Council of Governors Meeting

Schedule	Wednesday 22 January 2025, 2:00 PM — 3:30 PM GMT
Venue	Via Teams
Description	Topic: Council of Governors Time: Jan 22, 2025 02:00-4:00 PM London
Notes for Participants	Quoracy: 10 Governors including 6 public, 1 partner and 1 staff
Organiser	Andrea Spencer

Agenda

1. Introduction

1.1. Welcome & Apologies

1.2. Declarations of Interest

1.3. Quoracy

1.4. Minutes from previous meetings held on 10 October 2024

For Approval

1.5. Action Log

For Approval

ACTION LOG FROM COUNCIL OF GOVERNORS 10 October 2024

Meeting	Action	Assigned To	Due Date	Progress / Notes	Status
Council of Governor Meeting: Public Session	Share the CQC In-Patient Survey with the Council of Governors	Bob Kirton/Andrea Spencer	16-Dec-24	Report currently under embargo. Report will b shared once embargo is lifted.	In progress
Council of Governor Meeting: Public Session	Explore the lack of privacy at pharmacy for patients collecting prescriptions	Rob McCubbin/Andrea Spencer	16-Dec-24	Email update provided to Governors 06.11.24	Completed
Council of Governor Meeting: Public Session	Explore the non-collection of drugs from pharmacy	Rob McCubbin/Andrea Spencer	16-Dec-24	Email update provided to Governors 06.11.24	Completed

2. Governance

2.1. Richard Jenkins - CEO Update

Sheena McDonnell- Chairs Update

Non-Executive Director Updates

Kevin Clifford - People Committee

Gary Francis - Quality & Governance Committee

Nicky Clarke- Charitable Trustees Board

Alison Knowles - Finance & Performance

Stephen Radford - Audit Committee

David Plotts - Barnsley Facilities Services

2.2. Governor Elections - Verbal update

To Note

3. Information Only

To Note

3.1. Board of Directors Agenda - 5 December 2024

To Note

REPORT TO THE COUNCIL OF GOVERNORS		REF:	CoG: 22/01/25/3.1

SUBJECT:	Public Board of Directors Agenda: 5 December 2024			
DATE:	22 JANUARY 2025			
PURPOSE:	*For decision/approval*	*Tick as applicable*	*Assurance*	✓ *Tick as applicable*
	For review		*Governance*	✓
	For information	✓	*Strategy*	
PREPARED BY:	Sheena McDonnell, Chair			
SPONSORED BY:	Sheena McDonnell, Chair			
PRESENTED BY:	Sheena McDonnell, Chair			

STRATEGIC CONTEXT

EXECUTIVE SUMMARY

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

RECOMMENDATION

The Council of Governors is asked to receive and note the agenda for the Board meeting held on 5 December

Board of Directors: Public

Schedule	Thursday 5 December 2024, 9:30 AM — 12:00 PM GMT	
Venue	Priory Centre, Barnsley Healthcare Federation CIC, Pontefract Road, Barnsley S71 5PN	
Organiser	Lindsay Watson	

Agenda

Members of the public may request that they address a   366
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 February 2024,
Barnsley College, Business Centre, Room CBC01

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3.2. Public Board of Directors Minutes - 3 October 2024

To Note

REPORT TO THE COUNCIL OF GOVERNORS		REF:	**CoG: 22/01/25/3.2**

SUBJECT:	**Public Board Minutes: 3 October 2024**		
DATE:	22 JANUARY 2025		

PURPOSE:		*Tick as applicable*			*Tick as applicable*	
	For decision/approval			*Assurance*	✓	
	For review			*Governance*	✓	
	For information	✓		*Strategy*		

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

STRATEGIC CONTEXT

EXECUTIVE SUMMARY

The minutes from Board of Directors held on 3 October 2024 provide the Council of Governors with an overview of the items of discussion, noting or agreement at the Board of Directors Meeting.

RECOMMENDATION

The Council of Governors is asked to receive and note the minutes of the Public Board meeting held on 3 October 2024

Minutes of the meeting of the Board of Directors Public Session
Thursday 3 October 2024, Priory Centre, Barnsley Healthcare Federation CIC,
Pontefract Road, Barnsley, S71 5PN

PRESENT:	Sheena McDonnell	Chair
	Richard Jenkins	Chief Executive
	Bob Kirton	Managing Director
	Sarah Moppett	Director of Nursing, Midwifery and AHPs
	Steve Ned	Director of People
	Lorraine Burnett	Chief Operating Officer
	Kevin Clifford	Non-Executive Director
	Gary Francis	Non-Executive Director
	David Plotts	Non-Executive Director
	Alison Knowles	Non-Executive Director
IN ATTENDANCE:	Emma Parkes	Director of Communications & Marketing
	Tom Davidson	Director of IT
	Robert Paskell	Deputy Director of Finance
	Angela Wendzicha	Director of Corporate Affairs
	James Griffiths	Deputy Medical Director
	Grant Whiteside	Associate Non-Executive Director
	Mark Strong	Associate Non-Executive Director
	Lindsay Watson	Corporate Governance Manager (minutes)
	Dawn Gibbon	Head of Safeguarding, min ref: 24/93
	Pauline Garnett	Head of Inclusion/Wellbeing
	Jess Phillips	Guardian of Safe Working (virtually), min ref: 24/94
	Jeremy Bannister	Deputy Medical Director, min ref: 24/102
	Sara Collier-Hield	Associate Director of Midwifery, min ref: 24/103 & 104
	Rebecca Bustani	Deputy Associate Director of Midwifery, min ref: 24/103 & 104
	Abbey Harris	Maternity & Neonatal Independent Senior Advocate, South Yorkshire ICB, min ref: 24/103
OBSERVING:	Lynsey Reynolds	RNC Leadership Programme
	Lucy French	RNC Leadership Programme
	Helen Green	Associate Director of Nursing
	Lianne Richards	Manager, 360 Assurance
	Muzi Moyo	360 Assurance
	Rob Lawson	Public Governor, Council of Governors
	Chris Millington	Public Governor, Council of Governors
	Dianne Mansfield	Public Governor, Council of Governors
	Jo Newing	Local Authority Governor, Council of Governors
APOLOGIES:	Simon Enright	Medical Director
	Stephen Radford	Non-Executive Director
	Nicky Clarke	Non-Executive Director
	Chris Thickett	Director of Finance

	INTRODUCTION	
BoD: 24/89	**Welcome and Apologies**	
	Sheena McDonnell welcomed members, attendees and observers to the public session of the Board of Directors meeting. Apologies were noted as above.	
BoD: 24/90	**Declarations of Interest**	
	Richard Jenkins Chief Executive, Angela Wendzicha Director of Corporate Affairs and Emma Parkes Director of Communications & Marketing noted their standing declarations of interest due to their joint roles at Barnsley Hospital NHS Foundation Trust (BHNFT) and The Rotherham NHS Foundation Trust (TRFT).	
	Lorraine Burnett, Chief Operating Officer and David Plotts, Non-Executive Director declared their interests as Directors of Barnsley Facilities Services (BFS).	
BoD: 24/91	**Minutes of the Previous Meeting**	
	The minutes of the meeting held on Thursday 1 August 2024 were reviewed and approved as an accurate record of events.	
BoD: 24/92	**Action Log**	
	The action log from the previous meetings was reviewed and progress against outstanding/completed actions was duly noted.	
	CULTURE	
BoD: 24/93	**Staff Story**	
	Dawn Gibbon attended to share her personal experiences of living and working with dyslexia, her daily experiences and the importance of support from colleagues and managers. She was accompanied by Pauline Garnett.	
	This was only the third time she had shared her condition publicly, highlighting the fantastic support from her manager that had helped build her confidence and self-esteem. She also discussed the difficulties in accessing necessary software, which is a vital tool to help with daily tasks. Further challenges were faced when the equipment broke and she actively sought help, noting the importance of such tools in her daily life.	
	Emma Parkes asked if there was anything the Trust can support with from a Communications point of view. **Action:** to raise awareness of the support networks available within the Trust.	EP
	In response to a query about colleagues in the Trust who might be struggling, Richard Jenkins explained that disabilities are often underreported, highlighting the need for more open discussions to take place during the appraisal process about any reasonable adjustments required, to better support staff in their day to day work. Bob Kirton, the Executive Lead for the Disability Network at the Trust, noted there is further work to do to integrate this more into everyday practices.	
	Tom Davidson noted the need for IT resources and offered to arrange a	

	meeting to explore possible solutions. **Action:** meeting to be arranged to discuss options available for speech recognition tools.	TD
	Sheena McDonnell advised that all staff are required to complete the mandatory Oliver McGowan training raising a greater awareness around disability and learning disabilities in particular. There is more the Trust can do to help with the daily challenges staff face.	
	Pauline Garnett thanked Dawn for sharing her story, noting this could be utilised within the Trust. She mentioned there are several guides available including the reasonable user guide, a neurodiversity guide and a workplace health and well-being passport for all staff, which help facilitate conversations and provide additional support when needed.	
	On behalf of the Board, Dawn was commended for sharing her personal experiences. Dawn thanked everyone for being allowed to share her story, hoping it would inspire change.	
BoD: 24/94	**Guardian of Safe Working Annual Report**	
	Jess Phillips joined the meeting virtually, providing an overview of issues raised between January – June 2024. Since writing the report, the Board was informed the issues in the report had been resolved.	
	The report follows the usual patterns observed in previous reports, particularly regarding overtime work at the junior level. A total of 164 exception reports were received, with Clinical Business Unit (CBU) 1 having the highest number of reports. Five contractual breaches were noted, four related to maximal shifts in a single on-call period. Three breaches occurred in Obstetrics and Gynaecology in June 2024, which will be discussed and reviewed by the specialty.	
	There was greater engagement from departments regarding the reports, with departments responding to the trends and using the data as evidence to support positive changes.	
	In response to a comment about the rest areas in Obstetrics and Gynaecology, the Board noted that the delays were due to changes in the room usage. A number of rooms have now been identified and are expected to be ready by November 2024. Richard Jenkins explained following a conversation at the Executive Team (ET) meeting yesterday, a request was made to expedite the work to ensure the room is ready by November.	
	Following a question from Mark Strong about Junior Doctor's comfort in reporting; Jess Phillips explained that increased efforts had been made to target areas resistant to reporting and to encourage positive engagement. **Action:** The Board agreed it would be useful for further discussions to take place with Mark Strong, Dean of the Medical School at Sheffield University.	MS
	Sheena McDonnell thanked Jess Phillips for presenting the report, acknowledging the importance of addressing these concerns at Board level	

	and offered continued Board support. The Board noted and received the report.	
	ASSURANCE	
BoD: 24/95	**Quality and Governance Committee Chair's Log** Gary Francis presented the chair's logs from the meetings held on 28 August and 25 September 2024 which were noted and received by the Board. Arising from the report the following points were highlighted: **August 2024:** several reports were received including a verbal update on the Oral and Maxillofacial Surgery electronic filing system, Fire Code Statement and the continued improvements with falls and pressure ulcers. The Mental Health Annual Report was also received, noting the partnership working across Place and the System. **September 2024:** the Committee received the Infection Prevention and Control Action Plan, noting the continued increase in the number of reported cases of Clostridioides difficile. There was a typographical error in the number of cases reported in the chair's log, this should have read 41 against the NHSi Trust target of 51. One concern noted by the Committee was the limited cleaning hours in the Emergency Department (ED). The Board noted work is ongoing to allocate additional resources to address this issue. **Action*:*** Action log to be amended. The Board was pleased to note that the Paediatric Emergency Team had been awarded the Quality Improvement Initiative of the Year Award at the HSJ Patient Safety Awards.	LJW
BoD: 24/96	**Fire Code Statement** The annual Fire Code Statement was received and endorsed by the Board.	
BoD: 24/97	**Finance & Performance Committee Chair's Log** Alison Knowles presented the chair's logs from the meetings held on 29 August and 26 September 2024 which were noted and received by the Board. The meetings focused on three key areas; Corporate Performance, Finance and Information Technology with the key highlights being: **August 2024:** several reports were received including an update on Business Security and the Trust's preparedness for the 2024/25 EPRR Core Standards, elective recovery presentation and the Premises Assurance Model submitted by BFS, which showed an improvement in compliance for the Trust. **September 2024:** the Committee received the Winter Plans, an update on the current challenges faced with Oral and Maxillofacial Surgery and ratified the submission for the digital funding business case.	
BoD: 24/98	**Winter Plans** Lorraine Burnett presented the Winter Plan proposal providing an overview of measures in place to help meet the winder demands.	

	The winter plan is structured into three areas; maximise bed base, Christmas/New Year plans and managing peak infections. The plan will be shared with Barnsley Place and also be contained within the wider Place-based winter plans. Work is ongoing to implement an ambulance divert scheme, with a focus on reaching patients before dispatch; a paramedic is now working with the Trust, via Rightcare Barnsley with positive results seen.

Information had been sent from NHS England (NHSE) on managing additional capacity with a checklist to ensure safe and high-quality care is provided. A review has been completed which will be presented through the relevant governance routes to provide assurance the Trust is meeting expectations.

In response to a comment regarding the high use of temporary staffing in Ward 36, Lorraine Burnett explained the additional beds on the ward have been closed and are no longer included in the trust bed escalation plans. Should the trust experience extreme bed pressures then executives will consider the space in ward 36, taking into consideration quality, safety, operational and financial metrics. This includes the staffing resources available.

A question was raised about engagement with Barnsley Place; the Board noted that engagement with providers such as South West Yorkshire Foundation Trust and Primary Care was positive. The winter plan has been discussed within the Place meetings and at the Urgent and Emergency Care Board.

A discussion was held regarding the challenges experienced. Lorraine Burnett explained that the bed reconfiguration was approved 18 months ago. Efforts are ongoing to ensure delivery of what was agreed upon, whilst being mindful of the challenging financial position. Additional meetings are being held by the ET, to discuss several elements including risk, quality, safety and patient flow. The Board also noted that the Trust has planned to step down elective orthopaedic activity for three weeks over the Christmas period to help with capacity, enabling ward 34 to be used for emergency admissions post Xmas which is a known period of extreme pressure. Operational managers are working with clinicians to maximise sessions at the Mexborough elective orthopaedic centre over this period.

In response to a query about surge planning, the Board noted the plans are based on the expected surge percentages, with a focus on managing peak surges daily.

The Board was in support of the structured plan and of the indicative additional costs of £667,710. | |
| **BoD: 24/99** | **People Committee Chair's Log**

Kevin Clifford presented the chair's log from the meeting held on 24 September 2024 which was noted and received by the Board

Several reports were presented to the Committee which included the workforce insight report, clinical workforce development update and an update on the | |

	Sexual Safety Charter. The Committee noted the increase in short-term sickness; a deep dive will be undertaken to explore the reasons which will be reported back to the Committee in due course.	
	Regarding the Proud to Care Conference, a question was raised asking if there was any view on learning from returnees; Steve Ned explained the People Promise Manager is looking into this.	
	The Board was informed that the Royal College of Nursing (RNC) had rejected the recent pay award for Agenda for Change. The RCN will need to ballot for industrial action since the mandate for pay disputes had expired. Before the meeting, a question was submitted by the Council of Governors (CoG); this will be captured as a response with feedback provided to the CoG. **Action:** Update to be provided to the CoG.	SM
BoD: 24/100	**Workforce Race Equality Standard (WRES) Annual Report** Steve Ned introduced the WRES Annual Report, with the recommendation for ratification by the Board for publication on the Trust's website, in line with the statutory reporting requirements. The report, highlighting the Trust's performance between 1 April 2023 and 31 March 2024, is part of the NHS contract requirements. The data reported progress in several areas including workforce representation and an increase in staff within the Black Asian and Minority Ethnic (BAME) category. There was a deterioration reported on discrimination from 14.4% to 17%, with work ongoing to understand the cause, including talking to staff and sharing stories through the staff network. Richard Jenkins questioned how much of the improvement is due to improved practices versus new recruits providing different perspectives. The Board was informed of ongoing work with Emma Kilroy and the Workforce Development Team, to try and encourage staff to speak up and share stories in a safe environment. Steve Ned explained feedback is being provided to the National Team about potential changes, whilst also addressing the existing concerns/issues. Alison Knowles noted changes in the staff pool which may impact on statistics, raising concerns about recent events such as the riots, which may affect future responses. Sheena McDonnell highlighted the importance of not being complacent, acknowledging that whilst recent experiences by Nurses due to local riots were not great, the support provided by the Trust was extremely positive and well received. The Board noted the need to focus on actions that would/can make a difference, which will be overseen by the People Committee. It was also noted the Trust had recently committed to the Anti-Racist Framework. The Board received and ratified the report, which will be published on the website by the deadline of 31 October 2024. The action plan will be revised before publication, with a revised copy being circulated to the Board for information. **Action:** revised WRES action plan to be circulated.	SN
BoD:	**Annual Workforce Disability Equality Standard (WDES) Report**	

| 24/101 | Steve Ned presented the WDES Annual Report, with the recommendation for ratification by the Board for publication on the Trust's website, in line with the statutory reporting requirements. The report provided an overview of performance against the indicators for the period between 1 April 2023 - 31 March 2024. Overall, significant progress was seen against the indicators with no signs of a reduction in progress. Disparities were seen in the experiences of disabled colleagues compared to non-disabled colleagues, highlighting the need for further action. The Board received assurance that an action plan has been implemented to improve performance.

Richard Jenkins commented that the action plan is driven by the reporting mechanisms, suggesting there would be merit in connecting the Staff Story presented earlier into the plan. Whilst the action plan details generic actions, specific concerns such as dyslexia are not included, with a suggestion to include specific actions. Pauline Garnett agreed this would be of benefit and suggested the possibility of involving Dawn Gibbon and the Staff Network.

In response to a query about long-term conditions such as anxiety, depression and musculoskeletal issues; the Board noted that although the staff survey is anonymous, there is a need to raise the profile about what is classified as a disability and to educate staff. Steve Ned explained there is a mismatch between data from the Electronic Staff Record (ESR) and the staff survey, and suggested focusing on high-impact actions in certain areas, such as dyslexia and menopause campaigns.

The Board received and endorsed the report for publication on the Trust's website by the reporting deadline of 31 October 2024.

Pauline Garnett withdrew from the meeting. | |
| **BoD: 24/102** | **Annual Doctors Appraisal and Revalidation Report**

Jeremy Bannister presented the Annual Doctors Appraisal Report for 2023/24, assuring the Trust and NHSE, that the Responsible Officer is fulfilling their statutory duties. The report highlights the effectiveness of all the systems overseen relating to recommendations made to the General Medical Council (GMC) on doctors' fitness to practise and arrangements for medical appraisal.

The Board noted that 97.8% of doctors had been successfully appraised during the reporting period. After using the MagForm system produced by NHSE for 12 – 13 years, the Board noted this system is no longer supported. The Trust had tendered and procured a new appraisal platform which was implemented smoothly in October 2023. After six months, a survey was conducted where positive feedback on the system was received.

Jackie Waller, Appraisal and Revalidation Support Manager was commended for her support with the process.

In response to a question raised regarding a plan to identify new people coming in this year; the Board was informed that all new starters are offered an | |

	induction, introduced to the system and an assessment is made to create a plan. The Board received and endorsed the Annual Doctors Appraisal and Revalidation Report. The Statement of Compliance will be signed by the Chair to confirm that the Trust is compliant with the regulations.	
BoD: 24/103	**Maternity and Neonatal Independent Service Advocate (MNISA)** Sara Collier-Hield, Rebecca Bustani and Abbey Harris were in attendance to provide an update on the MNISA pilot scheme for South Yorkshire. The service, which went live on 1 March 2024, had worked with 14 families across South Yorkshire, providing support to those experiencing neonatal death or baby brain injury. Emerging themes identified were issues with communication shared with families and sometimes, felt that their concerns were not always believed. In terms of wider learning and actions to ensure improvements are made, work is ongoing with the Local Maternity and Neonatal Systems (LMNS) and across the system. Sarah Moppett explained the criteria for referral to the service is set nationally. There are robust systems in place and to ensure all eligible cases are referred. The Board received and noted the report, acknowledging the service as helpful and supportive to families.	
BoD: 24/104	**Maternity and Neonatal Board Measures Minimum Data Set** Sara Collier-Hield attended to provide an update on the minimum data set of maternity and neonatal board measures. Arising from the report, the key points to note were: • No new referrals were made to the Maternity and Neonatal Safety Investigations (MNSI), one case remains ongoing. No new Patient Safety Incident Investigations (PSII) were declared during July and August 2024. One PSII was completed in August 2024. • One incident was confirmed as moderate harm in July 2024 relating to a postnatal readmission and one in August 2024 relating to a perineal tear. • Mandatory Training: compliance has maintained above 90%. A decrease was noted this month due to staff returning to work following maternity leave and long-term sickness. Neonatal Unit compliance is reported at 80.56% for Safeguarding Level 3, staff currently out of date are booked onto the next available session. Obstetric Medical Staff remains below the 90% compliance rate, with work ongoing with staff who are currently out of date. Four doctors require completion of Safeguarding Level 3, two of whom are booked into the next session in September 2024. PROMPT and fetal monitoring training remains over 90% compliance for 3 out of 7 staff groups. Work is ongoing with the Saving Babies Live V3, which includes the check and challenge process. The Clinical Director for CBU 3 is working to ensure improvements are seen in the coming months.	

	- Maternity Dashboard: as a result of the change in systems to BadgerNet, the Index of Multiple Deprivation is unavailable, work is ongoing with the data analyst to address this. Following a previous request, a narrative had been included on the work of the maternity smoking team, smoking at the time of delivery met the national target of 6% in July 2024. - Service User Feedback: responses were 100% positive during July and August 2024. Feedback from the Maternity Voice Partnership was positive with further meetings scheduled to discuss the next steps. - Compliance is on track with the Clinical Negligence Scheme for Trusts MIS Year 6, with several deadlines set for 30 November 2024. - Care Quality Commission (CQC) Actions: significant progress has been made in checking resuscitaire's following the CQC visit last year. Previous concerns noted in achieving Safety Action 2 have been resolved with the implementation of BadgerNet. Safety action 3 requires Board sign-off, with updates included for approval for this year. - The Cultural and Leadership Programme is almost concluded, with a culture survey session planned to feedback information. Efforts are ongoing to align findings and ensure changes are implemented. Sheena McDonnell noted the low response rate from maternity colleagues in the culture surveys, asking about the Trust's approach to encourage wider participation and feedback. Sara Collier-Hield explained efforts are ongoing to improve this with NHS Select, highlighting the importance of engagement and communication. The Board offered support to help with the feedback with a suggestion to utilise support available from the Organisational Development Team. Sara Collier-Hield noted discussions have already been held with the Head of Organisational Development to review the options available. In response to a query about what our plans were in relation to the Continuity of Care (CoC); the Board noted that the third team was stood down based on the level of vacancies carried. Once fully staffed, the plan is to review the three teams. The priorities currently for CoC include women from certain backgrounds and in areas of deprivation, with ongoing work to ensure high levels of care are provided. Richard Jenkins expressed concerns regarding the mandatory training compliance for Medical Staff. He requested a report presented to the ET in 3 months highlighting the training issues. **Action:** James Griffiths will discuss this matter with Simon Enright on his return from annual leave. This item is to be added to the Executive Team work plan.	SE
BoD: 24/105	**Barnsley Facilities Services Chair's Log** David Plotts presented the chair's logs following the meeting held in September 2024, which was noted and received by the Board. The key highlights to note included the work on the Education Centre refurbishment has commenced and BFS continue to support the employability schemes. The Board noted that BFS has been shortlisted for three awards at the Institute of Healthcare Engineering and Estate Management Awards in October 2024.	

	On behalf of the Board, Sheena McDonnell thanked all BFS colleagues for their support, particularly with regards to the employment initiatives.	
BoD: 24/106	**Executive Team Report and Chair's Log** Richard Jenkins introduced the chair's logs from meetings held throughout August and September 2024 which were noted and received by the Board. In response to a comment about the 70% target for vaccinations; Richard Jenkins noted that although there is no national target set for this year, based on past experience the 70% target is achievable. A question was raised about whether there are other areas where staff choices could potentially put patients at risk. **Action:** The Board noted this will be considered by the ET.	ET
	PERFORMANCE	
BoD: 24/107	**Integrated Performance Report** The Integrated Performance Report, which provided an overview of the performance and challenges during August 2024 was noted and received by the Board. Lorraine Burnett explained the report had been presented and thoroughly scrutinised at the recent Assurance Committees, with reference documented in all Committee chair's logs. In response to a question raised by the Council of Governors at the last Board meeting, a narrative on the waiting list management has been included within the report. The Board acknowledged the improving positions demonstrated within the report, suggesting there may be merit in including the steps to differentiate performance within the SPC charts. Bob Kirton informed the 4 hour performance placed the Trust in the top 10 in the Country, noting positive developments in ED which included the pressure ulcer and sepsis pathways and recent awards won. However, he noted challenges were faced during September 2024 which are being addressed by the team. Before the meeting, a question was submitted by the Council of Governors regarding the ED and contingency plans; this will be captured as a response, with feedback provided to the CoG. **Action:** Update to be provided to the CoG. On behalf of the Board, Lorraine Burnett and the team were congratulated for achieving the 65-week wait target by the end of September	SM
	GOVERNANCE	
BoD: 24/108	**Board Assurance Framework/Corporate Risk Register** Angela Wendzicha presented the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), providing an update on the latest position. Both documents had been presented for review at the recent ET meetings and Assurance Committees. There are currently 13 risks on the BAF. Following review by the Executive	

	Directors and risk leads, several updates have been made with no changes recommended to the residual risk scores.

There are currently 10 risks on the CRR and following review with the Executive Director, a recommendation is made for the following two risks to be reduced:

- Risk 2976 regarding the risk of major operational/service disruption due to digital system infrastructure and air conditioning failures. Following review by the Director of ICT, it is proposed to reduce the residual risk score from 16 (4 x 4) to 8 (4 x 2).
- Risk 2768 regarding risk of pathology operational impact due to failure of the LIMS system within pathology as a result of update delay. Following review by the Director of ICT, it is proposed to reduce the residual risk score from 16 (4 x 4) to 4 (4 x 1).

The Board noted and received the updated BAF/CRR documents and endorsed the recommended reduction of Risk 2967 and Risk 2768. | |
| BoD: 24/109 | **Bi-annual report of the use of the Trust Seal**

The Board noted the nil return of the Trust Seal. | |
| BoD: 24/110 | **Board of Directors Annual Effectiveness Review**

Angela Wendzicha explained this item had been deferred to a future Board meeting. The survey link will be recirculated which colleagues were encouraged to complete. **Action:** survey link to be recirculated. | AW |
| | **SYSTEM & PARTNERSHIP** | |
| BoD: 24/111 | **System Update**

The Integrated Care Board Chief Executive report was included for information. | |
| BoD: 24/112 | **Partnership Update**

The Rotherham NHS Foundation Trust/Barnsley Hospital NHS Foundation Trust Partnership Programme: The Board received and noted the recent partnership updates.

Barnsley Place Partnership Update: The Board received and noted the update about the latest developments at Barnsley Place. | |
| | **FOR INFORMATION** | |
| BoD: 24/113 | **Chair Report:**

Sheena McDonnell introduced the chair's report which provided a summary of events, meetings, publications, and decisions that require bringing to the attention of the Board.

The Board noted and received the update. | |
| BoD: 24/114 | **Chief Executive Report**

Richard Jenkins presented his report providing information on several internal, regional, and national matters that had occurred following the last Board | |

	meeting. The key highlights included the unveiling of the Trust's memorial mural for organ and tissue donation patients and the Proud to Care Conference.	
	In response to a query about publicising the conference, Emma Parkes mentioned that there had been a vast amount of communication about access to the conference, but further work is needed to ensure all staff are informed. *Action:* Emma Parkes to liaise with the Head of Leadership and Organisational Development to explore methods for publishing and promoting the Proud to Care Conference.	EP
	Regarding a query about some wards not directly involved in patient care being excluded, Sarah Moppett assured the Board that efforts had been made to ensure every ward/CBU was evenly represented.	
BoD: 24/115	**NHS Horizon Report** The report provided an overview of NHS Choices Reviews; reviews of strategic developments and national and regional initiatives were noted and received by the Board.	
BoD: 24/116	**2024/25 Work Plan** The work plan which sets out the structure of the year ahead, was included for information which was noted by the Board.	
BoD: 24/117	**Board Development Plan** The development plan was noted and received by the Board. The plan detailed future developments proposed to be carried out at a later date.	
BoD: 24/118	**Any Other Business** The Board was informed of a Black History event taking place on Tuesday 8 October 2024 and encouraged Board members to attend.	
BoD: 24/119	**Questions from the Governors regarding the Business of the Meeting** The questions submitted on behalf of the Council of Governors had been addressed during the meeting.	
BoD: 24/120	**Questions from the Public regarding the Business of the Meeting** Before the meeting, a statement had been published on the Trust's website inviting questions from members of the public. No questions were submitted.	
BoD: 24/112	**Date of next meeting:** The next Board of Directors Public Session will be held on Thursday 5 December 2024 at 9.30 am. *Post-meeting note:* The meeting will be held in the Willow Room, Priory Centre, Barnsley Healthcare Federation CiC, Pontefract Road, Barnsley, S71 5PN. 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.	

3.3. Integrated Performance Report

To Note

REPORT TO THE COUNCIL OF GOVERNORS - Public		REF:	**CoG: 22/01/25/3.3**

SUBJECT:	**INTEGRATED PERFORMANCE REPORT**		
DATE:	22 January 2025		

PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓	*Assurance*		✓
	For review	✓	*Governance*		✓
	For information	✓	*Strategy*		✓

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SPONSORED BY:	Lorraine Burnett, Chief Operating Officer
PRESENTED BY:	Lorraine Burnett, Chief Operating Officer

STRATEGIC CONTEXT

The monthly Integrated Performance report is aligned with 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's strategic objectives. The report does not currently contain metrics directly related to Place & Planet as these are reported separately, with all objectives reported quarterly via the strategy report. The place dashboard is shared as available.

EXECUTIVE SUMMARY

Patients: Quality metrics are within expected range, with the exception of C Diff. There were 3 cases of Clostridioides difficile during October; a range of actions are being undertaken to address this, with some learning identified. The Trust trajectory has been received and is set at 51 cases.

Falls and pressure ulcers per 1000 bed days continue to show special cause improvement with below average incidence.

People:

Appraisal: below target of 90% at 85.1%%.

Turnover: 11%**,** continues to remains within target and benchmarks favourably within South Yorkshire**.**

Sickness: 5.4%, remains above target.

Return to work: below target of 70% at 49.7%

Mandatory Training: below target at 89% against Trust target of 90%.

Finance: As at Month 7 the Trust has a consolidated deficit of £0.351m against a planned deficit of £95k giving an adverse variance of £0.256m

Performance:

UEC: Performance against 4 hrs for type 1 was 62.8% against the England performance of 59.2% (31/122). Bed occupancy for Oct 2024 was 92.3%. The stretch trajectory for ED performance is 80%, with daily attention to focus on evening and overnight waits to seeing clinical decision maker alongside flow to wards and AMU.

RTT: 74.4% performance, England performance for the same period 57.6%. There were 3 65 weeks breaches at month end resulting from data quality validation and there are 84 patients waiting 52 weeks and above. Clinical business units are working to speciality specific recovery to 92%, including speciality specific stretch to >95% in year to achieve a robust RTT delivery.

Capped Theatre Utilisation: 77.9% as at October 2024.

Diagnostics: 1.8% 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 @ 81% against a target of 75%,
the 31-day treatment standard was not achieved 83% against a target of 96%, Skin Elective capacity unable to meet demand.
Performance against the 62-day treatment standard of 85% was not achieved at 80%. Lung being the largest under achieving tumour site.

The breakdown of the waiting list by speciality (unvalidated) as at 18/11/24:

Spec	RTT %	<18	18-26	27-51	52-64	65-77	78-103	Total	Breaches Above Target
BREAST SURGERY	93.01%	266	10	10				286	-3
CARDIOLOGY	92.81%	800	54	8				862	-7
CLINICAL HAEMATOLOGY	64.18%	335	108	79				522	145
COLORECTAL SURGERY	99.32%	147	1					148	-11
DERMATOLOGY	68.56%	1267	414	167				1848	433
DIABETIC MEDICINE	93.65%	59	3	1				63	-1
DIRECT ACCESS GASTROENTEROLOGY	100.00%	2						2	0
ENDOCRINOLOGY	75.49%	311	68	33				412	68
ENDOSCOPY	100.00%	13						13	-1
ENT	79.48%	1685	321	111	3			2120	265
GASTROENTEROLOGY	93.74%	989	57	9				1055	-18
GENERAL MEDICINE	100.00%	27						27	-2
GENERAL SURGERY	72.98%	875	172	152				1199	228
GERIATRIC MEDICINE	94.77%	163	8	1				172	-5
GYNAECOLOGY	63.09%	1576	411	501	10			2498	722
HEPATOLOGY	82.82%	217	39	6				262	24
MAXILLO-FACIAL SURGERY	63.20%	929	228	299	14			1470	423
OPHTHALMOLOGY	91.32%	1747	109	57				1913	13
ORAL SURGERY	24.61%	63	54	126	13			256	173
ORTHODONTICS	81.67%	49	6	5				60	6
PAEDIATRIC CARDIOLOGY	66.67%	2		1				3	1
PAEDIATRIC DERMATOLOGY	65.00%	130	62	8				200	54
PAEDIATRIC EAR NOSE AND THROAT	70.38%	366	124	30				520	112
PAEDIATRIC EPILEPSY	100.00%	5						5	0
PAEDIATRIC OPHTHALMOLOGY	92.79%	309	14	10				333	-3
PAEDIATRIC TRAUMA AND ORTHOPAEDICS	76.37%	139	37	6				182	28
PAEDIATRICS	75.71%	536	138	34				708	115
RESPIRATORY MEDICINE (THORACIC MEDICINE)	83.41%	342	47	21				410	35

RHEUMATOLOGY	95.44%	272	11	2				285	-10
STROKE MEDICINE	91.67%	11		1				12	0
TRANSIENT ISCHAEMIC ATTACK	100.00%	1						1	0
TRAUMA & ORTHOPAEDICS	60.29%	1473	475	463	29	2	1	2443	775
UROLOGY	72.66%	837	175	139	1			1152	223
Total	74.35%	15943	3146	2280	70	2	1	21442	3784

MEOC

Two lower limb surgeons successfully appointed. One to start mid December. Clinical Business Unit are working to fill the MEOC Barnsley sessions from Jan 25.

DNA

	New			Follow Up		
	All	DNA	DNA %	All	DNA	DNA %
Sep-24	8,604	688	8.00%	22,990	1,513	6.58%

Discharges

	Monthly Total				Daily Averages				Percentage			
	Jul-24	Aug-24	Sep-24	Oct-24	Jul-24	Aug-24	Sep-24	Oct-24	Jul-24	Aug-24	Sep-24	Oct-24
Before 7AM	29	31	15	15	0	0	1	0	1.2%	1.3%	1.3%	1.3%
7AM-10am	10	28	21	30	1	1	1	1	3.0%	3.2%	1.8%	2.7%
10AM-12PM	45	78	59	65	2	2	2	2	5.5%	5.9%	5.0%	5.8%
12PM-5PM	420	442	444	467	19	17	15	15	48.8%	45.4%	37.4%	41.7%
5PM-Midnight	639	684	647	544	16	16	22	18	41.4%	44.2%	54.6%	48.5%
	1,143	1,263	1186	1121	39	36	40	35				

No Criteria to Reside

	03/11/2024	27/10/2024	20/10/2024	13/10/2024	06/10/2024
NCTR (Week End Position)	13.10%	11.20%	10.60%	8.40%	5.50%

CBU 2 theatre improvement plan has and continues to develop reports and dashboards measuring Key Performing Indicators in relation to key theatre metrics, this supports the live monitoring of late starts, short notice cancellations and the average number of cases per list to identify changes and evidence productivity. All of the reports include detail at individual level for operational management, anonymised versions to allow for sharing with teams, an info-graph to display in the theatre complexes and monitoring via improvement board is being developed.

Work continues in relation to CDC opportunities, relocating further phlebotomy activity from the main hospital site as well as offering capacity to South Yorkshire partners to maximise activity and close the gap.

RECOMMENDATIONS

The Council of Governors is asked to note and review the October 2024 Integrated Performance Report.

Barnsley Hospital Integrated Performance Report

Reporting Period: October 2024

Assurance

P Consistently hit target

? Hit and miss target subject to random

F Consistently fail target

Performance

H / L Special Cause Concerning variation

H / L Special Cause Improving variation

Common Cause

High Level Assurance
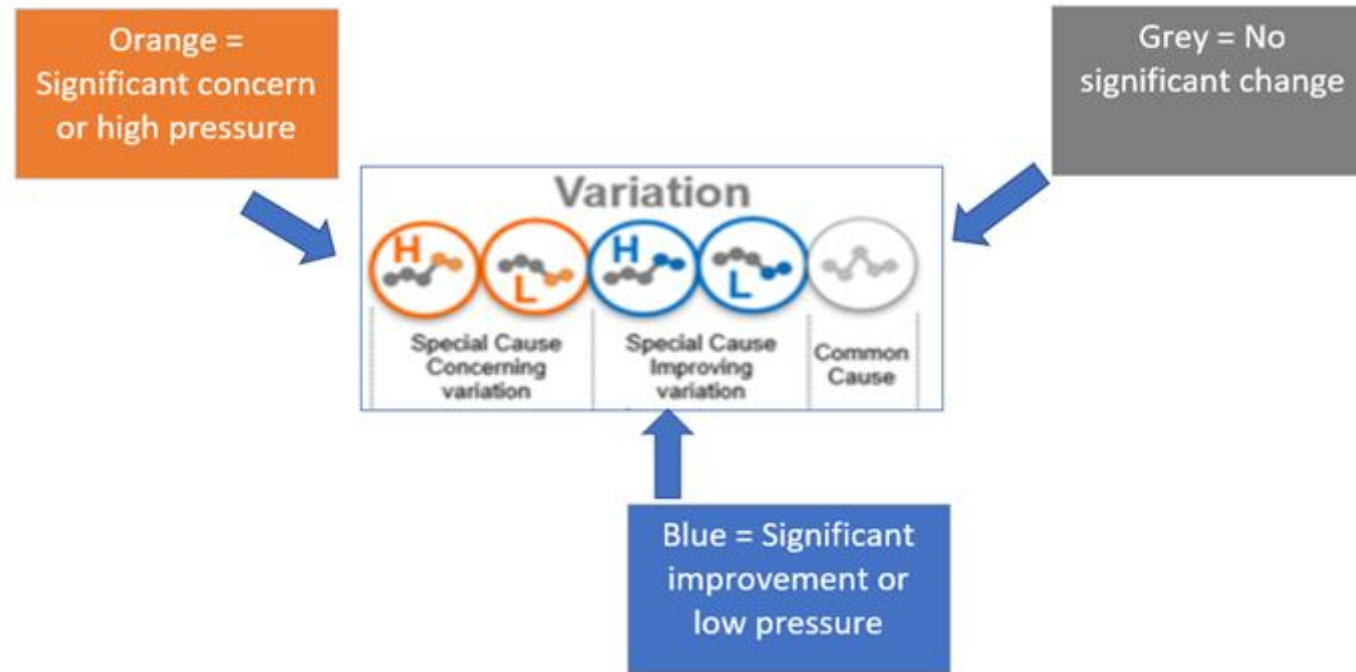## Can we reliably hit the target?

Blue = will reliably hit the target

Orange = System change required to hit the target

Assurance

P — Consistently hit target

? — Hit and miss target subject to random

F — Consistently fail 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
F	H	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.
P	H	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.
?	H	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).
F	L	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.
P	L	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.
?	L	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).
F	H	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.
P	H	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.
?	H	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

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?	L	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).
F		Common cause variation, no significant change. This process is not capable. It will **F**AIL to meet target without process redesign.
P		Common cause variation, no significant change. This process is capable and will consistently **P**ASS 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	Oct 24	1	0	?		2	-2	6
Incidents Involving Death	Oct 24	3	0	?		1	-2	4
Incidents Involving Severe Harm	Oct 24	1	0	?		2	-2	6
Never Events	Oct 24	0	0	?		0	0	0
Falls per 1000 bed days	Oct 24	5.6	6.6	?		7.5	5.5	9.6
Harmful Falls per 1000 bed days	Oct 24	0.1	0.0			0.2	-0.1	0.5
Pressure Ulcers per 1000 bed days	Sep 24	1.5	3.6	?		3.1	1.2	5.0
Hand washing	Oct 24	90%	95%	?		93%	84%	101%
Q - Hospital Acquired Clostridioides difficile	Oct 24	3.0	4.3	?		4.8	-2.2	11.7
Q - Hospital Acquired MRSA Bacteraemia	Oct 24	0	0	?		0	0	0
Single Sex Breaches	Oct 24	4	0	?		1	-1	2
Number of complaints	Oct 24	23				25	4	46
Complaints closed within standard	Oct 24	77.3%	90.0%	?		69.5%	46.4%	92.7%
Complaints re-opened	Oct 24	0	0			1	0	1
FFT Trustwide Positivity	Oct 24	90.2%	95.0%	?		91.1%	84.8%	97.4%

KPI	Latest month	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
% Patients Waiting <=4 Hours	Oct 24	62.8%	78.0%	?	~	67.1%	53.9%	80.3%
RTT Incomplete Pathways	Sep 24	74.4%	92.0%	F	~	71.8%	69.1%	74.4%
RTT 52 Week Breaches	Sep 24	76	0	F	L	182	116	248
RTT Total Waiting List Size	Sep 24	21928	21000	?	~	21660	20898	22422
% Diagnostic patients waiting more than 6 weeks (DM01)	Oct 24	1.8%	5.0%	?	L	4.4%	0.7%	8.1%
% Cancelled Operations	Oct 24	0.9%	0.8%	?	~	1.1%	-0.5%	2.7%
DNA Rates - Total	Oct 24	7.0%	6.9%	?	~	7.0%	6.2%	7.8%
Average Length of Stay - Elective - Spell	Oct 24	2.5	3.5	?	~	2.9	1.9	4.0
Average Length of Stay - Non-Elective - Spell	Oct 24	3.5	3.5	?	~	3.7	3.3	4.0
Bed Occupancy General and Acute % Overnight	Oct 24	92.3%	85.0%	F	~			
Data Quality - % pathways with metrics on RTT PTL	Oct 24	2.7%	2.0%	?	~	2.3%	1.7%	2.9%
Care Hours per Patient Day (CHPPD) (excl. maternity)	Oct 24	8.2	n/a	F	~	8.3	7.7	9.0
28 day - Faster Diagnosis Standard	Sep 24	81%	75%	?	H	80%	73%	88%
31 day - Treatment Standard	Sep 24	83%	96%	?	L	95%	87%	103%
62 day - Treatment Standard	Sep 24	80%	85%	?	~	76%	63%	89%

KPI	Latest data	Measure	Target	Assurance	Performance	Mean	Lower process limit	Upper process limit
Uncapped Theatre Utilisation	25/08/24	78.0%	85.0%	?	∿	79.3%	70.9%	87.7%
Capped Theatre Utilisation	20/10/24	77.9%	85.0%	F	∿	74.8%	67.6%	82.0%
Total Number of Ambulances	Oct 24	2280	-	F	L	2142		
% Less than 30 mins	Oct 24	74.3%	95.0%		∿	79.0%		
% Greater than 30 mins	Oct 24	16.3%	-	F	∿	12.1%		
% Over 60 mins	Oct 24	7.1%	-	F	∿	4.7%		
No time recorded	Oct 24	2.3%	-		L	4.5%	1.8%	7.2%
Staff Turnover	Oct 24	11.0%	12.0%	F	∿	10.7%	9.9%	11.6%
Appraisals - Combined	Oct 24	85.1%	90.0%	?	H	73.8%	33.1%	114.6%
Mandatory Training	Oct 24	89.0%	90.0%	?	∿	89.9%	87.8%	91.9%
Sickness Absence	Oct 24	5.4%	4.5%	F	∿	5.4%	4.8%	6.1%
Return to Work Interviews	Oct 24	49.7%	70.0%	F	∿	41.7%	31.3%	52.1%
Vacancy Rate	Oct 24	4.3%	0.0%		∿	4.0%	2.1%	5.8%
Bank/Agency Spend £k	Oct 24	2243.0	0.0		∿	2480.5	1579.3	3381.7

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PROUD to Care

% Patients Waiting <=4 Hours

October 2024

62.8%

Variance Type

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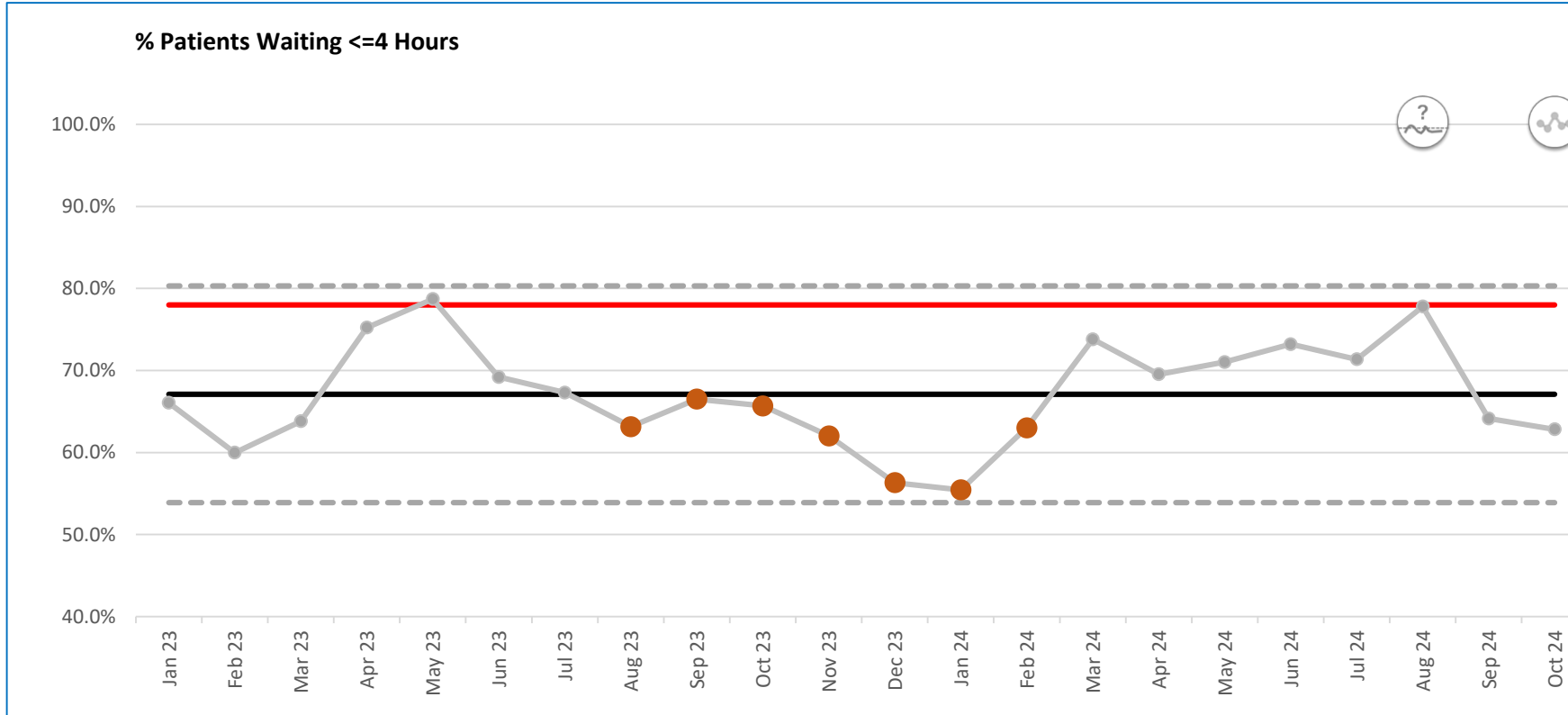
Target

78%

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. 2024/25 Operational Guidance requires A&E waiting times a minimum of 78% of patients seen within 4 hours.	Bed occupancy still just above 85% target @ 92.3%. Late Evening & Overnight Breaches resulting from Dr waits. Demand continues to be high, pressured and above plan. Timely bed availability and high bed occupancy. Infection outbreaks pressuring bed availability.	Weekly Executive Oversight. Daily oversight, through daily bed and escalation meetings. Rotas to be amend to reflect demand/pressured parts of the day/night. Focus on patients LoS & criteria to reside with an emphasis on discharge. Review of ED Medical Staffing Rota completed, changes and recruitment approved. Daily focused support and presence across the pathway and board rounds. Continued focus on paediatric pathways maintaining flow especially for non-admitted pts.	**October 2024** Barnsley 62.8%, England 58.1% **Ranking:** England 31/122 North East & Yorkshire 6/22

RTT Incomplete Pathways

September 2024

74.4%

Variance Type

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

Target

92%

Target Achievement

Metric is consistently failing the target

Background	What the chart tells us:	Issues	Actions	Context
RTT Incomplete Pathways	Remains below target and will not reach the target without system and/or process change.	3 month end breaches 65 week breaches resulting from Data Quality Validation.

Focus on reducing patient cohort at risk of waiting >52 weeks | All patients with a risk of 65 weeks breach being managed intensely.

Forward planning for patients >52 specialty teams working to reduce patient waits below 52 weeks.

Working with partners across SYB to look at alternative workforce/delivery solutions and the use of independent sector for specific specialties to reduce waits and where required insourcing.

Prioritise cancer and urgent patients. | **September 2024** Barnsley 74.4%, England 57.6%

Ranking:
England 19/155
North East & Yorkshire 4/26 |

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PROUD to Care

% Diagnostic patients waiting more than 6 weeks (DM01)

October 2024

1.8%

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).
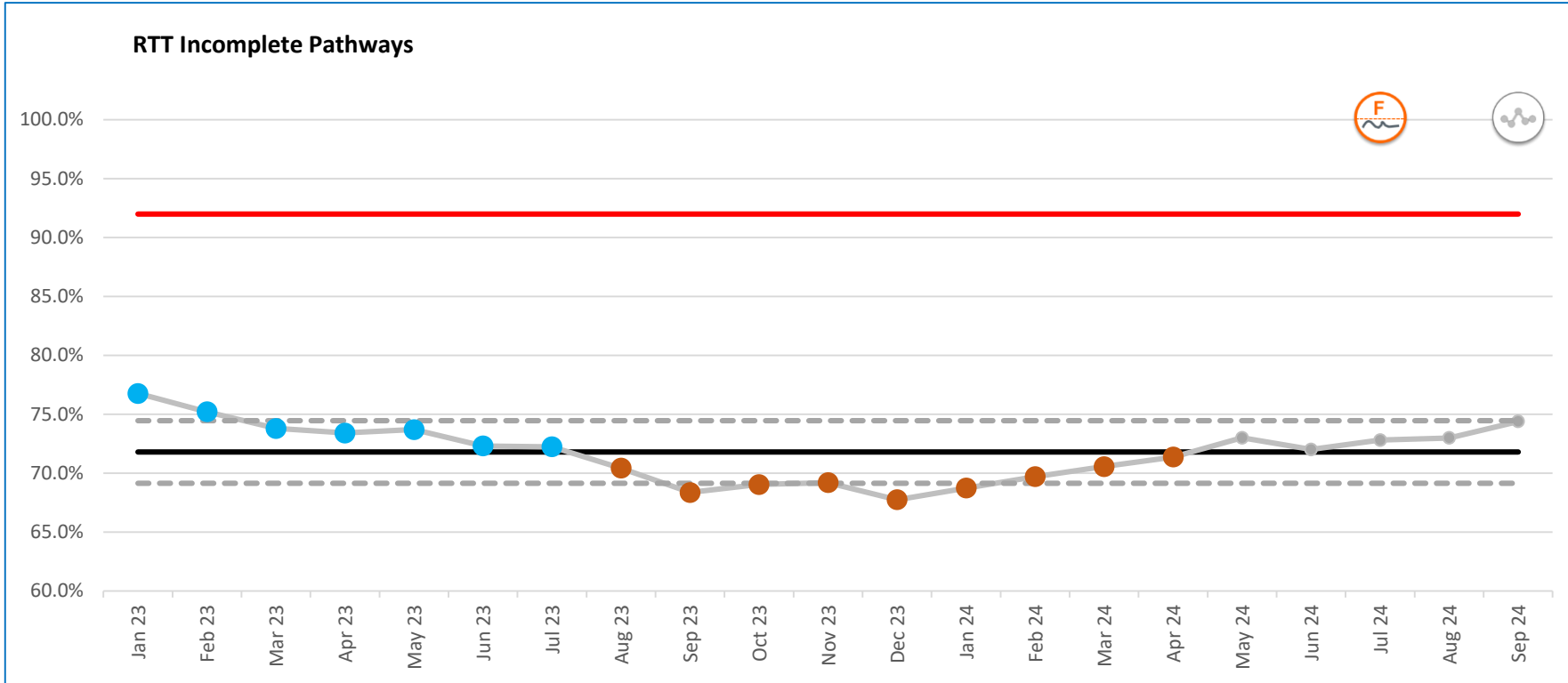
Target

5.0%

Target Achievement

Metric will hit and miss the target

Background	What the chart tells us:	Issues	Actions	Context
Diagnostics	Performance remains within control limits but will not hit constitutional target without continued focus. NHS England Operational target for 2023/24 as part of COVID recovery is 5% and is being achieved	Prioritisation of cancer & urgent work, including 'carve out slots' held for those on cancer pathway. Resilient process for validation continues to be a weakness	Cancer and Urgent referrals continue to be prioritised. Pressured specialities working to recover diagnostic position with additional sessions Management of waiting list to allow timely and accurate updating of pathways, helping to support validation and dating of patients. Continued support from data quality team with validation & reporting.	**September 2024** Barnsley 2.4%, England 22.7% **Ranking:** England 171/431 North East & Yorkshire 30/65

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PROUD to Care

Incidents Involving Death
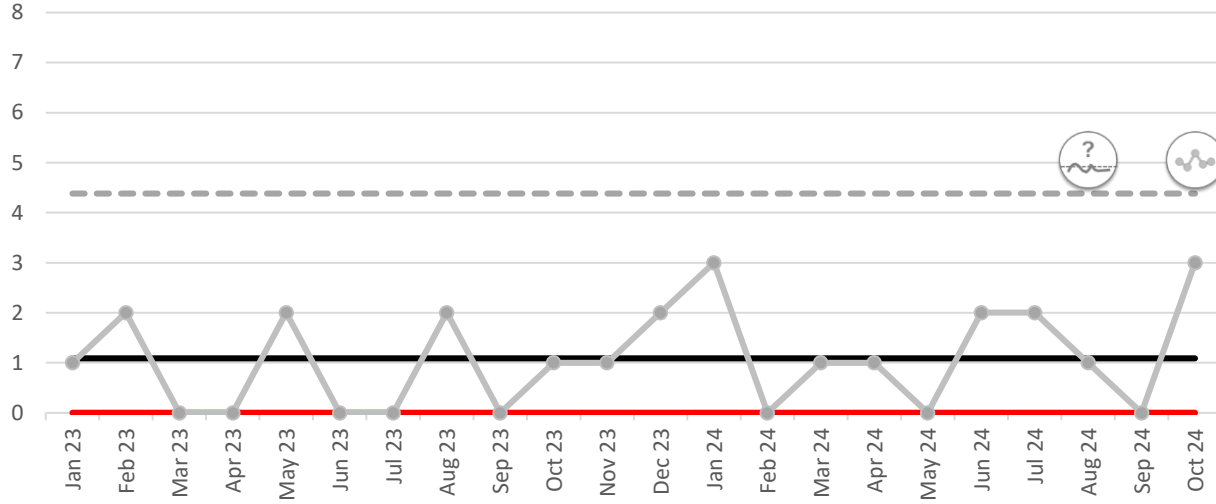
Incidents Involving Severe Harm

October 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)

October 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)

Background	Issues
Incidents under investigation involving death of a patient	There were three incidents resulting in a fatal outcome • A respiratory inpatient suffered a cardiac arrest – an investigation is underway and the level of harm related to this incident is under review. • A medical inpatient suffered a cardiac arrest - an investigation is underway and the level of harm related to this incident is under review. • A delay/failure to implement care - Duty of candour has commenced and an after action review is to be undertaken.
Incidents under investigation involving severe harm	There was one incident resulting in severe harm. • There was one inpatient fall resulting in a fractured neck of femur. Duty of candour has commenced and an after action review has been completed.
Patient Safety Incident Investigations	There was one patient safety incident investigation (PSII) declared in the month • Delay/difficulty obtaining clinical assistance

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PROUD to Care

Falls per 1000 bed days

Harmful Falls per 1000 bed days
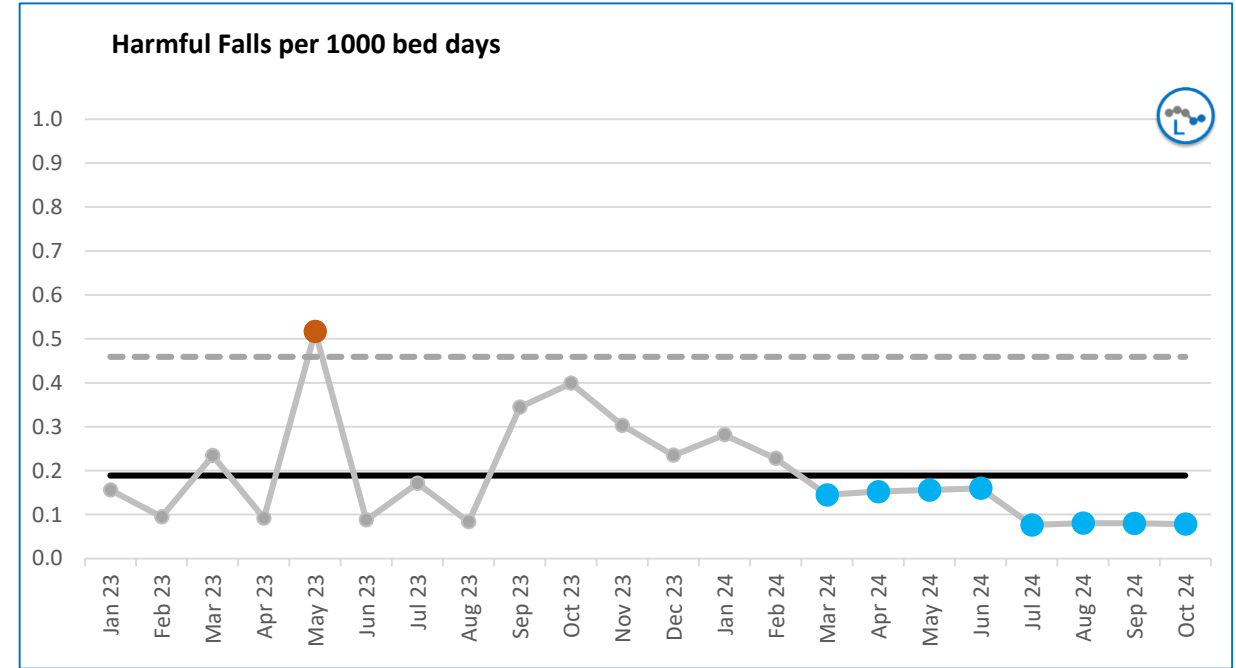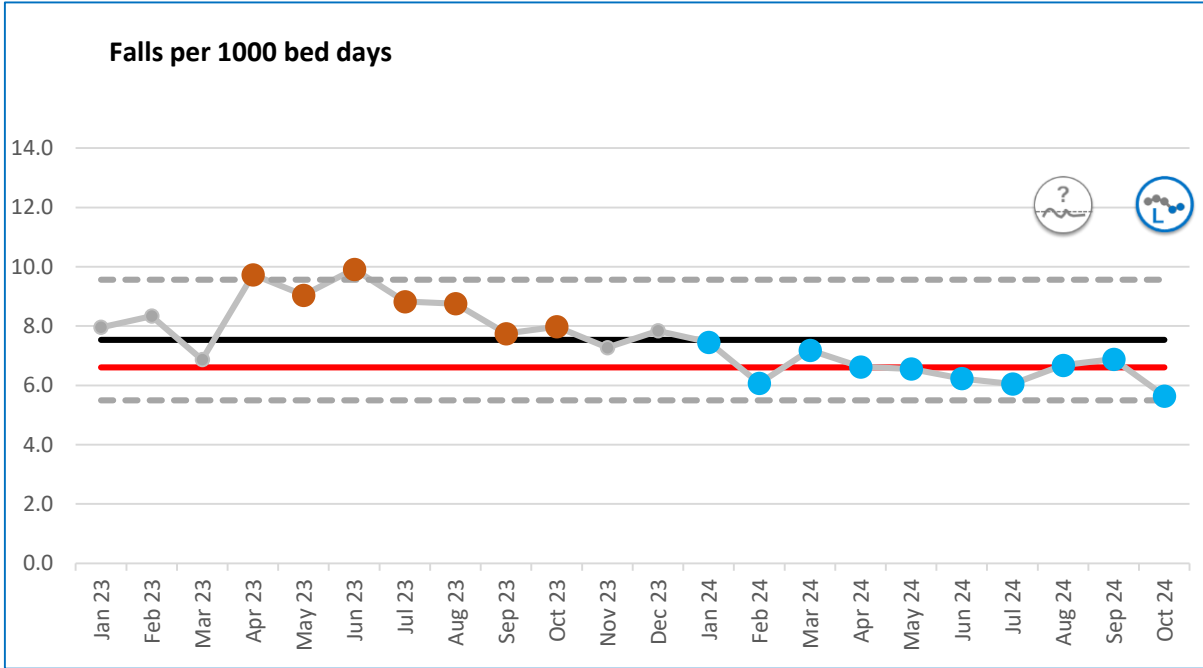
October 2024	Target	Variance Type
5.6	6.6	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

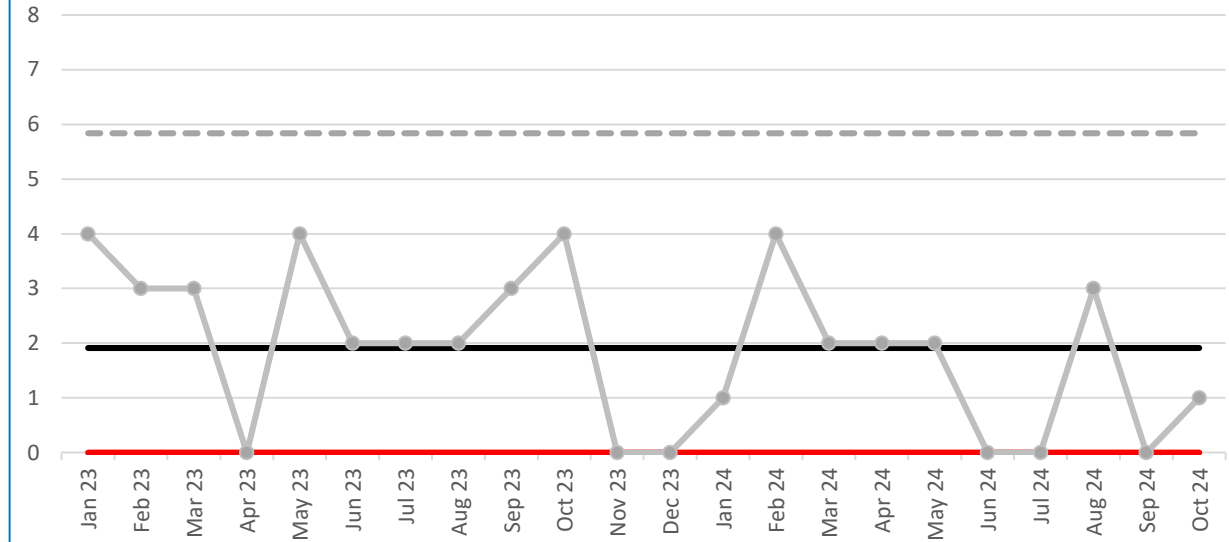| October 2024	Target	Variance Type
0.1	0	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions	Context
Inpatient Falls	**Falls** - The number of incidents is below average for October 2024 and has been below average for the past 10 months - The number of falls is below the Trust's monthly trajectory **Harmful falls** – The number of incidents is below average for October 2024 and has been below average for the past 8 months	High acuity across ward areas	Monthly Falls Prevention Group, individual areas discuss how to reduce falls in their areas. Individual charts for areas to review the number of falls . After action reviews for harmful falls. Local interventions in ward areas to reduce falls. Three quality targets focused around falls. Falls trajectories in place for 2024/2025. Practice educators in ward areas supporting staff in education and prevention of falls . Tendable monthly reports. Deconditioning workstreams.	-

Pressure Ulcers per 1000 bed days

September 2024
1.5
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
3.6
Target Achievement
Metric will hit and miss the target

Background	What the chart tells us:	Issues	Actions	Context
Pressure Ulcers	The number of incidents is below average for September 2024 and has been below average for the past 14 months. The set Trust trajectory of below 3.6 has been achieved.	High acuity across ward areas.	Monthly Tissue Viability & Continence Steering Group, individual areas discuss how to reduce pressure ulcer incidents in their areas. Individual charts for areas to review the number of pressure ulcers and analyse data. Investigation of all hospital acquired pressure ulcers. Local interventions in ward areas to reduce pressure ulcers. Skin care champions in place on ward areas. Tendable monthly reports. Practice educators in ward areas supporting staff in education and prevention of Pressure Ulcers. Two quality targets focused around pressure ulcers.	-

Q - Hospital Acquired Clostridioides difficile

Q - Hospital Acquired MRSA Bacteraemia
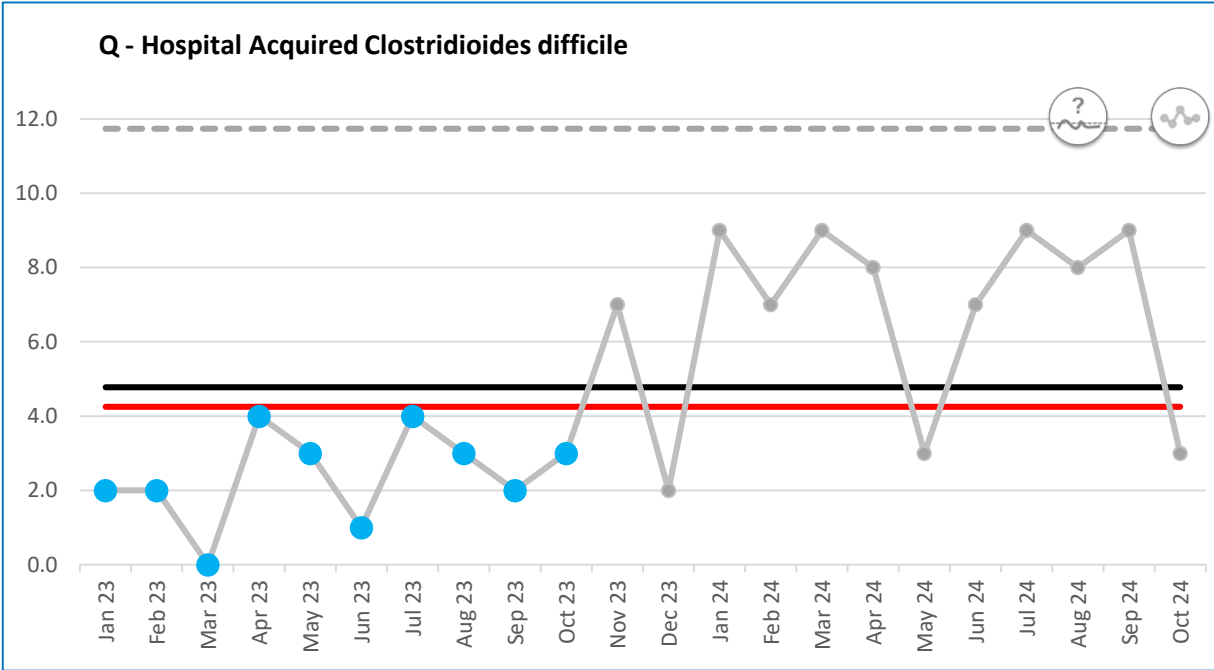
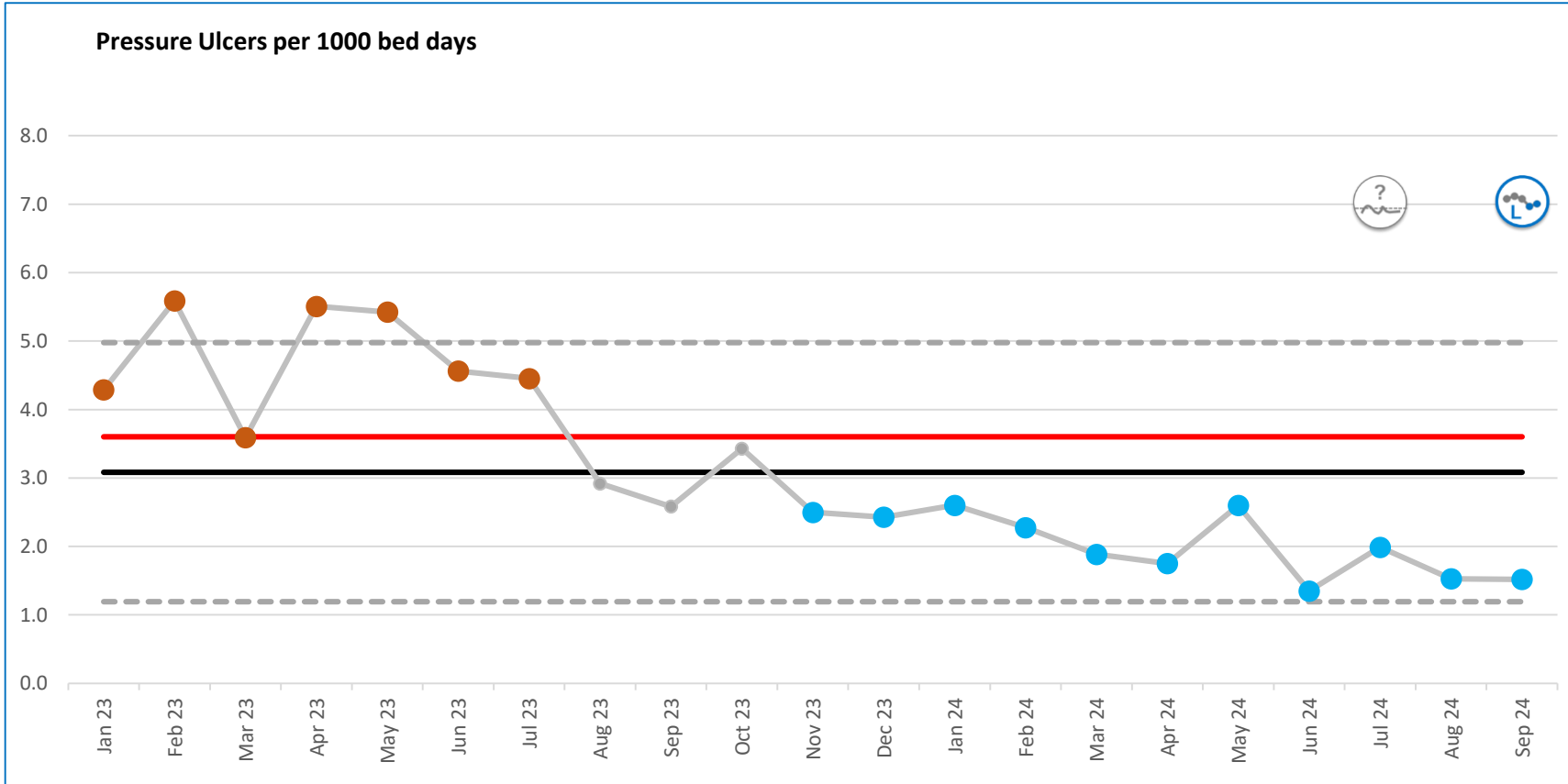| Oct 2024	Target	Variance Type
3 (47 ytd)	51 per yr	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
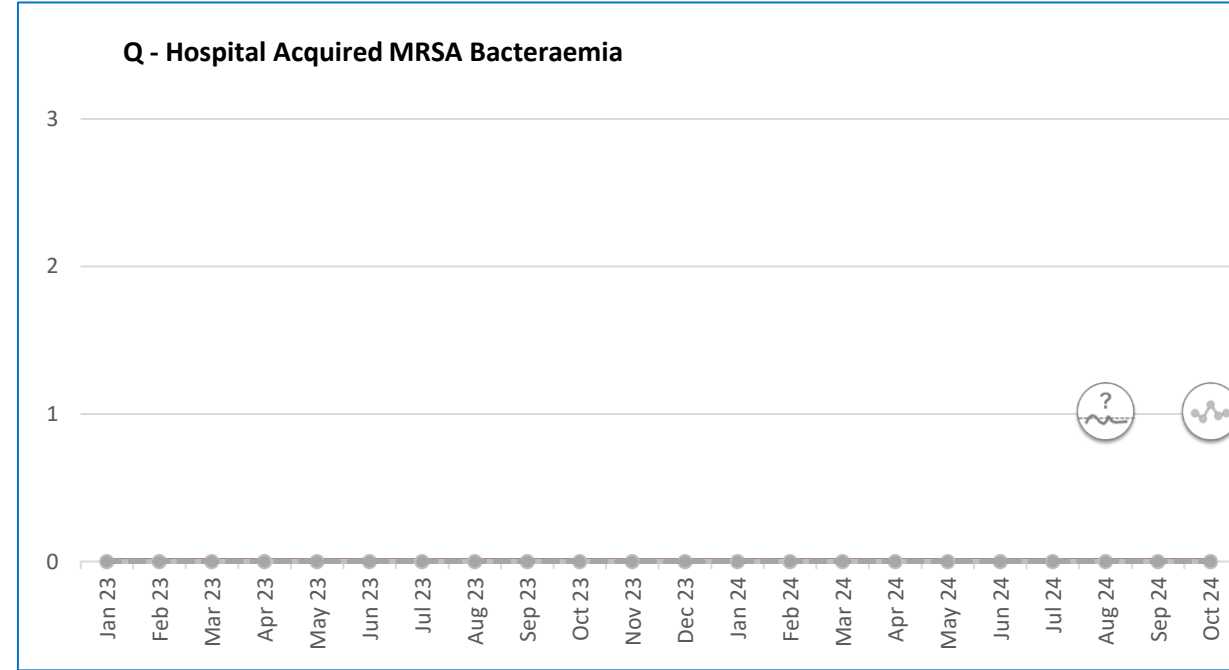
Oct 2024	Target	Variance Type
0	0	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Background	What the chart tells us:	Issues	Actions
Infections	Three patients in October.	Ward 17 Ward 19 Ward 35	System based reviews have commenced on all patients. To date, these reviews are yet to be discussed at the after action review meeting, therefore currently we are not able to share any learning.

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PROUD to Care

Complaints closed within standard
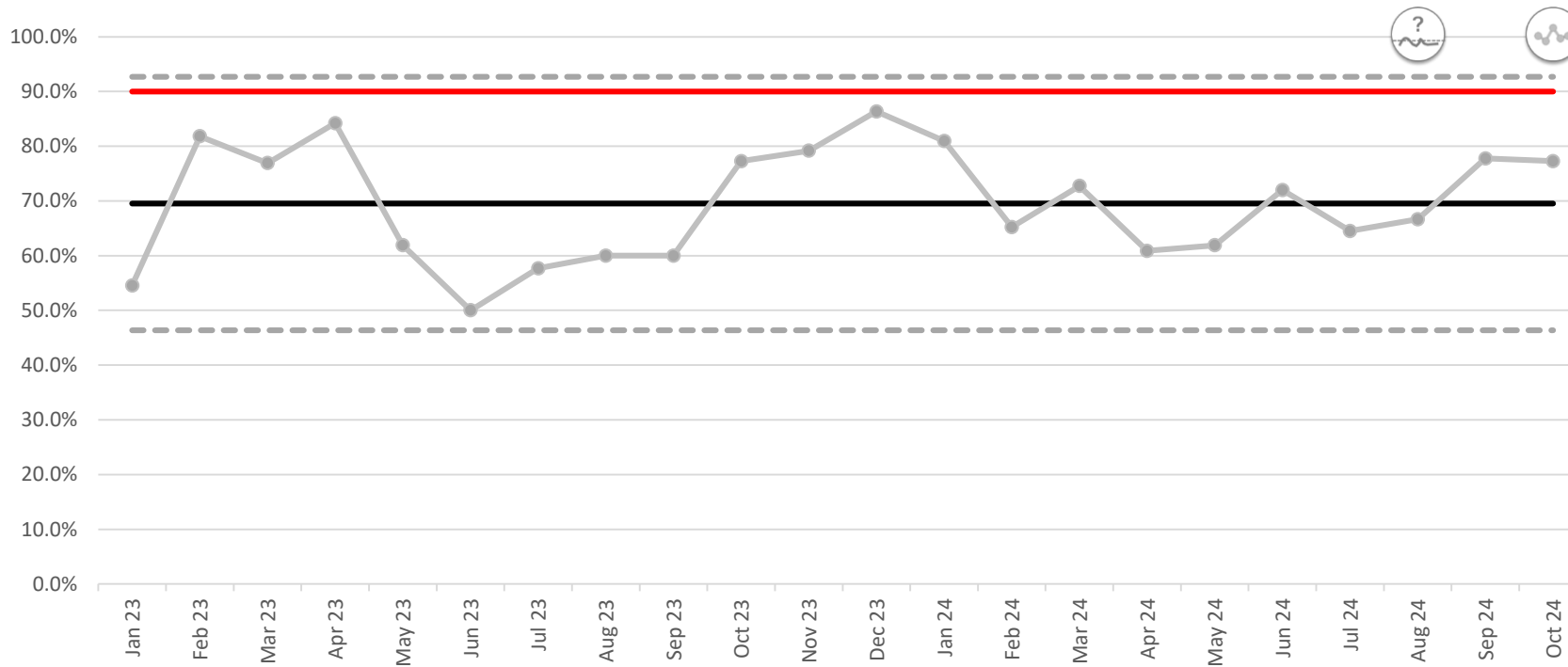
	October 2024
	90.2%
Variance Type	
	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
Target	
	90%
Target Achievement	
	Measure is failing the target.

Background	What the chart Tells Us	Issues	Actions	Context
Complaints closed within local standard	The 40 working day remains a challenge due to a number of contributing factors. 77% of complaints were closed within the KPI initial timeframe target (previously 78%) with an average of 47 days across the reporting month.	There were five complaints which failed to achieve the 40 working day KPI: • Three complaint investigations were delayed due to waiting for statements • One was delayed within CBU for sign off • One was delayed due to legal team review.	Weekly email escalation processes in place to support the timely access to information and statements required to respond to formal complaints. Weekly updates to CBU triumvirates and Complaints Manager. Weekly exception reports to the DoN&Q and MD as required. Escalations at CBU performance meetings.	All complainants have been kept informed of the progress of their complaint response.

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VTE Screening Compliance

EPMA 17/10/2023

October 2024
98.9%
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.

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PROUD to Care

Q - Sepsis-Antibiotics given within Hour of diagnosis All Patients
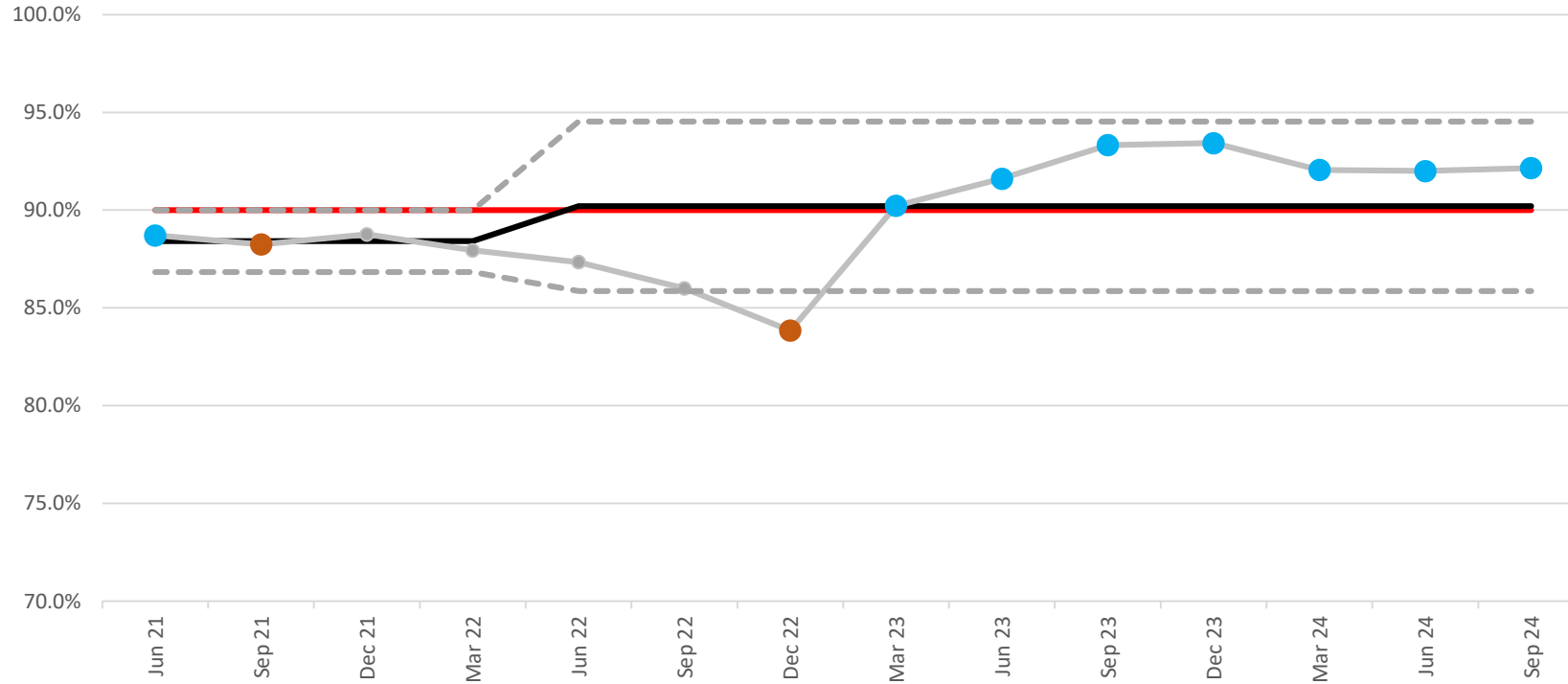
| Q2 2024/25 |
|---|
| **92%** |
| **Variance Type** |
| Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits). |
| **Target** |
| 90% |
| **Target Achievement** |
| 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 2024/25	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 has been closed as agreed with ADO, ADON and CD.	Patients with sepsis coded in the Primary, 1st & 2nd position are checked by the clinical lead for sepsis for accuracy and learning.

HSMR

SHMI

CHKS Rolling 12 Month HSMR

SHMI: Rolling 12 Month

Commentary

HSMR Rolling 12 Month: September 2023 – August 2024 **88.26**

SHMI Latest reporting period: July 2023 – June 2024 **97.29**

28 day - Faster Diagnosis Standard

31 day - Treatment Standard

62 day - Treatment Standard
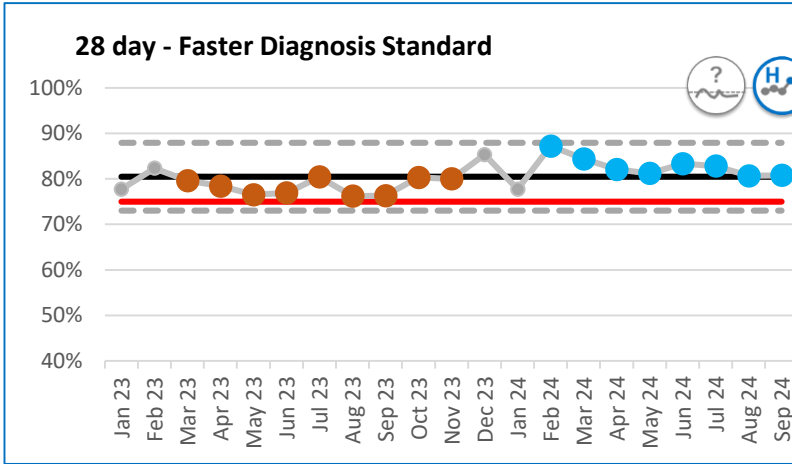
Sep 2024	Target	Variance Type
81%	75%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

28 day - Faster Diagnosis Standard

Issues	High Performance continues within this standard.
Actions	Continue to monitor and work with challenged Tumour sites to maintain delivery
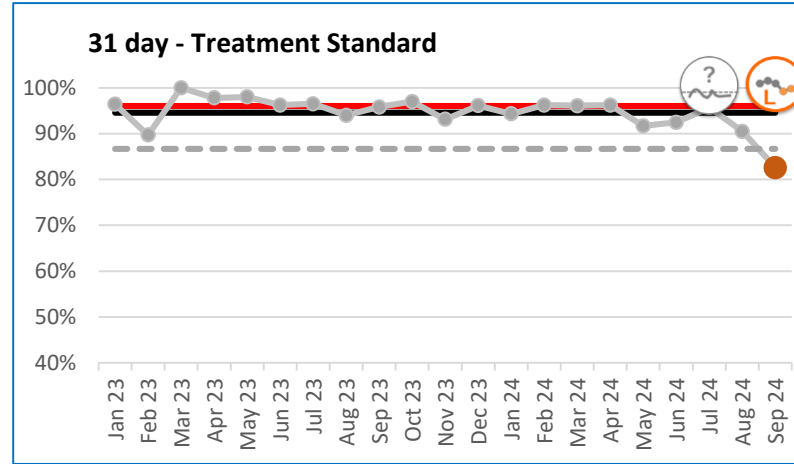
Sep 2024	Target	Variance Type
83%	96%	Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

31 day - Treatment Standard

Issues	Skin Elective capacity unable to meet demand. Challenge continue at STH for Oncology and key Surgical Treatment functions in Urology.
Actions	Continue to monitor the Treatment timescales and work closely as a system to support Oncology provision. Additional elective capacity being sought.

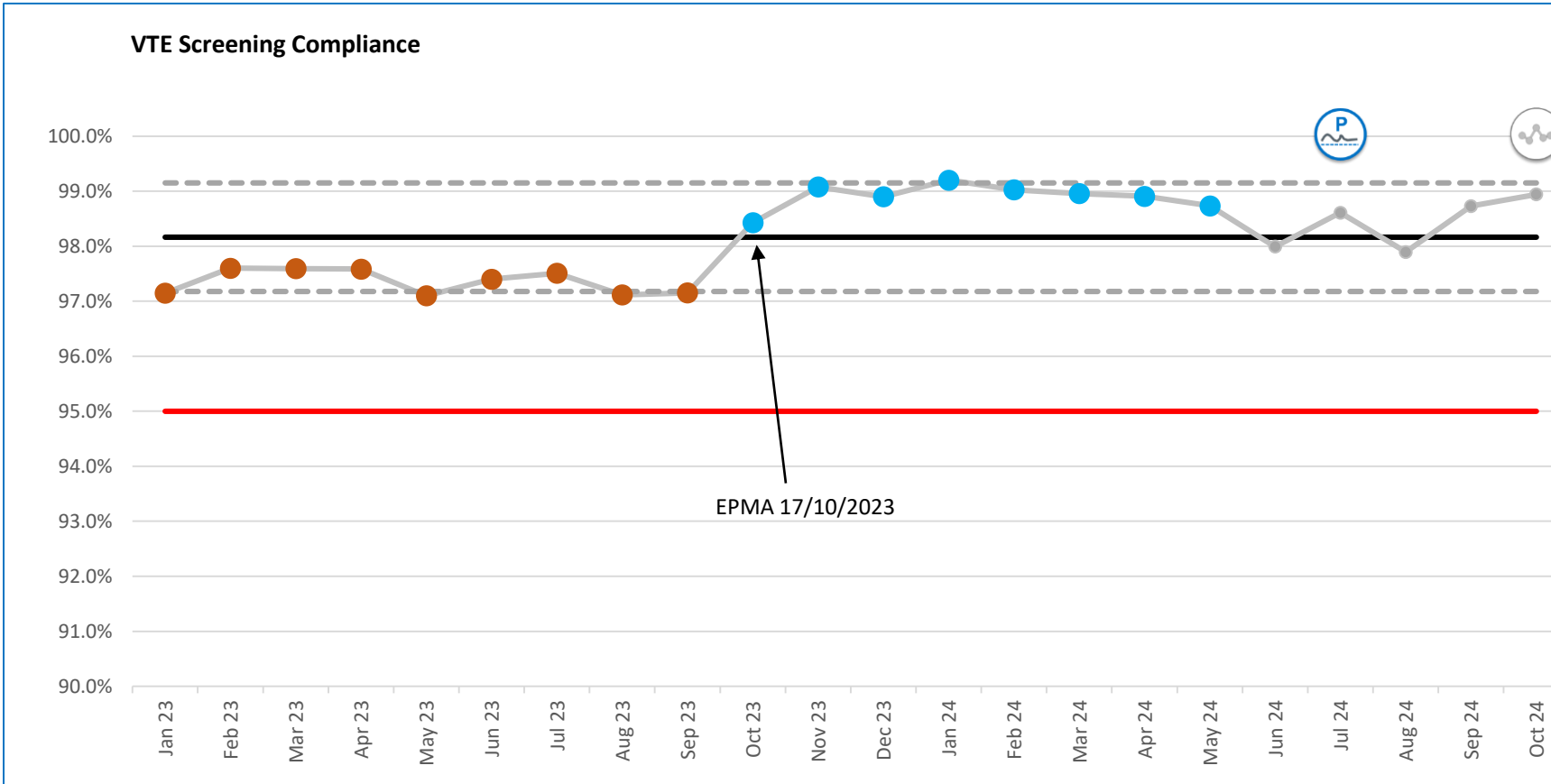| Sep 2024	Target	Variance Type
80%	85%	Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

62 day - Treatment Standard

Issues	Lung IPT impacted by access to outpatient capacity
Actions	Detailed review of all long waiters and agree actions and support to resolve/address. Focused work in Lung

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PROUD to Care

Sickness Absence

Return to Work Interviews
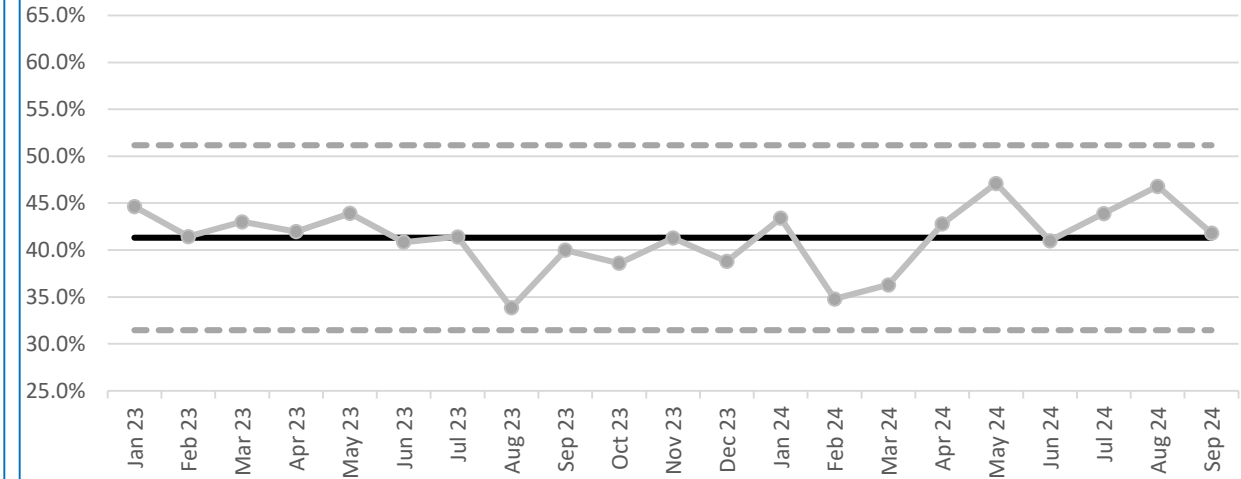
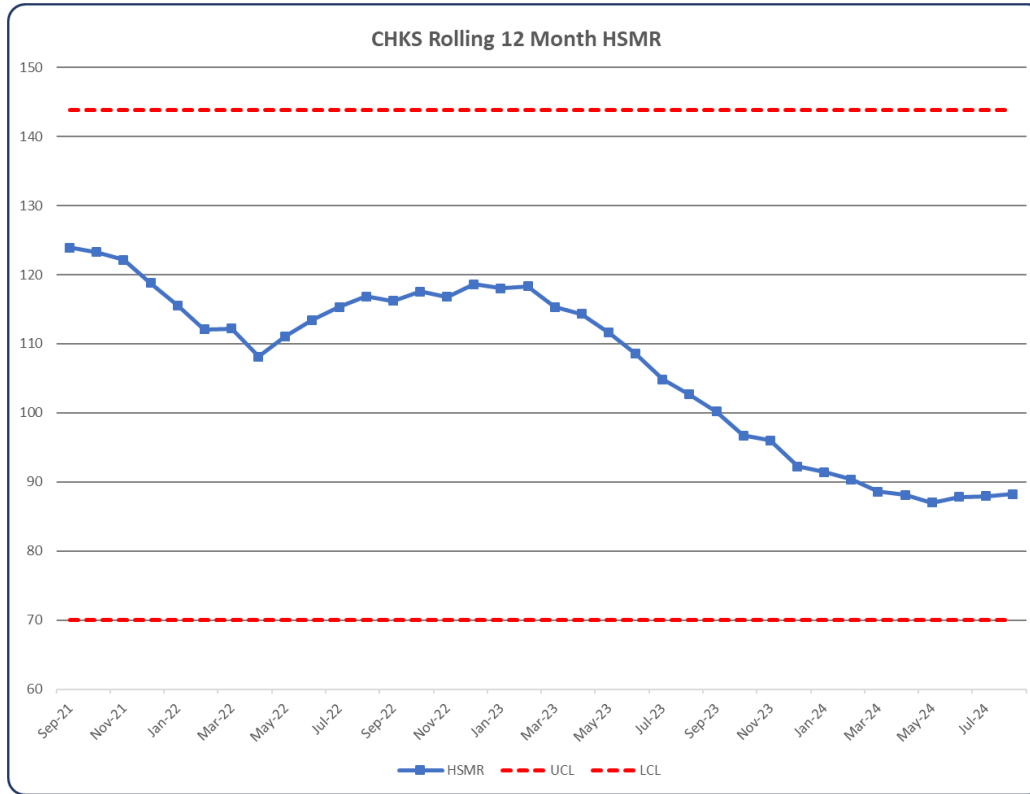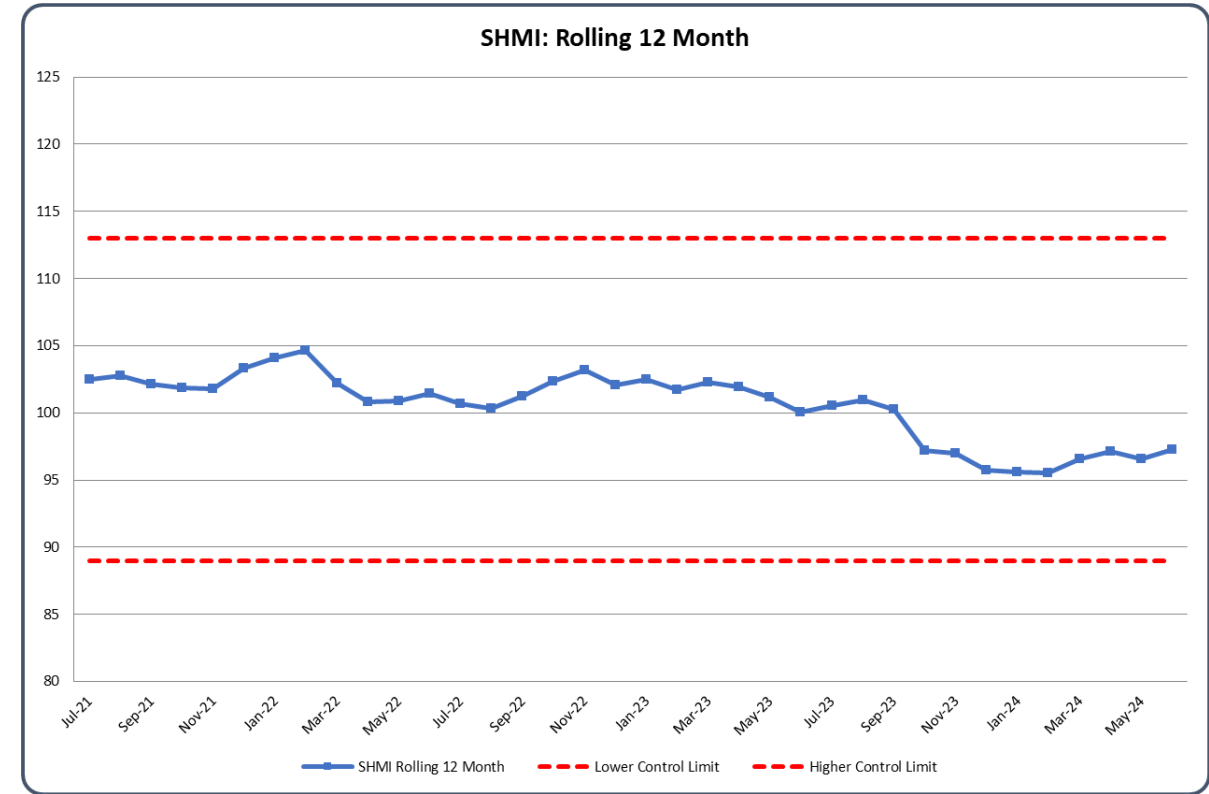| October 2024	Target	Variance Type
5.4%	4.5%	Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

October 2024	Target	Variance Type
41.8%	70%	Common cause variation, no significant change..

Sickness Absence

Issues	Top high cost absence areas identified, and their sickness management action plans prioritised for impact. Whilst LTS is improving, STS continues to increase.
Actions	EPP Workforce KLOE actions – CBU led review meetings monitoring progress of areas' action plans, attendance incentive payments paper to be presented to Exec Team, new stress at work risk assessment policy to be presented to People Committee for approval.
Context	Absence rate is reflective of the regional position. Some areas' action plans to complement wider cultural improvement plans.

Return to Work Interviews

Issues	Some training and knowledge gaps identified for some new line managers.
Actions	HR weekly monitoring & escalation to support managers and capture data. Review of Passport to Management Programme content, delivery and targeted delegate is underway.
Context	Annual cumulative rate remains fairly static.
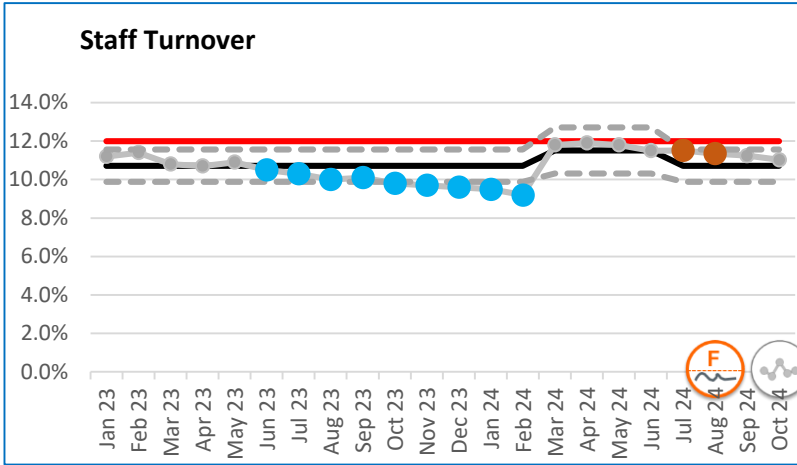
Staff Turnover

Sept 2024	Target	Variance Type
11.0%	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	Improving uptake and quality of exit interview discussions with leavers.
Actions	New 'Learning from Leavers' draft policy and approach in development, as part of a new proposed cultural insights group to gather and funnel learning.
Context	Cumulative staff turnover figure includes Pathology TUPE leavers in March 2024.

Appraisals - Combined
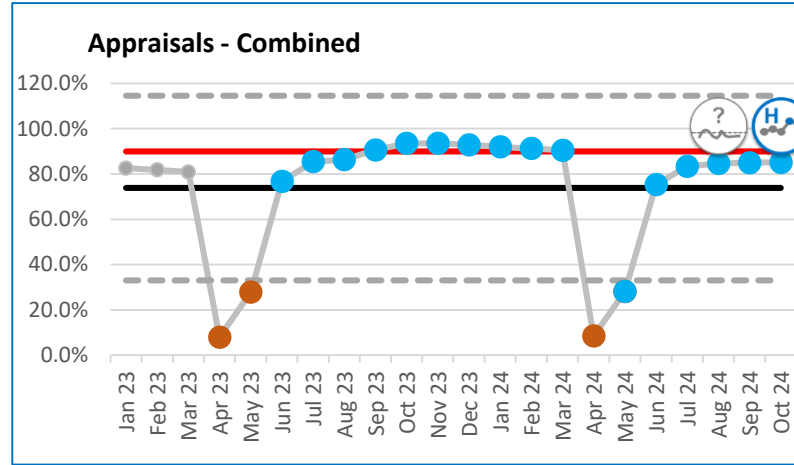
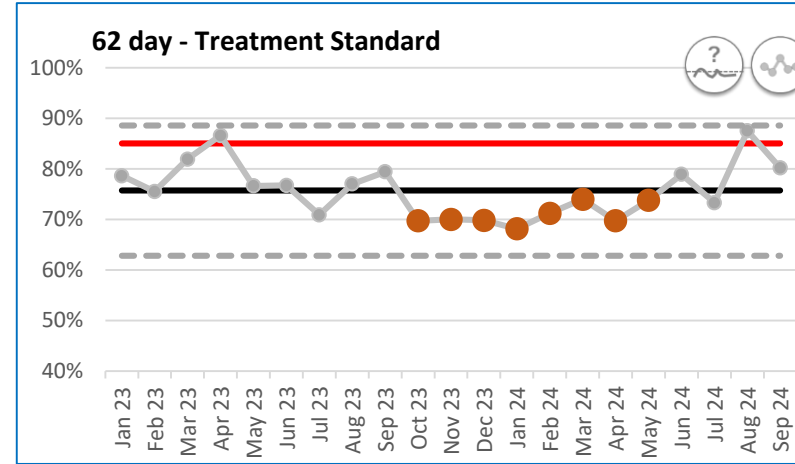| Sept 2024	Target	Variance Type
85.1%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Appraisals – Combined

Issues	Reaching the target and ensuring quality discussion.
Actions	Weekly reporting on compliance. Appraisals 2024 survey evaluation TFG taking forward suggested improvements.
Context	2024 appraisal cycle opened in April and closed on 30th June 2024.

Mandatory Training
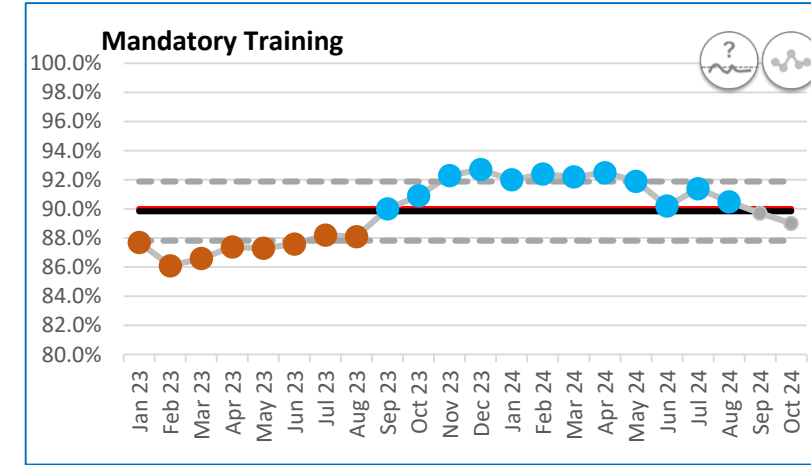
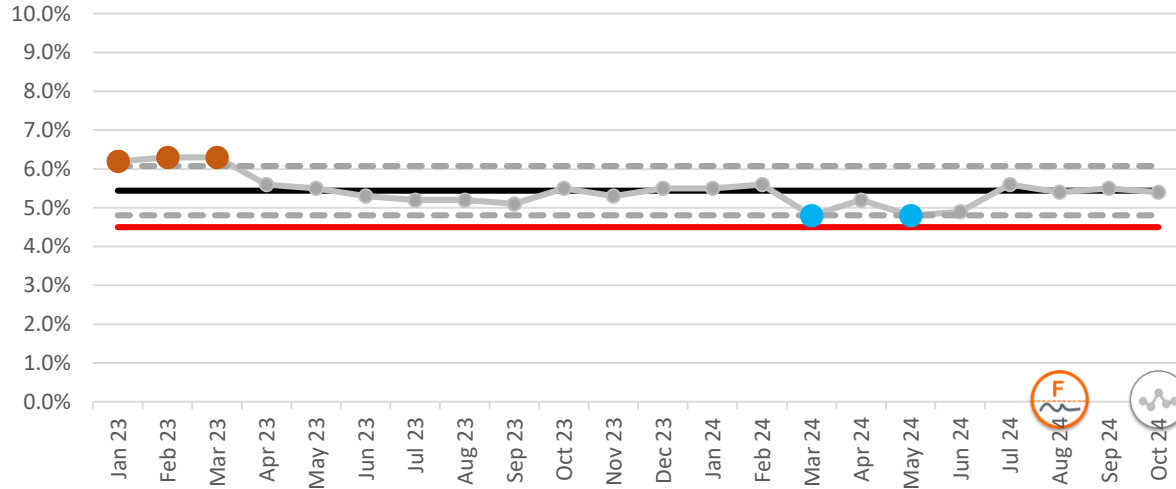| Sept 2024	Target	Variance Type
89.0%	90%	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Mandatory Training

Issues	Compliance remains below the target for the second consecutive month.
Actions	Weekly reporting on compliance. TFG assessing course of action to improve CBU bank doctors' compliance.
Context	Internal audit final report Oct 2024 has given significant assurance for mandatory training governance, data quality and performance.

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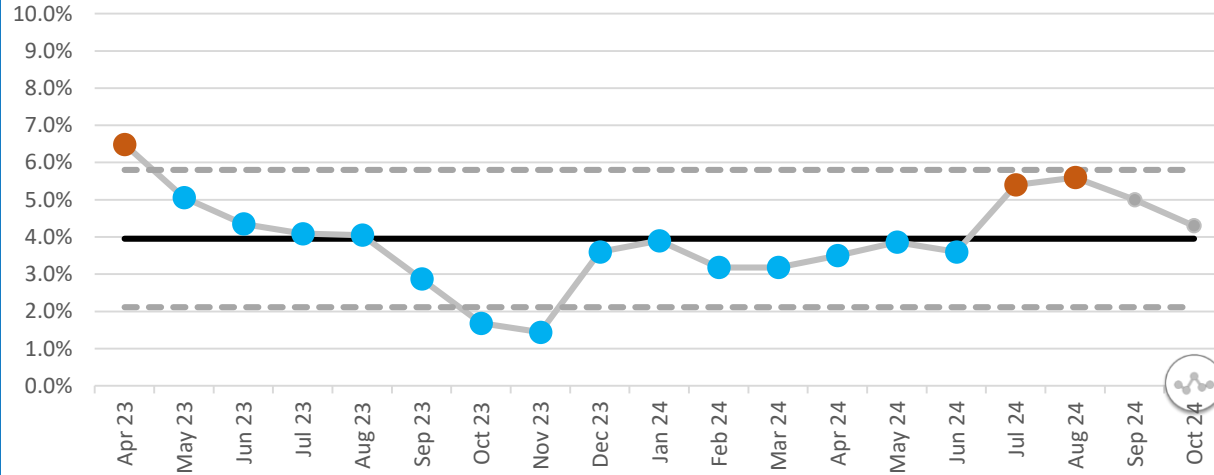
Vacancy Rate

Bank/Agency Spend £k
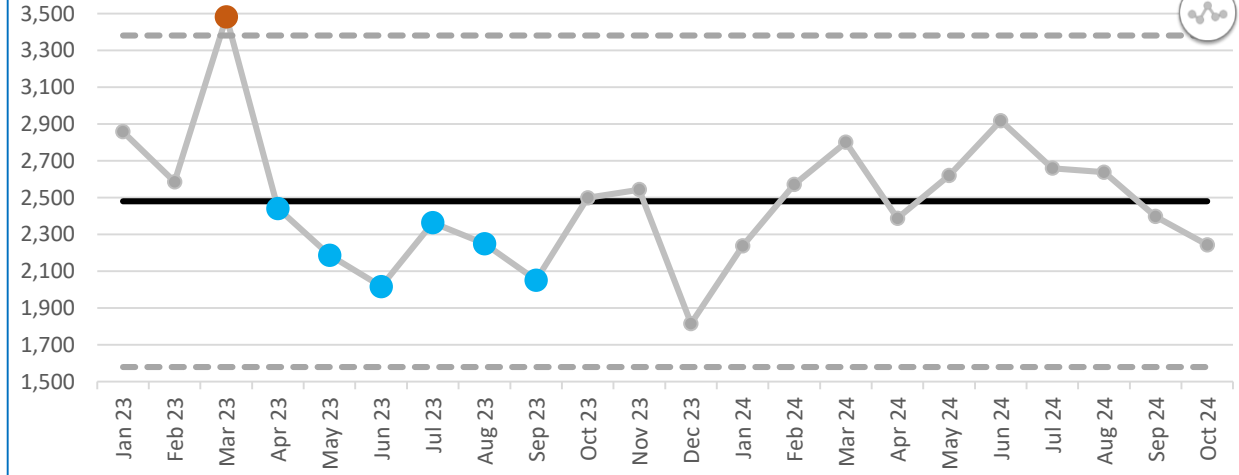
October 2024	Target	Variance Type
4.3%		Common cause variation, no significant change.

Vacancy Rate

Issues	Certain hard to fill posts.
Actions	Ongoing recruitment of new Graduate Nurses & Midwives for the Autumn continues to progress positively.
Context	From April to October 2024, 95.15% of colleagues were retained.

October 2024	Target	Variance Type
£2243k		Common cause variation, no significant change.

Bank/Agency Spend £k

Issues	• Bank/agency spend is £0.056m underspent in month 7, partly due to pay award budget changes. • Agency spend equates to 3.8% of pay costs far in excess of NHSE's 3.2% cap. • There has been some progress implementing EPP / recovery plan actions which has seen a reduction in the monthly run rate however more needs to be done.
Actions	EPP / recovery plan workforce KLOE actions and improved oversight controls to continue which include: • further bank spend reduction through improved oversight controls and substantive recruitment. • further agency spend reduction through improved oversight controls and substantive recruitment, where appropriate.
Context	• Bank spend has increased from 2019/20 by £6.5m after adjusting for inflation, to £18m. • Agency spend has increased from 2019/20 by £4.6m after adjusting for inflation, to £11m. • NHSE agency spend cap of 3.2% of pay costs.

**Data Quality - % pathways with metrics on RTT PTL**
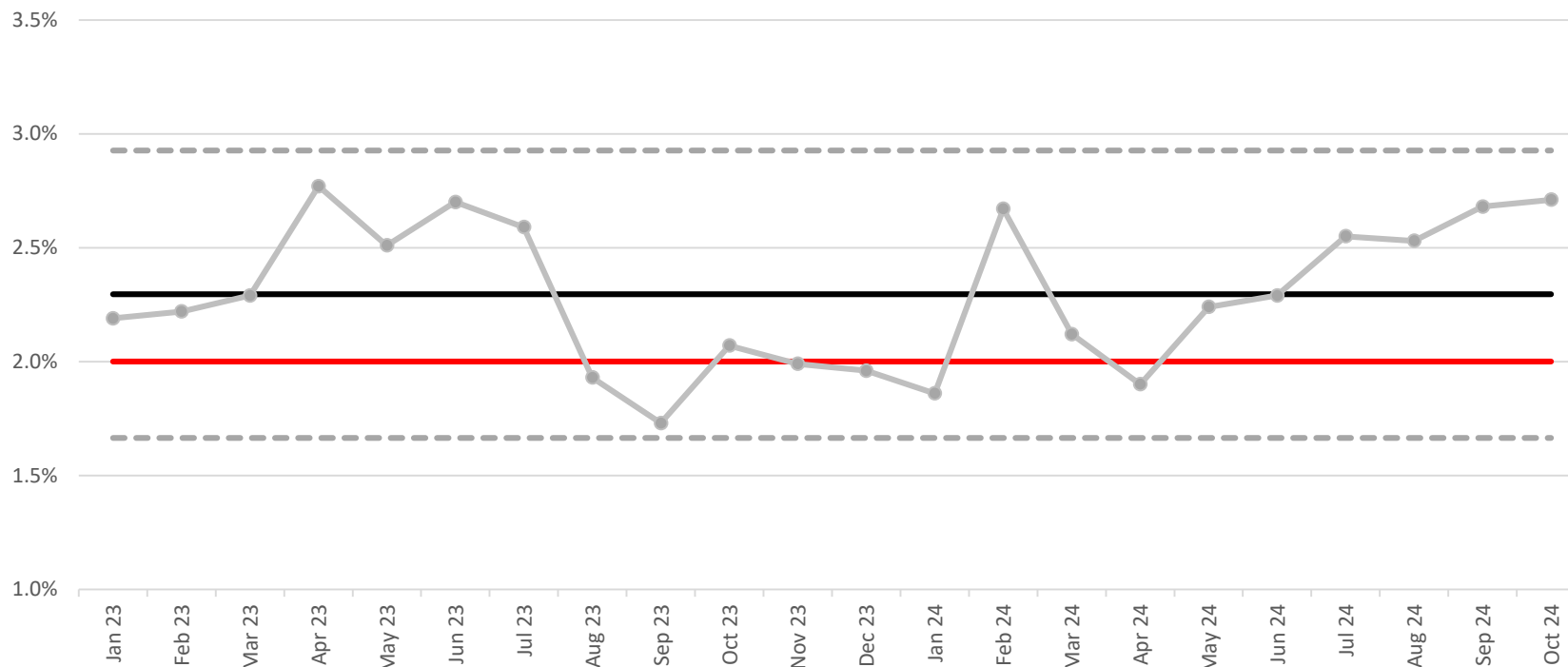
October 2024
2.7%
Variance Type
Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
Target
2.0%
Target Achievement
Will hit and miss the target.

Background	What the chart tells us	Issues	Actions	Context
2% target **Protecting & Expanding Elective Capacity Action on validation**	We are above target by 0.71%.	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.	Continue to validate any potential duplicate pathways and raise with CBU's for training where necessary.	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.

2024/25 Year to Date Activity

POD Type	2024/25 Plan	2024/25 Actuals	Variance	% variance to plan	19/20 Actuals	% variance to 19/20
A&E Attendances	60,059	62,650	2,591	4%	60,979	3%
Elective Daycases	16,991	17,862	871	5%	17,400	3%
Elective Inpatients	2,232	1,889	(343)	-15%	2,297	-18%
Maternity Pathway	3,792	2,907	(885)	-23%	3,799	-23%
Non Elective	25,452	28,156	2,704	11%	25,376	11%
Outpatient excl. Procedures	190,273	195,215	4,942	3%	177,669	10%
Outpatient Procedures	36,450	38,622	2,172	6%	37,710	2%

Day Cases
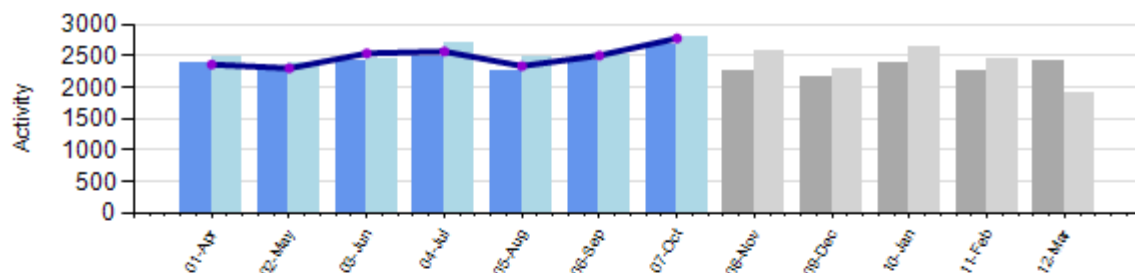
Elective Inpatients
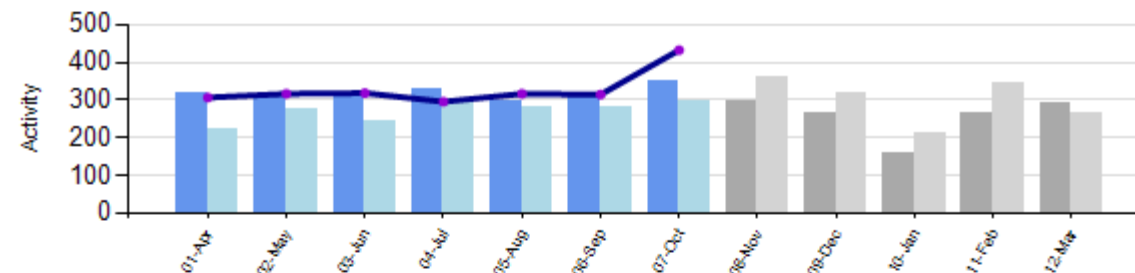
Non Elective Inpatients

Maternity Pathway

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PROUD to Care

A&E Attendances

Outpatient excl. Procedures

Outpatient Procedures

Legend:
- 2024/25 Activity Plan
- 2024/25 Activity Actual
- 2019/20 Outturn
- 2019/20 Activity Plan
- 2019/20 Activity Actual
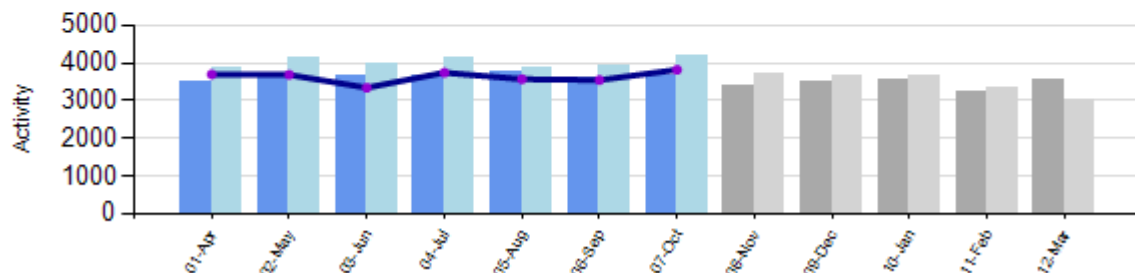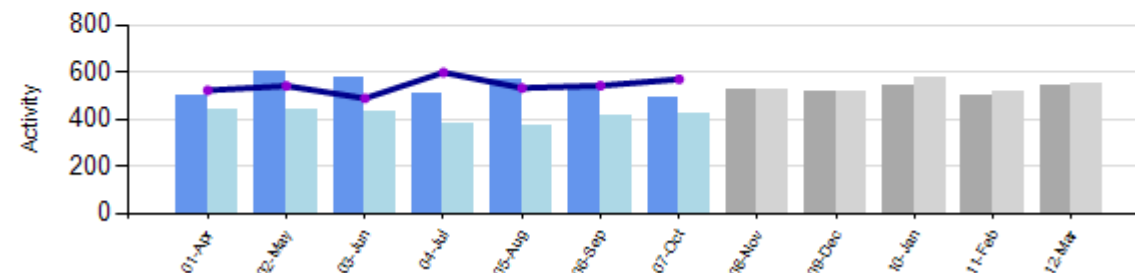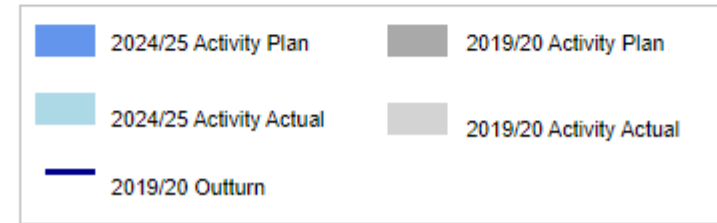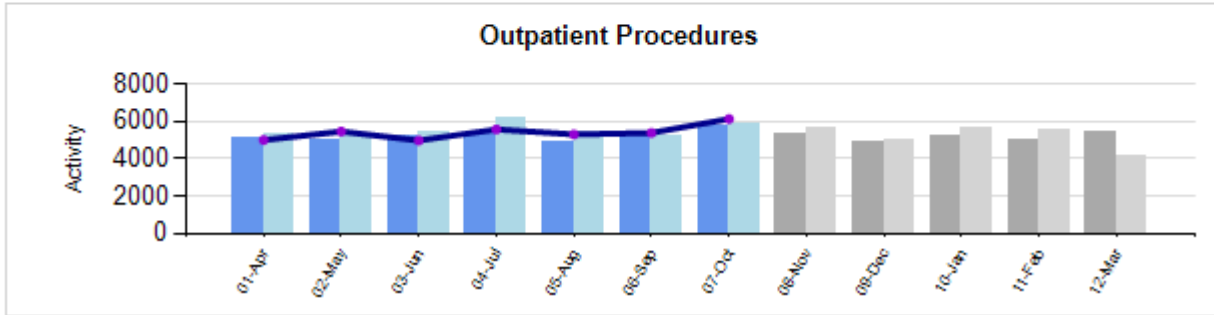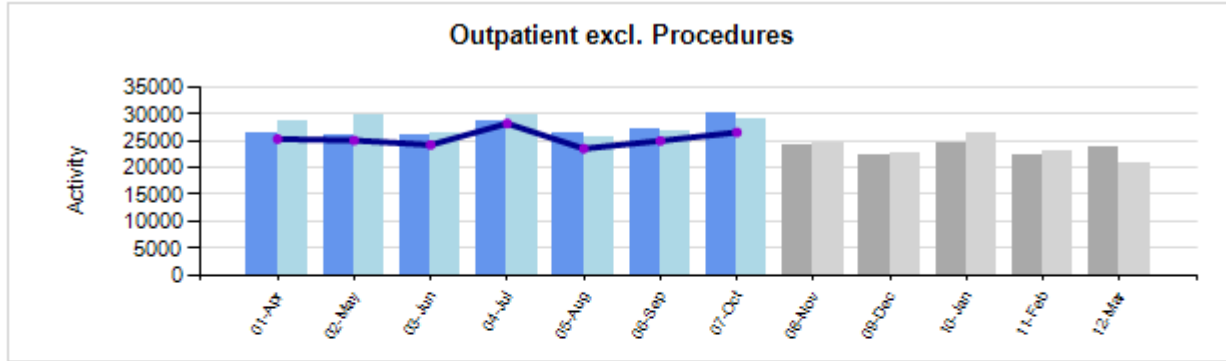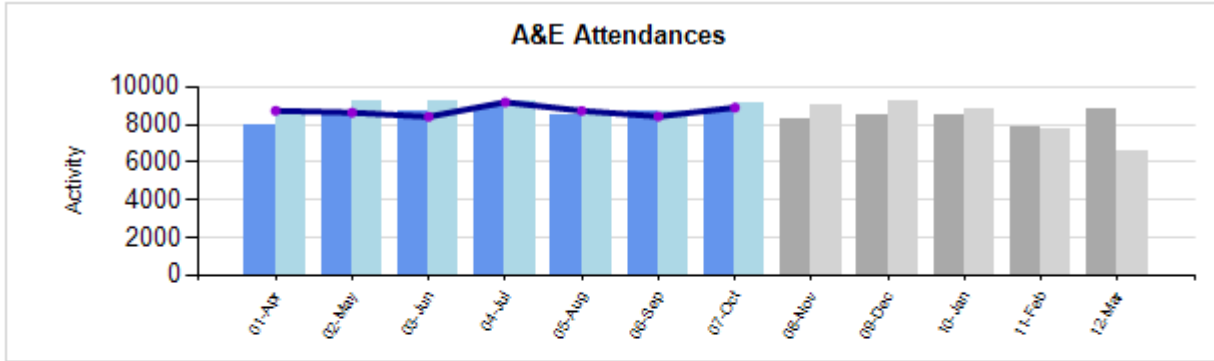
Commentary

- 65 weeks waits at the end of October 2024 - 3
- Currently 84 patients above 52 weeks.
- Clinical business units continue to work towards eliminating patients waiting greater than 52 weeks. Trauma & Orthopaedic 37 pts, Gynaecology 21 pts, Oral & Max Fax 21 pts are currently accounting for the largest proportion of patients waiting over 52-week.
- RTT – Clinical business units continue recovery to 92%, upward trend continues month on month. Speciality specific stretch to >95% in year to achieve a bottom line delivery.
- Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% currently 41.4%. 4.3% increase over 19/20, working still ongoing in CBU's to ensure correct recording and maximising the opportunity.
- Capped Theatre utilisation further reduced to 77.9 in October up from 74.6 in September.

Finance Performance

October 24 Summary

	RAG Rating Summary Performance:	
Finance	**Planned Financial Position** (red)	As at Month 7 the Trust has a consolidated deficit of £0.351m against a planned deficit of £95k giving an adverse variance of £0.256m. NHSE adjusted financial performance after taking into account income and depreciation in respect of donated assets (£37k) and granted assets (£60k), is a deficit of £0.254m against an adjusted planned deficit of £3k giving an adverse variance of £0.257m. However this is after releasing a further £0.448m of balance sheet flexibilities in-month, giving a total of £3.136m; and accruing £0.528m ERF benefit from 23/24 finalised performance. The forecast year-end position remains at plan.
	Planned Cash Position (green)	Cash balances have increased from last month by £7.582m, which is £4.526m more than planned, due to the receipt of additional NHS monies to cover deficit funding, industrial action funding and additional pay awards funding.
	Capital Plan (green)	Capital expenditure for the year is £1.850m, which is £2.054m below plan. The slippage is expected to recover over the year with total forecast spend remaining at £13.483m.

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

•**Green equating to 0% or greater**

•**Amber behind plan by up to 5%**

•**Red greater than 5% behind plan**

Finance Performance

October 24 Summary

Performance - Financial Overview									
	Month Plan	Month Actual	Variance	Variance %	Plan YTD	Actual YTD	Variance	Variance %	Commentary
ACTIVITY LEVELS (PROVISIONAL)									The key points derived from this table are as follows:
Elective inpatients	350	295	(55)	-15.71%	2,232	1,889	(343)	-15.37%	• NHS England (NHSE) have non-recurrently funded the agreed South Yorkshire (SY) system £49.0m
Day cases	2,686	2,814	128	4.77%	16,991	17,862	871	5.13%	deficit plan submitted in June. The Trust are receiving £4.99m of this allocation which reduces the
Outpatients	32,743	32,204	(539)	-1.65%	211,699	219,587	7,888	3.73%	£5.5m final plan deficit approved by the Board of Directors to £0.509m deficit.
Non-elective inpatients	3,660	4,208	548	14.97%	25,468	28,175	2,707	10.63%	
A&E	8,743	9,071	328	3.75%	60,059	62,650	2,591	4.31%	• As at Month 7 the Trust has a consolidated deficit of £0.351m against a planned deficit of £95k
Other (excludes direct access tests)	14,304	11,379	(2,925)	-20.45%	82,501	78,123	(4,378)	-5.31%	giving an adverse variance of £0.256m. NHSE adjusted financial performance after taking into
Total activity	**62,486**	**59,971**	**(2,515)**	**-4.02%**	**398,950**	**408,286**	**9,336**	**2.34%**	account income and depreciation in respect of donated assets (£37k) and granted assets (£60k),
									is a deficit of £0.254m against an adjusted planned deficit of £3k giving an adverse variance of
INCOME	**£'000**	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		£0.257m. However this is after releasing a further £0.448m of balance sheet flexibilities in-
Elective inpatients	1,730	1,594	(136)	-7.86%	8,844	7,326	(1,518)	-17.16%	month, giving a total of £3.136m; and accruing £0.528m ERF benefit from 23/24 finalised
Day Cases	2,757	2,867	110	3.99%	14,395	15,578	1,183	8.22%	performance.
Outpatients	4,972	4,872	(100)	-2.01%	26,506	27,625	1,119	4.22%	
Non-elective inpatients	11,464	12,287	823	7.18%	66,713	69,333	2,620	3.93%	• The plan was set aligned to the national NHSE planning guidance, which set a planned care
A&E	1,959	2,038	79	4.03%	11,416	11,903	487	4.27%	recovery target of 103% weighted value of 2019/20 levels of planned care delivery, supported
Other Clinical	8,141	7,027	(1,114)	-13.68%	55,508	51,388	(4,120)	-7.42%	with Elective Recovery Fund (ERF) monies. ERF performance is now being monitored against
Other	2,607	2,749	142	5.45%	15,515	15,593	78	0.50%	NHSE monthly trajectories. ERF income is £0.156m adverse to plan and advice & guidance is
Total income	**33,630**	**33,434**	**(196)**	**-0.58%**	**198,897**	**198,746**	**(151)**	**-0.08%**	£0.138m favourable.
OPERATING COSTS	**£'000**	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		• In-month activity is 8.37% more than last month, however it is 4.02% below plan for the month
Pay	(25,550)	(24,609)	941	3.68%	(143,241)	(143,377)	(136)	-0.09%	with elective inpatients, outpatients, A&E and other adverse to plan. The acuity of patients
Drugs	(1,683)	(1,788)	(105)	-6.24%	(11,870)	(11,957)	(87)	-0.73%	presenting at ED and requiring admission continues to be high, with higher than usual length of
Non-Pay	(5,939)	(5,881)	58	0.98%	(38,587)	(38,489)	98	0.25%	stay as a result.
Total Costs	**(33,172)**	**(32,278)**	**894**	**2.70%**	**(193,698)**	**(193,823)**	**(125)**	**-0.06%**	• Total income is £0.151m adverse to plan mainly due to underperformances on NHS clinical
									activity income.
EBITDA	**458**	**1,156**	**698**	**152.40%**	**5,199**	**4,923**	**(276)**	**-5.31%**	• Pay costs are £0.136m adverse to plan, this includes £3.036m benefit from non-recurrent
Depreciation	(397)	(422)	(25)	-6.30%	(4,634)	(4,588)	46	0.99%	releases. Temporary staff overspends continue with bank £1.052m adverse and agency £2.001m
Non Operating Items	(75)	(90)	(15)	-20.00%	(660)	(686)	(26)	-3.94%	adverse. After excluding non-recurrent releases the remaining adverse variance is a combination
Surplus / (Deficit)	**(14)**	**644**	**658**		**(95)**	**(351)**	**(256)**	**-269.47%**	of not delivering pay efficiencies due to a very challenged operational site including ED; which has
									also seen additional costs incurred as a consequence of having winter capacity open and
NHSE adjusted financial performance	**0**	**657**	**657**		**3**	**(254)**	**(257)**		additional resources deployed in ED.
									• The forecast year-end position remains at plan.

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	(740)	(321)	419	56.62%	(2,704)	(1,678)	1,026	37.94%	• The internally funded underspend is across IT, Estates and Medical equipment schemes.
Capital Spend - externally funded	(149)	(9)	140	93.96%	(1,200)	(172)	1,028	85.67%	Externally PDC funded underspend is on IT and Estates scheme slippage. All of which are expected to recover over the year with total forecast spend remaining at £13.483m.
Statement of Financial Position (SOFP)									
Inventory					1,802	2,234	432	23.97%	
Receivables					12,203	10,557	(1,646)	-13.49%	• Receivables are below plan due to timing of receipt of NHS income.
Payables (includes accruals)					(44,526)	(41,190)	3,336	7.49%	• Payables are below plan due to the accrual releases, timing of trade creditors payments and capital programme slippage.
Other Net Liabilities					(5,504)	(6,489)	(985)	-17.90%	• Other Net Liabilities are above plan due to the receipt of education & training monies in advance and treated as deferred income.
Cash & Loan Funding					**£'000**	**£'000**	**£'000**		
Cash					23,066	25,534	2,468	10.70%	• Cash balances have increased from last month by £7.582m, which is £4.526m more than planned, due to the receipt of additional NHS monies to cover deficit funding, industrial action funding and additional pay awards funding.
Loan Funding					0	0	0		
Efficiency and Productivity Programme (EPP)					**£'000**	**£'000**	**£'000**		
Income					758	1,471	713	94.02%	• Income schemes are above plan due to activity productivity related schemes. Pay schemes are below plan due to not delivering efficiency due to a very challenged operational site; partially offset by corporate vacancies and digital. Non-pay schemes are above plan mainly due to medicines management, estates and procurement savings.
Pay					2,850	1,482	(1,368)	-48.00%	
Non-Pay					610	1,552	942	154.46%	
Total EPP					**4,218**	**4,505**	**287**	**6.80%**	
KPIs									
EBITDA %	1.36%	3.46%	2.10%	153.88%	2.61%	2.48%	-0.14%	-5.24%	
Surplus / (Deficit) %	-0.04%	1.93%	1.97%		-0.05%	-0.18%	-0.13%	-269.75%	
Better Payment Practice Code (BPPC)									• 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. Performance has improved slightly from last month however it is still below the 95% target.
Number of invoices paid within target					95.0%	94.5%	-0.54%	-0.57%	
Value of invoices paid within target					95.0%	91.3%	-3.74%	-3.94%	

Finance Performance

October 24 Summary

Performance - Financial Overview													
NHS Oversight Metrics													
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Run Rate Expenditure		(28,074)	(28,353)	(27,255)	(28,147)	(26,571)	(27,311)	(32,700)					
Financial efficiency - variance from efficiency plan	Year To Date			(84)	(185)	(391)	(875)	287					
Financial stability - variance from plan	Year To Date	(450)	(733)	(304)	(107)	(498)	(914)	(257)					
Agency spending	In Month	4.3%	4.9%	5.7%	5.2%	5.0%	4.7%	3.7%					

Benchmarks

ED 4 hour attendance

Percentage of patients seen within 4 hours - Type 1 only

October 2024

Barnsley	**62.8%**	
England	58.1%	
Ranking:	England	31/122
	North East & Yorkshire	6/22

RTT

Percentage of patients seen within 18 weeks

September 2024

Barnsley	**74.4%**	
England	57.6%	
Ranking:	England	19/155
	North East & Yorkshire	4/26

Diagnostics

Percentage of patients waiting 6+ weeks

September 2024

Barnsley	**2.4%**	
England	22.7%	
Ranking:	England	171/431
	North East & Yorkshire	30/65

3.4. Quality & Governance Chairs Log

To Note

Council of Governors - Public		REF:	**CoG: 22/01/25/3.4**

SUBJECT:	**QUALITY AND GOVERNANCE CHAIR'S LOG**		
DATE:	22 January 2025		

PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓	*Assurance*	✓
	For review		*Governance*	✓
	For information	✓	*Strategy*	

PREPARED BY:	Gary Francis, Non-Executive Director/Committee Chair
SPONSORED BY:	Gary Francis, Non-Executive Director/Committee Chair
PRESENTED BY:	Gary Francis, Non-Executive Director/Committee Chair

STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

This report provides information to assist the Board on obtaining assurance about the quality of care and rigour of governance. The Committee met on Wednesday 27 November 2024 and received a number of presentations, regular and ad-hoc reports to provide the Committee and ultimately the Board with assurance. The agenda included consideration of the following items:

- Quality & Governance Committee Annual Effectiveness Report
- 360 Assurance: CBU 1 + 2 Gap Analysis
- Health & Safety Annual Report
- Mortality Report
- Maternity Services Board Measures Minimum Dataset
- Staffing Reports: Health Care Scientists 6 monthly update; Nursing, Therapy and Allied Health Professionals Safe Staffing
- Minutes and Chairs Logs: CBU Performance Meeting Chair's Log; Executive Team Chair's Log; Health & Safety Group; Infection Prevention and Control; Clinical Effectiveness Group; Medicines Management Committee
- Trust Objectives 2024/25 Progress Report
- Board Assurance Framework and Corporate Risk Register
- Integrated Performance Report

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

RECOMMENDATION(S)

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

Subject:	QUALITY AND GOVERNANCE CHAIR'S LOG	REF:	**CoG: 22/01/25/3.4**

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

Committee / Group: Quality and Governance Committee (Q&G)	**Date:** 27 November 2024	**Chair:** Gary Francis

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Quality & Governance Committee Annual Effectiveness Report	The response rate following the re-issue of the questionnaire was 14/24. Issues noted included the length of the agenda, report delivery and timeliness of agenda pack delivery. It was felt that for future years, the types of questions posed to Committee members be changed to reflect changes already made.	Board of Directors	Assurance
2	360 Assurance: CBU 1 + 2 Gap Analysis	The Gap Analysis, following the Limited Assurance for CBU 3 Governance received from 360 Assurance, was presented to the Committee. There were five areas across CBU 1 & 2 which warranted limited assurance. These related mainly to attendance/ quoracy, ward-to-board sharing of information/reports and the balance between the chair's logs and minutes of meetings feeding into the governance process. The Committee acknowledged this was a 'tickbox' rather than a detailed audit of governance processes in the CBUs. A follow-up meeting with 360 Assurance is to be arranged and feedback provided thereafter.	Board of Directors	Assurance
3	Health & Safety Annual Report	The report was considered and approved with a positive recommendation to the Board	Board of Directors	Assurance

4	Mortality Report	Current performance SHMI 96.57; HSMR 88.78. The long awaited rebase is still outstanding (the delay may be related to non-submission of data by other participating trusts).	Board of Directors	Assurance
5	Maternity Services Board Measures Minimum Dataset	Safety metrics stable: • Medical Staff Management and Supervision Tool (MAST) training compliance improving (<90%, equivalent of four clinicians each of which now has a booked date for completion of training). • Friends and Family Test remains positive (100%) • Smoking Status at the Time of Delivery (SATOD) has remained between 6-8% (sustained). • Safeguarding training has slipped (new starters). • CNST Maternity Incentive Scheme Year 6 Action Plan was discussed and approved, noting the resource requirement to deliver a supernumerary neonatal supervisor role	Board of Directors	Assurance
6	Staffing Reports: Health Care Scientists 6 monthly update; Nursing, Therapy and Allied Health Professionals Safe Staffing	**Health Care Scientists:** no new issues. Pathology staff is now removed from data following TUPE; low sickness across all groups; team contributing to regional initiatives (strategy). Small funding available for training **Nurses, Therapy and AHP:** • CBU 1: ET approved business cases are now reflected in vacancy fill rates, which is reducing agency spend • CBU2: Ward 36 is now back to 28 beds reflecting winter pressures and cold snap; Audiology is now amber, partly as a result of Doncaster referrals (presenting an opportunity as well as a challenge) • CBU3: Neonatal flagging red partly due to persistent OPEL 4. Funding as per maternity CNST MIS (above) It was reported that despite the challenges and still carrying some vacancies, safety metrics (e.g. pressure ulcers and falls) suggest patients remain safe.	Board of Directors	Assurance

7	Minutes and Chairs Logs: CBU Performance Meeting Chair's Log; Executive Team Chair's Log; Health & Safety Group; Infection Prevention and Control; Clinical Effectiveness Group; Medicines Management Committee	CBU Performance: • Alcohol Care Team business case signed off by ET. • Health & Safety: Stress related disorders remain an issue. Multiple actions, allied to a new Stress Policy have been developed to identify those at risk and manage those with stress-related disorders. • IPC: MPox preparation outlined (none in South Yorkshire) • Ongoing CDT Action Plan received. • Surgical Site Infections (SSIs) were discussed; the trust remains an outlier and mitigations to address the situation were shared. It was agreed a deep dive would be presented at the next Q&G meeting with representatives from the speciality invited.	Board of Directors		Information
8	Trust Objectives 2024/25 Progress Report	The progress report was received and noted. An extensive discussion took place relating to the wording relating to the progress being made against the CDT Action Plan. Given the likelihood that immediate improvements were unlikely, actions are being delivered and notes would be made of actual numbers (4 and 3 cases in the previous two months). This was noted in the context of a national figure which reflects a 28% increase in cases since circa 2011.	Board of Directors		Information
9	Board Assurance Framework and Corporate Risk Register	The risks relevant to the Committee for both the BAF and CRR were received and approved. A note was made of the ongoing difficulty in resolving the OMFS (CRR 3014) risk and the new risk associated with CDT (CRR 2695).	Board of Directors		Information
10	Integrated Performance Report	A note was made of the prolonged and sustained reduction in metrics such as falls prevention and pressure ulcer prevention.	Board of Directors		Information

3.5. Finance & Performance Chairs Log

To Note

REPORT TO THE COUNCIL OF GOVERNORS		REF:	**CoG: 22/01/25/3.5**

SUBJECT:	**FINANCE AND PERFORMANCE CHAIR'S LOG**		
DATE:	22 January 2025		

PURPOSE:		*Tick as applicable*		*Tick as applicable*
	For decision/approval		*Assurance*	✓
	For review	✓	*Governance*	✓
	For information	✓	*Strategy*	

PREPARED BY:	Alison Knowles, Non-Executive Director/Chair
SPONSORED BY:	Alison Knowles, Non-Executive Director/Chair
PRESENTED BY:	Alison Knowles, Non-Executive Director/Chair

STRATEGIC CONTEXT

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

EXECUTIVE SUMMARY

KEY: £k= thousands
£m = millions

This report provides information to assist the Committee and Board in obtaining assurance regarding the finance and operational performance of the Trust and the appropriate level of governance. The meeting was held on Thursday 28 November 2024 via teams. The following topics were the focus of discussion:

- Integrated Performance Report including emergency pressures, national cancer standards and the delivery of the national ambition that no patient should wait more than 65 weeks for planned care by the end of September.
- A deep dive presentation into Urgent & Emergency Care which confirmed the challenges which the Trust continues to face
- The Finance position at month 7 including progress on the Efficiency & Productivity Programme.
- The full business case for the Trust's Health on the High Street development
- An update on the Trust's IM&T programme
- An update on progress against the Trust's objectives for 2024/25
- An update on the Trust's SLAs and contracts
- The quarterly review of the Board Assurance Framework and Corporate Risk Register
- The annual review of the committee's effectiveness

RECOMMENDATIONS

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

Subject:	Finance and Performance Committee Chair's Log	REF:	**CoG: 22/01/25/3.5**

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

Committee / Group		Date	Chair
Finance and Performance Committee		**28 NOVEMBER 2024**	**Alison Knowles, Non-Executive Director**

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

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
1	**Review of Progress on Trust's Objectives** The Committee received the mid-year review of the Trust's objectives. In light of the ongoing financial constraints and operational pressures, the review has provided an opportunity to refocus the priorities for the remaining 6 months of the year. Key Highlights Across the strategic "6 Ps" reported at Q2 were: **Best for Patients & the Public:** Positive work with the 'Eat, Drink, Dress, move' campaign held in October 2024 with results to date demonstrating an average 20% increase in patients out of bed and patients in their own clothes by 11.00 am each day. Positive progress with Clostridioides difficile continues with Infection, Prevention and Control and a reduction in falls rate has been sustained in Q2. An improvement in the Friends and Family Test inpatient scores has been seen in Q2. **Best for People Success:** The annual careers event has taken place working with the Princes Trust and DWP, including fast track interviews. Sickness absence continued at a high rate in Q2 with targeted action plans in place in specific areas. **Best for Performance:** Challenges have been seen across Urgent and Emergency Care services and Planned Care, impacting on the deliverability of some metrics across Q2 including the Emergency Care Standard and Theatre utilisation. **Best for Place and Partner:** Plans across Equity and Fairness actions progress well within the Trust with a pilot ongoing on an administrative tool to support patient waiting lists (WHaLES). Best for Planet Progress against the Trusts Green Plan has been overall positive, with successful funding applications for Nitrous Project and improved waste segregation across clinical areas to minimise environmental impact of waste disposal. Discussion focused on the continuing risk that pressures in the UEC pathways will impact on the Trust's wider delivery of metrics, plans and strategies. The refocussing of the Trust's objectives will help mitigate this risk with progress monitored on a quarterly basis.	Board of Directors	Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
2	**IPR** The Committee received the monthly IPR. Discussions covered the three domains (patients, people, performance) and included: - Quality metrics are within expected range, with the exception of C Diff. There were 3 cases of Clostridioides difficile during October; a range of actions are being undertaken to address this, with some learning identified. The Trust trajectory has been received and is set at 51 cases for the year. - Work on the Trust's People metrics continues but sickness absence remains a concern at 5.4% with a renewed focus on Return to Work meetings to support our staff back to work. - UEC: Performance against 4 hrs for type 1 was 62.8% against the England performance of 59.2% (31/122). Bed occupancy for Oct 2024 was 92.3%. - RTT: 74.4% performance, England performance for the same period 57.6%. There were 3 65 weeks breaches at month end resulting from data quality validation and there are 84 patients waiting 52 weeks and above. Work continues to deliver the stretch target of 92% in specific specialities. Two lower limb surgeons have been successfully appointed with one starting before Christmas and both working specifically at MEOC to improve our utilisation and reduce long waiting times in orthopaedics. - Diagnostics: 1.8% 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 at 81% against a target of 75%, the 31-day treatment standard was not achieved 83% against a target of 96%, Performance against the 62-day treatment standard of 85% was not achieved at 80%. Discussion on the report provided assurance that additional capacity had been opened to manage the increase in emergency activity and that the new patient flow system (scheduled for quarter 4) would improve the data quality of discharge reporting.	Board of Directors	Assurance
3	**Deep Dive – Urgent & Emergency Care** The Committee received a presentation on the Trust's urgent & emergency care programme including work to improve the flow through ED, access to primary care and bed capacity.	Board of Directors	Assurance
4	**Health on the High Street – Phase 2**	Board of Directors	Assurance/ Approval

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	The Committee received the full business case for Phase 2 of the Health on the High Street scheme. The Trust's vision is to improve access to outpatients by locating services in the town centre, co-located with the very successful Community Diagnostic Centre. The new facility will increase capacity to manage the anticipated increase in demand over the coming 15 years. The move to a bespoke facility will facilitate the modernisation of care pathways for patients, utilising best practice and providing a modern working environment for clinical and support staff. The Committee reviewed the business case and agreed to support its consideration by the full Trust Board in December 2024.		
5	**ICT Update** The Committee received the Strategic update of the ICT Programme of Work. Key areas of progress were noted: • Update on the Strategic Clinical Digital Projects. • Investment Agreement Update – Including Procurements • Patient Flow System Update – for implementation at end quarter 4 • Pharmacy Stock Control – for implementation in quarter 4 • ED Clinical Noting – Successful Go-live The Committee received a review of the Digital Maturity Assessment which identified areas of strength and those where action plans are being developed. The full action plan (aligned to the Trust's ICT Strategy) will be presented to Committee in January 2025. The Committee noted that the Trust has commenced its annual review of cybersecurity. The output from the review (including how we compare to other NHS provider Trusts) will be presented to the Committee for assurance in quarter 4.	Board of Directors	Assurance
6	**Finance Report** The Committee received the Finance Report which confirmed that at month 7, the Trust has a consolidated deficit of £0.351m against a planned deficit of £95k giving an adverse variance of £0.256m. The financial position continues to be driven by one of ED 4-hour performance, non-elective length of stay, bed occupancy and lower than anticipated theatre productivity.	Board of Directors	Assurance

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
	The Committee thanked staff for their continued hard work in meeting the demands of patient care and contributing to the improved financial position.		
	The Committee noted that capital expenditure continues to be below plan for the year but that the slippage is expected to recover over the year. It was also noted that the cash position has improved with receipt of national funding to cover the pay awards and industrial action.		
	The Committee also received an update on the Integrated Care System's financial position at month 6, together with the outline of their approach to financial recovery and planning for the next financial year.		
7	**EPP Update**	Board of Directors	Assurance
	The Committee received the month 7 report on the Efficiency & Productivity Programme.		
	There has been continued improvement for the second month running in the programme position. The Month 7 saw actual savings of £2.071m against a plan of £0.983m. Cumulative year to date savings is £4.505m against a plan of £4.218m which gives a positive variance of £0.287m. The recurrency rate is 87% and there are currently 47 schemes in the programme, with 28 at full maturity. The Improvement Programme Board chaired by the CEO continues to meet to drive the overall Programme. Current forecasts are that the Trust will deliver in excess of £10million of savings in 2024/25.		
	The Committee received a deep dive into the Theatres Productivity Programme work which has a focus on reducing cancellations on the day to improve utilisation of individual theatre sessions. The Committee noted the deep dive and the work in CBU2 to complete job planning for surgeons and anaesthetists to drive further improvements.		
8	**Contracts & SLAs Review**	Board of Directors	Assurance
	The Committee received an update on the contracts and SLAs which the Trust holds. Currently this includes:		
	• 3 x Income Contracts with commissioning authorities • 28 x Healthcare Sub-Contracts where BHNFT is the commissioner/buyer • 5 x Healthcare Sub-Contracts where BHNFT is the provider • All but two of the agreements are signed and actions are in place to sign off the remaining two.		Page 80 of 99

Agenda Item	Issue	Receiving Body	Recommendation / Assurance/ mandate
9	**Review of BAF and Risk Register** The Committee received the review of the BAF and Risk Register. For the BAF, a number of changes to mitigating actions were noted but there was no change in overall residual scores. For the Risk Register, a number of changes to mitigating actions were noted with one change to overall residual score (risk 3051 – payroll). This risk is held jointly with the People Committee and it was confirmed that that committee had also accepted the reduction in residual risk score	Board of Directors	Assurance
10	**Review of Committee Effectiveness** The Committee received its annual review of committee effectiveness and thanked Stephen Radford for his work in chairing the committee up until end May 2024.	Board of Directors	Assurance
11	**System Working** The Committee noted the appointment of the new Place Lead for Barnsley, within the SY system.	Board of Directors	Assurance
12	**Sub-group Chairs' Logs** Noted	Board of Directors	Assurance

3.6. People Committee Chairs Log

To Note

REPORT TO THE COUNCIL OF GOVERNORS - Public		REF:		CoG: 22/01/25/3.6	
SUBJECT:	**PEOPLE COMMITTEE ASSURANCE REPORT**				
DATE:	22 January 2025				
PURPOSE:			*Tick as applicable*		*Tick as applicable*
	For decision/approval	✓		*Assurance*	✓
	For review			*Governance*	✓
	For information	✓		*Strategy*	
PREPARED BY:	Kevin Clifford, Non-Executive Director / Committee Chair				
SPONSORED BY:	Kevin Clifford, Non-Executive Director/ Committee Chair				
PRESENTED BY:	Kevin Clifford, Non-Executive Director/ Committee Chair				

STRATEGIC CONTEXT

The 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 Committee met on Tuesday 26 November 2024 and considered the following items:

- CBU Updates on People Matters
- Workforce Insight Report
- Workforce Attendance Report
- Freedom to Speak Up Report
- Management of Work-related Stress – Policy for Approval
- Director of People Update
- Medical Education Annual Report
- Gender Pay Gap Report
- Recruitment and Onboarding – Audit Report Progress Update
- Board Assurance Framework / Corporate Risk Register
- Committee Effectiveness Review
- People and Engagement Group Chair Log
- CBU Performance Meetings Chairs Log
- Proud to Care Cultural Leadership Steering Group Chairs Log
- Trust Objectives Progress Report

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

RECOMMENDATION(S)

The Council of Governors is asked to receive and note the Log.

Subject:	PEOPLE COMMITTEE ASSURANCE REPORT	Ref:	**CoG: 22/01/25/3.6**

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

Committee / Group: People Committee (Q&G)	**Date:** 26 November 2024	**Chair:** Kevin Clifford

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	CBU Update on People Matters	Unfortunately, due to operational pressures, CBU colleagues were not able to be released to attend the Committee. It was agreed that we may need to find an alternative way to get CBU input as they had been stood down for a number of meetings.	Board of Directors	Assurance
2	Workforce Insight Report	The Committee received its usual report to review various Workforce information with the following highlights included:- • Sickness, Absence & Wellbeing: the absence level in October was 5.4% which is within normal variation, short term absence returning to within normal limits. Levels of sickness linked to mental health remain a concern. • Mandatory Training and Appraisal: Both training Compliance (89%) and non-medical appraisal compliance (83.8%) show an improving position. • Staff Turnover in month was low at just 0.7%, with the retention rate at 95.15% (April to Oct) and the vacancy rate improved to 4.3%	Board of Directors	Assurance
3	Workforce Attendance Report	A new report outlining the attendance performance against Trust, regional and national benchmarks was received. The report outlines 12 focused/targeted areas for improvement. The report provoked considerable discussion and debate and as a result, it was agreed that the Committee would receive a similar report in future	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
4	Freedom to Speak Up Guardian	The Committee received its regular report and update on the activities of the Freedom to Speak up Guardian.	Board of Directors	Assurance
5	Management of Work Related Stress – Policy for Approval	The Committee received and reviewed the stand alone policy on Managing Work-related Stress and subject to minor presentational changes, the policy was approved. Discussion will take place outside the Committee to address the communications around its launch and ongoing profile.	Board of Directors	Assurance
6	Director of People Update	Steve Ned updated the committee on regional and national People related activity, including: • Sexual Safety at Work: the new duty on employers to prevent sexual harassment in the workplace via the "Worker Protection (Amendment of Equality Act 2010) Act 2024 which came into force on the 26 October. The Trust's Task and Finish group which carried out the preparatory work has now been reconvened to complete the necessary work. • the proposed non-pay amendments to AfC terms and conditions discussed as part of the last pay review, a review of the processes around how pay is set for AfC staff and also the national review of Nursing & Midwifery Roles, specifically bands AfC 4,5 & 6, and 7 to 9.	Board of Directors	Assurance
7	Medical Education Annual Report	The Committee received the first annual report for Medical Education within the Trust, which was extremely positive and outlined the significant work and development in this area. It also referenced the positive view of our offer by external organisations, particularly the Medical School. The Committee wanted to recognise the significant efforts of the team in both achieving this but also their efforts to maintain this through the exciting but challenging capital works in the Education Centre. Plans are in place to accommodate increasing numbers of students and resident doctors.	Board of Directors	Assurance

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
8	Gender Pay Gap Report	The Committee reviewed and commented on a draft of this report which will be presented at the Board of Directors meeting in February 2025 Year in advance of publication.	Board of Directors	Assurance
9	Recruitment and Onboarding – Audit Progress Report	The Committee received the latest update on meeting the recommendations of this Audit. The progress to date is welcome but the Committee felt it needed further assurances before being content to deem the work complete.	Board of Directors	Assurance
10	Board Assurance Framework (BAF)/Corporate Risk Register (CRR)	The Committee reviewed the BAF and CRR Risks relating to the People agenda. The risks having previously been reviewed and where appropriate amended by Executive Directors were agreed by the Committee.	Board of Directors	Assurance
11	Committee Effectiveness Review	The Committee received feedback on the recent review and the outcome. Further discussions will be held outside the meeting to consider any changes suggested.	Board of Directors	Assurance
12	Proud to Care Cultural Leadership Steering Group Chairs Log	The Committee received the Chair's log for information	Board of Directors	Information
13	People and Engagement Group Chairs Log	The Committee received the Chair's log for information	Board of Directors	Information
14	CBU Performance Meetings Chairs Log	The Committee received the Chair's log for information	Board of Directors	Information
15	Trust Objectives Progress Report	The Committee reviewed the people specific objectives in advance of the Trust Objectives progress being considered by the Board.	Board of Directors	Information

3.7. Audit Committee Chairs Log

To Note

REPORT TO THE COUNCIL OF GOVERNORS - Public

REF:	**CoG: 22/01/25/3.7**

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

DATE:	22 JANUARY 2025	

PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval	✓	*Assurance*	✓
	For review	✓	*Governance*	✓
	For information		*Strategy*	

PREPARED BY:	Stephen Radford, Chair of the Audit Committee
SPONSORED BY:	Stephen Radford, Chair of the Audit Committee
PRESENTED BY:	Stephen Radford, Chair of the Audit Committee

STRATEGIC CONTEXT

The Audit Committee advises the Board on the effectiveness of arrangements to manage organisational risk and actions being taken to remedy any weaknesses that are identified through the work of Internal and External Audit.

EXECUTIVE SUMMARY

The Committee met via Microsoft Teams on the 9 October 2024. The following key topics were discussed:

- Progress in implementing actions from earlier 'limited assurance' reports on CBU3 Governance and Recruitment & Onboarding
- Internal Audit Progress Report & Recommendations Tracker
- Review of the Trust Counter Fraud, Bribery & Corruption Policy
- Single Tenders/ and Tenders Awarded Other than the Lowest
- Losses and Special Payments
- Declaration of Conflicts Register

The Executive Director/or their representative attended the Audit Committee to update the Committee on progress in implementing Internal Audit recommendations made in the two recent limited assurance audits on CBU3 Governance and Recruitment/Onboarding (Medical/Non-Medical Staff). It was noted that recommendations/actions for Recruitment/ On-Boarding would be reviewed by the People's Committee in November and were being delivered in accordance with due dates. The actions requiring completion from the CBU3 Governance Audit had been slightly delayed because of staff sickness, but should in the main be complete by the end of October 2024. The late implementation of audit recommendations for this audit has depressed the Trust action implementation rate from 92% to 76%. When the position was checked today the rate had improved to 85%.

Since the last audit meeting, two final audits from the 2023/24 plan have been completed, these are:

- Asset Register – Significant Assurance
- Capital - Moderate Assurance

The Audit Committee also received latest Counter Fraud report. Counter Fraud Alerts are now being tracked and the Committee is able to gain assurance action being taken. The Committee also reviewed the latest version of the Trust Policy on Counter Fraud, Bribery and Corruption. The updated policy was approved by the Committee

The Audit Committee discussed the latest update on Declarations of Interest. The position in terms of their completion is not good and will be expedited via additional comms and through the Trust governance processes. This will be further reviewed at the next Audit Committee in January 2025.

RECOMMENDATIONS

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

Subject:	AUDIT COMMITTEE ASSURANCE REPORT	Ref:	**CoG: 22/01/25/3.7**

CHAIR'S LOG: Key Issues and Assurance

Committee / Group	Date	Chair
Audit Committee	9 October 2024	Stephen Radford

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/mandate to receiving body
2.1 – 2.3	**Internal Audit Progress Report** Since the last audit meeting, two audits have been completed, these are: • Asset Register – Significant Assurance • Capital - Moderate Assurance No significant weaknesses were identified. These two audits complete the 2023/24 audit plan. Terms of reference have been agreed for the following forthcoming audits: • Charitable Funds • Medicine Management – Focus on audit and governance • NHS Staff Survey The Committee noted the cancelling of the Non-Core Pay Audit owing to pressure on Trust resources and change to the 2024/25 audit plan The late implementation of audit recommendations (owing to staff illness) for the CBU3 Governance audit has depressed the Trust audit action/ implementation rate from 92% to 76%. When the position was checked today the rate had improved to 85%. It was noted that two recommendations made in prior years relating to Risk	Board of Directors	For Information & Assurance

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/mandate to receiving body
	management, had still not implemented. Though rated only 'Low' would be addressed and reported on to the next Audit committee meeting. **Limited Assurance – Progress Update** The Executive Director/or their representative attended the Audit Committee to update the Committee on progress in implementing Internal Audit recommendations made in the two recent limited assurance audits on CBU3 Governance and Recruitment/Onboarding (Medical/Non-Medical Staff). It was noted that recommendations/actions for Recruitment/ On-Boarding would be reviewed by the People's Committee in November and were being delivered in accordance with due dates. The actions requiring completion from the CBU3 Governance Audit had been slightly delayed because of staff sickness, but should in the main be complete by the end of October 2024. The Committee recommended that CBU governance teams should consider introducing the annual Effectiveness survey (which is already used by the main Assurance Committees). This will be looked at going forward.		
2.5	**Counter Fraud Progress Report** The Committee received the latest Counter Fraud Progress Report, From the report it was noted that: • The Counter Fraud Service (CFS) has issued 5 local alerts/ fraud prevention notices to relevant Trust officers. The action being recommended/taken by the Trust is now recorded and positive response will be sought from the Trust to the CF team. • Three fraud investigations had been completed /closed, one of which had resulted in a member of staff resigning from the Trust	Board of Directors	For Information & Assurance

Agenda Item	Issue	Receiving Body	Recommendation/ Assurance/mandate to receiving body
2.5	**Trust Policy – Counter Fraud, Bribery and Corruption Policy** The Committee received the updated policy, which had been subject to minor amendment. The policy was approved by Audit Committee.	Board of Directors	For Information & Assurance
3.1	**Single Tenders/ Tenders Awarded Other Than the Lowest** The Committee reviewed the report prior to ratification by the Board relating to single tender actions. The Committee noted that in the period under consideration there were 2 waivers requested and approved. These related to consulting services re the Acute Federation and specific software support. All waivers had been agreed with Procurement.	Board of Directors	For Information & Assurance
3.2	**Losses and Special Payments** The Audit Committee received and noted the latest Losses & Special Payments report. Losses incurred were discussed and related in the main to unpaid invoices due for payment by overseas visitors to the UK. These had been pursued through debt collection agencies, but still remained unpaid.	Board of Directors	For Information & Assurance
3.3	**Declarations of Interest** The Audit Committee received and noted the latest Declaration of Interests 2024/25 report. The current level of completion is too low. Actions will need to be taken to address this matter including additional comms and action through the Trust governance process.	Board of Directors	For Information & Assurance
9.1	**Internal Audit Work Plan** A review is to be performed to update the Committees forward work plan so that it better aligns to the updated Terms of Reference.	Board of Directors	For Information & Assurance

4. Draft Work Plan 2025-2026

For Information

Presented by Sheena McDonnell

Standing agenda item	Executive/Governor Lead	Author/presenter of the report	Action	14.5.25	10.09.25 AGM	08.10.25 Online	22.01.26
Welcome, Apologies & quoracy	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓
Declarations of Conflicts of Interest	Sheena McDonnell Chair	Sheena McDonnell Chair	Note	✓	✓	✓	✓
Minutes of the Previous Meeting	Sheena McDonnell Chair	Sheena McDonnell Chair	Approve	✓	✓		✓
Matters Arising & Action Log	Sheena McDonnell Chair	Sheena McDonnell Chair	Review/ Approve	✓	✓	✓	✓
Chairs Report	Sheena McDonnell Chair	Sheena McDonnell Chair	Assurance	✓	✓	✓	✓
Chief Executive Report	Richard Jenkins CEO	Richard Jenkins CEO	Assurance	✓	✓	✓	✓
Lead Governor Report	Graham Worsdale Lead Governor	Graham Worsdale Lead Governor	Assurance	✓	✓	✓	✓
Report from Audit & Risk Committee	Stephen Radford, Non-Executive Director, Chair of Audit Committee	Stephen Radford Non-Executive Director, Chair of Audit Committee	Assurance	✓	✓	✓	✓
Report from Finance and Performance Committee (inc. Finance Report)	Alison Knowles, Non-Executive Director, Chair of F&P Committee	Alison Knowles Non-Executive Director, Chair of F&P Committee	Assurance	✓	✓	✓	✓
Report from Quality and Governance Committee	Gary Frances, Non-Executive Director, Chair of Q&G Committee	Gary Frances, Non-Executive Director, Chair of Q&G Committee	Assurance	✓	✓	✓	✓
Report from People & Culture Committee	Kevin Clifford, Non-Executive Director, Chair of People Committee	Kevin Clifford, Non-Executive Director, Chair of People Committee	Assurance	✓	✓	✓	✓
Report from Charitable Trustees Board	Nicky Clarke, Non-Executive Director, Chair of Charitable Trustees Board	Nicky Clarke, Non-Executive Director, Chair of Charitable Trustees Board	Assurance	✓	✓	✓	✓

Standing agenda item	Executive/Governor Lead	Author/presenter of the report	Action	14.5.25	10.09.25 AGM	08.10.25 Online	22.01.26
Integrated Performance Report (for information)	Michael Wright Managing Director	Michael Wright Managing Director	For Information	✓	✓	✓	✓
Progress Report (for information)	Michael Wright Managing Director	Michael Wright Managing Director	For Information	✓	✓	✓	✓
Partnership Working	Michael Wright Managing Director	Michael Wright Managing Director	Assurance				✓
Organisational Priorities 2025/26	Richard Jenkins CEO	Richard Jenkins CEO	For Information	✓			
Five Year Strategy Update (every 6 months)	Richard Jenkins CEO	Richard Jenkins CEO	For Information			✓	
Quality Priorities	Sarah Moppett Director of Nursing, Midwifery & AHP's	Gillian Feerick Head of Quality and Clinical Governance	Assurance	✓			
Quality Account	Sarah Moppett Director of Nursing, Midwifery & AHP's	Gillian Feerick Head of Quality and Clinical Governance	Assurance			✓	
Annual Report (through Annual Members Meeting)	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Assurance			✓	
Annual Accounts (through Annual Members Meeting)	Chris Thickett Director of Finance	Chris Thickett Director of Finance	Assurance			✓	
Financial Plan	Chris Thickett Director of Finance	Chris Thickett Director of Finance	Assurance				✓
Place annual Report							
Governance Report	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Assurance	✓	✓	✓	✓
Constitution – formal review Last review December 2024	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Approve				✓
Constitution – Partner Governors	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance					✓
Governors Standing Orders (linked to Constitution review)	Angela Wendzicha	Angela Wendzicha	Approve				✓

Standing agenda item	Executive/Governor Lead	Author/presenter of the report	Action	14.5.25	10.09.25 AGM	08.10.25 Online	22.01.26
To be reviewed every 3 years as a minimum or in conjunction with any changes to Constitution.	Director of Corporate Governance	Director of Corporate Governance					
Appointment of Vice Chair (as needed)	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Approve				
Appointment of Senior Independent Director (as needed)	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Approve				
Appointment / Reappointment of NED's (as needed)	Nomination Committee	Nomination Committee	Approve				
Appointment/Reappointment of Chair (as needed)	Nomination Committee	Nomination Committee	Assurance				
Outcome of Chair and NED Appraisals	Nomination Committee	Nomination Committee	Note				
Lead Governor Appointment (Annual)	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance					
Deputy Lead Governor Appointment	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance					
Governor Elections (part of Governance Report or Member Engagement Group Report)	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance				✓	✓
Council of Governors Annual Review of Effectiveness	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance					✓
Governor Engagement Strategy (current Strategy:)	Angela Wendzicha	Angela Wendzicha					✓

Standing agenda item	Executive/Governor Lead	Author/presenter of the report	Action	14.5.25	10.09.25 AGM	08.10.25 Online	22.01.26
	Director of Corporate Governance	Director of Corporate Governance					
Member Engagement Strategy	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Discuss			✓	
Member Engagement Group Report/Chairs log	Group Chair	Group Chair	Note	✓		✓	✓
Member Engagement Group Terms of Reference	Angela Wendzicha Director of Corporate Governance	Angela Wendzicha Director of Corporate Governance	Discuss				✓
Audit & Risk Committee Terms of Reference Annual Review	Chair	Chair	Assurance				✓

5. Any Other Business

To Note

6. Date and Time of Next Meeting - 14 May 2025