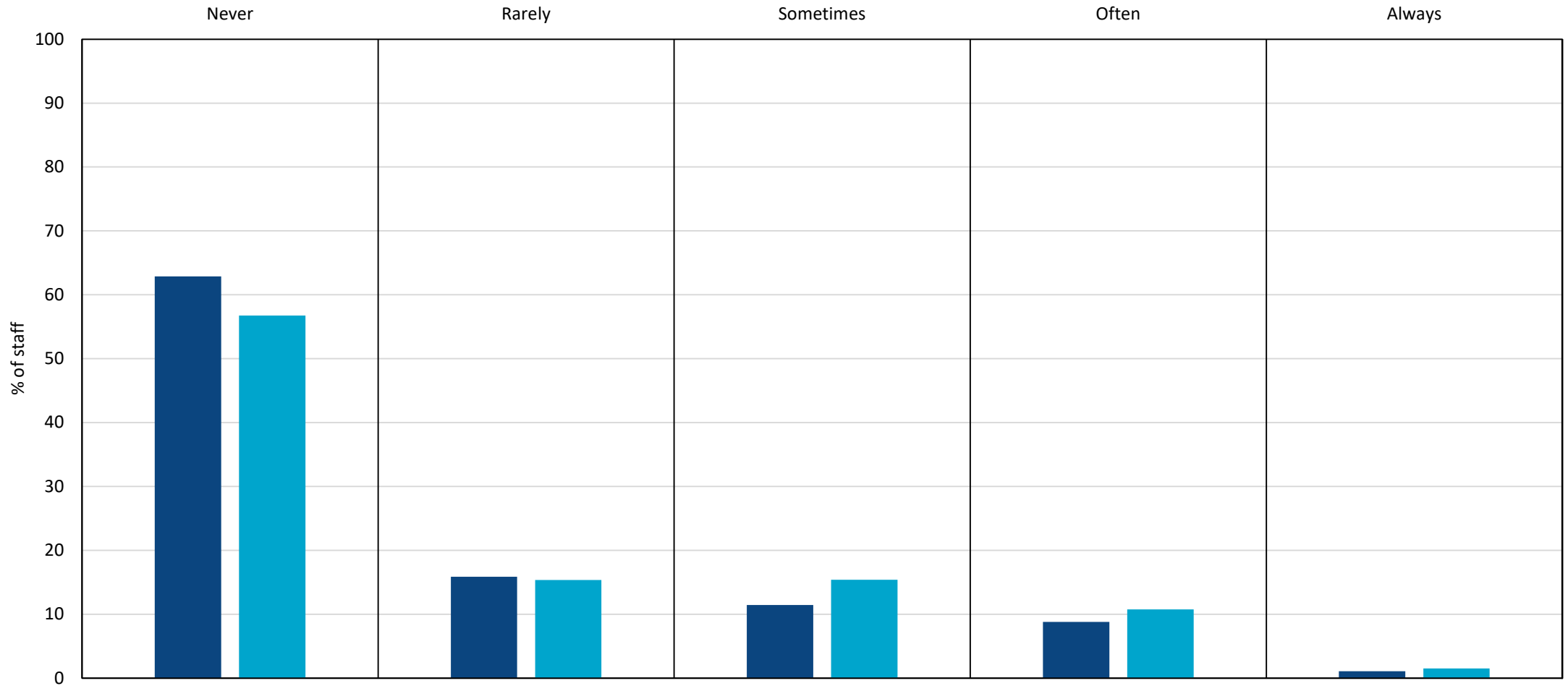
Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.

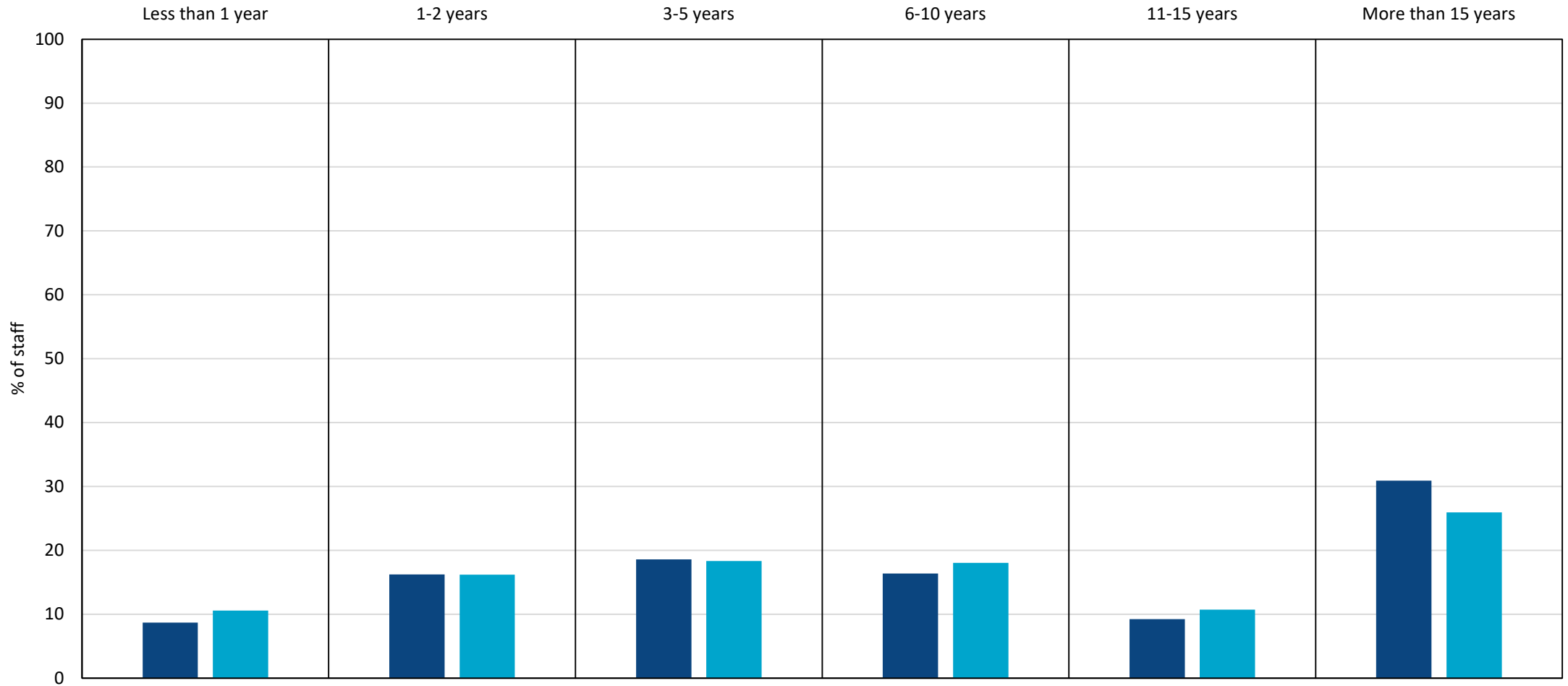


Your org	43.72%	32.95%
Average	40.90%	31.16%
Responses	2214	2197

Background details – How often do you work at/from home?



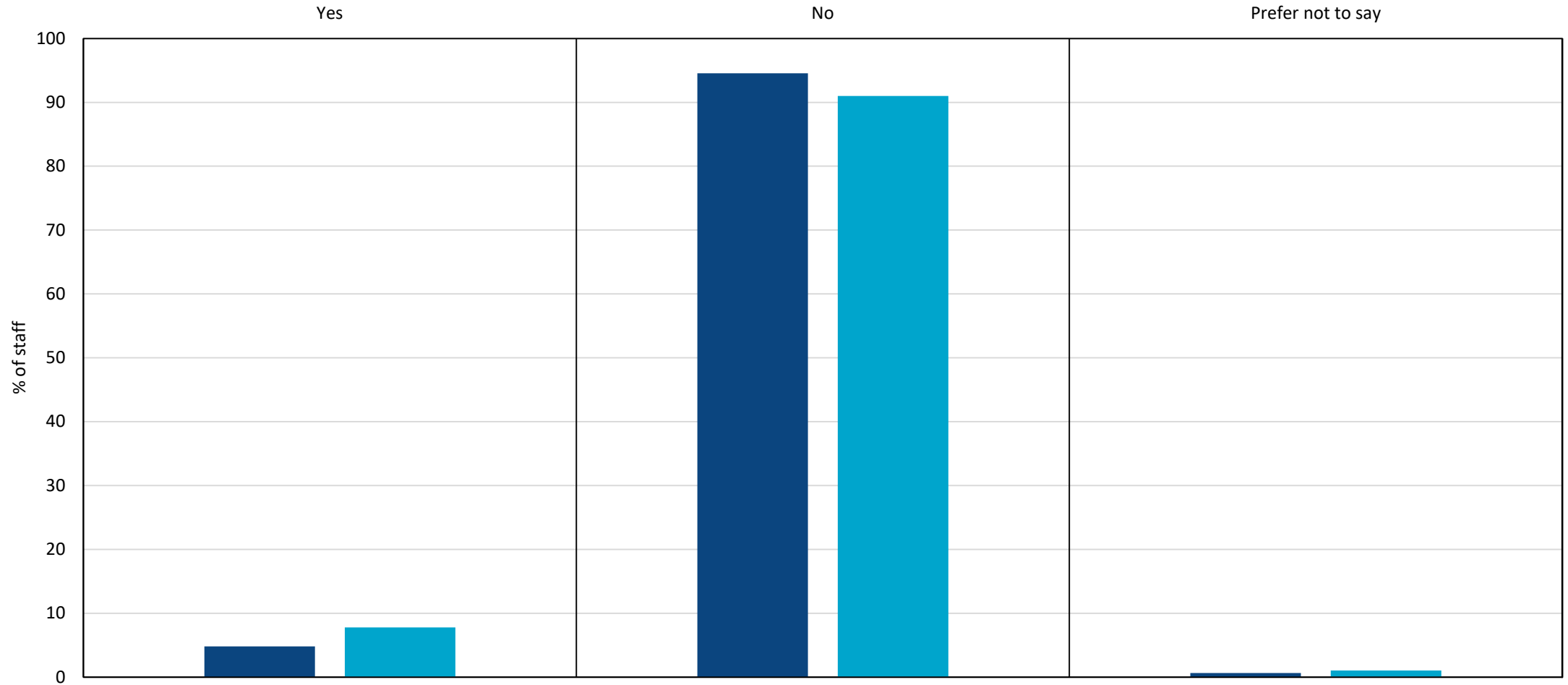
Responses	2233	2233	2233	2233	2233
Your org	62.88%	15.85%	11.42%	8.78%	1.07%
Average	56.75%	15.34%	15.41%	10.73%	1.52%



Responses	2219	2219	2219	2219	2219	2219
Your org	8.70%	16.22%	18.57%	16.36%	9.24%	30.91%
Average	10.57%	16.18%	18.32%	18.03%	10.71%	25.95%

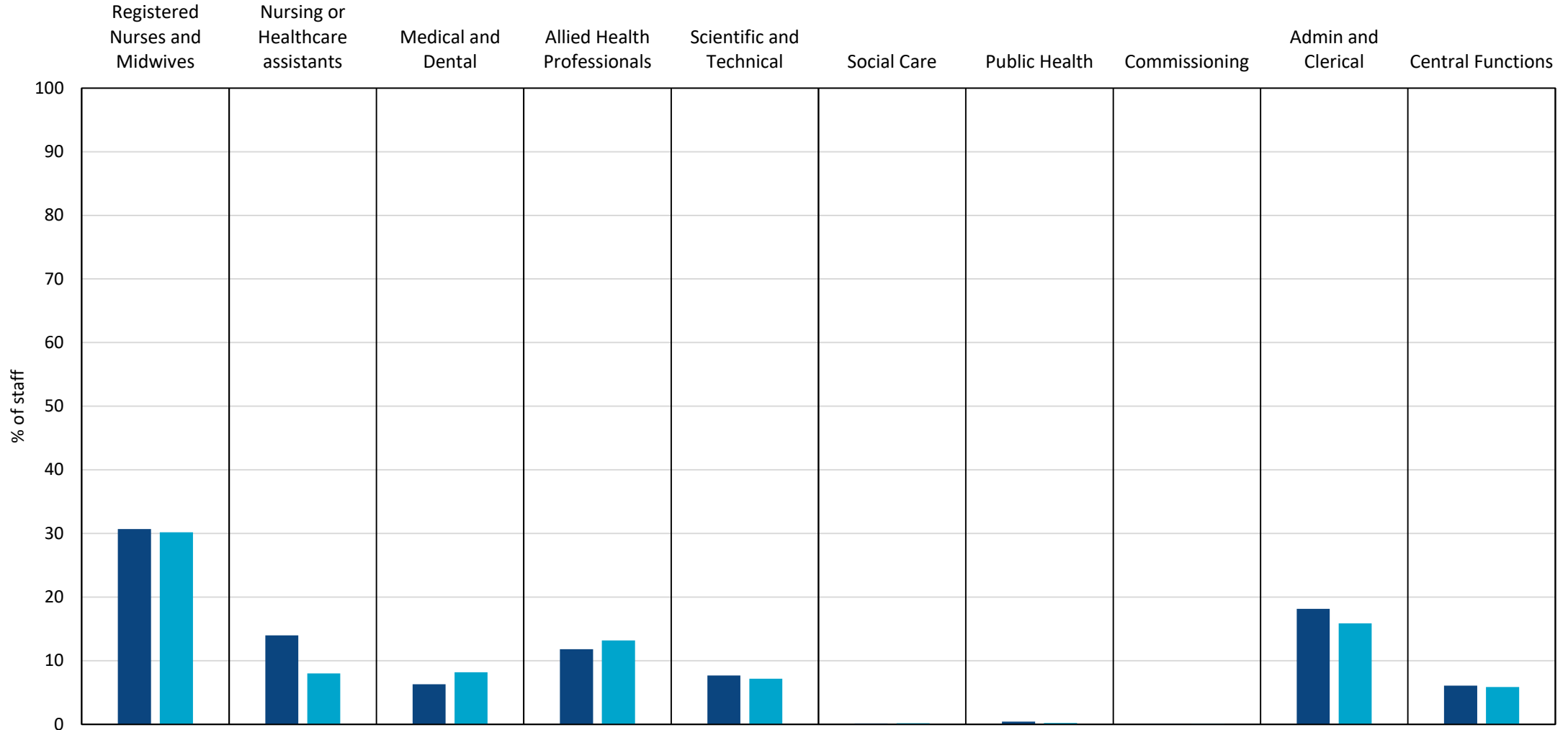


Background details – When you joined this organisation were you recruited from outside of the UK?



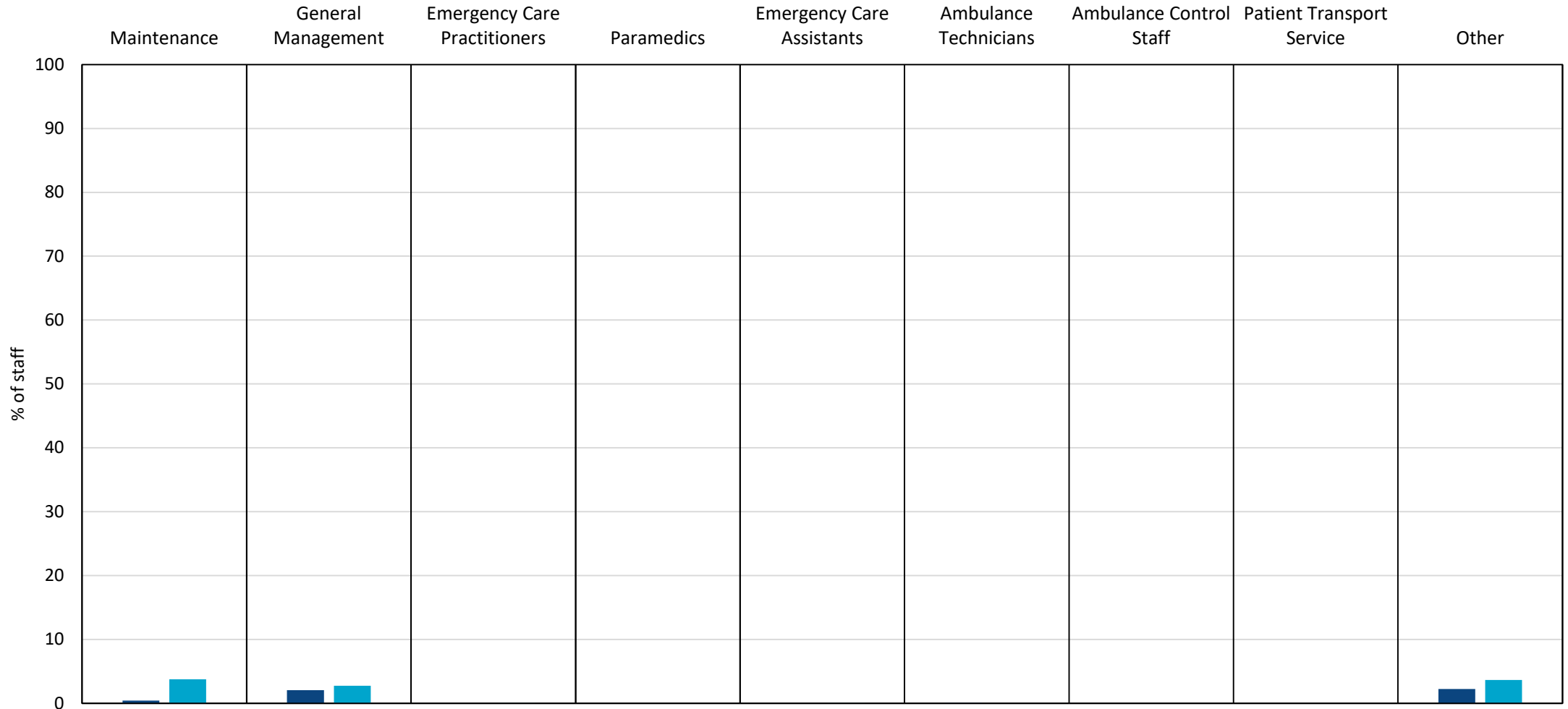
Responses	Yes	No	Prefer not to say
Your org	4.81%	94.55%	0.65%
Average	7.79%	90.98%	1.04%
Responses	1705	1705	1705

Background details – Occupational group



Occupational Group	Your org (%)	Average (%)	Responses
Registered Nurses and Midwives	30.67%	30.16%	2142
Nursing or Healthcare assistants	13.96%	8.01%	2142
Medical and Dental	6.30%	8.16%	2142
Allied Health Professionals	11.81%	13.19%	2142
Scientific and Technical	7.66%	7.17%	2142
Social Care	0.14%	0.15%	2142
Public Health	0.42%	0.19%	2142
Commissioning	0.05%	0.07%	2142
Admin and Clerical	18.16%	15.88%	2142
Central Functions	6.07%	5.86%	2142

Background details – Occupational group

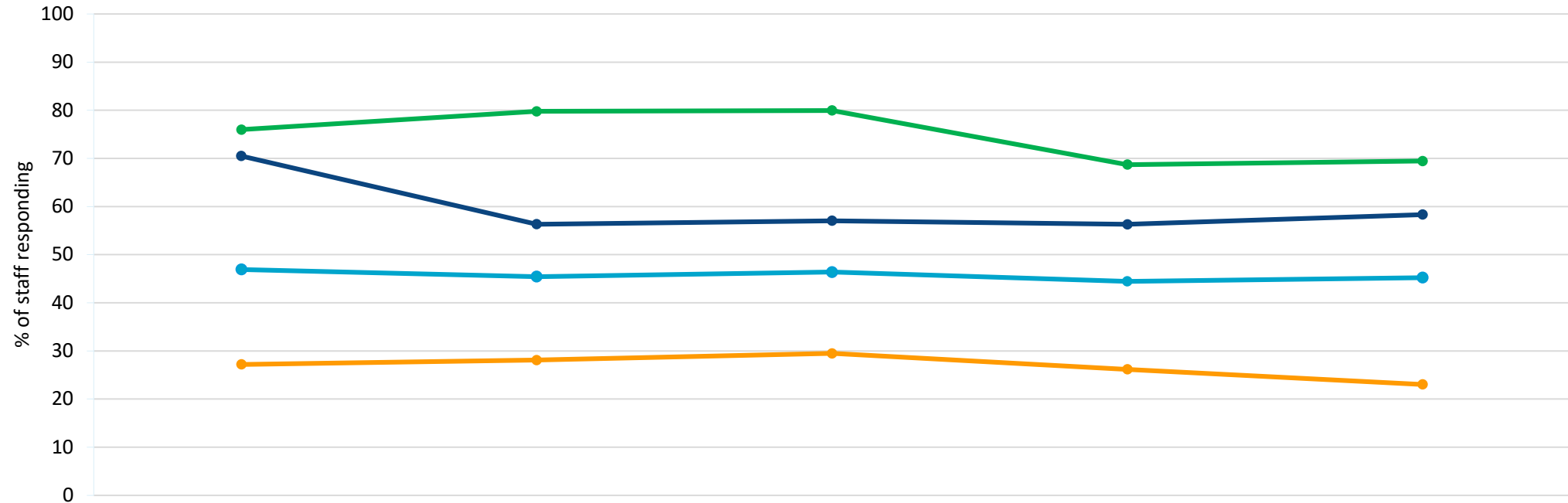


Your org	0.42%	2.05%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	2.24%
Average	3.76%	2.74%	0.02%	0.00%	0.03%	0.00%	0.00%	0.00%	3.63%
Responses	2142	2142	2142	2142	2142	2142	2142	2142	2142

Appendices

Appendix A: Response rate

Response rate



	2019	2020	2021	2022	2023
Your org	70.50%	56.31%	57.04%	56.30%	58.32%
Highest	75.96%	79.77%	79.95%	68.69%	69.45%
Average	46.93%	45.43%	46.38%	44.46%	45.23%
Lowest	27.20%	28.09%	29.47%	26.17%	23.03%
Responses	2237	1927	2058	2092	2267

Appendix B: Significance testing 2022 vs 2023

Appendix B: Significance testing – 2022 vs 2023

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the [technical document](#).

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.53	2086	7.62	2258	Significantly higher
We are recognised and rewarded	6.11	2088	6.37	2261	Significantly higher
We each have a voice that counts	6.98	2050	7.08	2226	Significantly higher
We are safe and healthy	6.24	2049	6.44	2212	Significantly higher
We are always learning	5.75	1991	5.99	2114	Significantly higher
We work flexibly	6.61	2067	6.86	2243	Significantly higher
We are a team	7.06	2083	7.19	2249	Significantly higher
Themes					
Staff Engagement	6.97	2086	7.14	2262	Significantly higher
Morale	6.15	2087	6.41	2261	Significantly higher

Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the [Staff Survey website](#).



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

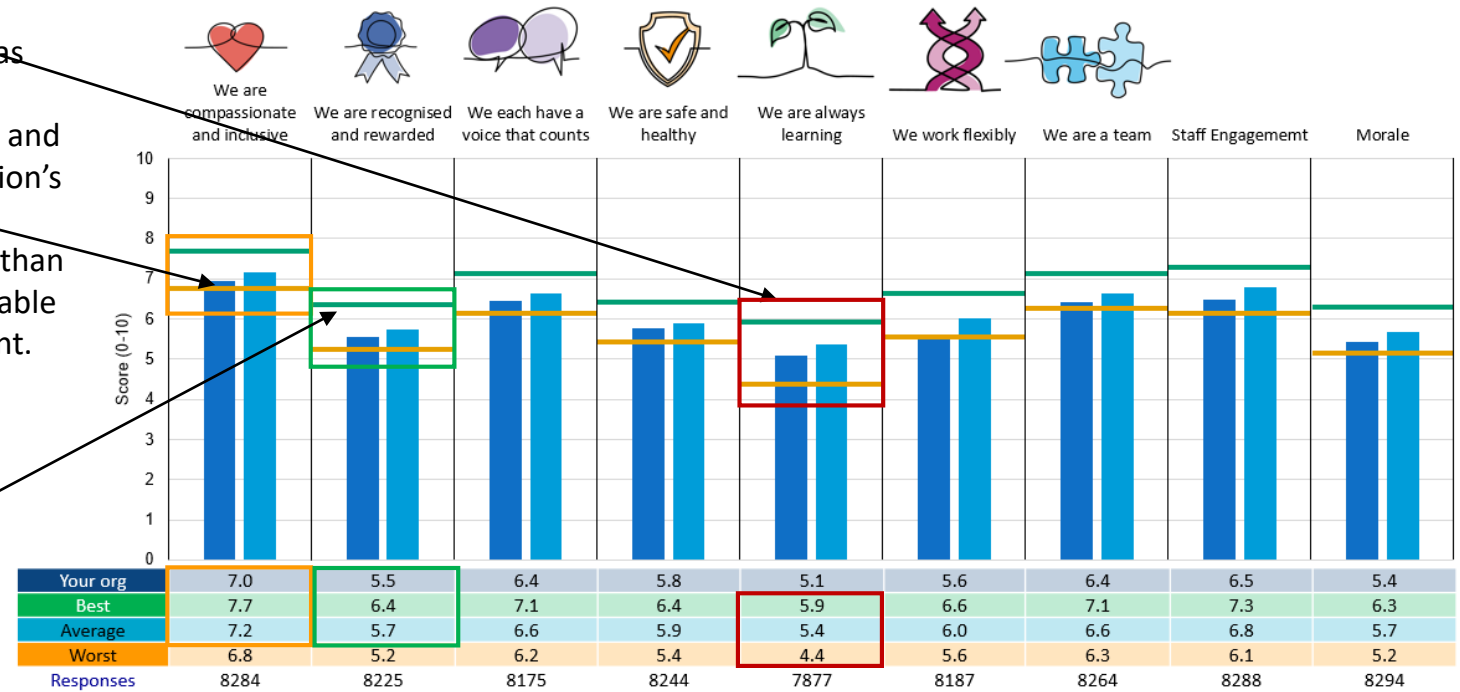
Note. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2023.

When analysing People Promise element and theme results, it is easiest to start with the [overview](#) page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.



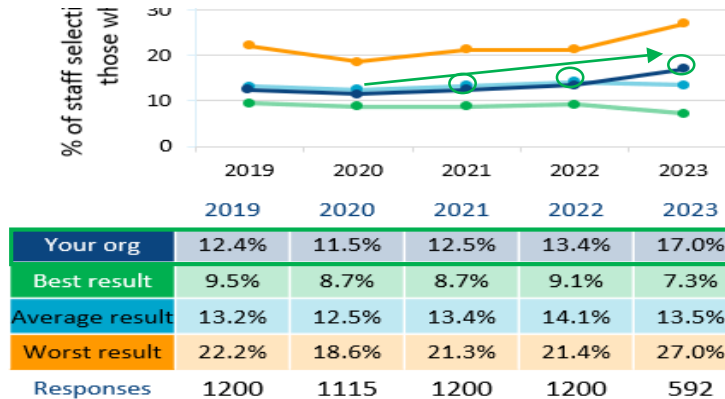
Only one example is highlighted for each point

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

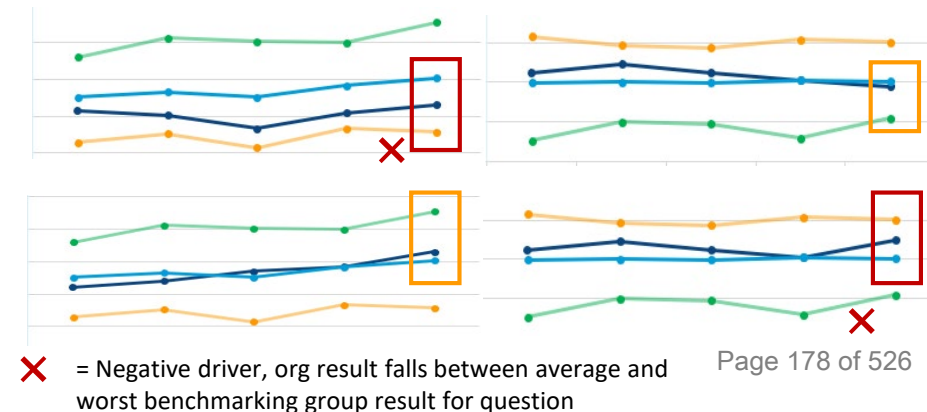


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the **'Question results'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

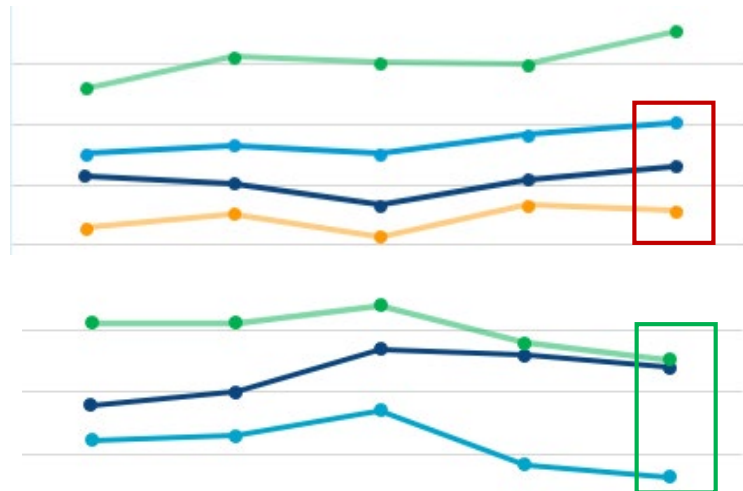
Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



➤ **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➤ **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Page 179 of 526

Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents



Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs



Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Barnsley Hospital NHS Foundation Trust.



National Briefing Document: Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



Barnsley Hospital NHS Foundation Trust

2023 NHS Staff Survey

Breakdown report

Introduction	4
People Promise element and Theme results – Breakdowns 1	5
<u>163 CBU 1 Medicine</u>	<u>6</u>
<u>163 CBU 2 Surgery</u>	<u>7</u>
<u>163 CBU 3 Women,Child & Clin Supp</u>	<u>8</u>
<u>163 Corporate Services</u>	<u>9</u>

<u>163 Care of the Elderly Department</u>	11
<u>163 Chief Delivery Office Dir</u>	12
<u>163 Children's Services Department</u>	13
<u>163 Corporate</u>	14
<u>163 Critical Care Department</u>	15
<u>163 Diagnostic Imaging & Nuclear Med</u>	16
<u>163 Emergency & Acute Medicine Dept</u>	17
<u>163 General Medicine Department</u>	18
<u>163 General Surgery Department</u>	19
<u>163 Head and Neck Department</u>	20
<u>163 Human Resources Directorate</u>	21
<u>163 ICT Directorate</u>	22
<u>163 Medical Directorate</u>	23
<u>163 Nursing Directorate</u>	24
<u>163 Ophthalmology Department</u>	25
<u>163 Outpatients Department</u>	26
<u>163 Pathology Department</u>	27
<u>163 Pharmacy Department</u>	28
<u>163 Specialist Medicine Department</u>	29
<u>163 Theatres & Recovery Department</u>	30
<u>163 Therapy Services</u>	31
<u>163 Trauma&Orthopaedic Surg Dept</u>	32
<u>163 Women's Services Department</u>	33
<u>Other</u>	34

This breakdown report for Barnsley Hospital NHS Foundation Trust contains results by breakdown area for People Promise element and theme results from the 2023 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the ‘Your org’ scores reported in this breakdown report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

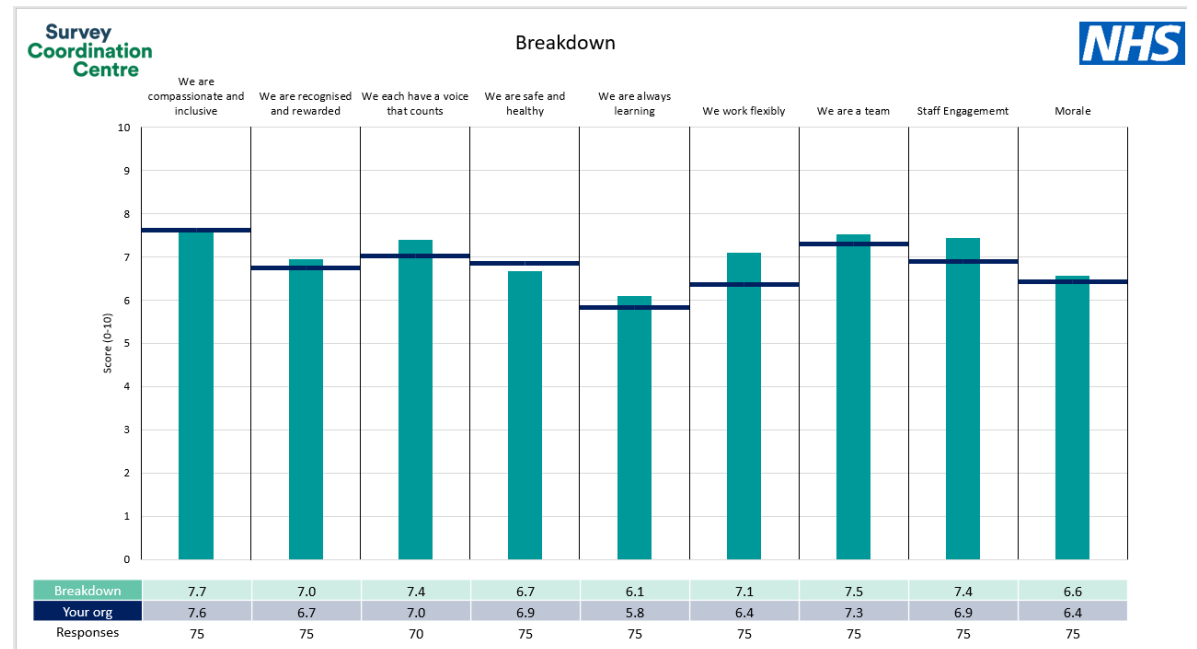
The breakdowns used in this report were provided and defined by Barnsley Hospital NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a breakdown area is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the breakdown and trust scores.



Breakdowns 1

Barnsley Hospital NHS Foundation Trust
2023 NHS Staff Survey



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that counts



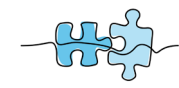
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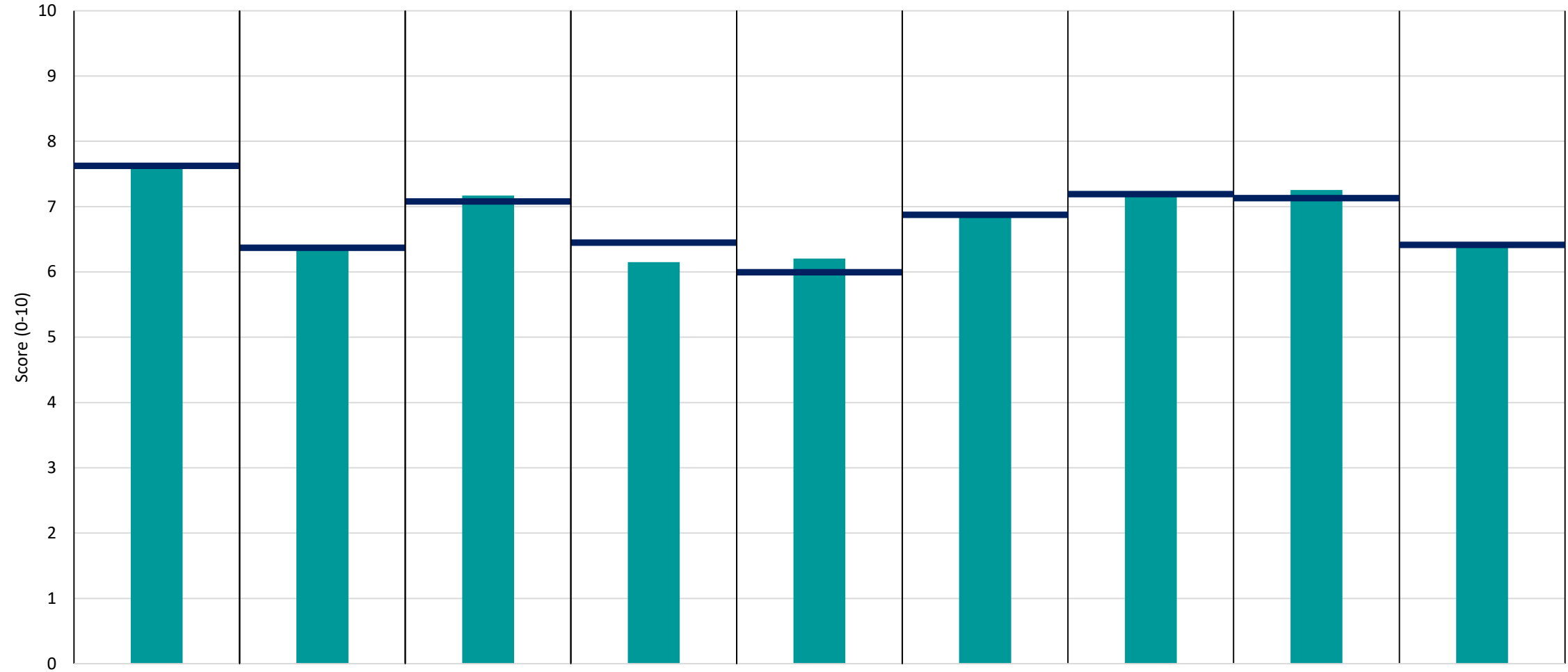
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Staff Engagement

Morale



Breakdown	7.63	6.36	7.17	6.15	6.20	6.88	7.19	7.26	6.43
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	676	676	666	659	628	670	672	676	676



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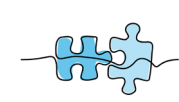
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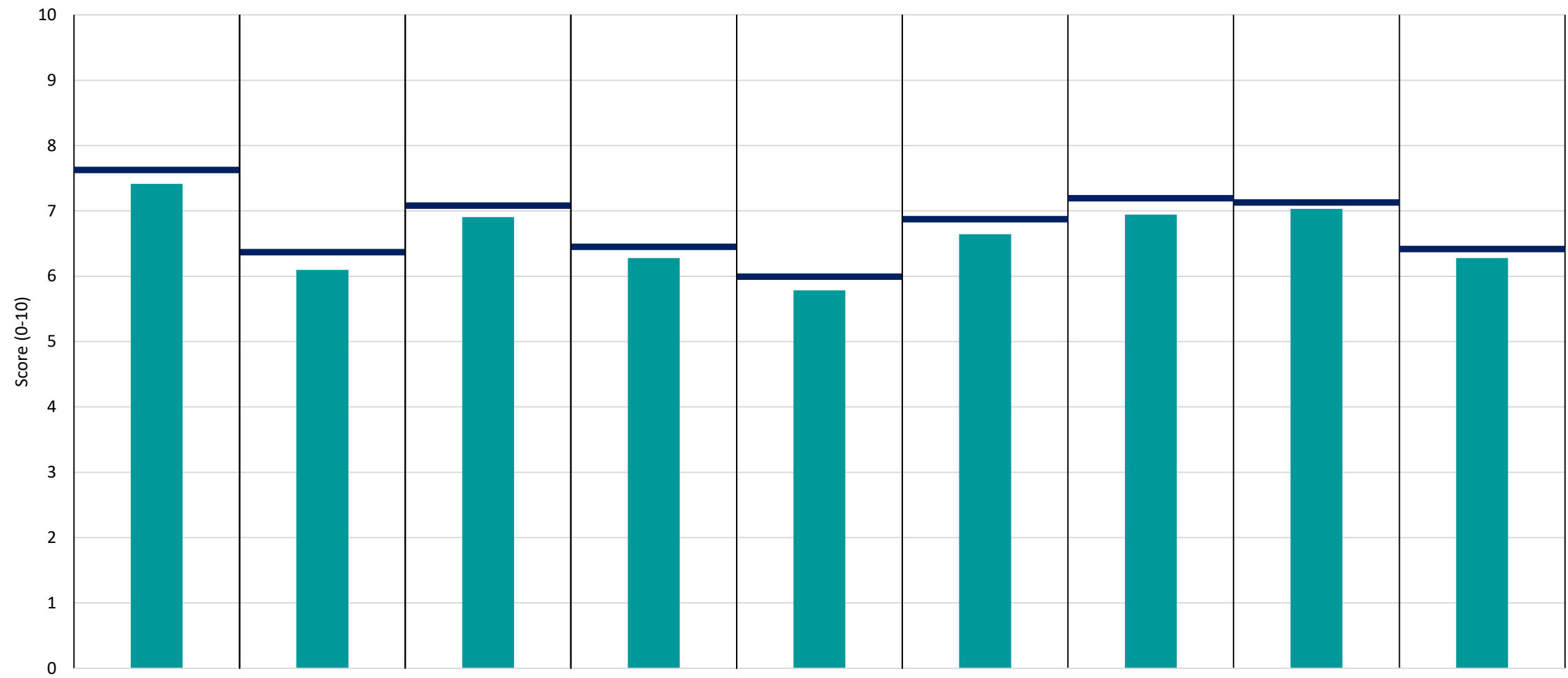
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Staff Engagement

Morale



Breakdown	7.41	6.10	6.90	6.28	5.79	6.64	6.94	7.03	6.28
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	428	430	424	416	401	426	426	431	430



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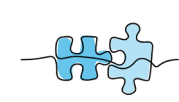
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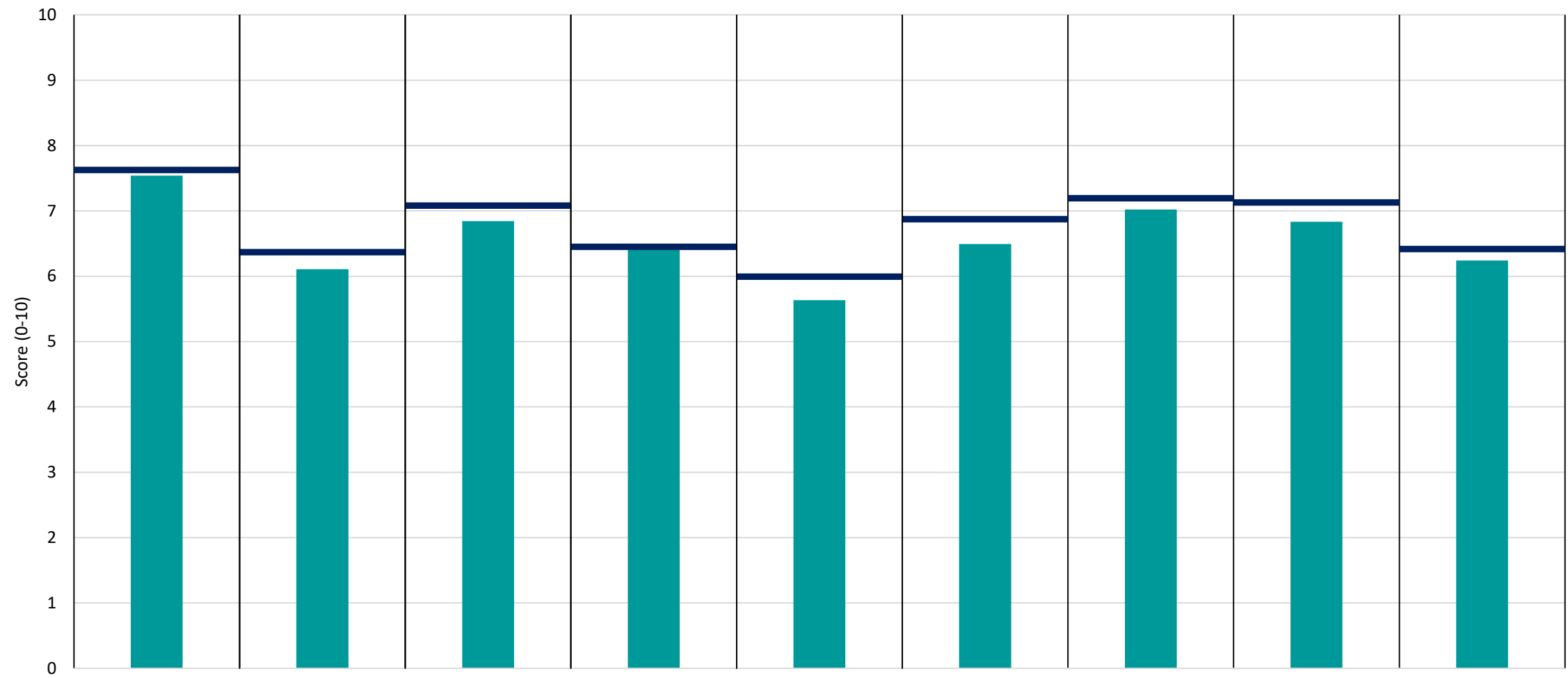
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Staff Engagement

Morale



Breakdown	7.54	6.11	6.84	6.45	5.63	6.49	7.02	6.83	6.24
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	665	666	656	659	623	665	664	666	666



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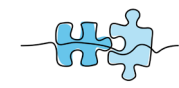
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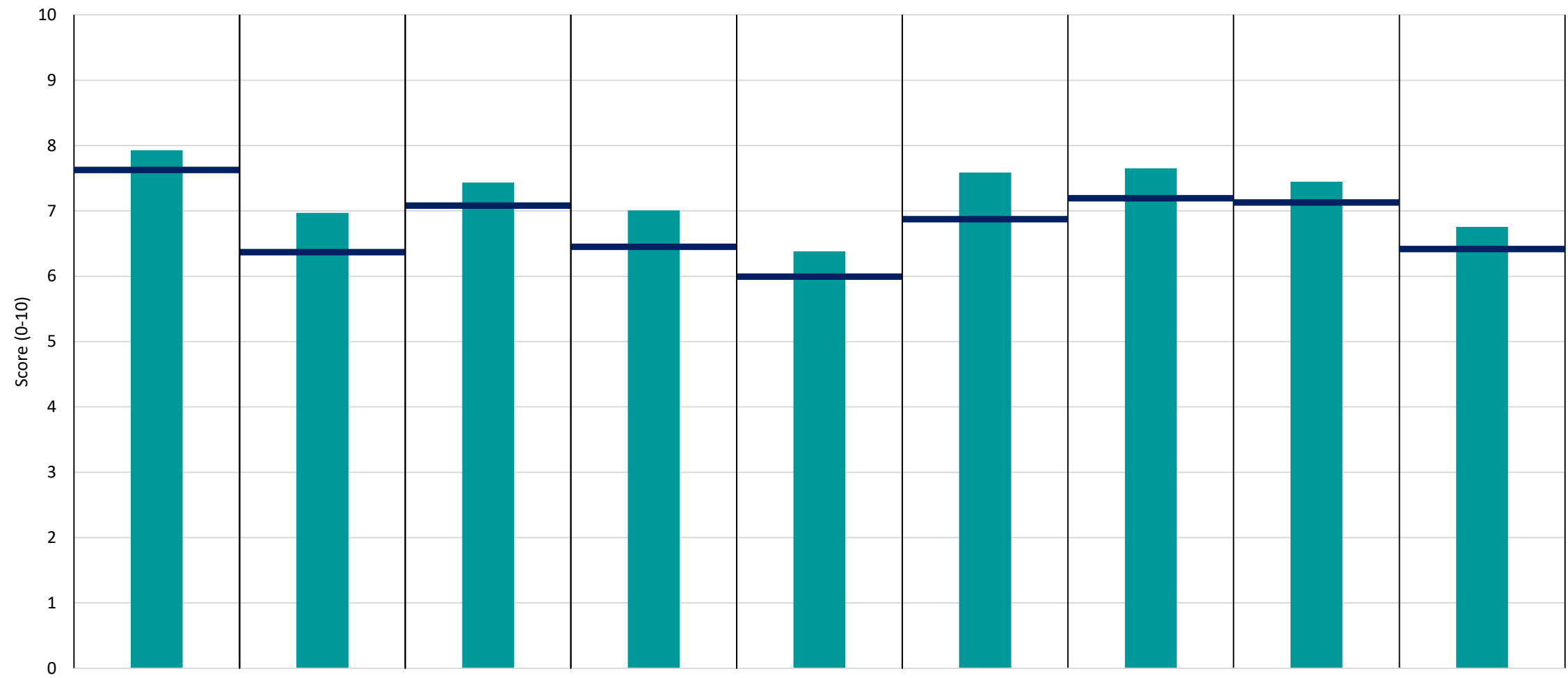
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Staff Engagement

Morale



Breakdown	7.93	6.97	7.44	7.01	6.38	7.59	7.65	7.45	6.76
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	489	489	480	478	462	482	487	489	489

Breakdowns 2

Barnsley Hospital NHS Foundation Trust
2023 NHS Staff Survey



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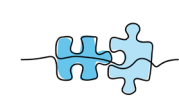
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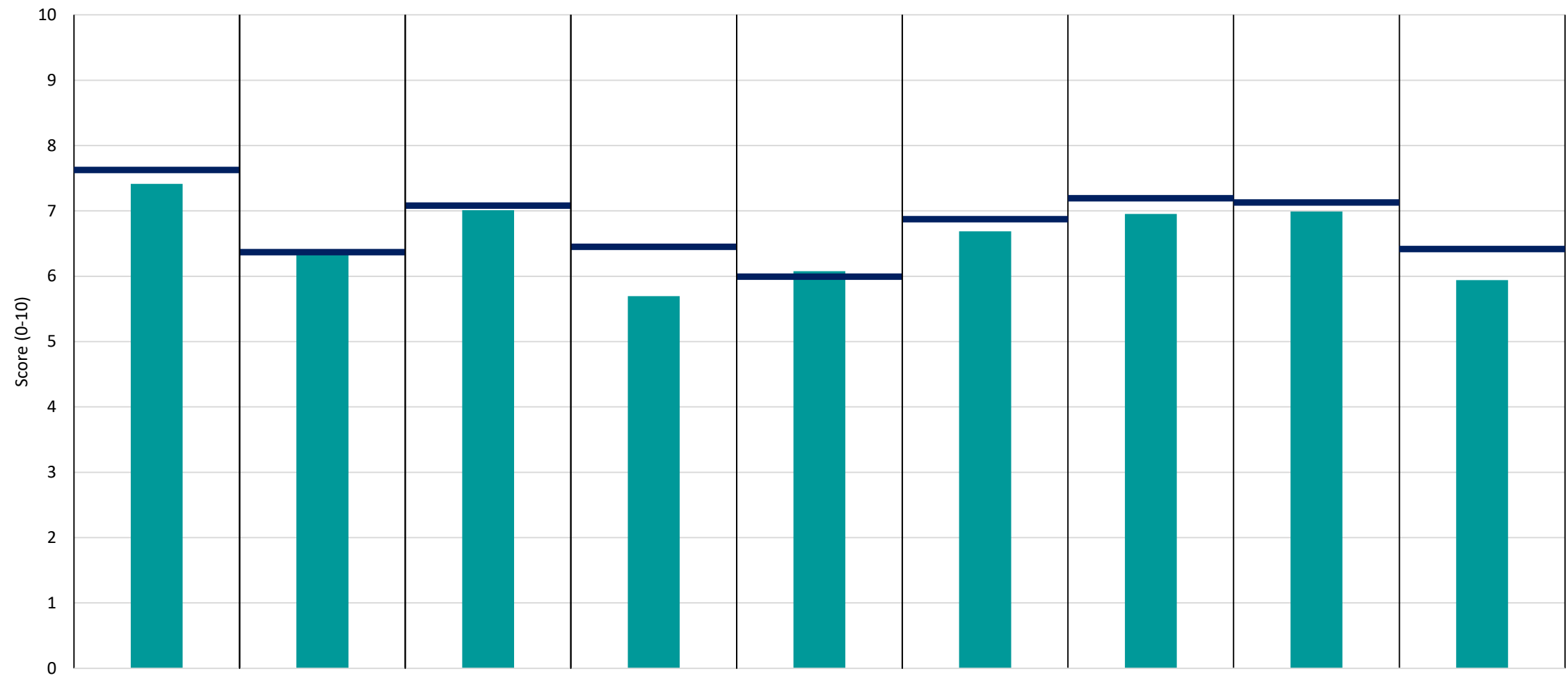
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Staff Engagement

Morale



Breakdown	7.41	6.33	7.01	5.70	6.08	6.69	6.96	6.99	5.94
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	99	99	97	97	91	99	98	99	99



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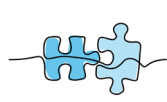
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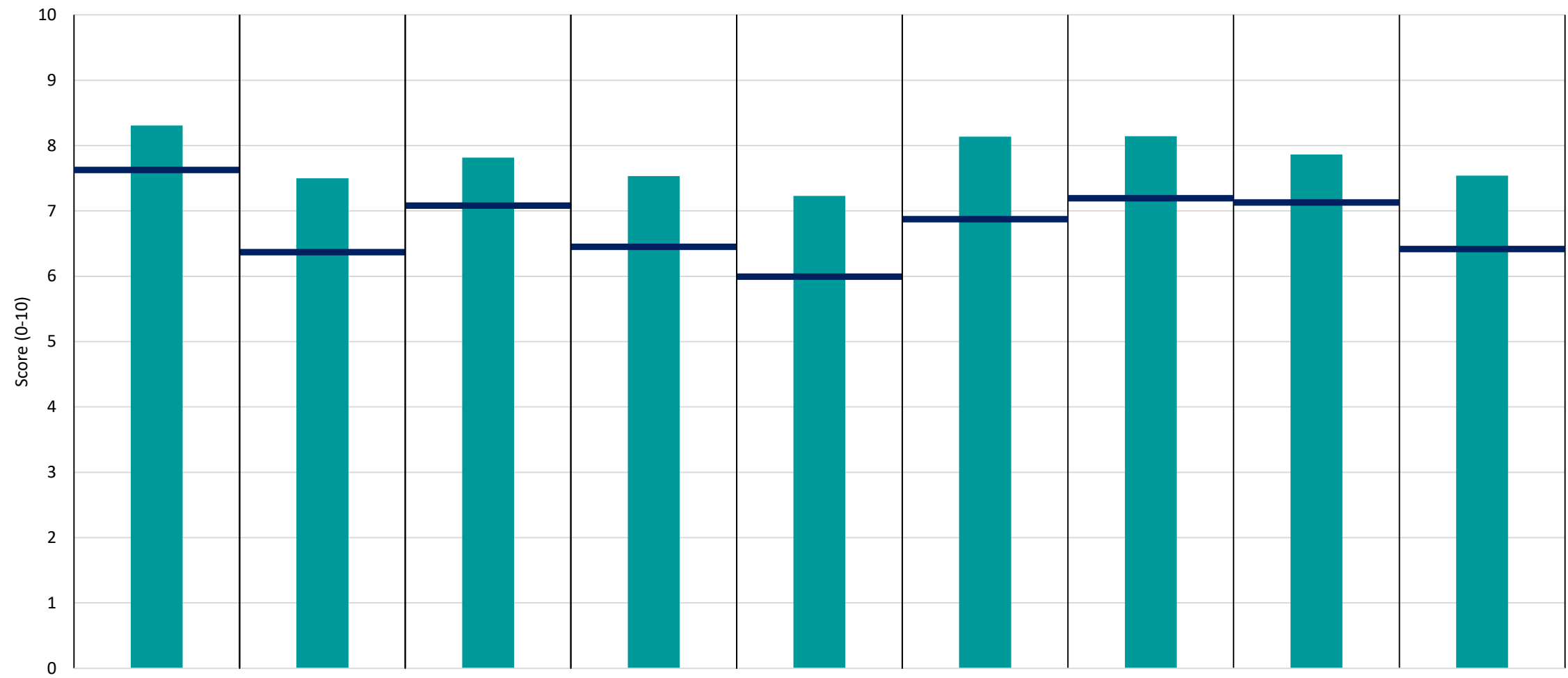
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Staff Engagement

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Breakdown	8.31	7.50	7.81	7.53	7.23	8.13	8.14	7.86	7.54
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	42	42	41	40	39	42	41	42	42



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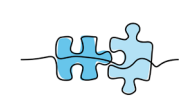
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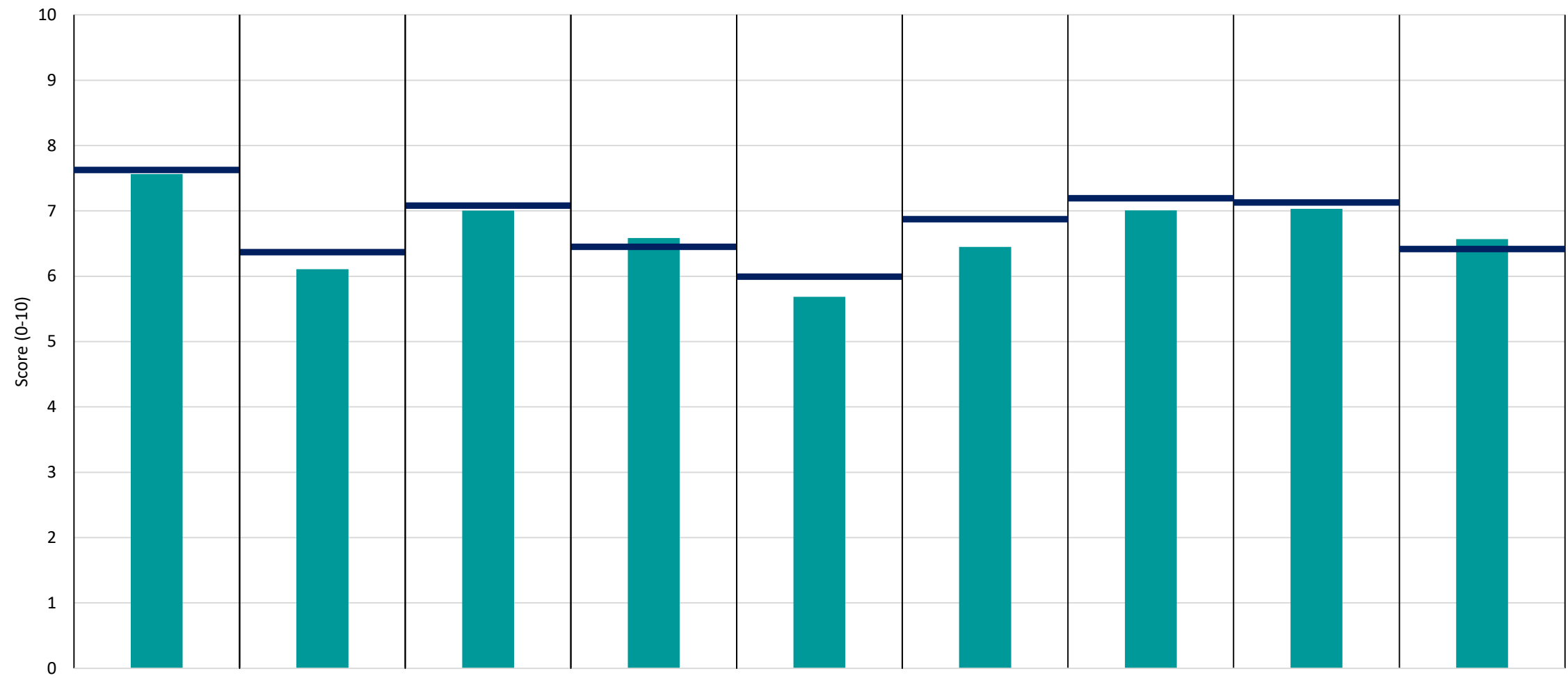
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Breakdown	7.56	6.11	7.00	6.59	5.69	6.45	7.01	7.03	6.57
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	114	115	113	114	108	115	114	115	115



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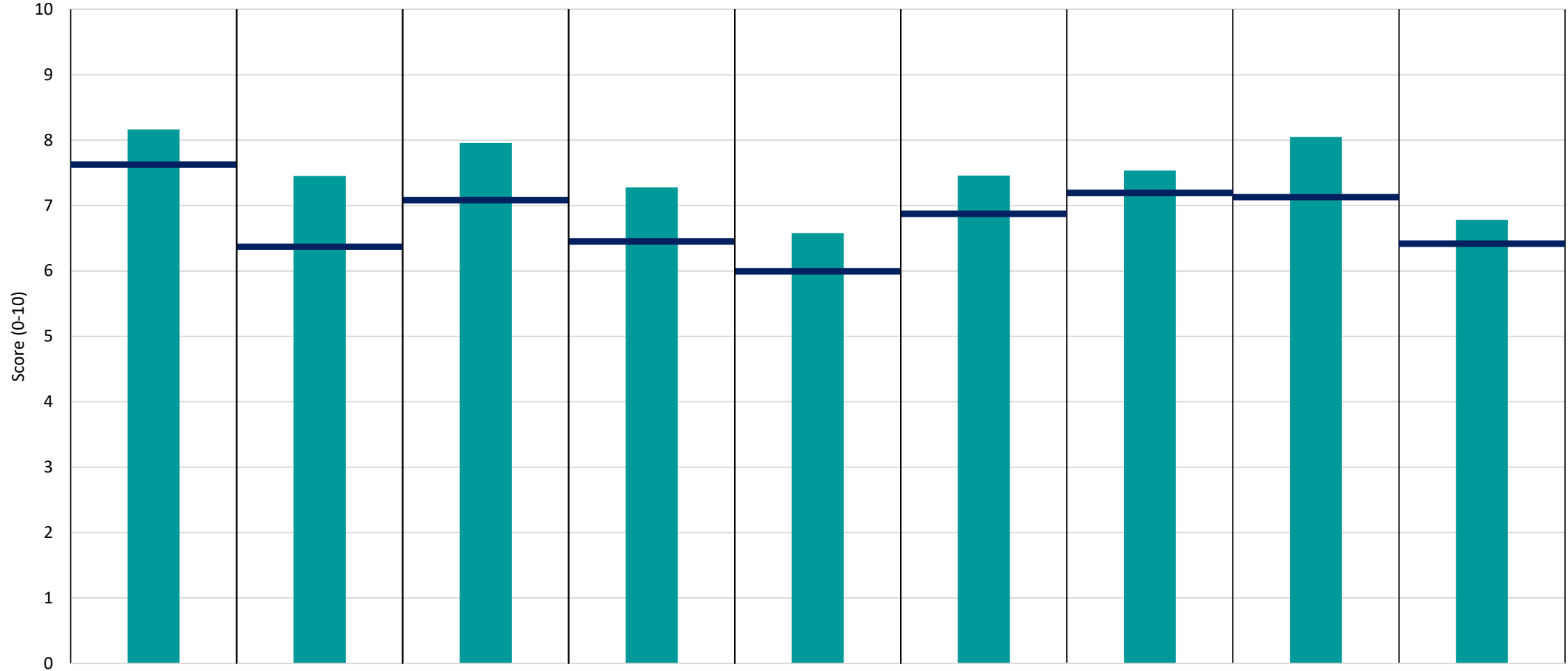
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Staff Engagement

Morale



Breakdown	8.16	7.45	7.96	7.28	6.58	7.46	7.54	8.05	6.78
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	30	30	28	30	29	29	30	30	30



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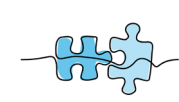
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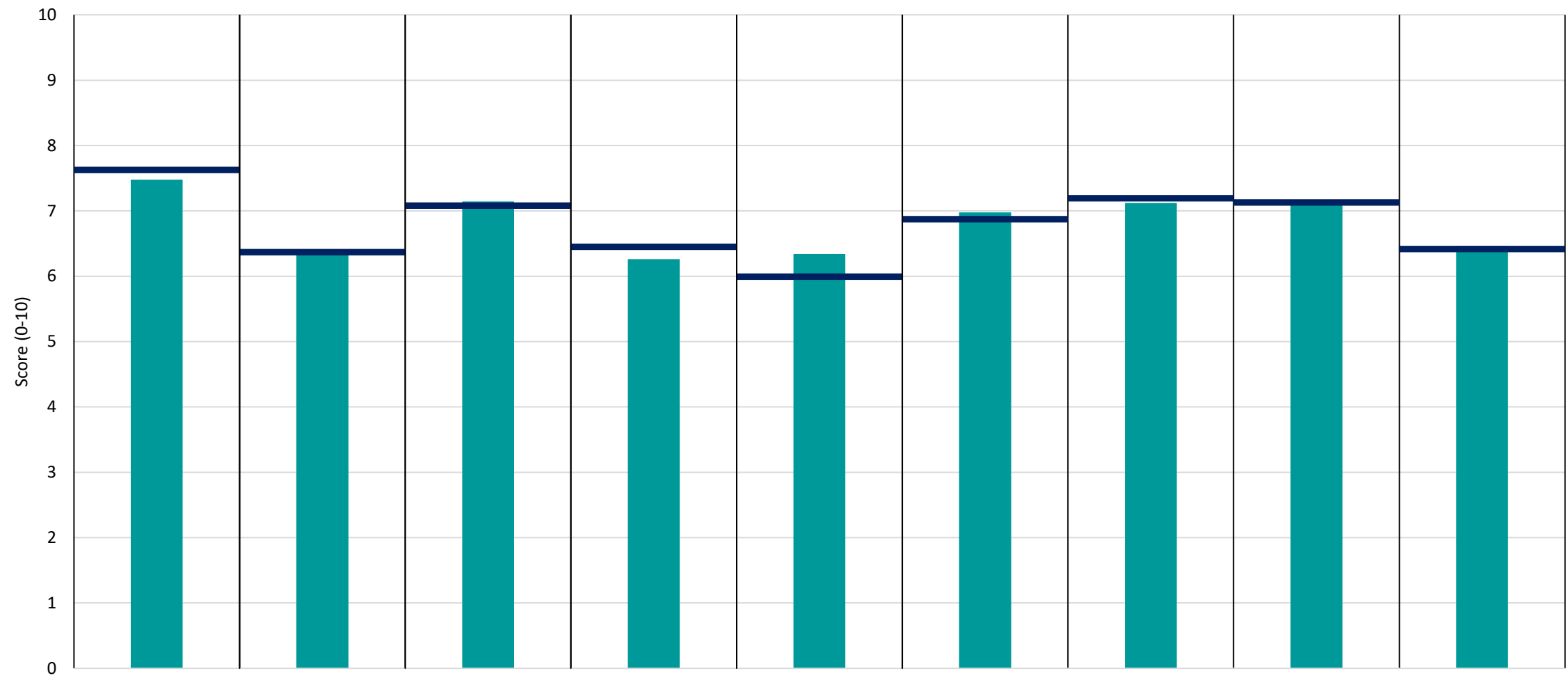
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Breakdown	7.48	6.41	7.15	6.26	6.34	6.98	7.12	7.16	6.47
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	68	68	68	66	67	67	67	68	68



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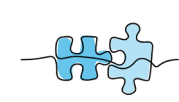
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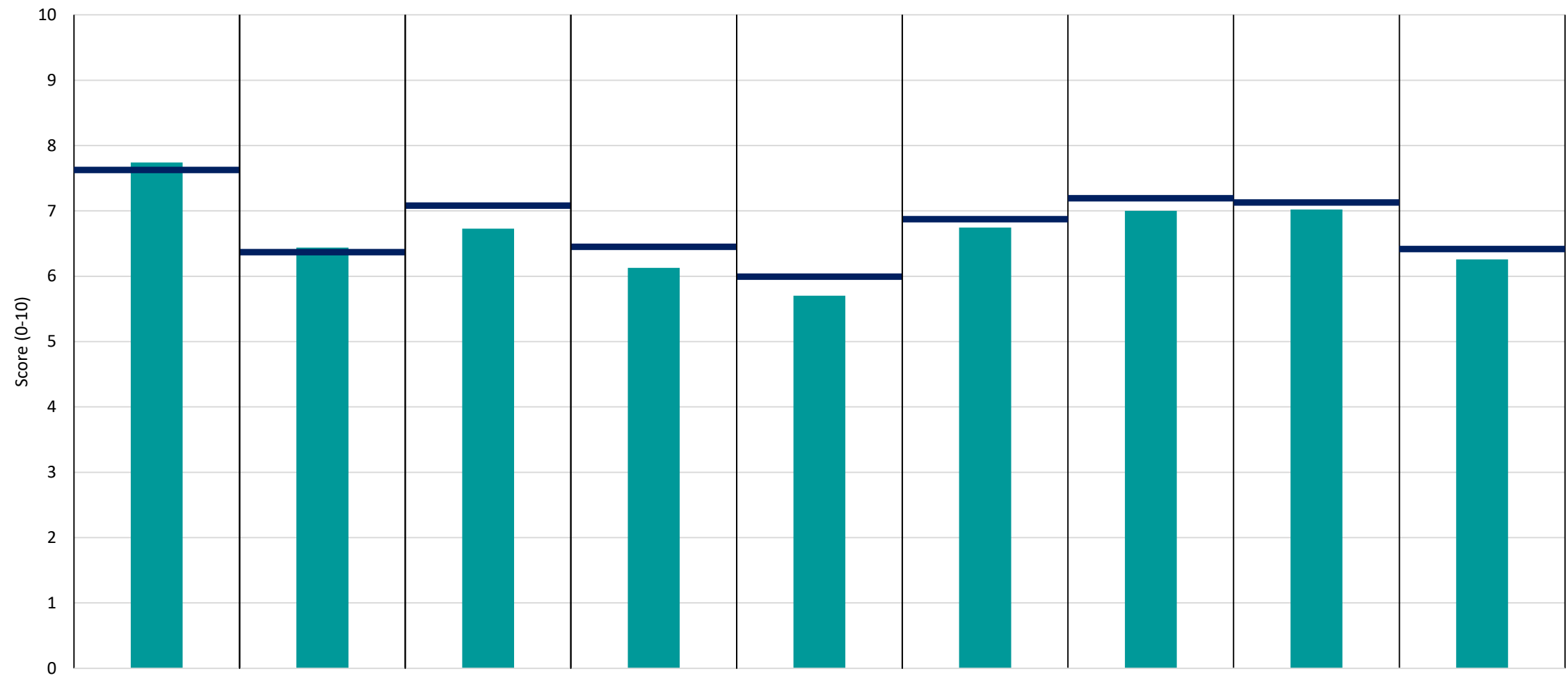
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Staff Engagement

Morale



Breakdown	7.74	6.44	6.73	6.13	5.70	6.74	7.00	7.02	6.26
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	64	64	61	64	57	64	64	64	64



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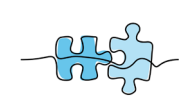
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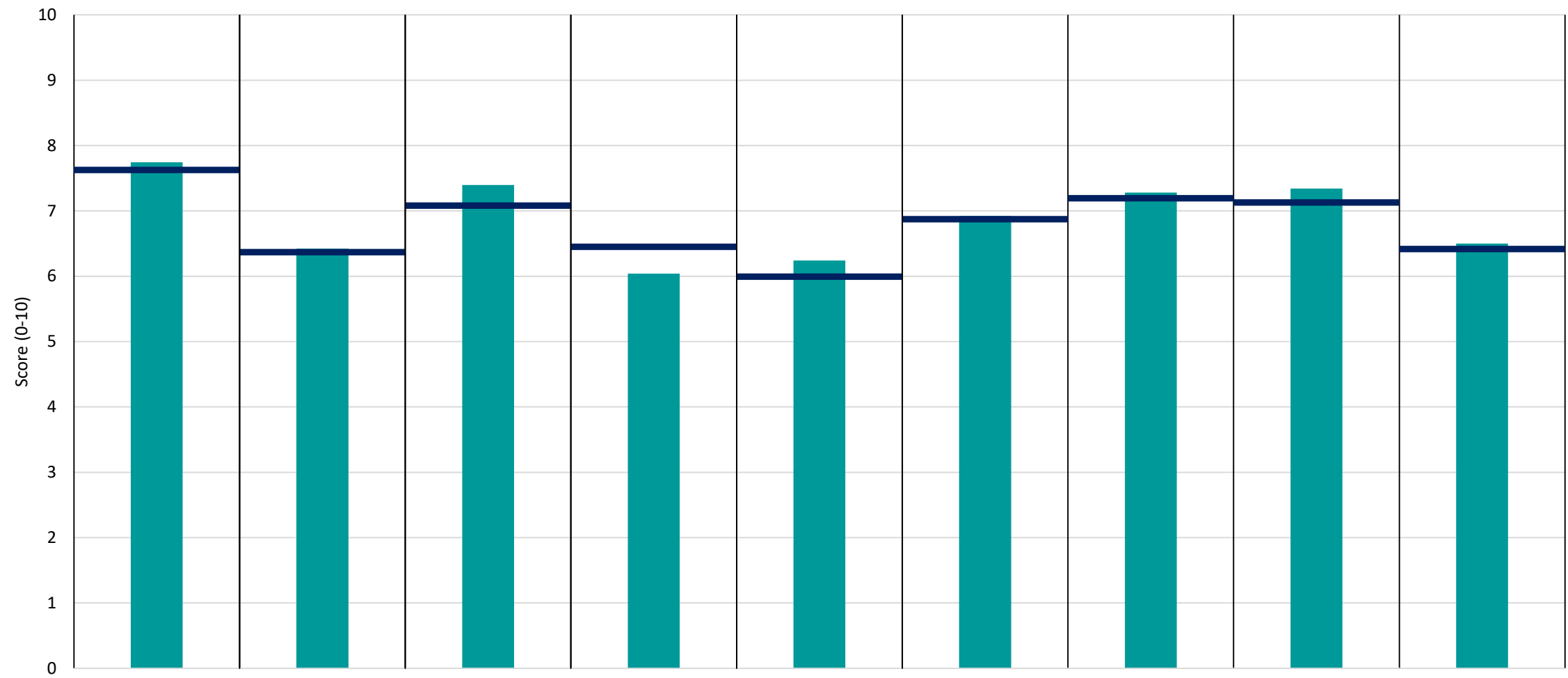
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Staff Engagement

Morale



Breakdown	7.75	6.42	7.40	6.04	6.24	6.92	7.28	7.34	6.50
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	203	204	202	199	188	201	203	204	204



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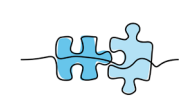
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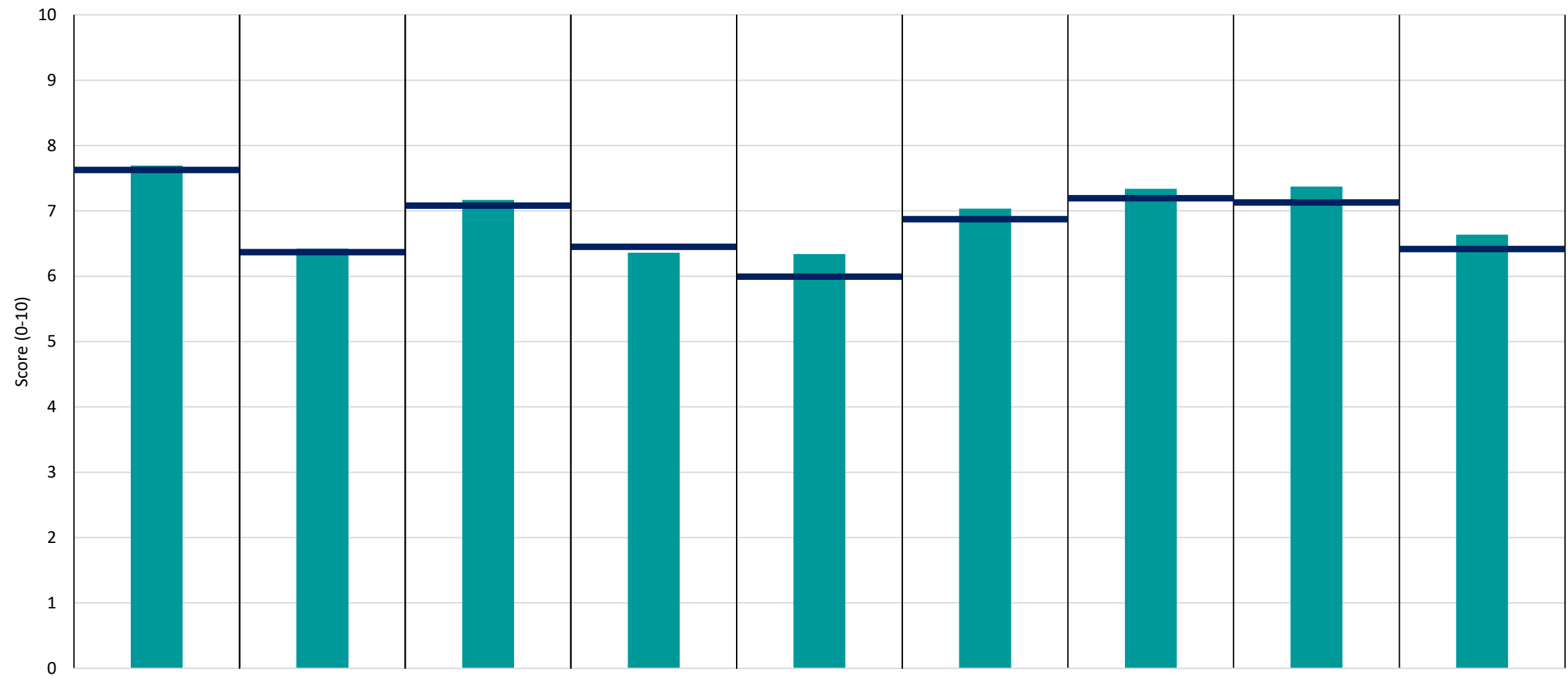
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Staff Engagement

Morale



Breakdown	7.69	6.42	7.17	6.36	6.34	7.04	7.34	7.37	6.63
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	257	257	252	249	237	255	254	257	257



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We each have a voice
that counts



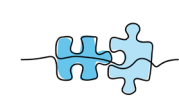
We are safe and
healthy



We are always
learning



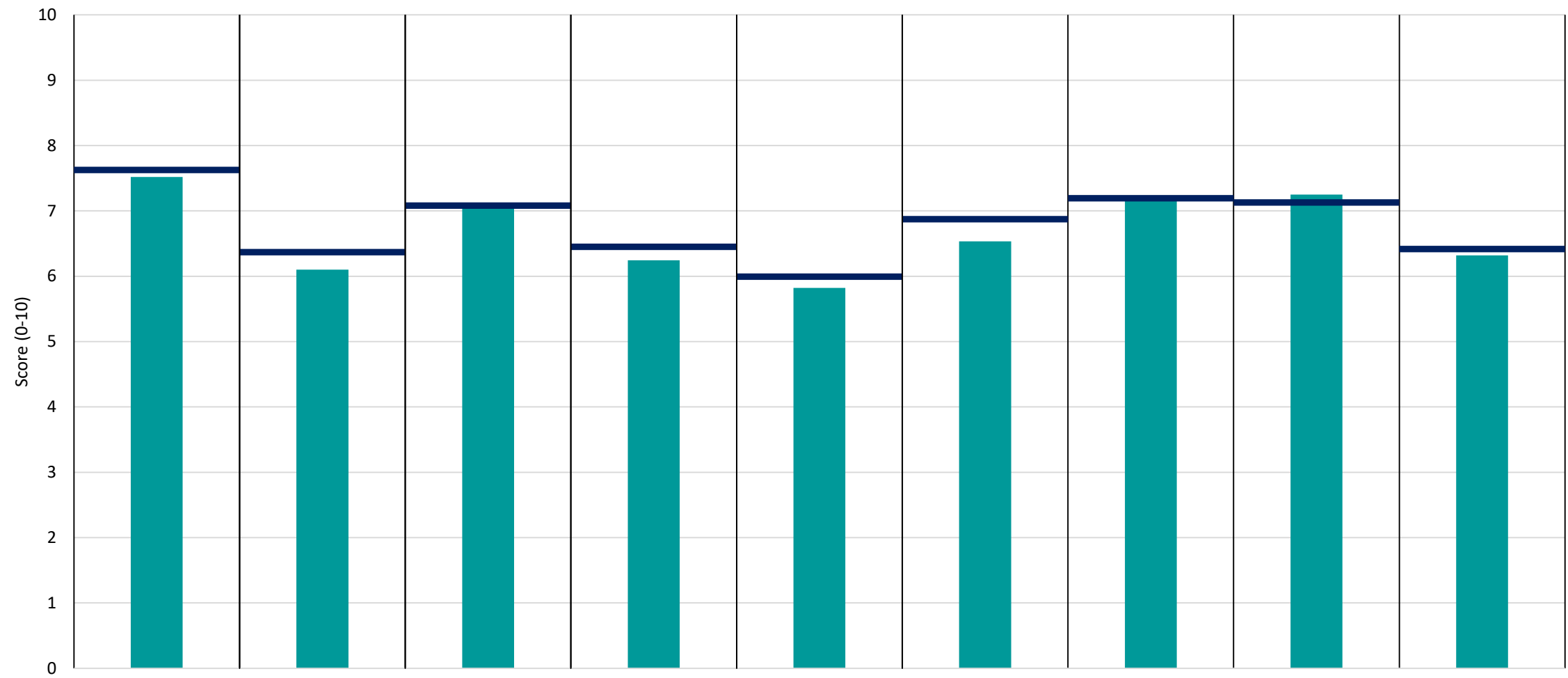
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.52	6.10	7.08	6.24	5.82	6.53	7.17	7.25	6.32
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	80	80	79	76	73	79	79	80	80



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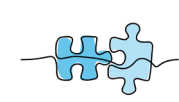
We are safe and
healthy



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learning



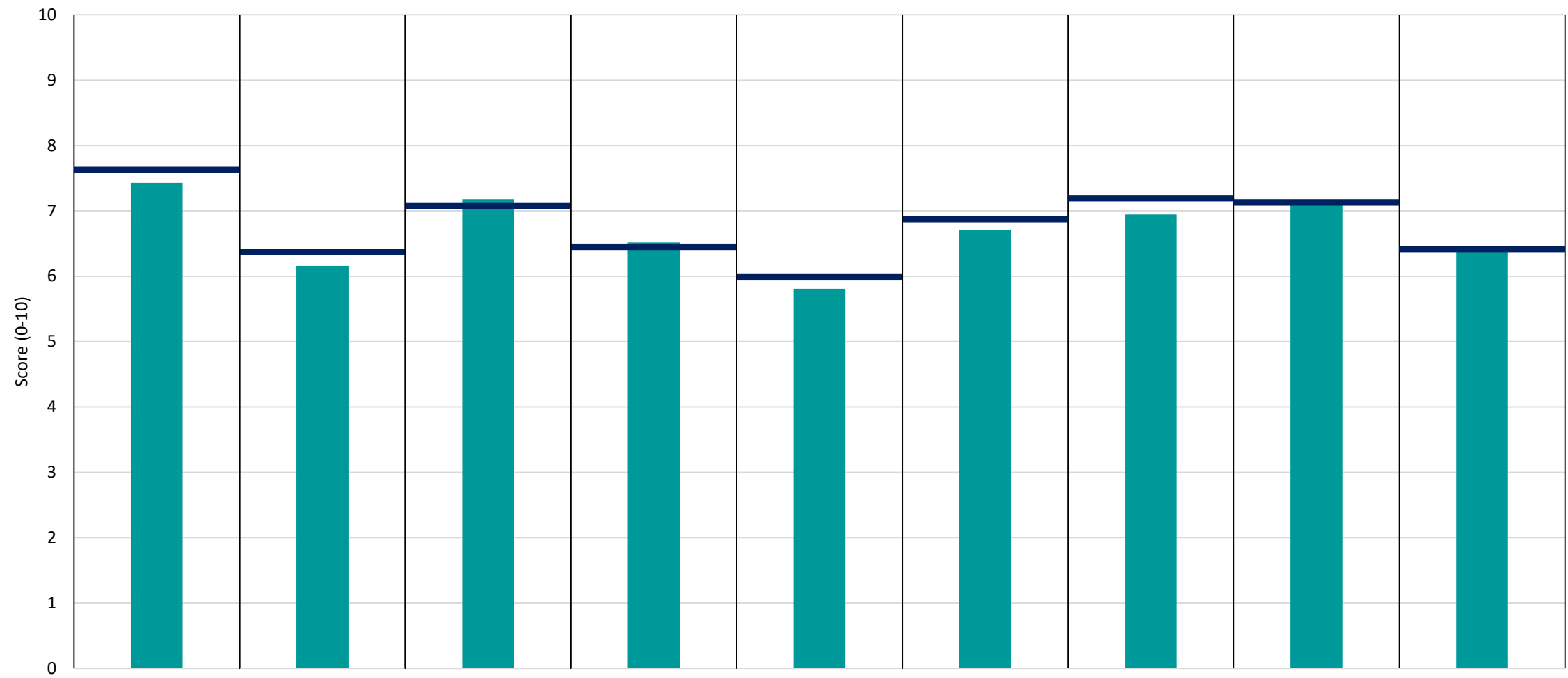
We work flexibly



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Staff Engagement

Morale



Breakdown	7.43	6.16	7.18	6.52	5.81	6.70	6.94	7.14	6.41
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	57	56	55	55	53	56	57	57	56



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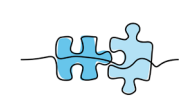
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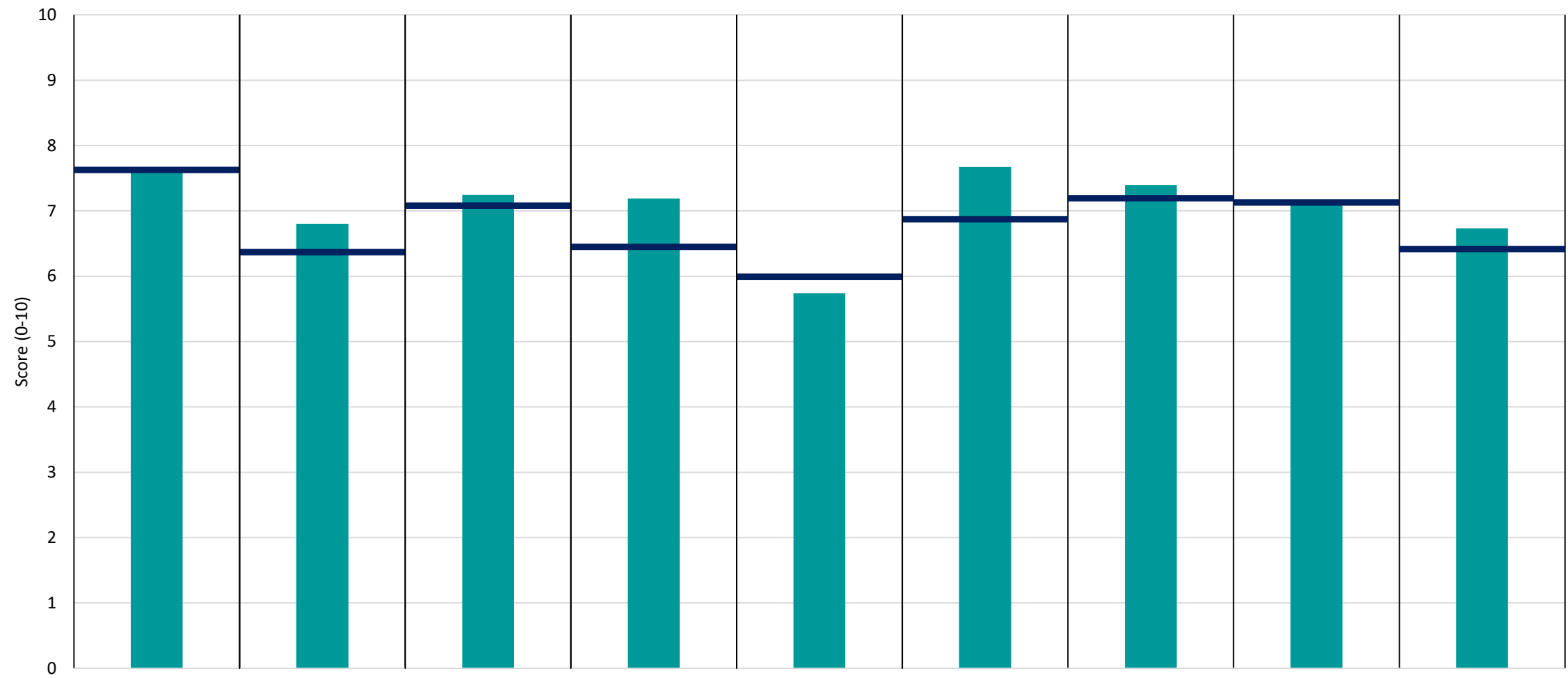
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Staff Engagement

Morale



Breakdown	7.65	6.80	7.25	7.19	5.74	7.67	7.39	7.16	6.73
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	72	72	70	69	69	70	72	72	72



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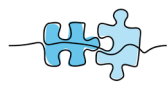
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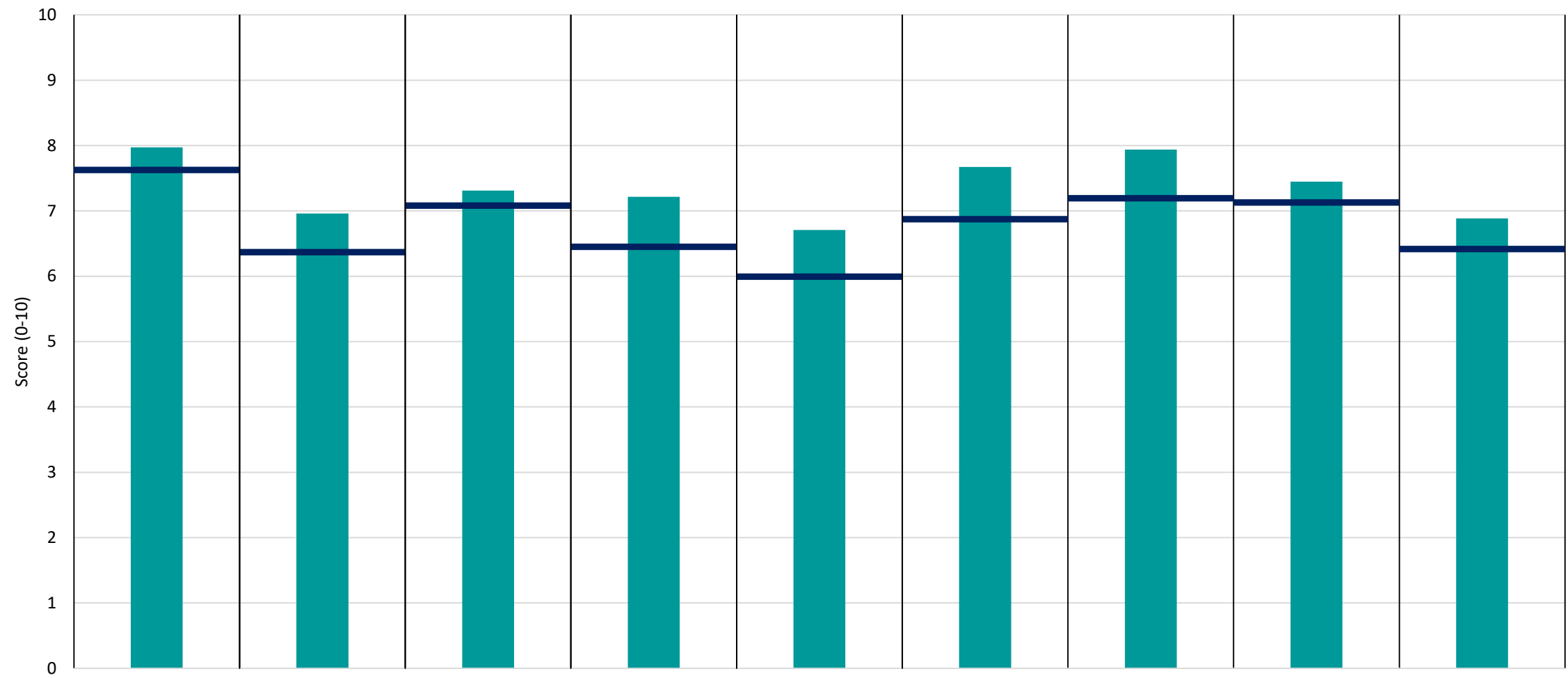
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Staff Engagement

Morale



Breakdown	7.97	6.96	7.31	7.22	6.71	7.67	7.94	7.45	6.89
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	77	77	76	76	71	75	77	77	77



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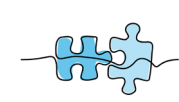
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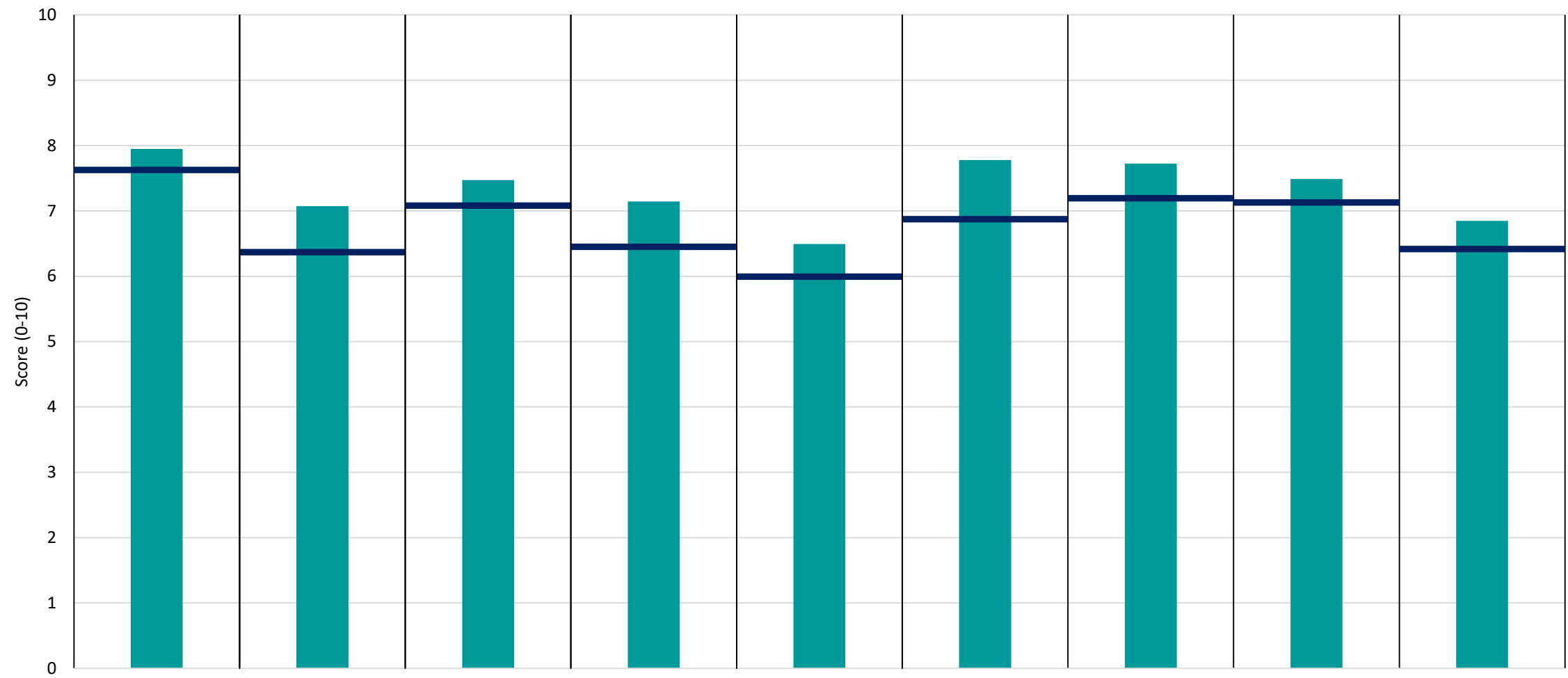
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Staff Engagement

Morale



Breakdown	7.95	7.07	7.47	7.14	6.49	7.78	7.72	7.49	6.85
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	63	63	61	61	61	63	63	63	63



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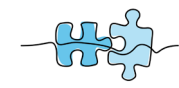
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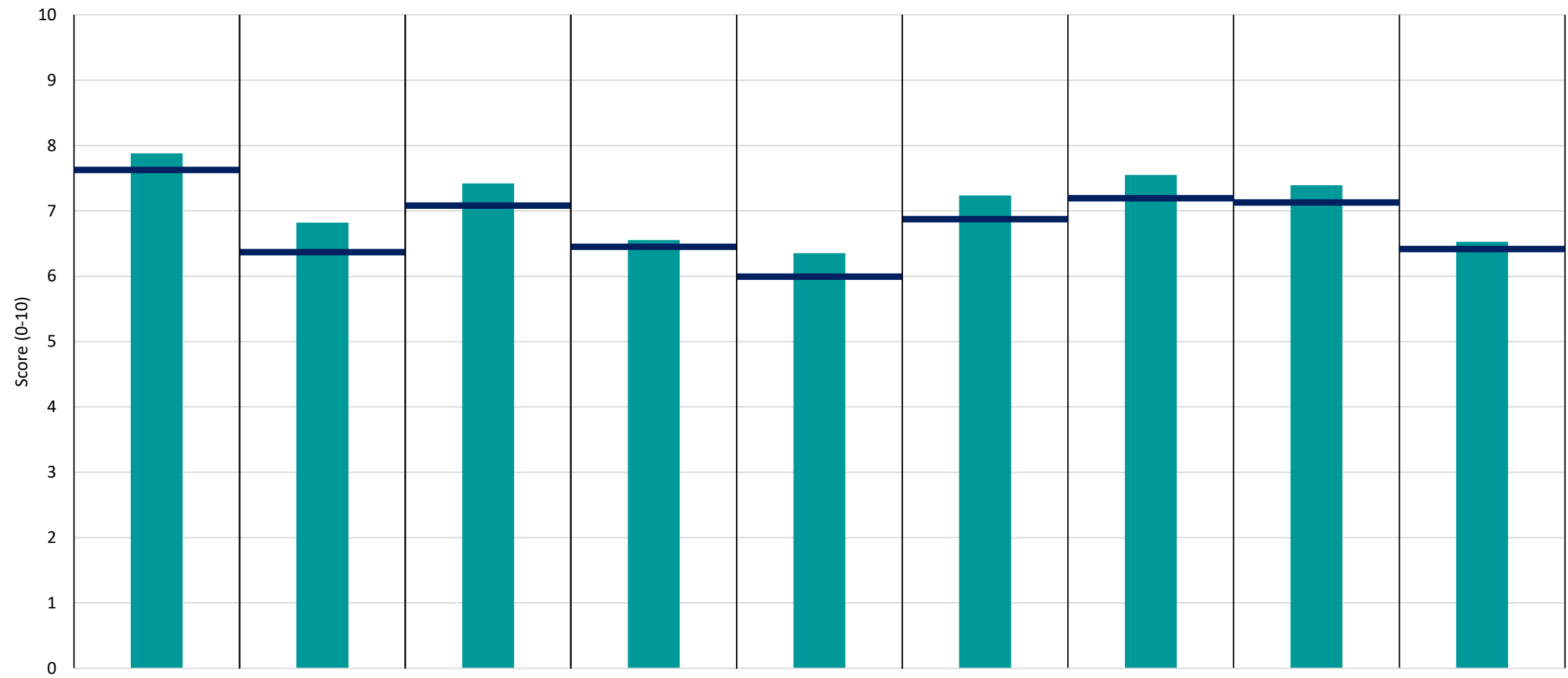
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Staff Engagement

Morale



Breakdown	7.88	6.82	7.42	6.55	6.35	7.23	7.55	7.39	6.53
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	178	178	177	175	167	176	177	178	178



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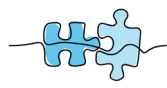
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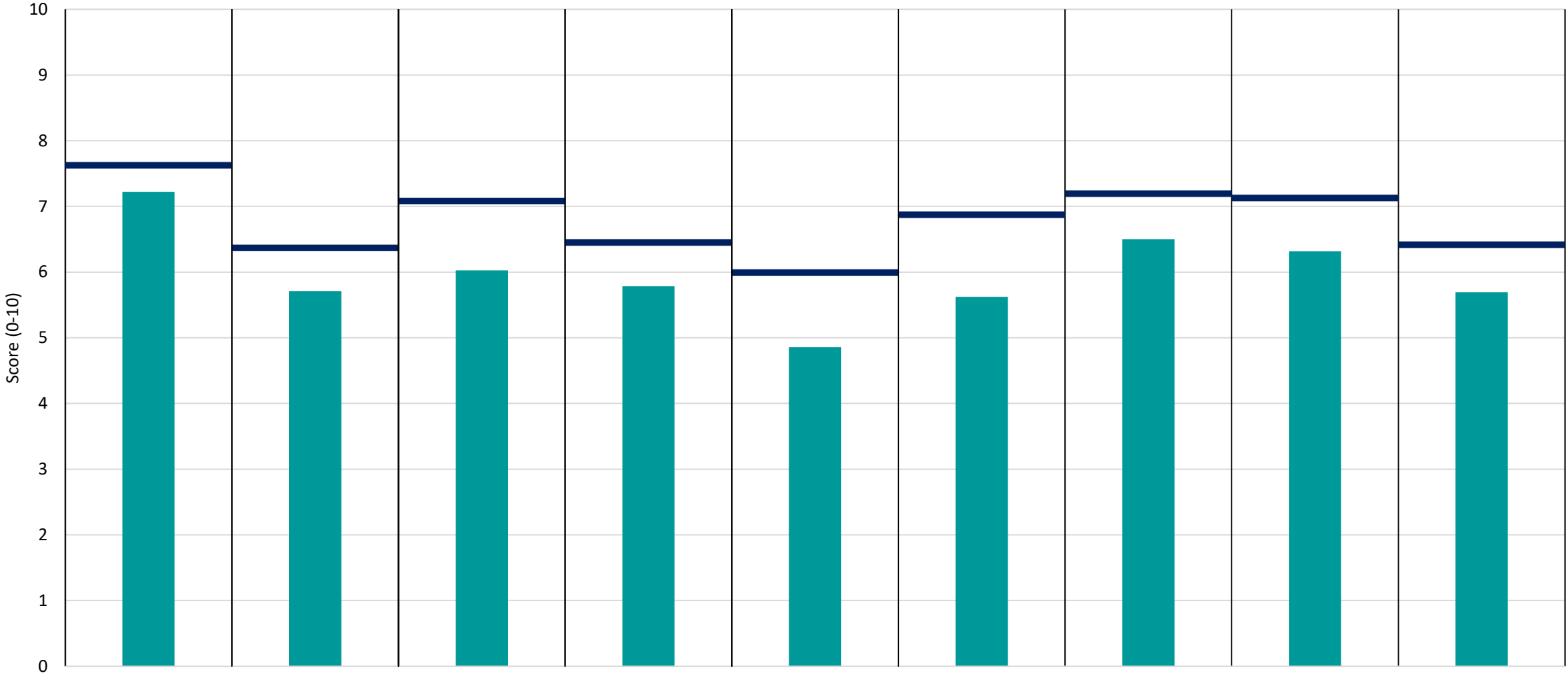
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Staff Engagement

Morale



Breakdown	7.22	5.71	6.02	5.78	4.86	5.63	6.50	6.32	5.70
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42

Responses	30	31	30	30	29	30	30	31	31
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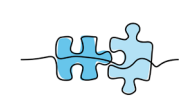
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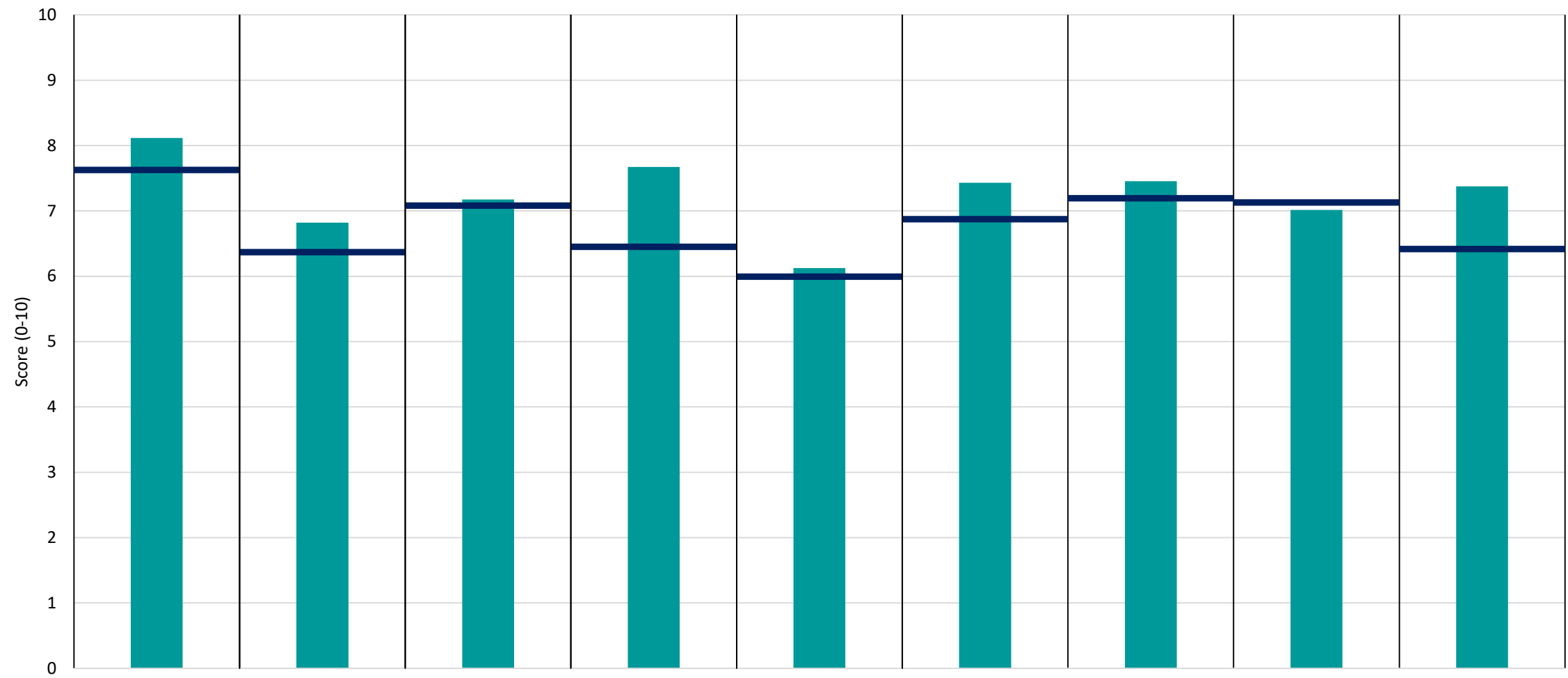
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Staff Engagement

Morale



Breakdown	8.12	6.82	7.18	7.67	6.13	7.43	7.46	7.02	7.38
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	110	110	110	109	103	110	110	110	110



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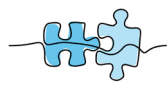
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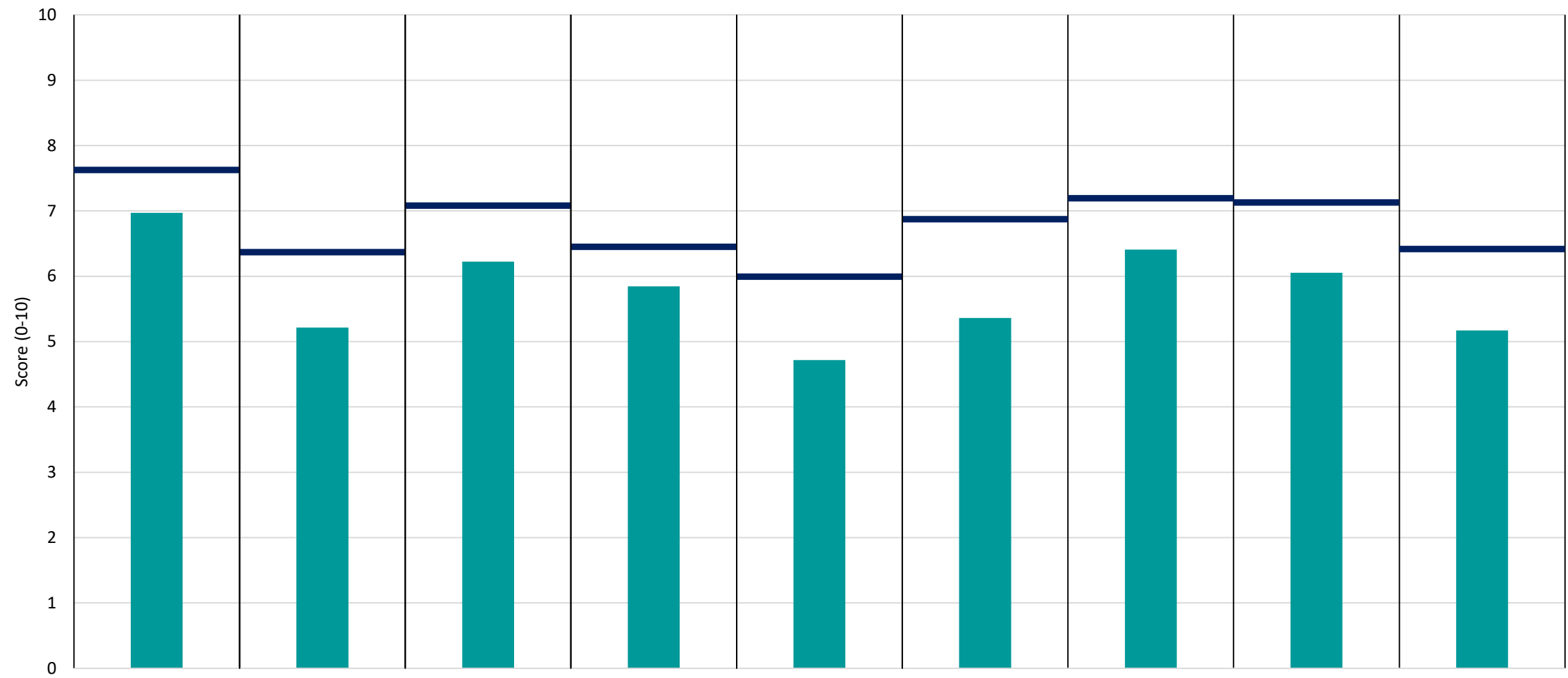
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Morale



Breakdown	6.97	5.21	6.22	5.85	4.72	5.36	6.41	6.05	5.17
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	85	85	83	85	80	85	84	85	85



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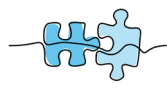
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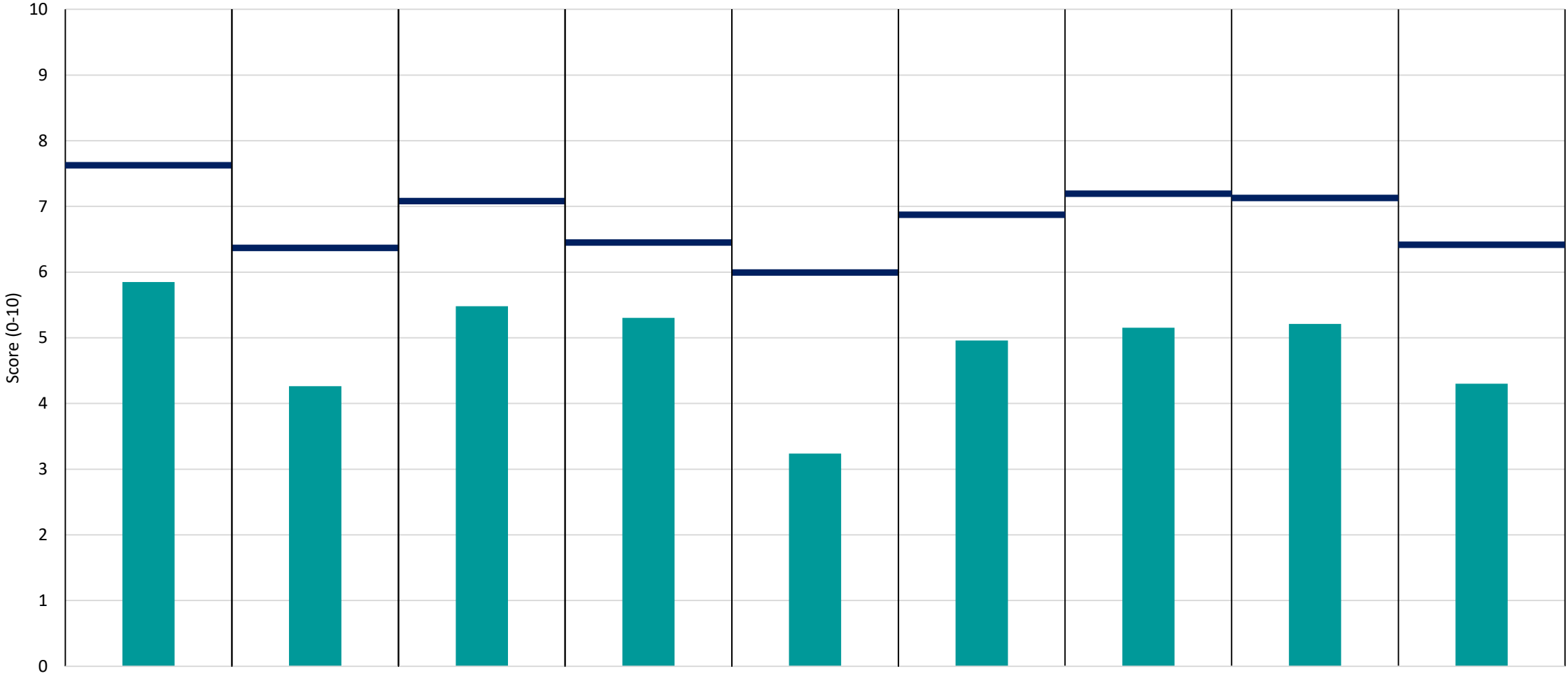
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Morale



Breakdown	5.85	4.26	5.48	5.30	3.24	4.96	5.15	5.21	4.30
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	51	51	49	50	48	51	51	51	51



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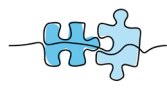
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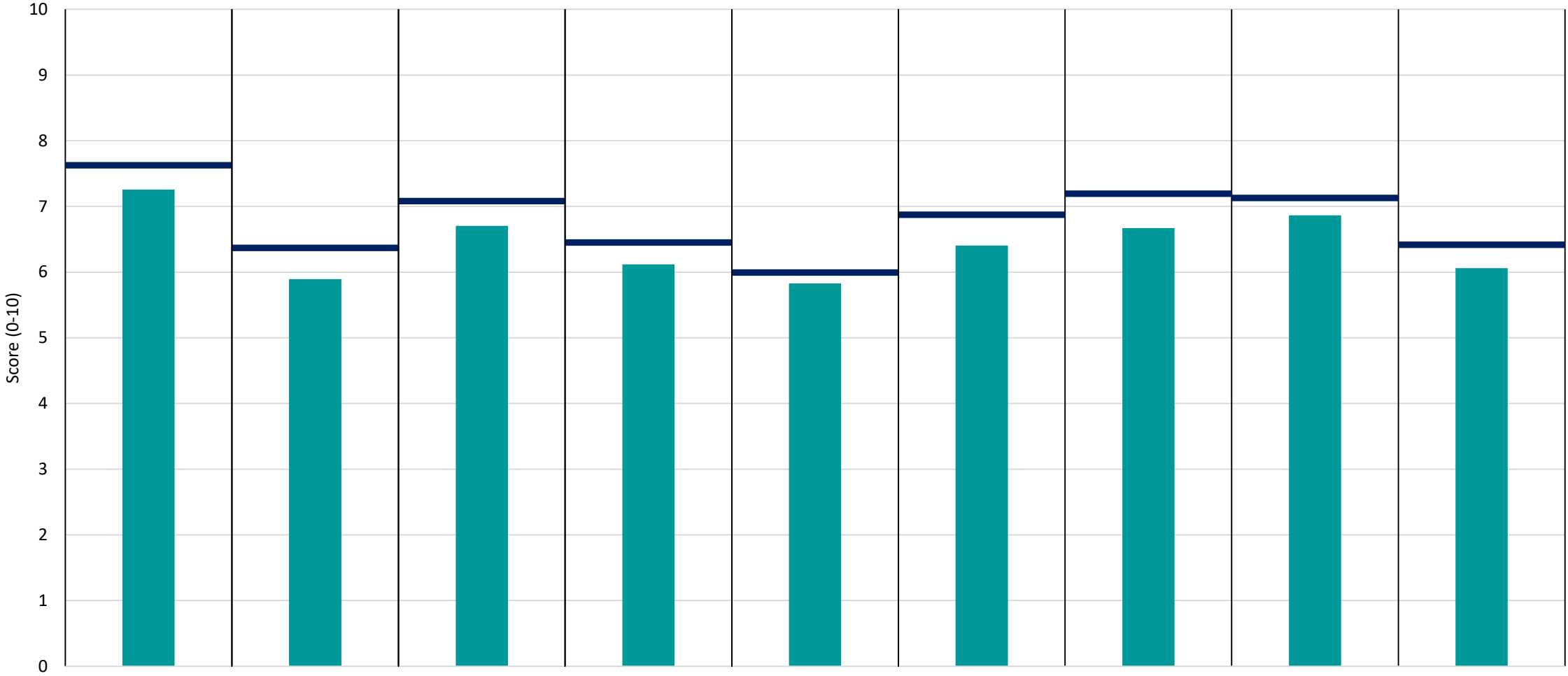
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Staff Engagement

Morale



Breakdown	7.26	5.89	6.70	6.12	5.83	6.40	6.67	6.86	6.06
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	93	92	91	90	90	92	93	92	92



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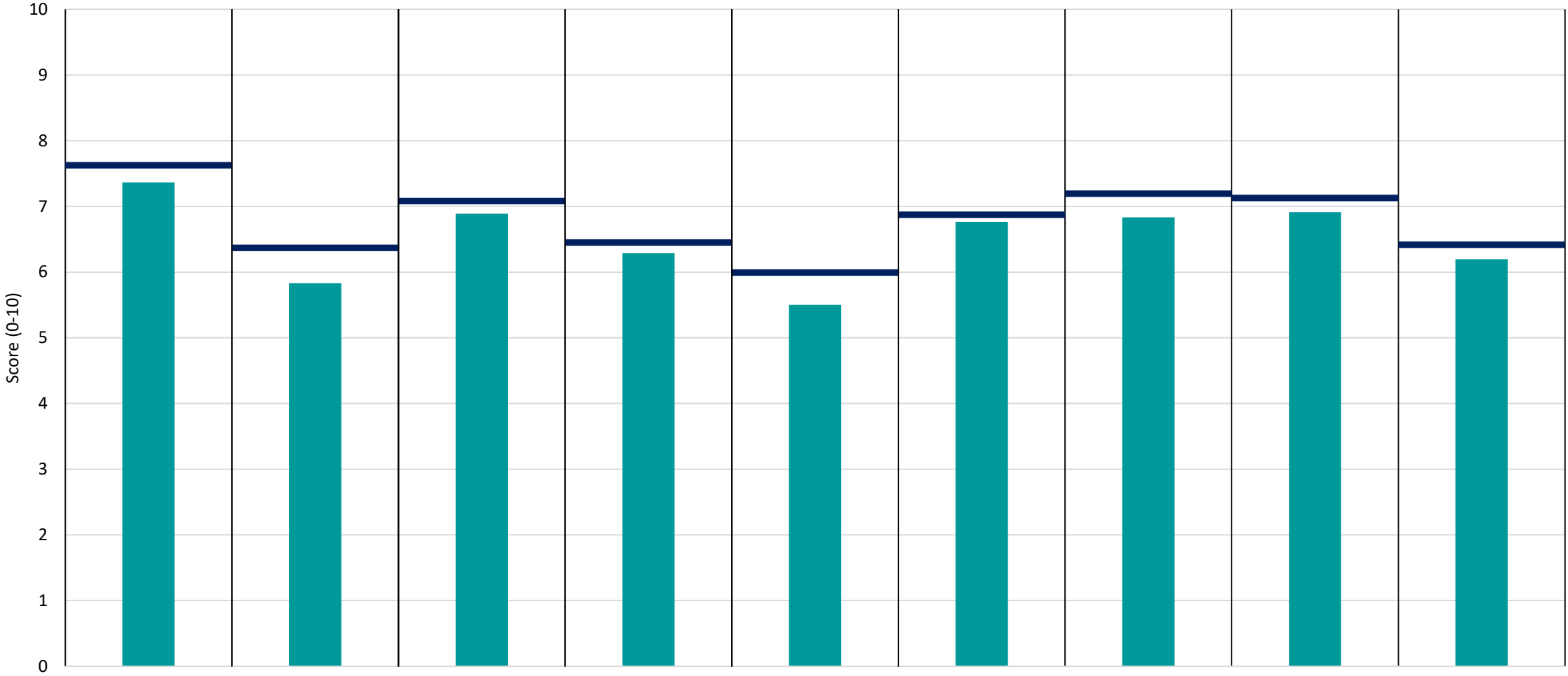
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Morale



Breakdown	7.37	5.83	6.89	6.29	5.50	6.77	6.83	6.91	6.20
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	118	118	117	115	108	118	117	118	118



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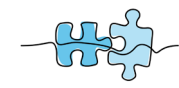
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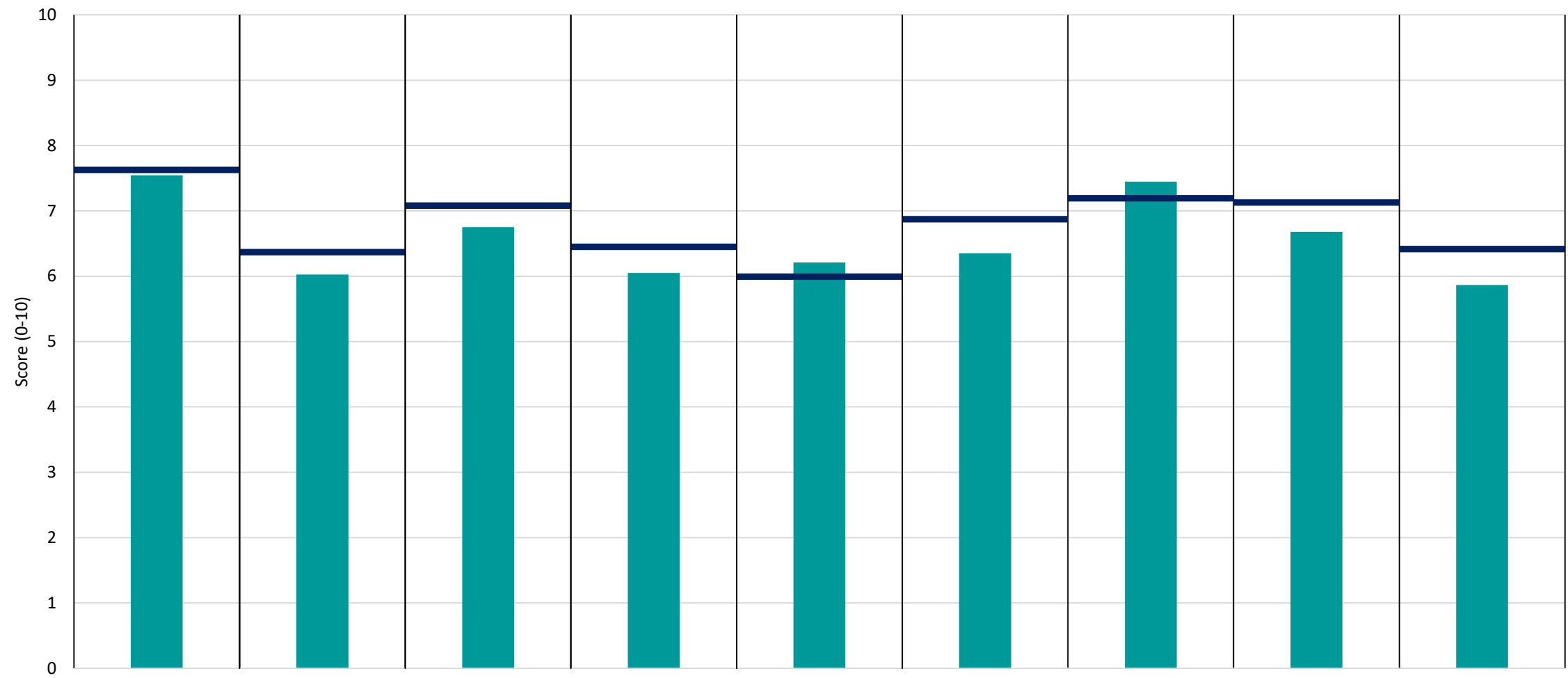
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Staff Engagement

Morale



Breakdown	7.54	6.03	6.75	6.05	6.21	6.35	7.45	6.68	5.87
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	101	101	101	101	95	100	101	101	101



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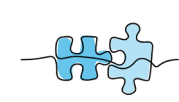
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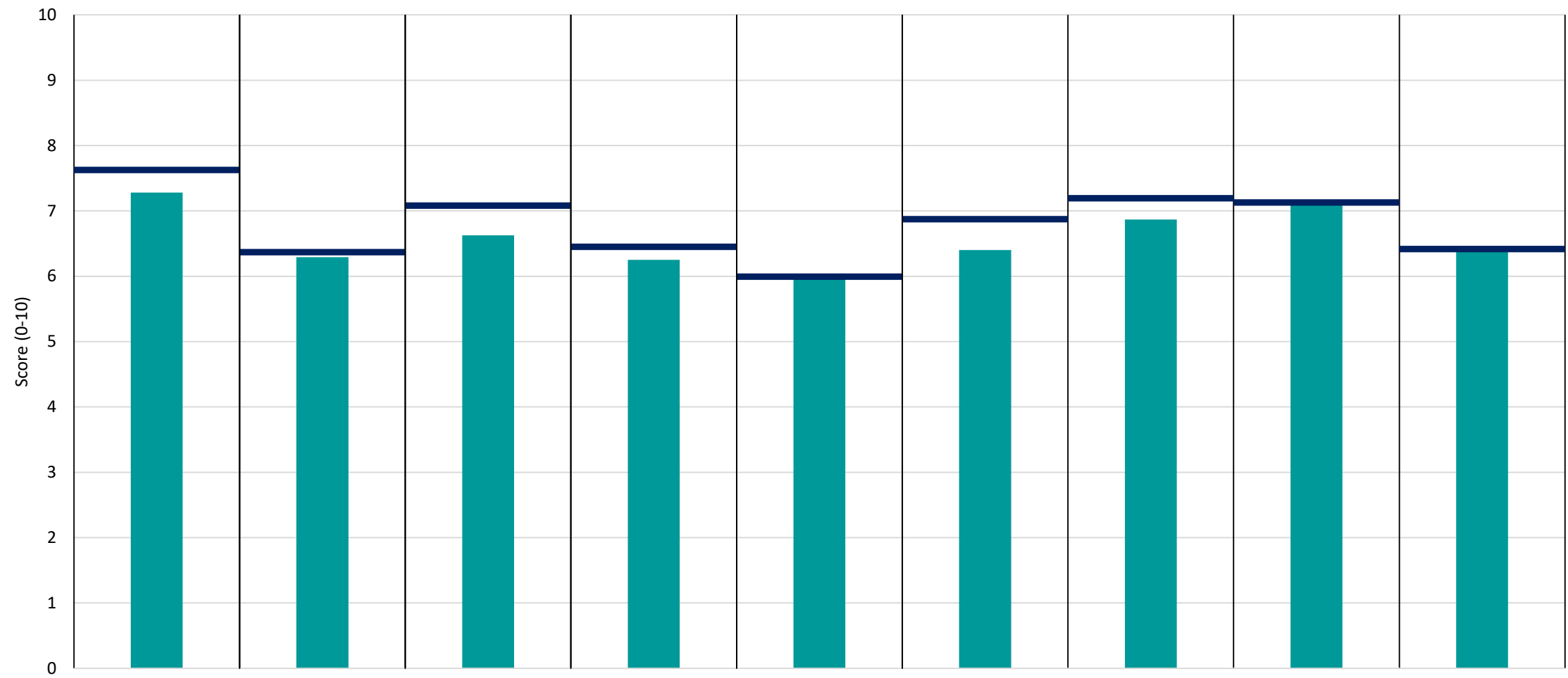
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Staff Engagement

Morale



Breakdown	7.28	6.29	6.63	6.25	6.04	6.40	6.87	7.16	6.38
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	59	60	59	58	55	59	59	60	60



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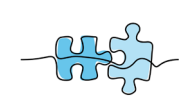
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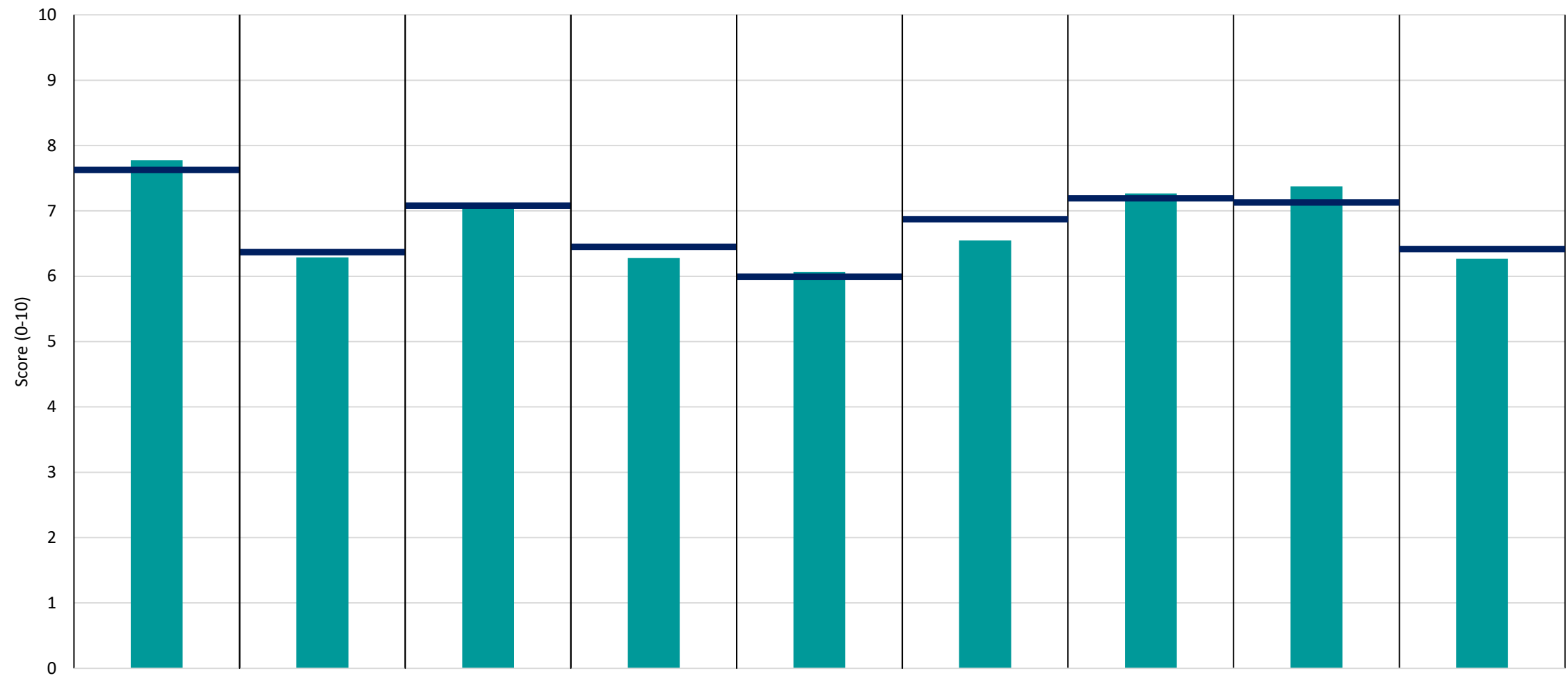
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Staff Engagement

Morale



Breakdown	7.77	6.29	7.09	6.28	6.06	6.55	7.27	7.38	6.27
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	85	85	84	81	78	85	85	85	85



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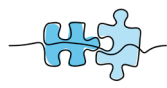
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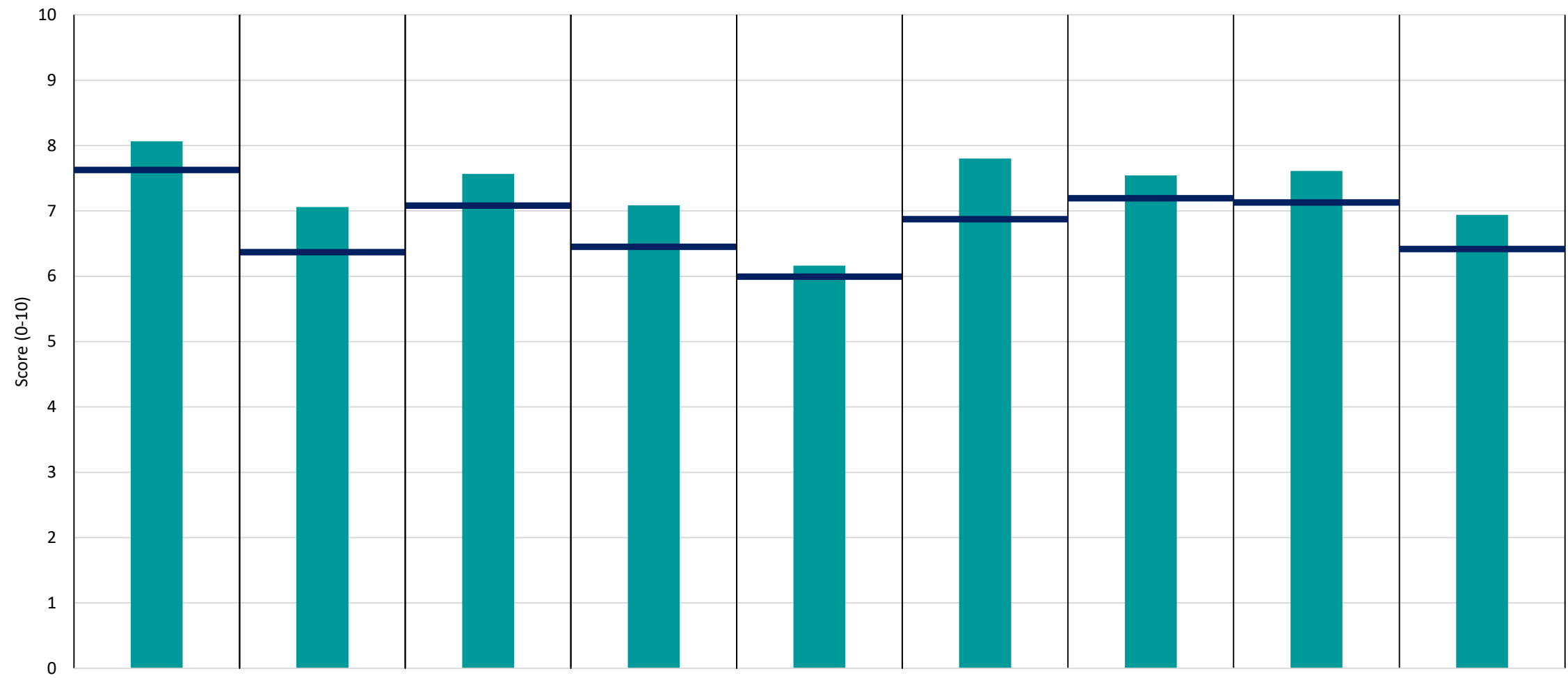
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Staff Engagement

Morale



Breakdown	8.07	7.06	7.57	7.09	6.16	7.80	7.54	7.61	6.94
Your org	7.63	6.37	7.08	6.45	5.99	6.87	7.19	7.13	6.42
Responses	122	123	122	122	118	122	123	123	123

3. Assurance

3.1. People Committee Chair's Log: 26

March 2024

For Assurance

Presented by Sue Ellis



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/3.1
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SUBJECT:	PEOPLE COMMITTEE CHAIR'S LOG
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>	✓	<i>Assurance</i>	✓
	<i>For review</i>		<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

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

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

EXECUTIVE SUMMARY

The People Committee met on Tuesday 26 March 2024 and considered the following major items:

- Annual employee relations report.
- Trust objectives 24/25,
- Guardian of safe working -biannual report on safe working hours for Doctors in training.
- Annual Equality Delivery system (EDS) 2022 report and action plan: approval is required for submission of the Equality Delivery System Report (2022) and Action Plan for 2023/24 to NHS England and publication on the Trust website.
- Workforce insight report.
- Freedom to speak up quarter 4 report
- 2023 NHS staff survey results - next steps
- Apprenticeship annual report
- Trust people plan progress report - quarterly review
- Sexual safety charter - gap analysis
- 'Too hot to handle' race discrimination in the NHS report.
- NHSLeadership competency framework for board members.
- Board assurance framework and corporate risk register.
- Regular review of forward work plan

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

RECOMMENDATION(S)

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

Subject: PEOPLE COMMITTEE CHAIRS LOG	REF:	BoD: 24/04/04/3.1
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People Committee (PC)	Date: 26 March 2024	Chair: Sue Ellis
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Annual employee relations report	This report describes the employee relations work within the Trust for the 12 months period to September 23. It breaks down the data at Trust and CBU level, by staff group and protected characteristics. Some positive improvement in timescales and application of a just & restorative approach for handling cases was noted and the Committee received the report.	Board of Directors	Note
2	Trust objectives, 24/25, Building on emerging opportunities	The People objectives proposed and captured within the overall 'Trust Objectives document' were approved by the Committee and agreed for updating when national planning priorities are issued. This features as part of the April Board report.	Board of Directors	Assurance
3	Guardian of safe working	<p>The bi-annual report on Safe working hours for Doctors in training was presented by Miss Jess Phillips, Guardian of Safe working.</p> <p>The analysis by type and CBU illustrated that in the period July to December 2023 that there had been an increase in reported exceptions including leading to 4 fines and others resolved by payment or lieu time.</p> <p>The Committee noted proposals for revised staffing arrangements to reduce locum usage within Medicine, and requested to be kept updated on progress of a business case for additional staffing in that specialty.</p>	Board of Directors	Assurance
4	Equality Delivery system (EDS), 2022 report and	This was presented by Pauline Garnett, Head of Inclusion & Wellbeing and Roya Pourali, Inclusion & Wellbeing Lead and	Board of Directors	Approval Page 219 of 526

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
	action plan	was well received. The Committee reviewed domain 2 'Workforce health and wellbeing' – and domain 3 'Inclusive leadership'. The overall submission to NHS England Equality and health inequalities team and for publication on the Trust website is to be approved by the Board, and consequently, is attached to this report. Pauline and Roya were thanked for the significant work which underpins our 'achieving' score.		
5	Workforce insight report	It was noted that mandatory training and appraisal are at, or exceeding, the targets and turnover and retention are relatively good. Some progress has now been made to reduce sickness absence to 5.4% primarily due to an improvement in long term absence, with mental health remaining the most significant cause, but this still does not reach the target of 4.5%, which will be brought forward into 24/25.	Board of Directors	Assurance
6	Freedom to speak up quarter 4 report	This was received, drawing out the additional training analysis. An action was identified to consider appropriate governance through Committees and the Board for this important stream of work.	Board of Directors	Note
7	2023 NHS staff survey results next steps,	Following the strong results discussed at the March Board Strategic Focus session, the next steps for action, including the establishment of a 'Proud to care cultural leadership group' were approved.	Board of Directors	Assurance
8	Apprenticeship annual report,	The Committee learned of our positive work to sustain significant numbers of apprentices (138 learners across 33 programme areas) across the Trust and BFS in the year to end of February 2024. The committee also noted the continued high use of the apprenticeship levy.	Board of Directors	Assurance
9	Trust People plan progress report	This was the quarterly review and showed the detailed work brought together to support our People plan (2022- 2027)	Board of Directors	Note

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		combining initiatives and culture activity with outcomes described. There was debate about the appropriate target of Exit interviews but in light of a revised system being brought in, it was agreed to retain this at 60% for now.		
10	Sexual safety Charter gap analysis	This was identified following the NHS England requirement for a 'Sexual safety charter' launched in December 2023. All of the ten commitments will be met by the Trust by July 2024. A specific 'Sexual safety policy' will subsequently be brought forward to the Committee in July.	Board of Directors	Note
11	'Too hot to handle' report	The recent report from BRAP (a charity transforming the way organisations think and deliver equality) headed 'Too hot to handle', reflecting on race discrimination and Employment Tribunals in the NHS was received for information. A process whereby it will be considered for action within the Trust's existing work groups (such as joint partnership forum and race equality & inclusion network) was supported with a report to be brought back in July 24.	Board of Directors	Note
12	NHS Leadership competency framework for board members	The Committee noted this new material from NHS England and that it will feed through self-assessment in due course for both Non-executives and Executives (via appraisal reports to Governor Nominations Committee or Trust Remuneration Committee respectively). It will also feature in the recruitment of replacement non-executives which is current in April 24.	Board of Directors	Note
13	Board assurance framework and corporate risk register.	The Committee considered the risks aligned to the Committee and approved the downgrading of risk 2598 relating to risk of inadequate health and wellbeing support to colleagues, with residual score going down from 8 to 4 in light of supportive evidence through the staff survey. Other risks to be maintained at the current level for now.	Board of Directors	Approval

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
14	Review of work plan	The 2024/5 initial draft of work plan was received, noting CBU representatives will be directly involved going forward and also to review whether there is sufficient focus on education.	Board of Directors	Note

3.1.1. Equality Delivery System Report

For Assurance/Approval

Presented by Steve Ned and Sarah Moppett



REPORT TO THE BOARD OF DIRECTORS	REF:	BOD: 24/04/04/3.1i
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SUBJECT:	Equality Delivery System (EDS) 2022 Report and Action Plan: 2023/24
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DATE:	4 April 2024
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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:	Pauline Garnett, Head of Inclusion and Wellbeing Roya Pourali, Inclusion & Wellbeing Lead
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SPONSORED BY:	Steven Ned, Director of Workforce Sarah Moppett, Director of Nursing & Quality
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PRESENTED BY:	Steven Ned, Director of Workforce
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STRATEGIC CONTEXT

Best for People: We will make our Trust the best place to work by ensuring a caring, supportive, fair and equitable culture for all.

Best for Patients and the Public: We will provide the best possible care for our patients and service users. We will treat people with compassion, dignity and respect, listen and engage, focus on quality, invest, support and innovate.

EXECUTIVE SUMMARY

This report provides an overview of the Equality Delivery System (EDS) 2022 engagement exercise and the grading achieved against the EDS framework. The framework comprises of three domains:

- Domain 1 – Commissioned or provided services
- Domain 2 – Workforce health and wellbeing
- Domain 3 – Inclusive leadership

The EDS is an improvement tool for NHS organisations in England. It involves active conversations with patients, public, staff, staff networks and trade unions to review and develop their services, workforce, and leadership. It is driven by evidence and insight. The third version of the EDS was commissioned by NHS England and NHS Improvement. The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The EDS encourages the collection and utilisation of evidence and insight across the range of people with protected characteristics described in the Equality Act 2010. It assists in meeting the public sector equality duty (PSED) and shaping the equality objectives. Trusts are recommended to submit their EDS reports to NHS England equality and health inequalities team and publish on the trust’s website.

National requirements recommend Trusts to consider three services for domain one.

(commissioned or provided services). The service chosen can be a service where data indicates it is doing well, not performing well or those with unknown performance. It was decided by the South Yorkshire ICB and partners to include one transition service. A consultation meeting was held to identify three services and it was agreed to select:

- Neonatal
- Diabetes - transition
- Ophthalmology

Internal and external stakeholders and participants representing various protected characteristics actively engaged in the grading exercises. During the four grading events a diverse range of evidence was outlined and presented to the stakeholders who attended the grading events. Although some stakeholders were unable to attend they still had the chance to contribute to the grading process online. Collaborating with our South Yorkshire ICS partners including Rotherham Hospital, RDaSH and Doncaster & Bassetlaw Teaching Hospital proved particularly valuable for discussing the EDS 2022 process and participating as peer reviewers. This exercise enabled us to benchmark our services and share best practices. Participants asked questions, provided comments and reviewed the extensive evidence. These insights were valuable in shaping the formulation of the EDS action plan.

Key findings

- The Neonatal service was rated as excelling in all domain outcomes, demonstrating consistent and sustainable service-user involvement. The service actively co-produced their improvement plan with service users and fostered collaboration with Voluntary, Community, and Social Enterprise (VCSE) partners to enhance patient outcomes.
- Diabetes service was considered to be achieving across all domain outcomes demonstrating innovative approaches to increase level of access and meet patient's needs. However, recognising the need for continuous improvement the service will collaborate with the Inclusion & Wellbeing Lead to amplify the diabetes service further, ensuring inclusivity and accessibility.
- Ophthalmology service has received achieving in two domains outcomes and provides additional support to patients with diagnosed or living with visual impairment. However, in two of the domains a developing rating is received. Efforts should focus on enhancing service user satisfaction and actively engaging with service users and local communities to ensure diverse voices are heard.
- Workforce health and wellbeing domain was rated as achieving in most domain outcomes demonstrating a commitment to staff health in the wide range of resources and activities. The Peer reviewers rated excelling for staff providing support to manage obesity, diabetes, asthma, COPD and mental health conditions. However, greater awareness and support is needed in self-managing conditions such as obesity, diabetes, asthma and COPD among all staff and this was reflected in staff feedback. Collaborative work is currently being undertaken by the Occupational health and the Public health team to improve the general health of employees and support staff to access the range of offers. Equally, the facilitation of meaningful health & wellbeing conversations and using the wellbeing passport may support and empower staff to remain healthy at work and explore reasonable adjustments where needed. Additionally, increasing the response rate for end of employment exit interviews and utilising protected characteristics data may help to identify common themes and targeted improvements. Notably, internal stakeholders rated one of the domain outcomes as excelling and felt assured that staff have access to independent support and advice when facing stress, abuse, bullying, harassment, or physical violence.

- Leaders and Very Senior Managers (VSMs) have demonstrated their commitment in several ways such as actively participating in various events and engaging with staff through dialogue, active listening and supporting various initiatives. It was felt that some leaders could actively participate in diversity events, highlighting the need for increased visibility and engagement with staff. Additionally, equality and health inequalities related impact assessment must be consistently considered and standard agenda items in board and committee meetings. The inclusive leadership domain was rated as achieving.

The scores were aggregated to determine the overall grade as indicated in the EDS 2022 ratings guidance (a detailed report is provided in the grading report)

The Trust has scored an overall rating of Achieving across all the domains.

An action plan has been developed to identify areas for improvement in each domain to improve its rating to Excelling. (See EDS 2022 report and action plan – 2023/24)

Current domain ratings are:

Domain 1 – Achieving

Domain 2 – Achieving

Domain 3 – Achieving

RECOMMENDATION

The Board of Directors is asked to receive and ratify the submission of the EDS 2023/2024 report for external submission to the NHS England Equality and Health Inequalities Team, for publication on the Trust website, in line with statutory requirements.

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 2022

EDS Reporting Template

2023/24

Version 1, 14 February 2024

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		Barnsley Hospital NHS Foundation Trust		Organisation Board Sponsor/Lead	
				Steve Ned, Director of People Sarah Moppett, Director of Nursing and Quality	
Name of Integrated Care System		South Yorkshire ICB			
EDS Lead	Inclusion and Wellbeing Lead – Roya Pourali		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	11 January 2024 – Domain 1 8 January 2024 – Domain 2 25 January 2024 – Domain 3 29 January 2024 – Peer Review		Individual organisation	Barnsley Hospital NHS Foundation Trust	
			Partnership* (two or more organisations)	Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, Rotherham Hospital NHS Foundation Trust, Rotherham, Doncaster and South NHS Foundation Trust (RDaSH)	
			Integrated Care System-wide*		
Date completed	February 2023		Month and year published	February 2024	
Date authorised			Revision date	N/A	

Completed actions from previous year		
Action/activity		Related equality objectives
Diverse patient's (all protected characteristics) panel is established in collaboration with patient experience and engagement team		<p>Strengthen partnership and engagement with patients/service users and underrepresented from diverse communities to meet the needs of patients/ service users</p> <p>Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
Collaborated with patient experience and engagement team, inclusion and wellbeing team and diverse patients' panel to enhance services		<p>Continue to work in collaboration with Maternity Voice Partnership (MVP) and linking with patient experience and engagement team</p> <p>Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion</p>

		We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand
Maternity service patient feedback form asks ethnicity and MVP actively engage with women to seek feedback. Maternity Matrons meet with MVP monthly to discuss feedback and update action plan as required. 'You said we did' board so all patients are aware of actions we have taken from any concerns raised.		Ensure feedback is captured from BAME Women including those with protected characteristics Equality Objectives: Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand
Maternity patients have Personalised care Plans, capturing individualised needs, document owned by patient. Updated and discussed at each scheduled visit. Translation services available on website including face to face and telephone services. Posters raising awareness of translation services in all areas.		Ensure maternity services are accessible to all patients including those with protected characteristics to overcome any barriers in accessing services Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand
Patient feedback form asks ethnicity and MVP actively seek feedback from patients. Monthly Maternity Provider Board Measures Paper details any triangulation of ethnicity with any cases		Improve safety outcomes for patients with protected characteristics

<p>recorded on datix as moderate harm or more. Action plans written as required and learning disseminated. MBRRACE-UK data reviewed and benchmarked to enable service improvements which includes specific actions for women with protected characteristics/vulnerable groups. Inpatient matron is working with Trust Learning Disabilities Team to develop care provision more individualised for women with autism.</p>		<p>Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyle, encourages and provides opportunity to increase physical activity levels</p>		<p>Continue to provide and enhance the health and wellbeing support to staff to enable staff to thrive at work Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all Create an organisational climate that supports equality, diversity and inclusion We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Support services for access to independent support and advice when suffering from stress are being promoted</p>		<p>Encourage staff to speak up, raise concerns and access support for stress or incidents of violence Equality Objectives; Ensure a caring, supportive, fair and equitable culture for all We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Chair of the Trust meet with staff networks on a quarterly basis. Race Equality staff network is benefitting from executive sponsorship, attendance at staff network meetings, actively</p>		<p>Board members and senior leaders to demonstrate their commitment to equality and health inequalities</p>

<p>listening, responding and allowing members to share their views and concerns</p> <p>Commitment shown in the sponsorship of religious, cultural or local events/celebrations</p>	<p>Equality Objective: Create an organisational climate that supports equality, diversity and inclusion</p> <p>Ensure a caring, supportive, fair and equitable culture for all</p> <p>We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>
<p>Board members and senior leaders actively supporting staff experiencing menopause within the working environment and Trust has achieved Menopause Friendly Employer accreditation</p>	<p>Board members to actively promote awareness of EDI issues, enhance and embed EDI across the Trust</p> <p>Inclusion and Wellbeing team working closely with the staff networks through Inclusive and diverse subgroup</p> <p>Equality Objective; Ensure a caring, supportive, fair and equitable culture for all</p> <p>Create an organisational climate that supports equality, diversity and inclusion</p> <p>We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand</p>

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p style="text-align: center;"><u>Diabetes Service</u></p> <ul style="list-style-type: none"> • FFT result: 97.75% responded very positive • Interpreters are booked or language line used to carry out education/ training / appointment whilst patient on the ward, if English is not the patient or families first language. Patients have access to telephone, face to face and translation services to meet communication needs. • Transition patient forum jam board is in place to assess the transition service - see link, Transition patient forum - Google Jamboard • <u>Films are available to provide how to effectively perform the essentials of everyday management of Type 1 Diabetes - See link Essentials - DigiBete</u> • Team ensure services are easily accessible for children and young people with disabilities/learning disabilities. For example, wheelchair access to outpatient areas and ward areas during admission with easy-to-read information. • Staff are fully compliant with the protocol that all patients on the next working day by a member of the specialist diabetes team and each provider must provide patients and families with 24-hour advice and support. • Each patient is offered a minimum of four clinic appointments per year within the MDT (Multi-disciplinary Team). 	Achieving	Paediatric Diabetes Clinical Lead

		<ul style="list-style-type: none"> • This includes 24-hour access to fellow health professionals on management of patients acutely with a clear escalation policy in place for emergencies. Patients referred to appropriate support or peer groups • Self-assessment measures were undertaken and Peer review carried out by Royal College of Paediatric Child Health (RCPCH) and the report was positive. National Paediatric Diabetic Audit (NPDA) highlight the BME and level deprivation. • Team provide individualised training in school/ respite/ educational centres for children with type 1 diabetes. 100% positive feedback: see videos: https://vimeo.com/showcase/7443104, https://vimeo.com/showcase/7443424 		
	1A: Patients (service users) have required levels of access to the service	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Respect, dignity and inclusivity</p> <ul style="list-style-type: none"> • Planning and funding agreed to design a shower room within the unit for parents who wish stay at cot side. • The Local Maternity and Neonatal System (LMNS) has an equity and equality action plan we are working closely with the LMNS on this: Copy of Equity and Equality Action Plan 2022 - 27 (syics.co.uk) • Special dietary requirements can be catered for • Maternity and Neonatal Voice Partnership now has BAME representation on the group. The group are actively involved within the maternity and Neonatal unit looking to improve services based on service user feedback. • Free parking for all parents with a child on the neonatal unit. This is given to them on admission and can be renewed through the stay so no paid parking is needed. 	Excelling	Neonatal Lead Nurse Neonatal and Community Matron

- Specialist Health Visitor engages with the Refugee and Asylum-Seeking Community Group.
- Service users asked to complete Friends and Family questionnaire at discharge to allow for service development

Accessibility

- ‘Do you need an interpreter?’ poster on display on the Neonatal unit. The poster is designed to alert Non-English speakers to the availability of translation services.
- Notice boards have colour and pictures to draw attention to them, Notice boards with QR links to information leaflets use inclusive imagery to represent BAME and LGBTQ+ families.
- Easy read patient information leaflets available which can be accessed on the trust website: [Neonatal Unit | Barnsley Hospital NHS Foundation Trust](#)
- Parents access is 24/7 and they are encouraged to stay with baby if they wish.
- Unit has two rooming in rooms however, chair beds are also provided in each cot space.
- Dedicated perinatal mental health team and access to other specialist services if required (smoking cessation, bereavement, infant feeding, public health)

Training

- Cultural awareness training for all staff on mandatory training - 93% of staff completed as of November’23.

Future development

- Looking at fingerprint access to ease waiting time for door to be answered but also allow parents to enter without the need to communicate who they are at the unit entrance. This will be a secure controlled system.

		<ul style="list-style-type: none"> Transitional care facilities are being looked at within the trust which will offer both parents the opportunity to stay with their baby if the baby doesn't need any of the neonatal services. 		
	<p>1A: Patients (service users) have required levels of access to the service</p>	<p style="text-align: center;"><u>Ophthalmology Service</u></p> <ul style="list-style-type: none"> Ophthalmology feedback via FFT and complaints/concerns reviewed. April-Oct data indicates 44 responses with 29 rating good/very good (66%). 	<p>Developing</p>	<p>Lead Nurse and Matron</p>
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Trust Community & Voluntary engagement</u></p> <p>The trust has forged links and engaged with various stakeholders to create opportunities for improved communication and a platform for the community to voice their concerns effectively.</p> <p>active involvement and participation of all listed below stakeholders.</p> <p>Trust-wide engagement:</p> <ul style="list-style-type: none"> Educational Learning Supporting Hub (ELSH) Barnsley - providing English classes for people where English is not their first language plus, Asylum Seekers, Refugees and Migrants Barnsley Armed Forces and Veterans Breakfast Club Migration Partnership: attended the event and built partnership working Barnsley Blind and Partially Sighted Barnsley Place Based Partnership- Health and Care Plan 2023-25 Barnsley Involvement and Equality Group jointly developed and owned and is part of the Barnsley health and care plan Barnardos Young Carers 		

		<ul style="list-style-type: none"> • Beacon South Yorkshire • ELSH Barnsley - providing English classes for people where English is not their first language plus, Asylum Seekers, Refugees and Migrants • Barnsley Armed Forces and Veterans Breakfast Club • Migration Partnership: attended the event and built partnership working • Barnsley Blind and Partially Sighted • Barnsley Place Based Partnership- Health and Care Plan 2023-25 • Barnsley Involvement and Equality Group jointly developed and owned and is part of the Barnsley health and care plan. • Barnardos Young Carers • Beacon South Yorkshire <p>LGBTQ+</p> <ul style="list-style-type: none"> • Inclusive language used in paediatric settings for all patients who identify as LGBTQ+ • Posters/guide in place in both paediatric and adult diabetes areas • BH working closely with Barnsley LGBTQ+ Forum and took part at the Pride and engaged with the community members • All patients individually assessed, supported and referred to as their chosen name/sexual identity with use of appropriate pronouns • Diabetes service Patients referred to appropriate groups/peer groups for support if needed: Barnsley LGBTQ+, Rotherham and Barnsley Mind/ Spectrum Community Health Services, TransBarnsley Facebook Page • Trans Equality Inclusion Policy (patients and staff) • LGBTQ+ staff network working in partnership with other communities and other partners to improve and raise awareness of LGBTQ+ 		
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		<p>Faith and Religion</p> <ul style="list-style-type: none"> • Access to multi-faith chaplaincy, prayer facilities available within the trust • Chaplaincy meet the pastoral, spiritual and religious needs of all patients, staff and visitors irrespective of their faith, belief or religion. All religious celebrations on the religious calendar are observed and celebrated i.e. Easter – Ash Wednesday, Diwali and Onam, Ramadan, Christmas • Chaplaincy also hold services such as Baby and Children memorial, Remembrance Day, Organ Donation. • Working with Imam to promote the Muslim religion at the Trust. i.e. Aid Al Adha, Ramadan: https://vimeo.com/810611706/c7e8929e5d <p>Learning Disability and Disability</p> <ul style="list-style-type: none"> • Trust SOP (standard operating procedure) followed for supporting individuals with learning disability and autism. Learning Disability Team Liaison Nurse available. • Website and signposting from appointment letters guides patients to carparking, wayfinding, format in other languages. Videos and text options for information on the outpatient website • Patient appointment letters sent digitally, this tool has inbuilt translation capabilities. Hybrid mail works by sending patient letters digitally first, if no mobile number or the hyperlink not accessed within 24hours, hard copy letter sent • Easy read patient information leaflets available which can be accessed on the Trust website 		
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		<ul style="list-style-type: none"> • Action plan to improve accessibility for patients with learning disabilities and autism new for 2023. To include a local champion to support visits to the hospital LD • Work in progress to obtain communication aids, Makaton signs. • New mandatory training on Autism and Learning Disabilities for staff including Oliver Mc Gowan national training module to commence 2023-24 • Policy for Supporting individuals with a Learning Disability and/or Autism when accessing Acute Hospital Services is available • Accessible information standard alerts in PAS (patient administration system) set up. Patients can receive information to access the service in a format they can read; easy read, large font, yellow paper available. • Ensures that people with a Learning Disability have an Alert on CareFlow. • AccessAble - The guides look at 'access' and 'disability' from lots of different perspectives - mobility impairment, learning disability, sensory impairment, dementia and mental health. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Diabetes Service</u></p> <ul style="list-style-type: none"> • All patients are individually assessed and supported and referred to as their chosen name/ sexual identity and use of appropriate pronouns • Patients referred to appropriate groups/ peer groups for support if needed: Barnsley LGBTQ+, Rotherham and Barnsley Mind/ Spectrum Community Health Services TransBarnsley Facebook Page • Education completed during transition to paediatric services to young adult services on contraception/ sexual health 	<p>Achieving</p>	<p>Paediatric Diabetes Clinical Lead</p>

- All children and young people with type 1 diabetes and type 2 diabetes are offered annual psychology screening as part of their annual review
Diabetes team able to do referral to Children and Adolescent Mental Health Team/ Social Prescribing / GP and Branching Minds/ IAPT
All patients are given diabetes journal on admission to hospital and each child/ young person is offered an education session
All children and young people with type 1 and type 2 diabetes have an individualised care plan in place with school or college.
- When transitioning from junior school to secondary school, and then to college education sessions are also held. Evidence provided in 1A – Ready Steady Go documentation above.
- All patients receive a structured education programme including level 3 carbohydrate counting and completed within 2 weeks (see newly diagnosed itinerary and level 3 carbohydrate counting education sheet) All patients are given diabetes journal on admission to hospital
Each individual patient receives an individualised clinic summary after being seen in outpatient appointments.
- Diabetes Transition and Young Adult Pilot Service Specification
- Each young person is offered a co-ordinated and supported transfer, planning in partnership with young person and family led by a named health professional.
- Each young person has two face to face appointments per year (with a diabetes trained doctor, nurse specialist and dietitian) plus, two additional appointments (option of virtual with a diabetes nurse or dietitian) from Paediatric Diabetes Psychology/CAMHS/ED Service to Young Adult Diabetes Team.
- Prior to Transfer, each young person is seen in a minimum of two joint diabetes clinics with the original future service.

		<ul style="list-style-type: none"> As a result of the consultation with parents regarding information provided on diagnosis, feedback suggested that a full booklet was too much information at once and that more defined, individual booklets we're preferred for easier to digest information. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Future Development</p> <ul style="list-style-type: none"> There is an active recruitment plan to increase BAME representation on the Maternity, Neonatal, Voice Partnership (MNVP) group to ensure minority opinions are captured and representation is proportional. The neonatal service (along with Maternity) are looking at ways to cover the costs for people that give up time to support this. Discharge planning with parents to ensure full understanding prior to taking baby home. Unit will use a number of different ways to engage with family; translation services, Specialist health visitor or learning disability nurse at the hospital. Dedicated perinatal mental health team and access to other specialist services if required (smoking cessation, bereavement, infant feeding). As the unit is a specialist area the staff are skilled to tailor care to the individual needs of the family. Wording on all paperwork changed to be inclusive to all Have Vcreate system to enable the unit to send messages, videos and photographs to the parents when they can't be with their baby, Language can be selected when registering Parents. This system allows us to translate documents to different languages including parent packages. https://www.vcreate.tv/video/mp4/vcreate-nhs-video.mp4 <p>Meeting the needs of service users</p>	<p style="text-align: center;">Excelling</p>	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>

		<ul style="list-style-type: none"> • All parents accessing the unit will have free meals. There are sandwiches, Fruit, biscuits cereal and hot drinks available 24hours a day. • Lockers are available to all parents at entrance to the unit, on the keyring fob is a QR code to give feedback at any point during stay. • BCG vaccinations are discussed at discharge and appointment generated. This will be given on the unit prior to discharge if appropriate (Children’s outpatients facilitate this). • Parent feedback reviewed regularly and improvements made – ‘<i>You said, we did</i>’ • Yorkshire & Humber Neonatal Families - NHS Networks: https://www.networks.nhs.uk/groups/yorkshire-humber-neonatal-families/documents/ Parent package resources can also be found here. All Wrapped up goes alongside the videos and at ‘Our Neonatal Journey’ is a resource which can also be shared with parents antenatally if they are likely to have a stay in neonatal • Over at Pinderfields neonatal unit a charity (Spectrum People) run maternal journaling sessions each week with parents along 		
	<p>1B: Individual patients (service users) health needs are met</p>	<p style="text-align: center;"><u>Ophthalmology Service</u></p> <ul style="list-style-type: none"> • One stop clinic to reduce visits for diagnostics has been established for a number of years as a part of consultation. • Different seating available for people with disabilities/mobility issues. • Signposting to Healthy Lives information to include diet, smoking cessation, alcohol awareness. Large volume of diabetic patients therefore specific signposting to dietetics is routine. 	<p style="text-align: center;">Achieving</p>	<p>Lead Nurse and Matron</p>

		<ul style="list-style-type: none"> • Refreshments in department with access to toilets. Patients delayed in clinic can be offered sandwiches that staff will collect for them from the dining room. • Guide dogs are welcomed. • Various seating options available from children’s chairs to bariatric, accessible space for wheelchairs. • Eye Clinic Liaison Officer (ECLO) provide emotional and physical support to patients diagnosed, or living with visual impairment. Signposted to additional services, consultation with ECLO, safety information and adaptations, includes referral to mobility clinic held weekly for falls assessment, mobility aids/white stick- see evidence folder for range of support offered. 		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p style="text-align: center;"><u>Trust approach:</u></p> <ul style="list-style-type: none"> • Adherence to trust policy’s and guidelines to minimise harm to patients. National guidance reviewed and adopted (or mitigations in place). • Trust Patient Safety and Harm weekly meeting to escalate and review any care concerns along with a weekly maternity/neonatal incident meeting • Actively encouraging staff and patients to report incidents (at the weekly staff meetings) via Datix and working closely with PAS (Patient Advisory Service) to make sure we are meeting the needs of patients and staff. Trust Patient Safety and Harm weekly meeting to escalate and review any care concerns along with a weekly Access to translation and interpretation services where Datix and care concerns are reviewed • Follow the trust WNB/ DNA policy for non-attendance to clinic appointments 		

		<p>Management of missed outpatient appointments Unseen Children missed appointments and non-engagement with HCP</p> <ul style="list-style-type: none"> • Tendable audit for monthly checks on aspects of safety including equipment checked and in date, staff can articulate safe practices • Safeguarding acted upon, including patients who do not attend to check why and if this is a worry. 'Was not brought' procedures for paediatrics. 		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p style="text-align: center;"><u>Diabetes</u></p> <ul style="list-style-type: none"> • Each young person is offered developmentally appropriate structured education to support self-management and increased autonomy. • Team provide individualised training in school/ respite/ educational centres for children with type 1 diabetes and with a long-term disability. All primary schools with children with type 1 diabetes attending have a minimum of two staff members trained in how to manage diabetes in school • Staff able to assess patients and assess to safeguarding team/ Children's and Adolescent Mental Health/ School Mental Health provisions COMPASS/ IAPT • Working in partnership with other agencies to improve outcomes and focus on prevention i.e. social care, Early Help Navigators, social prescribing • 24 hours on call service; patients up to the age of 19 have access to advice out of hours to prevent hospital admission and reduce length of stay Staff attend related Child/ Family Meeting when required. Child In Need Meeting/ Child protection case conferences. 	<p>Achieving</p>	<p>Paediatric Diabetes Clinical Lead</p>

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Respect, dignity and inclusivity</p> <ul style="list-style-type: none"> • Staff are asked to ensure religious beliefs are discussed and documented. • All Neonatal admissions are inputted onto Badgernet system and captures data on ethnicity. This allows for outcomes to be reviewed as part of continuous improvement for more vulnerable groups • Access to translation and interpretation services patients (service users) use the service, they are free from harm • Think family safeguarding team approach. • Review of national MBRRACE reports and care recommendations reviewed and action plans developed to improve care delivery and minimise harm. • National neonatal Audit Report we review Quarterly and action areas of concern. • At each cot side is a chair bed to encourage parents to stay with baby. • Ongoing training for staff on access and use of telephone and face-to-face translation services. • Reviews of all adverse incident reporting mechanisms are reviewed and any themes acted upon - learning shared on ward meetings. • Unit has above the BAPM (British association of perinatal medicine) • Unit has standards for Qualified in Speciality (QIS) the standard is to have >70% of qualified staff QIS. Barnsley is currently 73.6% with an action plan in place to ensure we keep at this level or higher. 	Excelling	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>
	<p>1C: When patients (service users) use</p>	<p style="text-align: center;"><u>Ophthalmology Service</u></p> <ul style="list-style-type: none"> • Daily checks for health and safety, resuscitation equipment. Introduces ‘Are you safe at home?’ campaign. 	Achieving	<p>Ophthalmology service</p>

	the service, they are free from harm	<ul style="list-style-type: none"> • Eye Clinic Liaison Officer (ECLO) - support in clinic and ongoing referrals to disability adaptations/RNIB and support groups. • Any incident/adverse event is reported through Datix and escalated. Harms warranting investigation are managed through the Trust escalation process. • Complaints action plans are managed as above 		
	1D: Patients (service users) report positive experiences of the service	<p style="text-align: center;"><u>Diabetes Service</u></p> <ul style="list-style-type: none"> • Patient Reported Experience Measures (PREM) yearly. Currently focusing on feedback from first 18 months of care. Positive feedback received and action plan monitored regularly. • National Paediatric Diabetes Audit: shows compliance of completing the seven care processes and benchmarks against other diabetes team regionally and nationally. As a part of this, some areas highlight that we were performing better than the national average. • Survey Monkey questionnaires sent to patients regarding patient services including delivery of young adult clinics. Results indicated that patients wanted patient services to remain the same in respect of time, date, location. • Survey Monkey questionnaires sent to children and families after peer support activity days for children and young people. 100% of 9-12-year olds enjoyed the activity day, rating it 10 out of 10 stars with 100% of respondents also felt more supported following the activity day. • Mandatory Diabetes Training for all staff in children’s services. • Transition education days completed for children and young people moving from Primary to Secondary school and secondary to college. Feedback was very positive with overall rating of 78% out of 100%. 	Achieving	Paediatric Diabetes Clinical Lead

		<ul style="list-style-type: none"> • Forum for Young Adults re: Transition Service. Consultation with adult young people conducted who had already transferred over to find out their opinions of the transition process and what could be improved moving forward. Feedback overall positive - Transition patient forum - Google Jamboard 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p style="text-align: center;"><u>Neonatal Service</u></p> <p>Patients Engaging and feedback</p> <ul style="list-style-type: none"> • Maternity Voice Partnership now has BAME representation on the group and the group are actively involved with maternity unit and leads. This will help to ensure that cultural aspects of care delivery are recognised. • The Neonatal unit is responsive to feedback, action plans developed from national and local patient experience and engagement surveys. Patient experience action plan is reported into governance meeting and maternity and Neonatal Transformation Group. • Neonatal Facebook, Instagram and Twitter pages available to capture opinions and feedback and parents can pick own language. https://www.facebook.com/neonatalunitbgh • Unit philosophy is parents are partners in care and the staff on the unit will adapt to each individual family to try to ensure a positive stay while on the unit. • 15 Steps Walk through by MNVP and action plan developed. 	Excelling	<p>Neonatal Lead Nurse Neonatal and Community Matron</p>

	1D: Patients (service users) report positive experiences of the service	<p><u>Ophthalmology Service</u></p> <p>FFT 42 responses (1/4/23-31/8/23) 11: Disability, 1:BAME. 9 poor /very poor feedback (21%) - 3 of these were recorded from patients with protected characteristics.</p> <ul style="list-style-type: none"> • FFT displays in department with 'You said we did' outcomes. • No local survey but Tenable audit completed monthly with patient level questions. 	Developing	Lead Nurse and Matron
Domain 1: Commissioned or provided services overall rating			Achieving	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>Colleagues are encouraged to declare if they have a disability or a long-term condition, but the nature of the disability or condition is not requested therefore we are unable to provide accurate data on the type of support and the number of colleagues with diabetes, asthma, COPD and obesity.</p> <p>Furthermore, there is a wide range of support for staff with mental health conditions</p> <p>Examples of good practice:</p> <ul style="list-style-type: none"> • Health and wellbeing service directory created, promoted and disseminated to provide internal and external HWB service. • HWB Hub Page is available and is being refreshed • Inclusion and Wellbeing – Hospital Hub (trent.nhs.uk) 	Achieving	

<p style="text-align: center;">Domain 2: Workforce health and well-being</p>		<ul style="list-style-type: none"> • HWB Apps - NHS staff have been given free access to a number of wellbeing apps to support with their mental health and wellbeing until Sunday 31 December 2023 • WOW (Wellbeing on Wednesday) Sessions – has commenced January 2024 - new monthly HWB sessions aimed at all staff on a range of wellbeing topics e.g. Physical Activity, Healthy Eating etc. • Input to Preceptorship session around HWB services - Shared information on support available, how to access our service. • Mindfulness support - 8-week MBSR course delivered, which finished in May 2022 with positive feedback received from participants. • HWB Roadshows - included Survey, raising awareness and informing staff of relevant signposting to additional support services. • Menopause Peer Support Group - There are 170 staff registered on the group. The group was meeting online monthly (plans to create a Drop-In approach to future meetings) • Menopause Advocates / Champions Training Programme - 25 staff have undertaken the Advocates training programme throughout 2023 and they will also be involved in supporting the Trust in the 'Menopause Friendly' process and ongoing work in this area. • Menopause Friendly Accreditation - BHNFT achieved Menopause Friendly Accreditation in August 2023. Achieved HPMA award for Menopause work across the ICB in September 2023, HSJ Award highly commended achieved in November 2023. South Yorkshire Menopause Project Highly Commended At National Award :: South Yorkshire I.C.B (icb.nhs.uk) Celebration event hosted Oct 2023 to raise awareness of support offered. • Inclusion & Wellbeing Champions - network of 67 Champions developed, support offered through regular network meetings. 		<p style="text-align: center;">Inclusion & Wellbeing Team</p>
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		<ul style="list-style-type: none"> • Referrals to Occupational health (OH), self-referral. Access to counselling and quick access to Physio. • Occupational Health lifestyle checks are available. • Occupational Health led health surveillance as appropriate. Providing advice to staff and signposting staff to external sources of support e.g. Maximus. • Creation of Suicide Assessment and Referral guideline within OH. • OH - Occupational Psychologist working on a strategy for psychological health, safety and mental wellbeing. • Recruitment in process for a Mental Health Support Worker for OH. • Staff can access Healthy Lives teams for stop smoking • Policy for supporting people with a learning disability or autism • Adjustment to triggers for staff with disability related absence, flexible working, reasonable adjustments considered to support staff • Refreshed and improved the sickness policy - Supporting Staff Attendance Policy is newly developed and is being launched with a training programme for managers. • Health & Wellbeing Passport is being developed to facilitate wellbeing conversations 		<p>Head of Occupational Health</p> <p>Healthy Lives team HRBPs</p> <p>Head of Occupational health</p>
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • WRES – There has been a decrease in the percentage of staff experiencing AHB (Abuse, harassment and bullying). From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%. From staff: Reduction from 28% to 27%. • WDES – From colleagues, reduction from 24.1% to 23.3% • Neurodiversity Guide is newly developed • Reasonable Adjustment Guide is newly developed 	<p>Achieving</p>	<p>Head of Inclusion & Wellbeing, Inclusion & Wellbeing Lead</p> <p>Head of Inclusion & Wellbeing, Inclusion & Wellbeing Lead</p>

		<ul style="list-style-type: none"> • Trans Equality inclusion policy has been updated and shared with the staff network, Barnsley LGBTQ+ Forum, TransBarnsley and Trade Union. We have received feedback from a TransBarnsley member: "I have to say, this is possibly one of the best, most comprehensive policies I have read." • Trust-wide campaign in partnership with Barnsley Council - No place for Hate campaign: http://intranet.bdgh-tr.trent.nhs.uk/2023/06/barnsley-hospital-is-no-place-for-hate-2/ • Violence & Aggression Management Group (VAMG) is established and incidence of staff abuse or violence is discussed, key learning and risk reduction plans are in place and reviewed • Staff encouraged to speak up using such things as Freedom to Speak Up (FTSU) champions and a specific FTSU policy. • Freedom to Speak Up mandatory training is in place • There are 19 freedom to speak up champions • Passport to management training is offered throughout the year to managers on HR policies with a specific section on B&H • 106 delegates have completed the Managing Grievance, Bullying and Harassment session for managers from March 2022 • Internal / external mediators are available to facilitate informal resolution 		<p>Inclusion & Wellbeing Lead</p> <p>Communications team / Head of Business Security</p> <p>VAMG</p> <p>FTSU Guardian</p> <p>HRBPs</p> <p>Head of Inclusion & wellbeing</p>
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying	<ul style="list-style-type: none"> • Inclusion and Wellbeing Champion champions - A network of 67 Champions have been developed and support offered through regular network meetings • FTSU Guardian/ champions 19 • Self-referral to OH and management referral and management support is available 	Achieving	<p>Inclusion & Wellbeing Team</p> <p>Occupational Health team</p>

	<p>harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • OH exploring a model that would provide access as appropriate to a Professional Nurse Advocate within the service. • Union support is available • Union reps support staff and their responsibility is outlined in policies. Just culture statement in all policies. We have a specific policy called '<i>support for staff involved in an incident, inquest, complaint or claim</i>' which details how we can support staff. • Bullying & Harassment (B&H) policy and issues resolved informally or formally investigated. The policy also outlines the expectations of staff in the workplace • Annual report is submitted to PEG outlining all employee relations (disciplinary, grievance, B&H) detailing this against protected characteristics to see if any group is being disadvantaged • Staff Networks – Race, Equality & Inclusion, Ability, LGBTQ+ (staff network is a safe place for staff share their experience) • Mediation – 9 Internal mediators and TCM External Mediation support service is available. • Carers Support group – Forum established with regular meetings offering range of info, support and signposting. Carers Week was celebrated and multi-agency event • VIVUP – 24/7 Support is available 365 days a year • Counselling service – 232 referrals • Listening session with Chair + Staff network members (Chair had a session with the staff network members and listened to their views and needs) taking place on a quarterly basis • Hospital Chaplaincy is available to provide support • Professional Midwife Advocate PMA / Professional Nurse Advocate PNA – support staff to improve their wellbeing Professional Nurse Advocates – Hospital Hub (trent.nhs.uk) • Resourceful and Resilience workshop training is available 		<p>Trade Union reps</p> <p>HRBPs</p> <p>Inclusion & Wellbeing Team</p> <p>Occupational health team Inclusion & Wellbeing Lead</p> <p>Lead Chaplain</p> <p>Pastoral midwives / Deputy Associate Director of Professions Learning & O D team</p>
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		<ul style="list-style-type: none"> • Supporting staff involved in an incident, inquest, complaint or claim policy - provides a range of support available • Schwartz Rounds – Get involved in a Schwartz Round – Hospital Hub (trent.nhs.uk) • Equality and health inequality Impact assessment policy and toolkit updates are in process. • Staff network events have been organised in partnership with other partners such as SY Police, BMBC, Trust staff networks, Barnsley LGBTQ+ forum and BarnsleyTrans, Armed Forces / Veteran and Barnsley local community. • Inclusion and wellbeing team undertaken various surveys at the staff network events to ensure staff can access help if suffering from stress, abuse, bullying harassment • All the below events, promoted staff networks, HWB resources and combined with surveys to ensure staff feedback are captured and action plans are developed by the staff network to improve actions; • Pride at the Hospital • LGBTQ+ History Month • South Asian Heritage Month (SAHM) • Armed Forces event • Mental Health Awareness week • International Educated Nurses HWB workshops x2 • Ramadan video, Social media Ramadan Mubarak Barnsley Hospital – Hospital Hub (trent.nhs.uk) • Black History Month • Onam and Diwali • Disability History Month • “Veteran Aware” organisation 		Inclusion & Wellbeing Team
	2D: Staff recommend the organisation as	2022 Results - Staff Survey <ul style="list-style-type: none"> • 65.5% of people would recommend BHFT as a place to work 	Achieving	Vocational Training team

	<p>a place to work and receive treatment</p>	<ul style="list-style-type: none"> • 64.4% of people would be recommend the Trust to friends & relatives if they needed treatment • Scored 7.5 out of 10 for '<i>we are compassionate and inclusive</i>' (best 7.7) • Scored 7 out of 10 for <i>staff engagement</i> (Best 7.3) People Pulse Survey: • 63.2% of people recommend the Trust as a place to work (based on low numbers 175 responses – August 2023) • 64.5% of people would be happy with the standard of care provided by the Trust if a friend or relative needed treatment • Flexible working policy+leave, Flexible retirement, Job share, Employment break, secondment policies promoted to all staff on the intranet and news bulletins. • Increase provision; i.e. amendments to Family Friendly Policy including increasing family friendly paid leave i.e. from day one of employment, increase 3 to 5 days paid leave, Bereavement; paid Leave for 2-5 days plus one day for funeral and Emergency dependant leave from 1 to 2 days Microsoft Word - Flexible Working Policy (trent.nhs.uk) • Exit interviews; emails to leavers with link to ESR to encourage them to complete the exit questionnaire directly allowing employee to be honest and transparent • Staff Network and Diverse & Inclusive sub Group plus, action plan for capturing experiences of BAME, LGBT+ and Disabled staff • Promoted staff networks and events are combined with surveys to make sure staff are aware of resources and feedback is captured so that an action can be taken to improve future development of the staff networks. Example below of Black History month. 		<p>HRBPs</p> <p>Workforce planning and information team</p> <p>Inclusion & Wellbeing lead</p>
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>Achieving</p>	

Domain 3: Inclusive Leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive Leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> Equality impact assessments are included in policies, services and business plans People Committee meeting – Annual Equality, Diversity and Inclusion Report is discussed; Staff Survey Organisational Actions report features EDI actions People Engagement Group (meeting – update provided quarterly about staff network and EDI initiatives Trust's Strategic Objectives - and supporting People Plan 2022-2027 implementation plan to promote a caring, supportive, fair and equitable culture for all and create an environment that supports – progress report presented to Finance and Performance meeting 30.11.23 WRES/WDES, Gender Pay Gap Standard Submissions, action plans are discussed and key recommendations Commitment to the Rainbow badge scheme. Expression of interest submitted to the LGBT Foundation to undertake the NHS rainbow badge scheme's assessment and accreditation application process. 	Achieving	Corporate Governance team

		<ul style="list-style-type: none"> • Senior Leaders Forum included a half-day session on Health Inequalities • Senior Leaders Forum arranged an inclusive culture half day event – Staff Network reps were invited and attended to attend. Presentation was delivered session on Inclusive and Compassionate Leadership. • Continued Commitment in supporting a second Project Search internship programme for learning disability and Autism • Proud to Care Staff Conference included a 1hr session on Diversity for broad range of colleagues at all levels, as well as follow-up comms on Diversity in Team Brief • Regular meeting with NED to provide EDI updates, discuss key issues and identify support • No Place for Hate campaign featured in Team Brief; on Intranet for all colleagues; on Social Media • Chair arranged and attended meeting with Staff network core members to gain insight about network, discuss ideas and support. • Trust Chair, Staff Networks Chair and Head of Inclusion & Wellbeing participating in the NHS Employers Diversity in Health Partnership Development Programme • Executive and Non-executive board member attended Race Equality Staff Network, shared 		
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		<p>insight and an opportunity for members to express any issues and any identified support</p> <ul style="list-style-type: none"> • Promote and showcase EDI initiatives, diversity networks e.g. Team brief • Promote EDI initiatives e.g. Team brief • Collaborating with ICB in developing an approach to address health inequalities new updated equality and health inequalities impact assessment toolkit • Positive Culture progress report • Board members/senior leaders actively support and attend events e.g. Black history month, disability history month, LGBTQ+ and Diwali South Asian Heritage, Armed Forces reservists & veterans • Received VCHA Veteran Aware accreditation • Pastoral Care Quality Award – international nurses <p>NHS England » Nursing workforce – International recruitment</p>		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • A sample of board papers / assurance committee papers were examined and equality and health inequalities are not consistently discussed • EDI annual report presented at People Committee • WRES / WDES / EDS 2022/ Gender Gap reports and action plan • Board reports, Council of Governors – Staff Survey results, Ockenden report • Patient experience report and annual in-patient survey and action plan • Quality & Governance Committee • Health Inequalities Action Plan (Quarterly Updates) • Patient Experience and Engagement Activity Briefing Paper presented to Quality & Governance Committee 30th August 2023 • Business case proposals include equality impact assessments, if no impact assessments are required the reason is stated to confirm consideration has taken place. • Tackling Health Inequalities in Barnsley – Barnsley Place Based Partnership • Maternity Services Board Measures Minimum Data Set (Ockenden Report) 	<p>Achieving</p>	<p>Corporate Governance team</p>
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levels are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> • Board of Directors Public Work Plan • People Committee Quality & Governance Committee work plans • EDI annual report NEDs EDI objectives • Monitor the implementation of WRES / WDES and the impact of actions • Gender Pay Gap report and Action plan update 	<p>Achieving</p>	<p>Corporate Governance team</p>
<p>Domain 3: Inclusive leadership overall rating</p>			<p>Achieving</p>	
<p>Third-party involvement in Domain 3 rating and review</p>				
<p>Trade Union Rep(s):</p>		<p>Independent Evaluator(s) / Peer Reviewer(s):</p>		

EDS Organisation Rating (overall rating): Achieving

Organisation name(s): Barnsley Hospital NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Inclusion & Wellbeing Lead Head of Inclusion & Wellbeing	2024
EDS Sponsor	Authorisation date
Steve Ned, Director of People Sarah Moppett, Director of Nursing and Quality	26 th March 2024

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Ophthalmology service to increase the level of engagement with diverse service users and those from the local community	Create better opportunities for service users and local communities to address any barriers or health inequalities to shape service provision	October 2024

	1B: Individual patients (service users) health needs are met	<p>Enhance service by promoting, diverse inclusivity and accessibility, and signposting to a range of services including local community contacts for patients with protected characteristics</p> <p>Ophthalmology service to increase the level of engagement with service users and the local communities to ensure all patient voices are heard</p>	<p>Collaborate with the Inclusion and Wellbeing Lead to amplify the diabetes service and enhance inclusivity and accessibility</p> <p>Engage and consult with diverse service users and involve them in service delivery and improvement plan</p>	<p>October 2024</p> <p>October 2024</p>
	1C: When patients (service users) use the service, they are free from harm	Ensure equality and health inequality considerations are embedded in safety incident processes	Review the incidents processes to include equality and health inequality themes in safety incidents and near misses	October 2024
	1D: Patients (service users) report positive experiences of the service	Ophthalmology service to improve the level of engagement with service user in order to increase the level of service user satisfaction	Collaborate with diverse patients and relevant stakeholders and develop action plan in response to their needs and monitor progress and share key learning	October 2024

Domain	Outcome	Objective	Action	Completion date
	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Promote self-management, support and empower staff to manage their health conditions including obesity, diabetes, asthma, COPD and mental health conditions	Occupational health team collaborate with the Barnsley Public Health team to improve the general health of employees (mental & physical) – in process.	October 2024
Occupational health team to launch 'How's Thi Ticker?' campaign across the Trust			October 2024	
Occupational health team to develop mental & physical health infographs to support employees navigate the range offers available			June 2024	
Monitor the health of staff with protected characteristics and data to be used to support their workforce in making healthy lifestyle choices		Complete phase 1 of new Supporting Staff Attendance Policy and Wellbeing Passport roll-out, disseminate toolkit and start delivery of supporting attendance & wellbeing conversations training for line managers	July 2024	
Focus on proactive interventions to promote health and wellbeing		Continue to promote initiatives for work-life balance, healthy lifestyle and opportunities to increase physical activity levels and	October 2023	

			collaborate with Public Health Team	
			Obtain Sickness and absence data by protected characteristics and analyse for trends and themes to support staff to self-manage long term conditions and to reduce negative impacts of the working environment	June 2024
Domain 2: Workforce health and wellbeing	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Create a caring and compassionate culture and a climate that supports equality, diversity and inclusion	Set up Proud to Care Culture Leadership group to oversee the delivery of the Culture and Organisational Development strategy	April 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Encourage staff to speak up, raise concerns and access support for stress or incidents of violence	Continue to promote the range of support available to staff e.g. staff network, trade union representatives etc Data to be broken down to protected characteristics to identify themes / alert	October 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Increase the level of satisfaction: <ul style="list-style-type: none"> • People would recommend BHFT as a place to work • People would recommend the Trust to friends & 	Staff survey results action plan to be refreshed and updated with an improvement plan within CBUs	April 2024

		<p>relatives if they needed treatment</p> <ul style="list-style-type: none"> • Response rate from employment exit interviews to be improved and data utilised to make improvements 	<p>Exit interviews data to be broken down by protected characteristics to identify any common theme and make improvements</p> <p>Triangulate data obtained from sources e.g. sickness absence, discipline & grievances, staff survey, pulse surveys and exit surveys to understand and improve staff experiences</p>	<p>October 2024</p> <p>June 2024</p>
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Board members and senior leaders to demonstrate their commitment to equality and health inequalities	<p>Identify staff network executive sponsor for the Ability and LGBTQ+ staff network</p> <p>Meet staff network members frequently and allow network members to share their views and concerns</p> <p>Provide opportunities for EDI staff stories to be shared at board meetings and actions to be taken if necessary to further enhance EDI</p> <p>Board and executive team member to share their EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process and shared with staff network and Inclusion & Wellbeing team</p>	<p>May 2024</p> <p>October 2024</p> <p>August 2024</p> <p>July 2024</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts	Board/Committee papers/minutes to identify equality and health inequalities related impacts and risks and include how they will be mitigated and managed through	Board / committee papers / including cover sheets and minutes to have completed and health inequalities related impact assessments are consistently considered and risks mitigated	December 2024

	and risks and how they will be mitigated and managed	governance & assurance processes		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Board / committee papers / including cover sheets and minutes to have completed and health inequalities related impact assessments are consistently considered and risks mitigated	<p>Board members and senior leaders to:</p> <p>Show year on year improvement using Gender Pay Gap reporting, WRES and WDES in some domains</p> <p>Continue to monitor and strengthen the implementation and impact of actions required of the following:</p> <p>WRES, WDES, NHS Oversight and Assessment Framework, Impact Assessments, Gender Pay Gap reporting, staff risk assessments (for each relevant protected characteristic), end of employment exit interviews, EDS 2022, Accessible Information Standard, partnership working – Place Based Approaches</p>	<p>February 2025</p> <p>February 2025</p>

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net



Barnsley Hospital
NHS Foundation Trust

Equality Delivery System Grading Report (EDS 2022) 2023/24

Produced by the Inclusion & Wellbeing Team at Barnsley Hospital NHS
Foundation Trust

Roya Pourali – EDI Lead for HWB

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to
care

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Introduction

This report will describe the performance of the refreshed Equality Delivery System (EDS 2022) grading assessment.

The Equality Delivery System (EDS) was first launched for the NHS in 2011. Through collaboration and co-production, EDS 2023 helps NHS organisations improve the services that they provide for their local communities and provide better working environments, free from discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act (2010). The main purpose of EDS 2022 is to help organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act. This can assist NHS organisations in complying with their Public Sector Equality Duty (PSED).

The EDS supports the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

It is important to stress that EDS 2022 is not a self-assessment tool. Performance must be assessed and graded by NHS organisations in discussions with local people and their workforce. It is therefore driven by both evidence and insight. At the heart of the new EDS2022 are eleven separate outcomes under three overall domains/themes. It is these outcomes/themes that the Trust, in discussion with local partners, assess and agree both gradings and future actions. A summary of the three domains is shown below

- Commissioned or provided services
- Workforce health and wellbeing
- Inclusive Leadership

National requirements recommend Trusts to consider three services for domain one (commissioned or provided services) instead of three services required for the next reporting period in 2024. The service chosen can be a service where data indicates it is doing well, not doing so well or where its performance is unknown. It was decided by the South Yorkshire ICB and other SY Trusts to include one transition service. A consultation meeting was held to identify three services and it was agreed to select Neonatal service, Ophthalmology service and for transition Diabetes service.

Methodology / Criteria Used to Undertake this Review

Under each of the three overall EDS 2022 domains lie 11 separate outcomes which are specifically measured These are also shown below;

Domain 1 - Commissioned or provided services

- 1A: Patients (Service users) have required levels of access to the service
- 1B: Individual patients (Service users) health needs are met
- 1C: When patients (Service users) use the service, they are free from harm
- 1D: Patients (Service users) report positive experiences of the service

Domain 2: Workforce health and wellbeing





- 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
- 2C: Staff have access to independent support and advice when suffering from stress, physical violence from any source
- 2D: Staff recommended the organisation as a place to work and receive treatment

Domain 3: Inclusive Leadership

- 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
- 3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts and risks and how they will be mitigated and managed
- 3C: Board members and system leaders (Band 9 and VSM) ensure levels are in place to manage performance and monitor progress with staff and patients

EDS 22 Grading Systems:

The outcomes are evaluated, scored, and rated using available evidence and insight to provide assurance or point to the need for improvement.

EDS GRADES - OVERVIEW	
<p>Undeveloped activity – organisations score 0 for each outcome</p> <p>No or little activity taking place</p> <p>Underdeveloped </p>	<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p>
<p>Developing activity – organisations score 1 for each outcome</p> <p>Minimal/ basic activities taking place</p> <p>Developing </p>	<p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p>
<p>Achieving activity – organisations score 2 for each outcome</p> <p>Required level of activity taking place</p> <p>Achieving </p>	<p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p>
<p>Excelling activity – organisations score 3 for each outcome</p> <p>Activity exceeds requirements</p> <p>Excelling </p>	<p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>

Equality Objectives

Ensure a caring, supportive, fair and equitable culture for all

Create an organisational climate that supports equality, diversity and inclusion

We will treat people with compassion, dignity and respect at all times, make our services as accessible as possible and our communications clear, timely and simple to understand

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

A wide range of internal and external stakeholders were invited to participate in the EDS 2022 grading exercise. Various evidence was gathered and grading engagement exercise undertaken with internal and external stakeholders representing a range of protected characteristics. Valuable insight was gained to assist with formulating an action plan. Some of our South Yorkshire partners came together as peers to develop our scoring in the domains. The peer review exercise with Rotherham Hospital, RDaSH and Doncaster & Bassetlaw Teaching Hospital enabled us to compare our services and share good practices

81 participants were invited to review Domain 1 service and 19 attended. An assessment panel was established with membership drawn from a range of local stakeholders including service users. The survey and related information were sent to the stakeholders who could attend the event. The first EDS grading event took place 11th January 2024 and there were representatives from the following groups:

Barnsley CSV, Armed Forces Rep, ELSH, BME Community Rep, BMBC, Healthwatch, Barnsley LGBTQ+ Forum, Union, MVP, Trans Barnsley, Equality Forum, ICB and community member.

A presentation was delivered outlining the evidence data, metrics and examples relating to domain 1. Stakeholders were given the opportunity to ask questions

Participants were asked to review the evidence.



Domain 1 - Commissioned or provided services

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Health Inequality

- A new health inequalities report is available for the outpatient transformation group to begin to monitor access related to equality deprivation scores. This will be used to inform transformation about access for people with inequalities.
- <http://sv-dataw2016/reports/report/IRIS>
- Neonatal: The LMNS has an equity and equality action plan we are working closely with the SYICS: [Copy of Equity and Equality Action Plan 2022 - 27 \(syics.co.uk\)](https://www.syics.co.uk)
- EIA & health inequalities
- BMBC partnerships


PROUD to CARE

NHS Barnsley Hospital NHS Foundation Trust

Interpreting and translation

- Translation and interpreting services are available (*BSL and BA languages are accessed as needed*), patient information leaflets are available in other languages including EIDO. EIDO Healthcare (eidosystems.com)

Interpreter Requests Fulfilled	21/22	22/23
Face to face interpreters	875	943
Telephone interpreters	846	1,638
Video Interpreters	46	107
Total	1,767	2,688



PROUD to CARE

NHS Barnsley Hospital NHS Foundation Trust

Community engagement & partnership working

- ELSH Barnsley - providing English classes for people where English is not their first language plus, Asylum Seekers, Refugees and Migrants
- Barnsley Armed Forces and Veterans Breakfast Club
- Migration Partnership: attended the event and built partnership working
- Barnsley Blind and Partially Sighted
- [Barnsley Place Based Partnership- Health and Care Plan 2023-25](#)
- Barnsley Involvement and Equality Group jointly developed and owned and is part of the Barnsley health and care plan.
- Barnardos Young Carers
- Beacon South Yorkshire
- Barnsley Carers
- Hearing the Voice
- Cloverleaf
- Healthwatch
- BIADS
- Talkin' Tam
- DIAL
- Chilypep
- Mental Health Forum
- Barnsley College
- TransBarnsley Community
- Barnsley LGBTQ+ Forum
- Diverse patient panel



PROUD to CARE

NHS Barnsley Hospital NHS Foundation Trust

Learning Disability / Disability

- Trust SOP (standard operating procedure) followed for supporting individuals with learning disability and autism. Learning Disability Team Liaison Nurse available.
- Website and signposting from appointment letters guides patients to carparking, wayfinding, format in other languages. Videos and text options for information on the [outpatient website](#)
- Patient appointment letters sent digitally, this tool has inbuilt translation capabilities. Hybrid mail works by sending patient letters digitally first, if no mobile number or the hyperlink not accessed within 24hours, hard copy letter sent
- Easy read patient information leaflets available which can be accessed on the trust website
- [Action plan](#) to improve accessibility for patients with learning disabilities and autism new for 2023. To include a local champion to support visits to the hospital LD
- Work in progress to obtain communication aids, Makaton signs.
- New mandatory training on Autism and Learning Disabilities for staff including Oliver McGowan national training module to commence 2023-24
- [Policy for Supporting individuals with a Learning Disability and/or Autism when accessing Acute Hospital Services](#)
- [Learning Disabilities and Autism | Barnsley Hospital NHS Foundation Trust](#)

Diabetes 1A

Feedback from school staff

Survey monkey sent out to school staff

- 17 responses (48% response rate)
- 100% felt the videos and virtual sessions were easy to access
- 100% felt the right amount of information was provided

Graph 2: Did you find the information in the videos and virtual sessions clear enough for you to keep a child with diabetes safe in school?

Good clear explanations. At appropriate level!

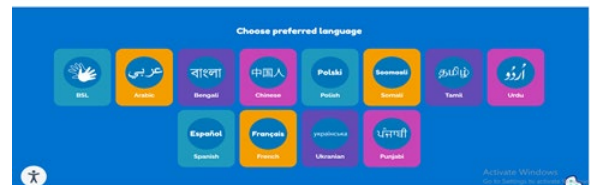
Ongoing training is vital to keep children safe in school!

Diabetes Centre – Satisfaction 2022/23

Question	Answer	Average	Male	Female	16-24	25-34	35-44	45-54	55-64	65-74	75+	BAME	Disability
Thinking about the service we provide, overall how was your experience of our service?	Positive	97.7%	96.9%	98.5%	100%	100%	100%	98.9%	97.6%	91.7%	100%	100%	97.5%
	Negative	2.3%	3.1%	1.5%	0%	0%	0%	1.1%	2.4%	8.3%	0%	0%	2.5%
	Total	448	233	214	12	51	83	92	86	85	37	20	83

“Because I was looked after very well all the time I was there and everything was explained to me.”
(Learning Disability)

0-16 years (94 children in total)	16-19 years of age (44 patients)
Disabled: 1 child	Disabled: 1 young person
BAME: 2 children	BAME: 0
Autism: 4 children	Autism: 0
LGBTQ: 0 children	LGBTQ: 2 young people



- FFT result: 97.75% responded very positive
- National patient and [Patient Reported Experience Measures](#) (PREMs) yearly. Currently focusing on feedback from first 18 months of care. Positive feedback received and action plan monitored regularly
- Transition education days completed for children and young people moving from Primary to Secondary school, and then to college [Feedback](#) was very positive with overall rating of 78% out of 100
- All children and young people with type 1 and type 2 diabetes have an [individualised care plan](#) in place with school/college
- All patients are given [diabetes journal](#) on admission to hospital and each child/young person is offered an education session

Neonatal 1A

Neonatal Parent/Carer Satisfaction 2022/23

Question	Answer	Average	16-24	25-34	35-44	BAME	Disability
Thinking about the service we provide, overall how was your experience of our service?	Positive	95.1%	100%	95.6	100%	100%	100%
	Negative	4.9%	0%	4.4%	0%	0%	0%
	Total	41	4	23	13	2	1

“The neonatal unit staff have been very supportive with looking after our premature baby”. “The doctors take time to communicate and update us on our baby’s care and nursing staff has been tremendous help. We are carried along in caring for our baby”.
(BAME)

- [Neonatal is working in partnership with SYICS to address HI and deliver action plan](#)
- [Free parking](#) available for all parents with a child on the neonatal unit which can be renewed through the stay with no charge.
- 15 Steps Walk through by MNVP and [action plan developed](#)
- Parent feedback reviewed regularly and improvements made – *'You said, we did'*
- Unit has **above the BAPM** (British Association of Perinatal Medicine) **standards** for Qualified in Speciality (QIS) the standard is to have >70% of qualified staff QIS. Barnsley is **currently 73.6%** with an [action plan](#) in place to ensure we keep at this level or higher
- Cultural awareness training for all staff on mandatory training - 93% of staff completed as of November'23

Ophthalmology 1A

Ophthalmology – Satisfaction 2022/23

Question	Answer	Average	Male	Female	Under 16	16-24	25-34	35-44	45-54	55-64	65-74	75+	Disability
Thinking about the service we provide, overall how was your experience of our service?	Positive	64.6%	64.2%	64.4%	0%	100%	66.6%	50%	66.7%	70.5%	55.5%	73.9%	59.3%
	Negative	35.4%	35.8%	35.6%	100%	0%	33.4%	50%	33.3%	29.5%	44.5%	26.1%	40.7%
	Total	82	28	45	1	1	3	2	9	17	18	23	32

"The whole visit was very efficiently carried out. Staff were very friendly and explained every procedure carefully. Very Good experience". (75+)

- [Feedback via FFT](#) and complaints/concerns reviewed. April-Oct data indicates 44 responses with 29 rating good/very good (66%)
- Staff up to date with mandatory training. Up to November 2023,
- Tendable audit for monthly checks on aspects of safety including equipment checked and in date, staff can articulate safe practices – 94% Score
- Complaints action plans are managed and [reported to the committee](#)

The screenshot shows the IRIS Landing Page for Health Inequalities at Jarnsley Hospital. The dashboard includes a navigation bar with 'Home > IRIS LANDING PAGE' and search functionality. Below the header, there are six main categories of reports: Deprivation, Ethnicity, Learning Disabilities, DNA, Dementia, and Bespoke Reports. Each category contains several report links, such as 'Live Incomplete PTL - full wait', 'LD RTT Incompletes', 'OP DNA Rates', 'Dementia SPC Recovery Report', and 'Frailty'. The reports are color-coded in blue and green.

- Grading was requested after the event via a survey monkey links:

1A: Survey: <https://www.surveymonkey.com/r/95XRC8P>

1B: Survey: <https://www.surveymonkey.com/r/BJVN9RH>

1C: Survey: <https://www.surveymonkey.com/r/BWSX2HL>

1D: Survey: <https://www.surveymonkey.com/r/226XQ7V>.

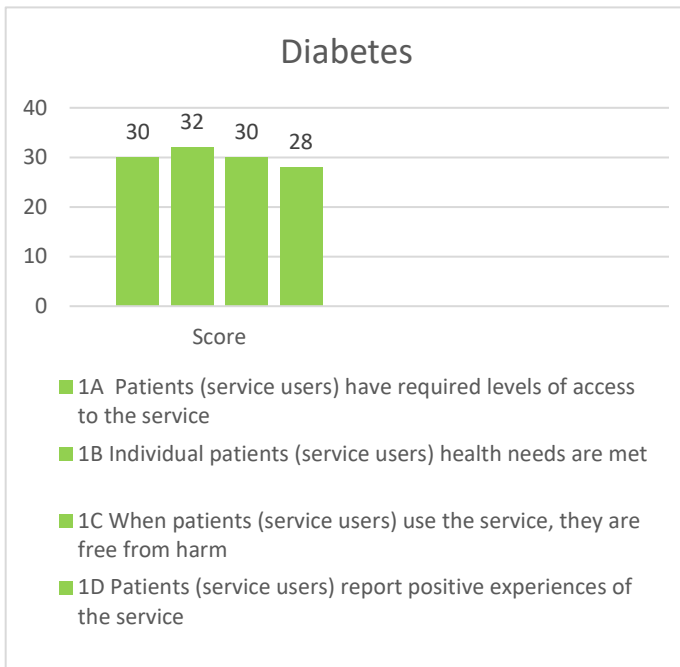
- These were anonymised and additional ideas was requested to help devise the EDS action plan.

SUPPORTING EVIDENCE: Please refer to the Domain 1 presentation below for additional detail and supporting evidence that detailed above in this summary report.

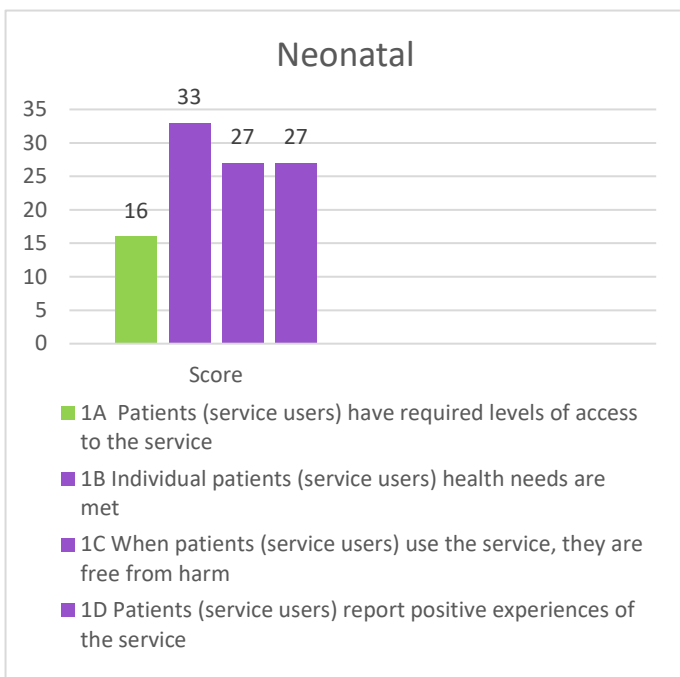


EDS Presentation
Evidence - Domain 1.p

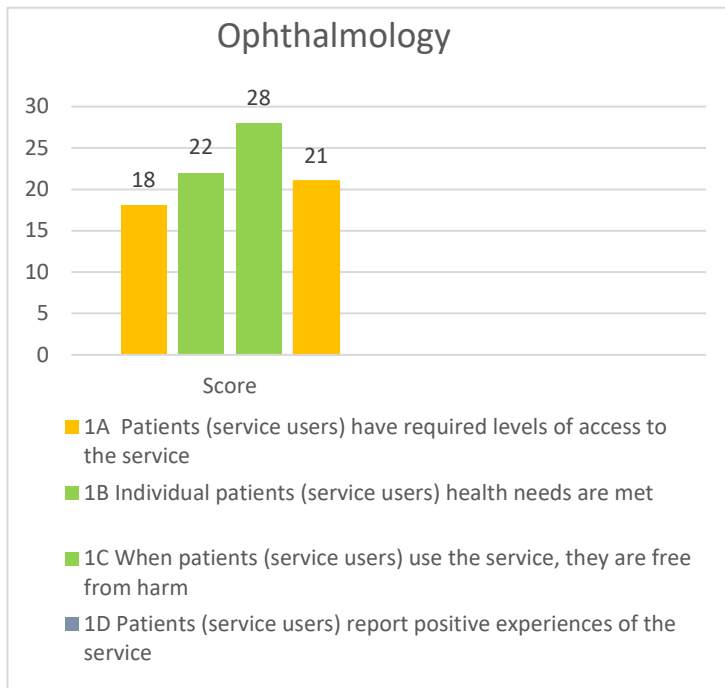
Domain 1 - EDS Grading Results:



Diabetes	Score	Rating
1A Patients (service users) have required levels of access to the service	30	Achieving (2)
1B Individual patients (service users) health needs are met	32	Achieving (2)
1C When patients (service users) use the service, they are free from harm	30	Achieving (2)
1D Patients (service users) report positive experiences of the service	28	Achieving (2)



Neonatal	Score	Rating
1A Patients (service users) have required levels of access to the service	16	Achieving (2)
1B Individual patients (service users) health needs are met	33	Excelling (3)
1C When patients (service users) use the service, they are free from harm	27	Excelling (3)
1D Patients (service users) report positive experiences of the service	27	Excelling (3)



Ophthalmology	Score	Rating
1A Patients (service users) have required levels of access to the service	18	Developing (1)
1B Individual patients (service users) health needs are met	22	Achieving (2)
1C When patients (service users) use the service, they are free from harm	28	Achieving (2)
1D Patients (service users) report positive experiences of the service	21	Developing (1)

Domain 1 – Peer Review Commissioned or provided services					
	1A	1B	1C	1D	Overall Outcome
Neonatal	3	3	3	3	(12) 3
Diabetes	2	2	2	2	(8) 2
Ophthalmology	1	1	2	1	(5) 1

Domain 1 - Overall rating = **Achieving**

1A = 3, 1B = 3 1C = 3, 1D = 3 (Service Users)

Neonatal = 3, Diabetes = 2, Ophthalmology = 1 (Peer review)

Key Points of feedback:

Domain 1:

Diabetes - “Good evidence to show supporting access to service but based on feedback, there appears to be some work to do in regard to disability.”

“Although I have type 2 diabetes I have never been treated at the hospital, but the results of your own surveys seem to indicate this”

“Hard work but needs improvement”

Neonatal – “Seems to have a positive experience feedback from all of the demographics”

“The evidence seems to indicate that this is working at its capacity and at the required level.”

“High levels of satisfaction from service users and low levels of negative feedback”

“Demonstrates person-centered care and works closely with Maternity Voices Partnership for continued service improvement.”

“Collaboration and partnership working with the MVP. Activity based upon feedback and monitoring and striving for continuous improvement with support from service users.”

Ophthalmology – “Not enough evidence to demonstrate those with protected characteristics have adequate access to the service.”

“Lack of engagement with service users and needs more service user focus”

“I do use this service and feel that the appointments system is failing the patient as the waiting time and system of running the clinic could be improved.”

“Patients have to wait an hour to see someone. Lack of engagement”

“Positive feedback but some levels of negative feedback”

Area of strength and development

Domain 1	Area of strength	Area of development
Trust-wide	<ul style="list-style-type: none">• Diverse service user panel - demonstration of consistent engagement with protected characteristics• Wider engagement with local community i.e. Armed Forces• New health inequalities report is available for the outpatient transformation group to begin to monitor access related to	<ul style="list-style-type: none">• Collaborate and strengthen meeting the Accessible Information Standard• The Trust to encourage and promote an improvement culture actively including equality and health inequality themes in safety incidents and near misses

	<p>equality deprivation scores. This will be used to inform transformation about access for people with inequalities.</p> <ul style="list-style-type: none"> Equality and Health Inequalities Impact Assessment policy and Toolkit is being developed 	
Diabetes	<ul style="list-style-type: none"> Service demonstrated innovative way to increase level of access Different ways to meet the patients' needs are utilised e.g. jamboard All children and young people with type 1 and type 2 diabetes have an individualised care plan in place with school/college 	<ul style="list-style-type: none"> Enhance diabetic service and create more visibility of diversity in service delivery
Neonatal	<ul style="list-style-type: none"> Service demonstrated a consistent and sustainable service user involvement (MNVP group) Service-users co-production in improving their services improvement plan Service work in partnership with VCSE and Barnsley place to improve outcomes for patients The LMNS has an equity and equality action plan the service is working closely with the LMNS on this. Parent feedback reviewed regularly and improvements made – 'You said, we did' 	
Ophthalmology	<ul style="list-style-type: none"> Service provide additional support to the patients. Eye Clinic Liaison Officer (ECLO) provide emotional and physical support to patients diagnosed, or living with visual impairment 	<ul style="list-style-type: none"> Lack of engagement with service user in order to Increase level of service user satisfaction Ophthalmology service to increase the level of engagement with service users and the local communities To increase the level of engagement with service users

		<p>and the local communities to ensure all patient voices are heard</p> <ul style="list-style-type: none"> • Service to create action plan in collaboration with patients and relevant stakeholders, and monitors progress • Service to work with the VCSE, patients and communities to ensure all patient voices are heard
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Domain 2

The EDS grading event took place 8th January 2024, 305 were invited, 36 attended. The information and the link to survey also sent to the staff who couldn't attend the meeting.

EDS Domain 2022 Approach

Information Governance Project Officer, Chair for LGBTQ+ Staff Network, Chair for Race Equality & Inclusion Staff Network, Chair for Disability Staff Network, Freedom to Speak Up Guardian, Senior HRBP, BFS Health & Safety, Lead Nurse for Workforce Development, Learning & Development Manager, Health & Safety Coordinator, Facilities Coordinator, Lead Chaplain, Children's Community Sister/CHN Neuro-disability Autism, Augmentative & Alternative Communication Service Lead, Practice Educator for International Recruitment, Head of Business Intelligence, Lead Nurse Main OPD, Head of Finance, Operations and Contracts Manager, Specialist Counsellor, Sterile Services, Consultant Pediatrician, Data Warehouse Developer, Locum Consultant, Legacy Mentor, Breast Screening Prog Manager/Breast Imaging Mod Lead, Applications Developer, Consultant in Medical Microbiology and Virology, Health Care Assistant, Administrator, Head of Inclusion & Wellbeing, Macmillan Cancer Support Worker / Navigator

Presentations were delivered to evidence progress on responding to the needs of protected groups using the EDS 2022 assessment criteria.

Domain 2: Workforce health and wellbeing

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions



2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

- **Health and wellbeing service directory** created, promoted and disseminated to provide internal and external HWB service.
- **HWB Roadshows** - included Survey, raising awareness and informing staff of relevant signposting to additional support services.
- **HWB Hub Page Development - Inclusion and Wellbeing - Hospital Hub (trent.nhs.uk)**
- **HWB Apps** - NHS staff have been given free access to a number of wellbeing apps to support with their mental health and wellbeing - 31 December 2023
- **WOW (Wellbeing on Wednesday) Sessions** - commenced Jan 2024 - new monthly HWB sessions aimed at all staff on a range of wellbeing topics e.g. Physical Activity, Healthy Eating etc.
- **Input to Preceptorship session around HWB services** - Shared info on support available, how to access our service.
- **Mindfulness support** - 8-week MBSR course delivered, which finished in May 2022 with [positive feedback](#) received from participants.

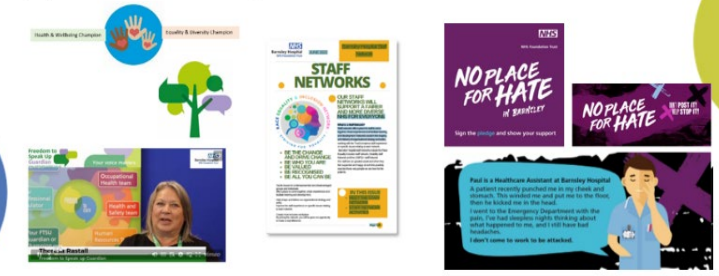


2A continued: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

- **Menopause Peer Support Group** - There are 170 staff registered on the group. The group was meeting online monthly - Drop-in sessions arranged for 2024
- **Menopause Advocates / Champions Training Programme** - 25 staff have undertaken the Advocates training programme throughout 2023 and they will also be involved in supporting the Trust in the 'Menopause Friendly' process and ongoing work in this area
- **Menopause Friendly Accreditation** - BHNFT achieved Menopause Friendly Accreditation in August 2023 A HSJ Award for this work was given on Nov 2023. Celebration event hosted Oct 2023 to raise awareness of support offered.



2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source



2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

- **WRES** - There has been a decrease in the percentage of staff experiencing AHB. From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%. From staff: Reduction from 28% to 27%.
- **WDES** - From colleagues, reduction from 24.1% to 23.3%
- **Neurodiversity Guide created 2023**
- **Reasonable Adjustment Guide created 2023**
- We've have the **No Place for Hate** campaign
- **Hate Crime Awareness Week**
- **Violence & Aggression Management Group**; is a committee accountable to the Health & Safety Committee Group and Trust has an effective strategy in relation to incidents of violence and aggression to staff.
- **Bullying & Harassment (B&H) policy** - issues resolved informally or formally investigated. The policy also outlines the expectations of staff in the workplace. [Bullying and Harassment in the Workplace Policy SE 3 7 \(trent.nhs.uk\)](#)
- Staff encouraged approach **Freedom To Speak Up (FTSU) guardian** / champions and the FTSU policy is available for all <http://intranet.bdnf-t.trent.nhs.uk/teams/other/freedom-speak-guardian/>



2B continued: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

- Freedom To Speak Up mandatory training
[Freedom To Speak Up mandatory training – Hospital Hub \(trent.nhs.uk\)](https://www.trent.nhs.uk)
- There are 19 freedom to speak up champions
- Passport to management training is offered throughout the year to managers on HR policies with a specific section on B&H.
 - 101 delegates complete 'EDI' Training to date
 - 106 delegates completed 'Managing Grievance, Bullying and Harassment' Training to date
 - [Search Results for "passport to management" – Hospital Hub \(trent.nhs.uk\)](https://www.trent.nhs.uk)
- [Trans Equality Inclusion Policy](https://www.trent.nhs.uk) has been updated and shared with the staff network, Barnsley LGBTQ+ Forum, TransBarnsley and Trade Union.
- International Educated Nurses HWB/Bullying & Harassment workshops held
- Staff Networks; LGBTQ+, Race & diversity, Ability
- Proud to Care Conference

"I have to say, this is possibly one of the best, most comprehensive policies I have read."
TransBarnsley member

Trans Policy 2023

2C: Staff have access to independent support and advice when suffering from stress, physical violence from any source

vivup

The Point of Care Foundation

Freedom to Speak Up

2C: Staff have access to independent support and advice when suffering from stress, physical violence from any source

- **Inclusion and Wellbeing Champion** – 67 in total
- **FTSU Guardian/ champions** - 19 in total
- Self-referral to OH and management referral and management support
- OH exploring a model that would provide access as appropriate to a Professional Nurse Advocate within the service - [Occupational Health – Hospital Hub \(trent.nhs.uk\)](https://www.trent.nhs.uk)
- **Professional Midwife Advocate PMA / Professional Nurse Advocate PNA** – support staff to improve their wellbeing
- Union reps support staff and their responsibility is outlined in policies. Just culture statement in all policies. We have a specific policy called 'support for staff involved in an incident, inquest, complaint or claim' which details how we can support staff. [Trust Approved Documents – Hospital Hub \(trent.nhs.uk\)](https://www.trent.nhs.uk)
- **Yearly report** goes to PEG outlining all employee relations (disciplinary, grievance, B&H) detailing this against protected characteristics to see if any group may be being disadvantaged
- **Staff Networks** – Race, Equality & Inclusion, Ability, LGBTQ+ (staff network is safe place for staff share their experience)
- Quarterly listening session with the Chair together with staff network members- executive champion for REI staff network
- **Mediation** – 9 [Internal mediators](https://www.trent.nhs.uk), and [TCM External Mediation](https://www.trent.nhs.uk) support service is available
- **VIVUP** – 24/7 Support available 365 days a year to VIVUP, stress risk assessments etc.
- **Carers Support group** – Forum established with regular meetings offering range of info, support and signposting. Carers Week was celebrated with a multi-agency event
- Counselling service - [232 referrals](https://www.trent.nhs.uk)
- **Hospital Chaplaincy** are available to provide support
- Supporting staff involved in an incident, inquest, complaint or claim policy - provides a range of support available
- **Schwartz Rounds**
- Inclusion and wellbeing undertake [different surveys](https://www.trent.nhs.uk) at the staff network events to make sure staff are aware where to access help if they suffering from stress, abuse, bullying harassment from any source
- Equality and health inequality impact assessment policy and toolkit updates are in process.

2D: Staff recommended the organisation as a place to work and receive treatment

2D: Staff recommended the organisation as a place to work and receive treatment

How would you rate the level of support you received?

65.5% of staff would recommend the Trust as a place to work

NHS People PULSE

2022 NHS Staff Survey

56% of staff recommended the Trust as a place to work

- **Staff Survey – 2022 results:**
 - **65.5%** of people would recommend BHFT as a place to work
 - **64.4%** of people would recommend the Trust to friends & relatives if they needed treatment
 - **Scored 7.5 out of 10** for 'we are compassionate and inclusive' (best 7.7)
 - **Scored 7 out of 10** for *staff engagement* (best 7.3)
- **Exit interviews:** emails to leavers with link to ESR to encourage them to complete the exit questionnaire directly allowing employee to be honest and transparent
- Staff Network and Diverse & Inclusive sub Group working very closely and developed an action plan for capturing experiences of BAME, LGBTQ+ and Disabled, Neurodivergent staff
- Promoted staff networks and events are combined with surveys to make sure staff are aware of resources and [feedback is captured](https://www.trent.nhs.uk) so that an action can be to improve future development of the staff networks.

Flexible working policy +leave, Flexible retirement, Job share, Employment break, secondment policies promoted to all staff on the intranet and news bulletins.

Increase provision; i.e. amendments to Family Friendly Policy including increasing family friendly paid leave i.e. from day one of employment, increase 3 to 5 days paid leave, Bereavement; paid Leave for 2-5 days plus one day for funeral and Emergency dependant leave from 1 to 2 days

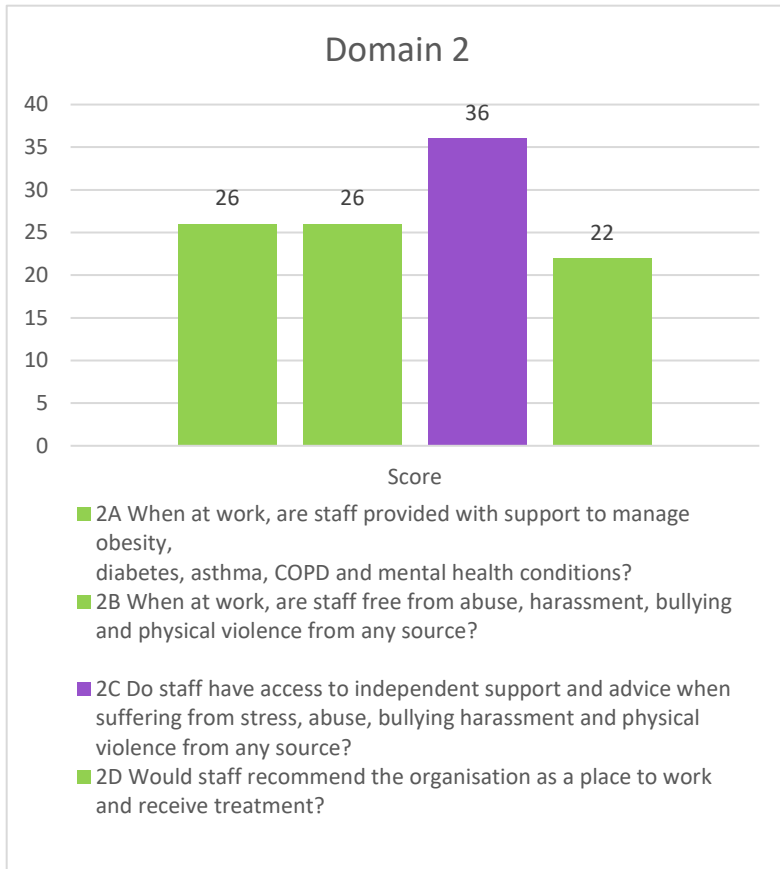
- Grading was requested after the event via a surveymonkey link: <https://www.surveymonkey.com/r/PPGMQGM>
- These were anonymised and additional ideas were requested to help devise the EDS action plan.

SUPPORTING EVIDENCE: Please refer to the Domain 2 presentation below for additional detail and supporting evidence that detailed above in this summary report.



EDS 22-23 -
DOMAIN 2 - Evidence

Domain 2 - EDS Grading Results:



Domain 2	Score	Rating
2A When at work, are staff provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions?	26	Achieving (2)
2B When at work, are staff free from abuse, harassment, bullying and physical violence from any source?	26	Achieving (2)
2C Do staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source?	36	Excelling (3)
2D Would staff recommend the organisation as a place to work and receive treatment?	22	Achieving (2)

Domain 2 – Peer review					
Workforce health and wellbeing					
2A	2B	2C	2D	Overall Outcome	
3	2	2	2	Achieving	2

Overall rating = **Achieving**

Domain 2A = 3, 2B = 2, 2C = 3, 2D = 2 (Peer Review)

Key points of feedback:

Domain 2:

“The organisation supports staff however, more is required to give staff the confidence to talk about their issues without fear but to gain the support they require.”

“I have not seen any information regarding staff support to manage all the conditions above?”

“As well as being aware of required support, our managers ask us at meetings if there are any issues to discuss and say that if there are anything to contact them off line if we need to”

“No evidence which states health of staff is actively monitored.”

“Lots of areas covered in support that are available for staff that once was not there”

“I am diabetic but i have never heard about any support available”

“I'm aware of the work that's been done to help staff with things like menopause. I know there are facilities for helping patients with long-term medical conditions also”

“Wasn't sure there was much evidence for diabetes asthma and COPD mainly focused around mental health and menopause”

“Freedom to speak up guardian embedded but needs to be empowered”

“Would depend on the service required but mostly would recommend, don't feel excelling as still improving - what about the 15% who would not recommend why would they not recommend? dig into their issues to find out why they would not - RCA”

“Some are finding it hard to recommend BAME staff due to unfair treatment with in the organisation that the white colleagues are highly likely to get favourable treatment and are promoted unlike the BAME staff.”

Area of strength and development

The strengths of the organisation have been highlighted in the Domain 2 presentation slides. Staff networks have created a greater opportunity for a safe space and for staff to be heard. Having sponsorship for the Race Equality Inclusion Staff Network has made a significant

difference and attracted more members to join. However, other staff networks (LGBTQ+, Ability) require sponsorships and protected time to sustain members contributions.

The Trust has provided various Health and Wellbeing (HWB) resources, events, and information. However, more awareness and support are needed to manage conditions such as obesity, diabetes, asthma, COPD, and mental health conditions, as well as to promote self-management among all staff.

The Trust has reviewed and created more effective policies to accommodate triggers for disability-related absences, flexible working, and reasonable adjustments to support staff. The Supporting Staff Attendance Policy (Sickness action for long-term illness) requires increased awareness to ensure staff are informed of the changes.

In terms of Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and there has been a decrease in the percentage of staff experiencing AHB (Abuse, Harassment, Bullying). From patients/relatives/public perspective, there has been a positive decrease in AHB for BME staff from 29% in 2021 to 26% in 2022, which is below the national average of 31%. AHB from staff has reduced from 28% to 27%. However, according to WDES data, there has been a 23.3% decrease in AHB from managers and colleagues, while 30.8% of disabled employees experienced harassment, bullying, or abuse from patients or the public in 2022.

Through our engagement with staff and managers, we have identified that there is a need for practical support in addressing AHB. While staff networks play an important role in creating safe spaces for staff to share their experiences, it may not suit everyone. Staff with protected characteristics require more awareness regarding their rights, and Freedom to Speak Up Guardians and champions need to be empowered further. Conducting Equality Impact Assessments or disaggregating data by protected characteristics in reports related to abuse, harassment, bullying, and physical violence will enable the Trust to identify patterns and barriers more effectively.

Based on survey results, 65.5% of people would recommend BHNFT as a place to work, and 64.4% would recommend the Trust to friends and relatives for treatment. Staff surveys are crucial for understanding barriers. An improvement plan involving staff will provide the organisation with a better opportunity to address these barriers and improve the staff's working experience and the trust's services. Using data from end of employment exit interviews can further targeted improvements.

Area of strength	Area of development
<ul style="list-style-type: none"> • Numerous health & wellbeing activities • Staff networks and community partnership • Policy: adjustment to triggers for staff with disability related absence, flexible working, reasonable adjustments considered to support staff • Supporting Staff Attendance Policy (Sickness action for long term illness) • WRES – There has been a decrease in the percentage of staff experiencing AHB. From patients/relatives/public: Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%. From staff: Reduction from 28% to 27%. • WDES – From colleagues, reduction from 24.1% to 23.3% • Neurodiversity Guide • Reasonable Adjustment • Bullying & Harassment (B&H) policy • Freedom to Speak Up Guardians are embedded and empowered. • Relevant staff networks are staff led • Passport to management training • Trans Equality Inclusion Policy • Staff survey; Scored 7.5 out of 10 for 'we are compassionate and inclusive' (best 7.7), Scored 7 out of 10 for staff engagement (best 7.3) • Flexible working policy 	<ul style="list-style-type: none"> • Support to manage obesity, diabetes, asthma, COPD and mental health conditions • BHNFT to monitor the health of staff with protected characteristics and promote self-management of conditions to all staff. • BHNFT to use data to support their workforce in making healthy lifestyle choices • Draft paper outlining protected time for staff networks has been developed and will be presented at ET meeting for approval <p>Increase the level of satisfaction:</p> <ul style="list-style-type: none"> • 65.5% of people would recommend BHFT as a place to work • 64.4% of people would be recommend the Trust to friends & relatives if they needed treatment • Data from end of employment exit interviews to be used to make improvements • Improve experiences of disabled employees - 30.8% of disabled employees experienced harassment, bullying, or abuse from patients or the public in 2022

Domain 3 – Inclusive Leadership

EDS Domain 3 Approach

- The EDS Domain 3 grading event took place 25th January 2024, 214 were invited, 7 attended.
- The EDS evidence was presented to the following Barnsley Hospital representatives; LGBTQ+, Race Equality Inclusion and Ability Staff Network Charis and members including Union representative and was also sent via email to all Staff Network members unable to attend, to give them the opportunity to participate in the grading process

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities

- **People Committee meeting** – Annual Equality, Diversity and Inclusion Report is discussed, Staff Survey Organisational Actions report features EDI actions
- **Board of Directors meeting** – Equality monitoring reports
- **People Engagement Group** (meeting – update provided quarterly about staff network and EDI initiatives)
- **Trust's Strategic Objectives** – and supporting People Plan 2022-2027 implementation plan to promote a caring, supportive, fair and equitable culture for all and create an environment that supports
- **WRES/WDES, Gender Pay Gap Standard Submissions, action plans discussed and key recommendations**
- **Commitment to the Rainbow badge scheme.** Expression of interest submitted to the LGBT Foundation to undertake the NHS rainbow badge scheme's assessment and accreditation application process.
- **Continued Commitment in supporting a second Project Search internship programme for learning disability and Autism**

- Proud to Care Staff Conference included a 1hr session on Diversity for broad range of colleagues at all levels, as well as follow-up comms on Diversity in Team Brief
- Regular meetings with NED to provide EDI updates, discuss key issues and identify support
- No Place for Hate campaign featured in Team Brief, on Intranet for all colleagues, on Social Media
- **Senior Leaders Forum** included a half-day session on Health Inequalities
- Senior Leaders Forum arranged an inclusive culture half day event – Staff Network reps were invited and attended the forum. Presentation was delivered session on Inclusive and Compassionate Leadership and discussions took place

3A continued: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities

- Promote and showcase EDI initiatives, diversity networks e.g. Team brief
- Collaborating with ICB in developing an approach to address health inequalities
- New updated equality and health inequalities impact assessment toolkit
- **Positive Culture progress report**
- Board members/senior leaders actively support and attend events e.g. Black history, disability history month, LGBTQ+ and Diwali South Asian Heritage, Armed Forces reservists & veterans
- Received VCHA Veteran Aware accreditation
- **Pastoral Care Quality Award: International Nurses**
- Chair arranged and attended meeting with Staff network core members to gain insight about network, discuss ideas, support
- Trust Chair, Staff Networks Chair and Head of Inclusion & Wellbeing participating in the NHS Employers Diversity in Health Partnership Development Programme
- Executive and Non-executive board member attended Race Equality Staff Network, shared insight and an opportunity for members to express any issues and any identified support. We have the Director of People sponsoring REI staff network.

3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts

3B: Board/Committee papers (including minutes) identify equality and health in equalities related impacts



- A sample of board papers / committee papers and workplan 2023 have been examined and equality and health inequalities are discussed but it is not consistently at all meetings. The following have been discussed within the last 12 months:
 - **EDI annual report** shared at People Committee
 - **WRES / WDES / EDS 2022/ Gender Gap reports and action plan**
 - **Board reports**, Council of Governors – Staff Survey results, Ockenden report
 - Patient experience report and annual in-patient survey and action plan
- **Quality & Governance Committee**
- We have 'No Place for Hate' campaign
- **Improving Public Health and Reducing Inequalities presentation**
- Patient Experience and Engagement Activity Briefing Paper
- Business case proposals include equality impact assessments, if no impact assessments are required the reason is stated to confirm consideration has taken place.
- Tackling Health Inequalities in Barnsley – Barnsley Place Based Partnership **BMBC partnerships**
- **Maternity Services Board Measures Minimum Data Set (Ockenden Report)**

PROUD in Blue

NHS
Barnsley Hospital
NHS Foundation Trust

3C: Board members and system leaders (Band 9 and VSM) ensure levels are in place to manage performance and monitor progress with staff and patients

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3C: Board members and system leaders (Band 9 and VSM) ensure levels are in place to manage performance and monitor progress with staff and patients


- Board of Directors Public Work Plan [Maternity Services Board Measures Minimum Data Set \(Ockenden Report\)](#)
- People Committee, Quality & Governance Committee work plans
- [EDI annual report](#)
- [Exit interviews](#) – quarterly update at PEG meeting
- [NEDs EDI objectives](#)
- Celebration event hosted in October 2023 to raise awareness of support offered.
 - HPMA Wellbeing Award Menopause Mission
 - HSJ Award - November 2023
 - Barnsley Place Based Partnership- Health and Care Plan 2023-25
 - Monitor the implementation of WRES / WDES and the impact of actions:
- [WRES](#) – There has been a decrease in the percentage of staff experiencing AHB. From patients/relatives/public. Positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%.
 - From staff: Reduction from 28% to 27%.
- **Menopause Friendly Accreditation in partnership with SY ICS** – BHNFT achieved Menopause Friendly Accreditation in August 2023

- [WDES](#) – From colleagues, reduction from 24.1% to 23.3%
- Gender Pay Gap report and [Action plan update](#) however. Overall, across our entire workforce our mean gender pay gap is 37%. This means that the average hourly pay rate for men is 37% higher than for women. This rate has increased from 36% at the last reporting period ending 31 March 2021
- [AFC Data](#) - Over 60% Band 7 categorised as BME with 63% declaring a disability. With 26% of those in Band 8 identifying as BME and 22% declaring a disability.

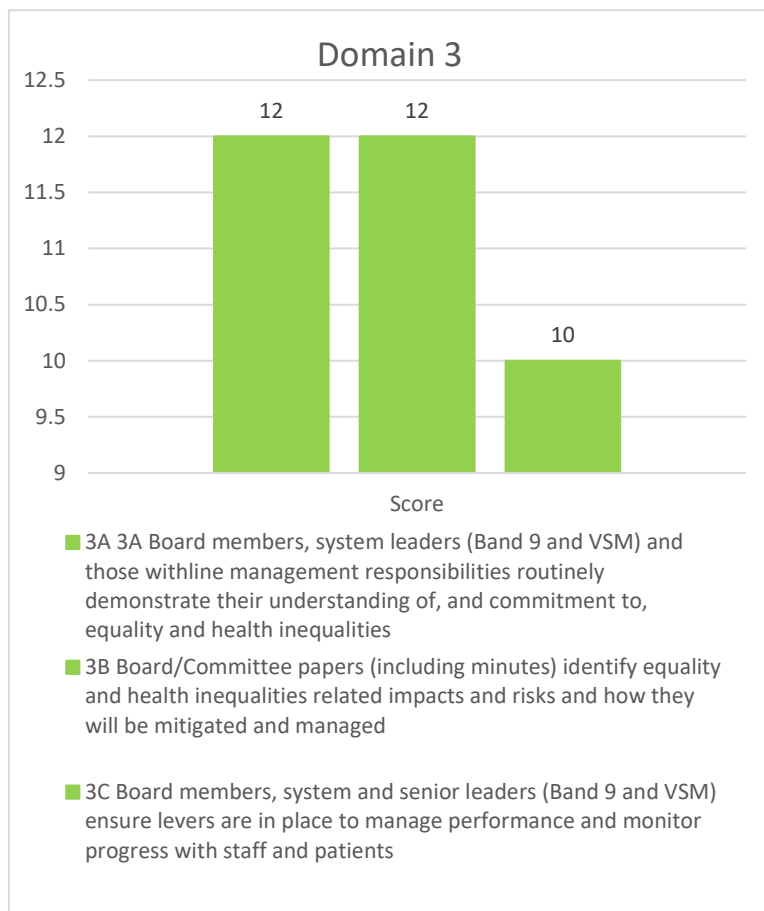


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SUPPORTING EVIDENCE: Please refer to the Domain 3 presentation below for additional detail and supporting evidence that detailed above in this summary report.


EDS 22-23 -
DOMAIN 3 - Evidence

Domain 3 – EDS Grading Results:



Domain 3	Score	Rating
3A Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	12	Achieving (2)
3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	12	Achieving (2)
3C Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	10	Achieving (2)

Domain 3 – Peer review Inclusive Leadership				
3A	3B	3C	Overall Outcome	
2	2	2	Achieving 2	

Overall rating = Achieving

3A = 2, 3B = 2, 3C = 2, Domain 3A-C = 2 (Peer Review)

Key points of feedback:

Domain 3:

“I have been employed at the trust for 12 years and I have seen board members and the like only on a small number of occasions, I for one think they need to be a more visible presence from them on a regular basis, this might instill some feeling of value to our staff members”

“The Board are engaging well but could probably do more to promote equality activities”

“More need for Board of Directors to be more visible not to wait for events only.”

“Staff are not encouraged to progress at certain points in their chosen career, I have been at the top of my banding for a good while now, despite various attempts to progress career wise I have had no support to achieve my goals.”

“I believe the Board and downwards do have the tools and are making them available for lower grade management to improve equality”

Peer review (Rotherham Hospital, RDaSH, Doncaster & Bassetlaw Teaching Hospital) – 29 January 2024

Peer review was undertaken to grade each other's EDS outcomes. All 3 Domain were reviewed. Information was provided to our peer reviewers about the consultations process with our internal and external stakeholders. The evidence was presented and rating was provided for each domain. Achieving was rated from our peer reviewers for all Domains apart from Domain 1 Neonatal = Excelling 3 and Ophthalmology = Developing 1

Area of strength and development

Leadership plays a pivotal role in ensuring that Equality, Diversity, and Inclusion (EDI) principles are embedded within the organisation. Leaders and VSMs (Very Senior Managers) have demonstrated their commitment by actively participating in various events and engaging with staff through dialogue and active listening. The Trust has provided different opportunities for leaders to meet with and listen to staff networks. For instance, the Chair of the Trust regularly meets with staff networks on a quarterly basis, and the Race Equality Inclusion Staff Network benefits from executive sponsorship. The Proud to Care conference has also provided an interactive platform for staff to convene and exchange experiences. However, it's imperative to

acknowledge that not everyone has had the opportunity to participate in these events, indicating a need for leaders to increase their visibility and engagement with staff.

The commitment demonstrated by leaders in supporting initiatives such as the Project Search internship program for individuals with learning disabilities and autism, the Menopause scheme, reciprocal mentoring programs, and other initiatives is clear evidence of their dedication. However, it is essential to note that equality and health inequalities should be standard agenda items in board and committee meetings and should be considered when developing all strategies. Ensuring that staff risk assessments, specifically tailored to those with protected characteristics, are completed and monitored where relevant will aid the trust in identifying and mitigating risks effectively.

The peer review group rated the domain as achieving, based on their assessment of the evidence against the EDS criteria. However, staff rated outcome 1 and 2 achieving and outcome 3 developing, reflecting their shared experiences.

Area of strength	Area of development
<ul style="list-style-type: none"> • Board members and senior leaders support religious, cultural or local events and/or celebrations. • Race Equality staff network - executive sponsorship • Board members, system and senior leaders actively support those experiencing menopause within the working environment. • Trust's Strategic Objectives • Proud to Care Staff Conference • Continued Commitment in supporting the Project Search internship programme for learning disability and Autism 	<ul style="list-style-type: none"> • Equality and health inequalities are standing agenda items in all board and committee meetings. • Staff networks have more than one senior sponsor • Board HIA; Board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process and shared with staff network and Inclusion & Wellbeing team • To show year on year improvement using Gender Pay Gap reporting (average hourly pay rate for men is 37% higher than for women. This rate has increased from 36% at the last reporting period ending 31 March 2021)

Next Steps

Following ratification of the EDS 2022 report and action plan at the Board meeting in April 2024, the report and action plan will be submitted to the NHS England equality and health inequalities team and be published on the trust's website. Engagement with the relevant service leads and

stakeholder's exploration will be undertaken to discuss the action plan further. An EDS working group will be established to monitor progress and facilitate the implementation of the EDS 2022 across the Trust.

Appendices

Appendices can be viewed in the following document:



Equality Delivery
System 22-23 Appen

3.2. Quality and Governance Committee

Chair's Log: 28 February/27 March 2024

For Assurance/Review

Presented by Kevin Clifford



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/3.2	
SUBJECT:	QUALITY AND GOVERNANCE CHAIR'S LOG			
DATE:	4 April 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 28 February 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"> • Dementia Annual Report • Clinical Effectiveness Group Chairs Log • Health and Safety Group • Patient Safety & Harm Group Chairs Log • Policies for Approval: <ul style="list-style-type: none"> - Procedure for the Use of Child Protection Information System (CP-IS) in the Emergency Department (ED) and Children's Assessment Unit (CAU) - Guideline for the Supervision of Parent / Carers of Children and Newborns in Barnsley Hospital. • Nursing, Midwifery and Therapy Safe Staffing Report and NHSi Medical Staffing Safeguards Report. • Maternity Services Board Measures Minimum Dataset • Infection Prevention and Control Chairs Log, including Clostridioides Difficile (C.Diff) Reduction Action Plan update. • Medicines Management Committee Chairs Log • Corporate Performance Reports • 300th Edition of the Patient Safety Bulletin • For the purpose of assurance, the items noted in the log below were those identified for information, assurance or escalation to the Board. 				
RECOMMENDATION(S)				
The Board of Directors is asked to receive and review the attached log.				

Subject: QUALITY AND GOVERNANCE CHAIR'S LOG	REF:	BoD: 24/04/04/3.2
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	Date: 28 February 2024	Chair: Kevin Clifford
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Dementia Annual Report	The Committee received a very positive Annual Report, showing extremely encouraging progress against the third year of the Trust's Dementia Strategy across all its 8 standards (Diagnosis, person centred care, patient and carer information and support, involvement and co-design, workforce education and training, leadership, environment and nutrition / hydration) The report includes significant positive user and carer feedback, positive progress with training (87% compliance) and an increase in referrals to Memory Service. This report marked the end of the current strategy and work is advancing well on the strategy for the next period.	Board	For Information and Assurance
2	Clinical Effectiveness Group Chair's Log.	The chair's log included updates on a revised ICE Results Filing Policy, increases in tissue donation from the Respiratory Support Unit and the increased digitalisation in the virtual ward arrangements. The Committee were also informed of the further positive feedback regarding Stroke performance.	Board	For Information
3	Health and Safety Group	The Committee received an update on enhanced H&S training arrangements currently being implemented.	Board	For Information

4	Patient Safety and Harm Group Chair's Log	The Committee received the Log which identified significant improvement in overdue actions following formal complaints investigations (currently only 1). Reports on falls and pressure ulcers were also described.	Board	For Information
5	Policies Approval <ul style="list-style-type: none"> • Procedure for the Use of Child Protection Information System (CP-IS) in the Emergency Department (ED) and Children's Assessment Unit (CAU) • Guideline for the Supervision of Parents / Carers of Children and Newborns in Barnsley Hospital 	<p>The committee approved these two policies for inclusion in the Trust's suite of safeguarding policies.</p> <p>The CP-IS system is a national system that connects Children's Social Care IT systems with NHS Trusts for the sharing of information regarding access to services. The Policy highlights how staff utilise CP-IS and how Safeguarding Teams are made aware of attendances. All staff will be trained how to use the system and a new 7-minute briefing has been also been disseminated.</p> <p>The guideline for supervision of Parents / Carers and relates to situations where children and young people are at the Trust and where there are safeguarding concerns relating to relatives / carers.</p>	Board	For Information and Assurance
6	Nursing Midwifery and Therapy Safe Staffing Report and NHSi Medical Staffing Safeguards Report	<p>The Committee received its routine staffing updates covering a range of professional groups.</p> <p>Noteworthy was the high level of maternity leave impacting on Nursing in CBU1. Theatre remains a challenging area, although 5 further appointments have been made but yet to commence. Vacancies across Therapy also remains challenging. Medical staff shows little change to last month's report.</p>	Board	For Information

7	Maternity Services Board Measures Minimum Dataset.	<p>The Committee received a revised version of the Maternity MDS, which it will receive in months in which there is no Public Board. Alongside the national MDS data the report includes other key reportable data in relation to perinatal mortality, training compliance and a maternity dashboard. Within the dashboard it was noted that there is a decline in the proportion of unassisted vaginal births and a rise in the caesarean section rate.</p>	Board	For Information and Assurance
8	Infection Prevention and Control: Clostridioides Difficile (C.Diff) Reduction Action Plan Update	<p>The Committee was presented with the latest version of the C.Diff reduction plan and were briefed on a recent assurance visit by Professor Mark Wilcock, a national lead for C.Diff. While a written report has not yet been received the verbal feedback was positive, although some areas which could be further enhanced were raised including Antimicrobial Stewardship and deep cleaning. It was agreed the IPC group would address any suggestions/ recommendations and present a fifth version of the reduction plan. Antimicrobial stewardship will also be addressed via its own group.</p> <p>While the Trust has exceeded its target for this year, the committee was reassured that as this is based on previous year's performance in which the Trust performed better than the national average / norm, this does not in itself raise safety concerns however there was a wish to return to previous year's performance as soon as possible.</p>	Board	For Information and Assurance
9	Medicines Management Committee Chairs Log	<p>The committee received the Chairs log for the Medicines Management Committee, noting continued progress against the CQC Medicines Optimisation plan, which is now complete and entering a phase of ensuring changes are embedded.</p>	Q&G	For Information and Assurance

10	Corporate Performance Reports	<p>The Committee received its usual updates on the Performance meetings with CBUs, the Executive Team meeting and the Integrated Performance Report.</p> <p>The Committee, whilst acknowledging that a solution was not within our gift, did express some concern regarding the current access issues to mental health services. Of particular concern was the significant issues accessing appropriate Tier 4 CAMHS capacity. The committee while fully understanding of the issues would wish to express its concern particularly for the young person and her family whose needs cannot be met in the most appropriate manner. The matter has been escalated outside the organisation but as yet to no resolution.</p> <p>The Committee also received an update on performance against the 4-hour target in ED and while pleased to note the recent improvement will continue to seek assurance that patient safety and quality of care is maintained at acceptable levels at all times.</p>	Board	For Assurance
11	Any Other Business – “And finally....”	The Committee noted the 300 th Edition of the Patient Safety Bulletin and acknowledged that while it is only part of our safety culture it is seen as a positive reflection of the Trusts approach to patient safety.		For Information



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/3.2i	
SUBJECT:	QUALITY AND GOVERNANCE CHAIR'S LOG			
DATE:	4 April 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:	Gary Francis, Non-Executive Director			
SPONSORED BY:	Kevin Clifford, Non-Executive Director/Committee Chair			
PRESENTED BY:	Gary Francis, Non-Executive Director			
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 28 February 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"> • Clinical Effectiveness Group • Patient Safety and Harm Group • Safeguarding Annual Report • Health and Safety Group • Nursing, Midwifery, Therapies and Medical Staffing Reports • Maternity Services Board Measures Minimum Data Set • Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries across the UK Report (MBRRACE) • Pharmacy Staffing Update • Infection Prevention and Control • Equality Delivery System Report • Board Assurance Framework (BAF) and Corporate Risk Register (CRR) • Corporate Performance Report • Trust Objectives • Medicines Management Committee (including Medicines Optimisation Improvement Plan) • Integrated Performance Report (IPR) <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 Board of Directors is asked to receive and review the attached log.				

Subject: QUALITY AND GOVERNANCE CHAIR'S LOG	REF:	BoD: 24/04/04/3.2i
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality and Governance Committee (Q&G)	Date: 27 March 2024	Chair: Gary Francis
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Clinical Effectiveness Group	<p>The Committee noted the work being conducted to address the outlier status in regard to fracture neck of femur. This work includes case reviews and a visit from the national lead for hip fracture, resulting in an action plan to address the issue.</p> <p>Likewise, work is continuing to review the outlier status in National Emergency Laparotomy data. For assurance the three key quality indicators (having a consultant surgeon and consultant anaesthetist in theatre at the time of laparotomy and admission to intensive care all score 100%)</p>	Board of Directors	For information and assurance
2	Mortality Report	<p>Note was made of the continuing improvement in the metrics (SMR and SHMI) reflecting mortality. This has been achieved by a robust review of data quality together with investigation of deaths on a case by case basis. The trust is now able to look at deaths occurring following discharge- there is now 80% coverage across the general practices in Barnsley.</p> <p>Reference was made to the impending rebasing of the mortality statistics (date not yet known) when it is expected that mortality rates will be reported as higher.</p>	Board of Directors	For information and assurance

3	Patient Safety and Harm Group	<p>Extensive work is being done to address the large number of out of date Trust Approved documents (TAD). Those TADs that have been out of date longest are being subject to urgent review. The Committee was reassured that serious incident reviews checks if there was an out of date TAD pertinent to the incident; to date, none have been identified.</p> <p>It was noted that training compliance for Oliver Magowan tier 1 training is ahead of the trust trajectory.</p>	Board of Directors	For information and assurance
4	Medical Staffing Report	<p>The report highlighted the ongoing work to address areas where medical staffing vacancies remain problematic. Note was made of the imminent re-submission of a business case to the Executive Team to address medicine shortfalls.</p>	Board of Directors	For information and assurance
5	Health and Safety Group	<p>The HSE Action Plan was discussed by the Executive Team last week and will be shared with the Trust Board.</p> <p>Although mandatory training in Health and Safety is a problem amongst medical staff initiatives (training in their clinical areas) are being implemented to address this issue.</p>	Board of Directors	For information
6	Nursing, Midwifery, Therapies Safe Staffing Report	<p>Although the situation in operating theatres has worsened, active steps are being taken to address the shortage of Operating Department Practitioners. Measures include a more flexible rostering system, job role review and ongoing recruitment.</p> <p>The Committee was pleased to learn that the business case for Speak and Language Therapists has been approved by the Executive Team</p>	Board of Directors	For information and assurance

7	MMBRACE	<p>The Committee was made aware of the variance in mortality arising from this report. It was appraised of the actions being taken to analyse and address the variance, including a deep data cleansing exercise and case note review. The Committee was advised that the governance relating to mortality review was robust.</p> <p>'Saving Babies Lives' version 3: compliance against these standards had improved to 79%.</p>	Board of Directors	For information and assurance
8	Safeguarding Annual Report	<p>An enormous amount of work has been done throughout the year to improve safeguarding in the trust. Mental Capacity Act awareness training is now mandatory, a safeguarding practice review has been conducted across the whole Barnsley place footprint, Tendable audits has demonstrated in year improvement and the number of Deprivation of Liberty applications has risen (reflecting a greater awareness).</p>	Board of Directors	For assurance
9	Pharmacy Staffing Update	<p>The staffing shortages within the pharmacy team is gradually being addressed. There have been changes to working practices within the pharmacy teams to provide more consistent cover at ward level and there is an ongoing piece of work to assess the potential to adopt inter-organisational working.</p>	Board of Directors	For information and assurance
10	Equality Delivery System	<p>The Committee was made aware of the extensive work being performed to embed this toolkit across the organisation.</p>	Board of Directors	For information and assurance
11	Board Assurance Framework/ Corporate Risk Register	<p>The proposed changes to risks 2877 (to be removed from the CRR); 2803 (increased from 12 to 16); and 2243 (reduced from 15 to 4).</p>	Board of Directors	For information and assurance

12	Trust Objectives	The Committee was given the opportunity to amend the proposed trust objectives for 2024-2025.	Board of Directors	For information
13	Medicines Management Sub Committee and Medicines Optimisation Improvement Plan	The Committee noted the work underpinning the Medicines Optimisation Improvement Plan, which included a peer review, the initial feedback of which is pending.	Board of Directors	For information
14	Infection Prevent and Control	The committee received an update regarding the C. Diff Action Plan, which now includes actions arising out of the recent visit from Prof Wilcox. The Committee was of the view that the consolidated actions should result in an overall improvement in this metric.	Board of Directors	For information and assurance
15	Integrated Performance Report	The Committee noted and commended the work that has resulted in the improvement in the 4 hour AED waiting time.	Board of Directors	For information

3.2.1. Annual Safeguarding Report

For Assurance

Presented by Becky Hoskins and Kevin Clifford



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/3.2ii	
SUBJECT:	SAFEGUARDING ANNUAL REPORT: January – December 2023			
DATE:	4 April 2024			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	X
	<i>For review</i>		<i>Governance</i>	
	<i>For information</i>	X	<i>Strategy</i>	
PREPARED BY:	Dawn Gibbon, Head of Safeguarding			
SPONSORED BY:	Becky Hoskins, Deputy Director of Nursing & Quality			
PRESENTED BY:	Becky Hoskins, Deputy Director of Nursing & Quality			
STRATEGIC CONTEXT				
<p>Barnsley Hospital places high priority on the safety of all children and adults at risk who are or whose parents or carers are in receipt of services.</p> <p>The Safeguarding Team ensure BHNFT meets its statutory requirements outlined in Working Together 2023, The Care Act 2014 and the Mental Capacity Act 2005.</p>				
EXECUTIVE SUMMARY				
<p>The purpose of this report is to provide an account of the Safeguarding activity and achievements during 2023 as well as the planned aspirations for the coming year.</p>				
RECOMMENDATION(S)				
<p>The Board of Directors is asked to review the positive activity that has taken place across the Trust and agree with the planned key aspirations for 2024.</p>				



SAFEGUARDING ANNUAL REPORT Jan – Dec 2023

Authors:

Dawn Gibbon - Head of Safeguarding

Becky Slaytor- Named Nurse Safeguarding Adults

Katie Madej- Named Nurse Safeguarding Children

Kim Walsh- Named Midwife for Safeguarding



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1.0 Introduction/Executive Summary

1.1 Barnsley Hospital NHS Foundation Trust (BHNFT) places high priority on the safety of all children and adults at risk. The Safeguarding Team ensure BHNFT meets its statutory and legal responsibility requirements as outlined in The Children Act (1989 and 2004), Working Together to Safeguarding children 2023, The Care Act 2014 and the Mental Capacity Act 2005.

1.2 The purpose of this annual report is to demonstrate the effectiveness of safeguarding arrangements within BHNFT. The report provides key achievements from January – December 2023 and outlines the priorities for 2024.

1.3 The current team structure has been in place following a review of safeguarding arrangements in July 2020. The Safeguarding Team have the resources and skills to embed effective safeguarding practice and support staff to embrace safeguarding as everyone business.

1.4 The Safeguarding Team provides both corporate and operational functions and sits within the corporate directorate providing safeguarding advice, guidance, support, supervision and training for all BHNFT employees. This also includes support with staff from BFS. Staff can contact the Safeguarding Team Monday to Friday for specific advice, guidance and support in relation to new and on-going cases where a safeguarding concern is under consideration.

1.5 The following annual report has been completed alongside the NHS England safeguarding accountability and assurance framework (2022), Barnsley Adult board annual report and Barnsley Children partnership annual report.

2.0 Governance Arrangements

2.1 The Safeguarding Team sit within the Senior Nursing Team under the direction of the Deputy Director of Nursing & Quality; Executive responsibility is provided by the Director of Nursing, Midwifery and AHPs.

2.2 The Terms of Reference of the Safeguarding Steering Group meetings have been reviewed and the frequency of the meetings is currently bi-monthly.

2.3 The Safeguarding Operational Group meets bi-monthly, this Group brings together stakeholders across BHNFT to undertake the work required to support the strategic safeguarding agenda. The development of the Safeguarding Operational Group has allowed the Safeguarding Steering Group to have more strategic oversight and receive assurance on the delivery of work from the Operational Group.

2.4 The Head of Safeguarding continues to attend both the Barnsley Safeguarding Children's Partnership and Barnsley Safeguarding Adults Board.



2.5 The Safeguarding Team represent the Trust at the range of multi-agency subgroups and undertakes audit work and partnership work that may be commissioned or identified by the Safeguarding Boards and Partnership. The team also attends South Yorkshire regional meeting around children and young people, Right Care Right Person police initiative, frequency attenders' meetings, as well as attendance at National NHS safeguarding forums.

2.6 Following CQC inspections at other Trusts, the team review gaps or actions noted as outstanding safeguarding practice. These actions are reviewed to benchmark against current practice within the trust and then incorporating within the safeguarding team service improvement plan (SIP) which drives the team work plan.

2.7 The team requested an external Peer Review to support and identify the positive changes in the last 12 months of safeguarding practice as well as any gaps to consider. The peer review was completed in November 2023 by Calderdale and Huddersfield Foundation Trust Head of Safeguarding and Named Nurse for Children. The peer review covered safeguarding practice within ED, CDU and the children's ward. The report has been shared with BHNFT compliance team to support with CQC preparations and an action plan is to be populated and monitored at the safeguarding steering group.

2.8 Risks related to safeguarding are monitored at the Safeguarding Steering Group. There are currently 7 minor and moderate risks on the Safeguarding risk register. The level of risk associated with safeguarding has reduced as work has progressed and been prioritised.

2.9 The policies, guidelines or Standard Operational practice that have been identified as within the remit of safeguarding have been updated and included with the team SIP to ensure continuing oversight for when policies and guidelines are to be reviewed or updated to reflect changes in current legislation and Government guidelines.

3.0 Training

3.1 An updated 2022 safeguarding training strategy was developed, approved and implemented across the Trust which was launched within Safeguarding awareness week during November 2022.

3.2 The safeguarding team facilitated an additional 5 training days for level 3 training above the planned 12 sessions to support improvement for staff compliance.



3.3 End of December safeguarding training position:

	Dec 22	Dec 23
% of Staff Trained - Level 1 (Adults)	90%	96%
% of Staff Trained Level 1 (Children)	90%	96%
% of Staff Trained - Level 2 (Adults)	81%	90%
% of Staff Trained - Level 2 (Children)	79%	90%
% of Staff Trained - Level 3 (Adults)	47%	83%
% of Staff Trained - Level 3 (Children)	74%	88%
% of Staff Trained - Prevent (Level 1 and 2)	91%	95%
% of Staff Trained - Prevent (Health Wrap)	86%	86%

3.4 Key Achievements

- Additional days were facilitated for level 3 safeguarding training
- A blended approach to learning, using coaching, supervision, real time feedback when completing the Tendable Audit with staff, face to face bespoke learning, case review meetings, single and multi-agency training has been developed.
- All staff that attend training are provided with a Safeguarding passport to support staff to record various training attended over a three-year period.
- Staff are completing a self-declaration form to confirm that they are compliant with the number of hours required over three years as per job role within the intercollegiate documents.
- The team reviewed and implemented level 2 safeguarding e-learning training in accordance with the national packages for Core Skills Training Framework (CSTF).
- New training topics have been introduced following learning from local and national reviews to support staff on updated safeguarding practice
- The safeguarding team worked with CBU teams regarding staff compliance and raising awareness of staff that are non-compliant with training or due out of date within a three-month time scale.
- The safeguarding team implemented 'lunch and learn' to support staff with refresher sessions on general safeguarding referral processes.
- The safeguarding team continued being responsive to emerging safeguarding issues and training needs, whether identified through learning from Safeguarding Practice Reviews, Domestic Homicide Reviews, case work or national guidance
- Feedback regarding the "think Family" training package has been obtained from staff and shared within the safeguarding newsletter.



- Safeguarding team are facilitating training within the preceptorship/ new to Barnsley staff
- Bespoke BFS training for domestic staff was completed with quality assurance for Safeguarding Childrens and Adults requirements
- Introduction to maternity safeguarding for all maternity new starters – from 1:1 to small group sessions.

3.5 Key ambitions for 2024

- To continue to strive and work with CBU to achieve trust compliance requirement.
- To support NHSP staff who are not employed within the Trust with Safeguarding Supervision requirements.
- Support for volunteers within the trust to support with safeguarding oversight.
- To complete video recordings via safeguarding intranet page on key topics to support staff training.
- Safeguarding supervision training date been confirmed for staff wishing to be supervisors
- Programme and placement plan to be developed and accepted by University with a plan to welcome final year students from all domains from 2024.
- Safeguarding champions meetings/ updates commenced and dates planned for 2024
- Roll out of a safeguarding training workbook to support additional learning for staff and a resource tool.

4.0 Mental Capacity Act (MCA 2005)

4.1 The MCA is designed to protect and empower people over the age of 16 who lack the mental capacity to make their own decision about their care and treatment. BHNFT staff have a formal duty of regard to the MCA and its Code of Practice, to ensure that they are equipped to practice lawfully-

4.2 The Mental Capacity (Amendment) Bill 2019 proposal regarding Liberty Protection Safeguards (LPS) was postponed in 2023 with recommendations that this be discussed by Government following national elections.



Key Achievements

- The safeguarding team have been focusing on improvement of education and implementation of the MCA in patients care by providing additional training for staff and attending ward areas with Tenable to raise awareness around MCA .
- Support has been provided with Leads in adult ED regarding staff awareness of the mental capacity of 16-17 year olds. Whilst still children, over 16's are nursed within adult services and identified as capacious individuals so awareness raising has been completed.
- The MCA policy was updated after the MCA bill was postponed.
- 65 additional training sessions outside of the level 3 “think family” training was completed by the safeguarding team to support staff awareness of MCA.

Key Ambitions for 2024

- To support the utilisation of the Capacity assessments within the Electronic Patient Records. This will provide clear clarity of assessments that have been completed.
- To continue to provide education for staff to ensure they fully understand their role in the implementation of the MCA
- To encourage staff to Implement comprehensive MCA's in the assessment of patient's capacity and to ensure that it is used for every decision being made where there is reason to doubt capacity.
- There is easy to use and access capacity assessment evident in patients' electronic records.
- MCA NHS e Learning module to be aligned with identified staff to be completed yearly to support knowledge and improvements of assessments.

5.0 Prevent

5.1 Prevent is part of the Government counter-terrorism strategy CONTEST and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

5.2 Prevent focuses on all forms of terrorism and operates in a 'pre-criminal' space'. The Prevent strategy is focused on providing support and re-direction to individuals at risk of, or in the process of being groomed /radicalised into terrorist activity before any crime is committed. Radicalisation is comparable to other forms of exploitation.



5.3 The Prevent duty requires all specified authorities to ensure that there are mechanisms in place to enable health staff to understand the risk of radicalisation and how to seek appropriate advice and support.

5.4 BHNFT continue to commit to training staff to recognise when a person may be at risk of being radicalised and understand their responsibilities in reporting any concerns as per the up dated Prevent Policy. In 2023 there was 1 referral under Prevent, which was closed after review.

Key Achievements

- The Safeguarding Team receive local Prevent intelligence from the Sliver multiagency Prevent meeting and ensure relevant information is shared with staff in the safeguarding operational and steering groups, safeguarding newsletter as well as on the Safeguarding intranet page.
- The safeguarding team is attending all Prevent meetings and feedbacks relevant information on the newsletter and in level 3 training
- A review of the current online training packages in line with Core Skills Training Framework (CSTF). This will become a three-year programme for all trust staff to ensure.

Key Ambitions for 2024

- To review and unify the approach to prevent across the Trust
- The Prevent policy to be updated and reflects the new guidance for organisations.
- To ensure Prevent champions receive appropriate training and meet quarterly throughout the year.

6.0 Person in a Position of Trust – PIPOT

6.1 The Trust recognises its responsibility to ensure safe working systems are in place for staff working with children and adults at risk of harm. Having a clear process in place to manage allegations against staff forms one part of this process, that sits alongside safe recruitment and selection policies, whistle blowing procedures, protocol for responding to concerns about a person in a position of trust (PiPOT) and training for staff to ensure they understand their responsibilities in terms of safeguarding.

6.2 The Policy for Managing Allegations Against Staff has been updated. The PIPOT lead for the trust is the Deputy Director of Nursing and Quality. If BHNFT is in receipt of information that gives concern about a person in a position of trust, the PIPOT process is enacted to ensure effective risk assessment and actions are taken. There is representation at PIPOT meetings together with HR representation, Safeguarding and relevant senior managers.



7.0 Local Authority Designated Officer-LADO

7.1 The LADO has the responsibility for the management and oversight of allegations against individuals who work with children. The Trust has a statutory responsibility to report LADO concerns to the Local Authority if a someone who works with children has:

- behaved in a way which has harmed or might harm a child
- possibly committed a criminal offence against a child
- behaved towards a child or children in a way that suggests he or she would pose a risk of harm
- behaved in way that indicates they're unsuitable to work with children

8.0 Audit

8.1 A number of audits have taken place over 2023 to gain assurance that the ongoing work involved with safeguarding is been embedded across the trust. The audit actions have been included within the team SIP.

8.2 Audits completed:

- Safeguarding documentation within maternity Careflow
- Re-evaluation of referrals to children social care
- Dip audit regarding compliance with Deprivation of Liberty Safeguards (DoLs)
- Audit for protocol for the management od suspected bruising in a non-mobile infant or child

8.3 Two Multiagency “deep dive” audits were undertaken at request of the Safeguarding children partnership. Audit one: Safe sleeping, ICON and alcohol use in pregnancy to monitor information provided to parents around the subjects. The action plan has been picked up by the Public Health midwife with support from the safeguarding team and the action plan is to be monitored within maternity governance structures to ensure parents have all the information and documentation reflects advice given.

Audit 2: “Concealed pregnancies themes and trends” deep dive into recent concealed pregnancies following the two relinquished babies in August 2023. Results to be discussed with Children’s partnership and actions to be fed back to Maternity as well as actions for all agencies.

8.4 Monthly Tendable safeguarding audits are completed within 33 areas across the trust including Acorn Unit.

Key Achievements



- 2024 planned audit programme has been developed. All audits within the planned programme relate to: Quality and compliance with provision of multi-agency reports.
- The Safeguarding team participate in Multi-agency audits to support local and national reviews within children and adult arena.
- The use of Tendable audit has been embedded within team and the data is monitored within the Safeguarding steering group as well as outstanding actions highlighted at Senior Nurse forum,
- The safeguarding team have regular attendance at all CBU governance meetings to share learning, practice and actions.

Key Ambition for 2024

- To commence planned audits 2024.
- To audit removals of newborn babies at birth, monitor themes and trends.

Safeguarding Incidents

9.0 Adult Reviews (SAR) and (Domestic Homicide Reviews)

9.1 The Safeguarding Team continue to represent the Trust at the Safer Barnsley Partnership DHR/SAR Executive Group. In 2023 there has been one Safeguarding Adult Reviews (SAR) and no Domestic Homicide Review commissioned.

9.2 A SAR is commissioned by the Barnsley Safeguarding Adult Board and is a Multi-Agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place.

9.3 BHNFT actions following a SAR investigation stated that Doctors receive training on the Mental Capacity Act. After consideration, the Trust has moved to making MCA e-learning mandatory for all registered practitioners in the Trust, with yearly updates

Key Achievements

- Learning from the SARs has been embedded into level 3 “Think Family” safeguarding training.
- The Barnsley Safeguarding Adult Board have received assurance that the recommendations from the previous reviews have been implemented at the Trust.
- MCA e - learning training has been agreed to be yearly.



- As a direct response of 2 domestic homicides that occurred in 2022 the safeguarding team have worked with the outpatients department to implement routine questioning to enquire whether the person is a victim of domestic abuse, for all adults who attend the medical and surgical outpatient department.

Key Ambition for 2024

- Future learning from SARs to be included in training. Planned multi agency discussion to be held in January 2024 for a possible SAR.
- 7 minutes briefings to be shared following completion of a SAR/DHR for learning to be shared
- Information of national and local learning to be included in Safeguarding newsletter
- In light of the success with the implementation of routine questioning, the safeguarding team aim to formulate a roll out plan for a variety of other areas across the Trust

10.0 Learning from Safeguarding Practice Review (SPR) formerly known as Serious Case Review

10.1 SPR are commissioned when a child dies or the child has been seriously harmed and there is cause for concern as to the way organisations have worked together.

10.2 There has been no SPR for 2023.

10.3 An agency deep dive into Child K has been currently requested to identify if any themes concerns around across of “Was not brought” and the use of safeguarding alerts within health record. These aspects are already incorporated within the level 3 safeguarding training and policy and procedure are available via TAD to support staff in their daily practice in identifying and reporting ‘Was not brought’ cases and utilising the information afforded to them via the clinical alert system

10.4 The Safeguarding Team continue to conduct investigations ranging from scoping incidents to multi-agency reports and audits into practice. As part of this process we offer support to all staff involved in SPRs. We identify the learning and relate this to local practice and experience, ensuring that findings can be embedded into practice across the Trust.

Key Achievements



- The safeguarding has Implemented a clear and consistent process for sharing the learning from serious safeguarding incidents. These can be found on the intranet page as well as within the safeguarding monthly newsletter.
- A review of child protection medicals process has been completed in a timely manner and the safeguarding team have full oversight of request and attendances.
- A guideline for the supervision of children in hospital when there are safeguarding concerns has been completed and shared across CBUs.

Key Ambition for 2024

- To share any future learning within to practice across 2024.

11.0 Child death over view panel (CDOP)

10.1 The death of a child is a devastating loss that profoundly affects bereaved parents as well as siblings, grandparents, extended family, friends and professionals who were involved in caring for the child in any capacity.

10.2 The CDOP process allows for professionals to expertly review all children's deaths and is grounded in deep respect for the rights of children and their families, with the intention of preventing future child deaths.

10.3 The child death process identifies cases whereby a Joint Area Review (JAR) is required and this facilitates the drawing of learning from individual cases followed by debrief for staff as needed.

Key Achievements

- Training and 7 minute briefings regarding ICON have been disseminated across BHNFT and the wider partnership
- The checklist for services and professionals to notify has been updated with communication across the ICB and BHNFT
- The monthly child death over view is now completed each month with the forget me not board that names each child that has passed away and acts as a memorial.
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Key Ambition for 2024

- To use learning from the 2023-2024 CDOP overviews and implement any national learning into training and practice across the trust.
- To review the Child death policy and supporting child death pack.



12.0 Domestic abuse

12.1 The safeguarding Team continue to represent the Trust at the Multi Agency Risk Assessment Conference (MARAC) to support the victims of Domestic Abuse. The team also support staff in responding to disclosures of domestic abuse.

Key Achievements

- Ongoing audit process in place for maternity to ensure routine enquiry has been asked and further action taken if pregnant women is identified as at risk.
- Routine enquiry regarding domestic abuse has been rolled out within outpatient following action in previous DHR. From April to September 2023, 3997 patients were asked if they feel safe at home, 14 cases resulted in a referral to the domestic abuse service.
- Work has been completed with staff in ED to raise awareness of completing the abbreviated risk assessment.

Key Ambitions for 2024

- Review of Domestic abuse training to ensure it is covered in all levels of safeguarding training for staff.
- Review “Call to end violence against women and girls” government paper to benchmark against current practice and training.
- Consideration of how we can ask parents and children at each contact is currently being scoped out as this will be a large piece of work to ensure this is appropriate across age groups and settings
- To scope out how BHNFT could be involved in “the White Ribbon campaign” to raise awareness about men’s violence against women and girls. White Ribbon UK mission is to encourage everyone, especially men and boys to reflect on their own behaviours and words, to nurture ways of acting and speaking that challenge existing cultures that perpetuate inequalities between men and women. Violence has a negative impact on the health and safety of employees, wellbeing and productively. The white ribbon Accreditation and supporter programmes provide frameworks to support your organisations to work towards ending harmful attitudes and behaviours in the workplace. To scope out and explore how to support male staff to challenge inappropriate behaviour from male to female colleagues to take an active role in ending violence against women and girls to ensure safer work environment.



- Exploring and scoping new pathway for victims who disclose non-fatal strangulation across the Trust, to ensure patients are referred correctly for extra testing and aware of further risks associated with non-fatal strangulation. To audit disclosures, gain full pictures of incidents.
- Management of domestic abuse policy to be updated
- To scope Barnsley Place request to incorporate a Daily risk assessment around domestic abuse cases that involve children.

13.0 Female Genital Mutilation (FGM)

13.1 Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done.

13.2 Where the risk of FGM is identified, we as a Trust have a legal and professional duty to share information between the Trust Safeguarding Team, Children's Social Care and the Police. If an individual has been identified as high risk, the responses need to be documented within the woman/child's electronic records.

13.3 FGM-IS is a national alert instigated by NHS Digital and this enables health professionals to add a standard alert onto a child summary record to identify a risk of FGM. This is completed by the safeguarding team and we have generated 6 alerts in 2023.

13.4 Within 2023 there has been 10 women known to have had FGM identified within maternity care setting.

Key Achievements

- Safeguarding team review on a monthly basis within maternity of any woman that has been identified as survivor of FGM.
- Any female baby that is born to a survivor of FGM has an alert placed on the national spine to alert the risk of FGM. This alert is called FGM-IS (female genital mutilation-information sharing) as in accordance with NHS England guidance.
- FGM Policy completed and updated with new government guidance around virginity testing and hymenoplasty.

Key Ambitions for 2024

- Safeguarding team to work alongside data department to ensure accurate reporting of FGM.
- To continue to raise awareness within safeguarding training.



14.0 Safeguarding Supervision

14.1 Supervision is an essential means of providing professional support and guidance for safeguarding practitioners. The requirement to provide Safeguarding supervision and support is well documented in many serious case review reports and in policy guidance.

14.2 Safeguarding supervision remains on the safeguarding risk register due to slow improvement of participation and not achieving the set statistic target for the trust.

Key Ambitions 2024

- To support with safeguarding supervision to assist with compliance across the Trust. Safeguarding supervision compliance will be monitored closely at the safeguarding Steering Group and reported as a Key Performance Indicator.
- Facilitated safeguarding supervisory training to ensure that there are the required Safeguarding Supervisors across the Trust and to ensure that safeguarding supervision is consistent and provides quality support for all staff accessing supervision sessions.
- There will be an evaluation of the impact of supervision undertaken
- Preparation for the implementation of safeguarding supervision for adult safeguarding in conjunction with the wider supervision for staff
- Safeguarding supervision will compliance will be reordered within ESR for staff that are required to access supervision to support more accurate data.

15.0 Multi-Agency Working

The Safeguarding Team continue to work closely with partner agencies to safeguard patients from abuse and neglect.

Key Achievements in 2024

- There has been an increase in the number of referrals to adult social care and also an improvement in the quality of the referrals. This has been acknowledged by the Safeguarding Adult Board.
- There is a daily child exploitation meeting with partner agencies to provide immediate safeguards for children at high risk of exploitation. The safeguarding team ensure timely sharing of information for children attending the Emergency Department at risk of exploitation.



- A key component of multi-agency working is in relation to the multi-agency response following the death of a child. The Safeguarding Team lead the Joint Agency Response (JAR) immediately following a child death.
- Maternity services now have clear internal and multiagency pathways for early help interventions, social care referral and interagency liaison. This pathway is supported by Standard Operating Procedures.
- The safeguarding team now are at attendance of MAPPA (Multi-agency Public protection arrangements) meetings to assess risk of individuals that pose a risk from sexual violence.
- The Safeguarding team attend at Suicide prevention and Drug and Alcohol related deaths to scope any concerns that are linked to safeguarding concerns.
- The team are represented at the Right care Right Person police incentive.

Key Ambitions

- To highlight the role of the safeguarding team to ensure that staff are aware of the outcomes of risk assessments for individuals discussed at MAPPA, to ensure they and others safety is maintained without compromising confidentiality

16.0 Joint Targeted Area Inspection (JTAI)

16.1 JTAI is an inspection to ensure that all agencies are working together in respect of concerns. This assist in helping to identify, support and protect vulnerable children and young people. JTAs are conducted jointly by multi-agency inspectorates: Ofsted, CQC, HMIC and HMP. All inspectorates jointly asses how well the local Authority, Police, Health, Probation and Youth Offending services work together to identify, support and protect vulnerable children.

16.2 There has been no JTAI inspections within Barnsley in the last 12 months. The safeguarding team are reviewing the criteria around JTAI when changed by inspection to benchmark for any gaps within the trust.

17.0 Section 42 Forum

17.1 The Safeguarding team have formulated a process around the completion of requests to complete investigations under section 42 of the care act; enquiry by local authority, which applies where a local authority has reasonable cause to suspect that an adult in its area;

(a)has needs for care and support (whether or not the authority is meeting any of those needs),



(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Key Achievements

- Development of a Section 42 forum, which is held fortnightly to provide an MDT oversight to the investigation and themes of concerns.
- Standardisation of the section 42 process to ensure that investigations are timely and thorough.
- To share the lessons learnt through level 3 training and the safeguarding newsletter.
- Development of a weekly meeting with adult social care to discuss section 42 enquires.

Key Ambitions

- To Develop a standard operating procedure for the request for information attaining to section 42 investigations.
- To work alongside Barnsley Safeguarding Adults Board in the interpretation of data to improve the conversion rate of concern forms sent externally to section 42's.
- To embed the adult concern form into the patient electronic records

18.0 Maternity CQC

18.1 Following the maternity CQC report and reference around compliance with safeguarding level 3 training, the safeguarding team have provided additional training and a specific day training on 13th November 2023 for Obstetricians and Gynaecology doctors to attend.

Key Achievements

- Safeguarding Supervision has been included within maternity mandatory Study day to support staff to achieve supervision compliance.
- Safeguarding supervision structure has been reviewed as staff have moved or left the trust.



- Relinquishment of baby during hospital stay (SOP) has been created following two babies been born to un-booked mothers who made the decision to relinquish their responsibility.
- Abduction scenario was completed on the antenatal and postnatal ward. Staff were able to prevent the baby been removed from the ward. The drill was carried out as a multi-disciplinary team approach with maternity staff, security, Business security managers
- Abduction Guidelines have been updated following the abduction drill with new learning from the scenario.
- Named Midwife attends and contributes to First Year of Life Steering Group for example deep dive into information given to parents regarding Safe sleeping, ICON and alcohol use in pregnancy.
- The safeguarding team have completed meetings in partnership with Children’s social care and 0-19 services to update and improve the Integrated Care Pathway for referring unborn babies into children social care.
- To continue to attend Partnership Engagement Task and Finish group to ensure positive engagement with all services to ensure effective working relationships and identify any breakdowns in communication.

Key Ambitions 2024

- Work to commence with Antenatal clinic improve the “short booking summary” to ensure partner details are always recorded for out of area women and partners.
- To scope out and liaise with Learning Disability Nurse a pathway for women attending maternity with an LD to ensure all reasonable adjustments are made and considered.
- Weekly drop in sessions for maternity to support with safeguarding awareness raising.
- Implementation of the Exploitation Guideline across maternity.
- NNU training to include safeguarding supervision to support with compliance
- Support staff with the new Maternity patient record system around documentation of safeguarding concerns.
- Named Midwife part of implementation group for new multi agency assessment group (MAPLAG) to replace the current Pregnancy Liaison Meeting. Referrals from maternity and other agencies will be sent to children social care prior to the meeting. Cases will be reviewed, discussed and actions made to ensure all services are meeting the needs of the family.

19.0 Early help and preventative intervention

19.1 Early help is the support we give to children, young people and their families where they have extra needs that aren't being met by universal services.



19.2 The Early Help Assessment (EHA) is a way to help identify needs of children and families and plan to meet their needs. The EHA is a shared tool used by all agencies in Barnsley and ensures a co-ordinated response.

Key Achievements

- There has been an increased awareness through safeguarding training and supervision as to the early help process for staff within the Trust.
- Early help referral form has now been embedded into main Careflow for all staff to complete
- A Early practitioner attends antenatal clinic to discuss services on offer to discuss early help support for staff and families coming into maternity services.

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Key Ambition in 2024

- To review the referrals for quality assurance and link in with the early help sub groups to ensure that staff are completed effective EHA.

20.0 Vulnerabilities and Risk

The areas of vulnerability and risk in relation to safeguarding are:

- The need to have consistent contemporaneous safeguarding records integral to the patient electronic patient record that can be shared with partner agencies when appropriate in a timely manner.
- Safeguarding supervision is been monitored within the safeguarding steering group.
- Improvement around staff knowledge of the Mental Capacity Act is ongoing work and this is been reviewed within the Tendable Audit tool that the team are using to support training and improving capacity assessments.
- Safeguarding level 3 training compliance to be achieved as requirement of 90% for both children and adults. Current compliance for adults is 83% and children 88%.
- Safeguarding concerns not been recorded within a child's patient record following birth due to having 2 separate systems that do not communicate with each other. Plan for this to be addressed when new maternity EPR system is in place.

Key Achievements

- The Safeguarding Team have worked closely with Clinical systems to populate some paper referral forms into electronic forms within Careflow.



- The safeguarding team have clear oversight of daily safeguarding activity across the trust. This is completed by the team have twice a day alerts shared when a patient has attended with a safeguarding alert on Careflow. These alerts are reviewed to ensure appropriate action has been taken to assess any risks that may be posed. This has also allowed the team to cleanse any out of date safeguarding alerts.
- A daily alert is shared with the team, of any attendance where the police have brought a patient to ED to ensure that appropriate risk assessments have been completed.
- The team have oversight via daily alerts of patients that attend outpatient appointments to support cleansing alerts on Careflow and scope work around “was not brought”.
- The record of contact is now live on Careflow and allows for quicker completion by staff, reduces the risk associated with fragmented records and allows for a clear audit trail
- Launch of Safeguarding Pledge with staff following attending level 3 safeguarding training

Key Ambitions for 2024

- To continue to work with the Chief Nursing Information Officer to ensure a robust process for the safeguarding team to manage safeguarding alerts and provide Work to improve systems to provide information in a timely manner, to ensure safe and appropriate information sharing across partner agencies.
- To review the pathway of 16-17 when entering the front door of BHNFT to ensure that consideration is taken around risks due to the age of the young person and the need to follow the Children Act 1989 and the Children Act 2004.
- To monitor the documentation of safeguarding concerns/action taken within the electronic patient record. This to be monitored within the safeguarding operation group and updated to safeguarding steering group for assurance or escalation if needed.
- Maintain a focus and further develop approaches to trauma informed care and practice.
- To develop a young carers passport that creates an opportunity for discussion between the young person and the adult for whom they care to plan for hospital admission for the adult and identify what care needs that may leave the young carer with. The level of inclusion of the young person in the care of the adult whilst an inpatient and how the clinical area can support the young person such as provision of meals during visiting and also extended visiting hours.
- The data gathering of reasons for attendance at BHNFT within those cases shared with the daily CE briefing each day to allow trends to be pulled from this and orientate the direction of focus regarding risk and intervention
- An agreement between partner agencies stipulating the duties of services when a healthy child with no medical need requires a place of safety. To not utilise BHNFT and hospital services for “Healthy lodgers” placing the trust in a vulnerable position regarding its duties to this child
- Children attending the hospital and requiring a long term stay due to their condition may miss out on essential educational input impacting upon their attainment and ability to fulfil their potential in the future. The “Exceptional provision of education” Education act 1996 section 19 to be used to identify the trusts duties in these instances



- To role out Exploitation Guideline throughout the Trust and to discuss further within Level 3 2Think Family Training”.

21.0 Enquiries and Support for staff

21.1 The Safeguarding Team continue to provide guidance and support to practitioners throughout the Trust from all Clinical Business Units in relation to children their families and Adults where safeguarding concerns have been identified. There has been a significant increase in the support, advice and supervision on a variety of platforms for BHNFT Staff this includes:

- Providing telephone support.
- Drop in sessions
- Roadshows
- Adhoc training with Tendable .
- Face to face/ virtual case reviews/ meetings;
- Assistance with legal statements;
- Support with attendance at court;
- Support with escalation of concerns in keeping with the Safeguarding Partnership Escalation Policy
- Lunch and learn
- Session on maternity mandatory training
- Monthly news letter
- Updated Internet page
- Safeguarding Twitter page.
- Safeguarding notice boards
- Promoting information at summit time out session
- Final year students able to spend a week with the team

Key Ambitions for 2024

- To continue to review and revise the Safeguarding information on the intranet for staff and public facing information.
- Continue to worked with the Communication Team to rebrand and launch the new Safeguarding Team, promoting a think family approach and ‘Proud to Protect’ through road shows and standardised information boards on wards and departments.
- Increased visibility of the Safeguarding Team, including establishing safety huddles attending handovers on wards and departments, drop in facility and case reviews for staff
- Established safeguarding champion role across the Trust and provided enhanced training for the safeguarding champions.
- To continue with a monthly Safeguarding newsletter to facilitate communication around training opportunities and learning from safeguarding incidents.



- Leaflets to be developed that provide brief information regarding safeguarding processes for parents and carers, children and young people and also staff. Such as the child protection medical process
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22.0 Safeguarding Team oversight

22.1 The Safeguarding Team have oversight of safeguarding concerns across the Trust. The Datix system is used by staff to share a safeguarding concern with the Safeguarding Team and this allows the team to have oversight and support staff with safeguarding interventions along with attending safety huddles and complex needs meetings.

22.2 The safeguarding team have clear oversight from daily alerts from attendance within ED, inpatient and outpatient areas as well individuals who have attended with police

22.3 The team attend Safety huddles within children, maternity and Emergency Department.

22.4 The safeguarding team attends and provides oversight to the frequent attenders meeting held chaired by the Emergency Department

Key Ambitions for 2024

- The team have been invited to attend the local authority meeting around vulnerable adults within Barnsley. This will allow more proactive risk assessment around vulnerable patients that may attend the trust.

23.0 Deprivation of Liberty (DoLS)

23.1 A deprivation of liberty is when a person has their freedom limited in some way. It occurs when: 'The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

Key Achievements

- Increased number of DOLS applications over the past 12 months from approximately 30 a month to 120.
- Staff are evidencing the completion of MCA and best interest decisions as part of the DOLS process
- Completion of a DOLS audit monthly to provide understanding of the number of DOLS applications that don't have supportive evidence of following the correct process.
- Enhanced care versus DOLS data collected and shared with matrons from CBU 1 and 2 daily. To ensure that patients being restricted as part of enhanced care and being deprived of their liberty in a lawful way.
- The development of a DOLS database that identifies expired DOLS that require escalation to the local authority.



Key Ambitions 2024

- MCA, DOLS and best interests' meetings to be documented on careflow.

24.0 Safeguarding Awareness Week 2023

During 20th -24th November BHNFT participated within the local and national Safeguarding Awareness week. The team started the week off with a safeguarding blog with the Director of Nursing, Midwifery and AHPs. There was a stall within the canteen to raise awareness and answer any questions from staff and public. The team attended all areas and encouraged staff to make a pledge and use their thumbs to populate trees. A sticker was handed to all staff that had the QR code to the NHS safeguarding app which has resources for staff to access. The second year of “Reyt up your street” was relaunched and daily updated linked to the internet page to encourage to use professional knowledge and curiosity.

Preparation is to commencing for Safeguarding week 2024



25.0 Positive Case study

The name of the child has been altered to remain anonymised.

Sophie a 14-year-old girl was the carer for her mother who was undergoing treatment for breast cancer



Sophie's mother was diagnosed with stage 4 cancer and a plan of palliative care was commenced

Sophie felt that she was not included in the discussion and decision making that her mother was subject to

Sophie was receiving support from the young carers service in Barnsley but felt unsettled at the lack of involvement afforded to her from the acute setting

Upon discussion between the safeguarding team and the patient engagement team it was determined that a "Young carers passport" would be of benefit in Sophie's case and for all young carers to support them and the adult for whom they care when acute services are involved or admission required

Sophie reported that she felt she provided a lot of care when her mother was at home but was then "Out of the loop" when her mother was admitted for episodes of acute care. The impact of this was not fully understanding her mother's care needs once discharged home again

The young carers passport has been developed in order to allow for discussions and documentation between a key professional, the young carer and the adult for whom they care to determine the level of input they will participate in during acute episodes of care, care planning, changes to care or outcome and decision making

This will be individual for each case and should consider the age of the child as a young carer and their ability to manage the mental load upon them

The passport aims to identify where the young carer should be included in care, decision making and how any care needs of the young carer are captured when their adult is an inpatient

Should they require a meal when visiting their adult, who is responsible for ensuring their safe travel to and from the hospital, are they able to stay with their adult in the acute setting and who offers emotional support to the young carer during these periods of change and transition and the potential impact upon their educational attainment and ability to attend education settings

As the passport was developed in response to Sophie's questions and identified need she was the first to utilise this tool and met with a member of the safeguarding team to populate the passport and identify the support available to her externally to her mother and BHNFT to ensure planning was in place for the episodes of inpatient care

The passport has been presented to a group of young carers and their workers and was well received and attendance at a focus group of young carers is planned to ensure the salient points are captured in its developed format



26.0 Conclusion

This Annual Report demonstrates that safeguarding vulnerable people remains a significant priority for the Trust and offers assurance that the safeguarding work programme is continued to be delivered. The Trust continues to meet its statutory duties as well as proactively developing safeguarding provision and implementing learning from adverse events into frontline practice.

3.3. Finance & Performance Committee Chair's Log: 29 February/28 March 2024

For Assurance

Presented by Stephen Radford



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/3.3
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SUBJECT:	FINANCE AND PERFORMANCE CHAIR'S LOG
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>			<i>Tick as applicable</i>
	<i>For decision/approval</i>			<i>Assurance</i>	✓
	<i>For review</i>	✓		<i>Governance</i>	✓
	<i>For information</i>	✓		<i>Strategy</i>	

PREPARED BY:	Stephen Radford, Non-Executive Director/Chair
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SPONSORED BY:	Stephen Radford, Non-Executive Director/Chair
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PRESENTED BY:	Stephen Radford, Non-Executive Director/Chair
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STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY	KEY: £k= thousands £m = millions
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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 29 February 2024, via Zoom.

The following topics were the focus of discussion:

- Integrated Performance Report
- Trust Financial Position 2023-24
- Efficiency & Productivity Programme 2023-24
- Workforce Insight Report
- Capital Plan & Report
- ICT Update Report
- Sub-Group Chair Logs

RECOMMENDATIONS

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

Subject:	Finance and Performance Committee Chair's Log	REF:	BoD: 24/04/04/3.3
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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 January 2024	<p>The Finance & Performance Committee received the latest IPR report for January 2024 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 January 2024, Trust performance was again impacted by Industrial Action between 3rd – 9th January 2024. Bed occupancy also increased month on month rising from 93% to 96.6% with 496 beds open in January and above the 92% Trust target. Non-elective length of stay and sickness levels also continue to be averse to plan. The Trust continued not to meet constitutional targets. From January 2024, the Trust has been operating a higher level of oversight on the Emergency Department in order to reduce wait times in ED and improve patient flow through the hospital.</p> <p>4-Hour UEC Target: In January 2024, UEC 4-hour performance reduced again in the month to 55.4% from 56.3% in December and against an NHS England operational objective of 76% by March 2024. The Trust ranking has fallen month on month with the Trust ranked 61/122 in England and 11/22 in North East & Yorkshire.</p> <p>Ambulance Handover Performance: The turn-around of ambulances in <30 minutes reduced marginally in the month to 68.9% in January. This still remains below the national objective of 95% of handovers within 30 minutes.</p> <p>RTT: Performance against the 18-week RTT target reduced in December to 67.7% from 69% and still remains below the 92% target. There were 310 (270 previous month) patients waiting longer than 52 weeks. and 37 above 65 weeks. There are 96 patients who could breach 65 weeks at the end of March 2024. The Trust benchmarked 35/170 in England and 7/26 in North East & Yorkshire.</p> <p>Waiting List: The number of patients on the waiting list decreased in December 2023 to 21691 from 21730 in November and against a planning target of 14500. An age analysis and breakdown of the</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>waiting list showed that areas with the longest wait lists included Orthodontics, Trauma & Orthopaedics, Oral Surgery and Dermatology. In January, DNA rates also decreased in the month to 6.5% from 7.7% in December and against a target of 6.9%.</p> <p>Diagnostic Waits: The number of patients waiting longer than 6 weeks decreased in January month on month to 4,2% from 5.4% in December 2023 and against a target of 1%.</p> <p>Cancer: In December 2023, the Trust achieved both the 28-day faster diagnosis standard and the 31-day treatment standard. 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%.and Capped Theatre Utilisation 73.3% against a target of 85%.</p> <p>Complaints: The Trust closed 81.0% of complaints within the 40-day target in the month, a reduction on the 86.4% 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 9.5% from 9.6% in the previous month, and remains below the 12% target.</p> <p>Sickness: The sickness absence rate remained static in the month to 5.5% and is above the 4.5% target. Return to work interviews were completed in 43% of cases against 38% in the previous month.</p> <p>Mandatory Training: In the month this remained static at 92% and above the target of 90%.</p> <p>Appraisal: At 92%, now above the target of 90%.</p>		
<p>Workforce Insight Report</p>	<p>The Finance & Performance Committee received the latest Workforce Insight Report which provided insights on sickness and absence across the Trust, trends by organisational unit and information on how the Trust benchmarked against other Trusts within the South Yorkshire ICB. It was noted that:</p> <ul style="list-style-type: none"> Absence rate is 5.5%. Mental Health related illness remains the top reason for absence which is reflective of the ICS. 	<p>Board of Directors</p>	<p>For Information and Assurance</p> <p>Page 339 of 526</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
	<ul style="list-style-type: none"> Action is being taken to reduce sickness absence in the worst affected areas of the Trust by CBU leads supported by the HRBP team and senior occupation health practitioners. 		
<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 January 2024, 2023-24. It was also noted that:</p> <p>Financial Position 2023/24: The Trust at month 10 has a consolidated year-to-date deficit of £4.20m against a planned deficit of £8.87m giving a favourable variance of £4.67m. The year-end forecast has been revised to £5.2m deficit. Following further strike action in the month, total strike cover costs have increased to c£3.0m in the year-to-date.</p> <p>Total Income: Total income in the year-to-date was £267.0m against a planned £266.4m giving a favourable variance of £0.6m against the plan. The full-year forecast is £321m against a plan £319.5m giving a positive variance of £0.5m.</p> <p>Pay Costs: Pay costs in the year-to-date, are £195.3m against a plan of £192.9m giving an adverse variance of £2.4m. 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. For Agency costs, the Trust has spent £9:01m on agency, which is £1.06m above plan and £1.87m above a cap based on 3.7% of planned pay costs for the year to date.</p> <p>Non-Pay Costs: In the year-to-date, non-pay operating expenditure is £69.1m with a cumulative favourable variance of £5.1m to plan. This is mainly due to activity levels remaining below those planned.</p> <p>Capital Expenditure: Capital expenditure for the year is £6.1m, which is £3.5m adverse to plan. The programme is expected to recover slippage before year-end and achieve the planned £14.74m planned spend.</p> <p>Cash: In the year-to-date, cash balances are at £28.6m against a plan of £24.2m giving a favourable variance of £4.4m which is mainly due to timing of receipt of NHS income and the timing of payments to capital creditors.</p>	Board of Directors	For Information and Assurance

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 January 2024 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 £10.95m against a plan of £10.17m which gives a year-to-date positive variance of £0.78m. • The overall programme forecast position is £14.5m against the target of £12.50m, a positive variance of 2.0m. • Programme recurrency rate fell in the month to 39% from 42% last month, however, this will be reviewed again as it was thought this change was over-stated. • There are currently 44 schemes in the programme with 27 schemes at full maturity or awaiting final sign-off with a value of £12.8m. • Key programme risks relate to ongoing industrial action and operational pressures. 	Board of Directors	For Information and Assurance
ICT Strategic Programme Quarterly Update 2023-24	<p>The Finance and Performance Committee received the 3rd Quarter update on the ICT Strategic Programme and received assurance regarding the action being taken to deliver the programme and action being taken on key risk areas. Key points included:</p> <ul style="list-style-type: none"> • The approval and draw-down of the Full Investment Agreement for £2.1m of Frontline Digital Funding for the 2023/24 allocation of the 3-year funding allocation of £5.8M. • Clinical Workspace is now live and positive feedback has been received. • Delays to LIMS upgrade of the existing system has been escalated with the Supplier and requires urgent resolution, Risk rating has been raised to 16 on the corporate risk register. A manual Business Continuity Plan is in place and was enacted during recent system failures. • The updated Power Outage and Infrastructure Report action plan shows good progress. Aircon renew will be in place before the summer heat challenges. • Completion of work on our Wi-Fi and phone system replacement. • The update on the Information strategy and PowerBI projects. • Update on the progress of key Strategic Clinical Digital Projects. • Update on the procurement process for Patient Flow System, this will be complete by the end of the financial year. 	Board of Directors	For Information and Assurance
Capital Plan 2024-25	<p>The Finance and Performance Committee received an update regarding the 2023/24 capital programme including information regarding additional funding streams, scheme slippage / acceleration, reallocation of funds and the impact on the 2024/25 capital programme. Key points noted included:</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
	<ul style="list-style-type: none"> • In year there has been £2m slippage on the theatre’s development scheme. This has been offset by accelerating £0.5m EBM and £0.5m M&S equipment from 2024/25. The remaining £1m has been agreed to be deferred into the 2024/25 allocation via a CDEL swap with Sheffield Health and Social Care, as agreed at F&P. • CDEL swap has been factored into the 2024/25 programme. • ‘MoSCoW’ applied to 5-year capital programme to prioritise requirements. • £5m year on year requirement to keep hospital safe & secure, which leaves c£3.5m per annum of available CDEL to review priorities for strategic capital. • Possible investment in ‘Health on the High Street’ and potential sources of funds. 		
<p>Sub Group Logs</p>	<p>The F&P Committee received the following sub-group logs/updates:</p> <ul style="list-style-type: none"> • BFS: Noted • Executive Team: Noted • CBU Performance Meeting: Noted • Trust Operations Group: Noted • Digital Steering Group: Noted • Data Quality Group: Noted • Information Governance Group: Noted 	Board of Directors	For Information and Assurance



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/3.3i
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SUBJECT:	FINANCE AND PERFORMANCE CHAIR'S LOG
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

PREPARED BY:	Stephen Radford, Non-Executive Director/Chair
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SPONSORED BY:	Stephen Radford, Non-Executive Director/Chair
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PRESENTED BY:	Stephen Radford, Non-Executive Director/Chair
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STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY	KEY: £k= thousands £m = millions
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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 28 March 2024, via Zoom.

The following topics were the focus of discussion:

- Integrated Performance Report
- Trust Financial Position 2023-24
- Efficiency & Productivity Programme 2023-24
- Business Assurance Framework / Corporate Risk Register
- Trust Objectives 2024/25
- Pathology System Risk Update
- Sub-Group Chair Logs

The Finance & Performance Committee approved the Trust Objectives for 2024/25 and commended them to the Board for further review and approval.

RECOMMENDATION(S)

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

Subject:	Finance and Performance Committee Chair's Log	REF:	BoD: 24/04/04/3.3i
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group	Date	Chair
Finance and Performance Committee	28th March 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 February 2024/ MEOC Update	<p>The Finance & Performance Committee received the latest IPR report for February 2024 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 February 2024, Trust performance was again impacted by BMA Industrial Action between 24th - 28th February 2024. Non-elective length of stay, sickness levels and bed occupancy all continued to be averse to plan and the Trust continued not to meet constitutional targets.</p> <p>4-Hour UEC Target: UEC 4-hour performance improved in the month to 63% from 55.4% in January and against an NHS England operational objective of 76% by March 2024. The Trust ranking for this metric improved. Ranking: England 30/122 North East & Yorkshire 6/22</p> <p>Ambulance Handover Performance: The turn-around of ambulances in <30 minutes improved in February to 74.5%. This still remains below the national objective of 95% of handovers within 30 minutes.</p> <p>RTT: Performance against the 18-week RTT target improved in the month 68.7%, but still remains below the 92% target. There were 298 (310 previous month) patients waiting longer than 52 weeks. and 14 above 65 weeks. There are 10 patients who could breach 65 weeks at the end of March 2024. The Trust benchmarked in England 32/169, and in the North East & Yorkshire 7/26.</p> <p>Waiting List: The number of patients on the waiting list increased in January 2024 to 21934 from 21691 in December 2023 and against a planning target of 14500. An age analysis and breakdown of the waiting list showed that areas with the longest wait lists included Orthodontics, Trauma & Orthopaedics, Oral Surgery and Dermatology. In February DNA rates remained static at 6.5% and below the 6.9% target.</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>Diagnostic Waits: The number of patients waiting longer than 6 weeks remained static at 4.3% and against a target of 1%. The Trust benchmarked: 191/433 in England, 28/65 in the North East & Yorkshire.</p> <p>Cancer: In January 2024, the Trust achieved the 28-day faster diagnosis standard at 78% against a target of 75%. However, the Trust did not achieve the 31-day treatment standard at 94% against a target of 96% and the 62-day treatment standard at 67% against a target of 85%.</p> <p>Theatre Utilisation: The Uncapped Main theatre utilisation in the month was 79.0%.and Capped Theatre Utilisation 71.1% against targets of 85%.</p> <p>Complaints: The Trust closed 65.2% (vs 81.0% January) of complaints within the 40-day target in the month, a reduction on 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 9.2% from 9.5% in the previous month, and remains below the 12% target.</p> <p>Sickness: The sickness absence rate increased in the month to 5.6% (vs 5.5% January) and above the 4.5% target. Return to work interviews were completed in 34.8% of cases (vs 43% January,</p> <p>Mandatory Training: In the month improved to 92.4% and above the target of 90%.</p> <p>Appraisal: At 91.3% above the target of 90%.</p> <p>MEOC: The F&P Committee received a verbal update on the Mexborough Elective Orthopaedics Centre</p>		
<p>Trust Objectives 2024/25</p>	<p>The Finance & Performance Committee received the latest draft of the Trust Objectives for 2024/25 for review and approval prior to submission to the Board. The meeting provided feedback as required on the Trust Objectives. It was agreed that the objectives should to updated for the latest national planning priorities once these are published. The Committee approved the Trust Objectives for 2024/25 and commended them to the Board for further review and approval</p>	<p>Board of Directors</p>	<p>For Review and Approval</p> <p>Page 345 of 526</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
<p>Board Assurance Framework / Corporate Risk Register</p>	<p>The Finance & Performance Committee received the latest draft of the Trust Board Assurance Framework (BAF) and Corporate Risk Register (CRR) for review and assurance with particular reference to those risks aligned to the Finance and Performance Committee. The Committee approved the changes made to the BAF and CRR. The following key updates had been made</p> <p>BAF: the residual score for risk 2527: risk regarding ineffective partnership working and failure to deliver integrated care be reduced from 12 to 8 and risk 2827 regarding the inability to achieve net zero be reduced from 12 to 8.</p> <p>CRR: Risk 2768 score was increased from 12 to 16; as there had been a system failure for 4 hours which could result in a potential delay to the release of patient results and delays to patient treatment/management.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p>
<p>Pathology System Risk Update</p>	<p>The Finance and Performance Committee were provided with an update on the planned, but delayed upgrade to the Laboratories Information Management Solution (LIMS) which is used by the Barnsley / Rotherham BRILS Labs service to co-ordinate test requests/ results for patients. Delays have been repeatedly escalated with the supplier Clinisys. The risk associated with this delay has been raised from 12 (High) to 16(Extreme), and manual work processes will be deployed in the event of system failure. The supplier is monitoring the hardware situation daily to mitigate the risk of physical hardware failure. The current go-live for the upgrade is 18th May 2024. The Finance and Performance Committee received assurance on the action being taken to resolve the upgrade issue and contingency plans in the event of a system failure.</p>		
<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 February 2024, 2023-24. It was also noted that:</p> <p>Financial Position 2023/24: The Trust at month 11 has a consolidated year-to-date deficit of £4.8m against a planned deficit of £10.4m giving a favourable variance of £5.6m. The NHSE adjusted year-end forecast remains on track at £5.4m deficit. Following further strike action in the month, total strike cover costs have increased to c£3.3m in the year-to-date.</p> <p>Total Income: Total income in the year-to-date was £294.3m against a planned £293.2m giving a favourable variance of £1.1m against the plan. The full-year forecast is £321m against a plan £319.5m giving a positive variance of £0.5m.</p>	<p>Board of Directors</p>	<p>For Information and Assurance</p>

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	<p>Pay Costs: Pay costs in the year-to-date, are £215.6m against a plan of £212.6m giving an adverse variance of £3.0m. 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. For Agency costs, the Trust has spent £9:86m on agency, which is £1.11m above plan and £1.99m above a cap based on 3.7% of planned pay costs for the year to date.</p> <p>Non-Pay Costs: In the year-to-date, non-pay operating expenditure is £76.0m with a cumulative favourable variance of £6.2m to plan. This is mainly due to activity levels remaining below those planned.</p> <p>Capital Expenditure: Capital expenditure for the year is £7.2m, which is £4.0m adverse to plan. The programme is expected to recover slippage before year-end and achieve the planned £14.33m planned spend.</p> <p>Cash: In the year-to-date, cash balances are at £27.6m against a plan of £20.8m giving a favourable variance of £6.8m which is mainly due to timing of receipt of NHS income and the timing of payments to capital creditors.</p>		
<p>Efficiency & Productivity Programme 2023-24</p>	<p>The Finance and Performance Committee received the latest update on the Efficiency & Productivity Programme (EPP) for February 2024 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 £12.5m against a plan of £11.19m which gives a year-to-date positive variance of £1.31m. • The overall programme forecast position is £14.75m against the target of £12.50m, a positive variance of 2.25m. • Programme recurrency rate is now 38% • There are currently 43 schemes in the programme with 30 schemes at full maturity or awaiting final sign-off with a value of £14.4m. • Key programme risks relate to ongoing industrial action and operational pressures • For the 2024/25 EPP programme target is expected to be £9m recurrent savings and £3m non-recurrent savings. More details will be available in the F&P meeting in April 2024. 	Board of Directors	For Information and Assurance
<p>Sub Group Logs</p>	<p>The F&P Committee received the following sub-group logs/updates:</p>	Board of Directors	For Information and Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance / mandate
	<ul style="list-style-type: none"> • BFS: Noted • BFS: Noted • Executive Team: Noted • Trust Operations Group: Noted • Digital Steering Group: Noted • Data Quality Group: Noted 		

3.4. Barnsley Facilities Services Chair's Log

For Assurance

Presented by David Plotts

**REPORT TO
THE BOARD OF DIRECTORS**

REF:

BoD: 24/04/04/3.4

SUBJECT:	BARNSLEY FACILITIES SERVICES LIMITED (BFS) – PUBLIC				
DATE:	4 April 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:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
SPONSORED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
PRESENTED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
STRATEGIC CONTEXT					
<p>Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.</p>					
EXECUTIVE SUMMARY					
<p>This report provides the Trust's Board of Directors with a regular update on the activities of BFS and flags any risks or concerns. The enclosed Public Log reflects discussions from the BFS Board meeting in February 2024.</p> <p>Key items for information:</p> <ul style="list-style-type: none"> • Update of key refurbishment work across the Trust • BFS continues to perform well financially and in line with forecasts • The ongoing partnership with Barnsley College around T-Levels and Apprenticeships • National funding received for the removal of all RAAC onsite. 					
RECOMMENDATION					
BFS Board recommends that:					
<ul style="list-style-type: none"> • The Board of BHNFT notes the attached report and take assurance that the Operated Healthcare Facility is performing to plan and budget. 					

**REPORT TO THE BOARD OF DIRECTORS AND F&P
- BFS (BHSS) Chair's Log - Public Board**

REF:

BoD: 24/04/04/3.4

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

Committee / Group: BFS Board Meeting

Date: February 2024

Chair: David Plotts

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1. Performance Report	<p>Works for the Respiratory Care Unit (on Ward 32) are presently on-going to refurbish providing a facility to provide 8 bed RCU facility. These works involve changes to infrastructure ventilation and include a new Air Handling Unit to ensure the ventilation design is understood and accepted. Anticipated a completion date of March 2024. An issue/risk has been identified regarding the availability of the pendants with an alternative provision being investigated and pressure being placed on the manufacturer.</p> <p>The male, female and disabled toilets in the Emergency Department work commenced in January 2024 and will take 8 weeks to complete. The toilets will be stripped back bare, with old tiles removed and replaced with new panelled walls and cubicles, new washing facilities and toilets, new flooring, new plumbing and a ventilation system. A temporary toilet block will be provided outside the Emergency Department Entrance. The toilets will be worked on individually, so we are asking patients to use the disabled toilet in Majors as a suitable alternative. Toilets in the SDEC unit are available throughout the day.</p> <p>The hospitals CT scanner is due to be replaced on site between January and the end of March 2024. To support the project, you may have noticed that a mobile CT unit has been delivered to the front of the Emergency Department which will be on site from the 11th January 2024 for a period of 12 weeks.</p> <p>Reinforced autoclaved aerated concrete (RAAC) funding has been</p>	Trust Board	For Information and Assurance

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	confirmed and works have commenced, with all works scheduled for completion by June 2024.		
2. Finance	<p>BFS is in line with the planned financial budget for year to the end of January and the full year forecast. BFS is continuing with their Efficiency and Productivity program and is on plan with delivering significant savings for the Trust.</p> <p>BFS continues to work hard in order to deliver on its capital investment plans for 2023/24. Whilst there are challenges there is good progress being made and contingency plans are developed to ensure expenditure will be in line with the target at the end of the financial year.</p>	Trust Board	For Information and Assurance
3. People	<p>The board was delighted to hear that seven colleagues obtained the Mental Health First Aider (MHFA) accreditation in January, in support of our focus on wellbeing. The MHFA's will be actively involved in supporting staff and particularly in assisting with return to work plans for employees who have been off work due to mental health challenges.</p> <p>Recruitment activity continues to remain a focus with a number of roles in process and proving challenging to fill, particularly for Domestic Operatives and some technical specialists. During 2024 we will continue to attend Recruitment Fairs / events to promote BFS as an employer of choice. During Q4 we are holding recruitment and selection training workshops for recruiting managers.</p> <p>The overall Mandatory Training Compliance for January is 94.6%. Focus remains on improving the score and maintaining competency, with new processes in place to increase management awareness.</p> <p>The on-going partnership with Barnsley College was discussed and it was noted that we are partnering with the College to help T-Level students attain their qualifications by offering them the necessary work experience. The students are pursuing courses in Electrical, Electronic</p>	Trust Board	For Information and Assurance

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	and Mechanical Engineering and Finance. We have received the candidate applications and we will conduct the selection process in February. We are hopeful that these placements may lead to the students applying for our apprenticeship positions.		

**REPORT TO
THE BOARD OF DIRECTORS**

REF:

BoD: 24/04/04/3.4i

SUBJECT:	BARNSELY FACILITIES SERVICES LIMITED (BFS) – PUBLIC				
DATE:	4 April 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:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
SPONSORED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
PRESENTED BY:	David Plotts, Chair, BFS & Non-Executive Director BHNFT				
STRATEGIC CONTEXT					
<p>Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited BHSS), was established in 2012 as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust (BHNFT) and became operational from January 2013. In addition to providing essential services to the Trust, it is intended as a vehicle to expand commercial opportunities and income streams for the benefit of patient services.</p>					
EXECUTIVE SUMMARY					
<p>This report provides the Trust's Board of Directors with a regular update on the activities of BFS and to flag any risks or concerns. The enclosed Public Log reflects discussions from the BFS Board meeting in March 2024.</p> <p>Key items for information:</p> <ul style="list-style-type: none"> • BFS continues to perform well financially, in line with forecasts • Review of portering services and opportunities for further improvement • Improving sickness levels across BFS • New apprentices join BFS from March 					
RECOMMENDATION					
BFS Board recommends that:					
<ul style="list-style-type: none"> • The Board of BHNFT notes the attached report and take assurance that the Operated Healthcare Facility is performing to plan and budget. 					

**REPORT TO THE BOARD OF DIRECTORS AND F&P
- BFS (BHSS) Chair's Log - Public Board**

REF:

BoD: 24/04/04/3.4i

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

Committee / Group: BFS Board Meeting

Date: March 2024

Chair: David Plotts

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
1. Performance Report	<p>The Board were presented with a paper on the outcomes of a review of the Portering Team. The report was developed to articulate the developments completed within Portering services during 2023, current operational performance and opportunities for future improvements. Data was obtained from the MyPorter app, Model Hospital and Resource Measures to evaluate, compare and identify opportunities for improvement in terms of value, staff welfare and improved service provision. As part of the discussions, plans were put forward outlining opportunities to improve flexibility across key users of the portering service such as ED and Imaging.</p> <p>National results from the PLACE inspection that took place during November 2023 were released in the reporting month, and we compare favourably in multiple aspects when compared nationally, and within our system. The inspection looked at areas such as Cleanliness, Food & Hydration, Dementia and Disability. Barnsley was ranked second in the ICS behind Sheffield Childrens Hospital.</p>	Trust Board	For Information and Assurance
2. Finance	BFS is in line with the planned financial budget for year to the end of February and the full year forecast. BFS is continuing with their Efficiency and Productivity program and is on plan with delivering strong savings for the Trust for this current financial year.	Trust Board	For Information and Assurance
3. People	During the National Apprenticeship week in February 2024 we had a number of 'Shout-Outs' for our Apprentices. In 2024 we are offering T-Level work experience in our Estates and Medical Engineering Teams. We have interviewed students from Barnsley College, and 4 of them will	Trust Board	For Information and Assurance

Item	Issue	Receiving Body, i.e. Board or Committee	Recommendation/ Assurance/ mandate to receiving body
	<p>be joining us across the various skills; with the first one started with BFS in Medical Engineering on 4/3/2024.</p> <p>Lee Rogers, Portering Team Leader - was runner up for the annual MyPorter 'Leader of the Year' awards in London earlier this month.</p> <p>The overall Mandatory Training Compliance for BFS in February 2024 is an impressive 96.8% which is the highest it has ever been and thanks to a lot of hard team work across the business. Focus remains on improving this further, and maintaining competency, with new processes in place to increase management awareness.</p> <p>The board discussed the Oliver McGowan (OMNT) mandatory training which has come on stream, with the on-line learning package and Tier One training this quarter, and all staff within BFS are eligible. The priority roles have now been invited, and we expect this to roll through the majority of our desk-based staff by December 2024. For staff who are not desk based (Estates/ Domestic and Porters), we are planning a phased role out, to avoid service impact.</p> <p>The sickness rate for BFS at the end of February 2024 was 3.4%, a decrease of 1.6% from 5% in January 2024. This impressive improvement was due to work on the reduction of some long term sickness.</p> <p>Recruitment continues to remain a focus, with a number of roles in process and proving challenging, particularly for Domestic Operatives and some technical specialists. During 2024 we will continue to attend Recruitment Fairs / events to promote BFS as an employer of choice. During Q4 we are holding recruitment and selection training workshops for recruiting managers, the first session took place on 12/03/24 and was well received and attended.</p>		

3.5. Executive Team Report and Chair's Log

For Assurance

Presented by Richard Jenkins



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/3.5
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SUBJECT:	EXECUTIVE TEAM CHAIR'S LOG
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>		<i>Assurance</i>	✓	
	<i>For review</i>		<i>Governance</i>	✓	
	<i>For information</i>	✓	<i>Strategy</i>		

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

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

EXECUTIVE SUMMARY

Board has previously been updated on matters considered at the Executive Team (ET) meetings by exception, usually verbally, on the basis that almost all matters are covered in other Assurance Committee reports, Board Reports or the IPR. This is the report of a more traditional Chair's Log approach and covers the ET meetings held in February & March 2024.

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

RECOMMENDATION

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

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

Committee/Group	Date	Chair
Executive Team/Executive Team Time Out (28 February 24)	January/February 2024	Richard Jenkins

Meeting Date	Agenda Ref No	Agenda Item	Issue
31 January 2024	24/106	Staff Survey Next Steps	The paper included a timeframe of actions on next steps, encouraging action planning and staff engagement. ET were supportive of next steps and their implementation.
31 January 2024	24/108	Requirement for IOSH Directing Safely and IOSH Managing Safely Courses Within the Trust	The paper provided a detailed recommendation on health and safety training, 4 different dates will be scheduled, staff engagement will be required. ET agreed and approved the roll out of the accredited health and safety training.
7 February 2024	24/133	Non – Surgical Oncology – Next Steps	The 'Stabilisation' phase of the NSO plan was presented at Joint Health Overview and Scrutiny Committee by the Cancer Alliance in December and was agreed that the outline plan was support. ET acknowledged the overview of the current position for Non-Surgical Oncology (NSO) Stabilisation and Future modelling discussions at Barnsley and support further work to ensure a resilient oncology service for Barnsley patients is realised.
7 February 2024	24/134	Patient Safety Specialists – patient safety education and training.	The paper provided recommendations on patient safety essentials training which is not mandated by NHSE. ET were supportive of option 2 unless there is a change in the national requirements.
21 February 2024	24/180	Midwifery Led Tongue Tie Division Service	A paper proposing a weekly midwifery led tongue tie service with onsite Paediatric ENT surgery support was presented. The aim is to improve current waiting times, mothers and babies' outcomes and supporting initiation and continuation of breastfeeding. ET approved the progression of the service and the acceptance of the external funding of £58k from BMBC.

28 February 2024 Executive Team Time Out	2.1	Health on the High Street OBC	Recommendation to Board.
28 February 2024 Executive Team Time Out	2.2	Certificate of Sponsorship - Internationally Educated Nurses Substantively Employed at BHNFT	<p>ET approved the recommendations:</p> <ul style="list-style-type: none"> • Timely processing of individual Certificates of Sponsorship and associated Immigration Skills Charge, to enable retention of our internationally educated nurses currently employed as Registered Nurses at Barnsley Hospital. • Supporting the release of funding at £3,239 per head for approximately 235 Registered Nurses over the next 3 years to enable processing of Individual certificates of sponsorship and Immigration skills for a 3-year period, totalling £761,165, or £253,722 per annum. • Acknowledge the associated risks of poor staff experience and potential loss of staff if not supported.

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

Committee/Group	Date	Chair
Executive Team	March 2024	Richard Jenkins

Meeting Date	Agenda Ref No	Agenda Item	Issue
13 March 2024	24/209	Speech & Language Therapy (SALT) Staffing in Support of Acute Stroke Services	<p>In October 2022 the Integrated Stroke Delivery Network (ISDN) carried out an external peer review of the in-patient SALT provision for stroke services at BHNFT and recommended additional investment, the paper requested an increase in SALT resources.</p> <p>ET was supportive of the recruitment of 2.00wte additional SALT staff at an annual cost of £89k.</p>
13 March 2024	24/211	Sexual Safety Charter Gap Analysis and Action Plan	<p>The paper detailed the ten core principles to achieve the NHS England Sexual Safety Charter to be implemented by July 2024.</p> <p>ET reviewed the gap analysis and action plan and provided their support in advance of the paper being presented to the People Committee on 26 March 2024.</p>

4. Strategy

4.1. 2024/25 Trust Objectives - Building on Emerging Opportunities

To Endorse

Presented by Bob Kirton



REPORT TO THE BOARD OF DIRECTORS REF: **BoD: 24/04/04/4.1**

SUBJECT: 2024/25 Trust Objectives - Building on Emerging Opportunities

DATE: 4 April 2024

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

PREPARED BY: Gavin Brownnett, Associate Director of Strategy and Planning

SPONSORED BY: Bob Kirton, Managing Director

PRESENTED BY: Bob Kirton, Managing Director

STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

The 2024/25 Trust Objectives directly align to the 6 “Best for..” strategic goal priorities set out in the Trust strategy providing a golden thread from strategic ambition to a deliverable plan with metrics for 2024/25.

Significant work has taken place with Executive and Managerial leads to develop the Draft Trust Objectives for 2024/25 (Appendix A). The proposed objectives have been refined and jointly discussed in the following meetings to gain further feedback, challenge and consensus:

- Executive Team Time Out held 28 February 2024
- Strategic Board Session held 7 March 2024
- Council of Governors Insight Session held 13 March 2024

Triangulation has taken place to provide alignment against Trust Strategy 2022-27 ambitions and development has built on last year’s objectives where appropriate. The NHSE national planning priorities and planning guidance was published 27 March 2024 and the priorities will be fully reviewed to provide alignment across the Trust Objectives. Some updates have been reflected in the latest Trust Objectives (appendix A) since committee presentation and a full review will be undertaken for further inclusion. The key updates have been made under Performance to efficiency and productivity, the emergency care standard metric and elective, cancer and diagnostics metrics which now reflect the national ambition.

Financial Context and Getting Back to Balance

It is recognised locally and nationally that 2024/25 will be a very challenging year both from a financial and operational perspective. In addition, the objective to achieve financial balance by March 2026 has been included in the objectives for sign off which will drive improvements against the Trusts financial position. Improvement against many of the metrics included in the Trust Objectives will support delivery of financial plans and are currently being triangulated and

validated with financial data to inform the Efficiency and Productivity Programme (EPP). The financial delivery against these will be reported through the Trust Objectives report.

Next Steps and Key Dates

Sign off and launch key dates are included below:

- Board of Directors Sign Off – 4 April 2024
- Senior Leaders Team Meeting Launch with impact director showcase - 26 April 2024
- Appraisal conversations to disseminate the objectives for the year ahead – April to June 2024

A staff and public friendly version of the Trust Objectives will be cascaded through several communication channels including Trustwide posters, Hospital Hub, external website and social media. They will be launched at Team Brief and presented to all key stakeholders including Trust Governors, local partners and external stakeholder meetings.

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

Future Development

Further to the above it is recognised that whilst extremely comprehensive the Trust Objectives format and template would benefit from a review which will take place through 2024/25.

RECOMMENDATIONS

The Board of Directors is asked to:

1. Review and approve the Trust Objectives for 2024/25
2. Confirm agreement to update the document with national planning priorities once these are fully reviewed.

Subject:	2024/25 Trust Objectives - Building on Emerging Opportunities	Ref:	BoD: 24/04/04/4.1
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1. STRATEGIC CONTEXT

- 1.1 The agreed Trust strategy 2022-27 outlines the strategic direction for the Trust over the next five years. Each year objectives are designed to set ambitious plans in line with this Strategy and national planning priorities.
- 1.2 The 2024/25 Trust Objectives directly align to the 6 “Best for..” strategic goal priorities set out in the Trust strategy providing a golden thread from strategic ambition to a deliverable plan with metrics for 2024/25.

2. INTRODUCTION

2.1 Significant work has taken place with Executive and Managerial leads to develop the Draft Trust Objectives for 2024/25 (Appendix A). The proposed objectives have been refined and jointly discussed in the following meetings to gain further feedback, challenge and consensus:

- Executive Team Time Out held 28 February 2024
- Strategic Board Session held 7 March 2024
- Council of Governors Insight Session held 13 March 2024

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

- Triangulation of the following documents and publications:
 - Trust Strategy 2022-27 strategic goals aligned to Horizon 2 ambitions
 - Trust Objectives 2023/24 to assess any outstanding actions or objectives
 - 2023/24 Priorities and Operational Planning Guidance (NHSE) in lieu of the 2024/25 updated version.
 - Further internal/external strategies and plans that informs the strategic direction
- Meetings with Director and managerial leads to develop and refine the Draft Trust Objectives

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

3. NATIONAL PLANNING PRIORITIES ALIGNMENT

3.1 The NHSE national planning priorities and planning guidance was published 27 March 2024 and the priorities will be fully reviewed to provide alignment across the Trust Objectives. Some updates have been reflected in the latest Trust Objectives (appendix A) since committee presentation and a full review will be undertaken for further inclusion. The key updates have been made under Performance to efficiency and productivity, emergency care standard metric and elective, cancer and diagnostics metrics which now reflect the national ambition and are highlighted as follows:

- 3.1.1 Work towards the efficiency ambitions in the 24/25 national planning priorities including:
 - Reduce agency spend to 3.2% of total pay bill

- Reduce corporate running costs through standardisation, consolidation, collaboration and digitisation at scale
- Reduce procurement and supply chain costs
- Optimise medicine value.

3.1.2 Emergency care standard with at least 78% of patients seen within 4 hours

3.1.3 Elective, cancer and diagnostics metrics which now reflect the national ambition as outlined below:

- Cancer – Improve performance against the headline 62-day standard to 70% by March 2025, improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 and increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
- Diagnostics - Increase the percentage of patients that receive a diagnostic test within six weeks to 95% by March 2025
- Elective care – Contribute to system weighted target of 103% and eliminate waits of over 65w waits by September 2024*, increase the proportion of outpatient appointments attracting procedure tariff to 46% across 2024/25.

4. FINANCIAL CONTEXT AND GETTING BACK TO BALANCE

4.1 It is recognised locally and nationally that 2024/25 will be a very challenging year both from a financial and operational perspective. In addition, the objective to achieve financial balance by March 2026 has been included in the objectives for sign off which will drive improvements against the Trusts financial position.

4.2 Improvement against many of the metrics included in the Trust Objectives will support delivery of financial plans and are currently being triangulated and validated with financial data to inform the Efficiency and Productivity Programme (EPP). The financial delivery against these will be reported through the Trust Objectives report.

5. NEXT STEPS AND KEY DATES

5.1 Following the committee input the sign off and launch key dates are outlined below for information:

Action	Date
Board of Directors Sign Off	4 April 2024
Senior Leaders Team Meeting Launch with impact director showcase	26 April 2024
Appraisal conversations to disseminate the objectives for the year ahead	April to June 2024

5.2 A staff and public friendly version of the Trust Objectives will be cascaded through several communication channels including Trustwide posters, Hospital Hub, external website and social media. They will be launched at Team Brief and presented to all key stakeholders including Trust Governors, local partners and external stakeholder meetings.

5.3 Further to the above it is recognised that whilst extremely comprehensive the Trust Objectives format and template would benefit from a review which will take place through 2024/25.

6. RECOMMENDATIONS

6.1 The Board of Directors review and approve the Trust Objectives for 2024/25.

6.2 The Board of Directors are asked to confirm agreement to update the document with national planning priorities once these are fully reviewed.



DRAFT BARNSELY HOSPITAL TRUST OBJECTIVES 2024–2025 – BUILDING ON EMERGING OPPORTUNITIES

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

Best for Patients & The Public - We will provide the best possible care for our patients and service users			
Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Sarah Moppett Simon Enright	We will deliver our defined quality priorities and achieve outstanding care by continuing to learn from exemplary organisations. Delivery measured by: <ul style="list-style-type: none"> Mortality statistics to remain within confidence limits Scrutiny of Deaths* by the medical examiner service@100% <small>*Non coronial</small> 	<ul style="list-style-type: none"> Achieve the 2024/25 targets aligned to each of the quality priorities with monthly reporting on KPIs/progress via Quality & Governance Committee: <p>Clinical Effectiveness</p> <ul style="list-style-type: none"> Ensure mortality indicators are within statistically expected confidence limits Continue to improve and implement systems to provide learning from deaths to prevent avoidable harm, ensuring any reforms to the proposed statutory medical examiner system are implemented in full. Develop and maintain a Learning from deaths library of structured judgement reviews and learning bulletins Monitor and embed GIRFT learning to reduce unwarranted variation in outcomes through the GIRFT Oversight and Efficiency and Productivity Groups Further develop and strengthen our preventive medicine for all patients through our Healthy Lives Programme including QUIT and Alcohol Care Team Develop and introduce health inequalities reporting across CBU Business and Governance to inform actions to reduce health inequalities, with a focus on preventive care, patient waiting lists, outpatient services and other priority clinical pathways Co-create an Advanced Clinical Practitioner (ACP) strategy to explore how to further develop and reflect the full potential of our ACP workforce. 	Mar 2025 Sep 2024 Dec 2024
	Delivery measured by: <ul style="list-style-type: none"> Compliance with patient safety updates (RAG) Achieve compliance with the following: <ul style="list-style-type: none"> NEWS2 score related metric as defined by 2024/25 CQUIN released April. VTE related metric as defined by 2024/25 CQUIN released April Sepsis related metric as defined by 2024/25 CQUIN released April Compliance against deconditioning standards (in development) Reduction in C. diff infection rates in line with NHSE target Reduce falls / 1000 bed days to no more than 6.75/1000 	<p>Patient Safety</p> <ul style="list-style-type: none"> Prevent avoidable patient deterioration by implementing any patient CQUINs for 2024/25 and the national standard contract reporting for any patient safety measure Build on the introduction of the Patient Safety Specialist role within the organisation and delivery of work programmes to support the implementation of the NHS Patient Safety Strategy Share and implement the learning from the National Patient Safety Team to achieve the strategy’s aims through a series of programmes and areas of work. Promote prevention of patient deconditioning as a clinical priority: <ul style="list-style-type: none"> Design, launch and monitor standards for the prevention of deconditioning Develop and deliver a multidisciplinary improvement plan to reduce our Clostridium difficile (C. diff) infection rates. Develop and deliver a multidisciplinary Improvement plan to reduce falls per 1000 bed days Deliver (year 2) of the national 3 year delivery plan for maternity and neonatal services. 	Mar 2025 Mar 2025 Mar 2025 Aug 2024 Mar 2025 Mar 2025 Mar 2025

	<p>Delivery measured by:</p> <ul style="list-style-type: none"> Improve FFT satisfaction score for Inpatients 95% Improve FFT satisfaction score for Inpatients 85% Reduction in complaints related to nutrition Reduction in complaints related to communication 	<p>Patient Experience, Engagement & Involvement</p> <ul style="list-style-type: none"> With Barnsley Place partners develop a patient passport for people with Autism and learning disabilities Identity local improvement initiatives regarding patient communication to reduce number of associated complaints Improve patient experience through improvement of our standards of assessment and care of individualised nutritional needs of patients. Communicate and document improvements via a portfolio of “You said, we did” communications Embed existing patient experience initiatives and implement new innovations to support improved person centred care Embed and evaluate the success of the implementation of Care Partners Co-design and deliver - year 2 delivery plan of the Nursing, Midwifery strategic priorities 2022 – 2025 Introduce a formal methodology for leadership rounding for lead nurses/midwives and matrons to review and respond to patient experience feedback at ward/department level. Develop and deliver year one of our next 3 year Dementia strategy 	<p>Dec 2024 Mar 2025 Mar 2025 Mar 2025 Mar 2025 Dec 2024 Mar 2025 Sep 2024 Oct 2024</p>
	<p>Delivery measured by:</p> <ul style="list-style-type: none"> 80% of staff trained in QI Introduction Maintain 5% of staff trained in QI Foundations 	<p>Quality Improvement</p> <ul style="list-style-type: none"> Continue the work to move the transition from a quality improvement trained organisation to a fully demonstrable QI ethos and act on the results of the QI Culture survey results to inform change. Build on the work in progress to improvement capability across the organisation. Start to develop deeper engagement with patients and the public Start to identify the value outcomes of the QI projects undertaken 	<p>Mar 2025 Mar 2025 Mar 2025 Dec 2024</p>
Simon Enright	<p>We will build on existing achievements to have research as core business across the Trust and provide staff with expertise, guidance and time to progress research aspirations.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Increase number of PIs to 40 by the end of the year 	<p>Research and Development</p> <ul style="list-style-type: none"> Continue working across all CBUs to engage more principal investigators in more specialty areas especially focussing on areas where there is the greatest health need. Expand opportunities for clinical staff to become research active e.g. research fellow posts, nurse and allied health professional principal investigator roles Identify new opportunities for collaborative working through our links with local Integrated Care Systems (ICS), local authorities, primary care and other relevant organisations Seek commitment for the development of research accommodation that can meet current and future requirements Build innovative models of engaging nursing and allied health professional staff in research through hybrid roles, training / education, working with lead nursing team 	<p>Mar 2025 Oct 2024 Dec 2024 Aug 2024 Jan 2025</p>
Simon Enright	<p>We will build on the significant progress made to embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital’s work.</p>	<p>Innovation</p> <ul style="list-style-type: none"> Continue to develop the innovation function to deliver innovation across the Trust by taking forward the following actions: <ul style="list-style-type: none"> Identify innovations that meet the needs of the Trust, liaising with clinical and operational teams to pilot and implement Continue to promote, communicate and embed the Innovation support available including access to the dedicated Innovation website Continue to implement systems to promote innovations from external partners in particular Health Innovation Yorkshire & Humber and P4 South Yorkshire Investigate the opportunities for increased capacity in delivering innovation Maintain close working with the Integrated Care Board (ICB) and regional innovation leads to support delivery of Innovation in the Trust, ICB and Region. Foster greater links between Research and Innovation functions with the aim of allowing greater resource for delivering this agenda 	<p>Mar 2025 Mar 2025 Oct 2024 Oct 2024</p>
Tom Davidson	<p>We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> 100% Proforma digitalisation for Medical Care. 50% Proforma Digitisation for Nursing Care. Completion and implementation of the referenced digital transformation projects 	<p>Digital</p> <ul style="list-style-type: none"> Implement shared care records into Careflow to enable visibility of ICS patient relevant information from other agencies and providers Undertake nursing documentation review to digitise 50% of the paper forms used across the Trust Implementation of digital prescribing and clinical noting in ED in order to digitise from the start of the Urgent Emergency Care patient journey Complete pilot work to share our appointment and digital letter solution to the NHS app in line with operational planning guidance and priorities Complete What Good Looks Like digital maturity assessments to insure we are meeting the gap for frontline digitisation by 2025 Apply for minimum digital foundations funding to facilitate meeting the National NHS Digital targets by 2025 Finalise our business intelligence strategy to improve the information and insight available, and implement our Power BI plans to support self-service and improve forecasting, planning and intelligence. Support implementation of the Federated Data Platform. Implement digital solution for pharmacy stock control and patient flow including tracking. Transition of current paper processes to digital including implementation of clinical narrative Complete delivery of Badgernet and all supporting maternity digital solutions in order to fully digitise maternity healthcare record Implement our digital inclusion plans to ensure minimal impact to our patients through our digital transformation journey Use of Robotic Process Automation (RPA) to improve utilisation of capacity across clinical areas and automate repetitive processes in corporate functions. 	<p>Jun 2024 Mar 2025 Jul 2024 Nov 2024 May 2024 Jan 2025 Apr 2024 Mar 2025 Aug 2024 Jun 2024 Mar 2025 Mar 2025</p>
Rob McCubbin /Chris Thickett	<p>We will develop our estate to focus on elective recovery, care in the community and intermediate care whilst continuing to deliver our wider capital programme.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Capital programme spend against plan 	<p>Estates</p> <ul style="list-style-type: none"> Finalise and approve the new estates strategy 2024/25 Intermediate care Acorn Unit to be established on ward 12 Develop the long term solution for intermediate care estate not based on hospital site Complete prioritised capital schemes as managed through Capital Monitoring Group, including backlog maintenance and essential fire related works. Report and contribute to South Yorkshire & Bassetlaw (SYB) ICB Estates Board to understand the role of the estate within the region and agree any appropriate timeframe for actions arising. 	<p>Sep 2024 May 2024 Mar 2025 Mar 2025 Mar 2025</p>

		<ul style="list-style-type: none"> Continue to review the efficiency of the estate ensuring optimal use for clinical activities, to be reported monthly through Space Utilisation Group Review the food and beverage offer across the Trust (inpatient and retail) determining the service and undertake procurement exercise and award 	<p>Mar 2025 Oct 2024</p>
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Best for People - We will make our Trust the best place to work

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Steve Ned	<p>We will continue to develop and embed a culture which supports being treated fairly and having a chance to succeed, regardless of background.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> EDI mandatory training to maintain a 90% compliance within 3 years Improve staff survey “we are compassionate & inclusive” score from 7.62 to 7.71 (best) 	<p>Equality, Diversity and Inclusion (EDI)</p> <ul style="list-style-type: none"> Work towards reducing the Trust’s gender pay gap by increasing access and up take of mentoring and coaching opportunities Analyse pay data by ethnicity to understand and internally report the Trust’s ethnicity pay gap and put in place an improvement plan, to include an analysis and action plan to address Black, Asian and Minority Ethnic (BAME) representation at Band 8a and above. Pro-actively engage to support and promote the Trust’s Armed Forces Covenant bronze award pledges with regards to the employment of veterans and reservists Implement the Sexual Safety Charter commitments Continue to strengthen our Barnsley Place Partnership Programmes in developing and delivering education to employment pathways, to support the economically inactive in the labour market get back into active work. Increase usage of Accessable and Recite-Me, raise awareness and provision of guides to promote in collaboration with Comms, Patient Engagement & Experience teams Review the Trust’s Disability Confident Employer status with a view to applying for upgrade to Disability Confident Leader Review and develop the recruitment and selection process and practices across the Trust to ensure they are fair, objective, reliable, inclusive and free from bias to improve the relative likelihood of people with a disability and Black, Asian and Minority Ethnic (BAME) people of being appointed from shortlisting (WDES and WRES indicator 2). Develop and deliver bespoke and targeted diverse & inclusive culture awareness training Develop and deliver additional EDI mandatory training to maintain a 90% compliance trajectory within 3 years when the course is aligned to the core skills training framework frequency Embed the EDI annual calendar of events by a proactive approach to event planning and increased collaboration with involved teams to deliver key events. 	<p>Mar 2025 Mar 2025 Dec 2024 Jul 2024 Sep 2024 Mar 2025 Mar 2025 Mar 2025 Mar 2025 May 2024 Jun 2024</p>
Steve Ned	<p>We will continue initiatives to retain our staff and explore all opportunities to recruit to all vacancies across the Trust, including exploring innovative approaches where appropriate, to have a correctly resourced organisation.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Retention rate – Increase from 90.5% to 92% Vacancy rate – Decrease from 3.18% to 2.5% 	<p>Recruitment & Retention</p> <ul style="list-style-type: none"> Fully automate recruitment and on-boarding processes where possible, to remove duplication, improve efficiency and enhance candidate experience Launch updated flexible working policy and toolkit, showcase success stories of flexible working in practice, and introduce central reporting and monitoring of flexible working requests and outcomes Promote NHS careers and Barnsley opportunities, helping to attract talent and provide opportunities and access to the local population and disadvantaged, under-represented groups, e.g. Careers events; Princes Trust; Department for Work and Pensions. Scope the feasibility of locally ran university education programmes for nurses, midwives and Allied Health Professionals Develop roadmap for the care careers in order to have established pipeline of talent in place, including working with schools and education Embed careers clinics to educate and communicate the career options available in nursing to promote promotion and talent development Increase opportunities to grow our own future workforce and therefore reduce our reliance on international recruitment 	<p>Mar 2025 May 2024 Mar 2025 Mar 2025 Mar 2025 Mar 2025 Mar 2025</p>
Steve Ned	<p>We will continue to enhance health and wellbeing support by evaluating our offer in collaboration with South Yorkshire Integrate Care Board (SY ICB) and providing managers and colleagues with improved tools and expertise.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Overall Sickness absence reduction by 1% to 4.5% ‘We are Safe and Healthy’ theme score from staff survey to improve from 6.44 to 6.55 (best) 	<p>Health and Wellbeing (H&WB) and attendance management</p> <ul style="list-style-type: none"> Complete phase 1 of new Supporting Staff Attendance Policy and Wellbeing Passport roll-out, disseminate toolkit and start delivery of supporting attendance & wellbeing conversations training for line managers Continued joint working with the South Yorkshire ICS for the launch of the “Working together for workforce health & wellbeing” roadmap Participate in the South Yorkshire ICB health and wellbeing workforce survey to evaluate and benchmark Trust HWB interventions and gather colleagues’ health needs assessment baseline data Refresh the Trust’s health and wellbeing needs diagnostic to determine what mental and physical health issues and the biggest causes of sickness absence we need to focus on Occupational Health & Well Being Teams to work collaboratively to showcase and raise awareness of the wider H&WB offer at the Trust and develop infographics to support managers to navigate it Develop the preventative approach to staff psychological health & safety and mental wellbeing by implementing a new co-created stress management policy & risk assessment process Explore an incentive- based approach for sickness absence and evaluation of whether this will be effective Support more staff through the healthy lives programme and the health inequalities in our workforce. 	<p>Jul 2024 Apr 2024 Jun 2024 Sep 2024 Jun 2024 Sep 2024 Sep 2024 Mar 2025</p>

Steve Ned	<p>We will continue to develop our leaders and colleagues trusting our colleagues to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Increase our staff survey response rate from 58% to 65% and improve staff engagement score from 7.14 to 7.32 (best) Staff survey score 'We are always learning' to improve from 5.99 to 6.07 (best) 	<p>Learning, Culture and Leadership Development</p> <ul style="list-style-type: none"> Deliver new Corporate Welcome to improve new starter experience, embed Trust Values and aid retention Roll out Oliver McGowan Training on neurodiversity, learning difficulties and learning disabilities to all colleagues Set up Proud to Care Cultural Leadership Group to oversee delivery and launch of the Organisational Development and Culture Strategy for Barnsley, in collaboration with the Communications Team Complete and evaluate key existing senior leadership development programmes e.g. board development and triumvirate Review and improve Passport to Management programme, aligning to Line Manager Expectations Framework Introduce Welcome to Leadership induction, aligning to Our Leadership Way – Compassion, Curiosity, Collaboration Design and deliver Colleague/Leadership Conference Pilot Scope for Growth career conversations aimed at supporting Black, Asian and Minority Ethnic colleagues Develop and present business case for new systems to deliver Mandatory learning including a feasibility study on other functionality e.g. Appraisals Participate in the NHS England People Promise exemplar programme cohort two. Recruit and over-see delivery of the work of a People Promise Manager to co-ordinate and embed all aspects of the NHS People Promise into the Trust to improve colleague experience and retention Complete maternity cultural development programme Develop and deliver actions plans to improve those areas identified in the Staff Survey as requiring improvement 	<p>Apr 2024 Mar 2025 Apr 2024 Dec 2024 Dec 2024 Jul 2024 Sep 2024 Jun 2024 Jul 2024 Mar 2025 Mar 2025 Jun 2024</p>
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Best for Performance – We will meet our performance targets and continuously strive to deliver sustainable services

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Lorraine Burnett	<p>Deliver the expectation on Urgent & Emergency Care (UEC) 4 hour access target with the ambition to perform in the top quartile</p> <p>Delivery measured by*:</p> <ul style="list-style-type: none"> Reduce patients with no criteria to reside by 10% Reduce >21 day LoS patients by 10% Ambulance handovers 92% bed occupancy Emergency Care Standard at least 78% of patients seen within 4 hours 	<p>Urgent & Emergency Care</p> <ul style="list-style-type: none"> Develop a key metrics daily report to inform UEC performance and required improvement actions Deliver a winter plan with collaboration from place and South Yorkshire ICB partners Conclude Barnsley place project on front door model and deliver actions within timescale Deliver the Discharge and Patient Flow programme to achieve the overall objectives and support early flow throughout the trust to improve patient experience Deliver discharge pathways within current controls and top quartile against North East & Yorkshire providers 	<p>Jun 2024 Sep 2024 Mar 2025 Mar 2025 Mar 2025</p>
Lorraine Burnett	<p>As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care and contribute positively to the South Yorkshire Integrate Care Board (SY ICB) aggregate performance.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> Model system metrics for Elective, Diagnostics and Cancer reporting weekly to ET Theatre Utilisation at least 85% National planning priority metrics outlined <ul style="list-style-type: none"> Cancer Diagnostics & Elective Care 	<p>Elective, Cancer & Diagnostics</p> <ul style="list-style-type: none"> Enact plans to recover cancer waiting time standards and deliver the diagnostics and elective priorities set out in the operational planning priorities across Cancer, Elective Care, and Diagnostics including: <ul style="list-style-type: none"> Cancer – Improve performance against the headline 62-day standard to 70% by March 2025, improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 and increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028 Diagnostics - Increase the percentage of patients that receive a diagnostic test within six weeks to 95% by March 2025 Elective care – Contribute to system weighted target of 103% and eliminate waits of over 65w waits by September 2024*, increase the proportion of outpatient appointments attracting procedure tariff to 46% across 2024/25 Develop a key metrics report to inform delivery and ongoing improvement against Elective, Cancer and Diagnostics care Agree monitoring of South Yorkshire ICB metrics and measurement of aggregate performance with actions at individual trust level Improve productivity metrics across theatres, imaging, endoscopy and outpatients in line with operational planning priorities where appropriate Fully utilise capacity in the Mexborough Elective Orthopaedic Centre of Excellence facility in order to efficiently provide further Orthopaedic capacity Develop and monitor plans to deliver planned activity levels required to reduce backlogs Implement use of health inequality metrics into wait list management Continue service sustainability reviews and develop actions to support at risk services Explore the integration of health inequalities metrics and activity into statutory reporting processes e.g. Integrated Performance Report (IPR) and Equality Delivery System (EDS) reporting. 	<p>Mar 2025 May 2024 Jun 2024 Mar 2025 May 2024 May 2024 Jul 2024 Jun 2024 Jun 2024</p>

*except where patients choose to wait longer or in specific specialties

Chris Thickett	We will take forward work to further improve how we spend our money and get the best results possible across our services working with place partners to support this. Delivery measured by: <ul style="list-style-type: none"> Efficiency & Productivity Programme (EPP) benefits delivered on a recurrent basis. 	Efficiency and Productivity <ul style="list-style-type: none"> Undertake speciality reviews with place partners to identify improvement opportunities collaboratively with a QI approach Develop and monitor service sustainability development plans to address areas of high spend linked to workforce and demand challenges Delivery of the objectives set out in the cross cutting workstreams of the EPP programme including Urgent & Emergency Care, Outpatients, Theatres and Workforce Oversee delivery of the Getting It Right First Time (GIRFT) outputs linking directly to Efficiency and Productivity e.g. Further Faster and High Volume Low Complexity (HVLC) workstreams. <ul style="list-style-type: none"> Review relevant GIRFT checklists against current pathways and processes to understand improvement Address improvement areas adopting best practice approach where appropriate Explore and maximise all opportunities afforded via the TRFT and Acute Federation work (to be outlined when determined). Work towards the efficiency ambitions in the 24/25 national planning priorities including: <ul style="list-style-type: none"> Reduce agency spend to 3.2% of total pay bill Reduce corporate running costs through standardisation, consolidation, collaboration and digitisation at scale Reduce procurement and supply chain costs Optimise medicine value. 	Sep 2024 Jun 2024 Mar 2025 May 2024 Mar 2025 Mar 2025 Mar 2025
Chris Thickett	We will keep to the budget set out for the year ahead. Delivery measured by: <ul style="list-style-type: none"> Delivery of agreed financial plan and underlying exit run rate 	Financial Plan Delivery <ul style="list-style-type: none"> Production of robust annual business plans that have direct alignment of the service cost envelope with associated budgetary plans in line ICB system planning Work with partners to produce a Barnsley Place plan to deliver areas of financial and service improvement not able to tackle solely as a provider e.g. urgent and elective acute care demand. This links to the Barnsley Place priorities outlined in Best for Place Identify and develop a sufficient Efficiency & Productivity Programme to enable to the Trust to deliver the agreed financial plan Contribute to ICB system plans to deliver agreed system wide financial plan 	Jun 2024 Sep 2024 Mar 2025 Mar 2025
Chris Thickett	Develop a plan for our finances over the next few years to get us get back to break even on an on-going basis from April 2026.	Back to Balance <ul style="list-style-type: none"> Understand ICS system allocations over next 2-3 years and implication for BHNFT Understand and review Barnsley demand activity over 2-3 years including projected capacity and workforce requirements Production of a financial recovery plan identifying the actions that are in the Trust's control and those that are dependent upon partners and national funding allocations to deliver a financially balanced position by March 2026. Including the identification of the actions which need to be taken more immediately to support delivery. Deliver on the policies set out in NHSE and SYICB in the planning round related to financial control and spend reduction 	Jun 2024 Jun 2024 Jun 2024 Mar 2025

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

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Bob Kirton	We will continue to play a key role in the delivery of Barnsley Place priorities. Delivery measured by: <ul style="list-style-type: none"> High level Barnsley Health & Care plan metrics. 	Barnsley Place <ul style="list-style-type: none"> Support delivery of the priorities agreed by Place board reported quarterly (tbc) Support development of plans to drive change that delivers efficiency in recognition of the financial pressures across the following priorities: <ul style="list-style-type: none"> Improving respiratory pathways Integrated and urgent care front door (whole system access/admission avoidance) Discharge pathways (including virtual ward, intermediate care, step up/down) Frailty pathways Health on the high street - Following the outline business case sign off, work towards the full business case in year including more detailed analysis and engagement with staff, the public and partners regarding the future model Improve links with Primary Care working closely with the Provider Collaborative – detailed objectives to be finalised in April and will include further collaboration centred around primary care Barnsley Education Support & Training (BEST) events ensuring strong relationships and integrated pathways between primary and acute care Continue to work with the Mental Health, Learning Disability, Autism and Dementia Partnership including support with the following: : <ul style="list-style-type: none"> The Autism Strategy due to be launched in April 2024 Finalised Dementia strategy refresh and roll out of dementia training programme Development of plans to reduce hospital admissions for people with Learning Disabilities Priority areas for investment linked to Barnsley Mental Health Strategy <p>Enabled by the Strategic Workforce, Estates, Digital & Information, Involvement & Inclusion, Health Inequalities & Intelligence and VCSE workstreams</p>	Mar 2025 Jul 2024 Mar 2025 Mar 2025 Mar 2025

Bob Kirton	<p>We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan across:</p> <ol style="list-style-type: none"> 1. Prevention 2. Equity & Fairness 3. Anchor institution <p>Delivery measured by:</p> <ul style="list-style-type: none"> • Tier one – 85% of admissions screened for priority risk factors under the healthy lives programme • Tier two – Reduce the gap in health inequalities for the priority service area of Cancer. Services measuring and reporting health inequalities. • Tier three – Eliminate plastic waste from surgical gowns and drapes 	<p>Population Health and Health Inequalities</p> <p>Prevention</p> <ul style="list-style-type: none"> • Develop a sustainable proposal for the Alcohol Care Team and its expansion to support people with drug addiction working with the Combatting Drugs Partnership • Build on the successful embedding of tobacco dependency treatment in acute services, expanding into the next wave of priority clinical areas • Sustain the Early Help Navigator service for children and families and develop a plan for an all-age offer <p>Equity & Fairness</p> <ul style="list-style-type: none"> • Pilot administrative tools to make patient waiting lists fairer with a selection of surgical specialities and develop and implement a plan for a Trust wide approach • Build on the successes of CDC and outpatient service improvement to deliver more accessible diagnostic and outpatient pathways to Core20PLUS5 groups • Sustain improvement in population health analysis and measuring health inequalities/ Core20PLUS5 and give it the same prominence as statutory performance indicators <p>Anchor institution</p> <ul style="list-style-type: none"> • Build on the successful roll out of re-useable surgical gowns by switching to re-useable drapes and other sustainable procedural items • Continue to provide public health support to all departments and plans which support the anchor charter (e.g. for delivery of the People Plan and The Green Plan) • Introduce measurements of health, wellbeing and inequalities in our workforce and develop ways to address them • Continue to use the Barnsley 2030 board to engage with partners for the anchor approach and the 4 goals of healthy, growing, learning and sustainable. 	<p>Jul 2024</p> <p>Sep 2024 Jul 2024</p> <p>Jun 2024</p> <p>Mar 2025 Dec 2024</p> <p>Aug 2024 Mar 2025</p> <p>Sep 2024 Mar 2025</p>
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Best Partner – We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways

Lead Director	Objectives (including key metrics to measure success)	Key Actions and Milestones	Completion Date
Richard Jenkins, Bob Kirton	<p>We will continue to work with and support delivery of the Integrated Care Partnership 5 year strategy and Joint Forward Plan with partners across South Yorkshire.</p> <p>Delivery measured by:</p> <ul style="list-style-type: none"> • Outcome framework to be developed 	<p>Integrated Care Partnership & Joint Forward Plan</p> <ul style="list-style-type: none"> • Support progression of the South Yorkshire Integrated Care Partnership strategy four shared outcomes: <ul style="list-style-type: none"> ○ Best start in life for children & young people ○ Living healthier & longer lives and improved wellbeing for greatest need ○ Safe strong & vibrant communities ○ People with the skills & resources they need to thrive. • Support transformation plans across a range of programme areas to support delivery of the objectives set out in the refreshed NHS South Yorkshire 5 Year Joint Forward Plan for 2024/25 (publication expected end of March 2024): <ul style="list-style-type: none"> ○ Reducing health inequalities and creating a prevention first NHS e.g. build and embed intelligence and population health management approaches including improvement in women’s health ○ Improving access, quality and transforming care e.g. development of elective hubs and redesign of urgent and emergency care ○ Maximising the use of digital, data and technology and research and innovation e.g. use of digital communication and NHS app integration ○ Making best use of our collective resources e.g. best use of estate, green plans and joined up system financial plans ○ Working in partnership and collaboration e.g. Mental Health Learning Disability & Autism Provider Collaborative, Acute Hospital Provider Collaborative, Alliances and Networks ○ Supporting and developing our entire workforce e.g. integrated working, health & well being, equality, diversity & inclusion and education. 	<p>Mar 2025</p>
Bob Kirton	<p>We will support the delivery of the Acute Federation annual priorities.</p>	<p>Acute Federation</p> <ul style="list-style-type: none"> • Delivery of Acute Federation 2024/25 priorities (currently in development). • Support delivery of year 2 of the Acute Federation Clinical Strategy • Continue to support the Acute Paediatrics Innovator work to accelerate the design and implementation of the South Yorkshire & Bassetlaw collaborative model for acute paediatric services • Undertake and share learning for Clinical Service Sustainability Reviews and Non-Clinical/Corporate Function Sustainability Reviews to understand where further collaboration could improve care quality for patients and/or improve productivity and efficiency • Contribute to the development of an Acute Federation Plan for People to understand workforce risks and opportunities across the Acute Federation along with collaborative opportunities to train, retain and reform • Support development of a communications and stakeholder engagement approach which helps us to strengthen communication and relationships across Acute Federation Professional Partnership Groups and with external partners like the ICB, SYB Alliances and Provider Collaborative 	<p>Mar 2025 Mar 2025 Mar 2025</p> <p>Jun 2024</p> <p>Sep 2024</p> <p>Mar 2025</p>

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

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

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

- We will deliver our defined quality priorities and achieve outstanding care by continuing to learn from exemplary organisations
- We will build on existing achievements to have research as core business across the Trust and provide staff with expertise, guidance and time to progress research aspirations
- We will build on the significant progress made to embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital's work
- We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs
- We will develop our estate to focus on elective recovery, care in the community and intermediate care whilst continuing to deliver our wider capital programme.

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

- Deliver the expectation on Urgent & Emergency Care (UEC) 4 hour access target with the ambition to perform in the top quartile
- As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care and contribute positively to the South Yorkshire Integrate Care Board (SY ICB) aggregate performance
- We will take forward work to further improve how we spend our money and get the best results possible across our services working with place partners to support this
- We will keep to the budget set out for the year ahead
- Develop a plan for our finances over the next few years to get us get back to break even on an on-going basis from April 2026.

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

- We will continue to play a key role in the delivery of Barnsley Place priorities
- We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan across: Prevention, Equity & Fairness and Anchor institution.

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

- We will continue to develop and embed a culture which supports being treated fairly and having a chance to succeed, regardless of background
- We will continue initiatives to retain our staff and explore all opportunities to recruit to all vacancies across the Trust, including exploring innovative approaches where appropriate, to have a correctly resourced organisation
- We will continue to enhance health and wellbeing support by evaluating our offer in collaboration with South Yorkshire Integrate Care Board (SY ICB) and providing managers and colleagues with improved tools and expertise
- We will continue to develop our leaders and colleagues trusting our colleagues to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.

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

- We will continue to work with and support delivery of the Integrated Care Partnership 5 year strategy and Joint Forward Plan with partners across South Yorkshire
- We will support the delivery of the Acute Federation annual priorities
- We will continue our work in the Rotherham FT partnership and deliver the joint work programme

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

- We will continue to work with partners and suppliers to deliver our environmental sustainability goals.



Respect

We treat people how we would like to be treated ourselves

Teamwork

We work together to provide the best quality care

Diversity

We focus on your individual and diverse needs

5. Performance

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

For Assurance

Presented by Becky Hoskins



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/5.1
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SUBJECT:	MATERNITY SERVICES BOARD MEASURES MINIMUM DATA SET
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>	✓	<i>Strategy</i>	

PREPARED BY:	Sara Collier-Hield, Associate Director of Midwifery
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SPONSORED BY:	Sarah Moppett, Director of Nursing, Midwifery and AHP's
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PRESENTED BY:	Sara Collier-Hield, Associate Director of Midwifery
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STRATEGIC CONTEXT

This report contains details and assurance relating to the national minimum perinatal clinical quality data set for maternity services.

It is a requirement, as part of the Perinatal Quality Surveillance Model (NHS England, 2020) that this is presented to Trust Board.

This aligns with all the Trust ambitions and strategic objectives.

EXECUTIVE SUMMARY

This report provides the trust board with an analysis of monthly perinatal clinical quality information. The key messages contained within the paper are as follows:

- Overall safety and harm metrics remain stable.
- The MBRRACE-UK perinatal mortality report: 2022 births was published on 7 March 2024 and will be reviewed and analysed at service level to identify improvement actions.
- Obstetric vacancy has been improved with the current rotation of doctors
- SBLV3 compliance has been reviewed by the LMNS; current position – 79%
- Training compliance for PROMPT in medical staffing groups has lowered due to the rotation of doctors.
- Insights from service users remain overall very positive.
- The culture development work led by NHS Elect is underway. Timeout for staff to work with NHS Elect is planned in March 2024

RECOMMENDATION(S)

The Board of Directors is asked to receive the report and acknowledge receipt of the monthly minimum dataset for maternity services.

1. Introduction

This report will provide Board with an overview of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive approach to maternity safety across Barnsley Hospital NHS Foundation Trust.

The information within the report will reflect actions in line with Three Year Delivery Plan for Maternity and Neonatal Services and progress made in response to any identified concerns at provider level.

The Three Year Delivery Plan for Maternity and Neonatal Services was published by NHS England on 31st March 2023 with the aim of making maternity care safer, more personalised and equitable, outlined in four high level themes. The Three Year Delivery Plan provides maternity services with one improvement plan with the Integrated Care Board (ICB) responsible for regional assurance. The expectation is that reporting on the Ockenden Immediate and Essential Actions will be replaced by the Three Year Delivery Plan. A regional assurance tool for delivery of the Three Year Plan is in place and monitored locally.

2. Data measures for Trust Board overview – perinatal quality surveillance tool (Appendix A)

Appendix A provides Board with the minimum dataset required as part of the Perinatal Quality Surveillance model.

- 2 referrals to MNSI were made in February 2024, neither are progressing to investigation with MNSI.
- Compliance with MAST training for all staff groups is over 90% for four months
- New PROMPT training currently on track (start date 1 Dec 2023 for CNST compliance)

3. Perinatal Mortality

The MBRRACE-UK perinatal mortality report: 2022 births was published on 14 March 2024. Overall, the data can be summarised as:

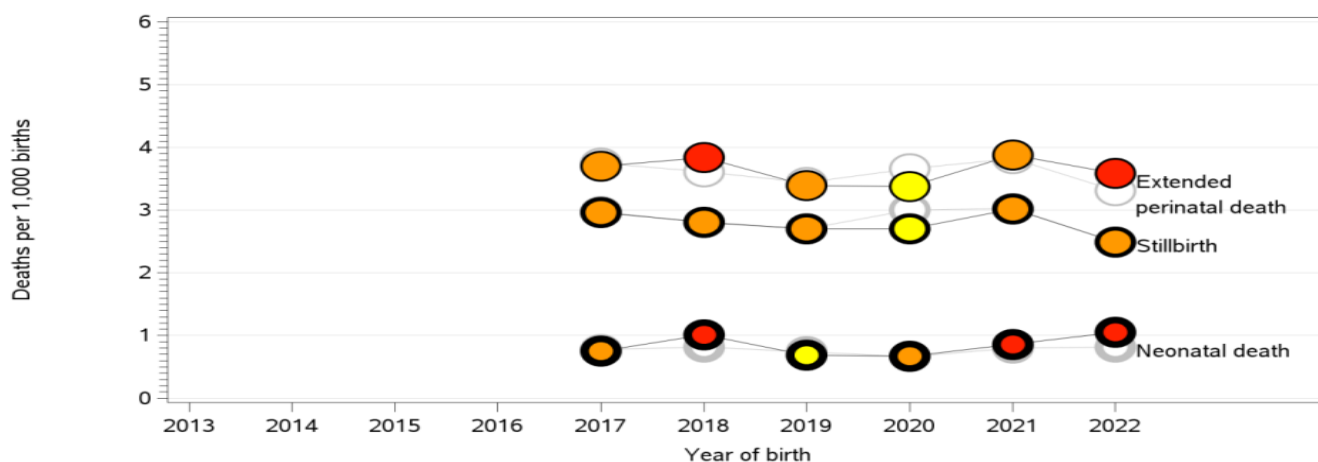
- Stillbirths are stable and in line with our national comparator group (2,000-3,999 births per annum).
- Neonatal and extended perinatal death rates are significantly worse than our comparator groups.
- These outcomes have worsened over recent years. The report highlights:
 - 'Your stabilised & adjusted extended perinatal mortality rate has consistently worsened when compared to similar Trusts and Health Boards over the last three years'.

There are some differences in this report to our local data as 'Neonatal deaths are reported by place of birth, irrespective of where the death occurred; denominator data on the place of care is not available for all births'.

Stabilised & adjusted mortality by year of birth (excluding deaths due to congenital anomalies)

Stabilised & adjusted mortality rates for each type of death, excluding deaths due to congenital anomalies, compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth. Rates are reported from 2017 onwards.

Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



The report will be reviewed alongside the deep dive undertaken earlier this year into Barnsley perinatal deaths in 2021 and 2022 to ascertain next steps.

3.1 Perinatal Mortality Review Tool (PMRT) (Appendix B)

The standard process monitoring data for PMRT's is shared in Appendix B. The finalised case data is shared here. To note, the first case was a Trust SI as well as for PMRT review.

Finalised PMRT report

ID Number	Incident summary	Findings and actions
87810	35+2 IUFD	<p>An SI was carried out according to Trust process.</p> <p>Immediate actions were identified following the initial case review, and subsequent actions identified following the full SI process had been undertaken. The learning and actions identified were around guidelines and processes for maternity patients attending Maternity Assessment Unit and for the management of maternity patients who attend ED.</p> <p>The actions are ongoing and will be monitored by the Governance team as per the Trust process. The evidence assurance review will be undertaken on the completion of the actions and will be shared with the patient once completed.</p>
88493	32+2 NND of one twin, transferred to Barnsley for palliative care (Now in draft form)	No actions identified for this Trust.

4. Maternity and Neonatal Safety Investigations (MNSI), serious incidents (SI's) and high level review (HLR). **SI's and HLR's are only referred to until historical cases are completed.*

4.1 MNSI

During February 2024 the service made two referrals to MNSI. On further review neither were eligible for full investigation by MNSI. Local review has not identified a need for further investigation at Trust level. A further case was discussed with MNSI and the agreement made that the case did not meet the required eligibility criteria. This case has since been declared a PSII in March.

4.2 SI's and HLR's

There are two on-going SI reviews, both of which are due for completion during March 2024. Learning will be shared with staff and findings to be summarised in the next Board paper

4.3 PSII's, AARs and SWARMs

There is one ongoing PSII which is due for completion in March 2024, following which learning will be shared with staff and the findings summarised in the next Board paper. There were three AARs declared in January 2024, which have all now taken place. There were no notifiable themes identified in these reviews. There was one AAR declared in February 2024, which has not yet taken place.

4.4 Moderate harms and above (Appendix C)

All data reported in appendices A and C refers to the month in which the level of harm was confirmed.

During January there were three incidents confirmed as moderate harm, all of which were incidents that were reported in December 2023 and relate to term admissions to the Neonatal Unit. In February, there were three incidents confirmed as moderate harm. One of these incidents occurred in December 2023 relating to a term admission to Neonatal Unit, and two incidents which were reported in January, one relating to a postnatal readmission and the other to a perineal tear. No themes have been identified.

In February there was one incident confirmed as severe harm. This will be taken to Patient Safety Panel in March to determine the level of investigation.

5. TRAINING (Appendix D)

Mandatory Training including Safeguarding level 3

Overall Level 3 Safeguarding training compliance has improved, with the exception of the medical staff groups (Children's Level 3 Safeguarding training). It has come to light that there is a significant discrepancy between the medical staff included on the ESR training compliance reports and those who are actually currently working in Trust. This has been raised with both the Safeguarding Team and the Service Manager. Work will be undertaken to rectify this to ensure accurate data for further reports.

All midwifery staff who are currently out of date with Level 3 Safeguarding have now been allocated to attend the 'Think Family' Training day as soon as possible and all staff who are coming out of date in 2024 are being supported to book onto training before their competency expires.

PROMPT and fetal monitoring training

Compliance in most staff groups for PROMPT and fetal monitoring training remains over 90%. The two staff groups being prioritised to attend to improve compliance are: -

- All other obstetric doctors'; in this group of staff compliance is currently below 69% due to their rotation across the system. Training is to be in house as per the CNST requirements. Therefore, any previous training cannot be transferred, resulting in an impact on compliance. New doctors to the Trust are scheduled to attend training within three months of starting at the Trust.
- There are eight new anaesthetists who have started at the trust. Some anaesthetists who had received training have left, so the overall compliance in this group is lowered. The new staff have been allocated to training.

6. MATERNITY DASHBOARD (Appendix E)

Some of the dashboard metrics relating to KPI's have been produced in SPC form this month. See Appendix F. Further work is being done to enable other key safety metrics to be published in this format.

Most indicators on the dashboard remain stable.

ATAIN cases were over the target of 5% in January 2024 (at 5.37%). There have been 4 months in the last year where the number of ATAIN cases has been between 5 and 5.5%. ATAIN reviews continue and an action plan is monitored in speciality governance meetings. ATAIN action plans are also shared with the LMNS where all Trusts share and learn together.

Changes are being made nationally to how smoking in pregnancy is reported. The service is confident that the data at booking and at time of birth is accurate but the data point at 36 weeks is less reliable. Work is underway to move to a position where the data can be pinpointed so the birthing person's smoking status can be seen over time. A completion date for this is yet unknown. The digital lead midwife remains close to these developments nationally and will link with in-house data systems as required.

7. MATERNITY SAFETY CHAMPIONS ACTIVITIES

The Board level safety champions have undertaken monthly walkarounds to listen to staff in both January and February 2024.

Bi-monthly meetings are in place between the Board level safety champions, the perinatal quadrumvirate team and the Associate Director of Nursing for neonates to ensure key areas of concern raised by staff to champions are being addressed.

The culture work with NHS Elect continues. Face to face and virtual listening sessions were held in January and February. In March sessions focussed on building a cultural canvas with staff are taking place.

Concerns have been raised in relation to:

- Lack of bereavement suite
- Obstetric Diabetic clinic, ensuring MDT as per SBLV3
- Connectivity in the community

Matrons and leads are working to build with their teams an action plan in response to the staff survey.

8. WORKFORCE: MIDWIFERY AND OBSTETRIC STAFFING

Midwifery staffing

The current number of vacancies for midwives, against budgeted establishment is 4.14 wte.

The long term sickness reduced in February 2024. The midwifery leaders are linking with Human Resources to take actions to support reducing short term sickness.

Recruitment of newly qualified midwives in 2024 will be centralised across the LMNS and early indicators show that Barnsley will be the first choice of many students.

Obstetric Staffing

Issue	Mitigation	Assurance
1 consultant post vacancy	Long term Locum	Locum to remain for a further 6 months whilst appointing into the Permanent Consultant Post. Advert to go out W/C 11 th March 2024.
2.4 x Registrar level (equating to 3 Registrars for Entrustability)	Entrustable doctors paired with a senior Reg on rota	If Senior Reg is on leave a locum is secured to ensure support for Entrustable Reg . Consultants will remain on site out of hours if a registrar is on the Entrustability matrix and no locum is secured.
Tier 2: 1 current Trainee gap due to Mat Leave Additional 1.0 wte secured for entrustability Tier 1: 0 Gaps	Locums used	Additional Reg secured and commenced February 2024. This post covers the Mat leave gap meaning the service is currently 0.2 over established.

Overall vacancy for Obstetrics and Gynaecology – 1 WTE (1 WTE Consultant)

Additional information

There is currently 1 Tier 2 doctor on Maternity leave (80%) this is currently covered by the appointed Registrar in February 2024.

There are a further 3 doctors going on Mat leave meaning the service will have 3 WTE gaps from June 2024.

The service has also had permission to recruit to a permanent Specialty doctor to support the gaps created from Maternity leave and to support Entrustability.

From a Consultant perspective there is a trainee due to gain their Certificate of Completion of Training (CCT) in July so is able to apply for Consultant roles from March 2024 with a view to being able to commence (on successful appointment) from January 2025. In the meantime this vacancy will continue to be covered by the long term locum who has been in post for the past 6 months.

9. INSIGHTS FROM SERVICE USER ENGAGEMENT AND MVP

In January maternity services received 42 FFT responses with 97.6% positive scores and in February 41 FFT response with 100% positive scores. QR code reminders are still being promoted to try to raise response rates further. Themes from less positive responses related to staff communication with families. Action has been taken and feedback given to staff to improve the patient experience going forward.

Month 2024	Maternity Response rates	Satisfaction scores	Action
February	41	100% positive	Ongoing promotion of FFT
January	42	97.6% positive	There was no narrative to the negative response for ANDU. Ongoing promotion of FFT

MVP feedback

Themes from MVP feedback in January and February were:

- Service users unhappy with waiting times for/in various clinics : antenatal clinic and for tongue tie
- Breast Feeding support both on ANPN ward and in community.
- Staff attitudes and behaviours especially on a night on the ward.
- Continuity of midwives. Services users felt that continuity was lacking both as inpatients and in community

Action taken:

- Feeding feedback has been given to Infant feeding lead which concerned the level of support offered with regards to milk harvesting, communication for positioning and attachment and waiting times for tongue tie clinics.
- Feedback given to Lead for ward area re staff attitudes especially on a night time
- Feedback given to staff (especially community) to ensure services users are aware if midwife is to be absent and who to contact

In January and February the Picker Action plan was written and shared with the leads who are working on the actions. Both Maternity Matrons attended the Regional MNVP day out which was insightful for networking and to see what actions other areas are taking to be used at Barnsley. The matrons continue to have monthly meetings with the local MVP to discuss feedback and themes to form the action plan. In February the Inpatient Matron reached out to Surrogacy UK for information to aid in writing the new Surrogacy Guideline.

9. CARE QUALITY COMMISSION (CQC) ACTIONS

Monthly oversight of the maternity CQC action plan takes place in the CQC Aim for Outstanding meeting.

The “must do” still to complete is in relation to the Safeguarding training and PROMPT as described in section 5.

The “should do” still to complete is in relation to daily checking of all neonatal resuscitaires in all areas. Several steps have been taken to increase compliance and improvement is seen. This will be monitored weekly until the improvement is sustained and embedded.

10. CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) Year 5 including SAVING BABIES LIVES CARE BUNDLE version 3

The Board declaration form relating to CNST Year 5 was signed and submitted to NHS resolution by the required timeframe of 1 Feb 2024. The Trust declared compliance with all ten standards. Work continues to achieve the full implementation of all six elements of SBLV3 by the end of March 2024. The LMNS have met with the Trust team on 4 March 2024 to assure further work in relation to SBLV3. The current validated assurance is 79% when all elements are totalled.

Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	90%	Partially implemented	70%	CNST Met
Element 2	Fetal growth restriction	Fully implemented	100%	Partially implemented	85%	CNST Met
Element 3	Reduced fetal movements	Partially implemented	50%	Partially implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	96%	Partially implemented	74%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Partially implemented	83%	CNST Met
All Elements	TOTAL	Partially implemented	96%	Partially implemented	79%	CNST Met

Early information around Year 6 standards has been shared by NHS resolution on 2 March 2024. Year 6 standards will be published on 2 April 2024. The LMNS are clarifying the wording around SBLV3 in Year 6 with NHS Resolution which implies some of the requirements to demonstrate a specific percentage of interventions will be removed. The LMNS plan to validate our end of Q4 SBLV3 position in June 2024.

12. Perinatal Culture and Leadership programme

The perinatal quad have completed the face to face sessions on the leadership development programme. The SCORE culture survey for all staff in maternity and neonates is now live.

13. Maternity & Neonatal Transformation – Three Year Delivery plan

The LMNS undertook an assurance visit to the Trust on 30 January 2024. Members of the regional team were also in attendance. The Director of Nursing and Managing Director both attended the presentation to the visiting team. Feedback to the maternity team is anticipated but has not yet been received.

Glossary

Terminology	Definition
AAR	After Action Review – a structured facilitated discussion on an incident or event to identify strengths, weaknesses and areas for improvement
ANPN	Antenatal and Postnatal Ward
ATAIN	Avoiding Term Admissions Into Neonatal Units -
CEO	Chief Executive Officer
CNST	Clinical Negligence Scheme for Trusts
ED	Emergency Department
ESR	Electronic Staff Record
FFT	Family and Friends Test
HLR	High Level Review
ICB	Integrated Care Board
ICU	Intensive Care Unit
IUFD	Intrauterine fetal demise (IUFD) is the medical term for a fetus that dies in the womb at or after the 20 th week of pregnancy
LMNS	Local Maternity and Neonatal System
MAST	Mandatory and Statutory Training
MNSI	Maternity and Newborn Safety Investigations
MNISA	Maternity and Neonatal Independent Senior Advocate
MNVP	Maternity and Neonatal Voices Partnership
MVP	Maternity Voices Partnership
NHS	National Health Service
NND	Neonatal death is a baby died within the first 28 days of life.
PMRT	Perinatal Mortality Review Tool
PPH	Postpartum Haemorrhage – blood loss of 500ml or more within 24 hours of the birth
PSII	Patient Safety Incident Investigation
PROMPT	Practical Obstetric Multi-Professional Training
SI	Serious Incident
SWARM	A SWARM huddle is a meeting to explore an incident, a facilitated discussion, which takes place soon after an activity or event.

Appendix A - Barnsley Hospital NHS Foundation Trust Data Measures Table

CQC Maternity Ratings Jan 2016 (full inspection)	Safe (last inspected 2023)		Caring	Responsive	Effective	Well Led (last inspected 2023)									
	Requires Improvement		Good	Good	Good	Good									
	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Number of perinatal deaths completed using Perinatal Mortality Review Tool	1	2	2	1	3	2	1	1	0	2	0	0	0	2	0
Number of cases referred to MNSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Number of finalised reports received from MNSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of finalised internal SI reports	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0
Number of incidents graded as moderate harm or above	10	9	9	10	7	9	10	14	16	9	12	7	2	3	4
Number of Coroner's Regulation 28 Prevention of Future Death Reports in relation to maternity services HSIB/NHSR/CQC or other organisation with a concern or request for action made directly to the trust	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Training compliance for all staff groups in maternity related to wider job essential training (%) (MAST)	84.40	85.35	82.6	82.89	80.80	80.75	81.43	82.14	81.74	85.24	87.48	93.17	92.15	90.58	92.88
Training compliance for all staff groups in maternity related to the core competency framework (%) (PROMPT) <i>Reset to zero from December 2023</i>	98.9	8.09	16.44	26.34	34.38	43.75	43.75	52.25	58.55	58.55	74.20	97.08	0 (new training begins)	12.5	25
Fetal monitoring training full day attendance (%)	28.5	36.48	35.29	42.2	50.95	52.09	52.09 Dr's strike	52.09 Dr's strike	55.4	55.4 Dr's strike	72.5	90.3	97.5	98.0	100
BBC co-ordinator not supernumerary (Data from Birthrate plus®)	1	0	1	2	0	0	3	0	0	0	0	2	0	0	0
Midwifery Vacancy rate (WTE)	1.26	6.46*	4.34	5.6	8.6	8.6	8.97	9.12	12.76	13.26	5.23	6.34	3.34	3.34	4.14
Medical Vacancy rate (WTE)	3.4	2.8	4.8	3.4	5.8	2.4	4.4	4.6	5.8	5.8	6.4	2.2	2.2	2.2	1
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually – 2022)	Proportion of midwives who would recommend as a place to work: 60%														
	Proportion of midwives who would recommend as a place to receive treatment: 75.3%														
Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	92.3% reported they received good clinical supervision out of hours														

Appendix B

Perinatal Mortality Review Tool – data to evidence meeting required CNST standard

Required standard	April 23	May 23	June 23	July 23	August 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
Percentage of eligible perinatal deaths reviewed via PMRT as an MDT (100%)	No cases	No cases	N/A	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of eligible perinatal deaths notified to MBRRACE-UK within 7 working days (100%)			100%	100%	100%	100%	N/A	N/A	100%	100%	100%
Surveillance information completed within one calendar month (100%)			100%	100%	100%	100%	N/A	100%	100%	100%	100%
Percentage of parents that have had their perspectives of care and any questions sought following their Baby's death (95%)			100%	100%	100%	100%	N/A	100%	100%	100%	100%
Percentage of PMRT reviewed started within two months (95%)			100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of PMRT reports at draft stage within four months (60%)			N/A	N/A	N/A	100%	100%	75%	75%	87.5%	87.5%
Percentage of PMRT reports at published within six months (60%)			N/A	N/A	N/A	100%	100%	100%	75%	87.5%	87.5%

PMRT Notified cases

Case	Reason PMRT required	Final report due
91775	Known lethal fetal abnormality	August 2024
91983	IUFD unknown gestation	August 2024

PMRT Ongoing cases- BHNFT

Case	Reason PMRT required	Final report due in the month of
89488	30+ IUFD, logged SI	March 2024
91322	Known lethal abnormality	June 2024

PMRT Ongoing cases- Assigned to BHNFT

Case	Reason PMRT required	Lead Trust	Final report due in the month of
87595	25+4 NND	Bradford	November 2023- all BDGH sections completed, no actions for the Trust
89172	24+off pathway twins, logged SI	Bradford	March 2024
91866	Neonatal death cardiac abnormality	Leeds	August 2024

Appendix C - Incidents graded moderate harm and above

Incidents graded moderate harm or above as per LMNS criteria	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	New Criteria launched	Dec 23	Jan 24	Feb 24	
Uterine rupture	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Perineal tear (3 ^d /4 th degree)	1	4	4	2	2	0	3	0	3	1		0	0	0	1
Unexpected hysterectomy	0	0	0	0	0	0	0	0	0	0		0	0	0	0
ICU Admission	1	1	0	0	0	0	0	0	0	0		0	0	0	0
Unexpected return to theatre	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Enhanced maternal care >48 hours	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Postnatal readmission	4	1	0	1	2	1	0	4	2	0		0	0	0	1
Never events	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Term admission to neonatal Unit (number)	6	4	3	4	5	12	12	5	11	2*					
Avoidable term admissions to neonatal unit													2	3	1
Fracture to baby resulting in further care	0	1	0	0	1	1	0	1	1	0		0	0	0	0
Perinatal loss	1	0	0	0	0	0	0	0	0	0		0	0	0	0
Maternal death	0	0	0	0	0	0	0	0	0	0		0	0	0	0
PPH	1	0	0	0	0	0	1	0	0	2	0	0	0	0	

Other	0	0	0	0	0	0	0	0	1	0	1 (medication)		0	0	1
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*Automatic grading of moderate harm for ATAIN babies was stopped in November. It is anticipated lower figures for moderate harms will be seen going forward.

Ethnicity for ALL Barnsley Hospital births

Ethnicity	White British	Any other ethnic group	Any other White back ground	Asian - other	Any other mixed back ground	White and Asian	Caribbean	Indian	Pakistani	African	Any other Black back ground	White & Black Caribbean	Irish	Not stated
January	207	3	20	2	1	3	3	3		6	1	1		3
February	209	3	14	1	1	2	1	1	1	4	1	1	1	9

- Ethnicity not stated, this may be due to out of area women

Index of Multiple Deprivation (IMD) for ALL Barnsley Hospital births.

Not all postcodes have an IMD allocated, this may be due to there being new housing estates

Month	IMD										
	1 (most deprived)	2	3	4	5	6	7	8	9	10 (least deprived)	unknown
January	47	42	27	25	22	12	6	14	6	1	6
February	47	46	28	11	18	10	10	9	8	1	6

Index of Deprivation (IMD) patients who have suffered moderate harm and above by Ethnicity & IMD for January & February 2024

- Not all postcodes have an IMD allocated, this may be due to being new housing estates

Ethnicity	IMD										unknown
	1	2	3	4	5	6	7	8	9	10	
White British	1	3		2							
White & Asian	1										

Appendix D - Training compliance

MAST training compliance (%) February 2024

Department	Business Security and Emergency Response	Conflict Resolution	Equality and Diversity	Fire Health and Safety	Infection Control Level 1	Infection Control Level 2	Information Governance and Data Security	Moving and Handling Back Care Awareness	Moving and Handling Practical Patient Handling Level 1	Moving and Handling Practical Patient Handling Level 2	Resuscitation Level 2 Adult Basic Life Support	Safeguarding Adults Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2	Overall Percentage
163 CBU 3 Management Team	100 →	100 →	100 →	94.12 ↓	100 →	71.43 ↓	100 →	100 →	100 →	100 →	87.50 ↓	85.71 →	100 →	100 →	96.67 ↓
163 Maternity Establishment	90.22 ↑	88.46 ↓	96.74 ↓	94.57 ↑	100 ↑	94.32 ↑	88.59 ↑	99.46 ↑	0.00 ↓	93.68 ↑	96.02 ↑	58.33 ↑	100 →	53.85 ↑	92.97 ↑
163 Obstetrics & Gynaecology Medical Services	89.19 ↑	91.30 ↓	94.59 ↑	78.38 ↑	100 →	83.33 ↓	94.59 ↑	97.30 ↑	75.00 ↑	N/A	91.67 ↑	84.62 ↓	90.91 ↓	80.00 ↓	89.02 ↑

Safeguarding Training Compliance

Children's level 3 safeguarding training	Number of staff requiring training	Percentage Compliant (%)											
		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Maternity establishment	161	66.7	68.87 ↓	67.72 ↓	73.55 ↑	78.75 ↑	79.27 ↑	80.25 ↑	82.82 ↑	85.00 ↑	86.25 ↑	86.34 ↑	89.02 ↑
Neonatal unit	36	89.7	89.19 ↓	91.89 ↑	91.89 →	91.89 →	91.67 ↓	91.67 →	86.84 ↓	89.19 ↑	86.84 ↓	88.89 ↑	92.11 ↑
Obstetrics and Gynaecology medical staff	19	29.2	28.57 ↓	28.57 →	28.57 →	27.27 ↓	39.13 ↑	47.37 ↑	44.44 ↓	72.22 ↑	73.68 ↑	78.95 ↑	57.14 ↓
Paediatric medical staff	16	65	65 →	65 →	65 →	65 →	73.68 ↑	87.50 ↑	82.35 ↓	82.35 ↑	82.35 →	82.35 →	77.78 ↓
Adult level 3 safeguarding training	Number of staff requiring training	Percentage Compliant (%)											
		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Maternity establishment	161	60.5	67.53 ↑	65.05 ↓	71.00 ↑	76.00 ↑	69.75 ↓	72.50 ↑	74.85 ↑	80.00 ↑	82.50 ↑	82.61 ↑	87.20 ↑
Neonatal Unit	16	58.8	62.50 ↑	68.75 ↑	64.71 ↓	76.47 ↑	81.25 ↑	93.75 ↑	93.33 ↑	100 ↑	100 →	100 →	100 →

PROMPT Rolling annual compliance

Staff Group	PROMPT Rolling annual compliance (%)												
	Feb 23 (%)	March 23 (%)	April 23 (%)	May 23 (%)	June 23 (%)	July 23 (%)	Aug 23 (%)	Sept 23 (%)	Oct 23 (%)	Nov 23 (%)	Dec 23 (%)	Jan 24 (%)	Feb 24 (%)
Hospital Midwives	76.84↓	82.79↑	79.59↓	76↓	64.70↓	61.38↓	71.42↑	60.5↓	77.5↑	99↑	96.96↓	95.09↓	96.2↑
Community Midwives	82.05↓	89.47↑	89.74↑	84.61↓	62.85↓	62.85→	61.76↓	56.25↓	80.64↑	100↑	100↑	94.28↓	94.4↑
Support workers	80.64↓	73.33↓	67.64↓	81.48	60.60↓	58.06↓	60↑	63.33↑	73.33↑	96.66↑	94.11↓	92.10↓	94.59↑
Obstetric consultants	100↑	87.50↓	75↓	77.77↑	75.00↓	55↓	55→	55→	62.5↑	87.5↑	88.88↑	100↑	100→
All other obstetric doctors	36↓	36→	44.4↑	47.36↑	47.36→	47.36→	* 52.63↑	*19.04↓	47.62↑	95.23↑	95.23→	68.18↓	69.56↑
Obstetric anaesthetic consultants	95.23↑	90.47↓	85.71↓	80.95↓	66.66↓	52.38↓	* 68.18↑	*66.66↑	85↑	100↑	100→	94.73↓	100↑
All other obstetric anaesthetic doctors	90→	90→	90→	100↑	66.66↓	44↓	*44→	*21.05↓	47.05↑	82.35↑	82.35→	93.33↑	61.9↓

*Dr's rotations in August and September will affect compliance figures.

Community skills and drills compliance and forecast from January 2023

Staff Group	Community skills & drills <u>in year compliance</u> commencing March 2023 and the forecast (%) (reset to 0 in January 2023) Relaunched in July 2023														
	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	
Community midwives	0	0→	12.82↑	No training in place			27.59↑	27.59→	45.45↑	61.29↑	90.63↑	90.63→	76.47↓	83.78↑	
Support workers	0	0→	0→				16.67↑	16.67→	33.33↑	50↑	100↑	100→	100→	100→	

Fetal Monitoring Training

Staff Group	Training compliance for fetal monitoring full day face to face training (%) Rolling compliance Feb 23 to Jan 24												
	Feb	March	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan 24	Feb 24
Midwives	34.32↓	41.9↑	51.09↑	51.09→	Drs strike	Drs strike	55.9↑	Drs strike	75.53↑	95↑	97.8↑	98.4↑	100↑
Obstetric consultants	44→	50↑	55.5↑	55.5→			55.5→		89↑	88↓	100↑	100→	100→
All other obstetric doctors	40→	40→	40→	33.3↓			33.3→		25↓	100↑	92.3↓	92.3→	100↑
Overall percentage	35.29↓	42.2↑	50.95↑	52.09↑			55.4↑		72.5↑	90.3↑	97.5↑	98↑	100↑

Appendix E - Maternity Dashboard

Local Maternity Dashboard 2023	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Cumulative total
Clinical Activity													
Booked to Birth at BHNFT	234↓	226↓	218↓	261↑	243↑	229↓	276↑	223↓	233↑	250↑	207↓	252↑	2852
Number of BHNFT Bookings	202↓	202↑	203↑	258↑	216↓	191↓	227↑	201↓	198↓	232↑	184↓	228↑	2542
Booked elsewhere to Birth at BHNFT	38↓	39↑	28↓	14↓	38↑	38	57↑	30↓	45↑	30↓	34	36↑	427
Booked by BHNFT to Birth elsewhere	6↓	9↑	10↑	10	10	6↓	7↑	6↓	9↑	11↑	5↓	9↑	98
Booked onto Continuity of Carer pathway	86↓	80↓	76↓	111↑	67↓	63↓	92↑	76↓	89↑	104↑	69↓	85↑	998
% of Continuity of Care	35.8↓	35.4↓	34.6↑	40.8↑	27.6↓	27.5↓	33.1↑	32.9↓	36.6%↑	41.6↑	31.7↓	32.2%↑	N/A
% of BAME booked onto Continuity of carer pathway	47.0↓	33.3↓	2.0↓	8.0↑	0↓	28.6↑	37.5↑	36.4↓	46.2%↑	26.6↓	46.2↑	30.0%↓	N/A
% of women booked onto Continuity of Carer pathway <10th centile according to the deprivation index	11.0↓	28.3↑	20.↓	36.0↑	16.0↓	22.7↑	42.2↑	32.0↓	42.9%↑	24.5↓	27.3↑	16.4%↓	N/A
Of those booked for CoC, Intrapartum CoC received %	80.88↓	80.88↓	78.3↓	60↓	86↑	62.19↓	51.1↓	49.45↓	62.7%	62.1↓	60.2↓	69.9%↓	N/A
Total Women birthed	222↓	214↓	253↑	248↓	250↑	238↓	260↑	252↓	227↓	226↓	252↑	253↑	2935
Sets of Twins	2↓	2↑	1↓	3↑	4↑	3↓	2↓	4↑	2↓	1↓	2↑	2	28
Total Births	224↓	216↓	254↑	251↓	254↑	241↓	262↑	256↓	229↓	227↓	254↑	256↑	2924
Live Births	224↓	216↓	254↑	251↓	251	241↓	261↑	255↓	229↓	226↓	253↑	256↑	2917
Live births at term	207↓	195↓	235↑	236↑	233↓	223↓	237↑	236↓	207	217↑	236↑	242↑	2704
Planned home births - Number	1↑	1	0↓	3↑	1↓	1↑	1	2↓	1↓	1	0↓	1↑	13
Number of times a second emergency theatre required.	0	1↑	0↓	1↑	1	0↓	0	1↑	0	1	0↓	2↑	7
In-utero Transfers Out	5↑	3↓	0↓	8↑	2↓	2	7↑	3↓	4↑	4	2↓	4↑	44
Maternity Unit Closed For Admission	0→	1	2↑	0↓	2↓	1↓	0↓	0	0	0	2↑	0	8

Local Maternity Dashboard 2023 / 2024		Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Cumulative total
Clinical outcomes														
Unassisted Vaginal Birth Rate		53.2%	55.1%	53.4%	52.0%	53.6%	49.2%	52.7%	52.4%	48.0%	43.8%	38.5%	41.7%	N/A
Induction of labour Rate- Ratified		32.0%	36.9%	30.0%	29.8%	30.8%	30.3%	30.0%	26.6%	29.3%	31.4%	30.2%	27.6%	N/A
Ventouse Rate		6.3%	2.8%	3.60%	4.40%	3.60%	4.6%	6.90%	3.2%	2.60%	3.5%	4.8%	4.3%	N/A
Forceps Rate		2.7%	5.6%	4.00%	7.30%	4.40%	8.8%	6.50%	5.2%	6.10%	10.6%	8.3%	8.7%	N/A
Total assisted vaginal births		9.0%	8.4%	12.30 %	11.69 %	8%	13.44 %	13.46 %	8.40%	9.25%	14.1%	13.1%	13%	N/A
Emergency LSCS Rate		13.51 %	25.70 %	27.66 %	24.59 %	22.40 %	27.30 %	20.77 %	25.79 %	27.75%	28.31%	32.14%	30.31%	N/A
Elective LSCS Rate		24.32 %	12.14 %	11.46 %	11.69 %	16.00 %	10.08 %	13.07 %	13.49 %	15.85%	14.15%	16.29%	14.96%	N/A
Group 1														
Group 1	Nulliparous women with a single cephalic pregnancy, >37 weeks' gestation in spontaneous labour	2.5 ↓	3.75 ↑	7.07 ↑	5.56 ↓	4.44 ↓	11.11 ↑	11.11	14.44 ↑	12.22% ↓	11.11% ↓	17.78% ↑	7.78% ↓	N/A
Group 2a	Nulliparous women with a single cephalic pregnancy, >37 weeks' gestation who either had (a) labour induced or were (b) delivered by LSCS before Labour	18.75 ↑	23.75 ↑	22.22 ↓	18.89 ↓	18.89	24.44 ↑	18.89 ↓	14.44 ↓	22.22% ↑	16.67% ↓	31.11% ↑	26.67% ↓	N/A
Group 2b		16.25 ↑	13.75 ↓	15.15 ↑	5.56 ↓	20.00 ↑	15.56 ↓	5.56 ↓	14.44 ↑	13.33% ↓	13.33%	26.67% ↑	25.56% ↓	N/A
Group 5	All multiparous women with at least one previous uterine scar, with single cephalic pregnancy >37 weeks' gestation	37.5 ↑	21.25 ↓	23.23 ↑	35.56 ↑	23.33 ↓	18.89 ↓	30.0 ↑	25.56 ↓	24.44% ↓	33.33% ↑	27.78% ↓	37.78% ↑	N/A
3rd / 4th Degree tears total		1.43%	2.33%	4.54%	2.53%	2.59%	0.67%	4.06%	0	2.34%	3.05%	2.30%	2.15%	N/A

Local Maternity Dashboard 2023 / 2024		Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Cumulative total
3rd / 4th Degree tears - Normal Birth Total	Crude average 2.8%	0.84%	1.69%	2.59%	1.55%	2.98%	0.85%	3.64%	0	1.6%	1.01%	1.03%	1.86%	N/A
		1	2	4	2	4	1	5	0	2	1	1	2	25
3rd / 4th Degree tears - Assisted Birth Total	Crude average 6.05%	5.00%	16.60 %	15.80 %	6.89%	0.00%	0.00%	5.71%	0	4.76%	9.37%	6.06%	3.03%	N/A
	Number	1	3	3	2	0	0	2	0	1	3	2	1	18
PPH ≥1500mls	Percentage (%)	4.05%	3.73%	3.95%	3.22%	4.80%	1.26%	2.69%	3.17%	0.88%	3.09%	3.57%	2.75%	N/A
	Number	9	8	10	8	12	3	7	8	1	7	7	7	N/A
Neonatal Indicators														
Admission to neonatal unit ≥ 37 weeks		6→	6→	5↓	4↓	5↑	12↑	12→	7↓	10↑	6↓	13↑	13	99
				2.12%	1.69%	2.14%	5.38%	5.06%	2.96%	4.83%	2.74%	5.50%	5.37%	
Admission to the NNU ≤ 26+6 weeks		0↓	0→	0→	0→	0	0	2	0	0	0	0	0	2
Preterm birth rate <37 weeks	National target for less than 6% by 2025	7.6%↓	9.7%↑	7.5%↓	6.0%↓	7.9%↑	7.5%↓	9.5%↑	8.1%↓	8.37%↑	3.1%↓	5.9%↑	4.3%↓	N/A
Preterm birth rate <34 weeks		2.2%↓	2.8%↑	3.1%↑	2.0%↓	3.9%↑	1.7%↓	2.3%↑	3.9%↑	1.32%↓	0.9%↓	1.2%↑	0.4%↓	N/A
Preterm birth rate <28 weeks		0.0%↓	0.0%→	0.0%→	0.4%↑	0.4%	0.0%↓	0.8%↑	0.4%↓	0.00%↓	0.4%↑	0%↓	0.0%	N/A
Low birthweight rate at term (2.2kg).		1.0%	0.5%	0.9%	0.4%	0.9%	0.4%	0.8%	0.0%	0.50%	0.5%	0.8%↑	0.4%↓	N/A
Right place of Birth	95%	100%↑	100%→	100%→	100%→	100%→	100%→	99.23%↓	99%↓	100%→	100%→	100%	100%	N/A
Mortality														
Neonatal deaths		0	0	0	0	0	1	0	0	1	0	0	0	2
Neonatal deaths excluding lethal abnormalities.		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths		0	0	0	0	3	0	1	1	0	1	1	0	7
Stillbirths - Antenatal		1	0	0	0	3	0	1	1	0	0	1	0	7
Stillbirths - Intrapartum		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths - excluding those with lethal abnormalities		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths at Term		0	0	0	0	0	0	0	0	0	0	0	0	0
Stillbirths at Term with a low birth weight		0	0	0	0	1	0	0	0	0	0	0	0	0

Local Maternity Dashboard 2023 / 2024		Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Cumulative total
HSIB reportable births		0	0	0	0	0	0	0	0	0	0	0	0	0
KPIs														
Women Initiating Breast Feeding at Birth	≥75%	64.9% ↑	54.2% ↓	61.2% ↑	67.7% ↑	63.2% ↓	65.9% ↑	56.5% ↓	60.7% ↑	68.7% ↑	64.6% ↓	64.3% ↓	64.2% ↓	N/A
Breastfeeding rate at discharge		55.8% ↑	49.1% ↓	56.12% ↑	61.29% ↑	58.8% ↓	58.82% ↓	55.0% ↓	60.70% ↑	63.9% ↑	57.1% ↓	58.7% ↑	58.7%	N/A
Bookings <10 weeks	>90%	69.8% ↓	77.2% ↑	73.0% ↓	76.0% ↑	80.6% ↑	73.8% ↓	77.53% ↑	74.1% ↓	80.3% ↑	79.7% ↓	83.2% ↑	75% ↓	N/A
Smoking rates at Booking	≤6%	16.8% ↑	16.3% ↑	18.23% ↑	11.2% ↓	8.3% ↓	14.7% ↑	13.7% ↓	12.4% ↓	14.7% ↑	11.0% ↓	10.9% ↓	8.77% ↓	N/A
Smoking at 36 weeks' gestation	≤6%	16.3% ↓	10.0% ↓	21% ↑	17.85% ↓	10.71% ↓	9.75% ↓	14.14% ↑	8.55% ↓	15.25% ↑	12.43% ↓	9.59% ↓	11.16% ↑	N/A
Women who receive CO testing at booking		-	-	88.67% ↑	92.6% ↑	85.2% ↓	94.2% ↑	100% ↑	97% ↓	100% ↑	99.1% ↓	98.9% ↓	98.3% ↓	N/A
Smoking Rates at Birth (SATOD)	4-6% 6-8% >8%	12.6% ↑	13.5% ↑	9.50% ↓	10.1% ↑	8.4% ↓	8.0% ↓	13.5% ↑	8.0% ↓	7.9% ↓	10.2% ↓	7.9% ↓	9.5% ↓	N/A
Carbon Monoxide monitoring at time of booking ≥ 4ppm		13.3% ↑	9.7% ↓	12.78% ↑	9.6% ↓	13.0% ↑	15.6% ↑	15.0% ↓	9.7% ↓	11.62% ↑	11.5% ↓	12.6% ↑	12.3% ↓	N/A
Carbon Monoxide monitoring at 36 weeks ≥ 4 ppm		9.0% ↑	10.2% ↑	4.29% ↓	4.32% ↑	10.06% ↑	5.61% ↓	10.64% ↑	10.34% ↓	10.12% ↓	12.31% ↑	12.77% ↑	6.32% ↓	N/A
Workforce														
1:1 care in labour		99% ↑	100% ↑	99.6% ↓	100% ↑	99% ↓	99%	99.60% ↑	99.6%	100%	99%	100%	99%	N/A



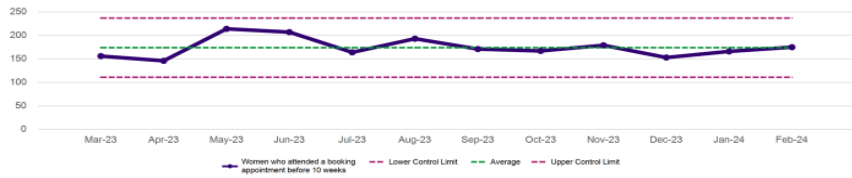
Maternity KPI SPC Charts

KPI Description: Bookings before 10 weeks
Numerator Description: Women who attended a booking appointment before 10 weeks
Denominator Description: Total bookings



Summary Table												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Women who attended a booking appointment before 10 weeks	156	146	214	207	184	193	171	187	179	153	166	175
Total bookings	204	196	279	257	211	242	220	210	225	183	229	242
Percentage	76%	74%	77%	81%	78%	80%	78%	80%	80%	84%	72%	72%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

SPC Chat: Actual numbers of Women who attended a booking appointment before 10 weeks



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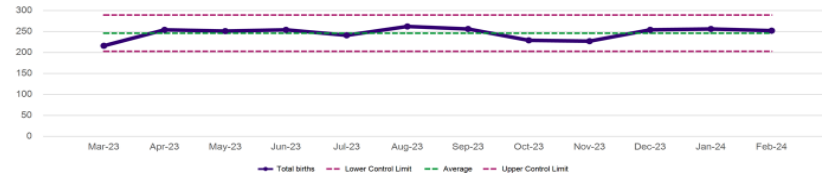
Maternity KPI SPC Charts

KPI Description: Births
Numerator Description: Total births
Denominator Description:



Summary Table												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Total births	216	254	251	254	241	262	256	229	227	254	256	252
Percentage												
Target												

SPC Chat: Actual numbers of Total births



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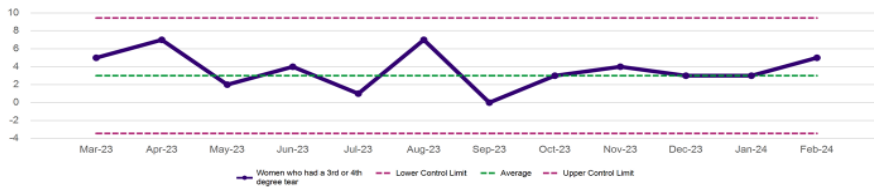
Maternity KPI SPC Charts

KPI Description: 3rd & 4th degree tears of all deliveries
Numerator Description: Women who had a 3rd or 4th degree tear
Denominator Description: Total deliveries



Summary Table												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Women who had a 3rd or 4th degree tear	5	7	2	4	1	7	0	3	4	3	3	5
Total deliveries	214	253	248	250	238	280	252	229	226	252	254	249
Percentage	2%	3%	1%	2%	0%	3%	0%	1%	2%	1%	1%	2%
Target	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%

SPC Chat: Actual numbers of Women who had a 3rd or 4th degree tear



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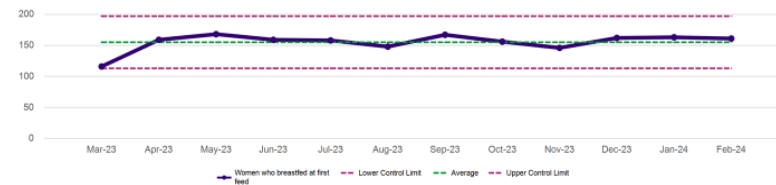
Maternity KPI SPC Charts

KPI Description: Women initiating breast feeding at birth
Numerator Description: Women who breastfed at first feed
Denominator Description: Total deliveries



Summary Table												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Women who breastfed at first feed	116	159	168	159	158	148	167	156	146	162	163	161
Total deliveries	214	253	248	250	238	260	252	229	226	252	254	249
Percentage	54%	63%	68%	64%	66%	57%	66%	68%	65%	64%	64%	65%
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

SPC Chat: Actual numbers of Women who breastfed at first feed



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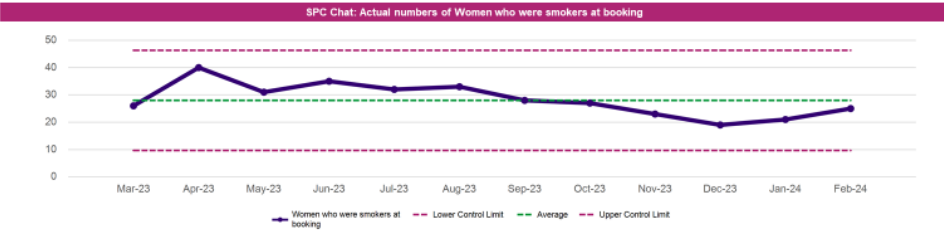


Maternity KPI SPC Charts

KPI Description: Smoking rates at booking
 Numerator Description: Women who were smokers at booking
 Denominator Description: Total bookings



Summary Table												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Women who were smokers at booking	26	40	31	35	32	33	28	27	23	19	21	25
Total bookings	204	198	279	257	211	242	220	210	225	183	228	242
Percentage	13%	20%	11%	14%	15%	14%	13%	13%	10%	10%	9%	10%
Target	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%



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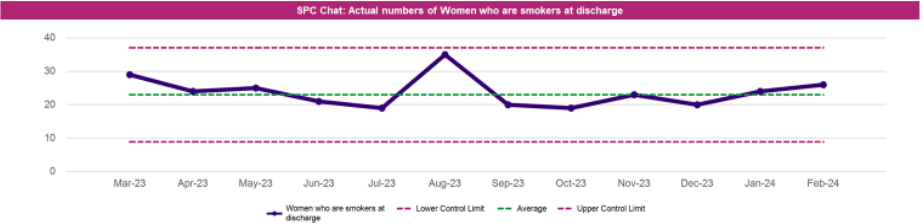


Maternity KPI SPC Charts

KPI Description: Smoking rates at birth (SATOD)
 Numerator Description: Women who are smokers at discharge
 Denominator Description: Total deliveries



Summary Table												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Women who are smokers at discharge	29	24	25	21	19	35	20	19	23	20	24	26
Total deliveries	214	253	248	250	238	260	252	229	226	252	254	249
Percentage	14%	9%	10%	8%	8%	13%	8%	8%	10%	8%	9%	10%
Target	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%



Developed by Healthcare Information and Insight Service.
 Contact barnsley_info@nhs.net if you have any queries

5.2. Integrated Performance Report

For Assurance

Presented by Lorraine Burnett



REPORT TO THE BOARD OF DIRECTORS

REF:

BoD: 24/04/04/5.2

SUBJECT: INTEGRATED PERFORMANCE REPORT

DATE: 4 April 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: Shaun Garside, Corporate Associate Director of Operations

SPONSORED BY: Lorraine Burnett, Chief Operating Officer

PRESENTED BY: Lorraine Burnett, Chief Operating Officer

STRATEGIC CONTEXT

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

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

EXECUTIVE SUMMARY

The attached Integrated Performance report covers performance metrics from January 2024. Specific metrics may be December data due to reporting timescales.

There was a further period of BMA Industrial 24th - 28th February 2024.

Patients:

Overall quality metrics within expected with the exception of C diff where we have breached our NHSI mandated target. Recommendations for a recent external review are being incorporated into our C diff improvement plan.

Falls and pressure ulcers per 1000 bed days are both showing special cause improvement.

People:

Appraisal: above target of 90% at 91.3%.

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

Sickness: 5.6%, remains above target.

Return to work: below target at 34.8%

Mandatory Training: At 92.4% against Trust target of 90%.

Finance: As at month 11 the Trust has a consolidated year to date deficit of £4.798m against a planned deficit of £10.464m giving a favourable variance of £5.666m.

Performance:

UEC: Performance against 4 hrs for type 1 was 63% against the England performance of 56.5%. Bed occupancy for February 24 was 95.4%. on 29th February there were 496 beds open against 432 on 28th February 2023.

RTT: 68.7% performance against with England performance at 56.2%. There are 208 patients waiting 52 weeks and above, 14 above 65 weeks. There are 10 patients who could breach 65 weeks at the end of March 2024.

Capped Theatre Utilisation: 71.1% as at February 2024.

Diagnostics: 4.3% patients waiting longer than 6 weeks for a diagnostic test against the target of 1% and a recovery target of 5% by March 2025.

Cancer: The trust has achieved the 28-day faster diagnosis standard @ 78 % against a target of 75%, the 31-day treatment standard failed to achieve at 94% against a target of 96%. Performance against the 62-day treatment standard of 85% was 67%.

The breakdown of the waiting list by speciality (unvalidated) as at 18/03/24:

Spec	RTT %	<18	18-26	27-51	52-64	65-77	78-103
BREAST SURGERY	96.83%	244	7	1			
CARDIOLOGY	97.52%	786	13	7			
CLINICAL HAEMATOLOGY	81.66%	285	58	6			
COLORECTAL SURGERY	100.00%	1					
COMMUNITY PAEDIATRICS	93.02%	80	4	2			
DERMATOLOGY	55.23%	1,061	332	528			
DIABETIC MEDICINE	92.39%	85	6	1			
ENDOCRINOLOGY	74.46%	277	71	24			
ENDOSCOPY	100.00%	3					
ENT	66.71%	1,709	543	310			
GASTROENTEROLOGY	97.14%	849	18	7			
GENERAL MEDICINE	100.00%	2					
GENERAL SURGERY	71.14%	1,001	210	192	2	1	1
GERIATRIC MEDICINE	96.95%	127	4				
GYNAECOLOGY	59.62%	1,373	432	465	32	1	
HEPATOLOGY	95.35%	164	7	1			
MAXILLO-FACIAL SURGERY	66.42%	1,056	233	286	15		
OPHTHALMOLOGY	82.14%	1,536	229	103	2		
ORAL SURGERY	14.18%	55	108	191	33	1	
ORTHODONTICS	22.60%	47	38	98	25		
PAEDIATRIC CARDIOLOGY	87.50%	14	1	1			
PAEDIATRIC DERMATOLOGY	72.47%	129	39	10			
PAEDIATRIC DIABETIC MEDICINE	100.00%	11					
PAEDIATRIC EAR NOSE AND THROAT	91.01%	334	17	16			
PAEDIATRIC EPILEPSY	100.00%	20					
PAEDIATRIC OPTHALMOLOGY	93.58%	277	14	5			
PAEDIATRIC TRAUMA AND ORTHOPAEDICS	87.90%	109	12	3			
PAEDIATRICS	80.67%	697	149	17	1		
RESPIRATORY MEDICINE (THORACIC MEDICINE)	56.27%	574	167	272	7		
RHEUMATOLOGY	83.42%	156	29	2			
STROKE MEDICINE	100.00%	4					
TRAUMA & ORTHOPAEDICS	52.68%	1,208	409	593	73	9	1
UROLOGY	77.24%	777	137	88	4		
VASCULAR SURGERY	74.62%	197	26	41			
Total	69.19%	15,248	3,313	3,270	194	12	2

RECOMMENDATION(S)

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

Barnsley Hospital Integrated Performance Report

Reporting Period: February 2024

Assurance



Consistently
hit
target



Hit and miss
target subject
to random



Consistently
fail
target

Performance



Special Cause
Concerning
variation



Special Cause
Improving
variation



Common
Cause

High Level Assurance

Can we reliably hit the target?

Blue = will reliably hit the target

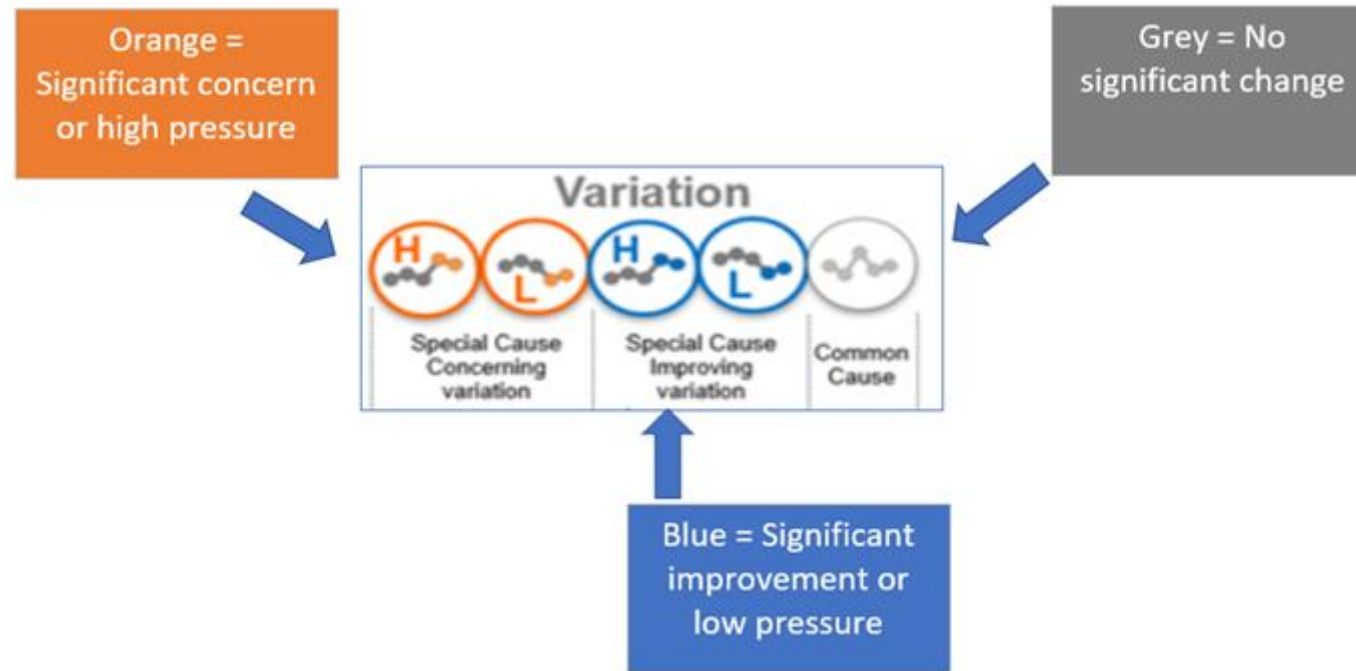
Orange = System change required to hit the target





















Grey = will hit and miss the target

High Level Key Performance













Are we improving, declining or staying the same?



Summary icon descriptions

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

Summary icon descriptions

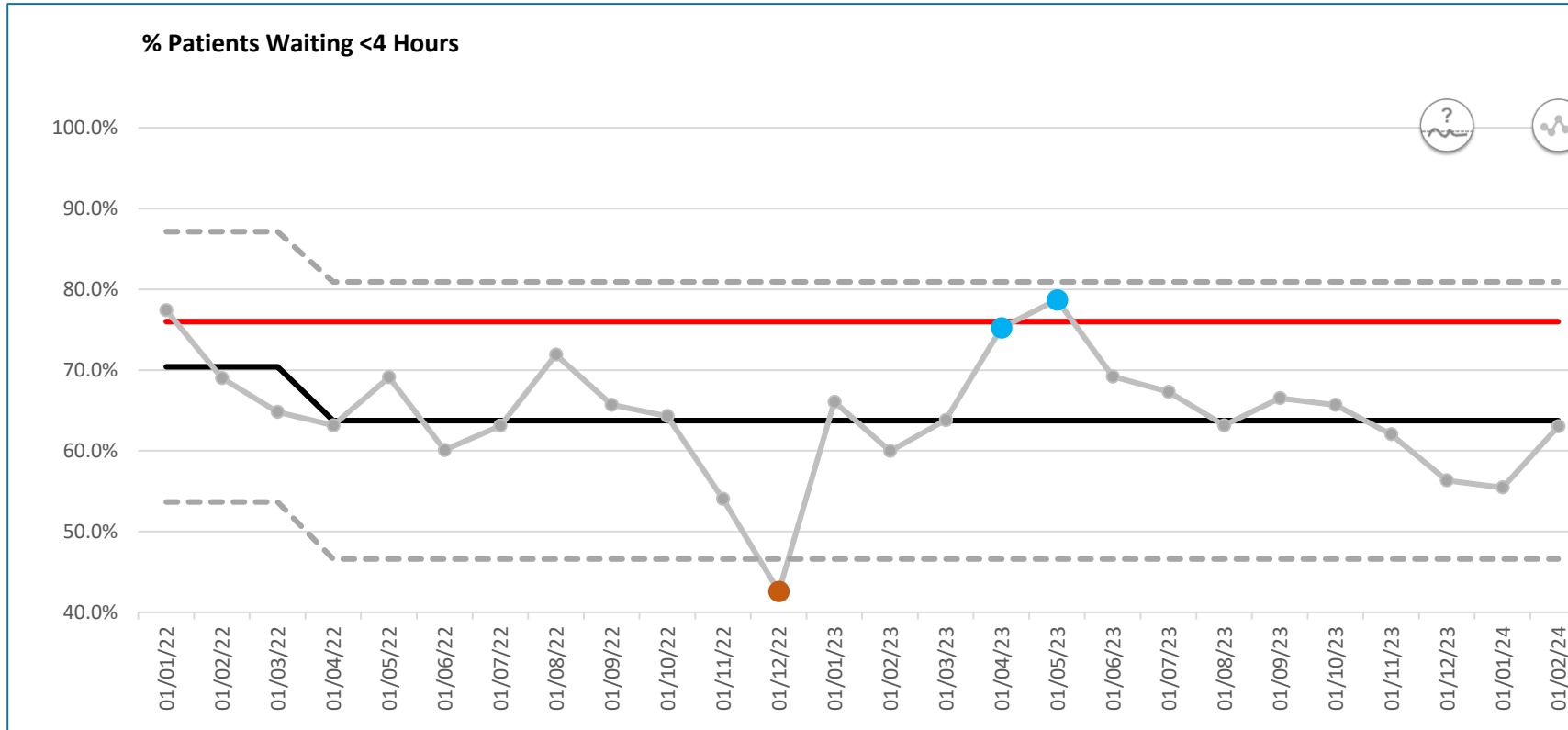
Assure	Perform	Description
		Special cause of a concerning nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly LOWER . However the process is capable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

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

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Patient Safety Incident Investigations	Feb 24	1	0			2	-5	9
Incidents Involving Death	Feb 24	1	0			1	-2	4
Incidents Involving Severe Harm	Feb 24	3	0			2	-2	5
Never Events	Feb 24	0	0			0	0	0
Falls per 1000 bed days	Feb 24	6.1	7.0			8.5	6.1	10.8
Harmful Falls per 1000 bed days	Feb 24	0.2	0.0			0.2	-0.2	0.6
Pressure Ulcers per 1000 bed days	Jan 24	2.6	0.0			4.1	2.1	6.1
Hand washing	Feb 24	94%	95%			96%	91%	101%
Q - Hospital Acquired Clostridioides difficile	Feb 24	7.0	2.8			3.8	-3.5	11.0
Q - Hospital Acquired MRSA Bacteraemia	Feb 24	0	0			0	0	0
Number of complaints	Feb 24	24				25	8	42
Complaints closed within standard	Feb 24	65.2%	90.0%			68.6%	40.9%	96.2%
Complaints re-opened	Feb 24	0	0			0	-1	1
FFT Trustwide Positivity	Feb 24	91.0%	95.0%			90.7%	82.4%	99.1%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <4 Hours	Feb 24	63.0%	76.0%			63.8%	46.6%	80.9%
RTT Incomplete Pathways	Jan 24	68.7%	92.0%			75.3%	72.4%	78.2%
RTT 52 Week Breaches	Jan 24	298	0			155	108	201
RTT Total Waiting List Size	Jan 24	21934	14500			20307	19402	21211
% Diagnostic patients waiting more than 6 weeks (DM01)	Feb 24	4.3%	1.0%			8.1%	1.0%	15.3%
% Cancelled Operations	Feb 24	1.4%	0.8%			0.9%	-0.5%	2.3%
DNA Rates - Total	Feb 24	6.5%	6.9%			7.8%	6.6%	9.0%
Average Length of Stay - Elective - Spell	Feb 24	2.3	3.5			3.1	1.9	4.3
Average Length of Stay - Non-Elective - Spell	Feb 24	3.8	3.5			3.8	3.3	4.2
Bed Occupancy General and Acute % Overnight	Feb 24	94.2%	85.0%					
Data Quality - % pathways with metrics on RTT PTL	Feb 24	2.7%	2.0%			2.3%	1.5%	3.1%
Staff Turnover	Feb 24	9.2%	12.0%			11.1%	10.5%	11.6%
Appraisals - Combined	Feb 24	91.3%	90.0%			72.6%	35.4%	109.8%
Mandatory Training	Feb 24	92.4%	90.0%			88.5%	86.5%	90.5%
Sickness Absence	Feb 24	5.6%	4.5%			5.9%	4.8%	7.0%
Return to Work Interviews	Feb 24	34.8%	70.0%			40.2%	32.0%	48.5%

KPI	Latest data	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Uncapped Theatre Utilisation	25/02/24	79.0%	85.0%			79.7%	70.8%	88.7%
Capped Theatre Utilisation	25/02/24	71.1%	85.0%			75.1%	67.4%	82.8%
Total Number of Ambulances	Feb 24	2273	-			2041		
% Less than 30 mins	Feb 24	74.5%	95.0%			73.9%		
% Greater than 30 mins	Feb 24	15.6%	-			13.1%		
% Over 60 mins	Feb 24	5.1%	-			5.6%		
No time recorded	Feb 24	4.8%	-			8.0%	4.6%	11.3%
28 day - Faster Diagnosis Standard	Jan 24	78%	75%			78%	71%	85%
31 day - Treatment Standard	Jan 24	94%	96%			96%	89%	103%
62 day - Treatment Standard	Jan 24	67%	85%			75%	63%	87%



February 2024

63.0%

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).

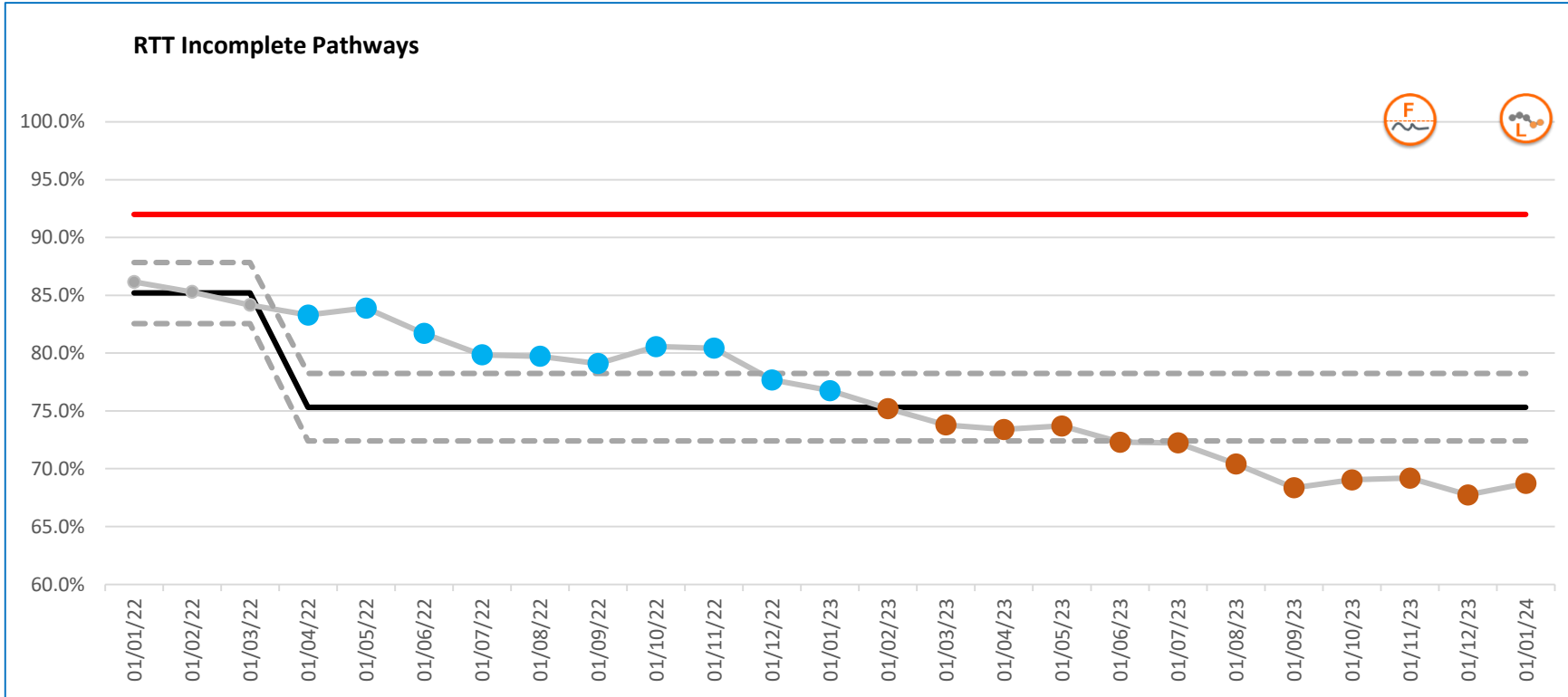
Target

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 95.4% Feb) Timely bed availability and high bed occupancy. High number of people attending without a time critical emergency condition. Infection outbreaks pressuring bed availability Industrial action continues to create pressure and stretch on staffing.	Weekly executive oversight. Daily oversight, with focused support and presence across the pathway: - <ul style="list-style-type: none"> Reconfigured ED to create minor's area away from majors dept. Overnight Dr Waits and causes. Criteria to admit and Daily Ward/Board Rounds. Review of ED Medical Staff 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.	February 2024 Barnsley 63.0%, England 56.5% Ranking: England 30/122 North East & Yorkshire 6/22 Page 415 of 526



January 2024

68.7%

Variance Type

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

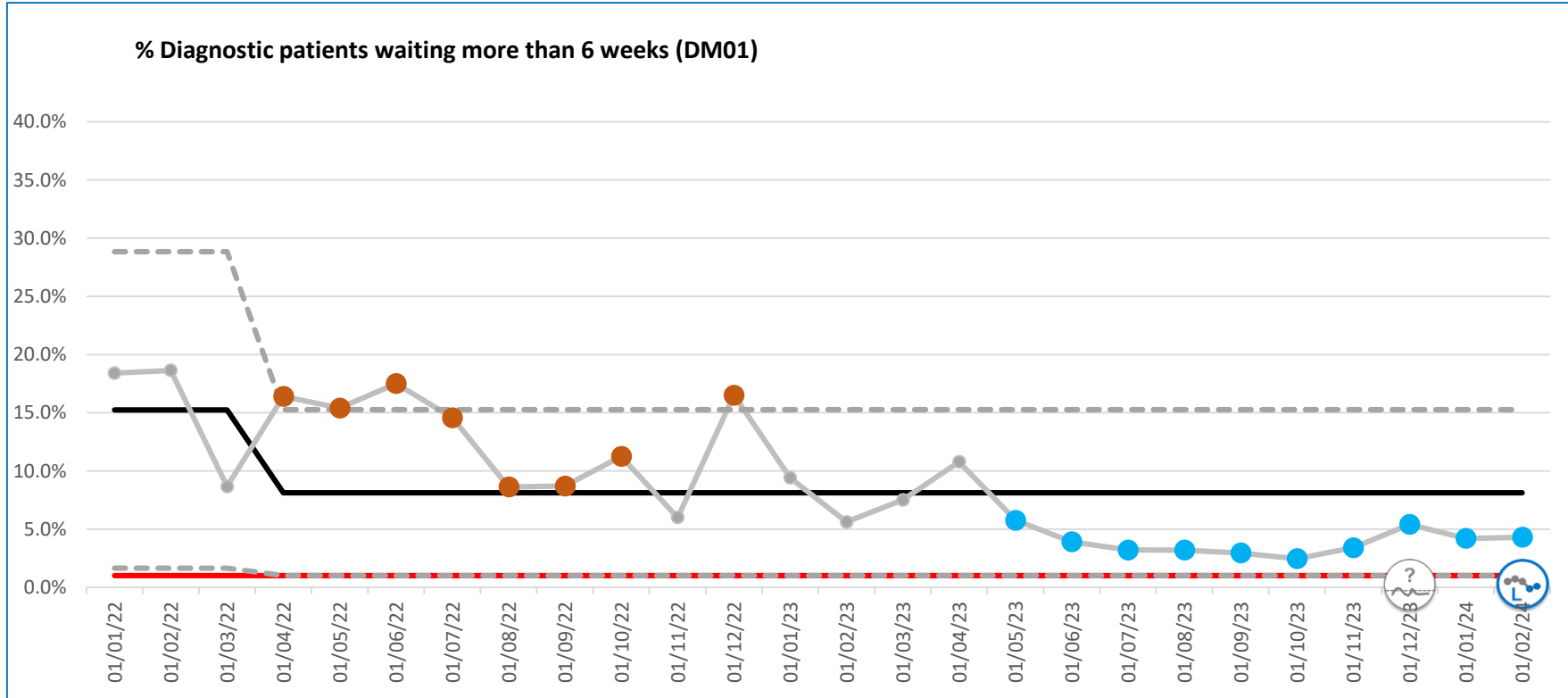
Target

92%

Target Achievement

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
RTT Incomplete Pathways	Remains below target and will not reach the target without system and/or process change.	Industrial action continues to create pressure and stretch on staffing. Focus on patient cohort at risk of waiting >65 weeks by end March 2024, patient choice and patients being fit for procedure adding additional challenges to delivery. Orthodontic and oral surgery continue to have significant workforce pressures. Recruitment proving challenging.	Bi-weekly oversight meetings. Prioritise cancer and urgent patients. Forward planning for patients >65 weeks at March Utilising Independent Sector to support delivery of >65 weeks risk (T&O & General Surgery). Insourcing for specific specialties to reduce waits. Working with partners across SYB to look at alternative workforce/delivery solutions. Mexborough Elective Orthopaedic Centre sessions in place. Theatre improvement group to increase productivity.	January 2024 Barnsley 68.7%, England 56.2% Ranking: England 32/169 North East & Yorkshire 7/26



February 2024

4.3%

Variance Type

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

Target

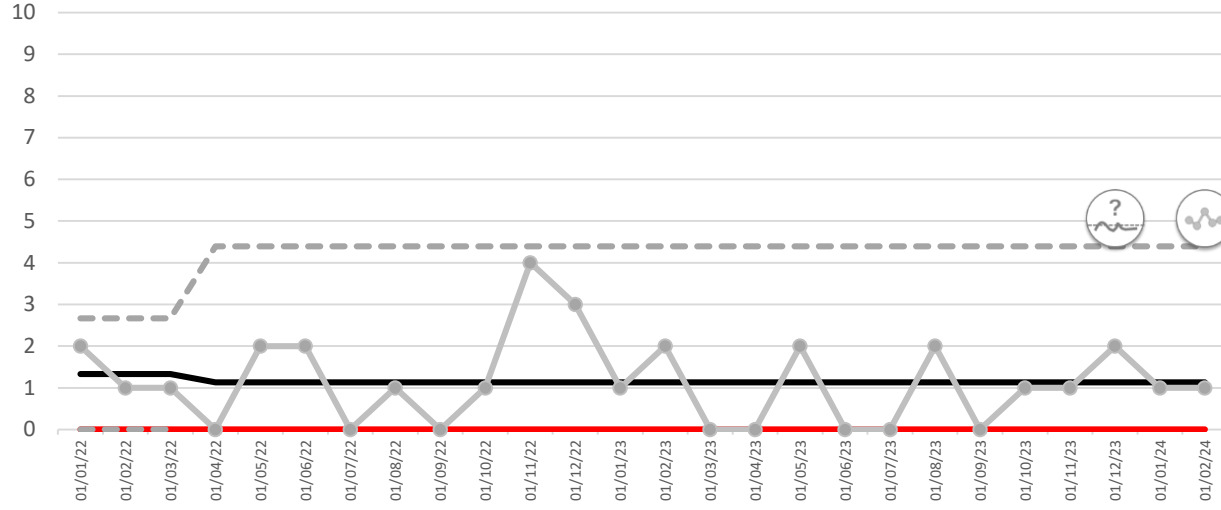
1.0%

Target Achievement

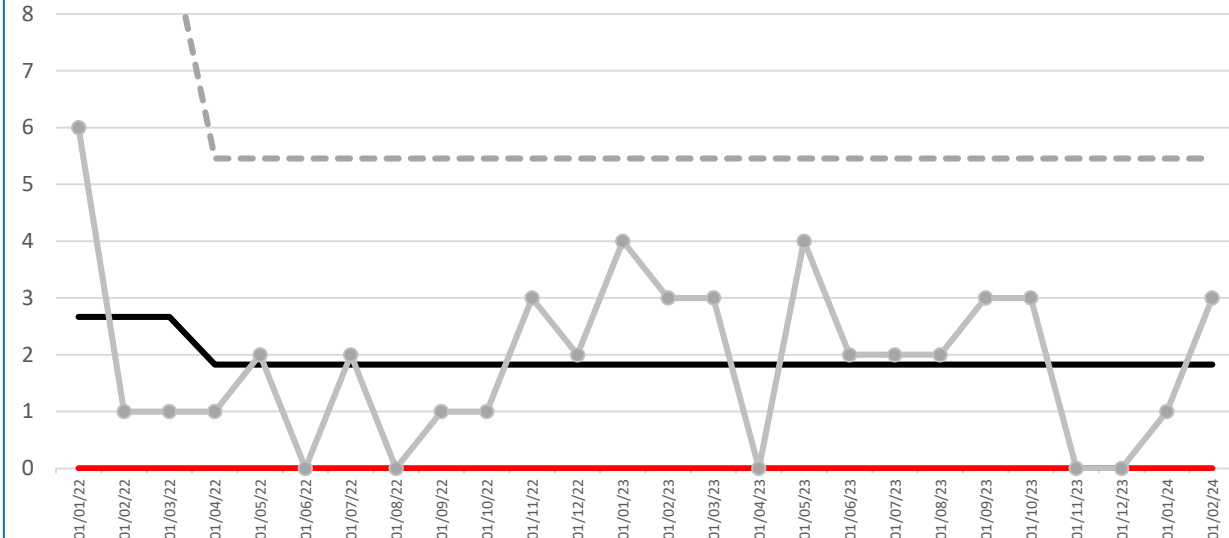
Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
Diagnostics	<p>Performance remains within control limits but will not hit constitutional target without continued focus.</p> <p>NHS England Operational target for 2023/24 as part of COVID recovery is 5% and is being achieved</p>	<p>Industrial Action resulting in cancelled planned/elective work.</p> <p>Prioritisation of cancer & urgent work, including 'carve out slots' held for those on cancer pathway.</p> <p>Increased emergency & inpatient requests impacting on routine wait times.</p>	<p>Cancer and Urgent referrals continue to be prioritised.</p> <p>Data quality team supporting enhanced validation & reporting.</p> <p>Endoscopy position continues to be sustained</p>	<p>January 2024</p> <p>Barnsley 4.2%, England 26.2%</p> <p>Ranking:</p> <p>England 191/433</p> <p>North East & Yorkshire 28/65</p>

Incidents Involving Death



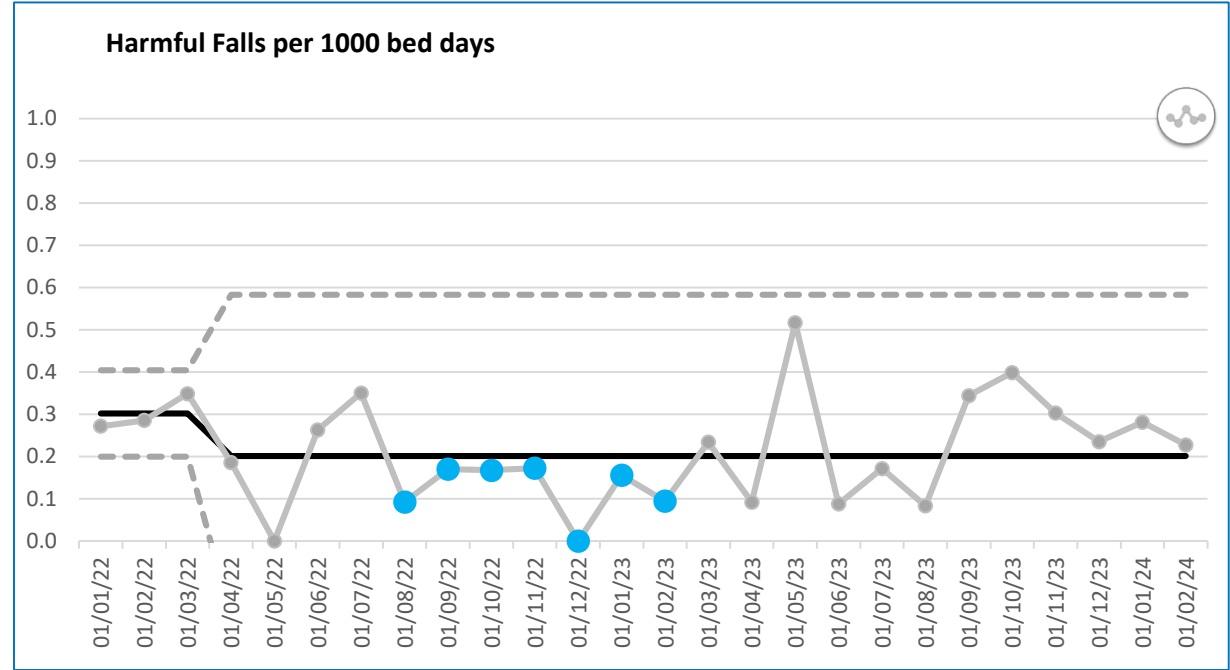
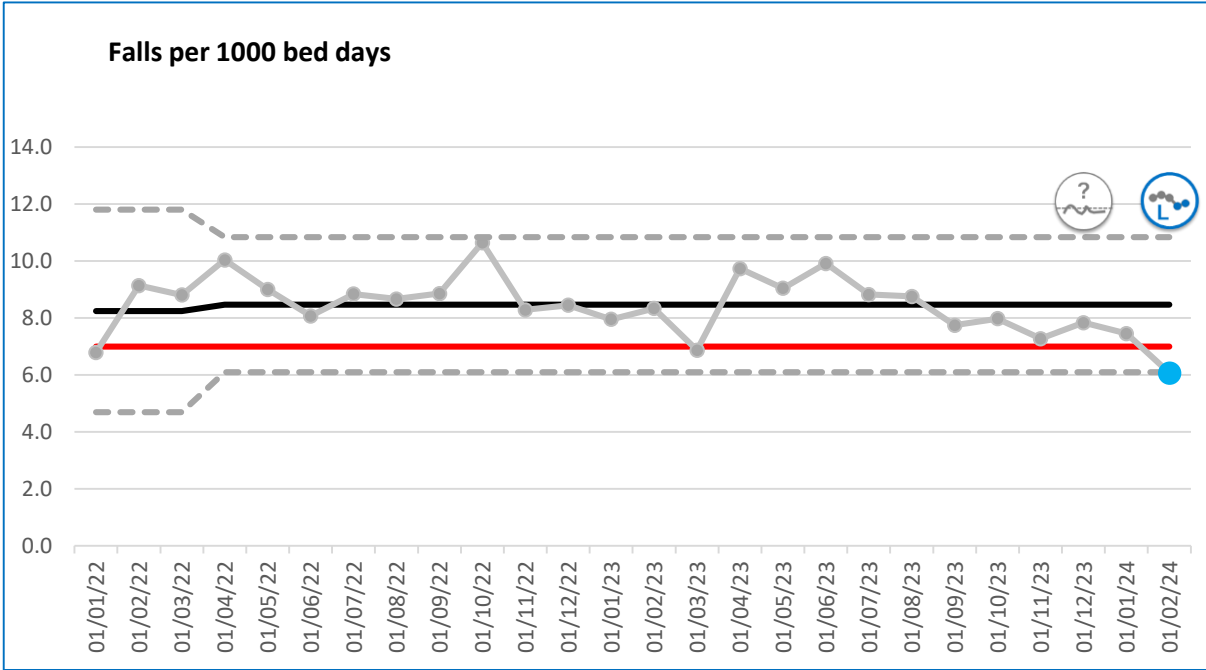
Incidents Involving Severe Harm



February 2024	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)

February 2024	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)

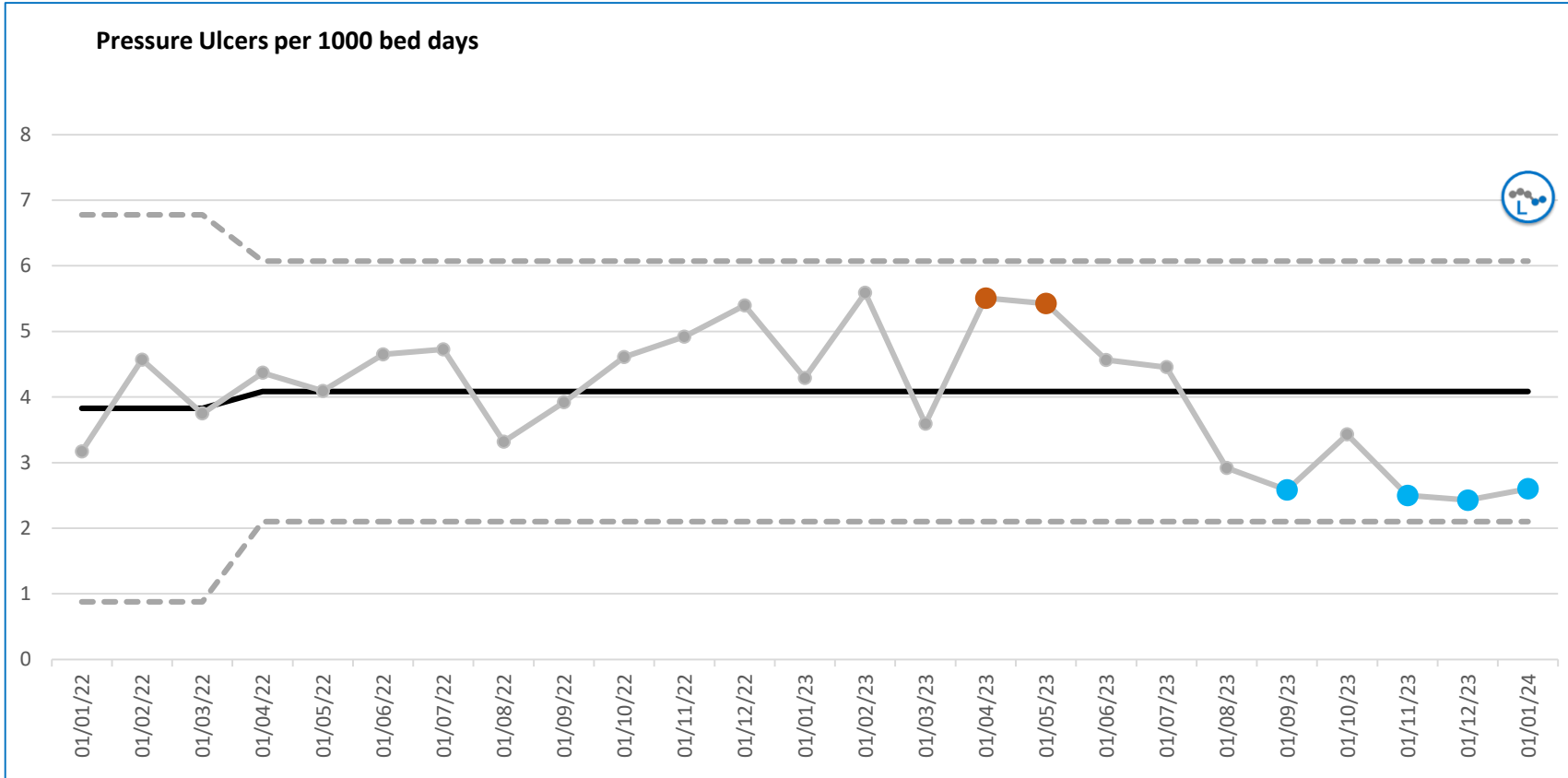
Background	Issues
Incidents under investigation involving death of a patient	<p>There was one incident involving death</p> <ul style="list-style-type: none"> One incident reported regarding an unexpected child death. Duty of candour has commenced and the incident is being investigated as a PSII.
Incidents under investigation involving severe harm	<p>There were three incidents reported as severe harm</p> <ul style="list-style-type: none"> There was one inpatient fall resulting in a fractured neck of femur. Duty of candour has commenced and a falls investigation is underway. There was one inpatient fall resulting in a fractured femur. Duty of candour has commenced and a falls investigation is underway. There was one neonatal transfer for therapeutic head cooling due to hypoxic-ischaemic encephalopathy. Duty of candour has been confirmed and investigation underway
Patient Safety Incident Investigations	<p>There was one patient safety incident investigation (PSII) declared in the month</p> <ul style="list-style-type: none"> Unexpected child death.



February 2024	Target	Variance Type
6.07	7.0	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).

February 2024	Target	Variance Type
0.22	-	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	Both inpatient and harmful falls is within normal variation. All department have individual SPC charts and within normal variation.	High patient acuity.	All harmful falls - cold debriefs completed and early learning. QI projects are ongoing to reduce the number of falls. Discussion at Falls Prevention Group in what measure can support in reducing falls. Three improvement trajectories regarding inpatient falls, falls in ED and harmful falls. Practice educators in ward areas supporting staff in education and prevention of falls.	



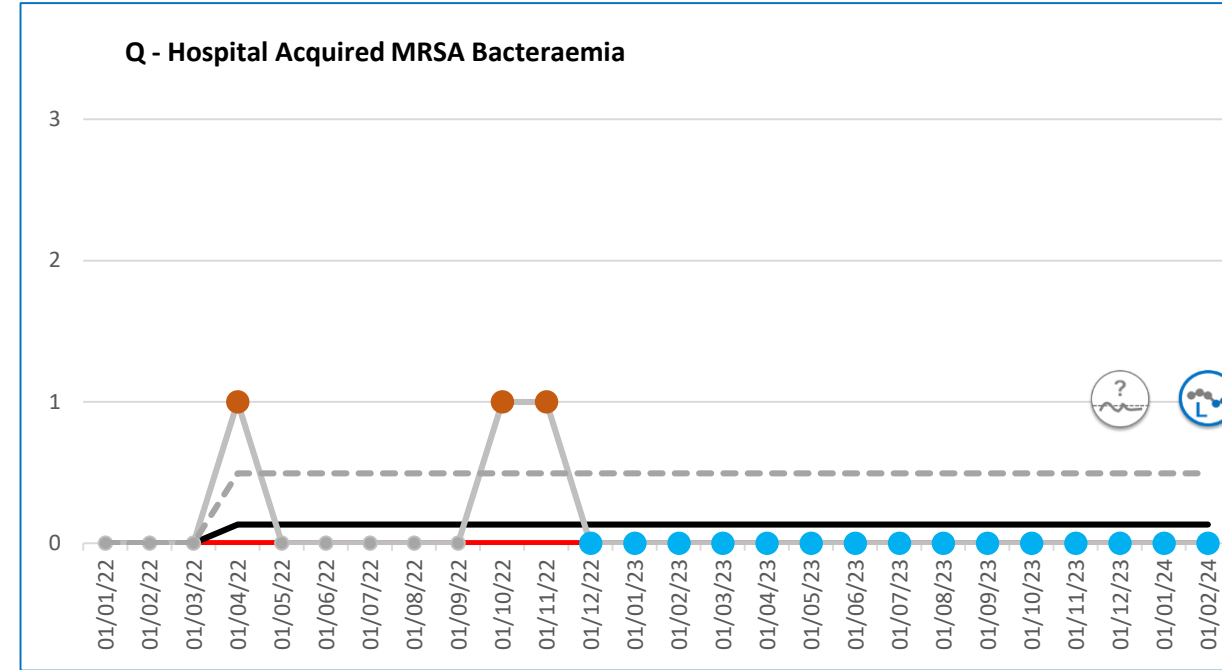
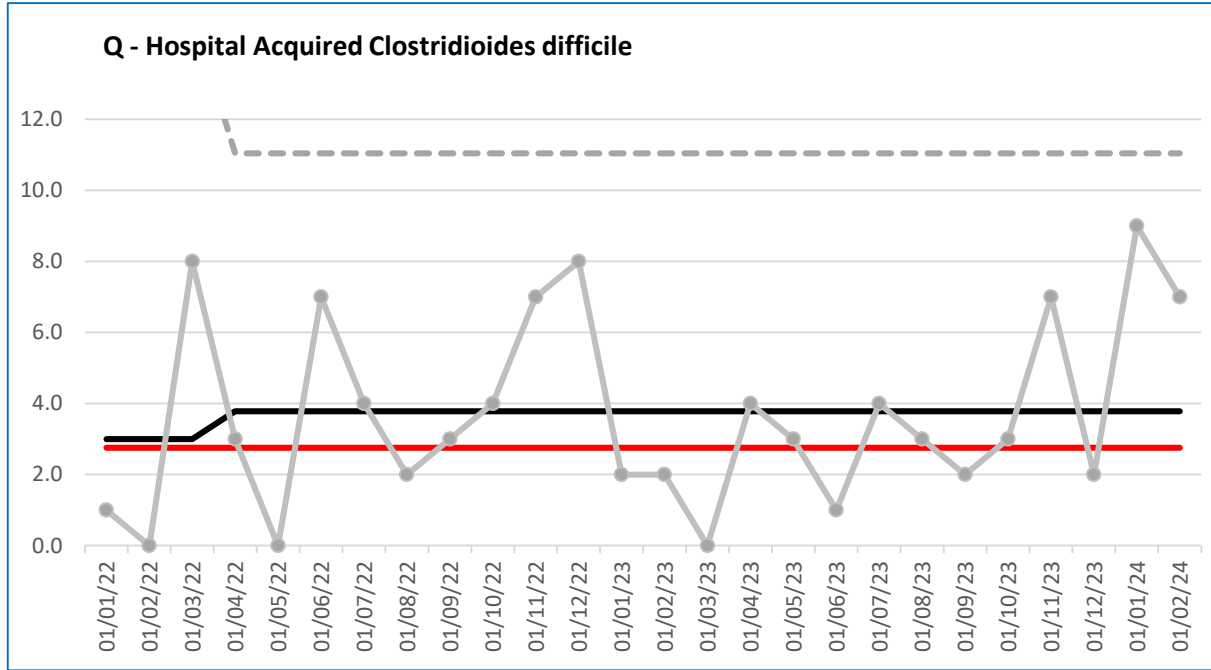
January 2024

2.60

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).

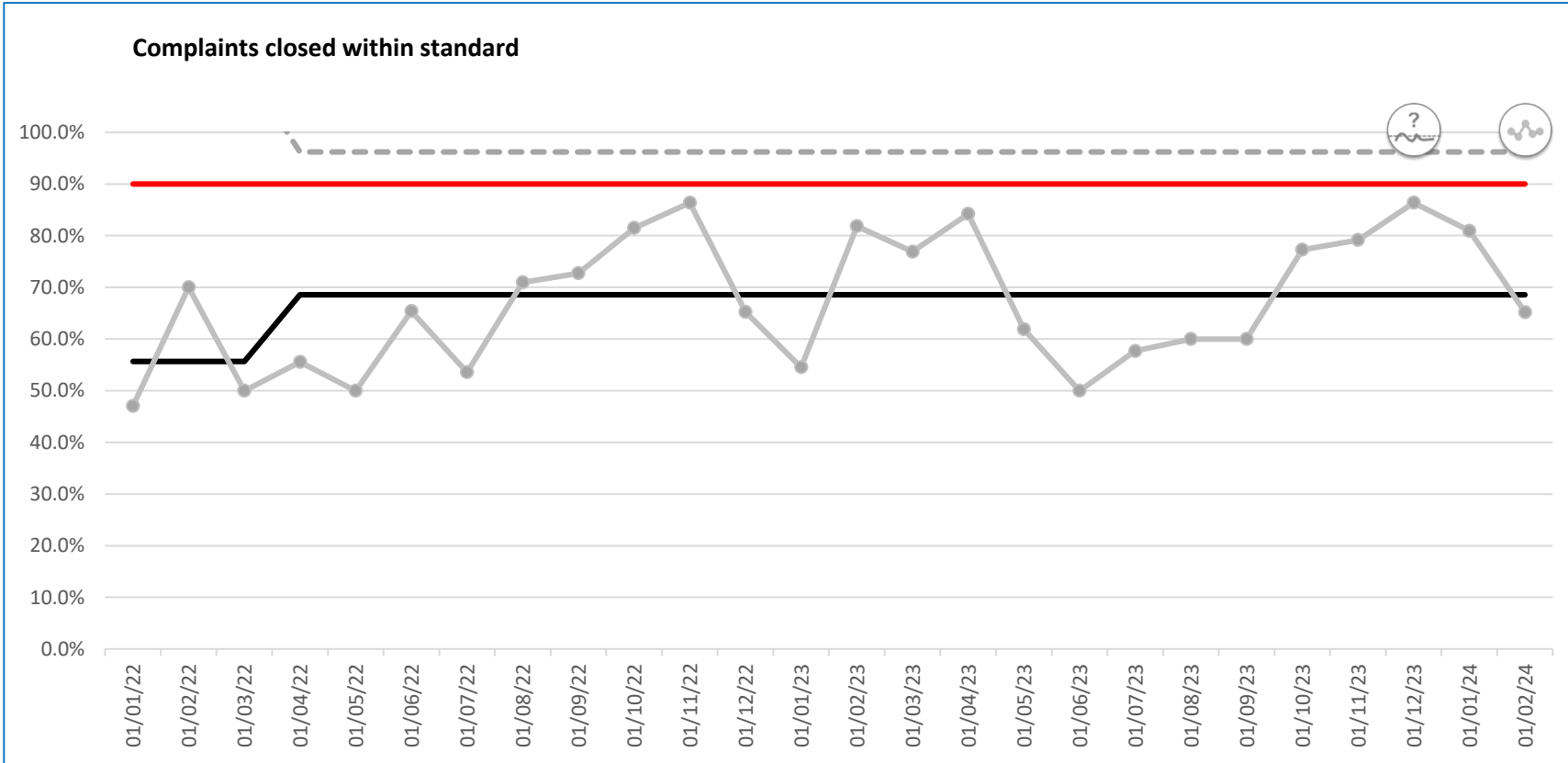
Background	What the chart tells us:	Issues	Actions	Context
Pressure Ulcers	The number of Hospital Acquired pressure ulcers is within normal variation. There have been 6 months where the number of HA PUs has been below average.	Increased need for inpatient beds across the Trust.	Every HA Pressure Ulcer is investigated through the incident reporting system. Learning outcomes are shared throughout the hospital. Areas continue to trial projects to help reduce PU. Tissue Viability and practice educators continue to provide tissue viability training.	-



February 2024	Target	Variance Type
7 (45 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).

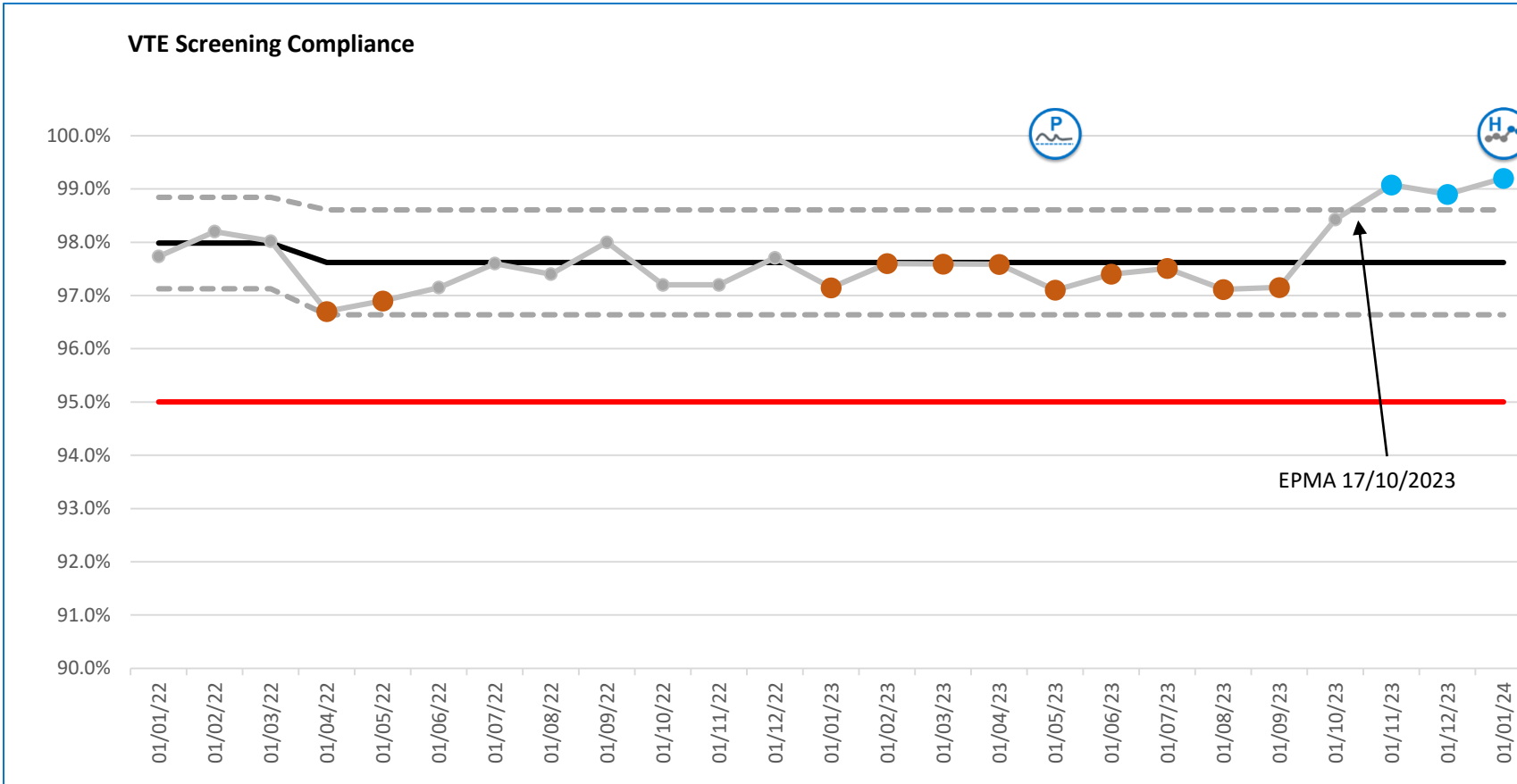
February 2024	Target	Variance Type
0	0	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions	Context
Infections	<p>No new cases of Hospital acquired MRSA in Feb 2024. 7 patients with hospital acquired C diff.:</p> <ul style="list-style-type: none"> • 1 x case attributed to Ward 19 • 2 x cases attributed to Ward 20 / Acute Stroke Unit • 1 x case attributed to Ward 23 • 1 x case attributed to Ward 24 • 2 x cases attributed to Ward 36 	<p>Ribotypes are not yet available for any of the samples. System based investigations are still in progress in 5 cases. In the two instances where an after action review has been completed; delays in both sampling and isolation were noted.</p>	<p>There are currently actions relating to the management of diarrhoea in the Trust C.difficile reduction action plan. It was agreed that the lead nurse would nominate a staff member to participate in a task and finish group reviewing the current diarrhoea assessment tool.</p>	-



February 2024
65.2%
Variance Type
Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
Target
90%
Target Achievement
Measure is failing the target.

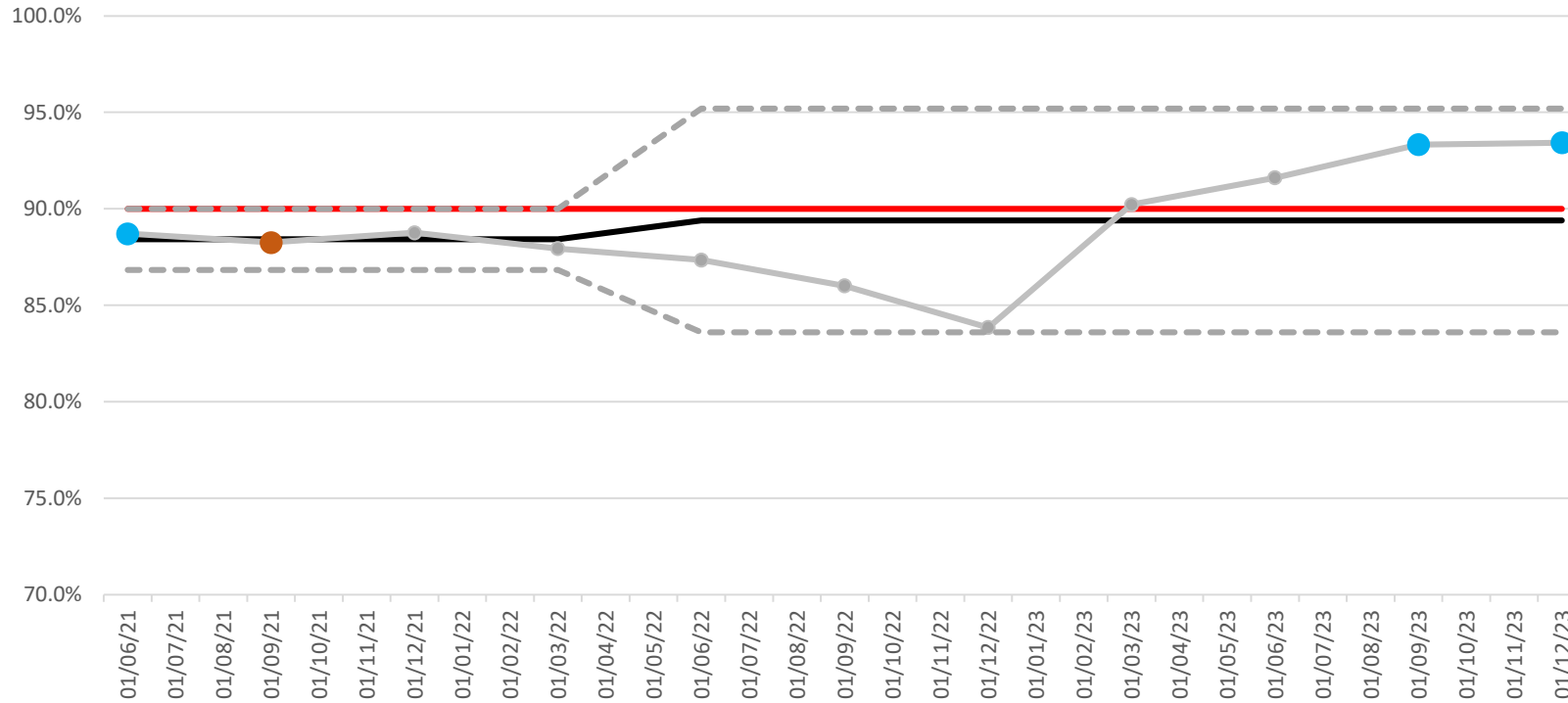
Background	What the chart Tells Us	Issues	Actions	Context
Complaints closed within local standard	Consistently failing to achieve the KPI of responding to all formal complaints within 40 working days. There has been a decrease in the consistent trend with 65% closed within initial target and an average of 46 days.	<p>Significant increase in the number of formal complaints in January (32; 25 in 2023) and February (24; 16 in 2023) with increased complexity</p> <p>Vacant 1WTE Investigator post within the team impacting on efficiency for the reporting month.</p> <p>Delays in obtaining information and statements required to respond to formal complaints. There were 8 complaints which failed to achieve the 40 working day KPI - 5 complaint investigations were delayed due to waiting for statements, 1 was returned from Trust HQ, that required more work, 1 was delayed in Trust Headquarters, 1 was delayed due to IO workload pressures</p>	<p>Weekly email escalation processes in place to support the timely access to information and statements required to respond to formal complaints.</p> <p>New Investigator recruited to fill vacancy, now in post.</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>



January 2024
99.2%
Variance Type
Special cause of an improving nature where the measure is significantly HIGHER. This process is capable and will consistently PASS the target.
Target
95%
Target Achievement
Consistently passing target.

Background	What the chart tells us	Issues	Actions	Context
VTE Screening Compliance is a National Quality Requirement in the NHS Standard Contract 2023/2024	The target is consistently being achieved.	Ensuring all data sources are included, with the addition of EPMA. Performance can be viewed on IRIS.	The clinical teams that have not achieved the target or are marginally above the target are informed and support is offered.	There continues to be annual review and update on the data specification for reporting. Where necessary manual validation of data is completed to accurately reflect performance.

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



Q3 2023/24

93%

Variance Type

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

Target

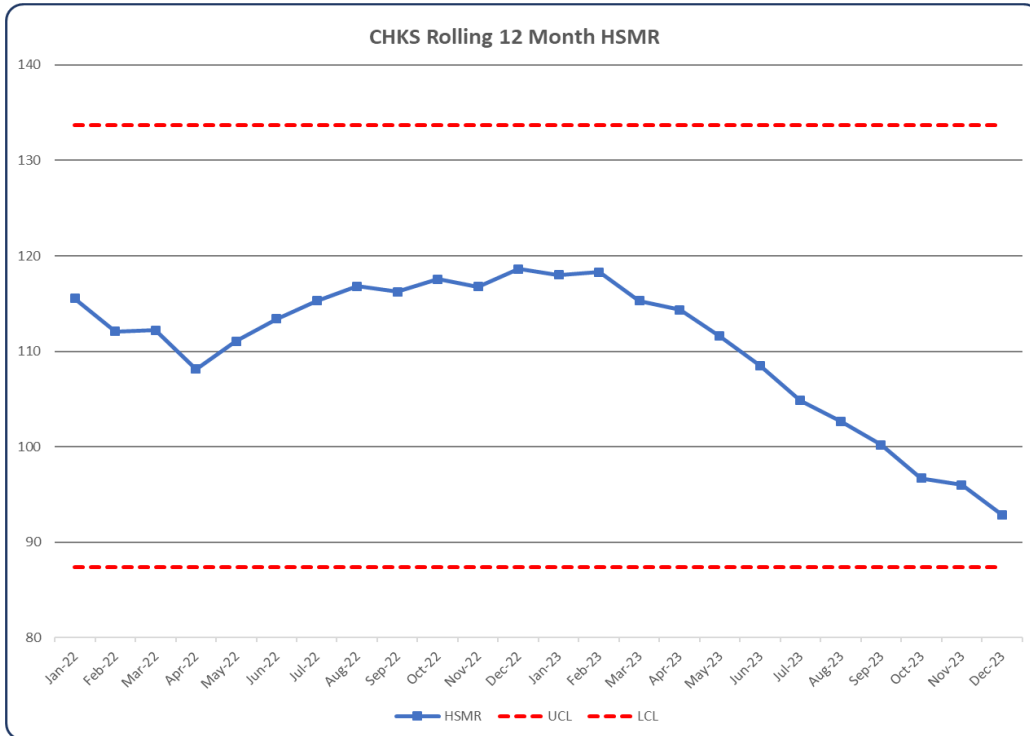
90%

Target Achievement

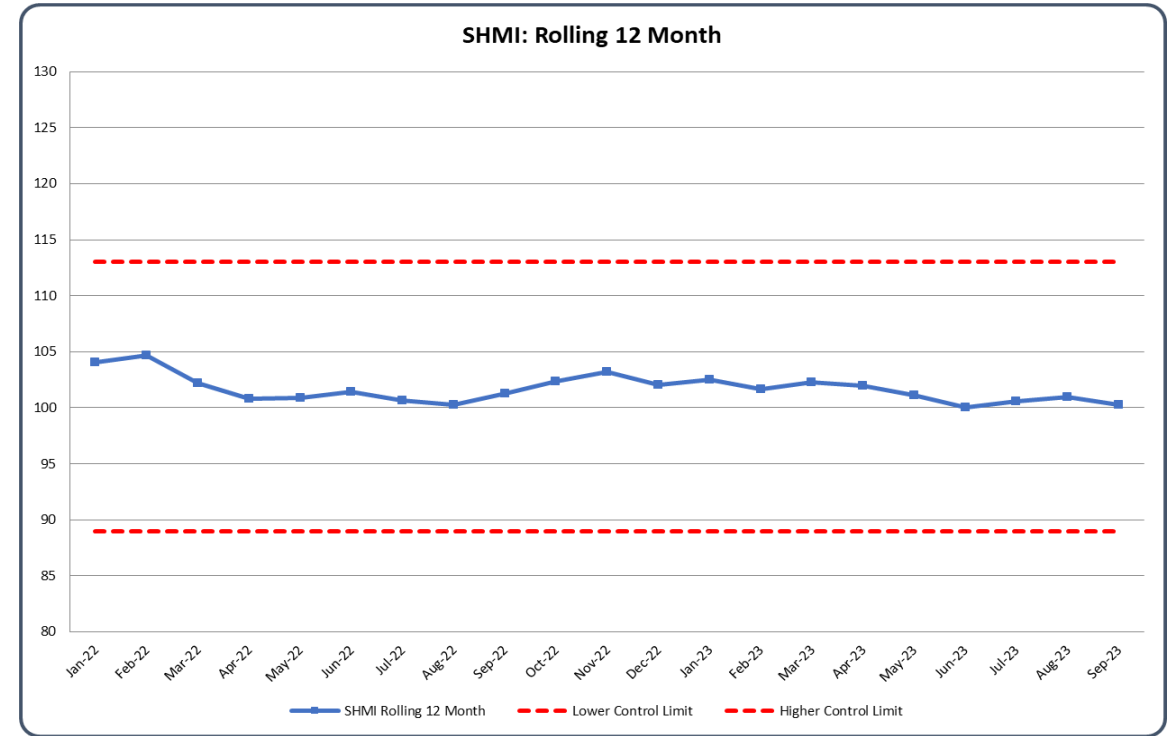
Will hit and miss the target.

Background	What the chart tells us	Issues	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).	The risk register has been updated by Dr Keep and has been downgraded to a moderate risk. The next review is due Q2 24-25	Patients with sepsis coded in the Primary, 1 st & 2 nd position are checked by the clinical lead for sepsis for accuracy and learning.

HSMR



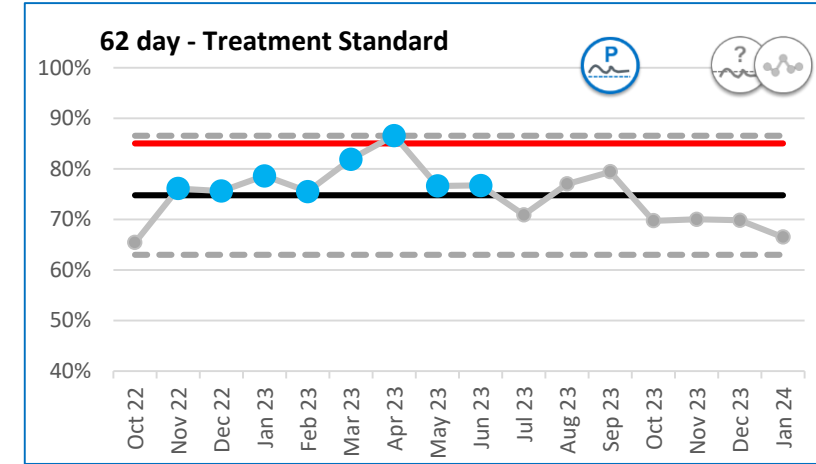
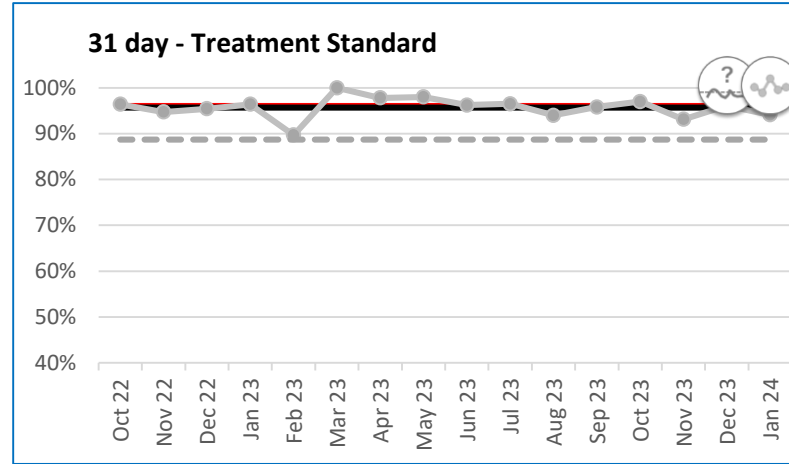
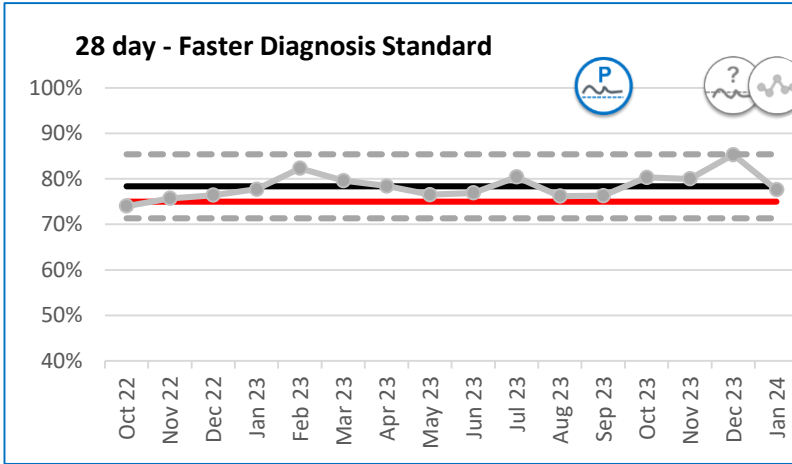
SHMI



Commentary

HSMR Rolling 12 Month: January 2023 – December 2023 **92.88**

SHMI Latest reporting period: October 2022 – September 2023 **100.23**



Jan 2024	Target	Variance Type
78%	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).

Jan 2024	Target	Variance Type
94%	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).

Jan 2024	Target	Variance Type
67%	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).

28 day - Faster Diagnosis Standard

Issues	Actions
Challenges still remain in key areas such as Urology and Lung to support early diagnosis and communication to patients.	Adjustment to data capture in Skin has improved the performance for the Trust overall. Gynecology's set up of the automated Good News process has seen a shift from 60% compliance to over 80%. Amazing clinical engagement and team working has been demonstrated in this change. Focus still remains on Urology and Lung with earlier Triage to diagnostics being put in place.

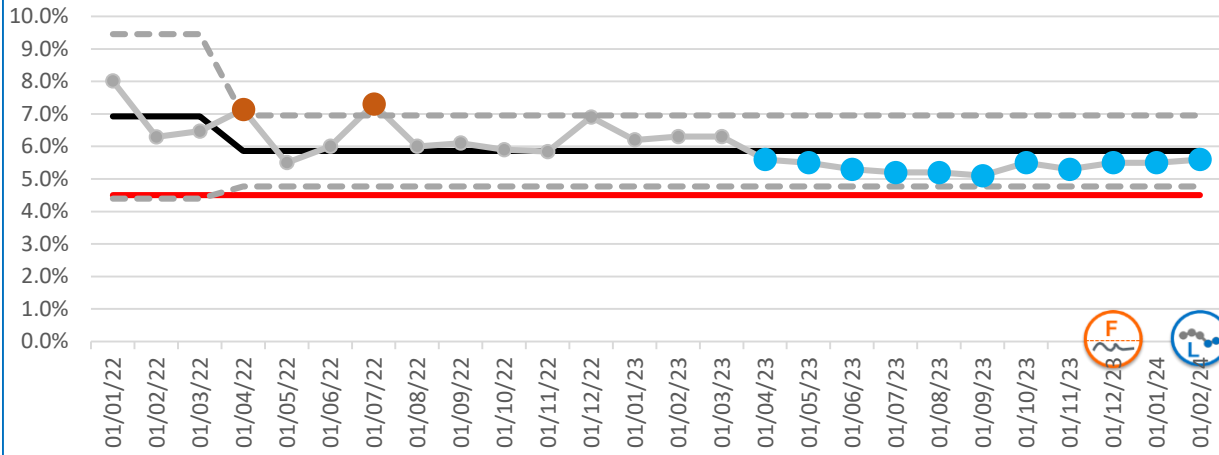
31 day - Treatment Standard

Issues	Actions
Challenges with ITU beds for Surgical cases	Improvements in ICU capacity has reduced cancelations for beds in recent weeks. Oncology challenges at Weston Park continue to remain a challenge. Ongoing Regional future modelling continues that BHNFT are key voices in the design and implementation.

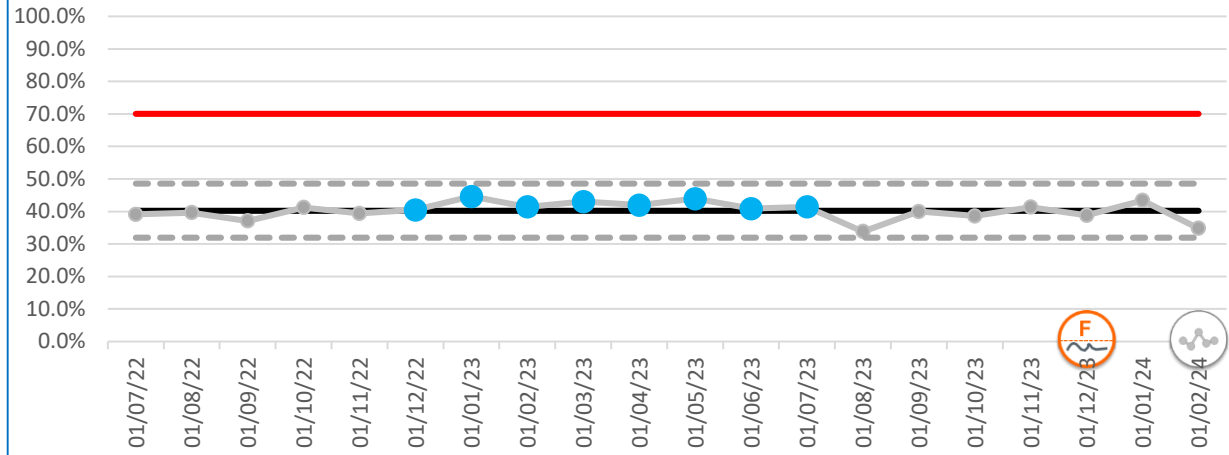
62 day - Treatment Standard

Issues	Actions
This standard is non-compliant due to Tertiary treatment challenges as well as local staging diagnostics	Focus for all specialities has been placed on the 38-day IPT which is the transfer of care metric. An Improvement plan has been shared with all services which aligns to key steps that must be joined up to ensure achievement in outcomes and decision making can improve at MDT meetings.

Sickness Absence



Return to Work Interviews

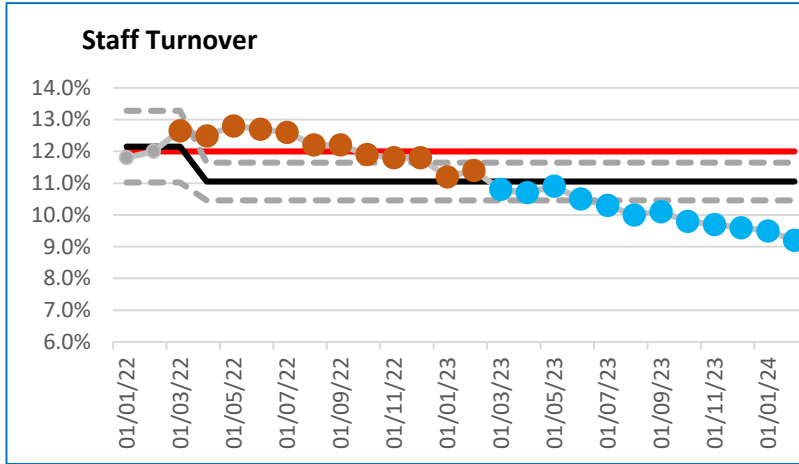


February 2024	Target	Variance Type
5.6%	4.5%	Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Sickness Absence	
Issues	Top six high cost absence areas reviewed and refreshed, and their sickness management prioritised.
Actions	Continued focus on cases in these areas at CBU led monthly sickness review meetings.
Context	Sickness during winter 2023/24 is below winter 2022/23 levels.

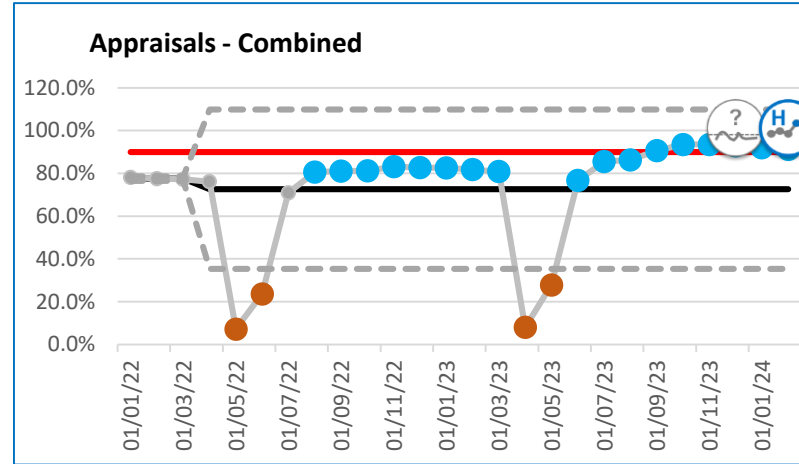
February 2024	Target	Variance Type
34.8%	70%	Common cause variation, no significant change..

Return to Work Interviews	
Issues	Continued low completion rate.
Actions	Introduction of new HWB Passport training for line managers to improve compliance.
Context	Annual cumulative rate remains fairly static.



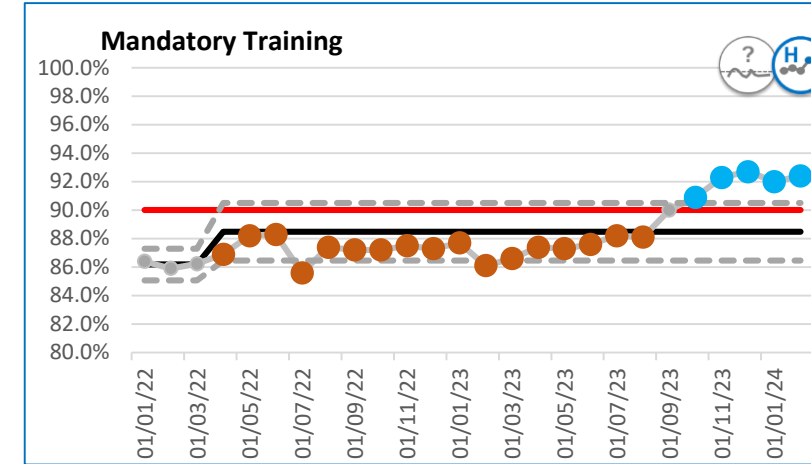
Feb 2024	Target	Variance Type
9.2%	12%	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

Staff Turnover	
Issues	Low return of exit questionnaires from leavers.
Actions	To review and assess impact on E-Form return rates following recent change to simplify form.
Context	The Trust compares favourably to the ICB and nationally remains within the first quartile for nurses, AHPs and support to nurses.



Feb 2024	Target	Variance Type
91.3%	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).

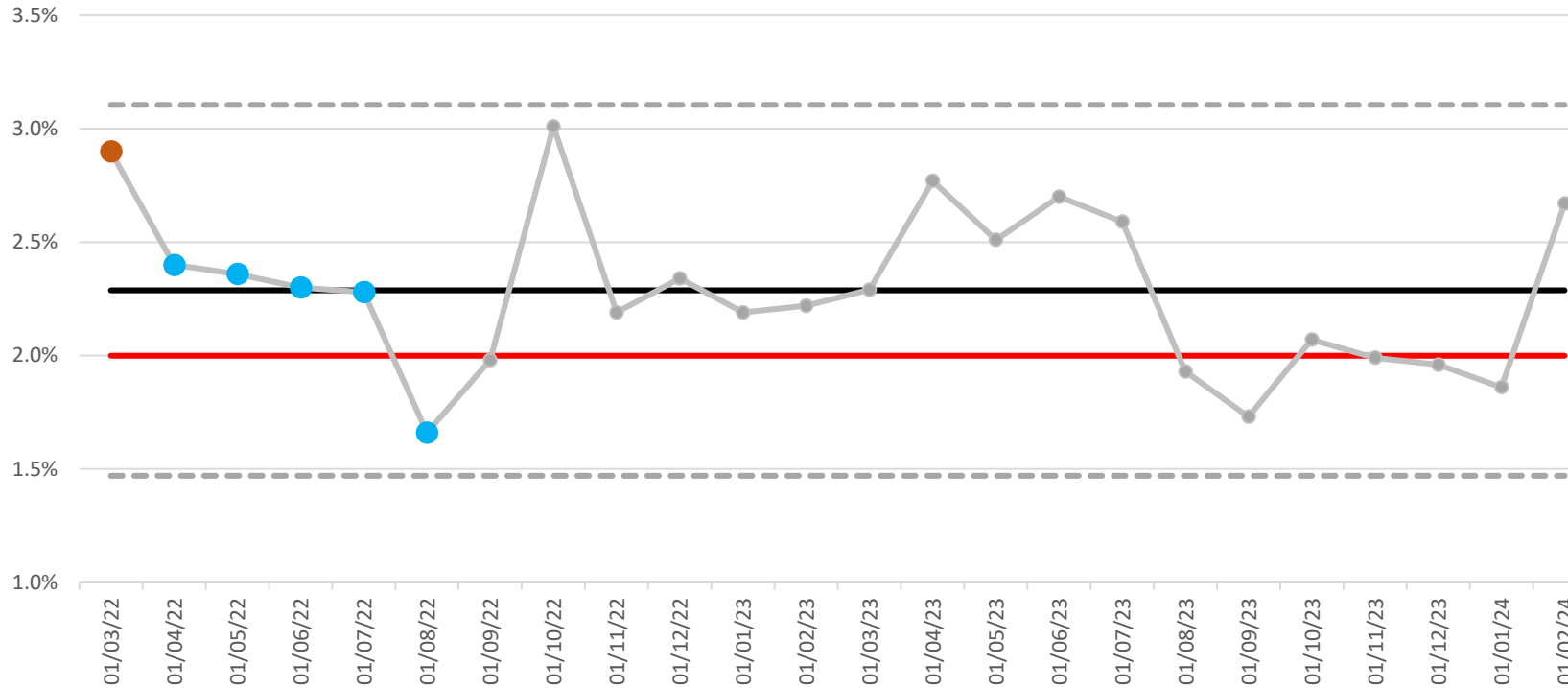
Appraisals – Combined	
Issues	Sustaining the target.
Actions	Weekly focus on compliance progress, preparations for 2024 appraisal window.
Context	Continued improved performance above the target rate.



Feb 2024	Target	Variance Type
92.4%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Mandatory Training	
Issues	Some Trainer-led courses remain under target, EDI training to move from once-only to 3-yearly frequency from 30/04/2024.
Actions	Weekly focus on compliance progress. Extra sessions, queries support. EDI change options being discussed with Exec Team.
Context	Continued improved performance above the target rate.

Data Quality - % pathways with metrics on RTT PTL



February 2024

2.7%

Variance Type

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

Target

2.0%

Target Achievement

Will hit and miss the target.

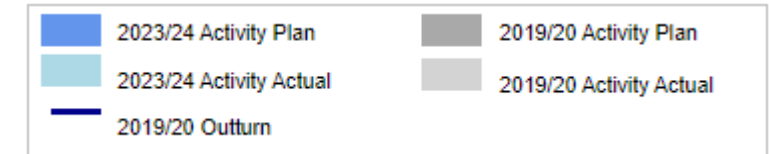
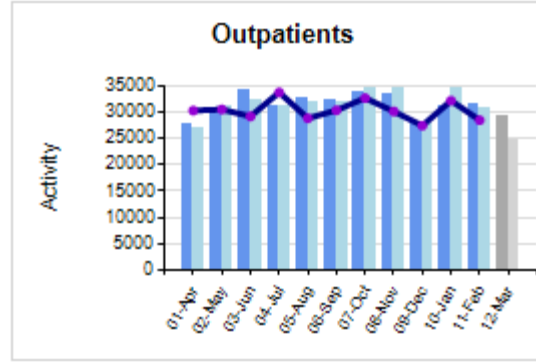
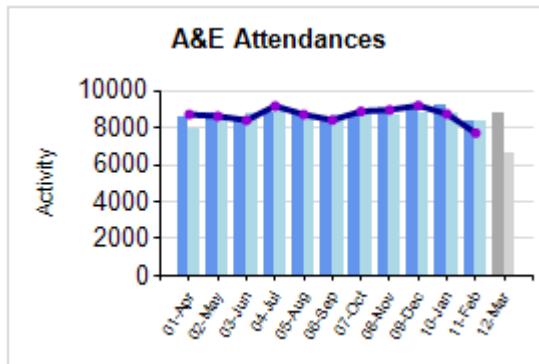
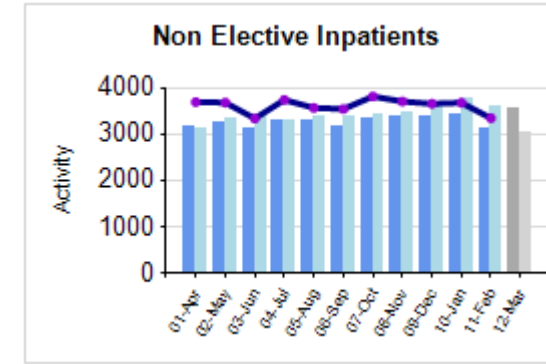
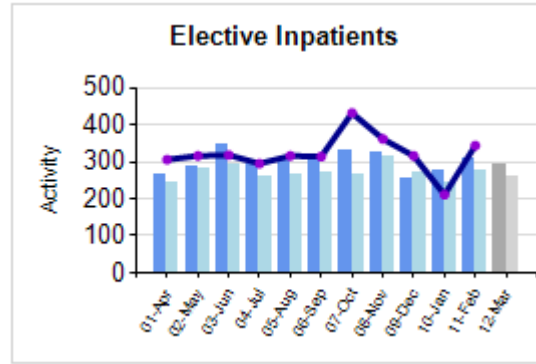
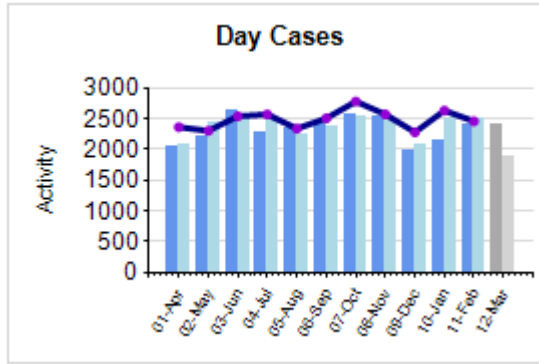
Background	What the chart tells us	Issues	Actions	Context
<p>2% target</p> <p>Protecting & Expanding Elective Capacity Action on validation</p>	<p>We are above target by 0.67%.</p>	<p>Patients can have more than one pathway in the same specialty. Pathways continue to be created when they already have 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	27,338	25,502	26,159	657	3%
Elective Inpatients	3,530	3,300	2,984	(316)	-10%
Elective Total	30,868	28,802	29,143	341	1%
Non Elective	39,760	35,861	37,851	1,990	6%
Non Elective Total	39,760	35,861	37,851	1,990	6%
Maternity Pathway	5,940	5,893	5,292	(601)	-10%
Maternity Pathway Total	5,940	5,893	5,292	(601)	-10%
A&E Att.	95,623	96,562	94,610	(1,952)	-2%
A&E Total	95,623	96,562	94,610	(1,952)	-2%
Outpatients	333,476	345,902	346,856	954	0%
Outpatients Total	333,476	345,902	346,856	954	0%

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

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



Commentary

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

Clinical business units continue to focus on the cohort of patients who may breach 65 weeks by end March 2024, there are approximately 25 patients who are potentially 65-week breaches, down from 139 patients last month, with the majority in Orthopaedics (18 down from 64 last month), Oral & Maxillo-facial surgery and Dental (5 down from 55 last month) 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 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 further reduced to 71.1% down 2.2% on the last reported utilisation.

Finance Performance

February 24 Summary

RAG Rating Summary Performance:

Finance	Planned Financial Position	As at month 11 the Trust has a consolidated year to date deficit of £4.798m against a planned deficit of £10.464m giving a favourable variance of £5.666m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £98k and granted assets (£105k), is a deficit of £4.791m with a favourable variance of £5.673m.
	Income	Total income is £1.055m favourable to plan, mainly due to the over performance on clinical and other income.
	Planned Cash Position	Cash balances have decreased from last month by £0.963m, which is less than planned; and they are £6.759m above plan due to timing of receipt of NHS income and capital programme slippage.
	Capital Plan	Capital expenditure for the year is £7.217m, which is £4.010m 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

February 24 Summary

Performance - Financial Overview									Commentary
Month	Month			Plan	Actual				
Plan	Actual	Variance	Variance %	YTD	YTD	Variance	Variance %		
ACTIVITY LEVELS (PROVISIONAL)									<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 11 the Trust has a consolidated year to date deficit of £4.798m against a planned deficit of £10.464m giving a favourable variance of £5.666m. NHS England (NHSE) adjusted financial performance after taking into account income and depreciation in respect of donated assets £98k and granted assets (£105k), is a deficit of £4.791m with a favourable variance of £5.673m. 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. ERF performance improved this month and is now performing in-line with plan, advice & guidance continued to overperform and is now £0.6m favourable. In-month activity is 7.33% less than last month, and is 2.38% below plan for the month with day cases, non-elective and A&E favourable to plan the rest are adverse. 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 £1.055m favourable to plan, mainly due to the over performance on NHS clinical income and other income. 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. Non-pay costs are below plan mainly due to not delivering elective recovery activity levels and efficiency overperformance. Non Operating Items are £1.593m above plan mainly due to interest receivable being higher than expected due to higher interest rates. The revised forecast year-end position is £5.464m deficit after taking into account the impact of the December to February junior doctor strikes.
Elective inpatients	307	277	(30)	-9.77%	3,300	2,984	(316)	-9.58%	
Day cases	2,396	2,488	92	3.84%	25,502	26,159	657	2.58%	
Outpatients	29,589	27,876	(1,713)	-5.79%	321,712	318,586	(3,126)	-0.97%	
Non-elective inpatients	3,108	3,610	502	16.15%	35,883	37,876	1,993	5.55%	
A&E	8,339	8,357	18	0.22%	96,562	94,610	(1,952)	-2.02%	
Other (excludes direct access tests)	12,197	11,998	(199)	-1.63%	134,343	137,171	2,828	2.11%	
Total activity	55,936	54,606	(1,330)	-2.38%	617,302	617,386	84	0.01%	
INCOME									
	£'000	£'000	£'000		£'000	£'000	£'000		
Elective inpatients	1,060	966	(94)	-8.87%	11,404	10,635	(769)	-6.74%	
Day Cases	1,830	2,240	410	22.40%	19,528	21,502	1,974	10.11%	
Outpatients	3,591	3,483	(108)	-3.01%	38,870	38,855	(15)	-0.04%	
Non-elective inpatients	8,300	9,913	1,613	19.43%	93,897	101,871	7,974	8.49%	
A&E	1,487	1,529	42	2.82%	17,217	17,202	(15)	-0.09%	
Other Clinical	8,253	6,730	(1,523)	-18.45%	86,208	77,842	(8,366)	-9.70%	
Other	2,379	2,500	121	5.09%	26,169	26,441	272	1.04%	
Total income	26,900	27,361	461	1.71%	293,293	294,348	1,055	0.36%	
OPERATING COSTS									
	£'000	£'000	£'000		£'000	£'000	£'000		
Pay	(19,706)	(20,282)	(576)	-2.92%	(212,632)	(215,636)	(3,004)	-1.41%	
Drugs	(1,661)	(1,626)	35	2.11%	(18,271)	(18,469)	(198)	-1.08%	
Non-Pay	(6,294)	(5,256)	1,038	16.49%	(63,944)	(57,538)	6,406	10.02%	
Total Costs	(27,661)	(27,164)	497	1.80%	(294,847)	(291,643)	3,204	1.09%	
EBITDA									
	(761)	197	958	-125.89%	(1,554)	2,705	4,259	-274.07%	
Depreciation	(652)	(836)	(184)	-28.22%	(7,012)	(7,198)	(186)	-2.65%	
Non Operating Items	(179)	47	226	-126.26%	(1,898)	(305)	1,593	83.93%	
Surplus / (Deficit)	(1,592)	(592)	1,000	62.81%	(10,464)	(4,798)	5,666	54.15%	
NHSE adjusted financial performance									
	(1,592)	(608)	984	61.81%	(10,464)	(4,791)	5,673	54.21%	
Agreed ICB trajectory									
	(1,188)	(608)	580	48.82%	(4,812)	(4,791)	21	0.44%	

Finance Performance

Performance - Financial Overview

	Month	Month			Plan	Actual			
	Plan	Actual	Variance	Variance %	YTD	YTD	Variance	Variance %	Commentary
Capital Programme	£'000	£'000	£'000		£'000	£'000	£'000		
Capital Spend - internally funded	(661)	(819)	(158)	-23.89%	(5,808)	(2,693)	3,115	53.62%	<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 ward capacity scheme offsetting the slippage on frontline digitisation scheme. The slippage is expected to be recovered before year-end, with total forecast spend £14.332m.
Capital Spend - externally funded	(953)	(304)	649	68.08%	(5,419)	(4,524)	895	16.52%	
Statement of Financial Position (SOFP)									
Inventory					2,273	1,902	371	-16.31%	<ul style="list-style-type: none"> Inventory is below plan due to reductions in pharmacy and estates stocks.
Receivables					8,198	8,236	(38)	0.47%	
Payables (includes accruals)					(46,123)	(41,500)	(4,623)	10.02%	<ul style="list-style-type: none"> Payables are below plan mainly due to the timing of capital creditors, partially offset by higher than expected revenue creditors.
Other Net Liabilities					(4,142)	(5,134)	992	-23.95%	<ul style="list-style-type: none"> Other Net Liabilities are above plan mainly due to deferred income being higher than expected due to the timing of NHSE training income.
Cash & Loan Funding					£'000	£'000	£'000		
Cash					20,852	27,611	6,759	32.42%	<ul style="list-style-type: none"> Cash balances have decreased from last month by £0.963m, which is less than planned; and they are £6.759m 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					275	1,464	1,189	432.43%	<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 and operational challenges. Non-pay schemes are above plan mainly due to procurement savings and released non-recurrent flexibilities. The forecast level of savings is £14.5m in line with revised forecast outturn.
Pay					9,932	7,555	(2,377)	-23.93%	
Non-Pay					984	3,488	2,503	254.24%	
Total EPP					11,192	12,507	1,315	11.75%	
KPIs									
EBITDA %	-2.83%	0.72%	3.55%	125.45%	-0.53%	0.92%	1.45%	-273.44%	
Surplus / (Deficit) %	-5.92%	-2.16%	3.75%	63.44%	-3.57%	-1.63%	1.94%	54.31%	
Better Payment Practice Code (BPPC)									<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 in terms of volume although it has deteriorated in terms of value; and both remain below the 95% target.
Number of invoices paid within target					95.0%	93.4%	-1.59%	-1.67%	
Value of invoices paid within target					95.0%	93.0%	-2.00%	-2.11%	

Break

6. Governance

6.1. Bi-annual Report of the use of the Trust Seal

For Assurance

Presented by Angela Wendzicha



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/6.1	
SUBJECT:	REPORT OF THE USE OF THE TRUST SEAL			
DATE:	4 April 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>	x	<i>Strategy</i>	
PREPARED BY:	Angela Wendzicha, Director of Corporate Affairs			
SPONSORED BY:	Richard Jenkins, Chief Executive Officer			
PRESENTED BY:	Angela Wendzicha, Director of Corporate Affairs			
STRATEGIC CONTEXT				
<p>In accordance with Section 12(5) of the current Standing Orders, a report of any sealing shall be made to the Board twice a year.</p>				
EXECUTIVE SUMMARY				
<p>The Board last received a report on the use of the Trust Seal on 5 October 2023. During the reporting period October 2023 – March 2024, the Trust Seal has not been applied.</p>				
RECOMMENDATION(S)				
<p>The Board of Directors is asked to note the nil return of the Trust Seal.</p>				

6.2. Board Assurance

Framework/Corporate Risk Register

For Assurance/Approval

Presented by Angela Wendzicha



REPORT TO THE BOARD OF DIRECTORS REF: **BoD: 24/04/04/6.2**

SUBJECT: BOARD ASSURANCE FRAMEWORK/ CORPORATE RISK REGISTER

DATE: 4 April 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: Jill Jaratina, Interim Deputy Director of Corporate Affairs

SPONSORED BY: Angela Wendzicha, Director of Corporate Affairs

PRESENTED BY: Angela Wendzicha, Director of Corporate Affairs

STRATEGIC CONTEXT

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

The report aligns with all Strategic Goals:

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

EXECUTIVE SUMMARY

The following report provides an update as a result of the reviews on the BAF and CRR during March 2024.

The risks were reviewed in a series of meetings with the Executive Director leads, aiming to ensure that they accurately reflect the current position. In addition, the BAF and CRR were discussed at the Executive Team Meeting (ETM), People Committee, Quality and Governance Committee and Finance and Performance Committee in March 2024.

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

Board Assurance Framework (BAF): There are currently 13 risks that are aligned to the BAF. The BAF Risks were reviewed in March followed by discussion at the Executive Team Meeting and the Board Committees. A number of changes were made to the following residual risk scores and further details to explain the risk movement are provided in the report:

- Risk 2598: Risk of inadequate health and wellbeing support for staff. The residual score was reduced from 8 to 4.
- Risk 2527: Risk regarding ineffective partnership working and failure to deliver integrated care. The residual score was reduced from 12 to 8
- Risk 2827: Risk regarding the inability to achieve net zero. The residual score was reduced from 12 to 8.

Corporate Risk Register (CRR): There are currently eight risks on the CRR. The risks were reviewed during March with updates highlighted in red:

- Risk 2243: Risk regarding the aging fire alarm system. This risk was closed.
- Risk 2877: Risk regarding the provision of non-surgical oncology services was reduced from 16 to 12
- Risk 2803: Risk regarding the delivery of effective haematology services due to a reduction in haematology consultants was increased from 12 to 16.
- Risk 2768: Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay (new corporate risk)

RECOMMENDATION

The Board of Directors is asked to:

- Note the reviews of the risks that were completed since the last Board meeting in February;
- Note the risk that has been added to the Corporate Risk Register (CRR): Risk 2768: Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay;
- Note the closure of Risk 2243: Risk regarding the ageing fire alarm system;
- Note the reductions in the scores for BAF Risks 2598, 2527, 2827 and CRR Risk 2877;
- Note that the score for Risk 2803 had been increased from 12 to 16;
- Approve the updated Board Assurance Framework and Corporate Risk Register.

1. Introduction

The following report illustrates the position in relation to the BAF and CRR for March 2024 both of which have been reviewed in conjunction with the relevant Executive and Risk Leads. In addition, the BAF and CRR have been reviewed at the Executive Team Meeting, People Committee, Quality and Governance Committee and the Finance and Performance Committee.

2. Board Assurance Framework

- 2.1 Details of the current BAF Risks can be found at Appendix 1 with updates provided in red text for ease of reference. There are a total of 13 BAF risks and the Board will note that there are three BAF risks scored as Extreme (one at 15 and two at 16) and three scored as High (12). The Board will note that the remaining BAF risks are scored at 4, 6 and 8.
- 2.2 The scores for all BAF Risks have been reviewed with the relevant Executive Lead, and following discussion at the Executive Team meeting and relevant Board Committees, all scores have been deemed to reflect the current level of strategic risk.
- 2.3 The Executive Team and Committees recommended the following changes:

Risk 2598: Risk of inadequate health and well-being support for staff. The residual score was reduced from 8 to 4. The likelihood was reduced to one as a result of improvements in the staff survey results, adequate controls are in place with no gaps identified and no corrective actions required. The staff survey results for 2023 reflect good retention and well-being. The Trust was rated the highest scoring Trust nationally for two of the nine themes and close to the highest scoring for the other seven themes of the NHS People Promise

Risk 2527: Risk regarding ineffective partnership working and failure to deliver integrated care. The residual score was reduced from 12 to 8 as the Trust is continuing to work closely with Partners, there is good governance in place and issues are escalated to the ICB as required. The risk has reached the target risk score but this will continue to be monitored as some actions are still to be completed.

Risk 2827: Risk regarding the inability to achieve net zero. The residual score was reduced from 12 to 8. The Sustainability Plan was presented to the Executive Team and Finance & Performance Committee, giving the right level of detail to assure the Trust that an effective plan is in place. This will be monitored regularly to ensure progress is being made and outstanding actions will continue to be worked on.

2.4 The table below illustrates the high-level summary of the BAF Risks scoring 12 and above.

Risk	Previous Score (Jan 24)	Current Score (Mar 24)	- / +	Update
2592 – Inability to deliver constitutional and other regulatory	15	15	→	No change since Jan 2024 BAF
2845 – Inability to improve the financial stability of the Trust over the next 2 to 5 years	16	16	→	No change since Jan 2024 BAF
2557 – Risk of lack of space and adequate facilities on site	12	16	→	No change since Jan 2024 BAF

Risk	Previous Score (Jan 24)	Current Score (Mar 24)	- / +	Update
1201 – Risk of non-recruitment to vacancies and retention of staff	12	12	→	No change since January 2024 BAF
2122 – Risk of computer systems failing due to a cyber security incident	12	12	→	No change since January 2024 BAF
2605 – Risk regarding the Trust’s inability to anticipate evolving needs of the local population to reduce health inequalities	12	12	→	No change since January 2024 BAF

3. Corporate Risk Register

3.1 The Trust currently has a total of 8 risks on the CRR, details of which can be found at Appendix 2. All of the scores for continuing risks have been reviewed by the risk owner and by the Executive Team, with no changes recommended to the scores. Updates from the risk reviews are shown in red text for ease of reference.

3.2 The Executive Team and Committees recommended the following changes:

Risk 2243: Risk regarding the aging fire alarm system was agreed for closure as the Trust now has a new fire alarm system.

Risk 2877: Risk to the provision of breast non-surgical oncology services due to the lack of substantive oncologists. The score was reduced from 16 to 12 as Sheffield Teaching Hospital has implemented a stabilisation work stream and given assurance they can provide treatment within an acceptable timeframe.

Risk 2803: Risk to the delivery of effective haematology services due to a reduction in haematology consultants. The residual score was increased from 12 to 16 due to the current staffing arrangements in place.

Risk 2768: Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay. The residual score was increased from 12 to 16 due to upgrade delay. There had been a system failure for 4hrs. This risk could result in a potential delay to the release of patient results and delays to patient treatment/management affecting 5000 tests per day.

3.3 The table below illustrates the high-level summary of the CRR.

	Corporate Risk (Risk scoring 15+)	Previous Score (Jan 24)	Current Score (Mar 24)	-/+	Update
1	2592 – Inability to deliver constitutional and other regulatory performance or waiting time targets	15	15	→	No change since January 2024 CRR
2	2243 – Risk regarding the aging fire alarm system	15	4	↓	This risk was agreed for closure as the Trust now has a new fire alarm system
3	2877 - Risk to the provision of breast non-surgical oncology services due to the lack of substantive oncologists	16	12	↓	Risk score reduced from 16 to 12 since January 2024 CRR
4	2803 - Risk to the delivery of effective haematology services due to a reduction in haematology consultants	12	16	↑	Risk score increased from 12 to 16 since January 2024 CRR
5	1199 – Risk regarding inability to control workforce costs	16	16	→	No change since January 2024 CRR
6	2845 – Inability to improve the financial stability of the Trust over the next two to five years	16	16	→	No change since January 2024 CRR
7	2976- Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures	16	16	→	No change since January 2024 CRR
8	2768- Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay	12	16	↑	Existing risk, score increased and was added to CRR.

4. Recommendations

The Board of Directors is invited to:

- Note the reviews of the risks that were completed since the last Board meeting in February
- Note the risk that has been added to the CRR: Risk 2768 - Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay.
- Note the closure of Risk 2243: Risk regarding the aging fire alarm system.
- Note the reductions in the scores for BAF risks 2598, 2527, 2827 and CRR: 2877.
- Note that the score for risk 2803 which increased from 12 to 16
- Approve the updated Board Assurance Framework and Corporate Risk Register.



Barnsley Hospital
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK (BAF)

MARCH 2024

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

Highlighted above are risks scoring 12+

Highlighted above are risks scoring 15+

Proposed for Closure

NEW Proposed

BAF Risk Profile

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

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

Risk Register Scoring

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

Summary overview of Trust Risk Appetite Level 2023/24

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

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

Appendix 1

Risk Appetite and Tolerance Key

Risk Appetite Scale

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

Risk tolerance

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

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

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

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24					
Strategic Objective 2023/24: Best for People	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks
				The risk score is consequence x likelihood			
We will make our Trust the best place to work	1201	People Committee	Director of People	3x4 (12)	3x4 (12)	3x3 (9)	1769 - histopathologist shortages 2334 - nursing staff shortages 2572 - availability of consultant anaesthetist hours
Risk Description	Risk Score Movement			Interdependencies			
Risk of non-recruitment to vacancies, retention of staff and inadequate provision for staff development. There is a risk that if the Trust does not maintain a coherent and coordinated strategy and approach to recruitment, retention, succession planning, organisational and talent management due to lack of financial and human resources this will result in an inability to recruit, retain and motivate staff				Population health needs, service requirements (e.g. see histopathologist risk 1769), competing organisations, financial pressures, nurse staffing (see risk nursing shortages CRR risk 2334), dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided.			
				Risk Update/Progress Notes March 2024: Following review, no changes have been made to the residual score. The Trust continues to work with the Integrated Care System and Barnsley Place to develop a strategic workforce plan, to identify employment opportunities within Barnsley Place. The NHS Workforce Plan has recently been published. It will take 15 years to achieve target across the NHS. The NHS staff survey results rated Barnsley Hospital as a leading Trust in areas such as teamworking, flexible working, quality of managers and reward and recognition. It is the highest scoring Trust nationally for two of the nine themes and close to the highest scoring for the other seven themes of the NHS People Promise			
Risk Appetite			Risk Tolerance				
Open (Workforce / Staff Engagement)			Treat				
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in control		
1. Support the 5-year Trust Strategy Plan and the Annual Business Plan - contribute to the integrated workforce, financial and activity plan, from which the data is used to predict capacity, supply issues, etc. Bi-annual Ward establishment reviews in place in February and September by the Deputy Director of Nursing's office		March 24	May 24	E Lavery	None identified		
2. Workforce Planning Steering Group with representation from operational areas of the Trust (ADOs, apprenticeships, nursing, medical, etc.) has the CBU workforce planning packs to provide data for decision-making. The group monitors workforce KPIs including recruitment, supply, capacity and demand, etc.		March 24	May 24	E Lavery	None identified		
3. Staff Redeployment, Staff Recruitment & Retention, Flexible Retirement, Staff Internal Transfer Scheme, Health & Wellbeing, Flexible Working, Rostering, Family Friendly Policies and Procedures		March 24	May 24	E Lavery	None identified		
4. Alternative recruitment and selection search options in place to source candidates for hard to fill specialist posts.		March 24	May 24	E Lavery	Lack of a recruitment and retention strategy and action plan for hard to fill medics posts		
5. Staff nurse recruitment action plan, including recruitment to Trainee Nurse Associate posts and careers pipeline for Nursing Associates to undertake Registered Nurse training through apprenticeship programmes. This action plan is overseen by the Nursing Workforce Group, which oversees nursing workforce numbers, student nurses, nursing vacancy gaps, international recruitment, and standardised newly qualified staff nurse recruitment process across the ICS.		March 24	May 24	E Lavery	Continuance of international recruitment reliant on successful pipeline.		
6. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports delivery of the Trust 5 Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing and development.		March 24	May 24	E Lavery	None identified		
7. Staff Survey Results – positive results for 2023 which may have a positive impact on recruitment and retention at the Trust.		March 24	May 24	E Lavery	None identified		
8. The new Culture and OD Strategy was presented at PC and Board in Nov/Dec 23 and approved		Nov/Dec 2023	May 24	E Lavery	Lack of Proud to Care Cultural Leadership group to oversee delivery of the strategy.		
Assurances Received		Received By		Assurance Rating	Gaps in Assurance		
L1 Operational, L2 Board Oversight, L3 Independent							
Control 1: National Operational Workforce Plan submission to ICB (annually)		March 23	Workforce Planning Steering grp	Full	None identified		
Control 2: Annual CBU Workforce Plans		January 23	CBU Performance Review Meetings	Full	None identified		
Control 3: Quarterly Recruitment and Retention metrics Report		Sept 23	PEG	Full	None identified		
Control 4 and 5: Nurse Staffing Report		February 24	Q&G	Full	None identified		
Control 6: Workforce Insights Report		January 24	PC	Full	None identified		
Control 7: Staff Survey Results 2023		March/April 2024	People Committee Board of Directors	Full	To be confirmed		
Control 8: Culture and OD Strategy		Nov/Dec 2023	People Committee Board of Directors	Full	None identified		
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 1: Collaboration with other local NHS Trusts to understand the overall employment marketplace and take joint pre-emptive action where possible e.g. The Trust is part of the ICS approach to international recruitment				N/A	Ongoing	S Ned	2039
Control 4: An Associate Medical Director has been appointed for a 12 months fixed term, and will be responsible for the development of the strategy.					Completed	S Enright	
Control 5: Talent Management and Succession planning framework - see BAF Risk 2596 relating to workforce development. As per the timelines within the strategy, the timeframe to create and implement the Talent Management Framework is March 2027.				March 2027	In progress	T Spackman	March 2027
Control 8: Proud to Care Cultural Leadership delivery group is being formed to oversee the delivery of the strategy				April 2024	In progress	T Spackman	

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24								
Strategic Objective 2023/24: Best for People	Risk Ref:	Oversight Committee	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks			
									The risk score is consequence x likelihood
We will make our Trust the best place to work	2596	People Committee	Director of People	4x3 (12)	4x2 (8)	4x2 (8)	1201 - staff recruitment and retention 2598 - staff wellbeing		
Risk Description	Risk Score Movement				Interdependencies				
Risk of inadequate support for culture, leadership and organisational development. There is a risk that the Trust may fail to maintain a coherent and co-ordinated structure and approach to succession planning, staff development and leadership development					Dealing with national and local recruitment challenges and the impact on pressure on staff numbers, work-related stress, spend with agencies and quality of care provided. Also linked to the Trust's ability to retain staff. Use of agency staff reduces the development opportunities for substantive staff.				
					Risk Update/Progress Notes March 2024: Following review of the risk, no changes have been made to the residual risk score. Staff survey results for 2023 rated Barnsley Hospital as a leading Trust in areas such as teamworking, flexible working, quality of managers and reward and recognition. It is the highest scoring Trust nationally for two of the nine themes and close to the highest scoring for the other seven themes of the NHS People Promise Mandatory training: MAST rate was 92.4% against a target of 90% and appraisal rate 91.3% against a target of 90%.				
Risk Appetite				Risk Tolerance					
Open (Workforce/Staff Engagement)				Treat					
Controls				Last Review Date	Next Review Date	Reviewed by	Gaps in Control		
1. Appropriate staff development programmes in place e.g. Apprenticeship Schemes, Advanced Clinical Practitioner Training Programmes, Trainee Nurse Associate Training Programme. This will support development and upskilling.				March 24	May 24	E Lavery	None identified		
2. Nursing Workforce Development Programme. Current key actions on the plan include increased clinical placements and increased numbers of nurses and non-registered clinical support staff accessing apprenticeships and training through Universities and the Open University.				March 24	May 24	E Lavery	Local opportunities for non-registered staff continue to be developed through open university/university of Sheffield – degree apprenticeships		
3. People Strategy - a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports the delivery of the Trust 5-Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing leadership and development. The aim is to maximise effectiveness of staff at every level of the Trust by coordinating a range of activities which will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery.				March 24	Completed Dec 23	E Lavery	Lack of Proud to Care Cultural Leadership to oversee delivery of the strategy.		
4. Training needs analysis model – annual programme focused on mandatory and statutory essential training, which supports staff development and capability.				March 24	May 24	E Lavery	None identified		
5. Appraisal and PDPs schedule – there is a clear process to meet Trust appraisal and PDP targets. Guidance and supporting documentation to improve the quality of appraisal conversation has been updated and rolled out.				March 24	May 24	E Lavery	None identified		
6. Commissioning and commencement of a joint Leadership development programme with The Rotherham NHS Foundation Trust aimed at the senior leadership teams in the CBU's/Divisions.				March 24	May 24	S Ned	None identified		
7. Commissioning and commencement of externally facilitated Board development programme.				March 24	May 24	S Ned	None identified		
8. Staff Survey Results – positive results for 2023 which may have a positive impact on recruitment and retention.				March 24	May 24	E Lavery	None identified		
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent				Last Received	Received By	Assurance Rating	Gaps in Assurance		
Control 1 and 2: Annual apprenticeship report				March 23	People Committee	Full	None identified		
Control 2: Nurse staffing report				February 24	Q&G	Full	None identified		
Control 3: Workforce Insights Report				Jan 24	P Committees	Full	None identified		
Control 3 and 8: Staff Survey				Mar-24 April 24	Trust Board Assurance Committees	Full	None identified		
Control 3 and 8: Pulse checks				Jan 24	PEG	Full	None identified		
Control 3 and 8: HHE Training Doctors Quality Assurance Report				Sept 23	Board of Directors Assurance Committees	Full	None identified		
Control 3: The new Culture and OD Strategy was presented at PC and Board in Nov/Dec 23 and approved				Nov/Dec 2024	People Committee Board of Directors	Full	None identified		
Control 4: Mandatory and statutory training approval panel				March 24	Exec Team	Full	None identified		
Control 5: Weekly Appraisal compliance report				March 24	Exec Team	Full	None identified		
Control 5: Progress and evaluation reports				March 24	Exec Team	Full	None identified		
Corrective Actions Required (include start date)						Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 1: Delivery of the Nursing Workforce Development Programme.						N/A	In progress	B Hoskins	Dec 24
Control 2: Talent Management & Succession planning & leadership development framework. As per the timelines within the strategy, the timeframe to create and implement the Talent Management Framework is March 2027.						March 2027	In progress	T Spackman	March 2027
Control 3: New Proud to Care Cultural Leadership Group is being formed to oversee delivery of the strategy						April 2024	In progress	T Spackman	

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for People	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks	
				The risk score is consequence x likelihood				
We will make our Trust the best place to work	2598	People Committee	Director of People	4x3 (12)	4x1 (4)	4x1 (4)	1201 – staff recruitment and retention	
Risk Description	Risk Score Movement			Interdependencies				
Risk of inadequate health and wellbeing support for staff There is a risk that the Trust may not have a robust health and wellbeing offer, due to lack of investment, leading to reduced staff morale, negative impact on health and wellbeing with an adverse impact on staff retention and recruitment.	<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— risk score — target risk</p>			The pandemic has placed unprecedented demand on health and care staff across all settings and disciplines, leading to significant levels of stress and anxiety. There is a concern that there may not be enough staff to ensure staff well-being or patient safety; this is a national concern and challenge.				
				Risk Update/Progress Notes March 2024: Following review, the likelihood has reduced to one with the residual risk reduced from 8 to 4 as a result of improvements in the staff survey results, adequate controls are in place with no gaps identified and no corrective actions required. Staff survey results for 2023 reflect good retention and wellbeing. The Trust was rated the highest scoring Trust nationally for two of the nine themes and close to the highest scoring for the other seven themes of the NHS People Promise				
Risk Appetite				Risk Tolerance				
Open (Workforce/Staff Engagement)				Treat				
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. The Occupational Health and EDI services have been re-organised to provide two distinct services (1. Occupational Health and 2. Wellbeing and Inclusion). This will enable a greater focus on the health and wellbeing offer to staff. Staff can access counselling and/or psychological support services, and can self-refer to occupational health where needed. The Trust has also introduced 'Wagestream' – a financial support product for staff to address any financial concerns. Quarterly People Pulse checks have commenced to better measure progress against key metrics from the staff survey, which includes the impact on staff wellness. New Culture metrics dashboard to measure staff experience and wellbeing and organisational culture has been approved at the People Committee in September 2022. A quarterly H&WB activity dashboard is also presented to the People & Engagement Group.		March 24	May 24	E Lavery	None identified.			
2. People Strategy – a review of the strategy and development of a People Plan has been completed and launched. This aligns with the national NHS People Plan and supports delivery of the Trust 5-Year Strategy and Best for People strategic goals. This focuses on staff retention, wellbeing and development. The aim is to maximise the effectiveness of staff at every level of the Trust by coordinating a range of activities that will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery.		March 24	May 24	E Lavery	Lack of Proud to Care Cultural Leadership Group to oversee delivery of the strategy.			
3. The Trust is also working with the ICS to access wider sources of health and wellbeing support. The successful appointment of a Band 5 Specialist Staff Counsellor, EDI Lead for Health & Wellbeing Band 7 1.0wte, Healthy Lifestyles Checks Officer Band 4 1.0wte, and VIVUP on-site Staff Counsellor 0.2wte which has been funded through the ICS. The SYB ICS Mental Health & Wellbeing hub of online resources, materials and training courses has been made available to all staff. The Trust has also appointed an Occupational Psychologist post shared with Rotherham Trust in February 2023 for a period of 2 years funded by NHS national charities funds		March 24	May 24	E Lavery	None identified			
4. The Trust has approved the adoption of the Standards Framework for Counsellors & Counselling Services for BHNFT and partners to strengthen the wellbeing support offered. An agreement has also been reached to extend the Schwartz Rounds contract for an additional 3 years. The Schwartz Rounds steering group has been re-instated and the programme of Schwartz Rounds sessions agreed and commenced.		March 24	May 24	E Lavery	None identified			
5. Appointment of a Health and Wellbeing Guardian as approved by the Board to ensure dedicated oversight and assurance that the staff health and wellbeing agenda has a Board level champion. A non-executive director has commenced in the role on 01/10/21.		March 24	May 24	E Lavery	None identified			
6. Commissioning and commencement of a joint Leadership development programme with The Rotherham NHS Foundation Trust aimed at the senior leadership teams in the CBU's/Divisions.		March 24	May 24	E Lavery	None identified			
7. Commissioning and commencement of externally facilitated Board Development Programme.		March 24	May 24	E Lavery	None identified			
8. The Trust has a comprehensive Covid-19 and Flu vaccination programme to promote the health and wellbeing of staff.		March 24	May 24	E Lavery	None identified			
9. Staff Survey Results – positive results for 2023 which may have a positive impact on recruitment and retention.		March 24	May 24	E Lavery	None identified			
10. Annual review and submission of CBU work plans. Work is in progress with the ICB to review the work plans.		March 24	May 24	E Lavery	Work in progress			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance			
Control 1, 3 and 4: H&WB activity dashboard is also Control 1, 3, 4 and 8: Monthly Occupational Health Activity Dashboard		Sep 23 February 24	PEG	Full	None identified			
Control 1: Pulse checks		January 24	PEG	Full	None identified			
Control 1 and 5: Health and Wellbeing Annual Report		May 2023	People Committee	Full	None identified			
Control 2: Workforce Insights Report		January 24	People Committee	Full	None identified			
Control 2, 6 and 7: The new Culture and OD Strategy was presented at PC and Board in Nov/Dec 23 and approved		Nov/Dec 2024	People Committee Board of Directors	Full	None identified			
Control 9: Staff Survey		March 24 April 24	Board of Directors Assurance Committees	Full	None identified			
Control 10: CBU Workforce Plans		January 23	CBU Performance Review Meetings	Full	None identified			
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date	
Control 2: New Proud to Care Cultural Leadership Group is being formed to oversee delivery of the strategy				April 2024	In progress	T Spackman		

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24					
Strategic Objective 2023/24: Best for Patients and The Public	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks
				The risk score is consequence x likelihood			
We will provide the best possible care for our patients and service users	2592	Finance and Performance Committee	Chief Operating Officer	3x5 (15)	3x5 (15)	2x3 (6)	1201 - staff recruitment and retention 2557 - lack of space and facilities 2600 - failure to deliver capital investment and equipment replacement
Risk Description	Risk Score Movement			Interdependencies			
Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance, or waiting time standards / targets				Uncertainties surrounding the continuing industrial action alongside seasonal pressures and a backlog from the pandemic is impacting on service capacity and demand; system partners and their ability to meet the needs of their service users; safe staffing levels and challenges with recruitment in various services across the Trust; well and supported staff to be able to deliver the services; space and equipment to meet the needs of the services. Revised operational priorities for 2023/24 are aligned to but not reflective of constitutional target delivery. The digital agenda impacts on administrative processes and data collection, robust review and updates are required to ensure the trust continues to capture the correct information and reports correctly. There is an inter-dependency regarding the interrelationship between organisational and system-level management			
	Risk Update/Progress Notes March 2024: Following review of the risk, no change has been made to the residual risk score. The national planning guidance has been delayed, the constitutional targets are currently not being met.						
Risk Appetite		Risk Tolerance					
Minimal		Treat					
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control		
1. The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.		March 24	May 24	B Kirton/ L Burnett	None identified		
2. Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET		March 24	May 24	B Kirton/ L Burnett	None identified. Business plans are complete, which are aligned to delivery.		
3. Monitoring of activity, delivery and performance via systems meetings.		March 24	May 24	B Kirton/ L Burnett	None identified		
4. Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.		March 24	May 24	B Kirton/ L Burnett	Impact on Health inequalities. The Health Inequalities has been addressed in Risk 2605 regarding the failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS) to reduce health inequalities to improve patient and population health outcomes.		
5. Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.		March 24	May 24	B Kirton/ L Burnett	None identified		
6. Attendance at ICS and acute federation meetings and contributions to the development of the system position.		March 24	May 24	B Kirton/ L Burnett	None identified		
Assurances Received		Last Received	Received By	Assurance Rating	Gaps in Assurance		
L1 Operational, L2 Board Oversight, L3 Independent							
Controls All: IPR report		February 24	F&P Committee	Full	None identified		
Control 1,2, 3: Reports against trajectories		Dec-23	F&P Committee	Partial	A number of actions to enable recovery require involvement of place & system and are not under the direct control of the Trust		
Control 1, 2, 3, 4: Quality Metric Reports		February 24	F&P Committee	Full	None identified		
Control 2: Progress reports - annual business plan		Dec 23	F&P Committee	Partial	Developing performance reporting at system level. Unknown future demand for services may lead to surge in referrals above available capacity. Staff absence, vacancies and industrial action are the biggest risk.		
Control 2,3 6: NHS/E reports		Feb-23	Trust Board	Partial	2024/24 planning guidance delayed.		
Control 3: Report to Trust Board - Activity Recovery Plans 2023/24 and further updates to assurance committees		February 24	Trust Board	Full	None identified		
Control 6: Benchmarking reports through ICS		February 24	Trust Board	Full	None identified		
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 2 and Assurance 5: Adapt performance reporting so they provide the right assurances on what the Trust has committed to deliver. Started January 21. Incorporate system and place reporting when available				May-23	Completed	L Burnett/ T Davidson	February 24
Control 2: Capacity gaps identified in business planning and additional activity requirements discussed with the Finance Director. Report quarterly to the Executive Team and F&P against recovery trajectory and any mitigation				May-23	Completed	S Garside	February 24
Control 2 and Assurance 5 & 7: operational exec to ensure robust plans during periods of industrial action to ensure essential staff cover and report on impact to recovery trajectories				March 23	Completed	L Burnett/ Dr S Enright	ongoing
Control 4: Clinical exec leads to ensure an appropriate process for monitoring risk of harm to patients on waiting lists (see risk 2605 for further detail). Started June 21.				Feb-21	ongoing	Dr S Enright	ongoing

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24								
Strategic Objective 2023/24: Best for Performance	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks		
				The risk score is consequence x likelihood					
We will meet our performance targets and continuously strive to deliver sustainable services	2557	Finance and Performance Committee	Chief Operating Officer	4x4 (16)	4x4 (16)	1x2 (2)	2527 - ineffective partnership working 2404 - compromised care for non Covid-19 patients 1713 - maintaining financial stability against the financial plan 2598 - digital transformation programme		
Risk Description	Risk Score Movement			Interdependencies					
Risk of lack of space and adequate facilities on site to support the future configuration and safe delivery of services There is a risk that future configuration of services will not be achieved due to the level of estates work and service developments requiring space resulting in displaced staff, compromised capital projects and unplanned expenses leading to potential adverse impact on clinical care and patient experience.				There are interdependencies with partnership working and the wider service demand for the region, as well as the ongoing Covid 19 pandemic and recovery plans. This risk is also interdependent on capital finance, digital transformation, and may impact on the trusts ability to deliver the services within the trust 5-year strategy. There is an inter-dependency related to estates work with Barnsley 'place					
				Risk Update/Progress Notes March 2024: Following review of the risk, no change has been made to the residual risk score.					
Risk Appetite				Risk Tolerance					
Cautious (Patient Experience)				Treat					
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control					
1. The sharing of plans with all staff groups alongside messages regarding improving services for patients to ensure staff understand the ongoing changes	March 24	May 24	L Burnett	None identified					
2. Offsite office accommodation has been procured to increase the ability to relocate non-clinical staff	March 24	May 24	L Burnett	None identified					
3. Home working is being promoted at all levels via departmental managers to enable shared desks and the release of space	March 24	May 24	L Burnett	None identified					
4. Space Utilisation Group	March 24	May 24	L Burnett	None identified					
5. Contracts and SLAs between the Trust and BFS	March 24	May 24	L Burnett	Review of outpatient pharmacy SLA.					
6. EDMS Project (reduce paper in the Trust and in turn, release space)	Jan 24	Mar 24	T Davidson	Awaiting completion of project & space release					
7. Trust 5-year strategy	March 24	May 24	B Kirton	None identified					
8. Urgent care improvement plan, to increase same day emergency care, to provide navigator role and separate GP stream. All will reduce need for inpatient beds	March 24	May 24	L Burnett	Increased demand for admission, comparable with other providers					
9. Planned care recovery plans to include expansion of day case surgery, ward enhanced recovery	Jan 24	Mar 24	L Burnett	Dependent on capital plans. 24/25 capital plan, went to board on 7 March 2024					
10. Trust Ops group (weekly operational team meeting, where space issues will be managed)	March 24	May 24	L Burnett	None identified					
11. Bed reconfiguration programme to increase medical bed capacity	March 24	May 24	L Burnett	None identified.					
12 Health on the High Street: development off-site facilities for out-patient services	March 24	May 24	B Kirton	None identified					
Assurances Receive. L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance					
Controls All: Regular agenda item on ET	Dec 23	ET	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated, business cases expected to include space requirements and plans to provide					
Control 1, 2, 4, 5: BFS performance chairs log	Dec 23	F&P Committee	Partial	There are services that will require additional space in year to deliver operational plans with no current space allocated					
Control 1, 3, 5, 8, 11, 12: Trust Ops regular agenda item	Dec 23	CBU Performance Meetings	Full	None identified					
Control 7, 8, 12: Item on agendas at Barnsley Place meetings, UECB, planned care & ICP	Dec 23	PPDG	Full	None identified at PLACE					
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date		
Control 2: Further review of services that could move off site or work from home				February 24	Complete	L Burnett/ S Garside	Feb 24		
Control 2: Development of the community diagnostic centre				February 24	Complete	L Burnett/ R McCubbin	Feb 24		
Control 8: Increase agreed to medical bed base utilizing available ward areas following CCU move				Sep-23	In Progress	L Burnett	May 24		
Control 7, 8, 12: Assurance: member of SY estates group and Barnsley capital group to explore longer term solutions through developing plan				Jun 23	ongoing	R McCubbin	April 24		

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24								
Strategic Objective 2023/24: Best for Performance	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks		
				The risk score is consequence x likelihood					
We will meet our performance targets and continuously strive to deliver sustainable services	2595	Finance and Performance Committee	Director of ICT	4x2 (8)	4x2 (8)	4x1 (4)	1693 - adverse reputational damage to the Trust 1713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients - risk closed 2098 - Transformation digital programme – risk closed		
Risk Description	Risk Score Movement			Interdependencies					
<p>Risk regarding the potential disruption of digital transformation.</p> <p>The trust is committed to large digital transformation projects (Including Clinical Workspace, Clinical Narrative, Clinical Messaging and Paper to Digital Records replacing current paper notes), unless this programme of work is delivered safely and effectively there is a significant risk to clinical operational delivery.</p> <p>The materialisation of this risk could result in:</p> <ul style="list-style-type: none"> - Poor understanding and misalignment of the changes to clinical processes resulting in harm to patients. - Poor Communication and engagement resulting in poor adoption of the change and escalating costs. - Potential implications to the overall management and board due to not understanding the full-term risks and impacts of the digital transformations. <p>Lack of Governance resulting in disruption in supporting clinical, administration and operational services and unsafe processes.</p>				<p>BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery.</p>					
				Risk Update/Progress Notes					
				<p>March 2024: Following review, no changes have been made to the residual score. The Outpatient Digital Clinical History Notes went live on Monday 4 March 2024 within the Trust.</p>					
Risk Appetite				Risk Tolerance					
Seek				Treat					
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control					
1. Effective governance via the Careflow Steering group involving strong executive leadership. Project Senior Responsible Owner (SRO) and Clinical Lead.	March 24	May 24	Director of ICT	Clinical Risks associated with a fragmented record split across multiple digital health care record systems.					
2. Effective training, project delivery, communications, engagement with all staff in line with an approved project initiation document.	March 24	May 24	Director of ICT	Potential impacts of external factors such as COVID-19 on workforce and therefore delivery (outside of the Trust's control)					
3. External review of processes and implementations via the Trust System Support Model (TSSM)	March 24	May 24	Director of ICT	None identified					
4. Digital Transformation Strategy	March 24	May 24	Director of ICT	It is not possible for the Strategy to manage unforeseen disruption and clinical risks.					
5. Business Cases for E-prescribing, Electronic Health Care Records and Digital Steering Group Lorenzo replacement	March 24	May 24	Director of ICT	None identified					
6. Clinical Safety Officer Role in Place and Clear up to date Clinical safety assessments and hazard logs.	March 24	May 24	Clinical Reference Group/Director ICT	None identified					
7. Board and Senior Leaders Digital Strategic Sessions to understand what good digital implementations look like.	March 24	May 24	Board/Senior leaders Group	None identified					
8. Clinical Digital Safety Group reporting to the Digital Steering Group (which looks at key clinical systems)	March 24	May 24	Director of ICT	None identified. Terms of Reference agreed at the Digital Steering Group. TORs presented to F&P in Nov 2023					
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance					
Control 1,5 and 8: Digital Steering Group Chairs Log	February 24	F&P	Full	None identified					
Control 3: Digital Maturity Assessment – To understand potential gaps in our capability	June 23	F&P	Full	None identified					
Control 3: Submission of the Digital Maturity Assessment as requested by the Central Team	June 24	F&P	Full	None identified					
Control 4: Significant Assurance Patient Letters Communication	May 23	F&P	Full	None identified					
Control 4,5 and 8: F&P ICT Strategic Update - Digital Transformations in Delivery	February 24	F&P	Full	None identified					
Control 4, 5 and 8: Quarterly F&P ICT Strategic Update – Digital Transformations in Delivery	February 24	F&P	Full	None identified					
Control 8: Terms of Reference for the Clinical Digital Safety Group were agreed at the Digital Steering Group, and presented to the F&P Committee for approval	November 23	F&P	Full	None identified					
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date		
Control 1: Careful monitoring of the programme of digital transformation via all trust board committees.				On-going	N/A	Director of ICT	N/A		
Control 2: Digital Transformation Strategy 5 year plan: 2022 – 2027				2027	N/A	Director of ICT	Completion date will be on maturity of the strategy.		

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks
We will meet our performance targets and continuously strive to deliver sustainable services		2122	Finance and Performance Committee	Director of ICT	The risk score is consequence x likelihood			2416 – cyber-security during the pandemic – risk closed 1693 - adverse reputational damage to the Trust 1713 - maintaining financial stability 2404 - compromised care for non Covid-19 patients – risk closed 2098 - Transformation digital programme – risk closed
					4x2 (8)	4x3 (12)	4x1 (4)	
Risk Description		Risk Score Movement			Interdependencies			
Risk regarding Cybersecurity and IT systems resilience If we do not protect the information we hold as a result of ineffective information governance and/or cyber security due to lack of resources there is a risk of the Trust's infrastructure being compromised resulting in the inability to deliver services and patient care resulting in poor outcomes and patient experience.					BAF Risk 1693 - Trust Reputation, BAF Risks 1713 Financial Stability. BAF Risk 2404 Patient Care. NHS Long Term Plan Deliverables. ICT Strategy Delivery and SY+B Delivery.			
					Risk Update/Progress Notes March 2024: Following review no changes have been made to the residual score. A penetration test was completed on Monday 4 & Tuesday 5 March 2024, the outcome of the test is currently awaited.			
Risk Appetite					Risk Tolerance			
Minimal (Clinical Safety)					Treat			
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Currently all clinical and business critical systems have external support. Minor non-critical systems are supported internally.		March 24	May 24	Director of ICT	IT systems and business as usual support continually gets more complex and there are limited resources to ensure mitigation of all risks.			
2. A regular review of assessment is carried out to ensure that business critical computer solutions are supported externally and a risk assessment is completed on minor unsupported solutions. A paper was received at ET to approve this approach.		March 24	May 24	Director of ICT	None identified			
3. Intrusion Detection, Firewalls, URL Filtering, Vulnerability Scanning, Penetration Testing, Anti-Virus, Anti-Malware and Patching strategies in place.		March 24	May 24	Director of ICT	There is no protections against a zero-day virus. A brand-new virus that cannot be detected by the various scanning techniques. Careful and consistent monitoring of systems need to be in place through start of the day checks			
4. CARECert – Cybersecurity Alerts – for example recent LOG4J alert and remedial actions report to F+P		March 24	May 24	Director of ICT	Full assurance from all suppliers has been sought. Some suppliers have provided workarounds but not supplied full patches.			
5. Annual Cybersecurity assessment completed by Certified 3 rd party to ensure all up to date measures are in place		March 24	May 24	Director of ICT	Not all recommendations in the report can be completed; it is a balance of funding/practicality/risk to ensure the most effective cybersecurity controls are implemented.			
Assurances Received		Last Received	Received By	Assurance Rating	Gaps in Assurance			
L1 Operational, L2 Board Oversight, L3 Independent								
Control 1: Covid-19 risk assessment of all cybersecurity and IT risks. Significant Assurance provided from 360 Assurance on out Data Protection Toolkit compliance position – Board approved position.		July 23	ET and F&P	Full	No dedicated cybersecurity personnel as recommended by NHS Digital 360 assurance report.			
Control 3 and 5: Annual Board cybersecurity report including Penetration Testing Results		May-23	ET, F&P and Board	Full	None identified			
Control 5: Data Protection Tool Kit 360 Assurance Audit		June 23	ET, F&P	Partial	Only covers specific areas of cybersecurity.			
Control 1 and 4: National Cybersecurity active monitoring and reporting frameworks		Mar-23	ICT Directorate	Partial	The highly technical reports are not shared with the Board and Sub-committees.			
Control 2: Cyber Security Annual Report		April 23	ET, F&P, Board	Full	None identified			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 1: Bolster online defences and complete new penetration test.					01/05/2024	Ongoing.	ICT Director	A penetration test was completed on Monday 4 & Tuesday 5 March 2024, the outcome of the test is currently awaited.
Control 1 and 4. Strategic update report to the finance and performance committee quarterly to manage resources against priorities					Ongoing	Ongoing	ICT Director	
Control 1: System Vulnerability Test: to be undertaken across the major IT systems within the Trust and ensure the patching regime is fully completed.					July 24	Ongoing	ICT Director	Ongoing from April 2024 – July 2024
Control 1: South Yorkshire Cyber Security Forum: agreed cyber security assessment across South Yorkshire.					Jan 2025	Ongoing	ICT Director	Assessment commenced in January 2024 and is expected to be completed by January 2025.
Control 3: Careful and consistent monitoring of systems need to be in place through start of the day checks and CareCert National Cybersecurity Monitoring					Ongoing	Ongoing	ICT Director	
Control 5: Ensure fully risk assessed gaps in cybersecurity action plan delivery.					Ongoing	Ongoing	ICT Director	
Control 5: Complete full firewall installation and expert assessment from CAE Network Solutions					31/07/2022	Complete.	ICT Director	Complete

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks	
We will meet our performance targets and continuously strive to deliver sustainable services		1713	Finance and Performance Committee	Director of Finance	4x5	2x2	2x1	1943 - failing to deliver adequate CIP scheme 1791 - inefficient cash funds	
					(20)	(4)	(2)		
Risk Description		Risk Score Movement			Interdependencies				
Risk regarding inability to deliver the in-year financial plan There is a risk of failing to deliver the in-year financial plan, including any required efficiency and clinical activity, in accordance with national and system arrangements, leading to financial instability, greater efficiency requirements in future years, and possible regulatory action. Including additional pressures posed by high levels of inflation and a weakening currency, with lower exchange rates, potentially higher interest rates and funding reductions.					The activity and demand within the system. The SY ICS financial position. The current financial framework in operation. Covid-19 and recovery pressures.				
					Risk Update/Progress Notes March 2024: Following review of the risk, there has been no change to the current risk score since the last review in January 2024. The Trust is on track to achieve the year-end forecast position, which has been approved by the Board of Directors. The risk scoring is likely to be reduced following delivery at the end of 2023/24.				
Risk Appetite		Risk Tolerance							
Open (Finance / Value for Money)		Treat							
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control				
1. Board owned financial plans		Mar 24	May 24	R Paskell	None identified, Board approved final 2022/23 plan in June				
2. Requirements identified through business planning and budget setting processes and prioritised based on current information		Mar 24	May 24	R Paskell	Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control				
3. Additional requirements must follow business case process		Mar 24	May 24	R Paskell	None identified - well established business case process				
4. Financial performance is reviewed and monitored at monthly CBU performance and Finance & Performance Committee meetings		Mar 24	May 24	R Paskell	None identified				
5. Efficiency and Productivity Group (EPG) established to identify, monitor and support delivery of E&P plans		Mar 24	May 24	R Paskell	Group is now meeting; however recovery pressures continue to impact upon management time and ability to focus on cost management				
6. Barnsley place efficiency group established to identify, monitor and support delivery of system opportunities		Mar 24	May 24	R Paskell	Lack of Trust control over financial performance of external partners. The system has not currently given clarity about any additional requirements to achieve system balance				
7. Identification of additional efficiency / spend reduction.		Mar 24	May 24	R Paskell	Recovery pressures impacting upon management time and ability to focus on cost management				
8. Continued work on opportunities arising from PLICS / Benchmarking and RightCare		Mar 24	May 24	R Paskell	Recovery pressures impacting upon management time and ability to focus on cost management				
9. Tight management of costs, with delegated authority limits, including review of agency usage		Mar 24	May 24	R Paskell	Recovery pressures impacting upon management time and ability to focus on cost management Industrial action may impact on both costs and income; decisions on central funding support being made in respect of each case of industrial action and are not guaranteed for the future.				
10. Continued discussions with SY ICB.		Mar 24	May 24	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control				
Assurances Received		Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance				
L1 Operational, L2 Board Oversight, L3 Independent									
All controls - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to F&P		Feb 24	F&P	Partial	Pressures arising from recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations, and any increased requirements for the system to break-even in the year.				
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date	
Control 2, 6 & 10: Gaps in control are outside the Trust's control					N/A	N/A	N/A	N/A	

CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24						
Strategic Objective 2023/24: Best for Performance		Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks
					The risk score is consequence x likelihood			
We will meet our performance targets and continuously strive to deliver sustainable services		2845	Finance and Performance Committee	Director of Finance	4x4 (16)	4x4 (16)	4x2 (8)	1943 - failing to deliver adequate CIP scheme 1713 - maintaining financial stability 1791 - Risk regarding insufficient cash funds to meet the operational requirements of the Trust
Risk Description		Risk Score Movement			Interdependencies			
Inability to improve the financial stability of the Trust over the next two to five years There is a risk that we will not be able to sustain services and deliver the Long-Term Plan due to the underlying financial deficit in 2023/24 leading to financial instability.					This risk is interdependent with the plans and requirements of the Integrated Care System to achieve balance within each year and long-term financial stability; It is also inter-dependent with national funding priorities and decisions.			
					Risk Update/Progress Notes			
					March 2024: The Capital Plan for 2024/25 was presented to the Finance and Performance Committee in February 2024. Following review of the risk there is no change to the current risk score since the last review in January 2024.			
Risk Appetite					Risk Tolerance			
Open (Finance / Value for Money)					Treat			
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Board-owned financial plans		Mar 24	May 24	R Paskell	None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023			
2. Achievement of the Trust's in-year financial plan and any control total (see risk 1713)		Mar 24	May 24	R Paskell	None identified, 2022/23 in-year financial plan and agreed system control total will be delivered			
3. Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings		Mar 24	May 24	R Paskell	None identified			
4. Delivery of the EPP programme recurrently		Mar 24	May 24	R Paskell	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management			
5. Continued work on opportunities arising from PLICS / Benchmarking and RightCare.		Mar 24	May 24	R Paskell	Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management			
6. Continued discussions with SY ICB.		Mar 24	May 24	R Paskell	Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
7. Potential additional national and/or system resources become available		Mar 24	May 24	R Paskell	Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process. Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control			
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent		Last Received	Received By	Assurance Rating	Gaps in Assurance			
Control All: L2 - Monitoring Progress Reports e.g. Finance paper to F&P, ICS performance papers to F&P		Feb 24	F&P	Partial	Pressures arising from recovery and the uncertainties surrounding the future financial framework present the greatest challenge to the Trust. Full assurance will not be able to be given until there is a resolution to these issues. Greater reassurance around the financial performance of partner organisations and potential impact on the Trust.			
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 6 & 7: Gaps in control are outside the Trust's control					N/A	N/A	N/A	N/A

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24								
Strategic Objective 2023/24: Best for Partners	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks		
				The risk score is consequence x likelihood					
We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways	2527	Finance and Performance Committee	Managing Director of BHNFT	4x3 (12)	4x2 (8)	4x2 (8)	1693 - adverse reputational damage to the Trust		
Risk Description	Risk Score Movement			Interdependencies					
Risk regarding ineffective partnership working and failure to deliver integrated care There is a risk that the Trust will not engage in shared decision-making at System and Place level and/or work collaboratively with partners to deliver and transform services at System and Place level due to lack of appetite and resources for developing strong working relationships leading to a negative impact on sustainability and quality of healthcare provision in the Trust and wider System.	<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— risk score - - - target risk</p>			Wider system pressures, partner organisations' capacity and ability to collaborate, Trust capacity and ability to collaborate, etc. This risk will also be impacted by national constitutional changes due by March 2022.					
				Risk Update/Progress Notes					
				March 2024: The governance is now embedded, with regular monthly governance meetings with Trust representatives present at all meetings. The meetings have been in place from June 2023. The Trust is continuing to work closely with Partners and escalating any issues to the ICB as required. The risk score was reduced from 12 to 8 (unlikely x major) as partners and the Trust are engaging and there is governance in place. The risk has reached the target risk score but this will continue to be monitored as some actions are still to be completed.					
Risk Appetite				Risk Tolerance					
Seek (Partnerships)				Treat					
Controls		Last Review Date	Next Review Date	Reviewed by	Gaps in Control				
1. Trust vision, aims and objectives		March 24	May 24	B Kirton	None identified				
2. Communications and Engagement strategy (Trust approach for collaboration with partners, public, etc.)		March 24	May 24	B Kirton	None identified				
3. Membership of partnership forums in Barnsley Place and SYB ICS.		March 24	May 24	B Kirton	None identified				
4. Regular meetings with partners, Chair meetings and exec to exec working.		March 24	May 24	B Kirton	None identified				
5. Membership of networks and service level agreements		March 24	May 24	B Kirton	Some service level agreements remain unsigned, which will be addressed through the CBU's and finance				
6. Review of avoidable attendances in the Emergency Department with partners to agree on alternative models for the front door.		March 24	May 24	B Kirton	Will require whole system buy in, 3 rd party				
7. There is an agreement within the SY AF to do a shared sustainable service review and identify priority service areas that need support or review.		March 24	May 24	B Kirton	Organisations may not agree to shared solutions once the review is completed.				
Assurances Received		Last Received	ReceivedBy	Assurance Rating	Gaps in Assurance				
L1 Operational, L2 Board Oversight, L3 Independent									
Control 1, 3, 4, 6 and 7: regular ET agenda item regarding Barnsley and ICS meetings		January 24	ET	Partial	There are concerns regarding Intermediate Care (IMC) Services in the short term due to uncertainty about the future location of the Acorn service. The long-term model for IMC is still yet to be agreed.				
Control 1: Monthly Board updates regarding Barnsley Integrated Care Partnership and South Yorkshire and Bassetlaw ICS		December 23	Board	Full	None identified				
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date	
Control 1: All issues and concerns regarding the Acorn Unit have been escalated to Place Partnership via the Place Board so these issues are understood. The Trust is working as part of a Place Working Group to address these issues, as well as performing an internal Task & Finish Group led by the Managing Director. Regular updates on progress are being to ET and the Board of Directors.					1 February 24	In Progress	B Kirton	1 February 24	
Control 2: Review of unsigned service level agreements and take any necessary actions to address the gap (Control 5). There are no material concerns at the present time (awaiting response from Finance)					April 21	Overdue	C Thickett	June 23	
Control 3: Three work streams set up to look at different options as alternatives to the current offer. This work culminates in April 2024 following a clinical workshop and a business case with the final agreed option.					April 24	In progress	B Kirton		
Control 4: Need to continue to work closely, escalating any issues to the ICB as required.					July 24	In progress	B Kirton		

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24							
Strategic Objective 2023/24: Best for Place	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks	
				The risk score is consequence x likelihood				
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	2605	Quality and Governance Committee	Managing Director of BHNFT	4x4 (16)	4x3 (12)	4x2 (8)	2527 - ineffective partnership working 2592 - failure to deliver performance/targets	
Risk Description	Risk Score Movement			Interdependencies				
Risk regarding failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS) to reduce health inequalities to improve patient and population health outcomes				Wider system pressures, partner organisations' capacity and ability to collaborate, and partner's recognition of the importance of delivering on this agenda and making it a priority. Trust capacity and ability to collaborate. Alignment of partners priorities and strategies to improve population health. Developing role of ICS (future ICB) in management of population health and emergent strategy for health inequalities.				
There is a risk that we will not take appropriate action to address health inequalities in line with local public health strategy, which has six priorities: tobacco control, physical activity, oral health, food, alcohol and emotional resilience. There is also a risk that we may fail to work effectively with our PLACE and ICS partners to meaningfully reduce health inequalities, and improve patient and population health outcomes.				Risk Update/Progress Notes				
				March 2024: Risk reviewed by the Consultant in Public Health, no change has been made to the current risk score.				
Risk Appetite				Risk Tolerance				
Minimal (Clinical Safety)				Treat				
Controls	Last Review Rate	Next Review Date	Reviewed by	Gaps in Control				
1. Continued engagement with commissioners and ICS developments in clinical service strategies to prioritise, resource and facilitate more action on prevention and health inequalities.	March 24	May 24	B Kirton Dr S Enright A Snell	Inability to measure equity of access, experience and outcomes for all groups in our community down to an individual level. There is a need for consistency and equity across the ICS so there is an ask for an equitable approach which is in development. Standard approach to measurement of HI and identifying gaps in service delivery has been established at BHNFT and is being used by other partners (including SWYFT). Financial pressures have increased risk of no dedicated investment in tackling inequalities at Place/ICS level. Proposal being submitted in 2024/25-Q1 to allocate Health Inequalities monies. BHNFT will be piloting an equitable PTL approach in Q1 2024/25				
2. Partnership working at a more local level, including active participation in the Health Inequalities workstream, which will feed through the Integrated Care Governance (ICDG and up to the ICPG).	March 24	May 24	B Kirton Dr S Enright A Snell	Insufficient granularity of plans to meet the needs of the population and the statutory obligations of each individual organisation. There is a need for a joined-up approach to be agreed across PLACE to ensure those people at the greatest risk of inequalities are able to access services to the same level of those that do not face barriers to accessing care. This requires close engagement with those living and working in these areas alongside the data analysis that is being undertaken. Barnsley ICB has published the Tackling Health Inequalities in Barnsley action plan which is aligned to the BHNFT plan. This is facilitating alignment across partners but does not guarantee investment, even of the dedicated HI monies that were allocated from SY ICS. The new proposal for Place health inequalities allocation focuses around community work and engagement				
3. All patients on the existing planned care waiting lists and those being booked for new procedures, are regularly assessed against the national clinical prioritisation standards (FSSA) as a minimum, taking into consideration individual patient factors pertaining to health inequalities where possible.	March 24	May 24	B Kirton Dr S Enright A Snell Dr J Bannister	Clinical Effectiveness Group re Clinical Prioritisation Process – FSSA Standards – was presented to CEG and approved ADoO (CBU 2) joined the meeting to assure the Group that there is a clinical prioritisation process in place. Defined priority levels are written by the Royal College of Surgeons and the FSSA to help define what priority patients are on the waiting list. The Group was assured with the pathway after the discussion and after seeing the report that was included in the papers. BHNFT, under the leadership of Louise Deakin, is implementing HEARTT (a UHCW initiative), to incorporate IMD and other HI metrics to support clinical decision-making for prioritization of the patient waiting list. See control 1 with planned pilot				
4. Established population health management team that supports both the Trust, PLACE and is also linked to the ICS lead by a public health consultant.	March 24	May 24	B Kirton A Snell	None Identified				
5. Dedicated population health management team delivering Healthy Lives Programme covering tobacco and alcohol control.	March 24	May 24	B Kirton A Snell	None Identified. Current lack of clarity on QUIT funding arrangements between the Trust and the ICB being explored for a sustainable solution. National funding for ACT (Alcohol Care team) ends this financial year, sustainable funding arrangement for 2025 onwards currently being developed.				
6. 35 key actions to influence health inequalities around 3 key factors: establish new services, enhance existing services & develop as Anchor institution. All within the health Inequalities action plan, including using the vulnerability index to monitor access to care and an information sharing agreement with BMBC	March 24	May 24	B Kirton A Snell	Ongoing development and engagement regarding the vulnerability index to ensure fuller understanding of information and impact on trust processes across all business units, directors and Board Leadership fellow is ending at end of August 2023 returning us back to low capacity for the second key factor. Progress continues to be good and reported into Q&G quarterly. A refresh of the action plan is due in 2024, led by Dr Andy Snell and Dr Ceryl Harwood Action plan refresh is now taking an annual programme of work cycle aligned with the annual setting of the Trust objectives.				
Assurances Received	Last Received	Received By	Assurance Rating	Gaps in Assurance				
L1 Operational, L2 Board Oversight, L3 Independent								
Control 1: Measurement of inequalities and supporting clinical prioritisation with clinical health inequalities metrics quarterly reports to Q&G	Jan 24	Q&G	Partial	Clinical prioritisation process needs to be re-reviewed at the Clinical Effectiveness Group to ensure ongoing evaluation of effectiveness. Progress made across all CBU's but still with specific services and pathways and yet to be Trust-wide. Pop health analyst and new corporate analyst to support this roll out. Pop health analyst now in post and established, focusing on PTL, OPD, cancer services and CDC. To be engaged in the integration with IPR early 2024.				
Control 2: Integrated Care Delivery Group- understanding of priorities for Barnsley regarding health inequalities assessed by the Barnsley Health Intelligence and Equity Group (meet monthly)	Feb 24	ICDG	Full	While BHNFT has established regular reporting of inequalities into Q&G and this goes to BMBC (Barnsley Metropolitan Borough Council) public health management team there is no routine reporting of inequalities at the Place partnership.				
Control 3: Current working group led by CBU2 and due to report on pilot that will be commencing in April. Currently meeting fortnightly. Group will report to ETM in Q1-2024/25.	March 24	CBU2	Full	Feasibility and acceptability of the equitable PTL will need to be reviewed from the findings of the pilots work.				
Control 4: Population Health analyst role established at Trust and Partnership integrated with Barnsley Health Intelligence and Equity Group	Jan 24	ICBG Q&G	Full	None identified				
Control 5: ACT and QUIT activity and performance reports submitted at Q & G	Jan 24	Q&G		None identified				
Control 6: Programme of work for 2024/25 will be presented to Q&G at the next quarterly update from Public Health National conferences and engagement (next one in May 24)	Jan 24	National		None identified				
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date	
Control 6. BMBC and BHNFT to lead the development of a Place Anchor Network, including health and care partners and organisations from other key sectors such as education.				Nov-21	In progress	A Snell	Dec-23	
Control 6: The Trust is looking for funding for a place-based post to fill this gap funded by SYICS inequalities monies.				Dec 23	Ongoing	A Snell	TBC	
Control 2: The new proposal for Place health inequalities allocation focuses around community work and engagement				Apr/May 24	In progress	A Snell		
Control 1: Place/ICS level. Proposal being submitted in 2024/25-Q1 to allocate Health Inequalities monies				Apr/May 24	In progress	A Snell		
Control 5: Contract review for QUIT				March/Apr 2024	In progress	A Snell		
Control 5: Funding proposal for ACT				July 24	In progress	A Snell		

Control 6: Programme of work for 2024/25				Marc/Apr 24	In progress	A Snell	
CURRENT		BOARD ASSURANCE FRAMEWORK 2023/24					
Strategic Objective 2023/24: Best for Planet	Risk Ref:	Oversight Committee	Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks
				The risk score is consequence x likelihood			
We will build on our sustainability work to date and reduce our impact on the environment.	2827	Finance and Performance Committee	Managing Director of BHNFT	4x4 (16)	4x2 (8)	4x2 (8)	
Risk Description	Risk Score Movement		Interdependencies				
Risk regarding the inability to achieve net zero There is risk that the Trust will not achieve the net zero target set by the interim date of 2028-2032 resulting in non-compliance with national targets, adverse reputational damage and possible environmental damage.			Grant Funding Govt directives / legislation				
			Risk Update/Progress Notes March 2024: Sustainability Plan has been presented to ET and F&P giving the right level of detail to assure the organisation that an effective plan is in place. This will be monitored regularly to ensure progress is being made. The risk score was reduced from 12 to 8 which is its target risk score. And outstanding actions will continue to be worked on.				
Risk Appetite			Risk Tolerance				
Open			Treat				
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control			
1. Green Plan	March 24	April 24	Sustainability Action Group, BFS Board, F&P, Trust Board/ M Sajard	Scope 3 emissions are not currently incorporated. As new methodologies are developed for carbon accounting the Net Zero Targets will be reset. The Trust will need to obtain commitment and support from staff and partners for successful delivery of the Plan.			
2. Sustainability (Green Delivery) Plan	March 24	April 24	F&P	To be presented to the Committee in January 2024. The Trust will need to obtain commitment and support from staff and partners for successful delivery of the Plan. The plan has been presented at ET and F&P.			
3. Heat Decarbonisation Plan	March 24	April 24	Sustainability Action Group, BFS Board, F&P/ M Sajard	Delivery is linked to grant and capital funding. The first wave of the decarbonisation plan has been delivered in the Trusts outer buildings. The impact of the work is currently being evaluated by the team before applying for more funding and delivery schemes are commenced.			
4. The Trust meets local stakeholders through the Barnsley 2030 Group	March 24	April 24	Sustainability Group, Chairs Log, ET/ M Sajard	None identified.			
5. Trust Sustainability Action Group and ICB Sustainability meetings take place every 6 weeks to co-ordinate the delivery of the Trust's strategic plans, monitor progress, address new and emerging changes.	March 24	April 24	Sustainability Action Group, Chairs Log, F&P/ M Sajard	None identified			
6. Effective engagement with staff and the public	March 24	April 24	Sustainability Action Group/ M Sajard	Ongoing engagement and communication will be required to achieve the Trust's objectives.			
7. Trust has secured funding and continues to seek funding to meet Net Zero targets.	March 24	April 24	Sustainability Action Group, Chair Log, F&P/ M Sajard	Funding of £3.72m was secured for phase 1 of our decarbonisation project. The Trust will continue to submit bids for further funding as and when they are announced. The target and funding are subject to political pressures			
Assurances Received	Last Received	Received By	Assurance Rating				
L1 Operational, L2 Board Oversight, L3 Independent							
Control 1: Independent sustainability audit gave an opinion of Significant Assurance.	December 22	ET	Significant rating				
Control 1, 2 & 3: Sustainability Green Plan	Jan 24	ET F&P					
Control 4: The Trust meets local stakeholders through the Barnsley 2030 Group	March 24	Sustainability Group,					
Control 5: Trust Sustainability Action Group and ICB Sustainability meetings	Jan 24	ET F&P					
Corrective Actions Required (include start date)				Action Due Date	Action Status	Action Owner	Forecast Completion Date
Control 1, 2 & 3: New communication plan to support and improve understanding of sustainability and the Trusts role with the staff and the public				June 24	In progress	B Kirton	
Control 1, 2, 3, 4, 5 & 7: The Trust needs to continue to evaluate all sustainable investments to prove our return on investment, connected to national funding programmes and sustainability networks. Develop innovative schemes with partners and keep well networked.				TBC	Ongoing	B Kirton	

CURRENT	BOARD ASSURANCE FRAMEWORK 2023/24								
Strategic Objective 2023/24: Best for Place	Risk Ref:	Oversight Committee		Risk Owner	Initial Risk Score	Current Risk Score	Target Risk Score	Linked Risks	
The risk score is consequence x likelihood									
We will fulfil our ambition to be the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health	1693	Finance and Performance Committee		Director of Communications and Marketing	1x3 (3)	3x2 (6)	3x2 (6)	2527 - ineffective partnership working 1865 – zero-day vulnerability	
Risk Description	Consequence of Risk Occurring			Interdependencies					
Risk regarding adverse reputational damage to the Trust There is a risk of reputational damage through different routes of exposure to the Trust.				Wider system issues resulting in adverse publicity to other NHS service providers may result in increased media scrutiny of this Trust and / or its staff / services.					
				Risk Update/Progress Notes					
				March 2023: Following review of the risk, no change to the residual score. There have been no high-profile issues to proactively manage, the current controls are working well. Social media continues to be monitored and negative coverage has been managed proactively.					
Risk Appetite				Risk Tolerance					
Cautious (reputation)				Treat					
Controls	Last Review Date	Next Review Date	Reviewed by	Gaps in Control					
1.Comprehensive communications planner to track and plan for positive and potential adverse publicity	March 24	May 24	E Parkes	None identified					
2.Monthly communications planner presented to the Executive Team	March 24	May 24	E Parkes	None identified					
3.The Trust has a number of processes in place for the effective management of its overall reputation	March 24	May 24	E Parkes	None identified					
4.Reactive statements prepared in advance for high risk matters	March 24	May 24	E Parkes	None identified					
5. Proactive positive stories placed to counter negative publicity. Stakeholder briefings produced to inform of negative publicity (internal and external)	March 24	May 24	E Parkes	None identified					
Assurances Received L1 Operational, L2 Board Oversight, L3 Independent	Last Received	Received By	Assurance Rating	Gaps in Assurance					
Control 1 & 2: Communications Plan presented to the monthly Executive Team Meeting	March 24	Executive Team	N/A	None identified					
Control 3 & 4: Weekly strategic review of Horizon planner	March 24	Director of Communications/ Communications Team	N/A	None identified					
Control 5: Internal/External Stakeholder briefings as appropriate	March 24	Council of Governors	N/A	None identified					
Corrective Actions Required (include start date)					Action Due Date	Action Status	Action Owner	Forecast Completion Date	
Control 1 & 2: Monthly Board of Directors briefing to commence in April 2024					April 24	N/A	Director of Communications	ongoing	

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



Barnsley Hospital
NHS Foundation Trust

CORPORATE RISK REGISTER

MARCH 2024

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

Summary Corporate Risk Register – March 2024

CRR Risk ID	Risk Description	Date added to CRR	Executive Lead	Current Score	Last Reviewed	Strategic Objectives 2022/23	Strategic Goals and Aims	CRR Page No.
Risk domain: Regulation / Compliance								
Performance								
2592	Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	May-21	Chief Operating Officer	15	Jan 24	Best for Patients and the Public - we will provide the best possible care for our patients and service users	Patients and the Public/ Performance	4
Health and Safety								
2243	Risk regarding the aging fire alarm system	Mar-22	Managing Director of BFS	15	Jan 24	Operational risk	Patients and the Public	5
Risk domain: Clinical Safety / Patient Experience								
Service Delivery								
2877	Risk to the provision of breast non-surgical oncology services	May-23	Chief Operating Officer	16	Jan 24	Operational risk	Patients and the Public / People	6
Risk domain: Clinical Safety/ Clinical Effectiveness/ Workforce								
Service Delivery								
2803	Risk to the delivery of effective haematology services due to a reduction in haematology consultants	Jan-23	Medical Director	16	Feb 24	Operational risk	Patients and the Public / People	7
Risk domain: Finance / Value for Money/ Workforce								
Workforce Costs								
1199	Inability to control workforce costs leading to financial over-spend (Human Resources and Finance)	Nov-21	Director of People/Director of Finance	16	Jan 24	Operational risk	Performance / People	8
Risk domain: Finance / Value for Money								
Financial Stability								
2845	Inability to improve the financial stability of the Trust over the next two to five years	Jan-23	Director of Finance	16	Jan 24	Best for performance – we will meet our performance targets and continuously strive to deliver sustainable services	Patients and the Public / Performance/ Partner/ Place	9
Risk domain: Clinical Safety / Clinical Effectiveness								
Service Delivery								
2976	Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures	Nov-23	Director of ICT	16	Jan 24	Operational Risk	Performance/ Patients and the Public	10
2768	Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay	Mar 23	Director of ICT	16	New Risk	Operational Risk	Performance/ Patients and the Public	11

Strategic Objectives:

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

Key

Risk Appetite Scale

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

Risk tolerance

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

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

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

Risk 2592: Risk of patient harm due to inability to deliver constitutional and other regulatory performance or waiting time targets	C = 3 L = 5	15	Low risk			Moderate risk			High risk				Extreme risk				
			1	2	3	4	5	6	8	9	10	12	15	16	20	25	
								Target score					Initial score				Current score
Risk description:																	
There is a risk of failure or delay in patient diagnoses and/or treatment due to the inability of the Trust to deliver constitutional and other regulatory performance or waiting time standards / targets.													Executive lead: Chief Operating Officer Date added to CRR: May 2021 Last reviewed date: March 2024 Committee reviewed at: Finance and Performance Committee				
Consequence of risk occurring																	
The materialisation of this risk will impact patient care potentially resulting in poor outcomes and adverse harm, poor patient experience and breach of standards with associated financial penalties and reputational damage.																	
Risk Appetite									Risk Tolerance								
Cautious									Treat								
Controls						Gaps in controls						Further mitigating actions					
The Trust has a rigorous Performance Management Framework which has been externally assured including weekly review of performance at the ET meeting. Monthly review of performance at the CBU performance meetings, and oversight from both assurance committees on a monthly basis.						None identified.											
Annual business plans that are aligned to service delivery are produced and signed off by the Executive. If there is a delivery failure, plans are produced by the CBU to address the matters and escalated to the ET.						None identified. Business plans are complete, which are aligned to delivery.						capacity gap identified in business planning & additional activity requirements discussed with finance director. Operational planning to maintain safety during periods of industrial action.					
Monitoring of activity of performance of NHSE/I (regulator) via systems meetings.						None identified.						Development of Acute Federation & Integrated Care Board.					
Renewed quality monitoring of the waiting list including clinically prioritisation of the patients who are waiting.						Impact on Health inequalities. The Health Inequalities has been addressed in Risk 2605 regarding the failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS) to reduce health inequalities to improve patient and population health outcomes.						Working to include health inequality data alongside waiting list management as per health inequalities action plan.					
Internally, the Trust report clinical incidents where there has been an impact to quality due to performance. There are thresholds set by NHSE that require immediately reporting when breach i.e. 12-hour trolley breach. These incidents feeding into governance meetings and the patient safety panel.						None identified.						Internal reporting has begun and patients waiting above 8 hours are reviewed by the CBU with appropriate escalation via patient safety processes.					
Attendance at ICS meetings and contributions to the development of the system position.						None identified											
Risk Update/Progress Notes																	
March 2024: Following review of the risk, no change has been made to the residual risk score. The national planning guidance has been delayed, the constitutional targets are currently not being met.																	

Risk 2243: Risk regarding the aging fire alarm system	C = 4 L = 1	4	Low risk			Moderate risk			High risk				Extreme risk				
			1	2	3	4	5	6	8	9	10	12	15	16	20	25	
						Current and Target score			Initial score								
Risk description:																	
Joint Trust, H&S, BFS Risk. Failure of fire alarm system (removing alarm protection from associated areas) causing temporary lack of early warning of fire in accordance with fire regulations.													Executive lead: Managing Director of BFS				
													Date added to CRR: March 2022				
													Last reviewed date: March 2024				
													Committee reviewed at: Health and Safety Group and Capital Monitoring Group				
Consequence of risk occurring																	
The materialisation of this risk could result in harm or death in the subsequent event of a fire.																	
Risk Appetite									Risk Tolerance								
Cautious									Treat								
Controls						Gaps in controls						Further mitigating actions					
System is maintained by the original installer and serviced regularly in accordance with current standards. As of 13/9/2022 all of the system is fully operational.						Availability of obsolete equipment – however, obsolete equipment is available as part of the replacement, as old panels are removed these provide spare parts of the remaining panels.						All but a couple of detectors have been replaced. A new system is now in place.					
Maintenance in place, providing spare obsolete parts as appropriate. As project continues, more spares become available for older sections of system.																	
Site engineers are available with further on call/specialist contract available 24/7. On-call Estates Engineers and contract with the fire alarm maintainer.						None identified.											
Temporary alternative arrangements for raising the alarm in place with associated SOP's and training given as appropriate should an area be without a working fire alarm system.						None identified.											
Extra Security Patrols are available as required. Trained Fire Warden's in place across the site.						None identified.											
Firefighting equipment in place.						None identified.											
Fire Evacuation procedures in place across the Trust.						None identified.											
Authorising Engineer (fire) aware of the strategy and fire risks for assurance and guidance purposes.						None identified.											
Regular review of project and progress through the Fire Safety Group including the Fire Authorising Engineer.																	
South Yorkshire Fire Service are aware of the position.						None identified.											
Rolling programme of replacement in progress. Reports on progress received through Trust Capital Monitoring Group.						None identified.						Contractor providing more staff to site to complete the project within the agreed timescales.					
Regular meetings held between Projects Team and Contractors as appropriate.																	
Over 60% of the site has now been changed over to the new more reliable hardware. Ground and first floor being completed. Only O-Block remaining to be updated. Fewer change over panels in place to cause rogue signals to the 2 systems working in tandem.						None identified.						Due to Theatre extension new location for changeover panels has been identified and the panels moved to the new area with no effect on the operation of the fire alarm system.					
Risk Update/Progress Notes																	
March 2024 - 99% of work was completed as of 1 March 2024. All but a couple of detectors have been replaced. A new system is now in place and the Trust no longer has an ageing fire alarm system. The new loop system means that the whole system will not fail if one panel goes down. This risk has been treated and is recommended for closure.																	

Risk 2877: Risk to the provision of non-surgical oncology services	C = 4 L = 3	16	Low risk			Moderate risk			High risk				Extreme risk													
			1	2	3	4	5	6	8	9	10	12	15	16	20	25										
												Target score														
												Current score														
Risk description:																										
There is a risk to the provision of non-surgical oncology services due to lack of substantive oncologists. The service is proved by Sheffield Teaching Hospitals NHS Foundation Trust at Weston Park Cancer Centre and regional partner district hospitals. STH oncology substantive consultant workforce has reduced over the last 2 years from 13 consultants to 8 consultants (5.7 WTE substantive plus 1 WTE acting) by December 2022. Following the loss of the two WTE locums and the 1 WTE acting consultants the service will be operating on 3.7 WTE from 1st April 2023.												Executive lead: Chief Operating Officer														
												Date added to CRR: May 2023														
												Last reviewed date: March 2024														
												Committee reviewed at: Quality and Governance Committee														
Consequence of risk occurring																										
The impact is to patient care and experience; potentially resulting in poor outcomes and reducing life expectancy. There are associated financial and reputational implications should this risk occur.																										
Risk Appetite						Risk Tolerance																				
Minimal						Treat																				
Controls				Gaps in controls				Further mitigating actions																		
STH in conversations nationally for mutual aid and oncology support				The service is provided by other organisations, on whom the Trust is dependent for clinical colleagues.																						
Regular STH weekly operational meetings to discuss activity and impact				The service is provided by other organisations, on whom the Trust is dependent for clinical colleagues.				A sustainability service model has been developed with oncology clinics which have been centralised over three sites.																		
Review of DGH work load to potentially offer support to WPH with local action plans being developed.				The service is provided by other organisations, on whom the Trust is dependent for clinical colleagues.																						
Internal Drop in sessions have been arrange with the stakeholders to improve communication.				None identified.																						
Risk Update/Progress Notes																										
March 2024: Following review the residual risk score has reduced from 16 to 12. Sheffield Teaching Hospital has implemented a stabilisation work stream and given assurance they can provide treatment within an acceptable timeframe. Work has commenced for nonsurgical oncology across SY. The Trust is an active member of the project group and consultation. There is an NSO project manager and bi-weekly meetings, attended by the Barnsley Cancer Manager. The delivery of NSO is a regular agenda item for the SY Cancer alliance with waiting times reported. Highlights from the cancer alliance meeting is shared with the Exec Team.																										

Risk 2803: Risk to the delivery of effective haematology services due to a reduction in haematology consultants	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk						
			1	2	3	4	5	6	8	9	10	12	15	16	20	25			
													Initial score						
												Target score							
Risk description:																			
There is a risk to the provision of an effective haematology service due to a reduction in consultant cover for Clinical Haematology, ward 24 and the chemotherapy unit. Consultant provision has reduced from 3.4 WTE to 1.6 WTE haematology consultants. There is also a financial implication to the risk; since October 2022 the Trust has spent £767,886.34 on Medical Agency shifts												Executive lead: Medical Director							
												Date added to CRR: January 2023							
												Last reviewed date: March 2024							
												Committee reviewed at: Quality and Governance Committee							
Consequence of risk occurring																			
The materialization of this risk could impact on patient safety, result in adverse patient experience and is resulting in significant financial costs.																			
Risk Appetite						Risk Tolerance													
Minimal						Treat													
Controls						Gaps in controls						Further mitigating actions							
Substantive posts out to advert						None identified						The post continues to be advertised							
Locum support has been requested, with the possibility of 1 WTE cover from October to March. A further locum is required.						None identified						1.8 WTE Locum Consultant secured for October							
Discussions with Rotherham Hospital regarding support being undertaken at Clinical Director level.						None identified													
Two WTE agency Locums in place to ensure service continuity						There is a significant financial implication with using agency locums to cover this service.						Recruitment is in progress to recruit one middle-grade doctor and a Locum Consultant, to reduce the financial burden.							
Risk Update/Progress Notes																			
March 2024: Following review no change has been made to the residual risk score. Recruitment is in process for a middle-grade doctor and a long-term Locum Consultant to increase the staffing numbers. Work is in progress for the development of timescales for joint consultant recruitment and for centralisation of a Haematology in-patient base.																			

Risk 1199: Risk regarding inability to control workforce costs	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk					
			1	2	3	4	5	6	8	9	10	12	15	16	20	25		
Risk description:											Target score		Initial score		Current score			
There is a risk of excessive workforce cost beyond budgeted establishments which is caused by high sickness absence rate, high additional discretionary payments, poor job planning/rostering and high agency usage due to various factors including shortages of specialist medical staff.											Executive lead: Director of People		Date added to CRR: November 2021		Last reviewed date: March 2024		Committee reviewed at: People Committee and Finance & Performance Committee	
Consequence of risk occurring																		
The materialisation of this risk could result in financial over-spend impacting on quality of services and compromising patient care.																		
Risk Appetite						Risk Tolerance												
Open						Treat												
Controls			Gaps in controls						Further mitigating actions									
Sickness absence reduction plan (sickness absence target 4.5%), including occupational health referrals and counselling, health & wellbeing activity dashboards, monitored by the People and Engagement Group.			None identified.															
Job planning and rostering (AHPs, nursing and medical staff) – better job planning and rostering will mean a reduction in agency spend.			£200k has been provided to implement an Electronic Rostering System for doctors, and funding commitments meant a percentage of junior doctors' rosters needed to be delivered by March 2022 and this has been completed.						Roll out to juniors in General Medicine, Lower Surgery, Women's & Children's complete. Currently working on the build for Anaesthetics, then Emergency Medicine and higher surgery. Once all juniors complete will roll out leave management to SAS and Consultant levels.									
National Procurement Framework and associated policies – compliance with these means we do not go over the agency caps. Supported by the Executive Vacancy / Agency Control Panel.			None identified.						ICB provide oversight and approves agency usage									
Reporting of Workforce Dashboard within Performance Framework – monitoring tool which provides an overview of workforce KPIs, including sickness absence information.			None identified.															
Nursing establishment reviews in conjunction with Finance, Workforce and E-Rostering Leads.			None identified.															
Weekly medical establishment reviews in conjunction with Finance and Workforce.			None identified.															
Risks relating to shortages of specialist medical staff (Dermatologists, Histopathologists and Breast radiologists) are managed through CBU governance arrangements.			None identified.															
Risk Update/Progress Notes																		
March 2024: Following review no change has been made to the residual risk score. Temporary staffing spending increased in February 2024 as a result of the industrial action. The ICB is conducting a review on agency spend which the Trust is taking in. Agency costs at month 10 were £1,066k overspent, which represents 0.6% of the year-to-date pay budget. However, pay costs in total are £2,428k overspent, which represents 1.3% of the year-to-date pay budget.																		

Risk 2845: Inability to improve the financial stability of the Trust over the next two to five years	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk						
			1	2	3	4	5	6	8	9	10	12	15	16	20	25			
									Target score										
Risk description:																			
There is a risk that the underlying financial deficit is not addressed resulting in the Trust being unable to improve its financial sustainability and return to a breakeven position.													Executive lead: Director of Finance						
													Date added to CRR: January 2023						
													Last reviewed date: March 2024						
													Committee reviewed at: Finance & Performance Committee						
Consequence of risk occurring																			
The materialisation of this risk would adversely impact on the financial aspirations of the Trust, resulting in the need for further borrowing to support the continuity of services and possible reputational damage; whilst hampering the delivery of Long Term Plan (LTP) ambitions. It would also mean the Trust being unable to realise a back-to-balance position, without external funding.																			
Risk Appetite									Risk Tolerance										
Open									Treat										
Controls			Gaps in controls						Further mitigating actions										
Board-owned financial plans.			None identified, Board approved final 2022/23 plan in June 2022; 2023/24 draft plan approved in February 2023.																
Achievement of the Trust's in-year financial plan and any control total (see risk 1713).			None identified, 2022/23 in-year financial plan and agreed system control total will be delivered.																
Underlying financial performance is reviewed and monitored at Finance & Performance Committee meetings.			None identified.																
Delivery of the EPP programme recurrently.			Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management.						Efficiency and productivity paper, including reporting and governance arrangements to F&P										
Continued work on opportunities arising from PLICS / Benchmarking and RightCare.			Recovery pressures, including industrial action, impacting upon management time and ability to focus on cost management.																
Continued discussions with SY ICB.			Lack of Trust control over financial performance of external partners. Allocation of system resources and inflationary pressures due to shortfalls in national uplifts are outside of the Trust's control.																
Potential additional national and/or system resources become available.			Long term revenue funding available remains unclear. Allocations now received and controlled via the ICB with some national funding available through a bidding process.																
Risk Update/Progress Notes																			
March 2024: The Capital Plan for 2024/25 was presented to the Finance and Performance Committee in February 2024. Following review of the risk there is no change to the current risk score since the last review in January 2024.																			

Risk 2976: Risk of major operational/service disruption due to digital system infrastructure and air conditioning failures	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
						<i>Target score</i>			<i>Initial Score</i>							
Risk description: There is a risk that computer systems will fail due to the increase in heat load in the computer room/data centre and this can result in unknown harm to patients. This room hosts all Trust's primary servers, VMware environment and Core network where all the Clinical and Corporate Systems run i.e. Careflow EPR, Careflow Vitals, ICE, PACS, Winpath etc. The heat load has recently been increased due to the new critical care unit build. The two existing air conditioning units repeatedly fail as they are approximately 20 years old. Should this risk occur there would be a failure of major clinical digital solutions impacting on patient care and experience, Trust activity including service disruption and potential for adverse media attention.																
												Executive lead: Director of ICT				
												Date added to CRR: November 2023				
												Last reviewed date: March 2024				
												Committee reviewed at: Finance & Performance Committee				
Consequence of risk occurring The materialisation of this risk could impact on all of the trust Major Clinical Digital Solutions failing to work and will be off line whilst the Disaster recovery room is initiated.																
Risk Appetite Avoid							Risk Tolerance Treat									
Controls					Gaps in controls					Further mitigating actions						
Two additional small wall mounted units were installed approximately 5 years ago to run if one of the main units failed but these are now unable to cope with the extra heat demands placed upon them.					None identified.					Action plan discussed at the Finance and Performance Committee in February 2024 . Progress will continue to be monitored via the Committee.						
Significant repairs have been undergone to overhaul the main aircon units to extend their operational lives and they are now operational.					None identified.					Action plan discussed at the Finance and Performance Committee in February 2024 . Progress will continue to be monitored via the Committee.						
Two brand new temporary air conditioning units have been purchased. BFS are responsible for all mitigation controls as well as the air conditioning units.					None identified.					Action plan discussed at the Finance and Performance Committee in February 2024 . Progress will continue to be monitored via the Committee.						
New report has been commissioned from SUDLOWS Data Centre specialists to understand the risks and requirements for reduced risk.					The existing Main Aircon units are over 20 years old, so this will remain a significant risk until the SudLows report and recommendations have been implemented.					Action plan discussed at the Finance and Performance Committee in February 2024 . Progress will continue to be monitored via the Committee.						
There is a secondary data centre for restoring services.					This will result in up to 24 hours of down time to bring it up.					Action plan discussed at the Finance and Performance Committee in February 2024 . Progress will continue to be monitored via the Committee.						
Risk Update/Progress Notes March 2024: Following review no change has been made to the residual risk score. Following agreement with Barnsley Facilities Services, a new air condition system will be installed in April 2024. A report was presented to the Finance and Performance Committee in February 2024 for assurance.																

Risk 2768: Risk of Pathology Operational impact due to failure of the LIMS system within pathology as a result of upgrade delay	C = 4 L = 4	16	Low risk			Moderate risk			High risk				Extreme risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
Risk description:													Executive lead: Director of ICT			
Risk of IT service downtime as a result of the Laboratory Information Management System (LIMS) software, CliniSys Enterprise, no longer supported by the supplier from end March 2023, resulting in potential delay to the release of patient results and delays to patient treatment/management affecting 5000 tests per day. If we do not upgrade the system, then the service will not have a supported LIMS.													Date added to CRR: March 2024			
													Last reviewed date:			
													Committee reviewed at: Finance & Performance Committee			
Consequence of risk occurring																
The Trust has received notification from LIMS supplier, CliniSys, that the current version of Enterprise 7.21 is not supported from 30/03/2023, resulting in: <ul style="list-style-type: none"> • Software bugs not being fixed. • Lack of appropriate security patches to software. • Software that is more vulnerable to cyber attack. • Log4j vulnerability being exploited allowing remote code activation and information inappropriately disclosed or allowing remote code activation with the intent to incapacitate the system. 																
Risk Appetite									Risk Tolerance							
Avoid									Treat							
Controls					Gaps in controls						Further mitigating actions					
1 Business Continuity plans for IT downtime in place											None identified.					
2 CliniSys are supporting the software until 30/03/2023					The BRILS will be ready for the 28 April 2024, however the Supplier Clinisys have reported the first available date is 18 May 2024, but will bring it forwards if there are any cancellations following 28 April 2024						Upgrade to go live in May 2024, User Acceptance Testing (UAT)					
3 Software sits behind Trust firewalls, so considered less likely to be vulnerable to cybersecurity risks.																
4 Ongoing discussions with Trust IT and CliniSys to upgrade software to supported version including operating systems.											Upgrade to go live in May 2024, User Acceptance Testing (UAT)					
5 Weekly meetings with the supplier to progress plan and any technical issues.																
Risk Update/Progress Notes																
March 2024: There had been a system failure 4 hours, following review of the risk at the Executive Team meeting, it was requested for the residual risk to be increased from 12 to 16. The risk can result in potential delay to the release of patient results and delays to patient treatment/management.																

Appendix 2

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

Appendix 2

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

7. System Working

7.1. System Update

To Note

Presented by Richard Jenkins and Bob Kirton



Chief Executive Report

Integrated Care Board Meeting

6 March 2024

Author(s)	Gavin Boyle, SY ICB Chief Executive		
Sponsor Director	Gavin Boyle, SY ICB Chief Executive		
Purpose of Paper			
The purpose of the report is to provide an update from the Chief Executive on key matters to members of the Integrated Care Board.			
Key Issues / Points to Note			
Key issues to note are contained within the attached report from the Chief Executive.			
Is your report for Approval / Consideration / Noting			
To note.			
Recommendations / Action Required by the Board			
The Board is asked to note the content of the report.			
Board Assurance Framework			
This report provides assurance against the following corporate priorities on the Board Assurance Framework (place ✓ beside all that apply):			
Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):			

Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference.	✓
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.	✓
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.	✓
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Have you carried out an Equality Impact Assessment and is it attached?	
No	
Have you <i>involved patients, carers and the public in the preparation of the report?</i>	
No	

Chief Executive Report

Integrated Care Board Meeting

6 March 2024

1. Purpose

This paper provides an update from the Chief Executive of NHS South Yorkshire on the work of the ICB and system partners for January and February 2024.

2. Integrated Care System Update

2.1 Integrated Care Partnership Board meeting.

The January 2024 Integrated Care Partnership meeting again focussed on employment and the relationship between work and health. We heard about a programme called Employment is for Everyone, which aims to improve employment opportunities for autistic people and people with a learning disability. At the meeting, colleagues described how only 5% of South Yorkshire's learning disability community of working age are in employment, for people with autism its about 25% however for the rest of the population this is well over 70%. The aim is to work with public and private employers to close this gap. This will require around 5,000 people with learning disability or autism to be supported into work over the next five years and the programme aims to achieve this.

In addition, at a previous ICP Board meeting colleagues at Barnsley MBC presented their Pathways to Work Commission. This aims to support people who are economically inactive back into work, particularly those with health conditions themselves or with caring responsibilities. There was an opportunity for NHS and other health partners to contribute to this through a special Health session at the beginning of February 2024, led by the Rt. Hon. Alan Milburn and Dame Carol Black. There was a discussion about areas of national policy that could help support this aim and what can be achieved locally in South Yorkshire. We now await the outcome of the Commission and how this can be used across South Yorkshire to increase economic participation and the benefits to the health and care system, as well as the health and wellbeing of our communities.

2.2 Financial position

Despite the challenging financial environment this year the position of the NHS in South Yorkshire has stabilised over the last couple of months. The system is currently £42.9m overspent against its plan and is forecasting a year end deficit of £48.6m. This is a marginal improvement against the plan re-submitted in November which forecast a year end deficit of £54.5m against our total annual expenditure of £3.1bn. The ICB is continuing to work with local NHS organisations to improve this position if possible. In addition, the ICB is developing the 2024/25 financial plan with NHS provider organisations, our place partnerships and cross-South Yorkshire provider collaboratives and alliances.

2.3 Industrial action

Junior Doctors have not agreed a settlement with the Government and at the time of writing their mandate for further action is due to end at the end of February 2024, the BMA intends to ask members to extend the mandate for a further six months. The most recent action ran for five days between Saturday 24 February and Thursday 29 February 2024 and was supported by doctors in training who are members of the British Medical Association (BMA) and members of the Hospital Consultants and Specialists Association (HCSA).

Consultant members of the BMA narrowly rejected the Government pay offer. However, the BMA has called for the reopening of talks, given the closeness of the vote it's hoped that there is still potential to reach an agreement.

The NHS in South Yorkshire has continued to maintain urgent and emergency care, as well as some planned treatment and appointments where possible during industrial action. The South Yorkshire ICB has continued to provide support through its Incident Co-ordination Centre, which has operated at all times during industrial action in line with our Category 1 responder status.

2.4 Director of Performance and Delivery

NHS South Yorkshire has appointed Sarah Perkins as its new Director of Performance and Delivery following a competitive process. Sarah will lead the new Performance and Delivery function within the ICB following the transfer of the former Locality Team from NHS England in December. Sarah is currently Interim Chief Executive of Wythenshawe, Trafford, Withington, and Altrincham (WTWA) for Manchester University Foundation Trust. During her five years at Manchester University Foundation Trust Sarah has made a significant contribution to the Trust and has worked hard to improve services for patients.

2.5 Mexborough Elective Orthopaedic Centre

The first patients have now been treated at the Mexborough Elective Orthopaedic Centre. The orthopaedic centre specialises in hip and knee replacement and other operations, including hand and foot, and knee and elbow procedures, for residents within Barnsley, Doncaster and Rotherham areas. It comprises two state-of-the-art theatre units, two anaesthetic rooms and a recovery suite, in addition to 12 inpatient beds.

The centre will treat 40 patients per week until mid-2024, when this is expanded to 64 patients a week across six days. In the first year of operation it is anticipated the centre will undertake around 2,200 orthopaedic procedures, equating to about 40% of the current orthopaedic waiting list. The collaboration between the three hospital trusts in Barnsley, Doncaster and Rotherham, is already starting to receive national recognition with NHS leaders keen to see how the facility works.

3. NHS South Yorkshire

3.1 NHS England ICB Running Costs Allowance (RCA)

The Integrated Care Board is concluding a restructuring programme in response to a nationally mandated 30% reduction of its running costs allowance. A limited voluntary redundancy scheme has seen 11 staff leave the ICB and we are currently supporting a number of colleagues at risk of redundancy in applying for existing vacancies. This process will conclude by the end of the financial year. In addition, whilst we are retaining a base in Barnsley, Doncaster, Rotherham and Sheffield reflecting the importance of local relationships, we are planning to reduce our estates

costs by co-locating with public sector partners in some of our Places which will make a significant financial saving and has helped to minimise staffing reductions.

3.2 Pharmacy First

NHS South Yorkshire has welcomed the national launch of the Pharmacy First service. The service means patients can now receive direct treatment for seven common conditions directly at participating pharmacies, including the prescription of medicines without visiting a GP. Pharmacists have always been able to give advice and signpost to the best place to access care, but Pharmacy First means they give treatment themselves. In South Yorkshire over 95% of pharmacies have signed up to be part of the new service. The expectation is that it will help to make it easier for people to get the care they need and free up GP appointments for others.

3.3 NHS Dental Recovery Plan

The NHS Dental Recovery Plan was announced on 7 February 2024 with a key focus on improving access to NHS dentistry for local people. The ICB took delegated responsibility for commissioning dental services in July 2023 had have already engaged closely with local practices. We welcome this national plan which provides a framework for further improvement and will provide a full update on our response at today's public Board meeting.

3.4 Measles

Parents and carers in South Yorkshire are being urged to book their children in for their missed measles, mumps, and rubella (MMR) vaccine as part of a new drive to protect children from becoming seriously unwell, as measles cases rise across the country. The NHS campaign will see all parents of children aged from six to 11 years contacted encouraging them to make an appointment with their child's GP practice for their missed MMR vaccine. Last year the NHS sent texts, emails and letters to parents and carers of 1-5-year-olds who were unvaccinated and thanks to those efforts, around 10% of those children received an MMR vaccine.

Measles is not just a childhood disease and can be serious at any age. If caught during pregnancy it can be very serious causing stillbirth, miscarriage and low birth weight and NHS bosses are urging young adults to catch up on any missed doses before thinking about starting a family. Two doses of the safe and effective MMR vaccine are needed for maximum life-long protection, with the first dose given around the child's first birthday, and the second dose given at around three years and four months old.

3.5 Start with People Strategy

NHS South Yorkshire is encouraging partners and our wider communities to help refresh our 'Start with People: South Yorkshire' strategy, which was launched in July 2022 when NHS South Yorkshire was created. The strategy outlines how we listen to our communities and involve them in the way we provide NHS and care services.

Since 2022 when the initial strategy was launched a lot has changed in health and care. We have since engaged on the Integrated Care Partnership strategy and the Five-Year Joint Forward Plan. From those involvement exercises our communities told us that the three most important area to focus on were:

- Awareness – the need for more information about health prevention and availability of different health and social care services.
- Access – making it easy for people to access health and social care services and removing barriers
- Agency – enabling people to have the information, tools and capacity to make informed decisions and be in control of their lives

The 'Start with People: South Yorkshire' strategy is being developed through until March 2024.

3.6 National GP Leadership Event

I'm delighted that Dr Andy Hilton Chair of the SY Primary Care Alliance attended the first national GP leadership in London on 31 January 2024 on behalf SY ICB Primary Care Provider Alliance. The meeting brought together GP leaders from each of the 42 systems representing general practice as a provider. There will be subsequent leadership events for dentists, pharmacists, nurse and ARRS roles with regional events in the Summer bringing the collective primary care leaders together. The event was opened by NHSE Chair Richard Meddings, with keynote from Navina Evans, Chief Workforce Officer, NHSE on the long-term workforce plan. The group will reconvene in person in the autumn but will have subsequent virtual sessions in the interim potentially discussing primary care provider collaboration, continuity of care, leadership development.

4. NHS South Yorkshire Place Updates

4.1 Sheffield

Sheffield held its first Inclusion Health Summit in January attended by nearly 50 people, spanning a range of strategic and operational services, with expertise, knowledge and lived experience. Dr Bola Owolabi, Director of Health Inequalities at NHS England, was the guest speaker and set the scene on why Inclusion Health matters and its importance across health and care. A further two summits are being planned in Sheffield in February and March, at the end of which a long-term action plan will be agreed for the city.

4.2 Doncaster

A major investment in robotic surgery has been announced at Doncaster and Bassetlaw Teaching Hospitals. The Trust's charity will fund a £3.6 million Intuitive Da Vinci Xi surgical robot to deliver cancer surgery. The state-of-the-art surgical robot will transform the way DBTH performs cancer surgery for colorectal cancer patients. The surgeon operated camera and robotic arms are controlled from a console using an advanced set of instruments for a minimally invasive surgery. This procedure allows for greater precision than traditional laparoscopic (also known as 'keyhole') or open surgery. One surgeon is already fully trained and a further three are due to begin training next month, with all four colorectal surgeons able to operate independently on the machine within six months.

4.3 Rotherham

The Rotherham NHS Foundation Trust have reopened the hospital's refurbished neonatal unit. Launched in September 2023, the Tiny Toes appeal aimed to raise £150,000 for a comprehensive redevelopment of the neonatal unit, ensuring that the facilities align with the exceptional care provided by hospital staff. The unit refurbishment includes enhanced heating, lighting, and accessibility accommodation for up to 16 babies at a time.

4.4 Barnsley

Barnsley Council have launched a new breastfeeding campaign so that parents feel like they can breastfeed anytime, anywhere. Data relating to breastfeeding rates in Barnsley from 2022/23 show that by 6-8 weeks, only 33% of mums are continuing to breastfeed, a 28% decrease from the 61% that initially started. The most common factors cited in stopping breastfeeding include feelings of nervousness and anxiety around breastfeeding in public. South Yorkshire has a wider focus through its Maternity Services Five Year Plan, which aims to support the 16,000 babies born in the area each year.

5. General Updates

5.1 Smoking consultation

In South Yorkshire there are at least 16,000 hospital admissions due to smoking each year, and smoking takes the lives of 5,900 people every year from our communities. In addition, Smokers are 2.5 times more likely to need social care and on average will need care 10 years earlier than non-smokers. There are also estimates that suggest there are around 11,000 people out of work due to smoking in South Yorkshire.

The Government consultation aimed at creating a smoke-free generation was announced in October 2024 and since then more than 28,000 responses were submitted, including from NHS South Yorkshire and many of its partners. The government will now bring forward legislation at the earliest opportunity that will take measures to:

- change the age of sale for all tobacco products, cigarette papers and herbal smoking products whereby anyone born on or after 1 January 2009 will never legally be sold tobacco products alongside prohibiting proxy sales, and change warning notices
- introduce regulation making powers to restrict flavours, point of sale and packaging for vaping products (nicotine and non-nicotine) as well as other consumer nicotine products
- introduce new FPNs for England and Wales with a penalty of £100 where it is believed an offence has been committed in relation to age of sale and free distribution legislation for tobacco and vapes (nicotine and non-nicotine) and regulate to extend these provisions to other consumer nicotine products

NHS SY has written to elected representatives to ask them to support the measures and will continue to demonstrate our support for this important legislation.

5.2 South Yorkshire Digital Health Hub

Google has announced investment in ground-breaking research, apprenticeships and digital skills training through the South Yorkshire Digital Health Hub to help address health inequalities and drive economic growth across the region. The £4m South Yorkshire Digital Health Hub, which Sheffield Teaching Hospitals is a lead partner in with University of Sheffield and Sheffield Hallam University aims to improve peoples' health and quality of life by creating innovative digital technologies to improve the way diseases are diagnosed and treated.

As part of this, the South Yorkshire Digital Health Hub will work with Google on a series of pioneering research opportunities. The first in a series of pioneering studies will assess if smartphone sensors could aid the detection and prevention of illnesses. Professor Chico, Honorary Consultant Cardiologist, says the research could improve health outcomes and look at how technology can be harnessed to support information gathering.

Google has also announced a three-year partnership with the South Yorkshire Mayoral Combined Authority to fund 30 digital apprenticeships for small businesses in South Yorkshire.

5.3 Race Equality #CallMyNameRight

Staff across the NHS and care in South Yorkshire are encouraging colleagues to “call my name right”. Nearly 14% of NHS staff are non-UK nationals and many will have their name mispronounced on a daily basis or feel pressure to adopt an anglicized version. This represents more than 10,000 people working in health and care in South Yorkshire, as well as many other British colleagues whose names are regularly pronounced incorrectly. Using the correct pronunciation not only improves the working lives of valued colleagues, it can also prevent confusion between colleagues and even potentially reduce mistakes and errors. The campaign was launched as part of Race Equality Week, which ran from 5-11 February 2024, and was supported by Dr Rajeev Gupta, the Consultant Paediatrician who started the campaign, and Vivienne Williams, Chair of the ICB Race Network.

5.4 LGBT+ History month

Staff from across the Integrated Care System has been supporting LGBT+ History Month throughout February 2024. The month-long annual celebration is celebrated in February each year to coincide with the 2003 abolition of Section 28. Events to mark the celebration included history and literature sessions in Sheffield Central Library as well as performances, walking tours and discussion events across South Yorkshire.

Gavin Boyle

Chief Executive NHS South Yorkshire Integrated Care Board

Date: 6 March 2024



7.2. Barnsley Place Partnership

For Information

Presented by Bob Kirton



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/7.2	
SUBJECT:	BARNSLEY PLACE PARTNERSHIP UPDATE			
DATE:	4 April 2024			
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	X
	<i>For review</i>	X	<i>Governance</i>	
	<i>For information</i>	X	<i>Strategy</i>	X
PREPARED BY:	Bob Kirton, Managing Director			
SPONSORED BY:	Richard Jenkins, Chief Executive Officer			
PRESENTED BY:	Bob Kirton, Managing Director			
STRATEGIC CONTEXT				
<p>We will fulfil our ambition to be at the heart of the Barnsley Place Partnership to improve patient services, support a reduction in health inequalities and improve population health.</p>				
EXECUTIVE SUMMARY				
<p>This paper provides a summary of key activities happening within the place partnership including how this links to our strategy, progress to date, governance and events that have taken place in the reporting period.</p> <p>Updates cover: Barnsley Place partnership, Barnsley 2030 including the pathways to work commission and the latest Health and Wellbeing Board.</p>				
RECOMMENDATION(S)				
<p>The Board of Directors (BoD) is asked to receive this report to provide updates on the latest developments at Place and seek further information to gain insight/assurance. The BoD is also asked to consider the format of the new report and advise on any format or content changes.</p>				

Subject:	BARNSELEY PLACE PARTNERSHIP UPDATE	Ref:	BoD: 24/04/04/7.2
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1. Introduction

- 1.1 As stated as one of the hospital's key strategic aims re place is: "We will fulfil our ambition to be at the heart of the Barnsley Place Partnership to improve patient services, support a reduction in health inequalities and improve population health".
- 1.2 This paper provides a summary of key activities happening within the place partnership including how this links to our strategy, progress to date, governance and events that have taken place in the reporting period.

2. Barnsley Place Partnership

- 2.1 The Barnsley place governance is now fully established as described in the paper that came to Board in February 2023. There is hospital representation on all groups, these meetings occur on a monthly basis.
- 2.2 A summary of key activities over the latest period is included in appendix A.
- 2.3 The Barnsley Health and Care plan 2023-25 presented for discussion and feedback at the Hospital Board in August 2023 is now published, updates on progress are reported quarterly to Board through the strategic delivery report. The priorities for 2024-25 are just being finalised.
- 2.4 The project undertaking a place review of options for alternatives to the "front door" at the Emergency Department is under way. With finalised costed options and recommendations expected in May.

3. Barnsley 2030

- 3.1 The Board meets quarterly, and covers 4 key areas: Healthy Barnsley, Growing Barnsley, Learning Barnsley and Sustainable Barnsley in line with the future vision of the borough. The next meeting is in December.
- 3.2 The main focus of the work is currently on the pathways to work commission as described to Board in July 2023. This work is concluding and a full report with findings and recommendations will be available shortly.
- 3.3 Health on the High St is another key theme for this group which has been boosted recently by the announcement regarding the sign off of BHNFT's outline business case around bringing some outpatient services into the Alhambra shopping centre along with other partners such as Barnsley Premier Leisure.

4. Barnsley Health and Well Being Board

- 4.1 Health and Wellbeing Boards (HWB) are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. The HWB signed off nominees for Barnsley Place for the South Yorkshire Integrated Care Partnership. The Managing Director is the BHNFT representative on the Board.
- 4.2 The Barnsley HWB has seen some changes in leadership following local elections. The new chair is Councillor Wendy Cain, Cabinet Spokesperson – Public Health and Communities. The HWB meets quarterly and the latest meeting was held on the 22nd February, the focus of the session was to review the role of the Board and how it can best operate to achieve its goals.

5. Conclusion

- 5.1 For Board to be updated on the latest developments at place, seek and further information to gain insight/assurance. Consider the format of this new report and advise on any format or content changes.

Bob Kirton
Managing Director
April 2024

Barnsley Place Performance

The latest data shows continued pressures in urgent and emergency care but positive progress in many areas of planned care, mental health and learning disabilities.

Urgent and emergency care

Barnsley Hospital four-hour A&E performance - 55.4% (January figures) against the revised target of 76% by March 2024. This position is a deterioration in performance from the previous reported position. Bed occupancy is still reported by the Trust to be more than 92%. Ambulance handovers continue to be an issue with the percentage of delays for both 30- and 60-minutes clinical handover. Category 1 calls with an emergency response arriving within 15 minutes is now being met across the region.

Long waits and total waiting list

There are 142 Barnsley patients waiting in the 65+ week wait category across all providers with seven Barnsley patients waiting in the 78+ week wait category across all providers. The majority of Barnsley's long waits continue to be at Sheffield Teaching Hospitals however, there are also a high number of 52+ week waits in both trauma and orthopaedics and oral surgery at Barnsley Hospital.

Diagnostics

There has been a slight decline in performance in the number of Diagnostic 6+ week waits for Barnsley Hospital based on the published December data. The Trust had been consistently achieving the 95% operational target for 23/24 for 6 months.

Cancer

The 28-day Faster Diagnosis Standard is being met and is exceeding local trajectory and planning guidance standard of 75% by March 24 (85.5%). 31 and 62 day waits for treatment are not meeting the standard but are on an improving trajectory

Mental Health, Learning Disabilities, Autism and Dementia

Talking Therapies access is performing above the planning guidance standard. The number of children and young people (aged 0-17yrs) receiving at least one contact from services is consistently meeting and exceeding the target put in place for 23/24 and the estimated rate of prevalence of people aged over 65 diagnosed with dementia continues to exceed the target at 72.4% based on December data.

Barnsley Council All-Member briefing on access to general practice

We held an All-Member Information Briefing to share with local Councillor's our partnership plans to improve access to Primary Care and to raise awareness amongst our population of how and where to access the care and support they need. This includes improved use of technology and estates, maximising the use of the additional roles reimbursement scheme (ARRS) to increase capacity and strengthening care navigation and use of on-line triage.

The workshop was also an opportunity to listen to feedback that local Cllr's receive from their constituents so that we can reflect this in future plans and seek to address some of the issues raised.

Intermediate care (IMC) review

The IMC redesign has been completed with a new service model established, workforce modelling and medical oversight plans finalised. The new model should see greater improved services that will and reduce admissions, readmissions, and discharge delays.

In January, the Place Partnership Board received an update on the IMC review settings out the short- and long-term estates options for the IMC community bed base, noting that the wider IMC programme work around service specification, medical oversight, workforce modelling, commissioning intension, engagement, mobilisation, and workforce consultation are continuing and on track for completion.

At the end of February, the Family Hubs in North East and North Barnsley were launched with a programme of free, fun activities for all ages.



Family hubs services offer guidance and advice on a range of circumstances including infant feeding, mental health support, health visits and parenting classes. They will also bring together wider wraparound services that can make a huge difference to people who need extra support, such as advice on getting into work, relationship building and stop smoking services.

The initiative will see a range of services delivered within the community through other outreach and community spaces such as libraries, youth centres, schools, early years settings, health settings, community centres and faith buildings as well as services that can be accessed through our online which can be found at: barnsley.gov.uk/virtualfamilyhubs

Barnsley Children's Social Work Academy is a new initiative aimed at providing a high-quality and consistent programme of learning and development for children's social workers.

The Academy model will offer a wide range of support at every stage - from students on placement and social workers at the beginning of their careers, through to staff who are mentoring and supporting others. Academy students will be encouraged to recognise good practice and learn from feedback, improving and sustaining good outcomes for our children and families.

The Academy will be committed to promoting staff wellbeing and resilience, supporting career development, and making sure that all staff are treated fairly, in an inclusive workplace which recognises and celebrates diversity.

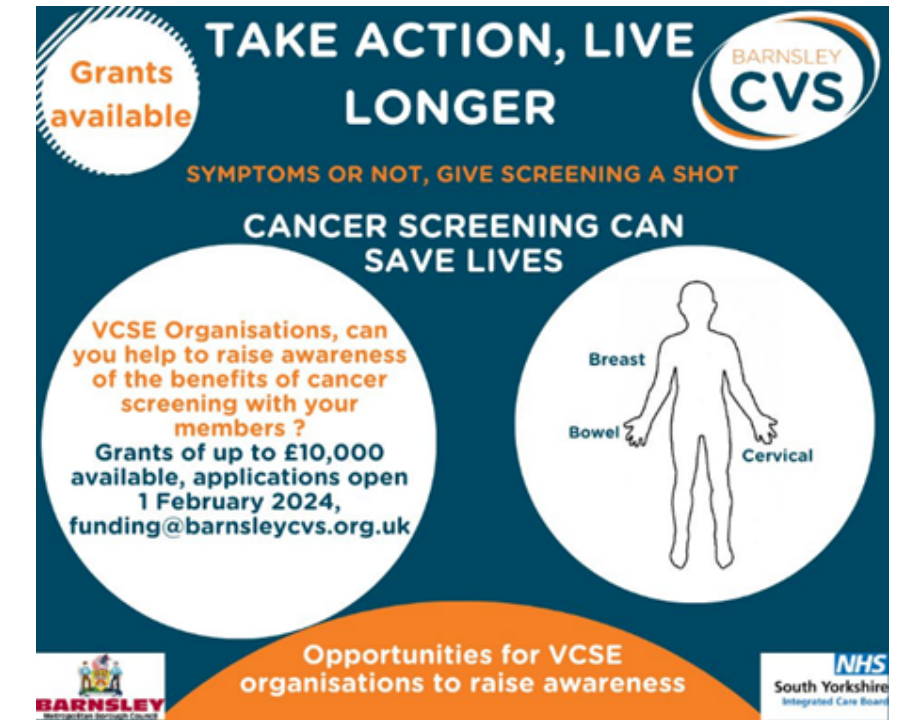


Launch of Barnsley Children's Social Work Academy

Reducing inequalities in early cancer diagnosis

We are working with Barnsley CVS to deliver a series of grants to voluntary sector organisations to raise awareness of cancer signs and symptoms and enable access to cancer screening programmes. These grants are open to all community organisations across Barnsley – and they're not aimed at charities that specialise in cancer. The funding has been allocated to address some of the health inequalities and support timely presentation of signs and symptoms of cancer.

The projects can be anything from holding coffee mornings, co-producing cancer resources, holding awareness raising events, putting on transport to attend screening services and developing a 'buddy' service for appointments, amongst many other things. Anyone that receives a grant will be supported, they'll receive training on cancer signs and symptoms and light touch training on behaviour change methodologies.



Barnsley 2030 – The Big Idea

Transforming Communities through Moving More

20,000 more people moving more for improved physical & mental wellbeing

WHAT'S YOUR MOVE

Partners in Barnsley have come together to agree a shared ambition for a whole-system approach to increase physical activity across the Borough. The plan has five pillars -

1. Deliver the Active in Barnsley Strategy.
2. Enable every child the opportunity to be active.
3. Embed physical activity within health and social care pathways.
4. Support our communities to make positive change happen.
5. Build the public health message – What's Your Move.

Do you want to work but can't?
 If you've been held back by health, disabilities or caring responsibilities, we need your help!



KADA  Pathways to work commission  

Pathways to Work Commissioners have met for the sixth time for a session focused on health.

The day included a keynote presentation from Professor Dame Carol Black, a lunch with key local and regional health and care system partners and Commissioners heard from several organisations which are offering employment support to residents with health conditions or disabilities. It highlighted

- the regression of health outcomes over the last decade across the UK
- how essential it is to have a healthy and supportive working environment in order to maintain our own mental and physical health
- challenges with the misalignment and lack of communication between the different services that residents are interacting with across health and other sectors
- Other issues such as current length of NHS waiting lists, public transport, employees continuing to work whilst their health worsens, and digital literacy.

It was evident that there is lots of success with these services, but that there is a lack of sustainable funding which is impacting long-term sustainability and effectiveness.

Barnsley's NHS diagnostic hub, the first of its kind in the UK, is expanding. The expansion comes after a hugely successful first year, including a Healthcare Estates and Facilities Management Award for 'Project of the Year'. Since opening, wait times have significantly reduced. For instance, waiting times for bone density screenings decreased from six weeks in March 2022 to just one week by October 2022. The hub is helping services run on time with patients being seen before or at their appointment time, with waiting practically cut altogether.

The centre provides vital services such as breast screening, bone density screening, blood tests, ultrasounds, and X-Rays, and Phase Two has added additional services including bladder screening, CT scanning, and retinal eye screening.

Partners are coming together to agree what the model for Health on the High Street would be, how we can build upon the success and benefits of the community diagnostics centre in the Glassworks.



COMMUNITY DIAGNOSTIC CENTRE EXPANSION

NHS 

8. For Information

8.1. Chair Report

For Information

Presented by Sheena McDonnell



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/8.1	
SUBJECT:	CHAIR'S REPORT			
DATE:	4 April 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:	Sheena McDonnell, Chair			
SPONSORED BY:	Sheena McDonnell, Chair			
PRESENTED BY:	Sheena McDonnell, Chair			
STRATEGIC CONTEXT				
<p>To report events, meetings publications and decisions that the Chair would like to bring to the Board's attention.</p>				
EXECUTIVE SUMMARY				
<p>This report is intended to give a brief outline of some of the key activities undertaken as Chair since the last meeting and highlight several items of interest. The items are not reported in any order of priority.</p>				
RECOMMENDATIONS				
<p>The Board of Directors is asked to receive and note this report.</p>				

1.1 Staff Survey Results

Since our last board meeting we have received the national NHS staff survey results and we are extremely proud of them. We have had an increase in participation in the survey this year which is great and our results were very good last year and have continued to improve across almost all areas with some areas of feedback such as teamwork where we are the best nationally in our peer group.

1.2 Brilliant Awards

Since we last met we have delivered several brilliant awards to colleagues and teams as always, they include those people who have been nominated by their peers, their leaders or by members of the public who have contacted the trust to nominate colleagues. We always have lots of nominations to choose from and it's an extremely difficult job to select winners from all the amazing nominations we receive each month. In the last few months we had Charlotte Connelly, Intensive Care Unit Nurse who received 6 nominations. Georgia Harrison a recently qualified Biomedical Scientist who took the lead ensuring during some unplanned pathology downtime. Medical Records received the Team Brilliant Award for their efforts scanning medical records, back scanning and ongoing to enable the introduction of the Electronic Document Management System (EDMS).





Best for Performance



2.1 Performance

Our focus on recovery continues and our performance particularly in relation to the 4 hour target in the emergency department has been improving over the last month which has been encouraging. We continue to focus on improvements in performance overall and the reduction of our waiting lists, although this is never a standstill position as while we are reducing our wait times, new people are also joining the waiting lists. We were hopeful that the next year may not be hampered by industrial action in quite the same way as this year, although as we stand disruption is likely to continue while the Government and our doctors are yet to reach a settlement agreement.

2.2 Financially Challenged

The whole of the NHS system is under pressure financially and we are no exception and while we have improved our likely outturn financial position for 23/24 as a South Yorkshire system, we are still under pressure to reduce the deficit we are facing overall. This challenge will continue into the following financial year and we are working hard both internally and with our partners at place and across the system to reduce that deficit further through improved efficiency without an impact on quality as we work towards a balanced position over the coming years. This is not a quick fix but we are focussed on improving effectiveness and efficiency and are developing our plans in relation to this currently.

Best for Patients and the Public



3.1 Health on the High Street

You will have seen that we have made a recent announcement that we are exploring an opportunity to expand our health on the high street offer in conjunction with our partners in the council and at Barnsley Premier Leisure. Building on the success of the community diagnostic centre in the Glassworks we are now looking at how we can expand further opportunities for the people of Barnsley to access hospital

services in the centre of town at the Alhambra Centre. It is still in its early stage of planning, and we have more work to do to ensure the approach is viable and sustainable and will deliver modern healthcare services to people closer to home. We are very excited about the potential it will bring to improve health outcomes for Barnsley residents as well as the opportunities it will bring to relieve pressure on the hospital site.

3.2 Board

This will be our last meeting in public for two of our long standing experienced Non-Executive (NED's) colleagues on the board Nick Mapstone and Sue Ellis. We are currently out to recruitment for new NED's and have had huge interest in the roles which is encouraging. We will be very sorry to lose Nick and Sue and we will miss them and so we thank them for their contribution to the trust over many years, it truly has made a difference.

Best for Place



4.1 Place Board

This group continues to meet with partners from across health and care systems including primary care, the Voluntary and Community sectors, and the Local Authority. The meetings are held in public, and questions are invited from members of the public. The most recent meeting considered the special educational needs and disability (SEND) strategy, the approach to public involvement in Barnsley and an update on the Health and Care plan including the outcome of the intermediate care review.

4.2 Rotherham Strategic Partnership programme

The strategic partnership we have with Rotherham is working well and is a key part of our strategic goals at both trusts. We have a joint work programme for delivery which includes joint strategic leaders' events exploring opportunities for collaboration and learning as well as a review of clinical service areas.

Best Partner



5.1 Integrated Care Partnership (ICP)

The integrated care partnership held its last meeting in March. This is a meeting of partners across South Yorkshire that represent the places in South Yorkshire and the voluntary and community sectors with a focus on health and care across South Yorkshire. The last meeting received an update on the progress of the safe space to sleep work which I have been involved in as the product of the Harvard Bloomberg work. The project has received £2.2 million funding from the Mayoral Combined Authority to provide beds for every child 0-5 across South Yorkshire as well as supporting attest and learn approach across 4 pilot areas which in Barnsley is in Goldthorpe. The partnership also received an update from the children and young people alliance as well as the plan for Good Growth and the skills strategies for South Yorkshire.

5.2 Acute Federation

We continue to meet as acute providers from South Yorkshire and have a clear delivery plan in place with several areas of focus for us collectively including a clinical strategy. We have already held one event for Governors across the system and are currently planning a further event in May for Governors. All of the Chairs and Chief Executives are also involved in collective discussions around the financial challenges with the Integrated Care Board (ICB) in terms of how we can work better together moving forward to address the financial challenges.

Sheena McDonnell
Trust Chair
April 2024

8.2. Chief Executive Report

For Information

Presented by Richard Jenkins



REPORT TO THE BOARD OF DIRECTORS	REF:	BoD: 24/04/04/8.2
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SUBJECT:	CHIEF EXECUTIVE'S REPORT
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DATE:	4 April 2024
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PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	
	<i>For information</i>	✓	<i>Strategy</i>	

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

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

EXECUTIVE SUMMARY

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

RECOMMENDATIONS

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

Best for Performance



1.1 Operational Update

In March 2024 the NHS in England was asked to prioritise delivery against the four hour emergency care standard and to ensure no elective patients wait longer than 78 weeks for treatment.

Barnsley Hospital had already achieved the delivery target of no patient waiting longer than 78 weeks; the only current risk of having patients waiting beyond this time is if any patients scheduled for surgery late in the month become unwell and need their procedure delaying. Our teams have continued to focus on reducing wait times and work to minimise those waiting longer than 65 weeks. I am pleased to report that at the time of writing this report, we expect to have fewer than ten patients outside the 65 week timeframe. Work will continue to further reduce this during the first quarter of the new financial year.

For Barnsley, a significant improvement was required in urgent and emergency care pathways and this has been the focus of additional attention since late February. Despite multiple days of very high attendances to the Emergency Department and some difficult weeks dealing with outbreaks of Norovirus that led to a number of ward closures, it has been inspiring to witness the efforts of the whole hospital to deliver the challenge put forward.

Since January we have seen more patients within 4 hours and reported performance improvements of almost 20%. At the time of writing we expect our performance to be just short of the 76% at around 72-73% for the month however we continue to work hard on reducing this further. Our Emergency Department have led the way through their innovative approach in developing a novel low acuity majors stream to reduce overcrowding in the department.

Barnsley continues to be seen as an exemplar place for our discharge pathways due to our local partnerships and we are working to go even further. The Acorn intermediate care unit will return to site in May for around two years to enable the development of a longer term service that meets the population needs of the future.

Best for Patients and the Public



2.1 British Society of Gastroenterology (BGG) Service Development Prize 2024

I am delighted to report that our Endoscopy Department has achieved another significant milestone. Following a successful Joint Advisory Group (JAG) Accreditation in October 2023, the team have been honoured as the first prize winner of the prestigious BSG Service Development Prize award for 2024.

This national recognition is a testament to the dedication and hard work demonstrated by every member of the team, including our managers, administrators, and nurses.

This achievement not only reflects our commitment to excellence but also underscores our position as leaders in our field, committed to delivering exceptional endoscopy service and care to our patients and community.

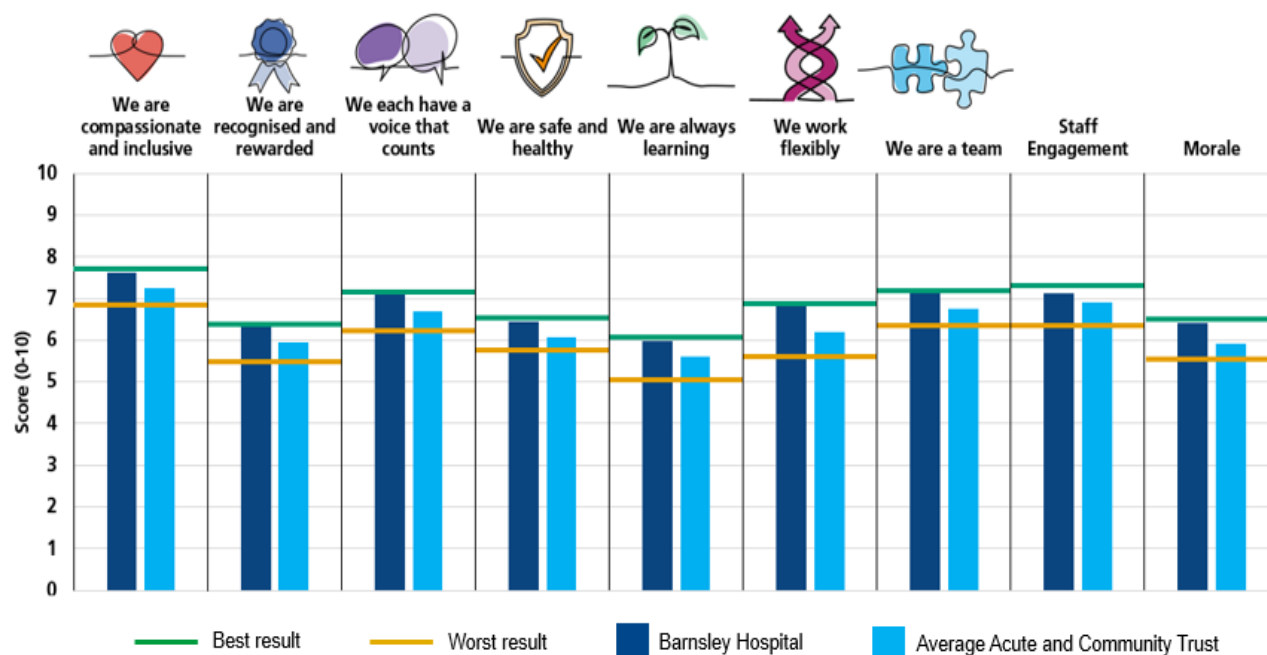
Best for People

3.1 NHS Staff Survey Results

The NHS National Staff Survey results were published in March this year.

Overall, our results this year are excellent. Barnsley Hospital is the highest scoring Trust nationally for two of the nine themes and close to the highest scoring for the other seven themes of the NHS People Promise.

Our people have rated Barnsley Hospital as a leading Trust in areas such as teamworking, flexible working, quality of managers and reward and recognition.



Additionally, in almost all themes we continue to see improvements in ratings by colleagues year on year since 2021.

As a values-led organisation it's especially encouraging to see teamwork rated so highly – in this theme in particular we have moved from being simply “above average” to being the best rated in our peer group of 122 Acute and Community Trusts.

We work hard in Barnsley to provide quality care against increasing demands and the survey results are important because they are used to improve care for patients and working conditions for colleagues.

3.2 Heart Awards Finalists 2024

The Trust's annual Heart Awards return on 24 May. The Heart Awards recognise the dedication and excellence of our people across the hospital. Congratulations to all of the shortlisted finalists listed below in each category.

Heart Awards 2024 – Shortlisted teams by category

<p>Team Clinical</p> <ul style="list-style-type: none"> • Trauma and Orthopaedics • Critical Care Rehab • Medical Photography – Bereavement Midwifery 	<p>Individual Clinical</p> <ul style="list-style-type: none"> • Paula Barber - Respiratory • Stacey Hodgkiss – Acute Pain • Michelle Emptage – Specialist Nutrition
<p>Patient Care</p> <ul style="list-style-type: none"> • High Intensity Use Service • ICU Rehabilitation Team • ED Clinical Decisions Unit 	<p>Patient Choice</p> <ul style="list-style-type: none"> • Katy Wilkinson, HCA • Resuscitation Department • Mr Rupak Sarkar, Consultant in Obstetrics & Gynaecology
<p>Team Non-Clinical</p> <ul style="list-style-type: none"> • Endoscopy Admin • Race Equality and Inclusion Network • Smoking in Pregnancy Team 	<p>Individual Non-Clinical</p> <ul style="list-style-type: none"> • Josh Hudson • Joseph Mosley • Jade Booth
<p>Innovation Award</p> <ul style="list-style-type: none"> • Procurement and Paediatric ED • Mr Manish Chowdhary • Capsule Endoscopy 	<p>BFS</p> <ul style="list-style-type: none"> • Lee Rogers • Steve Butler, James Dyson, Jake Bedford and Mo Sajard (LED lighting project) • Luke Callaghan
<p>Charity Award</p> <ul style="list-style-type: none"> • Jeff Cole • Emergency Department Skydivers • Barnsley Hospital Charity Volunteers 	<p>Volunteer of the year</p> <ul style="list-style-type: none"> • Claire Glover • Rose Westwood • Enhanced Support Volunteers
<p>Partner Award</p> <ul style="list-style-type: none"> • Project Search and Princes Trust • Medical Imaging Team at the Community Diagnostic Centre • Lesley Driver, Michelle Sheppard, and teams 	



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

4.0 The Barnsley and Rotherham Partnership

On Friday 22 May I attended a strategic leadership session for the combined senior leadership teams at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust.

The event had a strong focus on people and the NHS People Promise, with each organisation sharing respective results of the NHS Staff Survey. This provided an opportunity to focus on shared learning, support and best practice.

The event provided an opportunity to make connections across both organisations so undertake further learning on this important element of the NHS.

4.1 Joint Director of Communications Role

I am pleased to announce that Emma Parkes, Director of Communications and Marketing at Barnsley Hospital has commenced a new role as Joint Director of Communications for Barnsley Hospital NHS Foundation Trust and The Rotherham Hospital NHS Foundation Trust with effect from 1 April 2024.

Dr Richard Jenkins
Chief Executive
April 2024

8.3. NHS Horizon Report

For Information

Presented by Emma Parkes



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/8.3	
SUBJECT:	NHS HORIZON REPORT			
DATE:	4 April 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:	Emma Parkes, Director of Communications & Marketing			
SPONSORED BY:	Dr Richard Jenkins, Chief Executive			
PRESENTED BY:	Emma Parkes, Director of Communications & Marketing			
STRATEGIC CONTEXT				
<p>To provide a brief overview of NHS Choices reviews and ratings together with information on relative key developments, news and initiatives across the national and regional healthcare landscape which may impact or influence the Trust’s strategic direction.</p>				
EXECUTIVE SUMMARY				
<p>Summary of content:</p> <ul style="list-style-type: none"> • NHS Feedback Ratings for Barnsley Hospital • Junior doctors in England vote to extend their strike mandate • Pre-election Period commences 				
RECOMMENDATIONS				
<p>The Board of Directors is asked to receive the contents of this report for information.</p>				

Subject: NHS HORIZON REPORT	Ref:	BoD: 24/04/04/8.3
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*please note that this is not an exhaustive report, submissions welcome to emmaparkes1@nhs.net

SUBJECT

NHS Feedback for Barnsley Hospital – Feb/March 2024

All feedback received via NHS Choices is reviewed and circulated to the relevant Clinical Business Unit Leadership Team. Although posts are anonymous, all posts are acknowledged on NHS Choices by the Communications Team. Where appropriate, people are encouraged to contact PALS to discuss their concerns.

General Medicine - Efficient & effective ★★★★★

My daughter was referred to eye clinic with concerning findings from the optician on a Saturday afternoon. That same day we attended the eye clinic & possible diagnosis discussed. Further investigations to elicit diagnosis occurred within 48 hours via Medical SDEC - throughout the experience excellent communications, professionalism, efficient & caring staff. Concerns addressed & treatment plan in place. Excellent experience.

Maternity Services - Amazing staff ★★★★★

From the beginning of my pregnancy right up until I left the hospital with my baby I received the most incredible care from all the medical staff we encountered. We were induced due to concerns with growth and all of the midwives we encountered in the antenatal and postnatal ward were amazing and couldn't do enough for us. They put my mind at ease and offered support when I needed it. As the induction had failed we had a c section which initially I was very worried and anxious about but all the staff including doctors midwife's, the anaesthetist and surgeons etc put my mind at ease. They spoke to us through the whole experience and genuinely cared for me and my baby. They helped relax me and made my birth experience just as magical as any other birth. This hospital has incredible medical professionals who have put the care of me and my baby first, listened to any concerns I had and acted upon their own concerns promptly to enable a safe delivery for both me and my baby girl. Me and my boyfriend will be forever grateful to the staff at Barnsley hospital.

Dermatology - First class response ★★★★★

After noticing a change of dry skin I asked a pharmacist who recommended GP. When consulted the recommendation was refer to Dermatology which happened within 2 weeks. The consultant was thorough and answered my questions openly. His conclusion was to excise the problem. This was accomplished in three weeks and have just received pathology result which concurred his opinion. I am grateful, his professionalism and sense of humour at a stressful time for me was appreciated. Thank you

Emergency Department - Above and beyond ★★★★★

I brought my son in last night (12 years) he was seen very quickly and the staff were amazing with him! They were very thorough, attentive and approachable, just what you expect from children's medical professionals! Honestly couldn't fault the service we received.

General Surgery - Lovely caring staff ★★★★★

Spent a week on ward 36 every single member of staff I came into contact with was professional and caring. Thank you so much.

Brest Cancer Services - Lovely staff members ★★★★★

I recently had a breast MRI scan my first one after having surgery and treatment for breast cancer in 2022. The staff in the MRI department were absolutely lovely and kind. All way through having the scan they made me feel at ease. Thank you.

SUBJECT

Ophthalmology - Awful experience ★

Had an awful experience when I went to see an eye specialist. She was rude and abrupt and placed all my symptoms down to a migraine when I haven't had a migraine for a month. Was dismissed even after explaining everything that has been going on and my eyes, vision and extreme light sensitivity is getting worse. Was told that these symptoms had nothing to do with eye sight which is completely false. I left in tears and suffered a panic attack after leaving the room. I had to go to my opticians to get a second opinion and she was shocked and appalled and gave me an appointment for the next day. I am disgusted in the way I was treated I honestly believe I got a bad one that day and if I have to go back I will be refusing to see the same person.

Junior doctors in England have voted to extend their strike mandate for a further six months

A ballot saw 98 per cent say they would take part in a further six months of strike action, on a 62 per cent turnout. The new mandate will last until 19 September.

For the first time in this dispute, junior doctors were also asked whether they would be prepared to take part in industrial action short of striking, to which 97 per cent said yes.

There have been junior doctor strikes in nine out of 11 months since the first action in March 2023.

On Thursday 2 May 2024, elections will be taking place in a number of local authorities in England.

The pre-election period in local areas where there are local elections commences 26 March. This applies to Barnsley.

The term 'pre-election period' is used across central and local government to describe the period of time immediately before elections or a referendum when specific restrictions on the activity of civil servants and local government officials, where appropriate, are in place.

This period prevents announcements from and activities by public bodies which could influence or be seen to influence the election. There is then a "period of sensitivity" that applies to the national government in the three weeks leading up to the local elections, that is, from 11 April.

8.4. 2024/25 Work Plan

To Note

Presented by Sheena McDonnell and Angela
Wendzicha



REPORT TO THE BOARD OF DIRECTORS		REF:	BoD: 24/04/04/8.4	
SUBJECT:	2024/25 BOARD WORK PLAN			
DATE:	4 April 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:	Lindsay Watson, Corporate Governance Manager			
SPONSORED BY:	Sheena McDonnell, Chair			
PRESENTED BY:	Sheena McDonnell, Chair			
STRATEGIC CONTEXT				
This report is presented to the Board of Directors to support the Trust Objectives and to ensure that the Board received the right reports at the designated time.				
EXECUTIVE SUMMARY				
The forward planner sets out the information to be presented to the Board for the current financial year. The forward is an evolving document and will be reviewed and updated on a regular basis and presented at each Board meeting.				
RECOMMENDATIONS				
The Board is requested note the Public Board Work Plan for the period April 2024 – March 2025 for information.				

Board of Directors Public Work Plan: April 2024 - March 2025

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
Introduction									
Apologies & Welcome	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Declarations of Interest	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Quoracy	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Approve	✓	✓	✓	✓	✓	✓
Action log	Sheena McDonnell Chair	Sheena McDonnell Chair	Review	✓	✓	✓	✓	✓	✓
Culture									
Patient/Staff Story	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Note	✓ (staff)	✓	✓	✓	✓	✓
Freedom to Speak Up Reflection and Planning Tool <i>(dates to be confirmed)</i>	Steve Ned Director of People	Theresa Rastall Freedom to Speak up Guardian	Assurance		✓				
Freedom to Speak Up Update <i>(dates to be confirmed)</i>	Steve Ned Director of People	Theresa Rastall Freedom to Speak Up Guardian	Assurance		✓				
Freedom to Speak Up Strategy 2022 - 2027 <i>(dates to be confirmed)</i>	Steve Ned Director of People	Theresa Rastall Freedom to Speak up Guardian	Assurance						
NHS Staff Survey 2023	Steve Ned Director of People	Steve Ned Director of People	Assurance	✓					
Annual Guardian of Safe Working <i>(date to be confirmed)</i>	Simon Enright Medical Director	Simon Enright Medical Director/ Jess Phillips Guardian of Safe Working	Assurance						
Assurance									
Chairs log: Quality and Governance Committee (Q&G)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Kevin Clifford Chair of Q&G/ Non-Executive Director	Assurance/ Approval	✓	✓	✓	✓	✓	✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
Annual Safeguarding Report (on Q&G Work Plan for March 2024)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs/ Kevin Clifford Chair of Q&G Non-Executive Director	Assurance	✓					
Analysis/debrief capturing the lessons learned from the recent industrial action (date to be confirmed)	Simon Enright Medical Director/ Sarah Moppett Director of Nursing, Midwifery & AHPs	Simon Enright Medical Director/ Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance						
Infection Prevention and Control Annual Report & Annual Programme	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance/ Approval		✓ Q&G May 2024				
Annual End-of-Life Report	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance				✓ Q&G August 2024		
Complaints Annual Report	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance/ Approval			✓ Q&G July 2024			
FireCode Statement	Bob Kirton Managing Director	Bob Kirton Managing Director	Assurance/ Approval			✓ Q&G June 2024			
Chairs Log: Finance & Performance (F&P)	Chris Thickett Director of Finance	Stephen Radford Chair of F&P/ Non-Executive Director	Assurance	✓	✓	✓	✓	✓	✓
Cyber Security Annual Report	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓ F&P April 2024				
	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance		✓ F&P May 2024				
Chairs Log: People Committee	Steve Ned Director of People	Sue Ellis Chair of People/ Non-Executive Director	Assurance	✓	✓	✓	✓	✓	✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
Equality Delivery System (EDS) Report	Steve Ned Director of People	Steve Ned Director of People	Assurance /Approval	✓ People March 2024					
Culture and Occupational Development Strategy	Steve Ned Director of People	Steve Ned Director of People	Information/ Note					✓ People November 2024	
Premises Assurance Model (PAM)	Bob Kirton Managing Director/ Rob McCubbin Managing Director BFS	Bob Kirton Managing Director/ Rob McCubbin Managing Director BFS	Assurance				✓ Finance August 2024		
Chairs Log: Audit Committee	Chris Thickett Director of Finance	Nick Mapstone Chair of Audit/ Non-Executive Director	Assurance		✓	✓		✓	✓
Chairs Log: Barnsley Facilities Services (BFS)	Rob McCubbin Managing Director of BFS	David Plotts Director of BFS Non-Executive Director	Assurance	✓	✓	✓	✓	✓	✓
Executive Team Report and Chair's Log	Richard Jenkins Chief Executive	Richard Jenkins Chief Executive	Assurance	✓	✓	✓	✓	✓	✓
Performance									
Integrated Performance Report (IPR)	Bob Kirton Managing Director	Lorraine Burnett Director of Operations	Assurance	✓	✓	✓	✓	✓	✓
2024/25 Trust Objectives - Building on Emerging Opportunities	Bob Kirton Managing Director	Bob Kirton Managing Director	Review /Endorse	✓					
Trust Objectives 2023/24 End of Year Report	Bob Kirton Managing Director	Bob Kirton Managing Director/ Gavin Brownnett Associate Director of Strategy and Planning	Assurance		✓				
Trust Objectives 2024/25	Bob Kirton Managing Director	Bob Kirton Managing Director/ Gavin Brownnett	Assurance			✓ Q1		✓ Q2	✓ Q3

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
		Associate Director of Strategy and Planning							
Winter Plans	Bob Kirton Managing Director/ Lorraine Burnett Director of Operations	Bob Kirton Managing Director/ Lorraine Burnett Director of Operations	Assurance				✓ F&P Sept 2024		
Mortality Report (6/12)	Simon Enright Medical Director	Simon Enright Medical Director	Assurance			✓			✓
Maternity Services Board Measures Minimum Data Set	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs/ Sara Collier-Hield Head of Midwifery	Assurance	✓	✓	✓	✓	✓	✓
Midwifery Workforce Staffing Report: Six Monthly Update	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs/ Sara Collier-Hield Head of Midwifery	Assurance		✓ Q&G April 2024			✓ Q&G Dec 24	
Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS)	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance						✓
Annual Report of Workforce, Race and Equality Standard	Steve Ned Director of People	Steve Ned Director of People	Assurance/ Approval				✓ People Sept 24		
Annual Workforce Disability Equality Standard (On People Work Plan for September 2024)	Steve Ned Director of People	Steve Ned Director of People	Assurance/ approval				✓ People Sept 24		
Annual Fit and Proper Person Test 2023/24	Sheena McDonnell Chair	Steve Ned Director of People Angela Wendzicha Director of Corporate Affairs	Assurance		✓				
Annual Health and Safety Report	Bob Kirton Managing Director	Bob Kirton Managing Director	Assurance					✓ Q&G October 24	
Annual NHSE Emergency Core Preparation Standards	Bob Kirton Managing Director	Mike Lees Head of Resilience & Security	Assurance					✓ Q&G October 24	

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
Annual Doctors Appraisal & Revalidation Report	Simon Enright Medical Director	Simon Enright Medical Director	Assurance				✓ People Sept 24		
Governance									
Constitution Review	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Approve		✓				
Board Assurance Framework / Corporate Risk Register	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Review/ Approval	✓	✓	✓	✓	✓	✓
Board Code of Conduct	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Review/ Approval		✓				
Bi-annual report of the use of the Trust seal (bi-annual)	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Assurance	✓			✓		
Annual Submission of the Board of Directors Register of Interest	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Assurance	✓					
Annual review of: • Standing orders (SOs) • Standing Financial Instructions (SFIs) • Scheme of Delegation	Chris Thickett Director of Finance/ Angela Wendzicha Director of Corporate Affairs	Chris Thickett Director of Finance/ Angela Wendzicha Director of Corporate Affairs	Assurance		✓ ✓				
Terms of Reference for: • Audit • Q&G • F&P • People Committee	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Assurance		✓ (Audit)				✓ ✓ ✓
Risk Management Policy	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Approve		✓				
Risk Management Strategy	Angela Wendzicha Director of Corporate Affairs	Angela Wendzicha Director of Corporate Affairs	Approve		✓				
Quality Accounts 2023/24	Sarah Moppett Director of Nursing, Midwifery & AHPs	Sarah Moppett Director of Nursing, Midwifery & AHPs	Assurance		✓ Q&G May 24				
NED Champion role (annual)	Sheena McDonnell Chair	Sheena McDonnell Chair	Assurance		✓				

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
Annual Effectiveness Review	Sheena McDonnell Chair	Sheena McDonnell Chair Angela Wendzicha Director of Corporate Affairs	Assurance				✓		
Benefits Realisation Papers Schedule of Return									
PACS Solution – (Benefits Realisation Paper)	Tom Davidson Director of ICT	Tom Davidson Director of ICT	Assurance/ Information	✓					
System Working									
Barnsley Place Board (Verbal)	Sheena McDonnell Chair	Sheena McDonnell Chair/ Bob Kirton Managing Director	Note	✓	✓	✓	✓	✓	✓
Acute Federation (Verbal) including South Yorkshire & Bassetlaw (SY&B) Highlight Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Integrated Care Board Update (Verbal) including Integrated Care Board Chief Executive Report	Richard Jenkins Chief Executive/ Bob Kirton Managing Director	Richard Jenkins Chief Executive/ Bob Kirton Managing Director	Note	✓	✓	✓	✓	✓	✓
Joint Strategy Partnership Update (date to be confirmed)	Bob Kirton Managing Director	Bob Kirton Managing Director	Assurance						
Acute Paediatric Implementation Programme Update	Sheena McDonnell Chair	--	Information		✓				
Quarterly Place Update	Bob Kirton Managing Director	Bob Kirton Managing Director	Information	✓					
For Information									
Chair Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
CEO Report	Richard Jenkins	Richard Jenkins	Note	✓	✓	✓	✓	✓	✓

Standing Agenda Item	Executive Lead	Presenter of the report	Action	04.04.24	06.06.24	08.08.24	03.10.24	05.12.24	06.02.25
	Chief Executive	Chief Executive							
NHS Horizon Report	Emma Parkes Director of Communications & Marketing	Emma Parkes Director of Communications & Marketing	Assurance	✓	✓	✓	✓	✓	✓
Work Plan 2024 - 2025	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Any other Business									
Questions from the Governors regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Questions from the Public regarding the Business of the Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓	✓	✓
Board Observation Feedback	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	Simon Enright	Stephen Radford	Steve Ned	Gary Francis	Sarah Moppett	David Plotts

Strategic Objectives:

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

9. Any Other Business

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

To Note

Presented by Sheena McDonnell

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

To Note

Presented by Sheena McDonnell

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

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

Date of next meeting: Thursday 6 June
2024 at 9.30 am