

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts 1 April 2015 to 31 March 2016



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Performance Report

About Barnsley Hospital

Barnsley Hospital NHS Foundation Trust is a district general hospital, built in the 1970s and serving a population of approximately a quarter of a million people within the boundaries served by Barnsley Metropolitan Borough Council. Occupying a single site covering approximately 8.2 hectares, the hospital has circa 380 beds and current annual income of £173million.

In 2005 the hospital gained Foundation Trust status and today provides a full range of district hospital services to the local community and surrounding area. These acute hospital services include emergency and intensive care, medical and surgical care, elderly care, paediatric and maternity, along with diagnostic and clinical support. The Trust also provides a number of specialised services, such as cancer and surgical services in partnership with Sheffield Teaching Hospitals NHS Foundation Trust.

The Trust's principal commissioner is Barnsley Clinical Commissioning Group (CCG), which is responsible for commissioning health services for the population of Barnsley. During 2015-16, the Trust cared for 395,812 patients (409,997 in 2014-15), saw 244,101 clinic appointments (268,149 in 2014-15) and treated 81,592 patients in the Emergency Department (79,055 in 2014-15).

Operationally, there are six Clinical Business Units (CBUs) and Corporate Services. Each CBU is led by a team made up of a Clinical Director, a Head of Nursing and a General Manager, who are supported by a Matron and Service Manager together with HR, finance and data analyst teams.

The CBU operational structure in 2015-16 was as follows:

Emergencies, Orthopaedics and Care Services
Theatres, Anaesthetics and Critical Care
General and Specialist Medicine
General and Specialist Surgery
Diagnostic and Clinical Support Services
Women's and Children's Services
Corporate Services

Our 3,337 employees (31 March 2016) are supported by a Health and Wellbeing Strategy and team, who look after the physical health and emotional wellbeing of staff, as well as a dedicated learning and development programme and a fully equipped Education Centre.

Our Local Health and Social Community

The resident population distribution of Barnsley's 234,800 people is similar to that seen nationally, except for a slightly lower proportion of young people aged 25 to 39. In total 19% of the population is aged under 16, with 18% aged 65 or over. In 2011, there were 2,991 live births in Barnsley and 2,274 deaths.

The health of people in Barnsley is varied compared with the England average. Deprivation is higher than average and about 24.4% (10,500) children live in poverty. Premature death in Barnsley – cancer, cardiovascular disease and chronic lung disease are strongly linked to deprivation. The total population of Barnsley is projected to rise by 3.3% between 2013-14 and 2018-19. The number of over 65s in the Barnsley population is forecast to increase to a projected 47,947 people by 2020.

Our Vision, Values and Strategic Aims

The Trust's vision, values, aims and objectives are agreed as part of the business planning cycle and are the platform upon which we build our strategies and guide our decision making. Each and every member of our workforce is expected to live and demonstrate our values as an integral part of how we operate and deliver quality, safe and compassionate care to our patients.

Our Vision is:

To be the best, integrated healthcare organisation of choice for our local community and beyond.

Our Values are:

We treat people how we would like to be treated ourselves. We will:

- Show you respect, courtesy and professionalism
- Treat you with kindness, compassion and dignity
- Communicate with you in a clear, honest and responsible manner

We work together to provide the best quality care we can. We will:

- Share the same goals: finding answers together
- Recognise your contribution by treating you fairly and equally
- Constantly learn from you, so we share and develop together

We focus on your individual and diverse needs. We will:

- Personalise the care we give to you
- Keep you informed and involve you in decisions
- Take the time to listen to you

Our Strategic Aims and 2015-16 Objectives:

Our strategic aims drive everything we do and are the focus of our strategy and business plan. In the year we aligned key objectives to each of the four aims, each was assigned an executive owner with measures and a timeframe for delivery.

Aim 1: Patients will Experience Safe Care

Strategic Objectives 2015-16:

- We will continue to provide high quality care, ensuring our patients have a positive experience of care through better understanding what patients want, measuring our performance and improving the way we care.
- We will deliver consistently safe care, taking action to reduce harm to patients in our care and protecting the most vulnerable, including elimination of avoidable grade 3 & 4 pressure ulcers.
- We will deliver consistently effective care – we will achieve improved health outcomes through delivery of effective care and evidence-based care and achieve our agreed targets.
- Continued delivery of prioritised 7 day services to support the needs of our patients and deliver the Keogh standards, increasing the availability of medical decision makers, Radiology cover, therapy support and pharmacy services across 7 days.

Aim 2: Partnerships will be our Strength

Strategic Objectives 2015-16:

- We will create opportunities to engage and involve our patients, their families, the wider community, service user advocacy groups and our wider health and social care partner groups in the development and of our services.
- We will be an effective partner in order to improve the way we work and provide services with others, including our work on the Health and Wellbeing Board, the CCG, the GP Federation, clinical networks and all other local partners.
- We will be a key partner in the Working Together programme, supporting the delivery of the programme aims and outcomes, including:
 - Share good practice including improved procurement
 - Support sustainable care, quality and consistency across the regions through shared resource
 - Reconfigure services for sustainability
 - Delivery of technology projects.

Aim 3: People will be Proud to Work for Us

Strategic Objectives 2015-16:

- We will continue to work to ensure we have an engaged and motivated workforce through participation in the national Listening into Action programme and other agreed initiatives.
- We will recruit, retain and develop a workforce with the right skills at the right time so that our patients receive safe and compassionate care.
- We will proactively improve the health and wellbeing of our employees, preventing ill health and enabling employees off sick to return to work sooner and to a safe environment.

Aim 4: Performance Matters

Strategic Objectives 2015-16:

- We will continue to focus on improving our performance in all aspects of delivery, supporting the achievement of all operational, quality and financial targets and delivery plans.
- We will deliver the full benefits of investment in technology including the optimisation of our central computerised system, Lorenzo, and the implementation of new improvements in maternity and imaging.
- We will optimise the use of the estate to drive efficient use of space, improve the care environment and identify cost reductions. Projects will be delivered in alignment with the agreed capital schedule subject to the availability of capital funds.
- We will secure the most cost effective goods and services through efficient and planned procurement activity, achieving an overall savings target of £1m.
- We will work with our teams to develop agreed commercial partnerships and business proposals, including Barnsley Hospital Support Services (BHSS) schemes, delivering our overall Trust income target.

Overview of Performance

Chairman and Chief Executive's Statement

Once again this reporting year has been one of significant challenge for the Trust, not only within our own organisation but also in our local community and across the wider NHS healthcare setting.

Operationally, we have failed to deliver three out of the four quarters for the national four hour access target but our staff have put a tremendous effort in to managing our performance. The target is an indicator of quality care, as risks can increase the longer patients have to wait. You can read more about our performance on page 24.

We have delivered strong progress against our strategic objectives which you can read more about on pages 7 and 37.

Financially we are still working towards our turnaround plan. Total savings in the year were planned at £6.7m. The Trust has continued to ensure savings are achieved using the agreed approach and the work is facilitated skilfully by the Trust's own Programme Management Office (PMO), key features of this work include:

- Improved financial governance and reporting. Potential Cost Improvement Programme (CIP) schemes are reviewed by the Finance Team to ensure they will represent budgetary savings and the same team robustly validates the savings as and when achieved.
- Enhanced Quality Impact Assessment process and assurance to ensure that cost savings do not impact on quality.
- CIP Steering Group chaired by the Chief Executive.

In relation to staff engagement our annual staff survey findings show that our response rate has increased year on year and we are scoring higher than the average response rate. We also launched our Listening into Action (LiA) initiative during the reporting year. LiA is about fundamentally shifting how the organisation works and leads and has worked well, receiving positive feedback from staff.

CQC Inspection

The Care Quality Commission (CQC) visited the Trust in the reporting period, undertaking an announced inspection of our services between 14 and 17 July 2015. In addition an unannounced, but expected, inspection took place on 26 July 2015. The CQC has recognised a significant number of areas of good quality care at Barnsley Hospital and also our commitment and plans to secure further improvements in services provided for patients. The final report, published in January 2016, gives the Trust ratings of 'Good' for providing caring, effective and responsive services, with an overall rating of 'Requires Improvement'.

The Board welcomed the report and the feedback it provides and is particularly pleased that the report highlighted numerous areas of good practice, and an 'Outstanding' rating for the level of care provided by our End of Life Care Service. To have had the majority of areas inspected rated as 'Good' is testament to the hard work and commitment of our staff, and they collectively undertook to transform our Hospital. In particular, the report highlights the excellent caring attitude of our staff in the rating of 'Good' for caring for our patients, demonstrating their commitment and passion to delivering high quality care.

Unfortunately, one of the principles used by the CQC when rating a Trust is that where NHS Regulator, Monitor, finds a failure to comply with licence conditions or is taking regulatory action, the overall Trust rating will normally be limited to 'Requires Improvement' at best.

At the time of the CQC inspection in July 2015, the Trust had two breaches of licence in place, for our financial position and our governance arrangements. This placed a limiting factor on the overall rating we could achieve at this point in time. Since the CQC inspection, Monitor lifted the breach of licence for governance in September 2015, recognising our strengthened senior leadership and improvements in how we are run.

Financial Overview

Our financial performance in the reporting period has not been without challenge. We ended the year with a deficit position of £16.2m, which is £5.1m adverse to the planned deficit of £11.1m for the period. The key factors leading to this position included the application of contractual penalties, outpatient follow-up activity being lower than planned and adverse pressure on pay costs driven by additional spend on agency staff. These additional costs were incurred to support additional non-elective activity over an above our original plan. The agency pay pressures were recognised as a national issue and Monitor subsequently introduced a capped hourly payment rate for clinical and nursing agency staff, which was welcomed by the Trust.

Efficiency Programme

2015-16 was the second year of the Trust's turnaround plan. Once again, our staff have worked incredibly hard in the face of adversity. Through a tremendous amount of hard work and effort, we have over achieved our cost improvement target of £6.7m in 2015-16. Total savings in year were £6.9m

The Trust has continued to ensure savings are achieved using the agreed approach and the work is facilitated ably by the Trust's own Programme Management Office (PMO). Key features of this work include:

- Improved financial governance and reporting
- Enhanced Quality Impact Assessment process and assurance
- CIP Steering Group chaired by the Chief Executive.

We have an equally challenging year ahead but thanks to the continued focus on becoming as efficient as we can be across the organisation, we begin the coming year with a strong, validated cost improvement plan and identified savings schemes to support the delivery of our financial plan in 2016-17.

Operational Overview

Four Hour Emergency Target

The national four-hour access target is imposed on acute trusts as an indicator of how well organisations 'pull' patients through the system, knowing that risk increases the longer patients have to wait.

As a Trust we have put a tremendous effort into managing our performance, staff have worked extremely hard to help us to try and achieve this target and we are thankful to them for their continued dedication.

We have seen a sustained increase in activity over the last year, which has unfortunately resulted in our performance being under the 95%. Operationally, we have failed to deliver three out of the four quarters for the four hour access target during this reporting year.

Our performance over the year was as follows:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
95.06%	94.23%	92.21%	87.62%	92.24%

Infection Control

Our performance in infection control continues to be strong and although we reported 1 MRSA bacteraemia case this reporting year, this is this first time in since 2009 that we have reported any cases. We have also achieved our target of no more than 13 Clostridium difficile (C-Difficile) cases for the year.

Our Workforce

Throughout the reporting period, despite operational pressures, the organisation never lost sight of the reason it exists: to deliver the highest quality and safest care to our patients and our vision of being 'The best integrated healthcare organisation of choice for our local community and beyond.'

We have retained our strong commitment to continuous engagement of our workforce, with the Board recognising that our staff play a vital role in our success and delivery of safe, quality care. The Trust subscribed to the Listening into Action (LiA) approach in March 2015, making a commitment to supporting and enabling staff from across all levels and departments to work differently, feel more valued and are given permission to enact change.

The LiA journey is about fundamentally shifting how the organisation works and leads, as part of a significant commitment to connect better with everyone who works at the Trust to deliver the best possible outcomes for our patients and our staff. You can read more about our LiA journey on page 84.

The NHS Staff Survey was once again undertaken in November. We are pleased to say that our response rate has increased year on year and we are scoring higher than the average response rate (*Based on 64 'Picker' Acute Trusts*) as the table below shows.

	2013	2014	2015
Returned Surveys	512	1207	1279
BHNFT Overall Response Rate	67.2%	43.5%	45.7%
Average Response Rate	46.9%	41.6%	38%

Compared to last year the number of questions that scored significantly better (5%+ Improvement) is 27 and the number of questions that scored significantly worse (5% + decline) is only 1.

The areas that performed significantly better included, but aren't limited to: job satisfaction, job enthusiasm, the ability to deliver patient care, support from manager and support from colleagues. The area that performed considerably worse was the question: 'Would feel safe raising concern about unsafe clinical practice'.

As part of our commitment to developing our workforce and celebrating success, the Trust held its third annual Nursing & Midwifery Conference in 2015, aimed at celebrating good practice in nursing and midwifery at our hospital. The focus of the day also included a review of the new code of practice and revalidation and to enable sharing of excellence across different areas of the organisation.

During the year we also welcomed some key appointments. In January 2016, we welcomed Mr Mehood as a Consultant in general surgery with a special interest in colorectal surgery. Mr Mehood's appointment means that we offer colorectal laparoscopic procedures to our patients.

In addition to the clinical appointments, the Senior Management and Board has benefited from the appointment of Michael Wright as our new substantive Executive Director of Finance in December 2015 and Tom Davidson, our new Director of IT in January 2016. These two key roles will play a significant part of the Trust's financial recovery and in our journey towards being a more efficient and effective paper light organisation.

Patient Safety

Patient safety remains, as always, our core priority as an organisation and we continuously strive to improve our practice. During the period, the Trust introduced a number of new safety and quality initiatives. These included a dedicated weekly Patient Safety Bulletin to enable rapid sharing of lessons learnt with all staff; an increased focus on cultivating an incident reporting culture; and the introduction of the concept of Safety Huddles. Barnsley is one of three hospitals (along with Leeds Teaching Hospitals and Scarborough) taking part in a Health Foundation / Yorkshire & Humber Improvement Academy project looking at the widespread introduction of multidisciplinary safety huddles. Where huddles have been successfully introduced, they have been associated with a reduction in falls, pressure ulcers and cardiac arrests as well as improvements in the ward/department patient safety culture. We hope to roll out safety huddles to all appropriate wards across the Trust in 2016-17.

Principal Risks and Uncertainties

For 2016-17, the Trust again faces a significant financial deficit, albeit this is planned to reduce by effective management and financial support in the form of national Sustainability and Transformation funding, issued to trusts providing urgent care. However, the Trust does face a number of financial risks and challenges going forward. These risks are consistent between 2015-16 and 2016-17 and are identified on the Risk Register, in line with the Board Assurance Framework that is reviewed by the Board. A summary of the key risks, mitigations and impacts for the year ahead is included below:

Area	Risk Description	Potential Impact
Control Target Deficit	Delivering the Control Target Deficit of £8.1m assigned to the Trust for 2016-17. Mitigation: Ensure that key costs pressures are effectively challenged and managed including robust control over agency staff expenditure and effective management of CIP.	Failure to achieve the target would result in the Trust not being able to access national Sustainability and Transformation funding.
CIPs	Cost Improvement Programmes (CIPs) planned for delivery do not deliver either fully or partially, or the realisation of the saving is delayed. Mitigation: The delivery of other CIP savings are advanced, either by being able to advance the delivery of an existing scheme or of a pipeline scheme. Other CIP savings over perform to plan.	Any unmitigated loss of CIP savings would be a £ for £ impact to the deficit in year.
Activity	The plan has been set jointly with the commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. Mitigation: Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen.	Cannot be assessed as would depend on the specific area of under activity and whether any resulting excess resource or costs could be removed.
Activity	Significant levels of non-elective admissions requiring additional capacity to manage the pressures at additional cost. Mitigation: Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased non-elective activity would have an impact on the ability to meet the Control Target Deficit.
Activity	Planning guidance for NHS Trusts does not allow for contractual penalties to be included. Mitigation: Work with commissioners to manage flows, particularly with regards to demand in relation to the Emergency Department.	Any contractual penalty incurred will adversely impact on the ability to achieve the Control Target Deficit.

Inflation on non-pay costs	<p>Inflationary increases on non-pay costs have been assumed in the plan; any increases beyond these would increase the Trust's cost base.</p> <p>Mitigation: Procurement to work with suppliers and source new suppliers to remove cost increases, alternative products to be sourced, usage levels to be reduced when possible.</p>	<p>Any cost increases due to inflation beyond the assumptions made within plan assumptions would be a £ for £ impact to the deficit.</p>
Supplier Payments	<p>The cash flow and hence statement of position assumes the continued management of supplier payments. There could be pressure to reduce creditor days which would have an impact on the cash position and funding requirements.</p> <p>Mitigation: The senior finance team maintain the weekly review of cash payments and follow the same cash management processes as the prior year.</p>	<p>Any reduction to payables would have an adverse impact on cash available to maintain services.</p>

We will continue to manage these risks throughout 2016-17 and ensure that we again deliver our financial plan.

Our risk assessment process is designed to identify, manage and mitigate business risks.

Each risk has an identified Director and management lead. Risks are managed through the risk management and risk register process and reported to the Executive Team and to the relevant Board sub-committee and to the Board of Directors via the Integrated Performance Report, key strategic action plans and the Board Assurance Framework.

Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The Corporate Risk Register is regularly reviewed by the Executive Team and presented quarterly to the Board. The risks and associated mitigations are also reviewed by the Board Committees on a regular basis.

Examples of identified risks facing the Trust include:

- Failure to maintain achievement of the 4 hour national target, which would impact on our financial and operational performance as well as our reputation.
- Failure to manage efficient patient flow due to inability to implement bed reconfiguration plans due to increased demand.
- Failure to deliver our Cost Improvement Programme which impacts on the Trust's financial stability.

Looking Forward to 2016-17

As we commence year three of our turnaround plan we have learnt that by working together we can overcome challenge and turn our organisation around.

Our Five Year Strategy acts as a guide through the coming years and keep us focussed on what we need to achieve, underpinned by robust governance processes and strong operational grip.

We acknowledge that we have difficult times ahead and that our key themes for the coming year continue to reflect our recent history:

- Delivery of our financial recovery plan and the 2016-17 cost improvement plan.
- Consistent delivery of the four-hour wait target as 'business as usual'
- Working with staff through sustained and focused work on their involvement in and engagement with the recovery journey and providing the best care for patients.

Our annual plan for 2016-17 will enable us to focus on these priorities as well as driving forward in sustaining our core services upon which our patient population shows no sign of reducing reliance.

Every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision. Barnsley Hospital is a key partner within the South Yorkshire and Bassetlaw footprint.

The Board remains confident that we have the firm foundations in place to return the organisation to financial balance.

Our Strategic Objectives for 2016-17

Our strategic objectives have been established for the year and we remain focused at all times on high quality, safe patient care; working with our partners; ensuring our staff remain proud to work for us and, underpinning everything, is the fact that performance matters – in these objectives we remain accountable for delivery with all elements measurable and reportable through our governance structures.

Performance matters

Objective:

Get the Trust back in to financial balance

- Achievement of the Trust's financial plan and control total
- Delivery of the £7m CIP programme and income generation schemes
- Continuation of controls and actions to ensure a reduced agency spend including compliance with the agency cap
- Action plan for delivery of the 15 Carter recommendations re productivity & efficiency including procurement, estates, back office, pharmacy, pathology, IT and patient flow.

Objective:

Be the provider of choice for Barnsley and beyond

- Ensure we are the first choice for services by improving access, improving relations with GP's and service development
- Site configuration to ensure improved quality and efficiency for patient flow
- Develop a strategic organisational approach to patient involvement and engagement to ensure learning from patient feedback, ensuring patients have the opportunity to influence service delivery
- Provide a good patient experience. Improve FFT response rate and achieve consistently over 90%. Demonstrate learning from concerns raised through quarterly reporting
- Delivery of the Outpatients Modernisation Programme including a centralised outpatient service.

Objective:

Best use of existing and new technology

- Develop our ICE solution for electronic discharges and all forms of requesting. This will deliver significant clinical and operational benefits
- Establish an optimisation and stabilisation programme for Lorenzo to ensure we support and train our staff to use the technology in the best possible way for improved patient outcomes
- Establish a self reporting culture in our information resources to improve local ownership of intelligence to support future design and operations
- New ICT Strategy - 5 year programme to move towards Paperless 2020 and support national transformation strategies. Deliver a programme of work to manage the existing strategic projects
- Engage with the national Public Wifi Access Project to deliver digital benefits for patients and the public
- Deliver and support an Interoperability and Digital Roadmaps Strategy for the Barnsley Health Community and beyond.

Partnerships will be our strength

Objective:

Work with all system partners to support the delivery of the urgent care pathway and 4hr access target

- System wide urgent care action plan to deliver a sustainable performance against the 4 hour access target by the end of quarter 1
- Implement and manage the bed utilisation tool 'Medworce' to ensure the most effective patient flow for Barnsley patients
- Integrated urgent care model at the front of house.

Objective:

Ensure effective partnership working to provide sustainable health and care services for the local population

- Implement integrated pathways for respiratory and diabetes services
- Agree and begin to implement the system wide sustainability and transformation plan for South Yorkshire including a specific Barnsley system plan
- Work with local partners as part of a shadow board to develop an accountable care organisation for Barnsley
- Work with local acute partners as part of the working together vanguard
- Produce a definitive Directory of Services that showcases what Barnsley Hospital has to offer. The directory will be online, up to date and give clear information to patients and partners
- Agree our strategic, organisational approach to GP engagement in order to maximise the Trust's reputation and relationships with GPs and ultimately, maximise GP referrals and market share of core services.

Patients will experience safe care

Objective:

Provide high quality, safe care

- Ensure consistency in care 7 days a week including delivery of the four prioritised standards:
 - > Assessment within 4 hrs for all emergency admissions
 - > 7 day access to diagnostic services
 - > 24 hour access, seven days a week, to consultant directed interventions that meet the relevant speciality guidelines
 - > Twice daily review of patients in high dependency areas and once a day in all areas 7 days per week
- To introduce a revised mortality review process in line with forthcoming NHS England guidance. To ensure lessons learnt from mortality reviews are introduced using the Deteriorating Patient Group and Patient Safety Panel
- Development of a medical HDU facility and 'Hot & Cold' site
- Continue to improve patient safety working with the ImprovementAcademy and AqUA with focus on safety huddles
- Introduce technology to detect and manage the deteriorating patient
- Achievement of all quality priorities and goals
- Implementation of Perfect Ward through quarter 1
- Redefine Paediatric Pathways
- Ensure all refurbished areas are dementia friendly
- Build quality improvement capacity and capability.

People will be proud to work for us

Objective:

Be the employer of choice and work towards an engaged and motivated workforce

- Develop a robust workforce plan so we can maximise our workforce capacity and capability and ensure we have the right skills mix and workforce redesign to meet the new models of care
- Action plan to become the employer of choice, in order to recruit, retain and develop our workforce for the future
- Strengthen plans to improve the leadership and management capability across the Trust.
- CBU restructure to strengthen leadership
- Delivery of leadership programmes: Passport to Management & Aspiring Talent and Ascending Talent programmes
- Develop and implement a plan to maximise the well-being and engagement of our staff whilst moving to a 'can do' and inclusive culture
- To improve the annual GMC survey of trainee experience.

Preparation of the Annual Report and Accounts 2015-16

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2015-16. The Accounts have been prepared under a direction issue by Monitor under the National Health Service Act 2006.

The Board of Directors consider the Annual Report and Accounts 2015-16, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.



.....
Stephen Wragg, Chairman

Date: 24 May 2016



.....
Diane Wake, Chief Executive

Date: 24 May 2016

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the NHS Foundation Trust's ability to continue as a going concern. In accordance with the NHS Foundation Trust's Annual Reporting Manual the financial statements have been prepared on a going concern basis as we do not either intend to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

We are also required to disclose material uncertainties in respect of events or conditions that cast doubt upon the going concern ability of the NHS Foundation Trust and these are disclosed below.

The Trust's performance in-year showed a deficit of £16.2m which is £5.1m adverse to the planned position of a £11.1m deficit. The Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

The Trust's planned deficit for 2016-17 is £8.1m which is based on the centrally allocated Control Target. This is supported by receipt of income for national Sustainability and Transformation Funding. Plans are in place to draw down additional cash funding in the form of a working capital facility and revenue loans via the Department of Health.

Having considered the material uncertainties and the Trust's financial recovery plans and the likelihood of securing additional financial funding to support the financial operations, the Board of Directors has determined that it remains appropriate to prepare these accounts on a going concern basis. The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

Stephen Wragg, Chairman



Diane Wake, Chief Executive



Date:

24 May 2016

Performance Analysis

Strategic Business Review

In the 2015-16 year we achieved all our patient care and experience goals, ensuring that patients remain at the very heart of all we do and crucially, that we continue to capture their experiences, both the positive and less positive, so we can not only learn from our shortcomings but ensure that we share this learning widely and that we celebrate our successes. Further information can be found in the Quality Report on page 136.

In 2015 the hospital's Intelligent Monitoring rating improved from a Band 4 to a Band 5. Intelligent Monitoring is a tool the Care Quality Commission (CQC) use which assesses risk within care services and has been developed to ensure that health and social care services provide people with safe, effective, compassionate and high-quality care. When carrying out Intelligent Monitoring, the CQC looks at several different indicators, these include aspects such as waiting times, mortality rates and feedback from staff and those using its services, amongst many others. We have continuously performed well in the Intelligent Monitoring in recent years, which is a real achievement for the Trust.

The CQC visited the Trust during July 2015, publishing their report on 13 January 2016. The report is largely positive, with the majority of our areas being rated as 'Good' and one 'Outstanding', something we are extremely proud of. Since our inspection, we have implemented a number of positive changes to address the issues raised. It is our aim to transform the rating for areas that are rated as 'Requires Improvement', to a rating of 'Good' or 'Outstanding' in the coming year.

Our overall ratings

	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Requires improvement	Good	Good	Good	Good	Good
Urgent and emergency services (A&E)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Intensive/critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Outstanding ☆	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good

As a foundation trust we continued to develop our services across a range of platforms; an example of which is the purchase and successful installation of the latest state of the art equipment for the treatment of urinary stones. The Lumenis Versapulse™100 watt Holmium Laser was installed at the Trust in February 2016 and is the first of its kind to be used in Barnsley, it is expected to greatly improve the overall patient journey for those requiring this kind of treatment.

We also pursued partnership working with our commissioners, neighbouring community provider organisations and local authority. Through our active membership of the Working Together initiative we continue to explore ways to enhance patient care and realise efficiencies. BHSS, our wholly owned private limited company continues to present opportunities for income generation through traditional and non-traditional methods.

Throughout the reporting year we have achieved a number of accolades and accreditations. An example includes the prestigious Joint Advisory Group (JAG) Accreditation on Gastrointestinal awarded to our Endoscopy Department. The JAG accreditation formally recognises that a high quality endoscopy service is operating in the hospital and is the second time that Endoscopy has achieved the accreditation.

We were also awarded with ‘two ticks’ for being positive about employing disabled people. The Two Ticks Positive about Disability symbol is awarded by Jobcentre Plus to employers who are positive about opportunities for disabled people and have made commitments to employ, retain and develop disabled members of staff.

The Trust’s performance is assessed externally against a range of national targets and standards, which you can read about on pages 21 to 30. This was another particularly challenging year as we strived to provide the highest standards of care for an increasing number of patients, whilst achieving demanding efficiency savings.

Internally, the Trust has a robust Performance Management Framework in place to manage our performance against our range of mandated targets and also our key performance indicators and other standards.

The performance of each CBU is subject to review, scrutiny and challenge at monthly performance meetings, attended by the management team of the CBU and the Executive Team. Alongside this, the Executive Team review performance on a weekly basis and the Trust’s monthly Integrated Performance Report is subject to rigorous review at the Finance & Performance Committee, Quality & Governance and also at Board each month.

Important Events since the Year End

There have been no significant events since the year end that would impact the Trust’s financial statements or strategic plan.

Details of Overseas Operations

There have been no operations overseas within the reporting period.

Emergency Care

During 2015-16 we cared for a total of 409,306 patients in the hospital. We treated 81,583 patients in our Emergency Department (ED).

Our performance against the national four-hour emergency target over the year was a disappointment for us as our staff continue to work tirelessly throughout the Trust to ensure our patients are seen, treated and discharged within the 4 hour time limit, which is an indicator of quality care as some patients may deteriorate if they are not seen within this time.

Overall our ED saw, treated, discharged or admitted 92.3% of patients within four hours.

To ensure we continue to deliver safe care and strive to deliver our performance over winter we made significant investment in the form of additional staff and extra capacity. In quarters 2, 3 and 4 we failed to achieve the requirement performance and fell short of our expectations and of national requirements.

This was due to the unprecedented demand on our services from October and the acuity of patients attending at the Trust. This position was mirrored across South Yorkshire and the NHS as a whole. For further detail on this please see the Quality Report. In response to this we ensured our services continued to provide safe effective care by ensuring senior management presence on a daily basis and working closely with our clinical teams to address the issues of sustained additional demand.

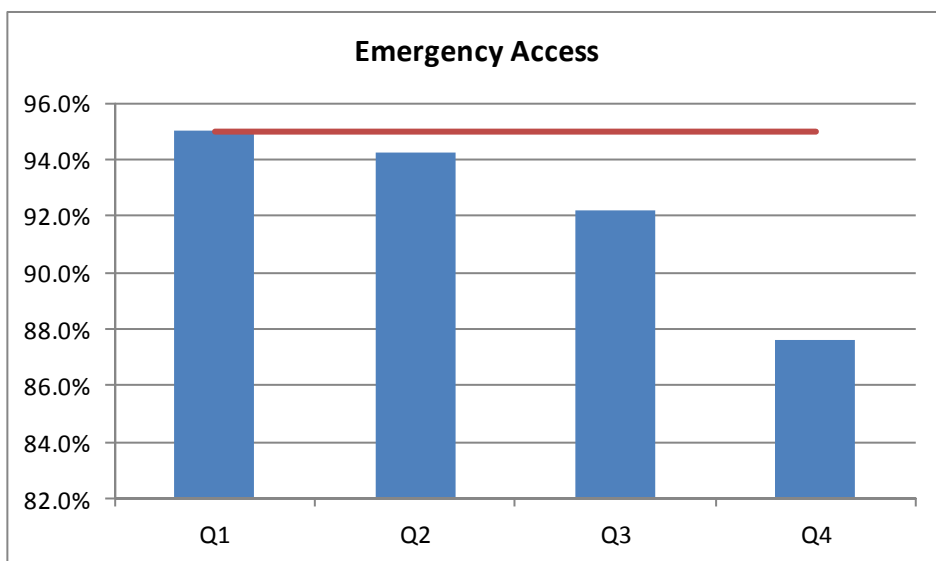
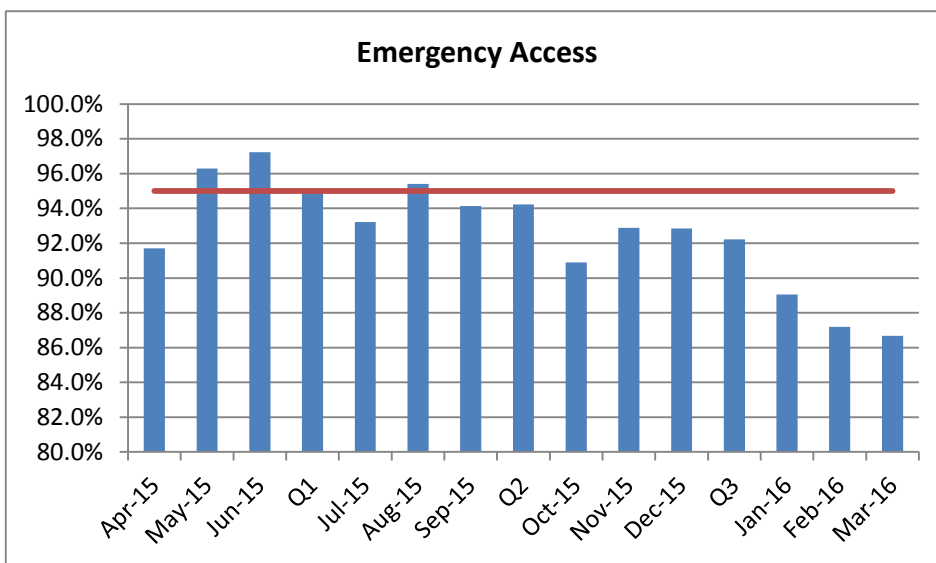
Emergency Department Attendances

Our performance in our ED is a testament to the hard work and dedication of our ED team and other teams in the hospital. We did not achieve our year end 95% target.

The table overleaf shows that we achieved the 95% in Quarter 1 only.

The demands on our emergency services at the hospital cannot be underestimated and our teams continue to deliver a good standard of care despite these pressures. We are working hard to rectify our performance against this standard.

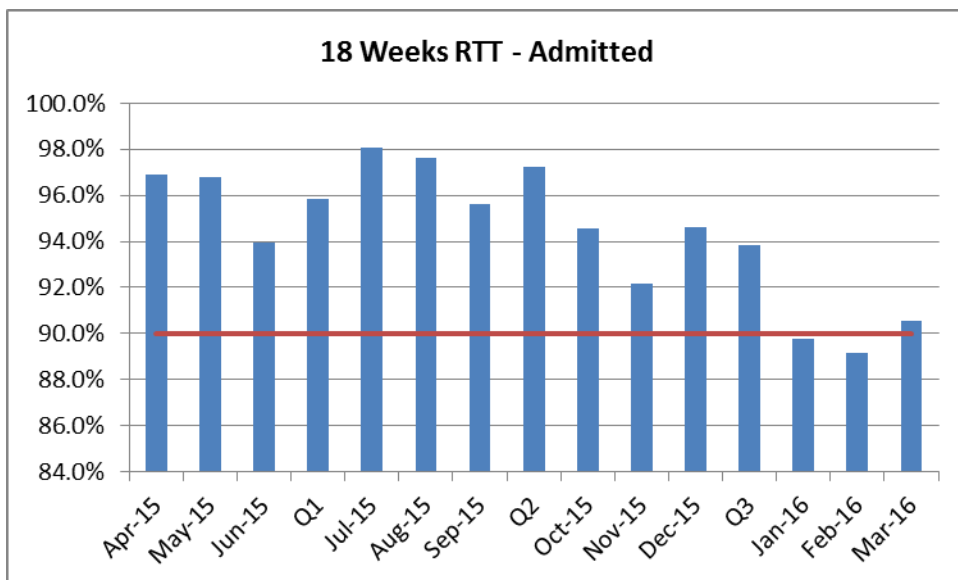
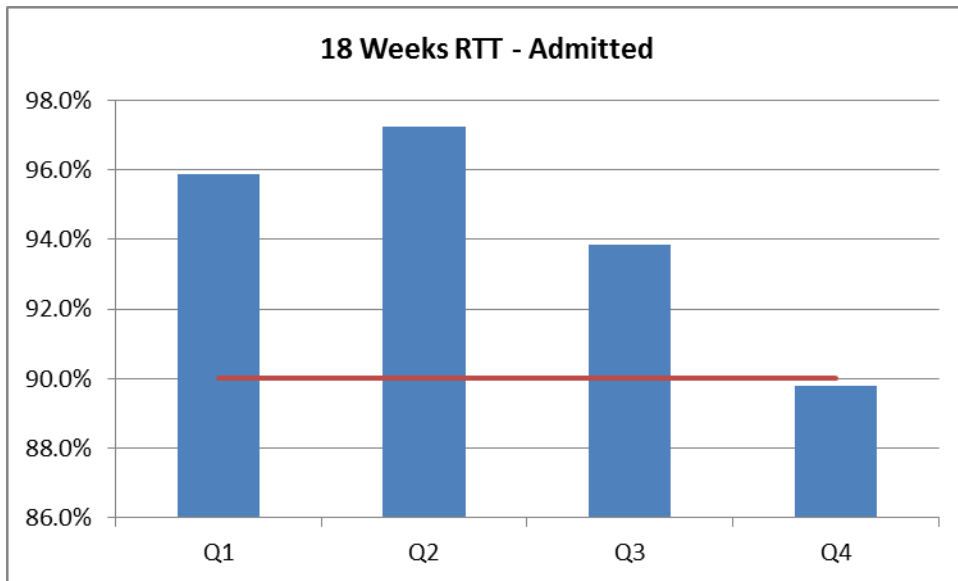
Key: ■ Trust Performance — National Target



18 Week Waiting Times from Referral to Treatment (RTT)

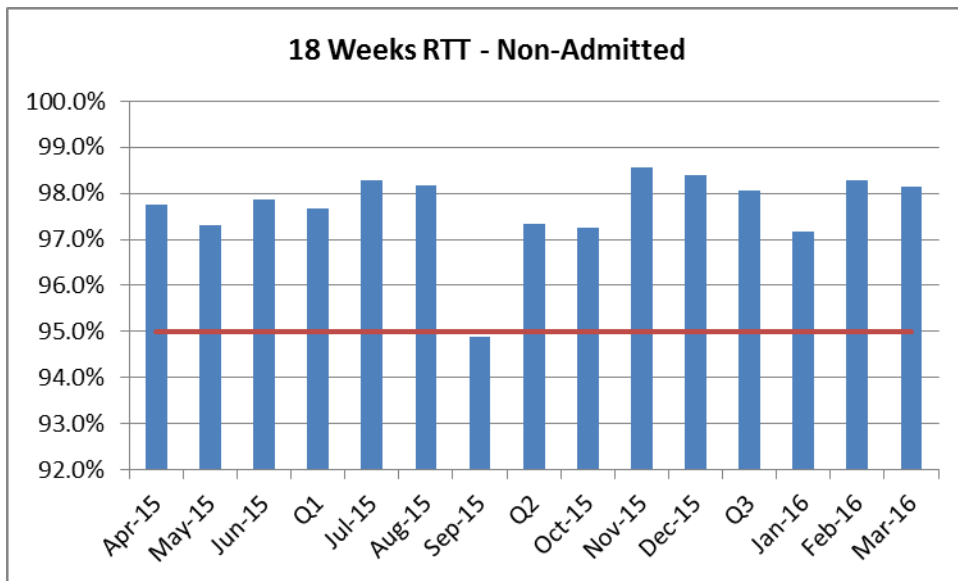
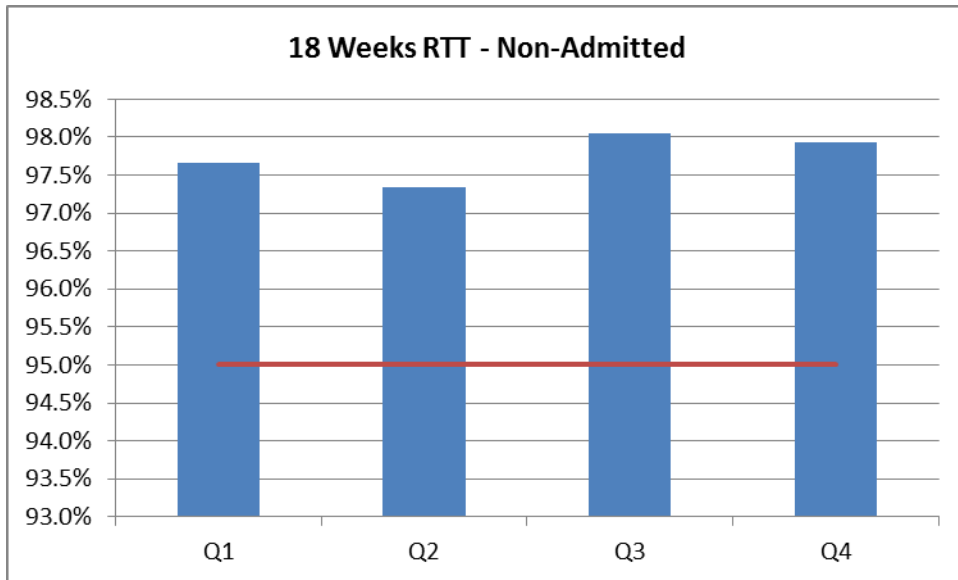
We have continued to make reductions in the number of patients who may wait longer than 18 weeks. The incomplete pathways are the pathways that are currently reported as a mandated target.

Admitted: 94.7% of patients starting admitted treatment within 18 weeks of referral against a standard of 90%.



Non-admitted: 97.7% of patients starting non-admitted treatment within 18 weeks of referral against the standard of 95%

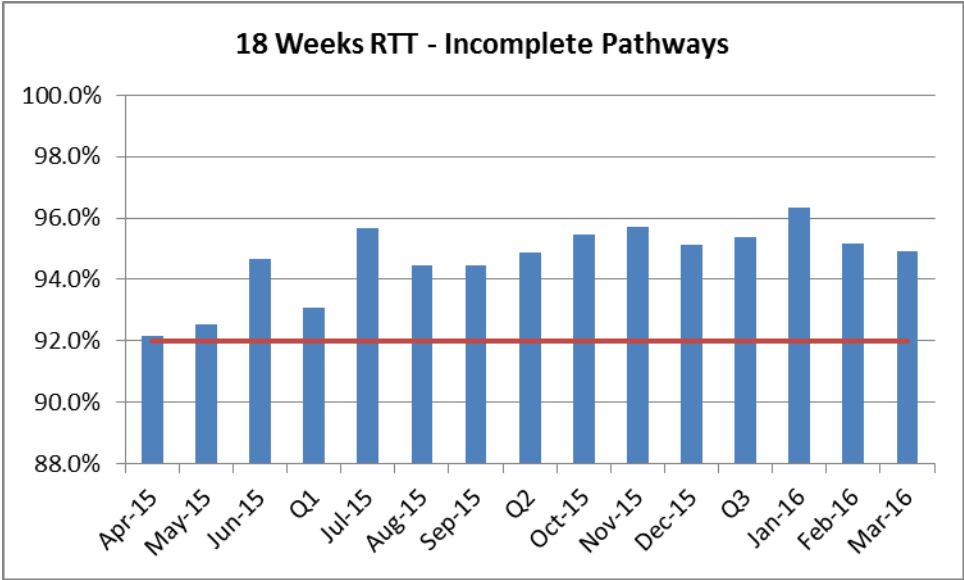
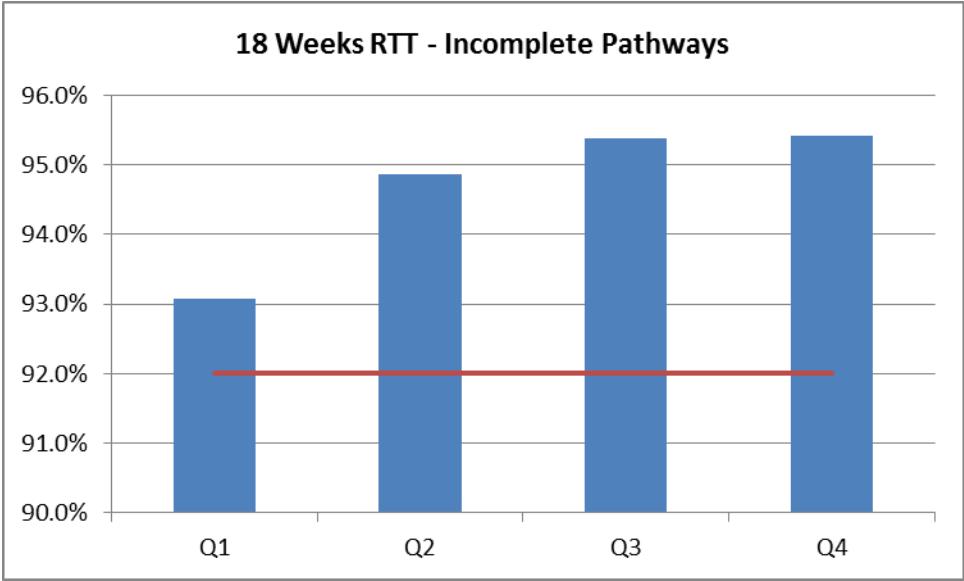
In all quarters we exceeded the standard of at least 95% of non-admitted patients to be treated within 18 weeks.



Incomplete Referral Pathways

This target is set at 92%. We achieved the target for incomplete referral to treatment pathways.

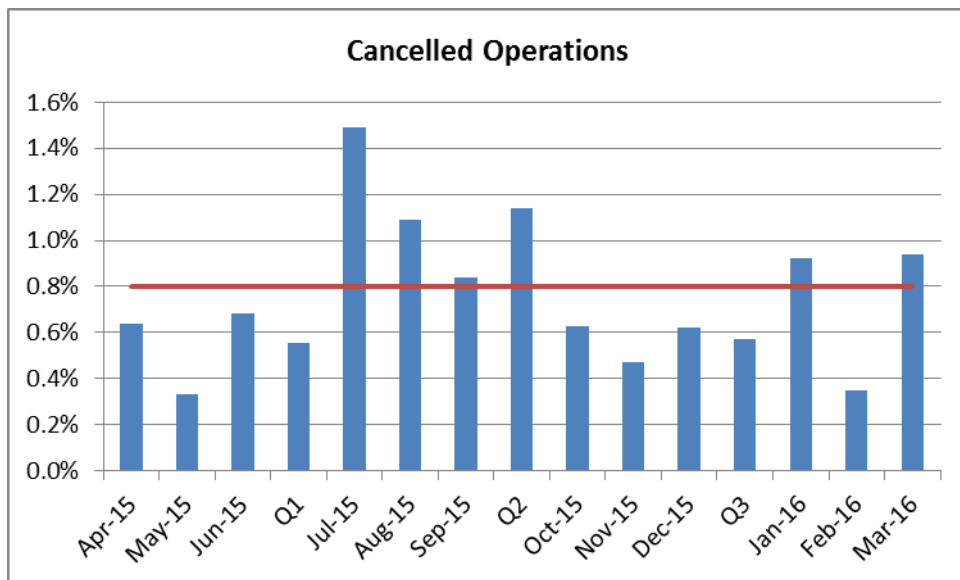
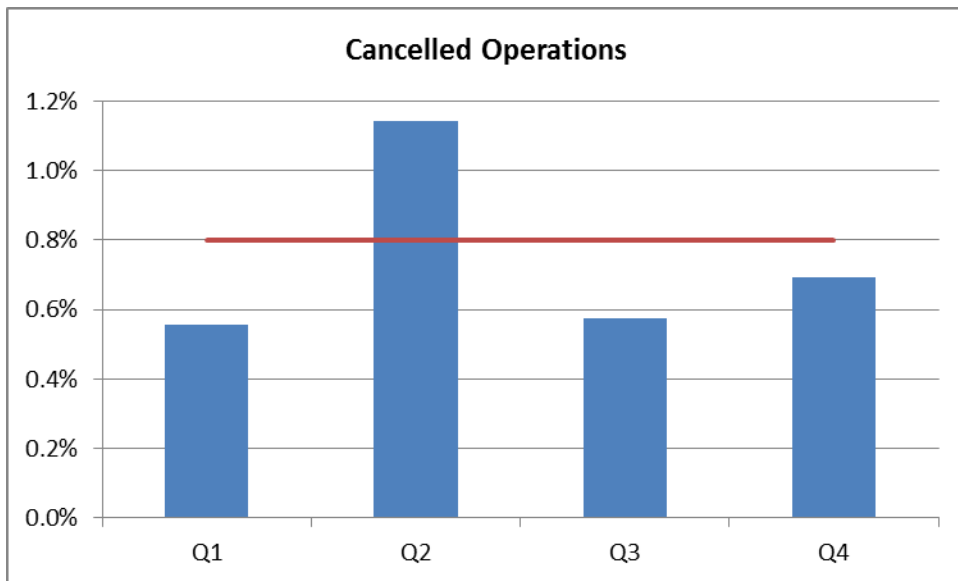
No. of patients on incomplete admitted pathways waiting over 18 weeks:



Cancelled Operations

The Trust achieved 0.7% of cancellations against a standard of 0.8% however, the Trust recognises that last minute cancellation of operations is a distressing experience for our patients and we continue to work to ensure these are kept to a minimum.

The Trust did have one cancellation for a patient who did not receive surgery within the re-booking 28 day rule.

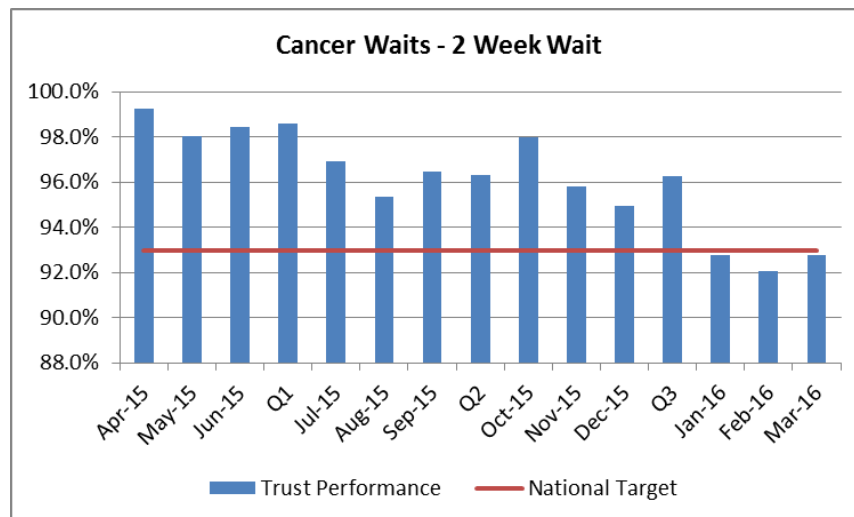
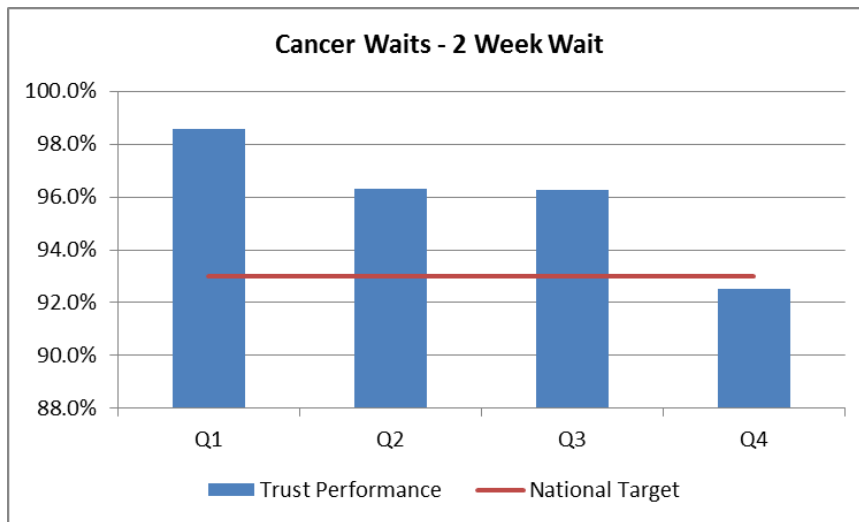


Cancer Waiting Times

The target for all urgent GP referrals to be seen within 2 weeks was achieved in the majority of quarters throughout 2015-16 with the exception of quarter four where the Trust was below the 93% threshold at 92.5% (subject to final validation and data cleansing).

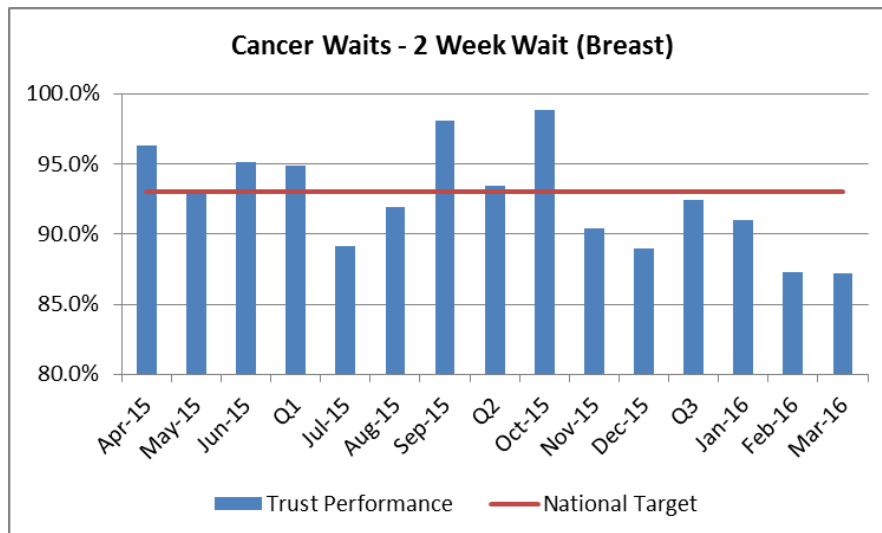
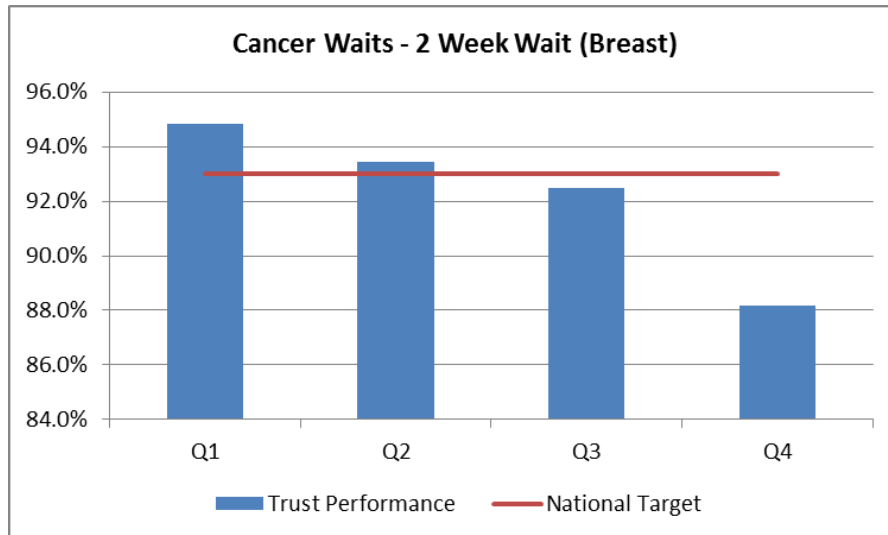
Failure to achieve this target in Q4 was entirely related to capacity issues and patient choice.

Cancer Access target: Urgent GP referrals seen within 2 weeks:



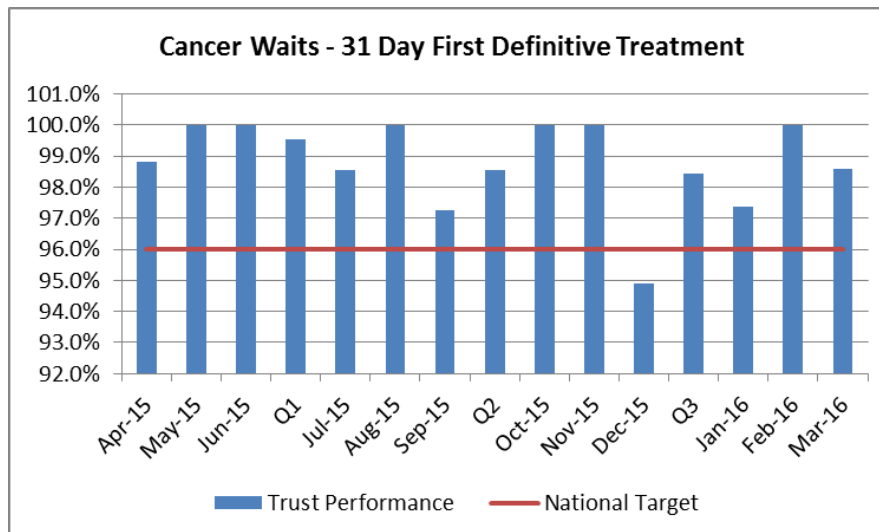
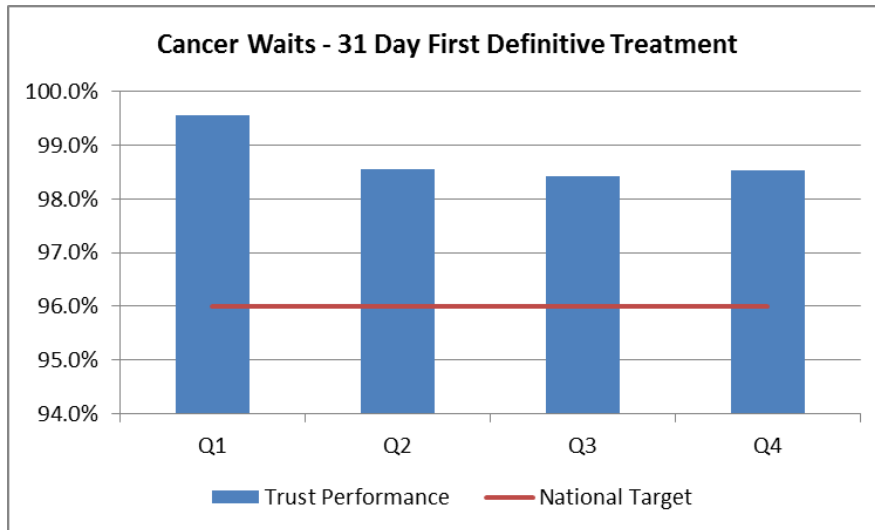
Cancer Access Target: Breast Symptomatic referrals seen within 2 weeks

The two week wait standard for patients referred with breast symptoms has proved extremely challenging throughout quarter 3 and 4 resulting in non-compliance against the 93% threshold both at month end and quarter end. This related to capacity issues and patient choice. Remedial actions are underway to bring resolution of this problem and achieve compliance in 2016-17.



Cancer Access Target: First Treatment within 31 Days

During 2015-16 we consistently achieved the standard of treating patients within 31 days of a decision to treat, achieving compliance against the 96% target for each quarter.

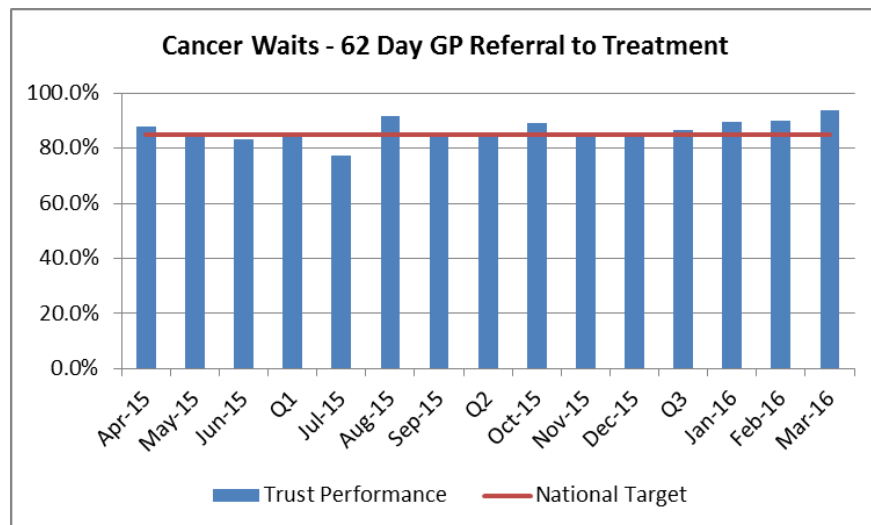
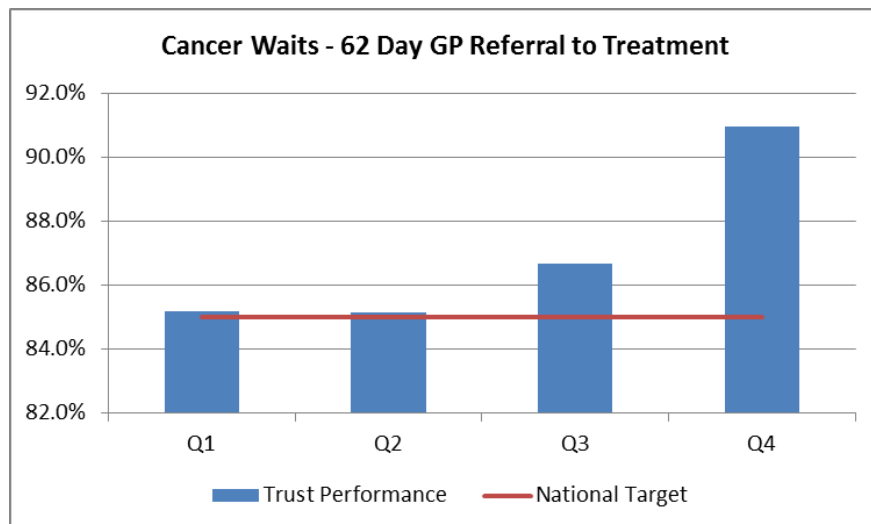


Cancer Access Target: Treatment within 62 days of an urgent GP Referral

In 2015-16 the Trust achieved compliance in all four quarters against the 62 day GP referral to treatment target.

The responsibility for delivering first definite treatment within 62 days of an urgent referral for suspected cancer is often shared with another provider, with patients undergoing diagnostic work locally in Barnsley but treatment in the tertiary cancer centre. For us this is Sheffield Teaching Hospitals and the majority of treatments are delivered here for upper gastrointestinal, head and neck, lung and urology cancer patients.

The timeliness of shared pathways however remains particularly challenging with the national referral target of Day 38 enforceable come October 2016. Failure to refer patients to the tertiary centre by this pathway milestone will result in full reallocation of any subsequent breach to the Trust. Work is underway to address pathway inefficiencies across site specific areas.



Patient Care Activities

During 2015-16 the Trust has continued to deliver progress in patient care activities and quality achievements. We achieved all our patient experience goals, ensuring that patients are at the heart of all we do and that we capture their experience, good and bad. This allows us to learn from our shortcomings and celebrate our successes.

The priority to consistently deliver safe care has seen the achievement of our targets to reduce the number of hospital acquired avoidable Grade 2 and 3 pressure ulcers and to achieve 90% medicine reconciliation occurring within 24 hours of admission to our hospital. We have made significant progress in achieving the target to evidence 100% compliance with the World Health Organisation (WHO) Surgical checklists including 'Team Brief' and 'Debrief' elements of the Five Steps to Safer Surgery.

Whilst we have been unable to achieve our target of a further 25% reduction in the number of in-patient falls and repeat in-patient falls, we have seen a significant reduction in the number of falls resulting in moderate or severe harm.

The targets set in conjunction with our quality goal to deliver consistently effective care have proved challenging in 2015-16 with a number of priorities failing to achieve the agreed targets. Evidence compliance with: National Institute for Health and Care Excellence (NICE) Quality Standards for VTE Prevention, NICE Quality Standards for Acute Kidney Injury (AKI) and NICE Guidelines for Falls; assessment and prevention of falls in older people has been achieved. Targets in relation to AKI, Pneumonia and Sepsis pathways, a further reduction in our HSMR value and reduction in length of stay and readmission rates have not been achieved in full. Work will continue throughout 2016-17 to ensure these targets are met.

The 2015-16 Quality Report details in full our achievements in patient care activities including the Trust's performance against key national and local health care targets, such as CQINS as agreed with local commissioners and details of other key quality improvements.

Monitoring

The Patient Experience Group is a formal sub group of the Quality & Governance committee and is responsible for monitoring progress towards meeting national and local targets, together with improvements in the quality of healthcare. The CQC action plans, developed following the CQC Inspection this year, are also monitored, providing triangulation of information.

Patient Experience and Engagement

Our Patient Experience team consists of three elements: PALS (Patient Advice and Liaison Service), Complaints and Voluntary Services. Work includes the wider patient experience engagement and improvement activities such as the NHS Friends & Family Test (FFT), patient feedback through questionnaires, focus groups, patient journeys/stories and wider engagement work.

The Trust uses its foundation trust status to develop services and improve patient care by ensuring wherever possible, patients, Governors and members of the Trust are involved with service review and development. The Trust has continued to work with patients and carers, Governors and members to ensure they are able have a say on how healthcare is provided. This has included a number of new opportunities and developments for engagement and involvement.

Some examples of this include:

- **Patient Stories** – The Patient Experience team has continued to engage with patients to produce patient stories, which are heard at the Board each month.
- **Patient Panel** - We are continuing to recruit to and expand the patient panel. The panel is intended to be a ‘virtual panel’ that allows service users to sign up and become involved in both specific and Trust wide initiatives including quality visits and wider engagement work across the Trust through forums such as the Maternity Service User Forum. The panel currently has 46 members.
- **Ward Quality and Safety Visits** – Patient representatives continue to sit alongside staff in the Trust’s quality and safety monitoring visits and additional patient representatives have attended training to increase the levels of representation.
- **Healthwatch** – The Trust continues to work in collaboration with the Healthwatch team. Healthwatch has launched a feedback centre that the Patient Experience Team will monitor and report where appropriate to teams. Young representatives are being trained to undertake Enter and View visits.
- **Maternity Service Users Group** – The Patient Experience Support Officer (PESO) is a regular attendee of the Maternity Service User Forum. The User Forum is expanding with new members and is striving to increase the level of engagement with service users on social media.
- **Children & Young People’s Feedback** – Feedback from children about their experiences of care continues to be collected. Children tend to give feedback on a range of topics that are important to them. When asked what they thought about their stay in Hospital, children said:
 - “Thank you for what has happened, my hand still hurts but I am happy that people care.”
 - “PS3! Friendly staff made me less worried about the operation. Make parents be there quicker after the operation.”
 - “I liked getting a teddy bear and moving the bed up and down”

All areas that treat paediatric patients have been supplied with copies of the Trust’s feedback leaflet for children to encourage them to tell us about their experiences.

- **PLACE – Patient Led Assessment of the Care Environment** - Nine patient assessors and six Governors were trained to carry out the PLACE assessments in the year in preparation for the forthcoming inspection process which looks at the cleanliness of our hospital.

- **PRASE (Patient Reporting and Action for a Safe Environment)** - the Trust is participating in a project where patients have a pivotal role in improving patient safety. PRASE has been developed by the Bradford Institute for Health Research, is funded by The Health Foundation and aims to improve hospital safety through patient feedback, collected by hospital volunteers using an I-pad device. The volunteers collect data relating to staff communication, equipment availability, organisation, care planning and safety in order to collect enough information to generate reports, which can then be used to identify key priorities for local action planning and safety improvement. The initiative is currently being run on four wards within the hospital.

Progress to date includes:

- PRASE is being run on wards 17, 32, 33 and 37.
- Currently five trained volunteers regularly collecting data across the four wards.
- To date the volunteers have completed 165 questionnaires.
- The project phase is due to finish in June and meetings are being planned to discuss the future of the project.

Service Improvements following NHS Friends & Family Test (FFT) Patient Surveys/ Comments/CQC Report

In the period, there have been no significantly revised services however feedback in year has been used to drive service improvements. All inpatient ward areas, ED and Maternity Services survey their patients on discharge. During 2015-16 we also introduced the FFT to all outpatient and day case areas. During this period 21,296 patients responded to the FFT out of a possible 104,573, giving a response rate of 20.4%.

The results of the survey show that 95% of patients would recommend Barnsley Hospital to friends or family if they needed similar care or treatment. Key themes from the feedback provide assurance that patients experience high levels of satisfaction with the care they receive, the cleanliness of the hospital and that staff are friendly, approachable and helpful. Feedback is collected daily and a bi-weekly report provides feedback to all areas via Lead Nurses and Matrons. Where comments are felt to be of concern, they are reported immediately back to the individual location for any action. Each area displays their quantitative and qualitative data each month for both staff and public view.

There were no significant service improvements required following our CQC Review however, a Trust-wide action plan has been put into place to monitor smaller scale improvements, with the aim of improving the Trust's overall rating from 'requires Improvement' to 'Good', to reflect the large number of individual services that were rated 'Good' as part of the inspection (see Table on page 19).

There have been no significantly revised or new services.

Improvements in Patient/Carer Information

We have implemented a policy to improve access to interpreting and translation services and introduced an electronic patient information resource to help patients make informed decisions when consenting to investigations and procedures.

National Inpatient Survey 2015

A total of 1,171 patients were eligible for the survey, of whom 494 responded, giving a response rate of 42%.

Key facts:

- Overall: 84% rated care 7+ out of 10
- Overall: treated with respect and dignity 83%
- Doctors: always had confidence and trust 80%
- Hospital: room or ward was very/fairly clean 98%.
- Hospital: toilets and bathrooms were very/fairly clean 96%
- Care: always enough privacy when being examined or treated 90%

Maternity Survey 2015

A total of 295 patients were eligible for the survey of whom 115 returned a completed questionnaire, giving a response rate of 39%.

Positive aspects of care:

- 88% of respondents were given a choice of where to have their baby.
- 71% said that the Midwives listened to them during their antenatal check-ups.
- 68% felt that they were involved enough in decisions about their antenatal care.
- 94% felt that their partner was involved in their care during labour/birth.
- 85% said that they were treated with respect and dignity.
- 76% said that the hospital room or ward they were in was very clean.
- 96% were visited at home by a midwife.
- 76% had confidence and trust in the Midwives they saw after going home.

Complaints

The Trust received 236 formal complaints during the period, which represents a reduction of 14 complaints from the previous year. 100% of complaints were acknowledged within the three working day standard. Our aim is to investigate complaints promptly and efficiently and we are committed to implementing improvements and actions from the lessons we learn following the investigation and the feedback we receive.

Individual CBUs and corporate reports are now completed on a monthly basis, detailing the main subjects of the new complaints and noting the individual learning taken from closed complaints. Themes and trends are also noted. This information enables CBUs/Corporate services to discuss and review this in their Clinical Governance Meetings and take forward any further learning required.

Quarterly Learning from Experience (LFE) Reports are also compiled which provides a Trust-wide overview of user experience drawn from complaints, concerns, comments, compliments and wider patient experience feedback. The specific detailed information surrounding main subject headings, response times, actions and learning for the period 2015-16 is noted within the annual LFE report.

Targeted work has taken place to improve how we capture actions and learning from complaints and this work will be built on further in the coming year.

Stakeholder Relations

We recognise that we cannot provide services in isolation. We work together with other organisations to provide services locally and where complex care is needed. We are also part of strategic partnerships working across the public and private sectors, which aim to ensure we are maximising benefits for our patients.

Some examples of this include:

- [Sheffield Children's Hospital NHS Foundation Trust](#) - Sheffield Children's Hospital continues to provide a number of surgical services on an outreach basis, ensuring access for younger patients and their families is convenient and local.
- [Sheffield Teaching Hospitals NHS Foundation Trust](#) - We also work with our main tertiary services provider, Sheffield Teaching Hospitals NHS Foundation Trust and a number of regional clinical networks to ensure the smooth provision of specialist services for Barnsley people. With support from the networks, we try to bring back more services to the town, reducing travel and inconvenience for patients.
- [Local Medical Committee \(LMC\)](#) - The Local Medical Committee enables primary care medical practitioners to formally and informally interact with the Trust's clinicians and highlight issues of clinical and patient management, which through joint work could improve patient experience and outcomes. A senior consultant from the Hospital attends the committee and reports back regularly to the Trust's own medical staff committee where issues can be dealt with by the senior medical cohort, Medical Director and Chief Executive.
- [Local authority services](#) - The Trust works closely with its local authority colleagues at Barnsley Metropolitan Borough Council (BMBC), especially in relation to safeguarding of adults and children's services. Our Chief Executive attends BMBC's Overview and Scrutiny Committee (OSC), on request, to discuss services, issues and proposed developments in the health community and, along with the Chairman of the Trust, participates in the local strategic partnership. Linked to this, we also work with BMBC and other partners on community-wide groups to enable improvements in sustainability and communications.
- [Health and Wellbeing Board](#) – members of our Executive Team, supported by the Chairman, regularly attend the Barnsley Health and Wellbeing Board to contribute towards the future direction of services in the borough.
- [Sheffield University](#) - Barnsley Hospital has a long standing arrangement with the University for the training of medical students and is recognised as an Associate Teaching Hospital. Our work in research and development and our research and development programme has been headed by a Professor from the University of Sheffield's Department for the Elderly.

Formal Consultations

There have been no formal consultations in the reporting period.

Working Together Partnership

The Trust continued to be an active member of the Working Together programme, a partnership to deliver high quality, efficient patient care for South Yorkshire, Mid Yorkshire and North Derbyshire. The three aims of the partnership are to:

- Meet commissioner intentions to improve the health and wellbeing of the people being served in the most efficient and effective way
- Deliver safe, sustainable, local services to people in the most appropriate setting
- Make collective efficiencies where the potential exists

Member Trusts include: Doncaster & Bassetlaw NHS Foundation Trust, Chesterfield NHS Foundation Trust, Mid Yorks NHS Trust, Sheffield Teaching NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and The Rotherham NHS Foundation Trust. The partnership successfully gained vanguard status at the end of 2015 and a vision and plans are being drawn up to take this work even further forward.

Specific schemes in 2015-16 have included:

- Review of regional on-call arrangements for ophthalmology and GI Bleeds
- Further clinical pathway work for radiology and other clinical services
- The continuation of shared procurement work
- Discussions regarding back office services.

Barnsley Hospital Support Services

The Trust established Barnsley Hospital Support Services Limited (BHSS) in 2012 and began trading in January 2013. The company is a wholly owned subsidiary of the Trust which supports the Trust in delivering financial benefits through procurement efficiencies, the creation of new non-traditional income streams by the better use of existing assets and the innovation and development of new products or services.

BHSS regularly provides progress reports to the Trust's Board of Directors and its directors include: a Non-Executive Director (Chair), an Executive Director and two other members of the Trust's Executive Team,

BHSS has an established business plan and objectives aligned with the Trust's strategic aims:

To maximise the commercial healthcare opportunities for West and South Yorkshire to generate income to reinvest in Barnsley Hospital NHS Foundation Trust for the benefit of the people of Barnsley.

During the reporting period, BHSS produced a revised business plan, which was signed off by the Board in August 2015. The agreed schemes within this plan included continuing to deliver improved outpatient pharmacy services KPIs including quicker dispensing times, error reduction; and exploring the potential for advertising and commercial partnerships.

Our Strategic Aims and Objectives 2015-16

Our four strategic aims underpinned our work during 2015-16 and each strategic aim was supported by a number of objectives. This section of the report is structured around each of our Strategic Aims, highlighting our progress against each objective.

All our objectives relate to one of our strategic aims; the Four Ps. The Four Ps refers to Patients, Partnership, People and Performance:

Aim 1: Patients will experience safe care

Aim 2: Partnership will be our strength

Aim 3: People will be proud to work for us

Aim 4: Performance Matters

Our objectives set the direction for the Hospital each year and enable us to make sure we run the Hospital well, meet our required targets and deliver really high quality care for our patients. They are agreed by the Board, who provide robust scrutiny and challenge through quarterly monitoring and performance reporting.

Each objective has a lead director and a list of key actions which are to be undertaken in order to achieve the objective over the course of the year.

Our staff have an important role to play in the delivery of these objectives and our annual appraisal process helps to ensure that individual objectives are aligned to our strategic objectives. You can read more about our appraisal process on page 93.

Financially, we ended the year with a deficit position of £16.2m, £5.1m adverse to the planned deficit of £11.1m. The key drivers for this included the application of contractual penalties, outpatient follow-up activity being lower than planned and adverse pressure on pay costs driven by additional spend on agency staff.

2015-16 was the second year of the Trust's turnaround plan. Once again, our staff have worked incredibly hard in the face of adversity. Through a tremendous amount of hard work and effort, we have over achieved our cost improvement target of £6.7m in 2015-16. Total savings in year were £6.9m

As outlined in our Chairman and Chief Executive's opening statement and in our Five Year Forward Plan, we have learnt that by working collective with our patients, staff, Governors and partners we can overcome challenge and adversity and turn our organisation around.

Aim 1: Patients will experience safe care



- We will provide high quality care for patients
- We will deliver consistently safe and effective care
- We will deliver seven day services

In 2015–16, we set four strategic objectives against this Strategic Aim. Our progress against each is detailed on the following pages.

Strategic Objective:

In 2015-16 we will deliver consistently safe care: taking action to reduce harm to patients in our care and protecting the most vulnerable, including the elimination of avoidable Grade 3 & 4 pressure ulcers.

Evidence of Achievement:

- 2015-16 has seen a reduction in the number of hospital acquired avoidable Grade 2 and 3 pressure ulcers acquired in 2014-15 with the ultimate aim being eliminating all Grade 3 & 4 hospital acquired avoidable pressure ulcers. This work is supported by a training plan and root cause analysis on all hospital acquired pressure ulcers to support continual learning.
- March 2016 audit results have seen 90% of medicine reconciliation occurring within 24 hours of admission to our hospital. In January 2016, Seven Day Pharmacy/ Medicines Management services were commenced which supported the Trust in achieving compliance with local and NICE guidance.
- Quarter 4 audit results evidence 92% compliance with the World Health Organisation (WHO) Surgical checklists including 'Team Brief' and 'Debrief' elements of the Five Steps to Safer Surgery.
- The Trust Thrombosis Committee has carried out a gap analysis of compliance with the NICE Quality Standard for VTE prevention. This showed we are close to the target but we are not fully compliant in the following area: Quality statement 2 and 6 – local audit showed not all patients/carers are receiving information on VTE prevention on admission and discharge.
- We are fully compliant against NICE Quality Standards for AKI and In-patient falls.

Additional Actions required:

In 2016-17 the Trust will achieve the Sign Up to Safety harm reduction targets for: the deteriorating patient, in-patient falls and hospital acquired avoidable pressure ulcers. The Trust will maintain focus on reducing harm from VTE by:

- Ensuring 90% patients get VTE prevention information on admission / discharge.
- Ensure a root cause analysis of all potential Hospital Acquired Thrombosis (HAT).

Strategic Objective:

In 2015-16 we will continue to provide high quality care for patients, ensuring all our patients have a positive experience of care through us better understanding what patients want, measuring our performance and improving the way we care; ensuring a totally patient centred service and experience.

Evidence of Achievement:

- Integrated systems for patient and staff feedback and triangulation of reporting at CBU level. The information is reviewed at monthly governance meetings.
- In order to further develop opportunities for patients to give feedback on their experience of care, the national FFT has been successfully rolled out across all day case and outpatient areas. The Trust has consistently achieved positive response rates in excess of 85%.
- Areas for service improvement and associated actions identified from patient/carer feedback from the FFT is reported via the Quality & Governance Committee. The FFT results are widely circulated to Heads of Nursing, Matrons and Lead Nurses and are used as a key indicator of patient satisfaction. Actions are taken to address negative feedback as promptly as possible. This data, when considered against wider patient feedback, gives an indication of areas for improvement.
- A number of initiatives such as a new falls assessment tool, care bundles and intentional rounding have been implemented to further improve care. End of life pathways continue to be delivered with partners through the CCG End of Life Clinical Steering Group.
- The Trust is participating PRASE, as mentioned earlier in the report. The PRASE intervention allows patients to give feedback on their own experience of care via a patient experience questionnaire and the feedback is provided to staff at ward level to facilitate location actions and improvement in patient safety and quality.
- Launch of the LiA programme has facilitated improved staff engagement and create a shared agenda for quality improvement.

Strategic Objective:

Continued delivery of prioritised seven day services in 2015-16 to support the needs of our patients and deliver the Keogh standards increasing the availability of: medical decision makers, radiology cover, therapy support and pharmacy services across seven days.

Evidence of Achievement:

- Reduced funding has been agreed with the CCG. Services continue to be delivered with on-going review to optimise sustainability and delivery.
- Continued monitoring of benefits realisation. Each service is presenting their current proposed cover for a full seven day cover. Benchmarking and financial models are also being sought.
- We participated in an external audit exercise against the Keogh standards and we are working with our services to address any gaps. On-going review of assessment against Keogh standards, with regular updates to Board.

Strategic Objective:

To deliver consistently effective care throughout 2015-16 the Trust will achieve improved health outcomes through delivery of effective and evidence-based care and achieve agreed targets.

Evidence of Achievement:

- The average length of stay has reduced to 3.42 days against a target of 3.42. A reduction in the re-admission rates has however been a challenge, with year to date figure demonstrating rates of 9.1% against a target of 7.88%.
- The Trust aims to consistently identify all patients at risk of dehydration. To support this, a Consultant Anaesthetist has been appointed as lead for AKI and IV Fluids lead. Through the Deteriorating Patient Group a new fluid balance chart was developed which combined the fluid prescription and fluid balance chart. The new chart has been piloted in the ED and on a medical and surgical ward.
- The Trust has continued to see a reduction in HSMR with weekend mortality as a key focus. The rolling 12 month HSMR available to January 2016 is 99.0. The Mortality Action Plan is being led by the Medical Director. The Trust has a Mortality Review Group which meets weekly to scrutinise the mortality reviews of deaths. Learning from the reviews is shared across the Trust. Currently not all deaths are being reviewed in a timely way which reduces the opportunities for learning. An action plan has been developed to increase the number of mortality reviews being carried out within 30 days of the request. Sepsis has been a National CQUIN for 2015-16 and our compliance with the sepsis six care bundle has been measured each month. The CQUIN target was more demanding than our previous local audit targets for compliance with the sepsis six, as it measured compliance with delivery of one aspect of the bundle (antibiotics) within 1 hour of emergency admission and not 1 hour from recognition of sepsis. We have seen significant improvements in our compliance for the CQUIN 2b delivery of antibiotics within 1 hour of arrival in severe sepsis / septic shock.
- A community acquired pneumonia care (CAP) bundle based on the British Thoracic Society CAP bundle has been developed and an initial pilot has started on ED and our Acute Medical Unit (AMU) and feedback from staff will be used to make any necessary changes.

Additional Actions required:

- Members of the Deteriorating Patient Group have visited other trusts that have already introduced an electronic early warning system in order to evaluate the merits of the different systems available. The Trust has gone to tender with the aim to procure an electronic National Early Warning Score (NEWS) in 2016-17.
- A final version of the CAP care bundle will be formally introduced in May 2016 supported by education for staff in ED and AMU.
- Roll out across the Trust of the new Fluid Balance chart from April 2016. The roll out of the chart will be supported by an educational campaign for all clinical staff.
- Full implementation of the mortality review action plan to ensure that mortality reviews are being carried out within 30 days of the request.

Looking Forward to 2016–17

Our objective for the coming financial year under this strategic aim is as follows:

Objective: Provide High Quality, Safe Care

- Ensure consistency in care 7 days a week including delivery of the four prioritised standards:
 - Assessment within 4 hours for all emergency admissions
 - 7 day access to diagnostic services
 - 24 hour access, seven days a week, to consultant directed interventions that meet the relevant speciality guidelines
 - Twice daily review of patients in high dependency areas and once a day in all areas 7 days per week.
- To introduce a revised mortality review process in line with forthcoming NHS England guidance. To ensure lessons learnt from mortality reviews are introduced using the Deteriorating Patient Group and Patient Safety Panel.
- Development of a medical HDU facility and 'Hot & Cold' site.
- Continue to improve patient safety working with the Improvement Academy and AQuA with focus on safety huddles.
- Introduce technology to detect and manage the deteriorating patient.
- Achievement of all quality priorities and goals.
- Implementation of Perfect Ward through quarter 1.
- Redefine Paediatric Pathways.
- Ensure all refurbished areas are dementia-friendly.

Aim 2: Partnerships will be our strength



- Be open and inclusive with our patients, partners and the public
- Be an effective partner on the Health and Wellbeing Board
- be a key partner in the Working Together Programme

In 2015-16, we set three strategic objectives against this Strategic Aim. Our progress against each is detailed below.

Strategic Objective:

In 2015-16 we will be a key partner in the Working Together programme (including the seven local acute Trusts) supporting the delivery of the programme aims and outcomes including to:

- Share good practice including improved procurement.**
- Support sustainable care quality and consistency across the region through shared resource.**
- Sustainable service configuration**
- Deliver technology projects that enable clinicians to work across sites.**

Evidence of Achievement:

Delivery of key Working Together initiatives including:

Interventional radiology proposal

There still remains a requirement for engagement from every Trust on the issue of paired meetings. Escalation is taking place on a local basis. Initial guidance on the pathway / standard operating procedure for urgent nephrostomy has been provided, which is being reviewed and bilateral meetings are being pursued in the other communities. Directorate and Working Together Partnership engagement meetings and interventional radiology implementations should be prioritised by Trusts.

Regional on-call for ophthalmology and OMFS proposal

Ophthalmology: a plan has been agreed to take a phased approach to the project, with the intention to move networked arrangements enabling the removal of the District General Hospital middle grade tier), progressing to a joint DGH rota and full implementation plan

Oral and Maxillofacial Surgery (OMFS): Following requests to clarify the case for change, formal responses had been received from two groups of clinicians, both advocating the status quo, but leaving the door open for wider discussion of the service.

The submitted Vanguard Value Proposition contains sections proposing the systemic review of selected smaller specialty models on a regional footing, with OMFS presenting a clear opportunity to explore new networked forms and budgetary models. Feedback on the Value Proposition will suggest next steps for OMFS.

GI Bleeds proposal

The working group met in November 2015, to discuss a full assessment of compliance with new NCEPOD guidance and current sustainability issues in each trust. A number of Trusts felt that there were longer-term sustainability issues, including the meeting of the guidance. It was agreed to feed back that there is still a mandate for this project, accepting that impacts upon acute rotas must be minimised. The Working Group further proposed that network pathways and guidance are required as a minimum.

Further procurement opportunities

Schemes underway including dressings, stockings and a possible extension of the exam glove deal made previously. 2016-17 categories being explored include: uniforms, travel, sutures, endoscopy, iv admin, airway management, telecomms, medical equipment maintenance and interventional radiology.

Back office services

Consolidation and centralisation of Payroll & HR: outline business case published and submitted to relevant executive teams for approval to proceed to final case and recommended model.

Strategic Objective:

During 2015-16 we will be an effective partner in order to improve the way we work and provide services with others including our work on the HWBB, the CCG, GP Federation, clinical networks, acute providers and all other local partners.

Evidence of Achievement:

Delivery of key strategic plan initiatives with partners including:

- Care coordination centre is in place.
- Target was admission avoidance of 4.06% of referrals - this has been exceeded week on week.
- 3,914 referrals since soft launch, approx. 400 per month. GPs remain the biggest referral in source; AMU and AMAC remain the most frequent outcome although referrals to community services have increased.
- Integrated diabetes care through a multispecialty community provider model.
- The service specification is now complete and will commence from April 2016. A Governance Implementation Framework has been established to oversee the consolidated delivery of diabetes and respiratory care integration in 2016-17.
- Shared care pharmacy services is in place.

Strategic Objective:

In 2015-16 we will create opportunities to engage and involve our patients, their families, the wider community; service user advocacy groups and our wider health and social care partner groups in the development and delivery of our services.

Evidence of Achievement:

- Extended circulation of Barnsley Hospital News to reach a significantly wider readership of circa 38,000 residents across Barnsley and capture views and commitment to engage from the community.
- Our Annual General and Public Members meeting was held on 24 September 2015 and was attended by members of the Trust, Governors, staff and the wider general public. The event gave the Trust the opportunity to share progress against plans and engage on future priorities.
- Our Trust membership remains appropriate for a foundation trust of our size despite a small decrease in membership in the period. Plans for 2016-17 include increased engagement externally with a focus on membership.
- Specific targeted research has been undertaken to understand how the Trust is viewed by GPs. This feedback will enable the Trust to proactively seek to improve relationships with GPs, understanding their perspective and working together on key areas.

Looking Forward to 2016-17

Our objectives for the coming financial year under this strategic aim are as follows:

Objective: Be the provider of choice for Barnsley and beyond

- Ensure we are the first choice for services by improving access, improving relations with GPs and service development.
- Site configuration to ensure improved quality and efficiency for patient flow.
- Develop a strategic organisational approach to patient involvement and engagement to ensure learning from patient feedback, ensuring patients have the opportunity to influence service delivery.
- Provide a good patient experience. Improve FFT response rate and achieve consistently over 90%. Demonstrate learning from concerns raised through quarterly reporting.
- Delivery of the Outpatients Modernisation Programme including a centralised outpatient service.

Objective: Best use of existing and new technology

- Develop our ICE solution for electronic discharges and all forms of requesting. This will deliver significant clinical and operational benefits.
- Establish an optimisation and stabilisation programme for Lorenzo to ensure we support and train our staff to use the technology in the best possible way for improved patient outcomes.
- Establish a self reporting culture in our information resources to improve local ownership of intelligence to support future design and operations.
- New ICT Strategy - 5 year programme to move towards Paperless 2020 and support national transformation strategies. Deliver a programme of work to manage the existing strategic projects.
- Engage with the national Public Wi-Fi Access Project to deliver digital benefits for patients and the public.
- Deliver and support an Interoperability & Digital Roadmaps Strategy for the Barnsley health community and beyond.

Objective: Get the Trust back in to financial balance

- Achievement of the Trust's financial plan and control total.
- Delivery of the £7m CIP programme and income generation schemes.
- Continuation of controls and actions to ensure a reduced agency spend including compliance with the agency cap.
- Action plan for delivery of the 15 Carter recommendations re productivity & efficiency including procurement, estates, back office, pharmacy, pathology, IT and patient flow.

Aim 3: People will be proud to work for us.



- **Recruit, retain and develop a workforce with the right people, right skills at the right time to that our patients receive safe and compassionate care**
- **Proactively improve the health and wellbeing of our employees, preventing ill-health and enabling employees off sick to return to work sooner and to a safe environment**
- **Create and engaged and motivated workforce**

In 2015-16, we set three strategic objectives against this Strategic Aim. Our performance against each is listed below.

Strategic Objective:

We will recruit, retain and develop a workforce with the right people, right skills at the right time so that our patients receive safe and compassionate care.

Evidence of Achievement:

- Overall the Trust has improved its vacancy position over the last year moving from 7.04 to 3.77%. The recruitment standard time to hire has now been reduced to 49 days and continues to be monitored monthly. Apprenticeship Programme – majority move to permanent appointments and cost savings when appointed for the Trust. Values based recruitment rolled out. Targeted recruitment campaigns – rolling adverts for nursing vacancies, on site events for nurses and radiographers, social media. Participated at recruitment fairs at Sheffield Hallam and Bradford Universities.
- The reduction in agency costs as outlined by Monitor has taken place and processes for medical and nursing staff have been established, chaired by the Medical Director and Director of Nursing & Quality.
- The Trust has actively the nurse revalidation process which supports the revised professional registration policy. The Director of Nursing & Quality led a one day conference for nurses and Healthcare Assistants where all staff were actively encouraged to attend.

Strategic Objective:

In 2015-16 improve the health and wellbeing of our employees, preventing ill health and enabling employees off sick to return to work sooner and to a safe environment.

Evidence of Achievement:

- Current annual sickness rate stands at 4%.
- Seven consecutive months of the year have seen sickness in amber from April to October for the Trust as a whole. This is the first time this has occurred.
- As at October 2015 according to the Health & Social Care Information Centre (HSCIC) national figures the Trust had the second best sickness absence rate in Yorkshire and Humber at 3.89% annual rate amongst all foundation trusts.
- The Trust introduced a further revised sickness absence policy and procedure in February 2016. Embedded fast track referrals to Occupational Health for D&V, MSK and Stress from the first day of sickness, new triggers for management action introduced in April 2015. A new sickness absence training course has run from May 2015.
- Occupational Health and Wellbeing have introduced Fit for 15 programmes for staff and lifestyle checks with blood pressure, body mass index and other tests to help maintain their resilience at work and improve overall health. 100% attendance with no sickness absence is recognised with a letter from the Chief Executive and Chairman.
- Sickness absence closely monitored through CBU Performance meetings.
- Staff continue to engage with programmes offered by the Occupational Health team, to enable them to be proactive in their own health and continue to be fit to provide safe patient care.
- Ageing workforce group has been established to review support the Trust gives to our older workforce now and in the future.

Strategic Objective:

In 2015-16 we will continue to work to ensure we have an engaged and motivated workforce through participation in the national "listening into action" programme and other agreed initiatives.

Evidence of Achievement:

- The LiA year has been completed significant improvements in both the annual staff survey and the pulse checks have been achieved. The Staff Survey engagement score has increased from 3.63 in 2014 to 3.71 in 2015.
- The Trust has now increased its coaching capacity with the training of ten new coaches.
- The Learning & Development team has now developed a talent management programmes which has two elements – one for aspiring talent and the other for those with managerial experience. These are now in place for delivery in 2016-17.
- In addition, a training programme for managers has been created and the first cohort has taken place in Q3/4 of 2015-16

- Annual staff survey is complete; the response rate has increased this year by an additional 2.2% which is 7.7% higher than the Picker average response rate.
- An engagement action plan is being put in place for deliver in 2016-17 which amalgamates the staff survey data and the feedback from LIA to create an overall engagement action plan.
- The Trust continues to offer leadership and management training at level 2-7 delivery of initial programmes.
- The Trust has reached mandatory training compliance in excess of 90% in most subjects and a robust plan is in place for CBUs to continue to achieve this goal.

Additional Actions required:

- A training needs analysis has taken place which will be used with the CBU reorganisation in 2016-17.

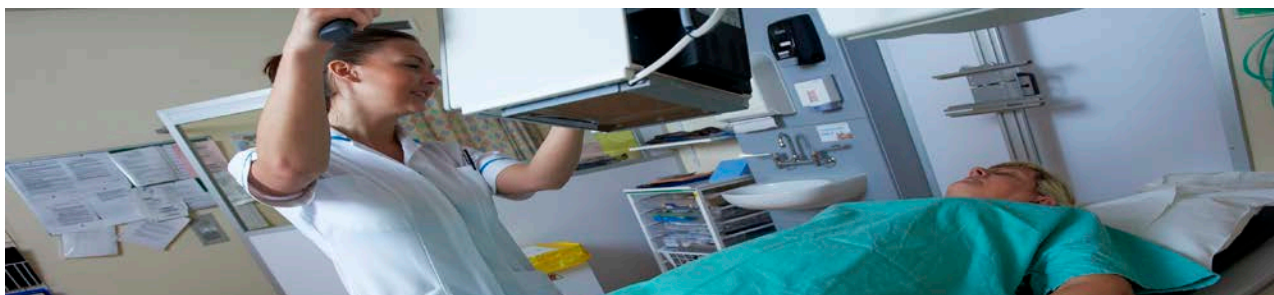
Looking Forward to 2016-17

Our objective for the coming financial year under this strategic aim is as follows:

Objective: Be the employer of choice and work towards an engaged and motivated workforce

- Develop a robust workforce plan so we can maximise our workforce capacity and capability and ensure we have the right skills mix and workforce redesign to meet the new models of care.
- Action plan to become the employer of choice, in order to recruit, retain and develop our workforce for the future.
- Strengthen plans to improve the leadership and management capability across the Trust.
- CBU restructure to strengthen leadership.
- Delivery of leadership programmes: Passport to Management & Aspiring Talent and Ascending Talent programmes.
- Develop and implement a plan to maximise the well-being and engagement of our staff whilst moving to a 'can do' and inclusive culture.
- To improve the annual GMC survey of trainee experience.

Aim 4: Performance Matters



- **Improve performance through the Performance Framework**
- **Deliver the full benefits of investment in technology**
- **Optimise the use of estate**
- **Secure the most cost-effective goods and services**
- **Develop agreed commercial partnerships & business proposals**

In 2015-16, we set five strategic objectives against this Strategic Aim. Our performance against each is detailed below.

Strategic Objective:

In 2015-16 we will continue to focus on improving our performance in all aspects of delivery supporting the achievement of all operational, quality and financial targets and delivery plans.

Evidence of Achievement:

Delivery of key KPIs, reported monthly to Board through the performance report.
Delivery of year 2 of the Financial Turnaround Plan and delivery of key strategic plan initiatives including:

- Bed utilisation review and action plan
- Expansion of gynaecology outpatient procedures
- Development and marketing of maternity services
- Orthopaedics development plan
- Theatre utilisation plan
- Urology development plan
- Endoscopy service development
- Imaging service improvement plan
- Lorenzo optimisation including paperless outpatients.
- Paperless requesting and reporting for imaging to be implemented
- Implementation of Lorenzo phase 2, including maternity system goes live
- Consideration of options for other key clinical systems including e-prescribing and vital signs in year.

Strategic Objective:

During 2015-16 we will deliver the full benefits of investment in technology including the optimisation of Lorenzo and the implementation of new improvements in maternity and imaging.

Evidence of Achievement:

- Lorenzo optimisation including paperless outpatients - Lorenzo has been unstable nationally from October 2015 - April 2016. It has not been possible to deliver a fully paperless outpatients however this will be delivered during 2016-17. A full optimisation programme is now in place with additional training. Early benefits have been realised.
- Full paperless requesting for imaging will be completed by April 2016 and the paper reporting will be phased out during early 2016-17. The solution has proven to be technically challenging and the organisation strategically changed direction when the Lorenzo requesting and reporting did not work as expected.
- Implementation of Lorenzo phase 2, including maternity system - Maternity went live during 2015-16 on Lorenzo, the remaining phase 2 components have been put on hold as they are not fully available on Lorenzo to date. Future dates will be planned during 2016-17 once the functionality has been fully tested and is stable.
- Consideration of options for other key clinical systems including e-prescribing and vital signs in year - A vital signs business case will be taken to Board in 2016-17. Electronic prescribing is not currently available on Lorenzo. This will be considered when it becomes available.
- Monthly Lorenzo Optimisation and Standardisation Board established with agreed Terms of Reference.

Additional Actions required:

- Develop our 'ICE' solution for electronic discharges and all forms of requesting. This will deliver significant clinical and operational benefits.
- Establish additional work streams for the optimisation and stabilisation programme for Lorenzo to ensure we support and train our staff to use the technology in the best possible way for improved patient outcomes.
- We will establish a self reporting culture to our information resources to improve local ownership of intelligence to support future design and operations.
- New ICT Strategy - five year programme to move towards Paperless 2020 and support national transformation strategies. Deliver a programme of work to manage the existing strategic projects.
- Engage with the national Public Wi-Fi Access Project to deliver digital benefits for patients and the public.
- Deliver and support an Interoperability & Digital Roadmaps Strategy for the Barnsley health community and beyond.

Strategic Objective:

In 2015-16 we will optimise the use of the estate to drive efficient use of space, improve the care environment and identify cost reductions. Projects will be delivered in alignment with the agreed capital schedule and are subject to the availability of funds.

Evidence of Achievement:

- The critical backlog programme has delivered on time and to budget. During 2015-16 this programme has included works such as: the upgrading and maintaining of emergency lighting; fire stopping and fire related works; electrical infrastructure works, and the replacement of critical ventilation systems to ITU. Work has also been undertaken to plan for the continuance of the programme over the next five years and beyond.
- As reported to Trust Board, there was a delay in 2015-16 of progress for the elimination of critical backlog maintenance specifically in O Block (and the subsequent refurbishment of the block). This delay was to allow time for the estates strategy to be aligned to with the clinical service strategy, which has now happened. As such, funding has now been included in the 2016-17 capital programme to allow the works to proceed. However, it should be noted that during this period works to O Block electrical infrastructure have continued in year, with more funds for this element of work being planned in 2016-17.
- Other schemes have included the delivery of a new assistive technology workshop and office space; the installation of electronic tagging system (delivering efficiency in medical records) and intelligent drugs cabinets.
- In the last quarter, new schemes have been identified to support efficient working and utilisation of space in 2016-17. These have included a review of 'hot and cold' services, and the potential delivery of Intermediate Care facilities on the Trust estate.

Strategic Objective:

In 2015-16 we will work with our teams to develop agreed commercial partnerships and business proposals including BHSS schemes, delivering our overall Trust income target.

Evidence of Achievement:

Achievement of the Trust and BHSS income target for the year through delivery of key strategic plan initiatives including:

- Expected in year tenders have not been forthcoming. Work is continuing to look at opportunities for additional external contracts and local opportunities. This includes an event with local businesses expansion of Occupational Health services through further identified opportunities.
- Expansion of Private Health Services - Plans continue to be developed for Dermatology, Endoscopy, OMFS and Ophthalmology. Planning and incremental provision for other services have been delayed. Trust-wide policies have been communicated and will be embedded with the CBUs.
- Optimisation of Sterile Services - An internal options paper has been completed within the Trust. The decision was made by the Executive Team to commence tender process which was commenced in Q4 to determine the overall decision for Sterile Services.

- Expansion of Assistive Technology to all of Yorkshire and Humber - Initiative is on track. Service now expanded to South Yorkshire region, North and North East Lincolnshire, Wakefield and Hull.
- BHSS Business Plan and income target delivered - BHSS revised business plan presented to Board in August. Agreed schemes progressing for Pharmacy, Advertising and Commercial Partnerships.

Strategic Objective:

In 2015-16 we will secure the most cost effective goods and services through efficient and planned procurement activity, achieving an overall saving target of £1m.

Evidence of Achievement:

- The Trust's programme to achieve procurement savings is progressing on track and has achieved £732,132 savings at Month 12.

Looking Forward to 2016-17

Our objectives for the coming financial year under this strategic aim are as follows:

Objective: Work with all system partners to support the delivery of the urgent care pathway and 4hr access target

- System wide urgent care action plan to deliver a sustainable performance against the 4 hour access target by the end of quarter 1.
- Integrated urgent care model at the front of house.
- Implement and manage the bed utilisation tool 'Medworxx' to ensure the most effective patient flow for Barnsley patients.

Objective: Ensure effective partnership working to provide sustainable health and care services for the local population

- Implement integrated pathways for respiratory and diabetes services.
- Agree and begin to implement the system wide sustainability and transformation plan for South Yorkshire including a specific Barnsley system plan.
- Work with local partners as part of a shadow board to develop an accountable care organisation for Barnsley.
- Work with local acute partners as part of the working together vanguard.
- Produce a definitive Directory of Services that showcases what Barnsley Hospital has to offer. The directory will be online, up to date and give clear information to patients and partners.
- Agree our strategic, organisational approach to GP engagement in order to maximise the Trust's reputation and relationships with GPs and ultimately, maximise GP referrals and market share of core services.

Sustainability and Carbon Reduction

The Trust is fully committed to sustainability and reducing our carbon footprint through our Board-approved Sustainable Development Management and Action Plans' (SDMP & SDAP). We have a responsibility to consider and be accountable for our impacts to staff, patients, suppliers, the local community and wider stakeholder groups.

Good Corporate Citizenship (GCC)

The Sustainable Development Unit (SDU) have developed a tool known as the Good Corporate Citizenship tool which allows Trusts to carry out a self assessment to assess how sustainable they are, track progress and benchmark against other Trusts. The tool contains 9 sections: Corporate Approach, Travel, Procurement, Facilities Management, Workforce, Community Engagement, Buildings, Models of Care and Adaptation. According to the SDU the Trust should now be achieving an average score of 25% in all sections.



During 2015 we carried two full assessments against the assessment tool and the results show we have made significant progress with our overall score moving from 47% to 58%. Through implementation of our Sustainable Development Management Plan and the measures set out in our Sustainable Development Action Plan the Trust has surpassed the 2018 target already and is well placed to achieving the 2020 target.



March 2015

Oct 2015

Emissions

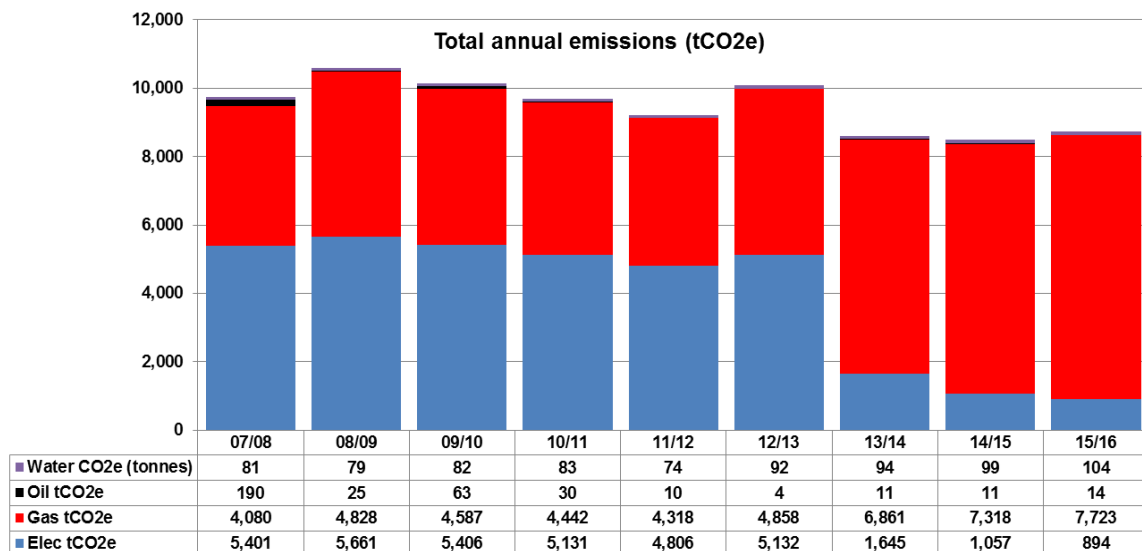
The Trust achieved the NHS carbon reduction target in 2015 with a reduction of 13% against our 2007 baseline. We are now working towards achieving the 28% emissions reduction target against our 2013 baseline. The Climate Change Act 2008 also requires the Trust to achieve a 34% carbon reduction by 2020 and an 80% reduction by 2050 against our 1990 baseline.

Targets	
10% reduction by 2015	NHS TARGETS
28% reduction by 2020	
34% reduction by 2020	CLIMATE CHANGE ACT 2008
80% reduction by 2050	

At the end of financial year 2015-16 our gross emissions were up by 3% on the previous year due to higher utilities consumption and a change in the emissions factor due to more of our grid energy being supplied from cleaner sources.

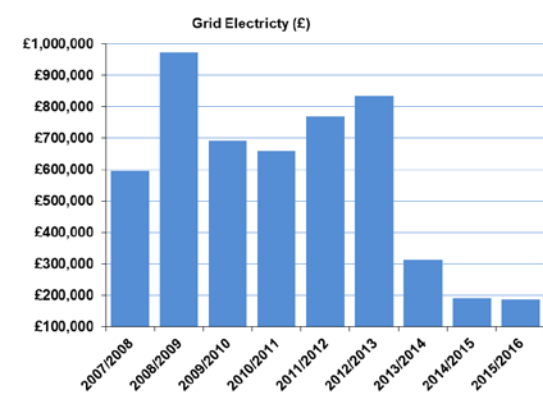
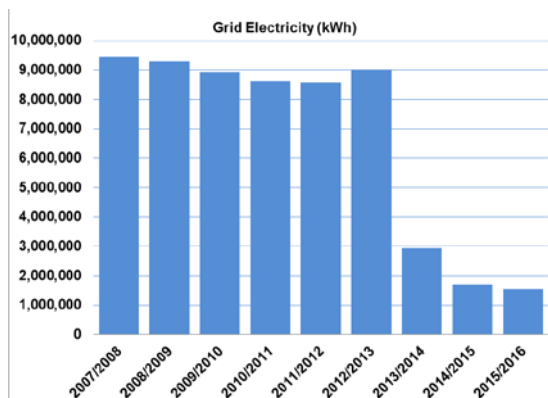
Our forward outlook is we expect to be back on track in the next financial year working towards achieving our 2020 targets.

Year	07/08	08/09	09/10	10/11	11/12
Carbon (tCO ₂ e)	9,752	10,593	10,138	9,686	9,209
Year	12/13	13/14	14/15	15/16	11/12
Carbon (tCO ₂ e)	10,086	8,611	8,484	8,735	



Electricity

The Trust continues to have all the sites use of electric and gas procured by Crown Commercial Services (CCS) and benefits from their expertise in risk management and purchasing power resulting in paying the lowest possible tariffs with preferential payment terms. Grid electricity supplied to the Trust was from renewable or low carbon sources qualifying for Climate Change Levy exemption. Overall grid electricity costs and consumption reduced by 2.8% and 8.8% respectively in-line with expectations due to the majority of the Trust's electricity requirement being provided through our combined heat and power (CHP) plant.



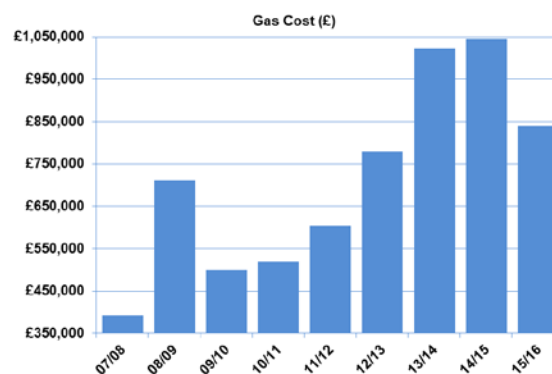
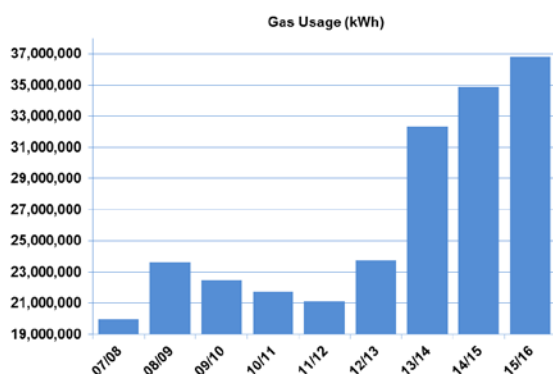
On-site Energy Generation

The majority of the sites electricity requirement was met through on-site generation. The table below shows the amount of electricity generated since 2013. Our CHP in 2015-16 generated enough electricity to power 2,552 UK homes (based on OFGEM calculated usage of 3,200 kWh per annum).

CHP Performance	2013-14 (10 months)	2014-15	2015-16
Total onsite electricity generated (kWh)	6,122,194	7,628,806	8,167,000
Total grid electricity (including tenant usage)	3,698,327	2,369,024	2,174,961
Equivalent to power (homes in Barnsley)	1,913	2,384	2,552

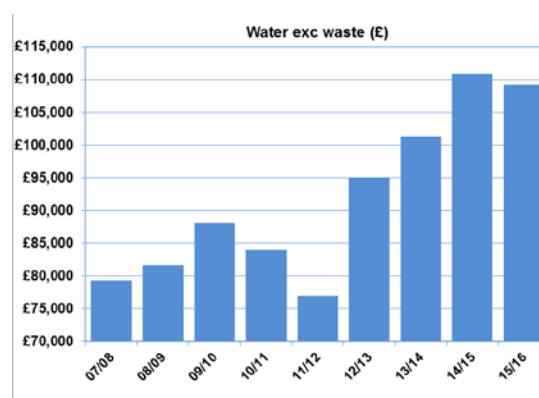
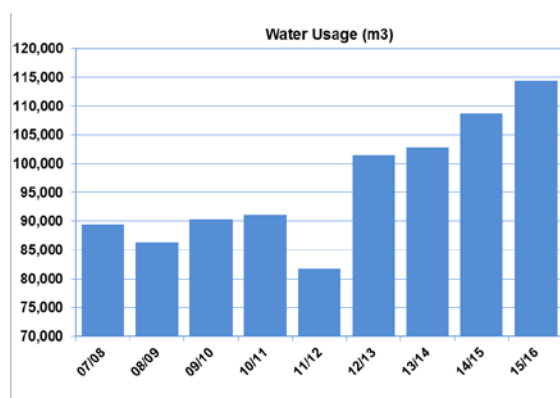
Gas

During 2015-16 gas usage increased by 5.5% against the previous year. This is due to an increase in onsite electricity generation and higher heating requirement over the year. Our annual spend on gas compared to the previous year fell by 19.6% largely due to a fall in wholesale market prices. The Trust's CHP also met the criteria for Good Quality CHP and benefitted from a 100% exemption against the Climate Change Levy (CCL) resulting in a total cost saving of £83,618 for the year.



Water

Acute hospitals are high consumers of water due to it being used for multiple purposes including hygiene, infection control, flushing regime for low usage outlets and water safety compliance. Our annual consumption of water increased by 5.3%; with spend falling by 1.5% against the previous year. The higher usage can be attributed to increased activity together with the addition of our reverse osmosis plant in CSSD which has increased our baseline over the last two years.



The table below provides a summary breakdown of all utility costs and consumption performance against the previous year:

Utility	Non financial data		Financial data	
	2014-15	2015-16	2014-15	2015-16
Water consumed	108,669 m3	114,414 m3	£110,875	£109,184
Water sewage	86,935 m3	94,513 m3	£124,663	£135,298
Grid electricity (excludes tenant usage)	1,706,116 kWh	1,555,592 kWh	£191,229	£185,608
Natural gas	34,878,644 kWh	36,810,618 kWh	£1,044,132	£839,086
Other energy Consumed (fuel oil)	3,000 litres	4,000 litres	£1,686	£2,248

Waste

The Trust generates a wide range of waste and it is our responsibility to manage and dispose of this waste in accordance with waste management legislation and in a manner that impacts least on the environment. During 2015 we appointed Veolia who are a leading waste management company to manage our household and cardboard waste. Our recyclable material is separated and re-processed where it goes back into the manufacture of new items and all our non-recyclable waste goes to their energy recovery facility where it is incinerated and with the energy being fed back to the local grid.

In March 2016, Facilities introduced a no nonsense approach to the disposal of all paper waste. Confidential and non-confidential paper waste is now treated as one waste stream which is a more efficient removal process. Our overall waste increased by 4.8% and costs reduced by 10.9% against the previous year.

Waste	Non financial data		Financial data (£k)		
	2014-15	2015-16		2014-15	2015-16
Absolute values for total amount of waste produced by the Trust	880 tonnes	922.5 tonnes	Expenditure on waste disposal	£144,699	£128,925

Pharmacy

The Trust Pharmacy has signed-up to the Glaxo Complete the Cycle respiratory inhaler recycling and recovery scheme where users are able to return their empty or out-of-date respiratory inhalers to our pharmacy which are then sent for recycling and recovery. Our Pharmacy has also switched from using plastic waste bins to cardboard bio-bins which are environmentally friendly. Both of these initiatives have saved 4 tonnes of carbon. In addition our pharmacists' technicians have started to undertake an e-learning programme on medicines optimisation designed to educate healthcare professionals in helping patients improve their quality of life and outcomes from medicines use.

Organisational & Workforce Development

Staff engagement and buy-in is critical to help meet our environmental and sustainability targets. To meet this challenge all new Trust appointments now include sustainability in the job descriptions setting out our expectations for their employment at the Trust. In addition we have redesigned the sustainability section of the corporate induction slide for all new Trust staff to reinforce our message and to provide practical guidance on how they can contribute towards meeting our goals.

Low Carbon Travel, Transport & Access

The Trust has already been offering the Cycle to Work scheme for a number of years and this year we have taken part in the CycleBoost programme to encourage staff to leave their cars at home and cycle to work reducing emissions and improving their health and wellbeing. The scheme offered staff an opportunity to loan a bike for a 1 month period with an option to purchase the bike at the end of the loan at a significantly reduced cost. In addition monthly Dr Bike Clinics were held allowing staff to bring their bikes in for free safety checks and minor repairs. We have also installed a new cycle shelter for patients and visitors to encourage cycling.

Built Environment

The Trust is committed to embedding environmental sustainability within all capital and maintenance projects. This year we have achieved the following:

- Replacement BMS Panels – Provision of new control panels and software for the BMS systems, enabling better control of plant equipment and consequential reductions in energy usage.
- ITU Ventilation Replacement – Provision of more energy efficient plant equipment and reduced air leakage through provision of new ductwork. Old lighting in the ITU replaced with energy-efficient human-centric LED lighting.
- Replacement of old windows in outer blocks (some single-glazed or timber framed) with more thermally efficient uPVC double-glazed units.
- Revised Control & Management of Contractors Policy includes for all construction sites to be managed in an environmentally and socially considerate and accountable manner and for all principal contractors working for Trust with a contract value over £1m to have an environmental management system.

Climate Change Adaptation

The NHS is facing a significant threat to services through the effects of climate change on public health. The Trust takes a cohesive approach with the inclusion of climate change adaption in the Trust Resilience Framework, emergency preparedness and business continuity plans. Climate change has been included in the Trust Risk Register.

Procurement

The environmental impact of what and how we procure and dispose of goods and services represents a significant part of our activities. The decisions we make and the processes we follow can reduce the environmental effect and deliver both carbon and financial savings. We have developed a Trust Sustainable procurement policy, increased use of NHS Supply Chain; introduced e-procurement processes and embedded sustainability criteria in tender evaluations.

Communications

Our Communications team helped promote the sustainability agenda to increase engagement through a variety of media. Positive, systematic and regular internal communication of all activities relating to environmental sustainability is essential to achieving our vision and key to leading to behavioural change.

NHS Sustainability Day

The Trust participated in NHS Sustainability Day through an event held at our restaurant. The theme this year was focussed on waste and low carbon travel. Our waste contractor Veolia together with Barnsley Metropolitan Borough Council had stands and were giving out free gifts and literature to staff and visitors to increase waste awareness and to promote cycling to work.



Future Priorities and Key Objectives

The key priorities for 2016-17 include:

- Rollout of a new staff electric bike scheme
- Development of a sustainability website and intranet pages which will form the main portal for sustainability content
- Increase energy awareness through education
- Focus on carbon reduction across all areas
- Continued investment in energy efficient technologies.

Equality and Diversity

We are committed to promoting equality, diversity and Human Rights in our day-to-day treatment of all staff, patients and visitors regardless of race, ethnic origin, gender, gender identity, marital status, mental or physical disability, religion or belief, sexual orientation, age or social class. We hold the disability 'two ticks' symbol, confirming that we positively manage the recruitment and employment of disabled employees.

Our policy on recruitment and retention of employees with a disability sets out our commitment and intention to support our staff who have become disabled in the course of their employment. Staff that experience a disability are supported through training, redeployment, flexible working and continued support.

A robust and 'living' Equality and Diversity Policy sets out our commitment to a minimum equality standard that all employees can expect to receive no less favourable treatment on the grounds of disability or any of the other legislative characteristics. All staff have a personal responsibility for the application of this Policy on a day-to-day basis; this includes positively promoting high quality standards in the course of their employment wherever possible and bring any potentially discriminatory practice to the attention of their Line Manager, the Human Resources Department or relevant Trade Union/Professional Associations.

The Equality and Diversity Steering Committee is now well established and continues to focus on issues and act in an advisory capacity to the Trust on patient and workforce inclusion matters. It has a fundamental role in assisting to set the strategic context for Equality and Diversity and Human Rights as well as monitoring progress. A two-year Equality and Diversity Strategy has been developed and is tabled for Board approval in Quarter 1 of 2016-17. This two-year equality strategy pulls together all equality objectives linked with the EDS2, WRES and local engagement work. The strategy will be monitored on a quality basis through the Equality and Diversity Committee, reflecting our public sector equality duties under the Equality Act 2010.

Diversity Champions

Diversity Champions are Trust staff who are self-nominated with a real passion and commitment to the Equality and Diversity agenda. The work of the Diversity Champions continues to develop and their initiatives across the Trust demonstrate Equality and Diversity leadership in the workplace. The 23-strong group of Diversity Champions encourage staff to personalise care through inclusive behaviour. The champions come from all areas of the hospital and work to support the NHS Equality Delivery System. Ongoing development of the Diversity Champions has included Unconscious Bias training, Deaf awareness training. Some of our Diversity Champions are also Learning Disability Champions and Dementia Champions. Relevant support is provided through scheduled and specific awareness training.

LGBT Forum Rainbow Tick

Following on from the Trust's Rainbow Tick award, gaps in evidence, has been turned into equality objectives and will be included into the new two-year Equality and Diversity strategy. This work was done with the support and agreement of the LGBT Forum, and will reflect both patient and the workforce LGBT community.

Workforce Race Equality Standard (WRES) and Equality Delivery Systems (EDS2)

The Trust is committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services and its workforce. WRES and EDS2 are a requirement for NHS organisations to demonstrate progress against a number of indicators of workforce equality. The Trust is continuing to track required actions against each of the objectives, providing assurance and monitoring to ensure we meet our targets.

Community Engagement

The Trust continues to engage with local community groups such as the Barnsley Together Race Equality Forum, Gender Equality Forum (GEF), DEAF Forum (DEAP) Barnsley Reach, My Barnsley Too (Disability Forum), BME Women and Children's Forum, LGBT Forum and Faith Forum. Outcomes and learning are shared with internal committees through updates and awareness raising. Examples of internal groups receiving updates are Patient Experience Group (PEG) Equality and Diversity Steering Group, Diversity Champions and staff mandatory training.

Equality Impact Assessments

The Trust continues to have trained Equality Impact Assessors. On-going coaching is provided as an additional support mechanism from the Trust's Equality and Diversity Manager. Good practice is now embedded in the Trust, whereby all new policies include evidence that an Equality Impact Assessment has been undertaken by the author of the policy and has demonstrated that due regard for equality and eliminate unlawful discrimination has been considered in the formulation or review of a policy.

Diversity Awareness Events/Training

Training on unconscious bias and deaf awareness has been set up in the Trust to allow staff to improve their communication skills with patients and staff. The Trust also participated in supporting international women's Day, disability events, LGBT History month and region wide NHS initiatives which have been hosted through NHS Employers. Such events have allowed the Trust to identify issues and embed them into the new two-year Equality and Diversity Strategy. This year the Board included Unconscious Bias training as part of their on-going Board development. The Board formulated actions as an outcome from this training, which is included in the new Equality and Diversity Strategy. Equality and Diversity training continues to be delivered throughout the year within the Trust's induction process and has continued to achieve high levels of overall compliance and satisfaction within the Trust at over 95% compliance rate.

Accountability Report

The Directors' Report

The Board of Directors is responsible for setting and driving forward the strategic direction of Barnsley Hospital.

The Board is made up of Executive Directors and Non-Executive Directors who develop and monitor the Trust's strategic aims and performance against key objectives and other indicators. Together, their role is to receive, accept and challenge reports to fulfil of their responsibilities and to be able to assure the Council of Governors.

In 2015-16 the Board comprised six Non-Executive Directors (including the Chairman) and five Executive Directors. The skills and strengths provided by the Non-Executive and Executive Directors throughout the year continued to ensure that the Trust benefited from a good, well-balanced Board. The balance is reviewed throughout the year as well as whenever any Director-level vacancies, Executive or Non-Executive, arise.

Board Performance Evaluation

A strong Board is fundamental to the success of the hospital. The effectiveness of the Board is aligned to the delivery of our business plan year-on-year and is closely monitored by the Governors throughout the year, as part of their role of holding the Non-Executive Directors and, through them, the Board, to account.

Whilst the Board's performance is evaluated throughout the year, in 2014-15, the Board's capacity and capability had been subject to independent external review by Deloitte. This was followed through in 2015-16 with follow up 360 reviews. Deloitte has no other connection to the Trust.

In 2015-16 Board members continued to progress a development programme to build on learning from the external review to further strengthen its performance as a unitary Board. To ensure a cohesive approach and support succession planning, the development programme also involved several members of the senior management. The Non-Executive Directors' (including the Chairman) performance is now subject to 360° review annually as part of the appraisal process prescribed by the Council of Governors.

Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2015 to 31 March 2016 was as follows:

Chairman

- Stephen Wragg

Non-Executive Directors

- Francis Patton (Senior Independent Director)
- Suzy Brain England OBE
- Linda Christon (to 31 December 2015)
- Janet Dean (from 1 January 2016)
- Rosalyn (Ros) Moore
- Nicholas Mapstone

Chief Executive

- Diane Wake

Executive Directors

- Dr Richard Jenkins, Medical Director & Deputy Chief Executive
- Stuart Diggles, Interim Director of Finance & Information (interim to 19 July 2015)
- Karen Kelly – Director of Operations
- Heather McNair – Director of Nursing and Quality
- Michael Wright – Acting Director of Finance from 20 July 2015; appointed substantively from 1 December 2015

Non-Executive Directors

Stephen Wragg, Chairman



Stephen was appointed as Chairman in January 2009. He is a self-employed Management Consultant, before which he was Technical Director at W2Networking, where he was responsible for customer technical solutions, customer service and satisfaction and the development of a commercial data centre strategy. From 2001 to 2007 he was Head of Information and Communications Technology (ICT) at Business Link South Yorkshire and Head of ICT at Barnsley and Doncaster TEC from 1997 to 2001. Prior to his appointment Stephen was a Non-Executive Director of NHS Barnsley. He holds Non-Executive posts at Barnsley Premier Leisure Trading and Barnsley Civic, is a Governor at Darton College and a Director of 360 Engagement Limited. There were no significant changes to the Chairman's commitments in 2015-16 and the Register of Interests is published in public Board papers.

Stephen's current term runs until 31 December 2017, subject to annual review.

Francis Patton, Non-Executive Director, Senior Independent Director



Francis Patton joined the Board in January 2008. He has spent the last 30 years working in the pub retailing sector in areas such as operational management, customer services, marketing, public relations, purchasing, investor relations, communications, human resources, learning and development and recruitment. He holds a number of Non-Executive roles and teaches part time at Leeds Metropolitan University. He is the Deputy Chairman and, since January 2012, Senior Independent Director (SID).

Francis's term of office has been extended for a further period up to December 2016. Francis is Chair of the Trust's Finance and Performance Committee. He also serves as Chair of the Trust's wholly owned subsidiary, Barnsley Hospital Support Services Limited (BHSS).



Suzy Brain England OBE, Non-Executive Director

Suzy Brain England joined the Board in 2012. She is a former Chair of the Board of Berneslai Homes (to January 2014), is currently Chair of Derwent Living Housing Association and a Non-Executive Director of Avanta Enterprises. She has previously held Chair positions at Kirklees Community Healthcare Services, Department of Works and Pension Decision Making Standards Committee, Connexions West Yorkshire and Ofcom's Advisory Committee for England.

Suzy was also the Acting Chair at Mid Yorkshire Hospitals and has held a number of Executive roles, including Chief Executive of the Talent Foundation and Earth Centre. She is a Chartered Director and Lay Representative for doctor recruitment and training with the Yorkshire Deanery. Suzy was appointed on 1 January 2012 until 31 December 2014 and subsequently reappointed to 2017.

Suzy is Chair of the Trust's Audit Committee. Her current term runs to December 2017



Rosalyn Moore, Non-Executive Director

Ros joined the Trust in April 2015 and is also currently an Associate Lecturer to the Open University. Ros was the Chief Nursing Officer Scotland and Director in Scottish Government until 2014. Previous to this, she has had a wide range of positions, some of which include; Professional Nursing Officer at the Department of Health, National Director for Quality and Learning, Deputy Clinical Director, Head of Adult Nursing and Staff Nurse in Elderly Medicine, Paediatrics and Surgery at Pontefract and Pinderfields Hospitals.

Ros has been Chair of the Trust's Quality & Governance Committee since January 2016. Her current term runs until 31 December 2017.

Nicholas Mapstone, Non-Executive Director



Nick joined the Trust in April 2015. He is also an Associate at 360 Assurance. Nick is the director of his own consultancy company that specialises in supporting NHS organisations. His most recent role was as programme director with East Cheshire NHS Trust. Nick is currently a specialist advisor to the Care Quality Commission and in the past has worked with Ernst & Young and at Southend University Hospital NHS Foundation Trust. Nick sits on both the Finance & Performance and Audit Committees. His current term runs until 31 December 2017.

Janet Dean, Non-Executive Director



Janet joined the Trust in January 2016. A former Executive of Doncaster Metropolitan Borough Council and Non-Executive at Yorkshire & Humber Strategic Health Authority, Janet is currently Company Director at Dean Knight Partnership Ltd. Other present appointments include Board Member of Metropolitan Housing Trust and Chair of its subsidiary Clapham Park Homes, Trustee and Clerk to the Finance Sub-Committee at The Mount School York and Governor at Sheffield Hallam University. Janet is a member of the Quality & Governance Committee and the Audit Committee. Her current term runs to December 2018.

Linda Christon, Non-Executive Director



Linda Christon joined the Board in January 2010 and is a former Regional Director of the Commission for Social Care Inspection, the body which regulated social care prior to the Care Quality Commission. She has a Law degree and a Masters degree in Business Administration. She has had a varied career in housing and social care and has experience of working across health and social care partnerships. She is also a Board member of St Leger Homes in Doncaster. Linda left the Trust in December 2015 at the end of her second term.

Executive Directors



Diane Wake, Chief Executive

Diane Wake joined the Trust as Chief Executive in October 2013. Educated in Barnsley, Diane trained to be a registered nurse at Doncaster Royal Infirmary. She went on to hold several senior nursing and general management positions, and between July 2012 and January 2013 she was Acting Chief Executive at Broadgreen University Hospital NHS Trust. Over 20 years' nursing experience has given Diane an excellent background from which to build her nursing and operational management skills.

One of her key achievements has been spearheading a significant project to dramatically reduce infection rates at her previous Trust.

Diane attends the Finance & Performance Committee and Quality & Governance. She also attends the Audit Committee by invitation at least once annually.



Dr Richard Jenkins, Medical Director

Dr Richard Jenkins became the Trust's Medical Director in January 2015. Richard has practised medicine for over 20 years, becoming a consultant in 2002 specialising in diabetes and endocrinology. In 2006, he was awarded a Health Foundation Leadership Fellowship. After holding various medical leadership roles, he became Medical Director at Mid Yorkshire Hospitals NHS Trust in 2012, a post he held for two years before coming to Barnsley.

Richard is also the Trust's Deputy Chief Executive and is a member of the Finance & Performance Committee and the Quality & Governance Committee.



Karen Kelly, Director of Operations

Karen Kelly joined the Trust in April 2014. She is responsible for the day-to-day management of the Hospital's activities, working together with our clinical staff to ensure we continue to operate efficiently and effectively, whilst maintaining excellence in patient care and experience. A graduate of Keele University, Karen qualified as a Nurse in 1993 and worked for more than 20 years at the University Hospital of North Staffordshire. She became part of the Transformation Team tasked with turning around Mid Staffordshire NHS Foundation Trust. Following this, she held the posts of Medical Nurse Director and Deputy Director of Operations at The Royal Liverpool and Broadgreen.

Karen is a member of the Finance & Performance Committee and the Quality & Governance Committee.



Michael Wright, Director of Finance

Michael Wright is CIMA qualified and has a BA in Economics with Accounting and Finance from Manchester University. He joined the Board as Acting Director of Finance on 20 July 2015, before becoming substantive Director of Finance in December 2015. Prior to working at the Trust, Michael was the Deputy Head of Internal Audit across South Yorkshire from 2009 and Acting Head of Internal Audit. He has worked across both the NHS and DWP covering audit / finance assurance roles.

Michael is a member of the Trust's Finance & Performance Committee and also attends and supports the work of the Audit Committee. In addition he serves as a Director of the Trust's subsidiary company, BHSS.

Heather McNair, Director of Nursing and Quality



Heather McNair joined the hospital in 2011 from Calderdale and Huddersfield NHS Foundation Trust where she was deputy Director of Nursing. Heather spent the first part of her NHS career in Leeds, working in a variety of Midwifery posts including as labour ward sister at Leeds General Infirmary. Heather became Head of Midwifery at Huddersfield Royal Infirmary in 1998 before becoming Deputy Director of Nursing in 2001, a post she held for 10 years. She is a qualified Midwife.

Heather is a member of the Finance & Performance Committee and the Quality & Governance Committee.

Stuart Diggles, Interim Director of Finance & Information (interim appointment from 8 April 2014 to 19 July 2015)



Stuart trained as a Chartered Accountant, qualifying and gaining membership to the Institute of Chartered Accountants in England and Wales in December 1994. Over the last 20 years Stuart has worked in a number of commercial enterprises in a range of market sectors. In the recent past, experience has also been gained from management and operational roles within the NHS. Stuart stood down as Interim Director of Finance & Information in July 2015.

The Management Team

In addition to the Board of Directors, our Management Team is made up of Executive Directors and other Directors who support the day-to-day running of the hospital. From the period 1 April 2015 to 31 March 2016, these included:

- Stuart Diggles, Interim Director of Finance & Information (interim appointment 10 July 2015)
- Michael Wright – Acting Director of Finance from 20 July 2015; appointed substantively from 1 December 2015
- Karen Kelly, Director of Operations
- Dr Richard Jenkins, Medical Director & Deputy Chief Executive
- Heather McNair, Director of Nursing and Quality
- Hilary Brearley, Director of Human Resources and Organisational Development (to 31 May 2015)
- Tom Davidson, Director of Information & Communications Technology (ICT) (from 1 January 2016)
- Vince Garvey, Interim Director of ICT (from 3 October to 31 December 2015)
- Bob Kirton, Director of Strategy & Business Development
- Jason Bradley, Director of ICT (to 2 October 2015)
- Emma Parkes, Director of Marketing & Communications (returning from maternity 1 June 2015)
- Patricia McLaren, Interim Director of Marketing & Communications (to 31 May 2015)
- Angela Keeney, Associate Director of Corporate Affairs (to 28 February 2016)
- Lorraine Christopher, Associate Director of Estates and Facilities.
- Jose Fernandez, Associate Director of Human Resources & Organisational Development.

Register of Interests

There are no company Directorships held by the Directors or Governors where companies are likely to do business or are seeking to do business with the Trust, other than those highlighted in the related party note in the financial statements.

Where there are Directorships with companies the Trust may do business with, we have mechanisms to ensure there is no direct conflict of interest and those Directors would not be involved. Based on the Register of Directors' Interests and known circumstances, there is nothing to preclude any of the current Non-Executive Directors from being declared as independent.

The Register of Directors' and Governors' Interests is available from Carol Dudley, the Secretary to the Board & Governors at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818.

Monitor's Quality Governance Framework

Monitor defines Quality Governance as “the combination of structures and processes at and below Board-level to lead on Trust-wide quality performance including:

- ensuring required standards are achieved;
- investigating and taking action on sub-standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best-practice; and
- identifying and managing risks to quality of care.

Whilst undertaking the 2015-16 self assessment the Trust adopted Monitor's authorisation criteria when reviewing the overall assessment of the Trust's Quality Governance, i.e. to be authorised an applicant must demonstrate a Quality Governance Score of less than 4 with an overriding rule that none of the 4 categories of Quality Governance can be entirely amber/red rated.

The 2015-16 Review of the 2014-15 self assessment against the Quality Governance Framework has met the criteria for achieving Monitor's authorisation with an overall score of 1.0. The Quality Governance Framework has been reviewed by the Quality & Governance Committee, which is a formal Committee of the Board, throughout the year with assurance being provided to the Board itself. The 2015-16 Quality Governance Framework self assessment continued to identify development actions for 2016-17. These actions will be included in work plans for the forthcoming year. The Quality Governance Framework, together with associated actions and action plans, are monitored on a quarterly basis by the Quality & Governance Committee.

Statement as to Disclosure to Auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The accounts have been prepared under a direction issued by Monitor and recorded in the accounting officer's statement later in this report. The Directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements. A Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above, and:

- made such enquiries of his/her fellow Directors and of the company's auditors for that purpose; and
- taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the company to exercise reasonable care, skill and diligence.

“Relevant audit information” means information needed by the NHS foundation trust's auditor in connection with preparing their report.

Better Payment Practice Code

In the main, the Trust has been unable to adhere to the better payment practice code due to the current financial position and the related availability of cash.

The Trust ended the year with extended creditor days and it has in the main, not been possible to make payments within terms. Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for 2015-16 were minimal, with a value of less than £100.

Income Disclosures Required by Section 43(2A) of the NHS Act 2006

The income from the provision of health services is far greater than the income from the provision of goods and services for other purposes.

Political or Charitable Donations

There have been no political or charitable donations in the year.

Financial Risk

In assessing the financial position of the Trust, the Board does not consider there is exposure to any significant with regard to financial instruments. This is expanded in our financial statements.

Stakeholder Relations

Information on stakeholder relations can be found on page 35.

Patient Care

Information on patient care activities and our performance against key patient care targets can be found on page 31.

Remuneration Report

Annual Statement on Remuneration

The Remuneration and Terms of Service Committee (RATS) is responsible for the appointment of the Chief Executive and, together with the Chief Executive, other executive members of the Board of Directors. It reviews and recommends the terms and conditions of service for the Executive Directors and other Directors and senior managers not subject to the 'Agenda for Change' conditions and reviews the performance of these staff annually. The Committee also has oversight of the Trust's senior management pay framework (which does not include any members of the executive team), although the assessment of staff under this framework rests with the Chief Executive and her team, with support from HR.

The Committee met three times in 2015-16 (please see tables on page 118 for attendance). It is chaired by the Trust Chairman and includes all of the Non-Executive Directors:

- Stephen Wragg, Chairman
- Suzy Brain England OBE, Non-Executive Director
- Francis Patton, Non-Executive Director
- Linda Christon, Non-Executive Director (to 31 December 2015)
- Nicholas Mapstone, Non-Executive Director
- Rosalyn Moore, Non-Executive Director
- Janet Dean (from 1 January 2016)

The Chief Executive¹ and Associate Director of HR & OD attended by invitation to ensure the Committee had access to internal and external information and advice relevant to its discussions quickly and efficiently.

In 2015, an attempt was made to recruit for the Director of Finance position. External support was secured from an executive search agent for the appointment of a new substantive Director of Finance, unfortunately the Trust did not appoint from this round of recruitment. The appointed consultancy in 2015, Gatenby Sanderson, was selected by competitive tender. This ensured that the advice provided to the Committee was objective, and from an independent source. The fees for this assignment totalled £11,745 (exc VAT). Towards the end of 2015 an appointment to the post was made.

The Trust does not currently have a policy statement on the remuneration of senior managers, but does have an agreed salary scale for Directors which is overseen by the RATS Committee.

¹ Except where discussions relate to the appointment or appraisal of the Chief Executive

Our Standing Financial Instructions state that the committee will make such recommendations to the Board on the remuneration and terms of service of Executive Directors (and other senior employees) to ensure that they are fairly rewarded for their individual contribution to the Trust, having proper regard to the Trust's financial circumstances and performance and to the provisions of any national arrangements for such staff, where appropriate.

Executive Directors of the Trust have defined annual objectives agreed with the Chief Executive. The Committee receives a report of their performance annually. The Directors do not receive performance-related bonuses.

All Directors are entitled to receive expenses in line with the Trust's Standing Financial Instructions and the Trust's Travel Policy.

For completeness, it should also be noted that Governors may claim travel expenses and other reasonable expenses incurred on Trust business at 40p per mile in line with national guidance. They are not remunerated by the Trust in any other way.

Executive Directors are appointed through open competition in accordance with the Trust's recruitment and selection policies and procedures and NHS guidance, including the requirement for external assessors as appropriate. All Executive Directors covered by this report hold appointments that are permanent until they reach retirement. The notice period for the Chief Executive is three months, six months for Executive Directors appointed before December 2011 and three months for those appointed after this date. Any termination payment would take account of national guidance.

With new requirements from the Secretary of State in respect of salaries higher than that of the national salary of the Prime Minister, the salary of the Chief Executive and Medical Director, have undergone due process as with other executive directors to ensure that they are reasonable in the current environment. The procedures undertaken are noted below.


The Trust pays due consideration to what is happening in the financial environment and with its other employees when determining Directors' remuneration. Non-Executive Directors are appointed by the Council of Governors, the process for which is led by the Nominations Committee, a committee of the Council. The Committee is supported by appropriate advice and guidance from a human resources specialist. If appropriate, the nomination process may also include the services of another external agency and such other independent expert as may be considered necessary. Non-Executive Directors' service agreements can be terminated with one month's notice.

It is important to ensure all staff are fairly remunerated for their work and in line with their peers nationally, ensuring we do not lose staff on the basis of inequitable salaries. Nevertheless maintaining the right balance for our senior staff has been all the more challenging this year in view of the increased demands on our management leads, the tough financial position facing the Trust and the need to ensure best value for money across every area.

At the start of the year, the Committee approved a 1% pay uplift from 1 April 2015, reflecting the confirmed national pay deal. In line with the previous year, the Chief Executive's review was subsequently revisited in October, taking account of the excellent progress against the turnaround plan under the Chief Executive's leadership, market comparators and the removal of the breach of licence for governance and 4 hour target.

The remuneration package was brought into line with benchmark levels for Yorkshire & the Humberside. The salary uplift was effective from 1 October 2015 and is reflected in the remuneration report below. It should be noted that costs to the Trust were reduced by the Chief Executive's decision to opt out of the NHS Pension Scheme.

The annual review carried out in October also assessed the salary levels for the Executive Director posts: Director of Finance, Director of Nursing & Quality and the Director of Operations. The criteria were much the same to ensure that the terms and conditions for these key posts supported the attraction and retention of executives of the quality the Trust requires to deliver successfully on its long-term strategic aims and compared fairly with their peers. Maximum limits were agreed for each Director role to reflect closer alignment to regional benchmarking and to ensure the Directors were fairly remunerated in the prevailing market.

Stephen Wragg 
.....
Chairman of the Remuneration and Terms of Service Committee

Dated: ..24 May 2016.....

Senior Managers' Remuneration Policy

The Trust does not currently have a policy statement on the remuneration of senior managers, but does have an agreed salary scale for Directors which is overseen by the Remuneration and Terms of Service Committee. For clarity the table below reflects the elements of the senior managers' pay as governed by the RATS Committee:

Element	Reason	Mechanics
Base pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data with regional and national comparators, and internal and external factors affecting the Trust and the wider NHS, including national pay agreements.
Benefits	£5,000 car allowance for Chief Executive	Offset by cessation of pension costs for the Chief Executive (saving of c£20,000 pa)
Any particular arrangements specific to individual senior managers	The Medical Director's salary comprised of two central elements: his executive role as Medical Director, elements of his working time at a consultant and any enhancement related to his achievements as a senior consultant.	Remuneration levels for the Medical Director's executive role is determined and monitored by the RATS Committee. Consultancy payments reflect national pay arrangements for medical staff.

The table below reflects the elements of the senior managers' pay (i.e. Non-Executive Directors) as governed by the Nominations Committee:

Element	Reason	Mechanics
Base pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data available locally and from the NHS Providers annual survey of Board remuneration and internal and external factors affecting the Trust and the wider NHS.
Benefits	None – there are no enhanced payments for roles such as the Audit Committee Chair and/or Senior Independent Director	

Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2015-16 are as follows:

Director	Start date	End date	Unexpired term
Stephen Wragg, Chairman	January 2009	-	To December 2017 (subject to annual renewal)
Francis Patton, Non-Executive and Senior Independent Director	January 2008	-	To December 2016 (subject to annual renewal)
Suzy Brain England OBE Non-Executive Director	January 2012	-	To December 2017
Linda Christon Non-Executive Director	January 2010	December 2015	
Rosalyn Moore Non-Executive Director	April 2015	-	To December 2017
Nick Mapstone Non-Executive Director	April 2015	-	To December 2017
Janet Dean Non-Executive Director	January 2016	-	To December 2018
Diane Wake Chief Executive	October 2013	-	On-going
Stuart Diggles Interim Director of Finance	April 2014	July 2015	-
Dr Richard Jenkins Medical Director	January 2015	-	On-going
Heather McNair Director of Nursing & Quality	December 2011	-	On-going
Karen Kelly Director of Operations	April 2014	-	On-going
Michael Wright Acting Director of Finance	July 2015	December 2015	-
Michael Wright Director of Finance	December 2015	-	On-going

Salary and Pension Entitlements of Senior Managers

There were no early terminations during the year that required provisions to be made in respect of compensation or other liabilities. The accounting policy for pensions and other retirement benefits are set out in Note 1 to the Accounts and details of the senior managers' remuneration can be found below. The information contained in the table has been subject to audit. There were no significant awards made to past senior managers. No long-term or short-term performance related bonuses have been paid.

Senior Managers are defined as the Executive and Non-Executive Directors of the Trust.

A) Single Total Figure Table:

Name and Title	Year ended 31 March 2016				Prior Year			
	Salary and	Taxable	Pension	Total	Salary and fees	Taxable	Pension	Total
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000
Ms D Wake, Chief Executive	160-165	9,200	0-2.5	170-175	165-170	100	0-2.5	165-170
Dr J Mahajan, Medical Director ⁸					90-95	100	0-2.5	90-95
Mrs H McNair, Director of Nursing and Quality	105-110	4,200	30.0-32.5	140-145	110-115	200	32.5-35.0	145-150
Mr D Peverelle, Chief Operating Officer ⁹					55-60	100	0-2.5	55-60
Ms J Ashby, Director of Finance and Information ¹⁰					45-50	100	0-2.5	45-50
Mr S Diggles Interim Director of Finance and Information ^{1 11}	90-95	0	0-2.5	90-95	315-320	0	0-2.5	315-320
Ms Karen Kelly, Director of Operations ¹²	110-115	0	60-62.5	170-175	95-100	1,600	165.0-167.5	265-270
Mr Gary Francis, Interim Medical Director ¹³					15-20	0	0-2.5	15-20
Dr Richard Jenkins, Medical Director ^{14 7}	220-225	0	127.5-	350-355	55-60	100	57.5-60.0	110-115
Mr M Wright Director of Finance ⁶	70-75	4,000	55-57.5	130-135				
Mr S Wragg, Chairman	40-45	100		40-45	40-45	700		40-45
Mrs L Christon, Non Executive Director ²	5-10	0		5-10	10-15	0		10-15
Mr P Spinks, Non Executive Director ¹⁵					5-10	0		5-10
Mrs S Brain England OBE, Non Executive Director	10-15	300		10-15	10-15	2,100		10-15
Sir Stephen Houghton CBE, Non Executive Director ¹⁶					5-10	0		5-10
Mr F Patton, Non Executive Director	10-15	100		10-15	10-15	700		10-15
Ms J Dean, Non Executive Director ³	0-5	0		0-5				
Ms R Moore, Non Executive Director ⁴	10-15	0		10-15				
Mr N Mapstone, Non Executive Director ⁵	10-15	300		10-15				

In 2015-16 salary and fees are stated net of salary sacrifice costs.

Notes to Table A

Year ended 31 March 2016

1. Mr S Diggles stood down from the position of Interim Director of Finance as at 19 July 2015
2. Mrs L Christon left the Trust as at 31 December 2015
3. Ms J Dean was appointed from 1 January 2016
4. Ms R Moore was appointed from April 2015
5. Mr N Mapstone was appointed from 1 April 2015
6. Mr M Wright was appointed the Director of Finance from 1 December 2015, after acting up as Director of Finance from 20 July 2015 to 30 November 2015.
7. Dr R Jenkins receives 57% of his salary in relation to clinical activity.

Year ended 31 March 2015

8. Ms Mahajan left the Trust on 31 October 2014
9. Mr D Peverelle left the Trust on 6 October 2014
10. Ms J Ashby left the Trust on 6 August 2014
- 11 Mr S Diggles was appointed as Interim Director of finance and Information from 8 April 2014 and was remunerated to 31 March 2015 via consultancy fees of £319,000 net of VAT payable to Task Finance Limited, a company which he is a director and 50% shareholder. The fees do not only represent the payment of salary, they include costs and expenses directly related to the provision of services to the Trust. Gross fees inclusive of VAT for this period were £382,800, the VAT of £63,800 is not recoverable by the Trust.
12. Ms Karen Kelly joined the Trust on 15 April 2014
13. Mr Gary Francis joined on 1 November 2014 and left the Trust on 31 December 2015. During this period he was remunerated via consultancy fees of £19,000 payable to Gary Francis Consultancy Limited.
- 14 Mr R Jenkins joined the Trust on 1 January 2015
- 15 Mr P Spinks resigned from the Trust on 31 December 2014
- 16 Sir Steve Houghton opted not to take up extension to the term of office and hence left the Trust as at 31 December 2014.

Highest Paid Director

	2015/16		2014/15
Band of Highest Paid Director's total Remuneration £' 000s	220-225		315-320
Median Total £' s	23,132		23,010
Ratio	9.7		13.9

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the Trust in the financial year 2015-16 was £220,000 to £225,000 (for 2014-15: £315,000 to £320,000). This was 9.7 times (2014-15 13.9 times) the median remuneration of the workforce which was £23,132 (2014-15: £23,010).

Total remuneration includes salary, non consolidated performance-related pay (£Nil), benefits in kind (£ Nil) as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Remuneration includes the staff on the Trust payroll together with agency staff.

On certain agency invoices used in the calculation, it is not possible to identify the agency commission. In such cases a 25% deduction has been made from the agency bill as the assumed agency commission, since this should be excluded from the calculation. A review was undertaken of charges incurred of agency staff in the last week of the financial year to identify a representative assessment of such costs as at the reporting end date of 31 March 2016.

Further details of the calculation for the Median Total and the Ratio to the Band of the Highest Paid Director are included in the Hutton Review of Fair Pay -Implementation Guidance. Key extracts from this guidance are detailed below;

Following Financial Reporting Advisory Board (FRAB) approval on 25 January 2012, the Government Financial Reporting Manual, FReM, has been amended to require the disclosure by public sector entities of top to median staff pay multiples (ratio) as part of the Remuneration Report from 2012-13: The FReM requirement to disclose;

The mid-point of the banded remuneration of the highest paid director (see paragraph 5.2.6), whether or not this is the Accounting Officer or Chief Executive, and the ratio between this and the median remuneration of the reporting entity's staff. The calculation is based on the full-time equivalent staff of the reporting entity at the reporting period end date of 31 March 2016 on an annualised basis. For departments, the calculation should exclude arm's length bodies within the consolidation boundary. Entities shall disclose information explaining the calculation, including causes of significant variances where applicable. Further guidance is provided on the Manual's dedicated website '.

Basis of calculation for Median - The median remuneration of the reporting entity's staff is the total remuneration of the staff member(s) lying in the middle of the linear distribution of the total staff, excluding the highest paid director. This is based on annualised, full time equivalent remuneration as at the reporting period date. A median will not be significantly affected by large or small salaries that may skew an average (mean) - hence it is more transparent in highlighting a Director is being paid significantly more than the middle staff in the organisation.

Salary and Pension Entitlements of Senior Managers

B) Pension Benefits

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2016	Lump sum at pension age related to accrued pension at 31 March 2016	Cash Equivalent Transfer Value at 1 April 2015	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2016	Employer's Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	To nearest £100
Mr M Wright, Director of Finance	0.0-2.5	2.5-5.0	5.0-10.0	20.0-25.0	92	31	137	0
Mrs H McNair, Director of nursing and quality	0.0-2.5	5.0-7.5	40.0-45.0	130.0-135.0	766	44	819	0
Ms Karen Kelly, Director of Operations	2.5-5.0	10.0-12.5	35.0-40.0	110.0-115.0	609	68	685	0
Mr Richard Jenkins, Medical Director	5.0-7.5	10.0-12.5	50.0-55.0	150.0-155.0	790	106	905	0

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors. The Trust does not make any pension contributions on behalf of Ms D Wake. Dr Mahajan left the Trust on 31 October 2014.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Information Relating to the Expenses of the Governors and the Directors

	Year ended 31 March 16		Year ended 31 March 15	
	Directors	Governors	Directors	Governors
Total number in office - Note 1	13	29	14	32
The number receiving expenses in the reporting period	6	2	11	2
The aggregate sum of expenses paid in the reporting period	<u>£9,000</u>	<u>£100</u>	<u>£7,400</u>	<u>£100</u>

Governors may claim expenses and other reasonable expenses incurred on Trust business at 40p per mile in line with national guidance. They are not remunerated by the Trust in any other way.

Off Payroll Arrangements

Data regarding the Trust's highly paid and senior off-payroll engagements is presented in the tables and notes below:

Table 1: For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2015	18
Of which...	
No. that have existed for less than one year at time of reporting.	4
No. that have existed for between one and two years at time of reporting.	13
No. that have existed for between two and three years at time of reporting.	1
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016, for more than £220 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	8
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	8

No. for whom assurance has been requested	2
Of which...	
No. for whom assurance has been received	1
No. for whom assurance has not been received	1
No. that have been terminated as a result of assurance not being received.	0

Where assurance has not been received the Trust will work with the agency providing the staff and the individual to understand the arrangements in place, where assurance can not be obtained then the necessary action will be undertaken by the Trust with the agency and the Revenue.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2015 and 31 March 2016.

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	9

The exceptional circumstances that led to this engagement of 1 above is that the individual was a Trust turnaround team member and held the position on an interim basis until 19 July 2015. An Acting Director of Finance was appointed on 20 July who was then appointed substantively on 1 December 2015.

Diane Wake  Date: 24 May 2016
 Chief Executive

Staff Report

Our Workforce: 'People will be Proud to Work for Us'

In year we have continued to progress workforce changes and efforts in attracting staff to the Trust. Examples of this are: a rolling programme of staff nurse recruitment days and targeted campaigns with the aim of reducing our time to recruit to enhance the candidate experience, attending recruitment fairs at local universities in Sheffield and Bradford, increased use of social media portals to enhance our local presence in the jobs market, in house assessment centres for senior appointments.

Values-based recruitment is being introduced for all roles, continued review of workforce in line with 7 day working, embedding of CBU triumvirate leadership structure, continuing to invest in recruiting Advanced Nurse Practitioners and expansion of our apprenticeship programme.

Workforce engagement remained a key strategy to support our turnaround plan and five year strategy with participation in Listening into Action (LiA), supporting and enabling all staff to work differently and given permission to act.

During our LiA journey we identified a number of clinical and non clinical change initiatives that would improve patient care and 'unblock' the way for staff by streamlining processes. Throughout the year there have been LiA conversations and project groups set up to come together to share ideas and find solutions. The pulse check from this work involved 1,200 staff and after one year has scored higher in all responses to the survey. Against other Trusts we are above average and trending positively.

Underpinning this engagement work we have monitored staff feedback from the annual Staff Survey, the staff FFT, stress surveys and the LiA pulse checks. We further involved staff in the Investors in People assessment in which we achieved Bronze status as well as a comprehensive action plan to take forward in conjunction with staff survey outcomes for 2015-16.

Our appraisal data confirms that 94% of our staff have received an appraisal and an audit of the 2015 appraisal process provided positive feedback. Staff sickness absence has continued to show a steady improvement in 2015-16, with the average for the year at 4% compared to 4.42% in 2014-15.

The Occupational Health team continue to find innovative approaches to health and wellbeing – using lifestyle assessments with BP, BMI and other tests for staff to help maintain their resilience at work and improve overall health. This will allow us to gather meaningful data to allow us to make targeted interventions in the future and continued usage of the fast track service.

The Trust continues to maintain a stable workforce of 3,337 in 2015-16 (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15), with investment in doctor and nursing posts remaining a priority. As at 31 March 2016, our workforce can be profiled as:

Employee Profile	Total Staff	
Ethnic Origin	Female	Total %
White British	3,055	91.5
White Other	53	1.6
Mixed	34	1.0
Asian or Asian British	115	3.5
Black or Black British	39	1.2
Chinese	5	0.2
Other Ethnic	18	0.5
Not Stated	18	0.5
Gender		
Female	2,726	81.7
Male	611	18.3
Disabled		
No	3,063	91.8
Not declared	144	4.3
Yes	130	3.9
Religious Belief		
Atheism	336	10.1
Buddhism	9	0.3
Christianity	2,039	61.1
Hinduism	38	1.1
Islam	64	1.9
Judaism	Less than 5	0.1
Not Disclosed	562	16.8
Other	283	8.5
Sikhism	Less than 5	0.1
Unspecified	Less than 5	0
Sexual Orientation		
Heterosexual	2,826	84.7
Bisexual	8	0.2
Gay	19	0.6
Lesbian	12	0.4
Not Disclosed	467	14.0
Unspecified	5	0.1
Age Band		
16 – 20	88	2.6
21 – 25	354	10.6
26 – 30	388	11.6
31 – 35	396	11.9
36 – 40	406	12.2
41 – 45	402	12.0
46 – 50	446	13.4
51 – 55	433	13.0
56 – 60	302	9.1
61 – 65	90	2.7
66 – 70	22	0.7
71+	10	0.3

The balance of male and female of our workforce at the year end for 2015-16 is shown below.

Staff Group	Female	Male	Total
Add Prof Scientific and Technic	115	34	149
Additional Clinical Services	709	79	788
Administrative and Clerical	611	116	727
Allied Health Professionals	147	25	172
Estates and Ancillary	37	66	103
Healthcare Scientists	58	32	90
Medical and Dental	109	170	279
Nursing and Midwifery Registered	936	89	1,025
Students	4	0	4
Total:	2,726	611	3,337

The balance of male and female of our Directors and senior management team at the year end for 2015-16 is shown below.

Staff Group	Female	Male
Board of Directors (Executive and Non-Executive Directors)	6	5
Senior Management Team (excluding Executive Directors)	2	3

Information on the average of our WTE staff numbers is provided in the table below:

Note 4.2 Average number of employees (WTE basis)	08K	08L	08M	08N	08O	08P	Maincode	Expected
	2015/16	2015/16	2015/16	2014/15	2014/15	2014/15		
	Total	Permanent	Other	Total	Permanent	Other		
	Number	Number	Number	Number	Number	Number	Subcode	Sign
Medical and dental	296	296		290	290		100	+
Ambulance staff	0			0			105	+
Administration and estates	645	645		626	626		110	+
Healthcare assistants and other support staff	229	229		236	236		115	+
Nursing, midwifery and health visiting staff	995	995		996	996		120	+
Nursing, midwifery and health visiting learners	0			0			125	+
Scientific, therapeutic and technical staff	476	476		450	450		130	+
Healthcare science staff	0			0			131	+
Social care staff	0			0			135	+
Agency and contract staff	76		76	40		40	140	+
Bank staff	73		73	73		73	142	+
Other	0			0			145	+
Total average numbers	2,790	2,641	149	2,711	2,598	113	150	+
Of which								
Number of employees (WTE) engaged on capital projects	8	8		0			160	+

Workforce Engagement

Workforce engagement remained a key strategy to support the Trust's turnaround plan and five year strategy with participation in the Listening into Action (LiA) programme which was adopted and implemented to engage staff with the change agenda, empowering them to make changes within the organisation with the support of a member of the Senior Leadership team.

LiA provided the Trust with a systematic approach to engage with staff and to involve them in identifying and leading change to improve patient care. A number of clinical projects, enabler projects and quick wins have been achieved. Some of the enabler teams are continuing beyond the LiA year and are continuing to progress their improvement projects.

Throughout the year there have been LiA conversations and project groups set up to come together to share ideas and find solutions. The pulse check from this work involved 1,200 staff and after one year has scored higher in all responses to the survey. Against other Trusts we are above average and trending positively

A range of engagement activities have been undertaken, including; Join the Conversation open sessions with the Chief Executive, service specific engagement sessions and, LiA pulse check surveys.

The Join the Conversation sessions aim to ensure that staff can provide direct feedback to the Chief Executive in a non threatening environment, this compliments the monthly Team Brief session where all attendees are encouraged to ask questions and utilise the available directors for any ideas views and feedback.

Our social media presence and increased use of these channels continues to grow and demonstrate greater engagement with our audiences, which increasingly include our staff.

Underpinning this engagement work we have continued to monitor staff feedback from the annual Staff Survey, the staff FFT and stress surveys. There has been an increase in response rates and positive responses to questions. An action plan will be taken forward in conjunction with staff survey outcomes for 2015-16.

Staff Communications

The Trust has a range of different methods to ensure the effective communication of key organisational messages. Throughout the year we used all our regular channels of communication with staff, including the intranet, email, newsletters, weekly bulletins, Team Brief cascade, focus groups, development sessions and appraisals, staff roadshows, 'back to the floor' initiatives with staff on wards and departments, Chief Executive all-staff emails and an open request from the Chief Executive to visit wards and departments to keep our staff informed about issues relevant to them.

BRILLIANT Staff Awards

We continue to pay tribute to our staff with the monthly BRILLIANT staff awards. Two awards are handed out each month – one celebrates a ‘top team’ in the hospital and the second honours an individual member of staff. All individual winners receive automatic entry into the annual staff HEART awards.

HEART Awards

Our annual HEART Awards gives an opportunity to recognise the hard work and dedication of staff and volunteers and the valuable contribution they make to shaping our services and improving patient care. Award categories range from Patient safety, Healthy Workplace and Innovation to Outstanding Achievement and Partnership Working awards, which celebrate individuals and teams who inspire, lead or take the initiative to change the way a service or care is delivered to improve the overall experience for our patients.

Our Apprenticeship Pledge

We have a robust apprenticeship scheme and currently employ 48 apprentices, completing clinical healthcare support or business and administration apprenticeships at intermediate and advanced level. As a large employer we partner with Barnsley College to engage with our local community to promote apprenticeship opportunities across schools and colleges. The Trust continues to work in partnership to host traineeships providing individuals with skills to enable them to progress to an apprenticeship.

Bands 1-4 Strategy

The Trust supports Health Education Yorkshire and the Humber with the Talent for Care Program, this program not only promotes apprenticeship opportunities but provides support with initiatives such as the Prince’s Trust to promote widening participation to individuals who are under represented within the NHS. As a large employer we have a corporate social responsibility to our community and this agenda supports this.

The Talent for Care initiative has also enhanced further the visibility and targeting of Health Careers Information, Advice and Guidance, this has been achieved through our continued work with local schools, career activities and school leaver events, In addition to this work experience placements have provided many schoolchildren within our region real experience of working within the NHS.

We have delivered our Bands 1-4 Strategy that has supported our continued support of the apprenticeship scheme, we have met over 1,500 school children to promote careers in the NHS, we have supported bands 1-4 to access learning and development using the SSLDF funding, and staff have progressed to access to higher education courses. The Trust has supported 111 work experience learners and 220 of our staff have completed the care certificate. In 2015 the Trust ran a Healthcare Assistant Conference with 85 attendees this is now an annual event.

Staff Survey 2015

This year a full staff survey was completed, there were 2,834 who were eligible to complete the survey and 1,279 surveys were completed providing a response rate of 45.7%.

Our response rates are illustrated below:

Your job	2014	2015
I look forward to going to work	46%	52%
I am enthusiastic about my job	63%	72%
There are enough staff at this organisation to allow me to do my job properly	27%	34%
Able to deliver the care that I aspire to	51%	56%
I am satisfied with:		
The recognition I get for good work	44%	50%
The support I get from my immediate manager	62%	68%
The support I get from colleagues	74%	79%
Satisfied with the level of pay	35%	42%
Your managers		
Encourages us to work as a team	68%	76%
Takes a positive interest in my health and wellbeing	53%	68%
Health and well being and safety at work		
Organisation takes positive action on my health and well-being	45%	91% 63% to some extent
Felt unwell as a result of work related stress (in the last 12 months)	46%	41%
In the last three months came to work despite not feeling well enough	67%	61%
Have felt under pressure from manager to come to work	33%	28%
Errors near misses or incidences		
Last time seen that either I or a colleague reported.	80%	87%
Organisation takes action to ensure they don't happen again	59%	74%
Given feedback about changes made in response	36%	68%
If experienced harassment bullying or abuse did you or a colleague report it.	32%	37%
Organisation acts fairly with career progression/promotion regardless of, ethnic background, gender, religion, sexual orientation or age.	60%	65%

Personal Development		
Training and development has helped me to do my job more effectively	61%	75%
Training and development has helped me to stay up to date with professional requirements	72%	80%
Training , learning and development has helped me to deliver a better patient experience	60%	70%
Appraisal helped me to improve how I do my job	47%	68% 49% to some extent
Appraisal helped me agree clear objectives for work	76%	81% 52% to some extent
Appraisal left me feeling that my work is valued by the organisation	56%	71%
Our Organisation		
Acts on concerns raised by patients	67%	72%
I receive regular updates on patient/service user experience feedback in my directorate/ department	58%	63%

NHS Staff Survey 2014-15 to 2015-16: Key Comparisons of Key Findings

In the 2015-16 survey scores improved on 77% of questions in comparison to 2014-15 results where there was only an improvement of 27%. In the 2015-16 survey scores worsened on 17% of questions, in comparison to 2014-15 where scores worsened by 65%.

	2015-16	2014-15
Number of staff in original sample	2834	2823
Total number of eligible staff	2801	2772
Returned completed	1279	1207
Response rate	45.7%	43.5%
Average picker response rate	38.0%	41.6%

Our top four ranked scores were:

Key Finding	2014	2015	National Average
25	26%	23%	28%
11	95%	93%	86%
15	N/A	53%	49%
23	2%	1%	2%

Our bottom four ranked scores were:

Key Finding	2014	2015	National Average
4	3.71	3.84	3.94
17	45%	41%	36%
3	88%	88%	90%
24	48%	47%	53%

The number of questions that are significantly better:

2014	3
2015	27

The number of questions that are significantly worse:

2014	20
2015	1

The staff survey also provided us with development opportunities for the coming year in the areas of staff engagement and staff feeling safe about raising concerns. These areas will be linked in with the work we will be undertaking on developing our staff engagement activity during 2016-17 to ensure we provide the required focus.

Key themes from our work on Investors in People (IIP) and the National Staff Survey key themes are brought together to form a single Trust Action Plan, out of which bespoke CBU level actions plans have been produced. Progress against these plans will be monitored at CBU performance level in 2016-17 and at the Trust's Workforce Group, which is a sub group of the Finance & Performance Committee.

Actions plans are based on comparable figures from the previous year, utilising the raw data. Our Picker raw data demonstrated a significant improvement in many areas, the combined action plan has been presented to the HR business partners for each CBU, managers have received their individual CBU results. The HR business partners meet regularly with the CBU leads at the performance meetings and this forms part of the agenda.

In addition to this we will be continuing to work with CBU leads in the new triumvirate structures to prepare for both the Investors in people assessment 2017, and the annual staff survey.

Areas of focus for 2016-17 include:

Aims/ Targets/ Objectives
1. To reduce work related stress
2. To ensure the high quality of appraisals
3. Implement a robust engagement plan
4. Develop a talent management program
5. To reduce Sickness and absence
6. Identify lessons learnt from Lorenzo for future implementation plans
7. Embedding values and behaviours across the Trust
8. Identify any areas of manager inconsistency with operations aspects of leadership particularly sickness management
9. Develop a platform for sharing good practice across the Trust
10. Would not recommend organisation as a place of work
12 All teams have a shared set of objectives and communicate closely to achieve these
13. All staff feel safe raising a concern.
14. Staff will ensure that they accurately report physical violence
15. Would not be happy with standard of care (friend or relative)
16. Staff feeling valued and given feedback

Key	Themes common to both IIP and Staff Survey	IIP key themes	Staff Survey Themes

Investors in People

The Trust was successfully awarded the Investors in People Bronze Award in March 2015. A comprehensive report has outlined our areas of strength as:

- Our Chief executive and the senior leadership
- The Trust's values and vision
- The Communication Strategy
- Commitment and innovation
- Learning and development
- Partnerships

It was highlighted that, there are excellent areas of practice at the Trust and attention should be given to these areas of success. It is easy to focus on what is not working well however patient feedback, clinical success, achievement of targets all demonstrates improved performance.

The recommended actions from Investors in people will be aligned with the NHS Staff Survey results to formulate a single action plan to continue our drive for Investors in People standards. The new standards have now been launched and in December 2017 all organisations will be assessed against all of the standards.

Disability Policy

For information on our policy relating to disabled members of staff, please refer to the Equality and Diversity information on page 60.

Learning and Organisational Development

Mandatory Training and Appraisals

The new Trust Training Plan has been agreed following the annual review which took place during the third quarter of 2015. The plan continues to meet legislative, statutory and mandatory training requirements and each year is updated to reflect changes and will continue to be reviewed on an annual basis and endorsed and approved by the Workforce Group. It takes its lead from the following overarching training policies but incorporates all training requirements identified within Trust policies approved by the Board: Induction Policy, Learning and Development Strategy, Learning and Development Approval Policy. The plan is aligned to the requirements of the NHS inspection regime and external legislation. In particular the CQC standards act as an overriding guide to the compliance requirements and best practice of the plan.

A full review and redesign of the corporate induction and mandatory training has been completed, compliance data is monitored monthly. Values based appraisals have been launched and it is anticipated that in 2016 changes to ESR will include more appraisal functionality for manager self service.

Long Service Awards

143 staff were congratulated for more than 3,660 years combined service to the hospital in the annual Long Service Awards. The employees were awarded certificates by the Chairman for their dedication to the hospital for 20, 25, 30 or 35 years service. One member of staff was awarded a certificate for 40 years service.

Organisational Development

The Trust has an Organisational Development Framework which outlines the range of leadership and management qualifications available to current leaders or those aspiring to leadership. Organisational Development delivers a range of interventions to support all aspects of the organisation including management processes and team interventions. Specific work with appraisals has contributed to the achievement of the appraisal target and we have implemented assessment centres to support senior recruitment and increased use of psychometric and 360° feedback tools.

Support staff Development and Vocational Training

The Trust partners with Barnsley College to provide vocational qualifications and apprenticeships to our support staff; these can be entry level literacy and numeracy skills to higher education qualifications. Staff are supported to access continuing professional development opportunities. Apprenticeships are embedded within the Trust and the Bands 1-4 Strategy has been successfully implemented.

Library and Resource Centre

Our Library and Resource Centre continued to develop during the year to ensure that learning and development for all staff and students are fully and effectively supported.

The Centre continues to support learning and development and a number of innovative themed events have been delivered to encourage participation and learning by all staff, for example *Learning at Work Days*. Staff were invited to participate in a number of fun and stimulating activities designed to encourage engagement in learning at work.

The Centre has strong partnerships with local training providers and Library services who attend open days to promote their services and the Centre has recently implemented the 'IGNAZ' app which is an electronic junior doctor's handbook. This resource can be used to ensure the most up to date information is provided on the student mobile devices.

The Centre supports the usage of the Trust's e-Learning system, offering advice, guidance, PC access and trouble-shooting to staff. The Library and Resource Centre work with staff to ensure that key trust initiatives are supported with relevant resources, for example our range of falls and patient safety books.

Recruitment and Retention

Several initiatives were implemented to support key objectives:

- Targeted recruitment campaigns – rolling adverts for nursing vacancies, on site events for nurses and radiographers, social media presence enhanced
- Continuing to invest in recruiting Advanced Nurse Practitioners
- Expansion of our apprenticeship programme
- Director level in house assessment centres
- Values based recruitment rolled out across the organisation
- Recruitment fairs at Sheffield Hallam and Bradford
- Reduce time to recruit from 55 to 49 days

Occupational Health and Wellbeing

In line with Simon Stevens' NHS England Chief Executive's announcements in September 2015, the Occupational Health (OH) team have focused on the wellbeing of our staff using innovative approaches to engage with their health.

This year, we introduced lifestyle checks, which are being rolled out in high sickness areas with plans to offer to all staff in 16/17. In order to continue managing sickness and support staff with a quicker return to work we have continued to enhance Fast Track Response Referrals and contact is made within 24 hours and measured at Workforce Group.

The service was successful in maintaining its accreditation to SEQOHS (Safe Effective Quality Occupational Health Services). Audits are carried out to ensure managers, individuals and other stakeholders are receiving a high quality, cost effective service.

The team support areas of the Trust where stress has been identified as an issue through the HSE Stress Management survey and the Stress Group. This additional support for staff and managers uses their expertise to enable them to identify and resolve issues around stress. This approach was recently commended by Monitor. A sub group of the Health and Safety Group is supporting the development and delivery of specific action plans.

The annual Influenza Programme in October was planned and arranged with an education session to enable to be delivered by a mixture of Flu champions based on the wards and OH nurses going from departments towards providing the vaccine locally.

The OH team currently runs 33 external contracts with local business and organisations. Occupational health activity is as follows:

Activity for BHNFT	Appointments
Employment screening	1,005
Referrals	572
Reviews	249
Psychological support	226
EMDR	203
CBT	152
Reviews	790
Group work	1
Physio referral	581
Hepatitis B vaccinations	255
Did not attend (DNA)	829

Health and Safety

We continue to take an active approach to ensure compliance with current health and safety and fire legislation. We undertake mandatory training for staff on an annual basis and all new starters receive induction training. Regular reports of all non-clinical incidents and training are discussed at the Health & Safety Group and the Quality & Governance Committee. No enforcement action was taken against the Trust in the year.

Countering Fraud

Barnsley Hospital fully subscribes to mandatory requirements on countering fraud and corruption across the NHS and is committed to the elimination of fraud within the Trust. Where fraud is proven, it is investigated and we ensure that wrongdoers are appropriately dealt with and steps are taken to recover any assets lost due to fraud. We have a nominated Local Counter Fraud Specialist responsible for carrying out a range of activities that are overseen by the Audit Committee. Fraud risk assessments are undertaken throughout the year and used to inform counter fraud work. Where fraud is identified or suspected it is formally investigated in accordance with the Trust's Fraud Policy and Response Plan. During the reporting year, activity in the counter fraud arena has concentrated on informing and involving staff to raise fraud awareness and deter fraudulent activity. There is understanding and support throughout the Trust to raising awareness of staff, contractors and users of the organisation's services to the threat of fraud and to ensuring robust counter fraud measures are in place.

Whistleblowing and Raising Concerns

We are committed to the delivery of high quality, safe patient care and developing a climate and culture of openness. It is essential that staff feel empowered to raise concerns in the workplace and are confident that there is a culture of openness and transparency in the best interests of patient safety. There has been a consultation by National bodies and a template produced for Raising Concerns at Work policy for Trusts. We will review this in line with our current policy and ensure that the final developed policy continues to reassure staff that it is both safe and acceptable to speak up to raise any concerns they may have. This is demonstrated through the weekly Patient Safety Bulletin. In March 2016, the National Guardians Office published guidance on the Freedom to Speak up Guardian role, which we will implement before the September 2016 deadline.

Expenditure on Consultancy

Please see Financial Accounts on page 224 onwards.

Exit Packages

Please see Remuneration Report on pages 73 – 83.

Off Payroll Arrangements

Please see Remuneration report on pages 73 -83.

Governance

Our Approach to Governance

The Trust is managed by the Board of Directors, which is accountable to the Council of Governors. The Governors act as the voice of local people and are responsible for helping to set the direction and shape the future of the hospital.

The Board of Directors and Council of Governors enjoy a strong and continually growing working relationship. The Trust Chairman chairs both the Board and the Council and acts as a link between the two. Each is kept advised of the other's progress through a number of systems, including informal updates, attendance at each other's meetings, verbal and written reports and the exchange of minutes.

In addition, we welcome our Governors among the public attendants at every meeting of the Board of Directors held in public, on an almost monthly basis. Business is conducted in private session only where necessary, the agenda and minutes from which are shared with our Governors. Additionally the Board continues to meet jointly with the Governors at least once annually, by invitation to join its meetings in full (both public and private parts). Some Governors also sit on Trust-wide committees and forums (e.g. Equality and Diversity Steering Group and Patient Experience Group), providing feedback to the wider Council of Governors.

Our Board of Directors is assured by four formal committees, which report into the Board and are monitored through our audit processes. These committees are:

- Audit Committee
- Finance & Performance Committee
- Quality & Governance Committee
- Remuneration & Terms of Service Committee

You can read more about our committee structure and the work that they undertook during the year on pages 111 to 114.

Our Governance Structure

The Trust's governance agenda is managed through the Board's governance committees each chaired by a Non-Executive Director, reporting directly to the Board. Following the wider Trust governance review and revision in 2014-15, this robust system of internal governance has continued to develop throughout 2015-16 with the introduction and implementation of a new reporting governance structure.

Established CBU governance arrangements maintain effective governance arrangements across all clinical services and report directly through the Trust's governance structures.

The governance structure provides a framework within which the CBUs are held to account for a range of areas. These include delivery of quality care indicators, financial efficiency targets, adherence to budgetary controls, performance against operational targets and staffing matters such as managing and reducing sickness absence rates.

In May 2014 Monitor served an enforcement notice relating to the Trust's governance and financial arrangements and the 4-hour wait breach. The enforcement notice, relating to the 4-hour wait breach was reversed by Monitor on 27 January 2015.

Following a Board Governance Review in September 2014, a comprehensive action plan was developed based on the 'capacity and capability' and was fully implemented by May 2015. In September 2015 Monitor reversed the enforcement notice relating to the governance arrangements.

Code of Governance

Disclosures

The Board has overall responsibility for the administration of sound corporate governance throughout the organisation. The NHS Foundation Trust Code of Governance (the Code) is published by Monitor. The purpose of the Code is to assist foundation trust Boards with ensuring good governance and to bring together best practice from public and private sector corporate governance.

Comply or Explain

The Code is issued as best practice, but also contains a number of main principles, supporting principles and code provisions on a 'comply or explain' basis.

Barnsley Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance, most recently revised in July 2014, based on the principles of the UK Corporate Governance Code issued in 2012.

The Trust is compliant with all elements of the 'comply or explain' sections of the Code of Governance, with the exception of B.4.2, which is shown in the table below.

Provision	Requirement	Exception and Board Response
B.4.2	The chairperson should regularly review and agree with each Director their training and development needs as they relate to their role on the Board.	The Chair does regularly review and agree training and development needs with Non-Executive Directors and the Chief Executive. To date training and development needs for other Executive Directors have been reviewed and agreed between the Chief Executive and the Director and relevant matters supported by the Chair and Non-Executive Directors through the RATS Committee. Following external review, a development programme for the Board was progressed, led by the Chairman and Chief Executive. Board and individual development continues.

Disclosure Statements

The Code contains a number of disclosure statements that the Board is required to include in the Annual Report. The disclosure statements contained in the Annual Report are based on the 2014 version of the Code of Governance, and the table below shows how the Board has complied with those disclosures it is required to include in this Annual Report.

The table below also includes a small number of specific additional requirements as set out in the NHS Foundation Trust Annual Reporting Manual, which directly relate to, or enhance the annual reporting requirements as set out in the NHS Foundation Trust Code of Governance.

Provision	Requirement	Page
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	108

Provision	Requirement	Page
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the Chief Executive, the senior independent director (see A.4.1) and the chairperson and members of the Nominations, Audit and Remuneration Committees. It should also set out the number of meetings of the Board and those committees and individual attendance by directors.	63 – 70, 118
A.5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead Governor.	109 - 110
	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	118 - 121
B.1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.	70
B.1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	63 - 70
	The annual report should include a brief description of the length of appointments of the Non-Executive Directors and how they may be terminated.	63 - 70
B.2.10	A separate section of the annual report should describe the work of the Nominations Committee(s), including the process it has used in relation to Board appointments.	73, 111
	The disclosure in the annual report on the work of the Nominations Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair of Non-Executive Director.	112
B.3.1	A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.	63
B.5.6	Governors should canvass the opinion of the Trust's members and the public and for appointed governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	109, 115

Provision	Requirement	Page
	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 then information on this must be included in the annual report.	N/a in 2015-16
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the chairperson, has been conducted.	62
B.6.2	Where there has been external evaluation of the Board and/or governance of the Trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the Trust.	62
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	71
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Annual Governance Statement
C.2.2	A Trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	104, 105, Annual Governance Statement
C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	N/A
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: <ul style="list-style-type: none"> • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; 	104 - 106

Provision	Requirement	Page
	<ul style="list-style-type: none"> • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A
E.1.4	Contact procedures for members who wish to communicate with Governors and/or directors should be made clearly available to members on the NHS Foundation Trust's website.	117
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face- to-face contact, surveys of members' opinions and consultations.	108
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	116
	<p>The annual report should include:</p> <ul style="list-style-type: none"> • a brief description of the eligibility requirements for joining different membership constituencies • information on the number of members and in each constituency • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership. 	116 - 117
	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or possibly seeking to do business with the NHS Foundation Trust. As each NHS Foundation Trust must have registers of Governors and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	70

Disclosures as per schedule 7 of the large and medium sized companies and groups regulations 2008

This section sets out those disclosures required as per Schedule 7 of the Large and Medium Sized Companies and Groups Regulations 2008 and where these have been reported on if they have **not** been included in the Directors' Report.

Disclosure Requirement	Statutory Reference	Page
Any important events since the end of the financial year affecting the NHS Foundation Trust	7(1) (a) Schedule 7	20
An indication of likely future developments	7(1) (b) Schedule 7	16
An indication of any significant activities in the field of research and development	7(1) (c) Schedule 7	35
An indication of the existence of branches outside the UK	7(1) (d) Schedule 7	20, 123
Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities	10(3) (a) Schedule 7	60
Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period	10(3) (b) Schedule 7	60
Policies applied during the financial year for the training career development and promotion of disabled employees	10(3) (c) Schedule 7	60
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees	11(3) (a) Schedule 7	87
Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests	11(3) (b) Schedule 7	87
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance	11(3) (c) Schedule 7	87
Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS foundation trust	11(3) (d) Schedule 7	87
In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the NHS foundation trust and the exposure of the entity to price risk, credit risk, liquidity	6 Schedule 7	13, 72, 126

Disclosure Requirement	Statutory Reference	Page
risk and cash- flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity		

Other disclosures as required by the NHS foundation trust annual reporting manual 2014-15 as determined by monitor

The Annual Reporting Manual for 2015-16 requires a number of disclosures to be made in the Annual Report and to state where these have been reported on if they are **not** included in the Directors' Report. The following table sets out where these disclosures have been made.

Disclosure Requirement	Page
Any new or significantly revised services	Strategic Business Review, page 19 onwards
Service improvements following staff or patient surveys	31 - 34
Improvements in patient / carer information	33
Information on complaints	34
Descriptions of significant partnerships and alliances entered into by the NHS foundation trust to facilitate the delivery of improved healthcare	35-36
Development of services involving other local services/agencies and involvement in local initiatives	35, 42

Role of the Audit Committee

With support from all of the Board's governance committees, the Audit Committee has a particular role in the review and providing assurance to the Board on the Trust's overall governance, risk management and internal control procedures. This includes arrangements for preparation of Annual Accounts and Annual Report, the Board Assurance Framework and the Annual Governance Statement.

The Audit Committee largely dispatches this role through ensuring that the Trust has an effective internal audit function which provides assurance to the Trust through an agreed internal plan focused on risks. The Committee also receives reports and assurance from, amongst others, the following groups or individuals:

- The Trust's external auditors.

- The Local Counter Fraud Specialist, who performs both proactive and reactive work against an agreed Counter Fraud, Bribery and Corruption work plan in accordance with NHS Protect.
- Clinical Audit.

The Audit Committee reviews significant risks in year which have included:

- Medium and long term financial stability; and
- Valuation of property, plant and equipment.

These have been considered through the presentation of the External Audit Plan and discussions with our external auditors, PricewaterhouseCoopers LLP.

The Committee continues to include at least one member with recent and relevant financial experience (see outline of Non-Executives' skills above on page 93) and is supported at every meeting by the Trust's Director of Finance or his deputy.

The Trust's Internal Audit function is provided by 360 Assurance. 360 Assurance is a not for profit organisation with healthcare sector expertise, experience and specialist knowledge to deliver a wide range of assurances. 360 Assurance perform their work against an internal audit plan, agreed by the Trust, with progress reports and key findings reported through regular progress reports presented to the Audit Committee and a final Annual Report with their Head of Internal Audit Opinion. Progress of all agreed actions from both internal and external audit findings is monitored at the Committee via a Tracker Report, which is also monitored regularly at the Executive Team meetings.

The Governors appointed PriceWaterhouse Coopers LLP (PwC) as external auditors following a full retender exercise for the three year period ended 31 March 2014, with an option to renew for a further two year period (i.e. covering the audits for years ending 31 March 2015 and 31 March 2016). A full retendering process was commenced in March 2016 and will be completed with award of tender in June 2016.

In July 2015, management of local counter fraud services moved into the Trust, to align with security and business continuity. However, due to capacity constraints this was transferred back to the specialist team at 360 Assurance within three months. The handover was accomplished without detriment to any of the on-going cases. The Trust and 360 continue to work closely together to ensure good management of all Local Counter Fraud Specialist matters, with a focus on increasing staff awareness.

The audit fee for the statutory audit including quality accounts review was £69,893 (2014-15 £70,121) excluding VAT, plus a further £2,500 excluding VAT for work in relation to FRS102 that was introduced in 2015-16. This was the fee for an audit in accordance with the Audit Code issued by Monitor in March 2011. The audit fee for the subsidiary organisation, Barnsley Hospital Support Services Limited, was £6,730 excluding VAT (2014-15 £6,598). The audit fee for Barnsley Hospital Charity was £3,846 (2014-15 - £3,771) exclusive of VAT.

All work commissioned from the external auditors is subject to the authorisation of the Audit Committee to ensure that the Auditors' objectivity and independence is safeguarded. Any additional work proposed outside of the external Auditors' core function is presented to the Council of Governors for consideration and approval.

Whilst PwC did not provide any additional support in 2015-16 to the Trust, additional work was required around the new Statements of Recommended Practice (SORP) for charities, which will apply to Barnsley Hospital Charity. Whilst this was core to the Charity's audit, for transparency the requirement was reported to and fully supported by the Council of Governors in February 2016,

The matters considered by the Audit Committee in relation to approval of the Annual Report and Accounts included:

- The results of internal audit work over the year as summarised in their annual Head of Internal Audit Opinion.
- The results of external audit and in particular:
 - Evidence and disclosures related to the Trust's financial position and going concern status
 - Treatment of property valuation
 - Accounting for deferred income.
- The results of the work performed by the Trust's Local Counter Fraud Specialist.
- Assurance from the work of Quality & Committee and External Audit on the Quality Account.
- Wording of the Annual Governance statement to ensure that this is consistent with matters considered by the Committee.

The Committee keeps the work of the external auditors under review through:

- Discussions with the Trust's Director of Finance and other members of the Finance function.
- Reviewing progress reports submitted to all Audit Committees.
- Regular meetings to discuss progress and the approach to significant risks.

Regulatory Ratings

Under the Risk Assessment Framework established by Monitor, the sector regulator risks are assessed against two factors: Governance and Continuity of Services. There are three categories to the Governance rating applicable to all NHS Foundation Trusts:

1. Where there are no grounds for concern at a Trust, Monitor will assign it a green rating.
2. Where there is a concern but no formal action taken, Monitor will provide a written description stating the issue at hand and the actions being considered; this is known as a narrative rating.
3. Where enforcement action has begun, a red rating will be assigned.

The Continuity of Service risk rating (CoSRR) reflects Monitor’s view of the risks facing a provider of key NHS services, with four categories ranging from 1 (most serious risk) to 4 (least risk).

The Trust was found in Breach of its Provider Licence in April 2014, this resulted in Enforcement Notices served against it for emergency access (failure against the <4 hours A&E target, governance and finance – with a governance risk rating of “red” and a Continuity of Service risk rating (CoSRR) of 1) . As stated elsewhere in this report, a tough two-year turnaround plan was developed, with support from external advisors and in agreement with Monitor. Good progress was achieved in 2014-15, resulting in the first Certificate of Compliance (lifting on enforcement) being issued at the end of January 2015. This recognised the significant improvements achieved around emergency access. Further details of the risk assessment framework and Foundation Trust ratings can be seen at Monitor’s website <https://www.gov.uk/government/organisations/Monitor>. In September 2015, Monitor also removed the additional Licence Condition, per section 111 of the Provider Licence.

Table of Analysis:

2015-16	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Service Rating	1	2	1	1	1
Governance rating	Red	Red	Red	Red	Red
2014-15	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Service Rating	1	1	1	1	1
Governance rating	Red	Red	Red	Red	Red

In 2015-16 the Trust achieved the national target for seeing 95% of patients in A&E in less than four hours in Quarter 1, reflecting some improvement on 2014-15 but continuing pressures thereafter. The non-elective activity increased to over 4% whilst emergency attendances increased by 1% in addition to an agreed 3% increase in contract. The Trust has been unable to sustain performance throughout Quarter 2, 3, and 4 to achieve an overall year end 95%.

Recognising the current position of the Trust, there are agreed work streams to ensure improvement for 2016-17, the aims of which include:

- Achievement of the 4 hour national target, thereby negating impact on our financial and operational performance whilst positively impacting on our overall reputation.
- Ensuring efficient patient flow throughout our hospital by successfully implementing bed reconfiguration plans to manage increased demand.
- Delivery of our Cost Improvement Programme for the third year, which impacts on the Trust’s financial stability.

The Council of Governors

In 2015-16, the Council of Governors comprised 16 public Governors (15 from Barnsley Public Constituency, 1 for Out of Area), 6 staff Governors (one each representing staff and volunteers from Clinical Support, Medical & Dental, Non Clinical Support and Voluntary Services, and two from Nursing & Midwifery) and seven seats from among our partner organisations across the community, as listed on pages 109-110.

This structure continues to enable public Governors to be elected by, and speak for, members from all areas across the borough and outside of the region. Partner Governors are nominated by their respective organisations, strengthening our links with key partners across the community working together to improve services for patients

Pages 119 - 121 highlight the number of Council of Governors' general and sub-group meetings attended by members of the Board, to enable more opportunities for listening to Governors, sharing information and responding to challenges.

The Council of Governors has continued to deal with a range of issues charged to it under legislation and to support the Trust in our strategic development. In 2015-16 this included – but was by no means limited to:

- Continued to challenge the Board on delivery of the Trust's Turnaround Plan, holding the Board and specifically the Non-Executive Directors to account for answers and assurance.
- Pro-actively involved with the CQC inspection in July 2015.
- Regular participation in the Trust's programme of internal quality and safety inspections – both leading up to and after the CQC inspection.
- Provided feedback to help reshape and re-launch the quality inspections for 2016.
- Appointment of a new Non-Executive Director (joined the Trust in January 2016).
- Worked closely with management to review the Trust's Constitution.
- Monitored changes to the hospital newsletter, now available to circa 38,000 people across the community through local press and supermarkets.

The Board has authority for all operational issues, the management of which is delegated to operational staff, in line with the Trust's standing orders. Throughout the year the Board continued its 'open door' approach with Governors, being pleased to respond to questions and requests for information on any subject. Governors' views and the feedback they provide on behalf of the members they represent, are always welcomed.

Members of the Board, and in particular the Non-Executive Directors, continue to develop an understanding of the views of Governors and therefore members concerning the Trust by frequent attendance at meetings of the Council of Governors and open and transparent discussions with the Governors.

The Council of Governors continues to report the views and experiences of the people (public and staff) and the organisations they represent. As well as direct contact with their Governors, members and the public are invited to contact their Governors through engagement events, the Trust's website and intranet sites and regular members' newsletters. This important feedback is shared with the Board through the routes outlined above and helps to inform and shape the Trust's development. This engagement also gives the Governors the opportunity to invite feedback from membership and the wider general public in relation to the Trust's forward plans.

The Trust continues to value the contributions of all of its Governors – public, staff and partners. The Governors in place pre and post elections held in late 2015 are identified below:

Public Governors:

Barnsley Public Constituency:

- Kathryn Armitage (from 01 January 2016)
- Pauline Buttling
- Tony Dobell
- Joan Gaines
- Tony Grierson
- Wayne Kerr (to mid April 2015)
- Bruce Leabeater
- Stephen (Steve) Long (from 01 January 2016)
- Annie Moody
- Jacky O'Brien
- Harshad Patel
- Carol Robb
- Frank Skorrow
- Robert Slater (from 01 January 2016)
- Trevor Smith
- Dillon Sykes (to mid April 2015)
- David Thomas (from 20 May to 31 October 2015)
- Joseph (Joe) Unsworth, Lead Governor
- Zubair Warraich (from 01 May 2015 to 31 December 2015)

Out of Area (rest of England & Wales): Luke Steenson

Staff Governors:

- Clinical Support: Rachel Hewitt
- Medical & Dental: Mr Ray Raychaudhuri
- Non Clinical Support: Jordan Ramsay (to 31 December 2015)
- Non Clinical Support: Gilly Cockerline (from 1st January 2016)
- Nursing & Midwifery: Gwyn Morrith and Lisa Sanderson
- Volunteers: Tony Conway

Partner Governors:

- Barnsley College: Dianne Murray (to October 2015), Lee Pryor (from November 2015)
- Barnsley Metropolitan Borough Council (BMBC) Councillor Jenny Platts
- Barnsley Together: Peter Lleshi
- Joint Trade Union Committee (JTUC): Martin Jackson
- NHS Barnsley Clinical Commissioning Group: Chris Millington (from May 2015)
- Sheffield Universities (joint seat – Sheffield Hallam University & University of Sheffield): Paul Ardron
- Voluntary Action Barnsley: David Brannan

Co-opted Governor:

- Joanne Bleasdale (from 1 January 2016)

Public and Staff Governors are subject to elections held annually for up to one-third of seats, at the end of their terms of up to three years office. In 2015 (for appointment/re-appointment from 1 January 2016), six seats for public Governors (including one vacancy arising following the resignation of Mr Thomas, when he moved out of the catchment area for the Public Constituency) and three staff Governor seats were put forward for election; the elections were supported by the UK-Engage, as independent scrutineers.

While appointed by nomination rather than election, partner Governors are subject to reappointment at three year intervals.

Co-opted Governors can be appointed and removed by approval of the Council of Governors at a general meeting. One was appointed from the Trust's staff with effect from 1 January 2016. This would help to ensure the Council retained the balance of staff feedback and skills during Ms Hewitt's absence on maternity leave.

As can be seen by the dates shown in the lists above, several Governors left the Council for a range of reasons - end of term of office, changed circumstances and pressure of work. The Council is an evolving and ever changing body but everyone who becomes part of it makes a valued contribution and helps to shape the future direction of the hospital.

We would like to reiterate sincere thanks to all our Governors – past and present - whose continuing support and commitment to the hospital and the improvement of services for our patients has been invaluable.

Vacancies

At the end of April 2015 there were two Public Governor vacancies on the Council of Governors, following resignations from Mr Kerr and Mr Sykes. These seats were filled in accordance with our Constitution and the opportunity to invite the next highest polling candidate(s) at the most recent election willing to take office to fill the seat until the next annual election.

The vacancy arising when Mr Thomas relocated to outside of his constituency's catchment was carried forward to the 2015 elections, in accordance with the Trust's Constitution.

There are no company directorships held by the Governors where companies are likely to do business or are seeking to do business with the Trust. All interests are recorded on the Governors' Register of Interests, which is available for public inspection.

Council of Governors and Board member attendance at Governors' meetings and the Annual General Meeting is noted in the table on pages 119 – 121. Where a Governor is unable to attend two consecutive general meetings, the tenure of office may be terminated unless the absence was due to a reasonable cause; and he/she will be able to start attending meetings of the Trust again within such a period as the wider Council of Governors considers reasonable.

Council of Governors Meetings

For the joint meeting between the Council of Governors and Board in November 2015, the Board repeated its annual invitation for Governors to attend one of its full meetings (hence the Directors' attendance is not recorded separately in the table on page 118). The meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year.

During the financial year 2015-16, the Governors did not exercise their power to require one or more of the Directors to attend a Council of Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Director's performance), under paragraph 10C of Schedule 7 of the NHS Act 2006.

Non-Executive Directors have continued to attend General and Sub-group meetings regularly throughout the year, with support from Executive Team members and staff leads on specific topics, to ensure the Governors are provided with updates on key issues. The Chief Executive, or her Executive representative, continues to attend every General Meeting.

Committees and Sub-groups

Nominations Committee

The Nominations Committee is a formal committee of the Council of Governors. It comprises the Chairman, three Public Governors, two Partner Governors and a Staff Governor to consider and make recommendations to the Council of Governors for the appointment and terms of service of Non-Executive Directors, including the Chairman. The Lead Governor (as elected by the Council of Governors) holds one of the seats for Public Governors.

Membership in 2015-16 included:

- Paul Ardron, Partner Governor
- David Brannan, Partner Governor
- Bruce Leabeater, Public Governor
- Ray Raychaudhuri, Staff Governor
- Trevor Smith, Public Governor
- Joseph Unsworth, Public and Lead Governor
- Stephen Wragg, Trust Chairman (*Committee Chair*)

When the appointment, re-appointment or performance of the Chairman is under consideration by the Committee, the Chairman is excluded from the Committee's discussions. The Committee, on behalf of the Council of Governors, can also present a recommendation for termination of a Non-Executive Director appointment at any time otherwise Non-Executive Directors are expected to work their terms or can resign on a notice period of one month.

The meetings of the Nominations Committee were supported by internal Human Resources advisors and the Secretary to the Board & Governors throughout the year. The Committee retains the right at all times to seek internal or external expert advice at any time.

In 2015-16 the Committee appointed one new Non-Executive Director, by open competition. Ms Janet Dean joined the Board with effect from 1 January 2016.

The Committee continues to adopt a protocol of setting out its work programme at its first meeting in each calendar year to ensure appropriate scheduling of its duties - including review of terms of office, appraisals and terms and conditions of service for the Non-Executive team (including the Chairman).

As determined in 2014-15, work on appointments/re-appointment required for consideration starts in April-June, in readiness for update from 1 January the following year.

At its review of Terms and Conditions of Service in 2015-16 a 1% uplift was recommended and approved by the wider Council of Governors, reflecting the national pay changes for the year.

The Chairman's appraisals are jointly led by the Senior Independent Director (SID) and Lead Governor, with input invited from all of the Governors and Board members as well as close review by Committee members. Outcomes from the reviews are received and further reviewed by the wider Council of Governors at General Meetings. The reviews also take account of feedback from 360° reviews commissioned annually.

Recommendations relating to the work of the Nominations Committee outlined above have been presented to and endorsed by the Council of Governors throughout the year.

Funding and Finance Committee

This is a small group, chaired by the Lead Governor and its membership includes three other Governors and is also joined by the Trust's Chairman. In the past, the remit of this group was to control a small dedicated budget and consider funding requests to support the work of the Governors. The Committee did not meet in 2015-16 as no requests against its budget were received.

Sub-groups

In addition to the Committees outlined above, the Council of Governors is supported by two sub-groups, designed to reflect the Boards support system: namely Quality & Governance and Finance & Performance. Mindful of the demands on Governors' schedules, these continue to be informal groups of the Council of Governors and are open to all Governors. They are led by a Chair and Vice-Chair, elected from the Governors.

The sub-groups receive reports directly from the Non-Executive Chairs and members of the Board's governance committees for Quality & Governance and Finance & Performance, providing a proactive means of questioning and challenging the Board and holding the Non-Executives to account for the Trust's delivery against the annual plan. As mentioned earlier, the sub-groups are also attended by other Directors and lead staff to provide more information on key topics and provide more detailed reports on performance and improvement plans.

In 2015-16 the groups addressed a wide range of issues, some of which are listed below:

Quality & Governance Sub Group

- Continued focus on patient's experiences, with Governors providing feedback from their constituency members as well as reviewing the quarterly reports on complaints, compliments and related issues highlighted from Board reports.
- Regular review of progress against key performance indicators and targets for quality and patient safety issues, including pressure ulcers and reduction in the levels of harm from inpatient falls. Learning and supporting innovations introduced to raise staff awareness and improve support for patients with Parkinson's Disease.
- Support for and constructive feedback around the Trust's internal quality and safety inspections. These inspections are valued by the Governors, enabling them to visit ward and clinical areas, talk to patients and staff and hear first hand about their experience at the Trust and to share learning from that with the wider Council of Governors and the Board of Directors. In 2015 the Governors raised a number of concerns about the inspections, which has helped to re-shape them for 2016, ensuring that any learning from each inspection is captured and acted on more effectively and that Governors gain assurance on the consequent actions.
- Regular updates on the Trust's preparatory work for the CQC visit and the feedback thereafter.

- Leading roles in increased hand washing audits on the wards.
- Overview of the ward environment: cleanliness, safety and comfort for patients as well as efficiency for the Trust – participating in and looking at learning from the annual PLACE (Patient Led Assessment of Care Environment) inspections.
- Regular review of nursing and midwifery achievements and staffing levels.

The group was chaired by Jordan Ramsey (Staff Governor) to December 2015, supported by Carol Robb (Public Governor) as Vice Chair to June 2015 and Trevor Smith (Public Governor) as Vice Chair thereafter. Trevor assumed the chair from 1 January 2016.

Finance & Performance Sub Group

- Review of performance against, and input to development of, the Trust's business plan, including challenge against financial progress and variations against plan and the cost improvement programme in year.
- Review of key reporting issues around sickness absence, mandatory training and appraisals.
- Raising and exploring feedback from staff, helping to ensure their concerns and suggestions continue to be listened to.
- Mandated by the Council of Governors to lead on the Governors' response to the 2014-15 Quality Report (the Q&G sub-group have taken the lead on this for 2015-16).
- Annual review of the Terms of Reference for the sub-groups, on behalf of the wider Council.
- Development of the programme for the Governors' Annual Development Session (ADS). This year's ADS focussed on building a new training programme for the Governors for 2016, which has since been implemented and is working well.
- Scrutiny of a number of Board reports regularly, including mortality, the capital programme, quarterly submissions to Monitor (focusing on the Trust's governance and financial risk ratings), and an overview of the monthly integrated performance report.
- Annual reviews of the work of the Trust's Audit Committee and the external auditors.

The group was chaired by David Brannan (Partner Governor), supported by Pauline Buttling (Public Governor) as Vice Chair to June 2015 and Trevor Smith as Vice Chair thereafter.

Shared Themes

Both groups are very aware of the increased demands on Trust's staff throughout the year, particularly over the winter period. In March 2015, they wrote an open letter of thanks to all staff to express their sincere appreciation and admiration for the hard work, tremendous efforts and continued commitment.

Both groups continue to challenge the reports shared with Governors by the Board of Directors. This ensures that they, as Governors, fully understand the information provided to them and are able to obtain full assurance from the Non-Executive Directors that they continue to challenge the Trust's Executive Team to drive delivery of plans and improvements for the Constituencies they represent.

Additionally the sub-group Chairs, together with the Lead Governor and staff from the Communications team continue to make up the Editorial Board for the Hospital's newsletter. This gives the Governors more opportunity to contribute to the newsletter and engage with the members they represent.

Working Groups

It should be noted that ad hoc working groups can be established as and when required. Several Governors participated in the Constitutional Review Working Group. Governors also took part in focus groups to support the CQC inspection.

Terms of Office

The terms of office of the public and staff Governors are staggered, which means that approximately one third of such seats are subject to election each year.

Governor Expenses

Governors may claim travel expenses and other reasonable expenses incurred on Trust business at 40p per mile in line with national guidance. They are not remunerated by the Trust in any other way.

Relations with Members

Our members provide an important local voice and have a say in how the hospital is run. Members are mainly local people, but can include people from the whole of England and Wales, who elect Governors for the Barnsley Public and Out of Area Constituencies and the Staff Constituencies and help to shape services in Barnsley to benefit local people and our staff. Members can raise their concerns and interests with the Governors' office or with any of the Governors.

Becoming a member helps people find out how we are performing, keeps them up-to-date with changes through our regular newsletter and lets them have a say in how things are run. It also allows access to discounts usually only accessed by NHS employees. Anyone at and over the age of 14 is eligible to become a member.

Our members provide a local voice and have a say in how the hospital is run. To be eligible for membership, people must either:

- Be employed by the Trust with a permanent contract or have worked at the hospital for at least 12 months or on a series of short-term contracts which total more than 12 months. Becoming a staff member is automatic, with a choice to opt out if they wish. Volunteers are included within the staff constituency and contracted staff have the chance to opt in; or
- live within the Barnsley Metropolitan Borough; or
- Live in any other area of England and Wales (our 'out of area' public constituency).

Membership Breakdown 2015-16

As at 31 March 2016 we had 11,935 eligible members comprising of 8,420 public members and 3,515 staff members. Overall public membership levels had decreased by 4.2% and staff membership levels had decreased by 0.5% compared to 2014-15 data.

The table below shows movements in membership as at 1 April 2015 to 31 March 2016.

Members:	At 1 April 2015	New	Leaving	At 31 March 2016
Public Constituency	8,792	58	430	8,420
Staff Constituency	3,533	61	79	3,515

The table below provides analysis of actual membership, compared against the eligible membership for age, ethnicity, gender and socio-economic groupings.

Public Constituency	31 March 2016 Actual Members	31 March 2016 *Eligible Membership
Age (years)		
0-16	2	8,521
17-21	65	12,184
22+	8,343	202,156
Ethnicity		
White	8,047	218,148
Mixed	15	1,571
Asian or Asian British	66	1,589
Black or Black British	20	1,145
Other	8	408
Gender		
Male	3,172	110,761
Female	5,234	112,100
Socio-economic Groupings		
AB - upper/middle class	396	23,741
C1 - lower middle class	3,084	38,724
C2 - skilled working class	1,338	32,287
DE – working/casual class	3,494	72,347

*Eligible members are those that fall within the allowed age range in the defined geographical membership areas.

Our membership strategy has been to continue to maintain and engage a diverse and representative membership, reflecting our local population. In year we have introduced a web-based membership application form promoting recruitment and reducing paperwork through submission directly to Capita database. To ensure departing staff are not lost to the membership, exit interview forms for individuals leaving the Trust enable them to retain their membership by converting to public membership on departure.

Our membership registration leaflet enables us to capture demographic data including some protected characteristics and to reduce our costs and widen our reach continue to capture email addresses of members wherever possible. Members can contact Governors or Directors via Carol Dudley, the Secretary to the Board & Governors at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818.

Members can also contact membershipbarnsley@nhs.net. The postal address is:

Membership & Governors Office
Trust HQ
Barnsley Hospital NHS Foundation Trust
FREEPOST BY 184
Barnsley, S75 2BR

Attendance at Board of Director and Council of Governors Meetings

Board and Board Committee Meetings:

			Board of Directors		Audit Committee		Finance & Performance Committee		Quality & Governance Committee		Remuneration & Terms of Service Committee	
			<i>Total Eligible</i>	<i>Total attended</i>	<i>Total Eligible</i>	<i>Total attended</i>	<i>Total Eligible</i>	<i>Total attended</i>	<i>Total Eligible</i>	<i>Total attended</i>	<i>Total Eligible</i>	<i>Total attended</i>
Brain England OBE	Suzy	Non-Executive Director	13	12	6	5	1 ⁽⁴⁾	0	0	0	3	2
Christon	Linda	Non-Executive Director	10	8	2	2	9	7	8	7	3	2
Dean	Janet	Non-Executive Director	3	2	1	1	0	0	3	1	0	0
Mapstone	Nick	Non-Executive Director	13	12	6	5	12	9	0	0	3	3
Moore	Rosalyn	Non-Executive Director	13	10	5	4	3	3	11	9	3	2
Patton	Francis	Non-Executive Director	13	12	2	2	12	10	0	0	3	2
Wragg	Stephen	Chairman	13	13	1	1	1 ⁽⁴⁾	1	11	10	3	3
<i>Shading denotes meeting Chair</i>												
Diggles	Stuart	Interim Director of Finance	5	4	2 ⁽⁴⁾	1	3	3	0	0	0	0
Jenkins	Richard	Medical Director	13	12	1 ⁽⁴⁾	1	12	8	11	7	0	0
Kelly	Karen	Director of Operations	13	12	0	0	12	8	11	1	0	0
McNair	Heather	Director of Nursing & Quality	13	12	0	0	12	9	11	9	0	0
Wake	Diane	Chief Executive	13	12	1	0	12	9	11	2	3	3
Wright	Michael	Director of Finance	9	9	6 ⁽⁴⁾	5	12	10	8	3	0	0

- 1: Attendance for Mr Wright includes some meetings attending as Deputy Director of Finance (pre July 2015), by invitation.
- 2: The Quality & Governance Committee was chaired by Mrs Christon to end of December 2015 and by Ms Moore from January 2016.
- 3: As Director of Operations, Ms Kelly's input to the Quality & Governance Committee focuses mainly on Health & Safety.
As operational demands preclude regular attendance, the Health & Safety Lead attends as a regular contributor to the meeting and representing Mrs Kelly in her absence.
- 4: Eligible by invitation (not a member).

Council of Governors Meetings - Governors (and Chair)

Name	Term of office				Constituency	General Meetings		Annual General Meeting	Joint meeting with Board	Sub-Groups		Nominations Committee	
	1st appointed	Expiry date	Term	Note		Total eligible	Attended	Attended	Attended	Finance & Performance	Quality & Governance	Total eligible	Attended
										Total = 6	Total = 6		
Public Governors					Public Constituency								
Kathryn Armitage	Jan-16	Dec-18	1st		Barnsley Public Constituency	1	1	N/A	N/A	1			
Pauline Buttlng	Jan-10	Dec-18	3rd		Barnsley Public Constituency	6	6	Yes	No	6	4		
Tony Dobell	Jan-14	Dec-16	1st		Barnsley Public Constituency	6	4	No	Yes	6	5		
Joan Gaines	Jan-14	Dec-16	1st		Barnsley Public Constituency	6	2	No	No				
Tony Grierson	Jan-13	Dec-18	2nd		Barnsley Public Constituency	6	6	Yes	Yes	5	5		
Wayne Kerr	Jan-05	mid April-15	5th	3	Barnsley Public Constituency	N/A	N/A	N/A	N/A	N/A	N/A		
Bruce Leabeater	Jan-08	Dec-16	3rd		Barnsley Public Constituency	6	5	Yes	No	3	4	5	5
Stephen Long	Jan-16	Dec-18	1st		Barnsley Public Constituency	1	0	N/A	N/A	2	1		
Annie Moody	Jan-15	Dec-17	1st		Barnsley Public Constituency	6	6	Yes	Yes	5	5		
Jacky O'Brien	Jan-14	Dec-16	1st		Barnsley Public Constituency	6	3	Yes	No	4	4		
Harshad Patel	Jan-15	Dec-17	1st		Barnsley Public Constituency	6	5	Yes	No	3	2		
Carol Robb	Jan-06	Dec-17	4th		Barnsley Public Constituency	6	3	Yes	Yes	4	3		
Frank Skorrow	Jan-15	Dec-17	1st		Barnsley Public Constituency	6	5	Yes	Yes	6	6		
Robert Slater	Jan-16	Dec-18	1st		Barnsley Public Constituency	1	1	N/A	N/A	1	1		
Trevor Smith	Jan-10	Dec-18	3rd		Barnsley Public Constituency	6	6	No	Yes	4	5	5	4
Dillon Sykes	Jan-12	mid April-15	2nd	3	Barnsley Public Constituency	1	0	N/A	N/A	N/A	N/A		
Dave Thomas	May-15	Oct-15	4th	3 & 4	Barnsley Public Constituency	3	2	No	N/A				
Joseph Unsworth (Lead Governor)	Jan-05	Dec-16	5th		Barnsley Public Constituency	6	6	No	Yes	5	6	5	5
Zubair Warraich	May-15	Dec-15	1st		Barnsley Public Constituency	4	3	Yes	Yes	4	4		
Luke Steenson	Jan-14	Dec-16	1st		Public Constituency O - Out of Area (Rest of England & Wales)	6	2	No	No				
<i>Shading denotes meeting Chair (all or part of year)</i>													

Name	Term of office				Constituency	General Meetings		Annual General Meeting	Joint meeting with Board	Finance & Performance	Quality & Governance	Nominations Committee		
	1st appointed	Expiry date	Term	Note		Total eligible	Attended	Attended	Attended	Attended	Total = 6	Total = 6	Total eligible	Attended
											Attended	Attended		
Staff Governors					Staff Constituency									
Gilly Cockerline	Jan-16	Dec-18	1st		Non Clinical Support	1	1	N/A	N/A					
Tony Conway	Jan-13	Dec-18	2nd		Volunteers	6	5	No	No	5	4			
Rachel Hewitt	May-14	Dec-16	1st		Clinical Support	5	3	No	No					
Gwyn Morritt	Jan-12	Dec-17	2nd		Nursing & Midwifery	6	4	Yes	No	6	6			
Jordan Ramsey	Jan-13	Dec-15	1st		Non Clinical Support	5	3	Yes	Yes	2	3			
Ray Raychaudhuri	Jan-10	Dec-18	3rd		Medical & Dental	6	3	No	No	3	1	5	4	
Lisa Sanderson	Jan-14	Dec-16	1st		Nursing & Midwifery	6	1	No	No					
<i>Shading denotes meeting Chair (all or part of year)</i>														
Name	Term of office				Constituency	General Meetings		Annual General Meeting	Joint meeting with Board	Finance & Performance	Quality & Governance	Nominations Committee		
	1st appointed	Expiry date	Term	Note		Total eligible	Attended	Attended	Attended	Attended	Total = 6	Total = 6	Total eligible	Attended
											Attended	Attended		
Partner Governor					Partner Organisation									
Paul Ardron	Aug-13			1&2	Sheffield Universities	6	5	No	No			5	3	
David Brannan	Jan-05				Voluntary Action Barnsley	6	6	Yes	Yes	5	5	5	4	
Martin Jackson	Jan-08				Joint Trade Unions	6	2	No	No	1				
Peter Lleshi	Feb-14				Barnsley Together	6	2	No	No					
Chris Millington	May-15				Barnsley CCG	5	5	No	No	4	3			
Diane Murray	Oct-14	Oct-15			Barnsley College	4	0	No	No					
Cllr Jenny Platts	Oct-09				Barnsley MBC	6	4	No	Yes		1			
Lee Pryor	Nov-15				Barnsley College	2	0	N/A	N/A	1				
Plus														
Stephen Wragg	Jan-09	Dec-17	3rd		Trust Chairman	6	6	Yes	Yes	4	2	4	4	
Joanne Bleasdale	Jan-16	<Dec-16	1st		Co-opted Governor	1	0	N/A	N/A	1				
<i>Shading denotes meeting Chair</i>														

Name			General Meetings	Annual General Meeting	Joint meeting with Board	Finance & Performance		Quality & Governance		Nominations Committee	
						Total = 6	Total = 6	Total eligible	Attended		
										Attended	
Board and Management Team											
Suzy	Brain England		2	Yes		1	1				
Linda	Christon			Yes			3				
Lorraine	Christopher					1	1				
Tom	Davidson			N/A							
Janet	Dean		1	N/A							
Stuart	Diggles		1	N/A		1					
José	Fernandez		3	N/A		1		2	2		
Richard	Jenkins		2	Yes		1					
Angela	Keeney		2				1				
Karen	Kelly		3	Yes							
Bob	Kirton		2	N/A		1					
Nicholas	Mapstone		2			4					
Patricia	McLaren		1								
Heather	McNair		1	Yes			1				
Rosalyn	Moore		3	Yes			5				
Emma	Parkes		1	N/A							
Francis	Patton		1	Yes		5				1	
Diane	Wake		5	Yes						1	
Michael	Wright		2	N/A		1					

Notes:

- 1: Whilst appointed by nomination rather than election, Partner Governors are subject to re-appointment/nomination at three year intervals.
2. Re the Nominations Committee, Mr Wragg did not attend meetings relating to his own appraisal or terms & conditions, nor the terms & conditions of the Non-Executive Directors. On such occasions Mr Unsworth assumed the Chair, as Lead Governor.
- 3: As stated earlier in the report, several Governors resigned in year for personal reasons.
- 4: Mr Thomas's 4th term was non-consecutive; he had served as a Public Governor previously in 2005-14. He was re-appointed in May 2015 following resignation of another Governor in year.
5. Sub-group meetings are an open forum for Governors. As well as regular attendees, some Governors attend on a more adhoc basis and are welcome to do so.
6. Attendance and support by Board Directors and management is welcome at any meeting of the Governors
7. It is acknowledged that some Governors cannot attend every meeting due to other commitments. In 2015-16 attendance was also affected by maternity leave and health issues (including long-term sickness absence). On the exceptional occasions that they have not explained their absence for two consecutive meetings, it is challenged (with the support of the wider Council of Governors) and support offered where appropriate to facilitate their return to the Council and/or, if necessary, to terminate their appointment.

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Barnsley Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by Monitor.

Under the NHS Act 2006, Monitor has directed Barnsley Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Barnsley Hospital NHS Foundation Trust and of its income and expenditure, total recognized gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

Diane Wake, Chief Executive 
Date: 24 May 2016

Other Disclosures

Freedom of Information

The Trust continues to meet its duties under the Freedom of Information Act, meeting requests for information from the public, politicians and the media. The majority of these requests are received by email and are responded to electronically within the 20 working day deadline. We continue to provide the information, where it exists, free of charge if the information can be gathered at a reasonable cost. In the financial year 2015-16, we received a total of 522 requests (a decrease of 5 on last year), for which none required the Trust to make a payment.

Market Values / Fixed Assets

We have re-valued our estate in 2015-16, at the same time, assessing the useful economic life of our buildings. This exercise resulted in an increase in value of £3.898m.

Provision of Goods and Services

The income from the provision of goods and services for the purpose of health service for Barnsley Hospital NHS Foundation Trust is far greater than its income from the provision of goods and services for any other purpose. The other income received by the Trust has not had any impact on the ability to provide goods and services for the purpose of the health service in England.

Cost Allocation and Charging Requirements

The NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Branches Outside the UK

There are no branches of Barnsley hospital NHS Foundation Trust outside the UK.

Modern Slavery Act 2015

The Modern Slavery Act 2015 establishes a duty for commercial organisations to prepare an annual slavery and human trafficking statement. This is a statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business. NHS Improvement does not require NHS foundation trusts to include the slavery and human trafficking statement in their annual report. The Trust has opted out of publishing a statement for the 2015-16 reporting period however, this will be reported on in the Annual Report 2016-17.

Annual Governance Statement

Diane Wake, Chief Executive

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnsley Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the Annual Report and Accounts.

Capacity to Handle Risk

The overall responsibility for the management of risk lies with me as Chief Executive and Accounting Officer. I am supported in my role through the assurance committees of the Board of Directors under the chairmanship of a Non-Executive Director, with appropriate membership or input from members of the Executive Team. During quarter four of 2015-16 the delegation of responsibility for operational management of risk throughout the Trust was transferred from the Medical Director to the Director of Nursing & Quality. The Director of Nursing & Quality is supported by a Head of Quality & Governance, albeit the totality of organisational risk remains with the Board.

The Trust's overall risk is managed through the Board's governance committees, each chaired by a separate Non-Executive Director reporting directly to the Board. Following the wider Trust governance review and revision in 2014-15, this robust system of internal governance has continued to develop throughout 2015-16 with the introduction and implementation of a new reporting governance structure.

A structure has been established which sees risk being reported directly to the Quality & Governance Committee and the Finance & Performance Committee via the Trust's governance groups. This provides the mechanism for managing and monitoring all risks throughout the Trust and reporting through to the Board of Directors.

Established Clinical Business Unit (CBU) governance arrangements maintain effective risk management arrangements across all clinical services and report directly through the Trust's governance structures. The Risk Management Strategy provides a framework for managing risks across the Trust. It provides a clear and systematic approach to risk management recognising that risk assessment is essential to the efficient and effective delivery of its service aims and objectives. The Board of Directors of Barnsley Hospital NHS Foundation Trust ensures that decisions made on behalf of the organisation are taken with consideration to the effective management of risk.

Risk management training is provided through the induction programme for new staff and thereafter through the annual mandatory training programme. The Risk management team also provide bespoke training for staff as required.

Root Cause Analysis training has been provided to staff members directly responsible for risk management in their area of work including the responsibility for undertaking investigations into Serious Incidents.

The Trust has an annual programme of Clinical Audit (reflecting national, regional and local priorities) providing assurance of quality improvement. The multidisciplinary programme covers all current Clinical Business Units and is delivered with the support of the Quality Assurance and Effectiveness Team in accordance with best practice, policies and procedures. Audits are reported at appropriate forums and practice re-audited as necessary.

The Risk and Control Framework

Barnsley Hospital NHS Foundation Trust is committed to embedding a culture that encourages staff to: identify and control risks which may adversely affect the Trust's operational ability; analyse each risk using the approved risk grading matrix and where possible; eliminate or transfer risks or else reduce them to an acceptable and cost effective level; and otherwise ensure the Board of Directors openly accepts the remaining risks.

Low scoring risks are managed within the area in which they are owned whilst higher scoring risks are managed progressively through the levels of management and authority within the Trust, as described within the Trust's approved Risk Management Strategy. All high impacting risks are reviewed by the Executive Team and recorded on the Corporate Risk Register. Risk control measures are identified and implemented to reduce the potential of residual risk.

The Board Assurance Framework

The Board Assurance Framework (BAF) is a process designed to monitor the major risk to delivery of the strategic priorities of the organisation. The revised Board Assurance Framework has been implemented throughout 2015-16. The BAF is reviewed by the Quality & Governance Committee, the Finance & Performance Committee and the Audit Committee on a monthly basis with the Board of Directors receiving a quarterly update for review. The Board Assurance Framework is clear in that it:

- Defines the principal organisation objectives and strategic objectives
- Defines the principal risks to the achievement of these objectives
- Identifies the control by which these risks can be managed effectively
- Identifies any gaps in controls to manage these risks effectively
- Provides the positive assurance that the risks are being managed effectively.

Quality Governance Arrangements

Barnsley Hospital NHS Foundation Trust is committed to ensuring that patients will experience safe, effective and high-quality care. The Director of Nursing & Quality is the Executive lead for quality within the Trust. Working in close partnership with the Medical Director and supported by the Head of Quality & Governance, the Director of Nursing & Quality has the overall responsibility for the delivery and sustainability of the quality improvement agenda and plan for the Trust.

Following work to review the governance arrangements in 2014-15 the Trust introduced a revised governance structure in September 2015. The reviews of the governance structure within the Trust has warranted robust and effective quality improvements governance arrangements.

Driven by the Trust's three year Quality Strategy the Trust has a programme of quality improvement priorities. All quality improvement programmes follow a structure which monitors and measures performance with progress being continuously reviewed at both local Clinical Business Unit level and at corporate level via the monthly Trust's integrated performance report. Progress on the achievement of priorities is reported continuously through the Trust's quality, performance and governance structures.

The effective governance of the quality agenda ensures a focussed and transparent approach to quality improvement within the Trust. All quality elements are reported through the appropriate operational quality and governance groups with the assurance being provided to the Board by the Quality & Governance Committee.

Risks to delivery of the quality plans formulate a part of the on-going monitoring process within the governance systems. The Trust's process of on-going and continuous monitoring ensure that where risks in delivery are identified prompt decisions for action and re-prioritisation can occur.

In order to support and facilitate the effective triangulation of quality, workforce and financial indicators, the Trust's monthly Integrated Performance Report (IPR) is reviewed by the Quality & Governance Committee, Finance & Performance Committee and the Board. Agreed key indicators within the IPR provide the Trust with the triangulation of information to continuously monitor the quality of care and overall performance.

As in previous years, the Trust has conducted an annual self assessment against Monitor's Quality Governance Framework. This was reviewed via the Quality and Governance Committee during 2015-16 and reported to the Board of Directors. The Quality Account, within this Annual Report and Account, provides more detailed information on the Trusts Quality Improvements throughout 2015-16 and the future plans for continued improvement in 2016-17.

Care Quality Commission (CQC) Compliance

The Trust is registered with the CQC and internal systems exist to ensure compliance with registration requirements. There is a process for announced and unannounced Quality and Safety Assurance Visits throughout the Trust based on the fundamental standards of quality and safety. The findings and outcomes are discussed via the CBU governance arrangements with progress on action completion reported to the Patient Safety Group. Any areas of concern are risk assessed and applied where necessary to the local and corporate risk registers. Supporting the internal Quality and Safety Assurance Visits is a programme of announced and unannounced Quality Assurance Visits by Barnsley Clinical Commissioning Group.

A CQC mock assessment programme is to be commenced in April 2016, led by the Executive Team whereby unannounced visits will take place across each of the Clinical Business Units.

The Trust underwent an announced Comprehensive Inspection in July 2015. The CQC has put the Trust with an overall rating of 'Requires Improvement'. Out of the 39 areas rated across the 8 domains, 1 area was rated as outstanding, 29 areas rated as good, 9 areas that require improvement, 0 areas rated as inadequate and 2 Regulation breaches; Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 18 HSCA (RA) Regulations 2014 Staffing.

The Trust has detailed action plans in place as a response to these findings. Throughout 2016-17 the Trust will continue to embed the improvements made both before and since the Inspection in July 2015. Progress towards continued improvement and sustainability will be monitored through the CQC Steering Group which will be the mechanism to forward plan for improvement across the Clinical Business Units (CBUs).

The Trust will continue to identify and share good and best practice and will align work programmes with the 2016-17 audit programme to provide additional assurance and reassurance.

Compliance with Monitor Licence

In May 2014 Monitor served an enforcement notice relating to the Trust's governance and financial arrangements and the Four-Hour Wait breach. The enforcement notice, relating to the Four-Hour Wait breach was reversed by Monitor on 27 January 2015.

Following a Board Governance Review in September 2014 a comprehensive action plan was developed based on the 'capacity and capability' and was fully implemented by May 2015.

In September 2015 Monitor reversed the enforcement notice relating to the governance arrangements. The Trust remains in breach of licence with regards to its financial situation however, significant work has been undertaken to address this breach and progress is regularly monitored by the regulator with meetings with members of the Board of Directors.

In 2015-16 the Trust continued to monitor compliance with the NHS Foundation Trust licence condition 4 (FT governance) taking into account the processes in place to maintain and monitor the following conditions:

- the effectiveness of governance structures;
- the responsibilities of directors and sub committees;
- reporting lines and accountabilities between the Board, its sub committees and the Executive Team;
- the submission of timely and accurate information to assess risks to compliance with the Trust's licence; and
- the degree and rigour of oversight the board has over the Trust's performance.

The validity of the information supporting the Corporate Governance Statement is assured via the continuous reporting and review of performance and key issues through the Board's governance committees, (primarily the Audit, Finance & Performance, Quality & Governance Committees), and annual review against the Code of Governance and Quality Governance Framework.

Throughout the year the work of the governance committees was linked to, but not solely dependent on, the Board Assurance Framework; the committees escalated any concerns to the Board and also served as a means by which requests from the Board were disseminated for further scrutiny of identified issues.

The Major Risks Facing the Trust

The Board of Directors oversee the management of all major risks. Key controls and assurances are continually reviewed and action plans developed and monitored. The Trust's IPR supports the on-going monitoring of performance by the Board of Directors.

The Audit Committee meets alternate months, reviewing audit plans which have been agreed by management with Internal and External Auditors. The audit plans focus assurance activity on the areas it deems to be of the highest priority. The Audit Committee regularly reviews the Corporate Risk Register and Board Assurance Framework and commissions additional reviews where required in order to provide assurance to the Board of Directors. During 2015-16 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit.

- [Financial sustainability](#)

The Trust worked closely with Monitor on the construction of an annual plan for 2015-16. The delivery of the efficiency programme has been robustly monitored throughout the year by the CIP Steering Group, the Board Committees and the Board.

The delivery of the financial plan for 2015-16 has proven challenging for the Trust due to the requirement to open additional beds to support escalation pressures. Further distressed funding to support the continuity of services at the Trust has been received in year.

The key financial risks for 2016-17 are:

- Delivering the Control Target Deficit of £8.1m assigned to the Trust for 2016-17. Failure to do so will result in the Trust not being able to access Sustainability and Transformation funding
- Delivery of a challenging Cost Improvement Programme
- Cash flow management and access to distressed funding
- Repatriation of out-of-area referrals
- National pay awards
- Non pay inflation
- The necessity to open escalation beds to cope with the demand from Non-Elective patients which has been significantly in excess of our planned demand
- Further increases to NHSLA premiums.

Every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. It is critical that the wider health system remains viable. At this stage the impact of the plan is unknown.

- [Meeting the Four-Hour Wait target](#)

The Trust invited the Emergency Care Intensive Support Team (ECIST) to visit the Trust to assess the organisations response to the challenges we are facing in meeting the urgent and emergency care standard. The Trust anticipates that delivery of the 4 hour target will remain challenging due to on-going changes in health and social care nationally which have a local impact.

- **Cost Improvement Programmes (CIPs)**

The Trust has delivered £6.9m savings against the challenging target of £6.7m for 2015-16.

The CIP programme is managed through the CIP steering group which is chaired by me, the Chief Executive Officer. All Directors and Clinical Business Unit management teams are provided with their agreed targets for the year and are held to account on performance on a monthly basis. Each scheme has a comprehensive project overview document and has been quality impact assessed (QIA) as well as financially assured. This robust process has allowed for the Trust to deliver against target.

- **Recruitment and retention of core staff**

The Trust continues to face some challenges in the inability to attract, recruit and retain skilled workforce in areas which are hard to recruit to. However, during 2015-16 and underpinned by numerous recruitment days, the Trust has benefited from the success of recruiting into many posts. The Trust has attracted some high calibre clinicians in accident & emergency, haematology, urology and colorectal services.

The Trust has a Workforce Strategy which supports the delivery of the overall vision, values and strategic objectives of the workforce elements of the Trust and is aligned to the priorities contained in the Trust's Five Year Strategic Plan for 2014-19.

- **Risk management arrangements**

Risk Management is embedded in the activity of the Trust. Risk Registers and the Board Assurance Framework are fully integrated meaning that the management of risks is embedded into the daily practice of Trust-wide business. Incident reporting is supported and encouraged to ensure that the Trust learns from mistakes, errors and near misses. 2015-16 has seen the Trust identified as the 5th highest reporter of patient safety incidents by the National Reporting Learning System (NRLS).

Since the implementation of the new governance and risk reporting system, (DATIX), in April 2013 work has continued to ensure staff are trained and feel confident to be able to report all patient safety incidents. Together with systems to support the implementation of Duty of Candour the Trust has continued to develop a culture of openness and transparency.

Learning from incidents is shared via the CBU governance structures and also Trust-wide via a weekly Patient Safety Bulletin, sponsored by the Medical Director and Director of Nursing & Quality.

- Engagement with stakeholders

There are well established and effective arrangements in place for working with key public stakeholders across the local health economy. Wherever possible and appropriate, the Trust works closely with stakeholders to manage identified risks which impact on them. When Serious Incidents have occurred those affected are informed and where relevant appointed Trust staff meet with individuals directly affected. Copies of the Serious Incident Investigation reports are available for those requesting a copy to share findings and learning points from the investigation.

Barnsley Hospital NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

- NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

- Equality, diversity and human rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

- Sustainability

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness

The Trust produces detailed annual plans reflecting its service and operational requirements and its financial targets in respect of income and expenditure and capital investments. These plans incorporate the Trust's plan for improving productivity and efficiency in order to minimise income losses, meet the national efficiency targets applied to all NHS providers and fund local investment proposals. Financial plans are approved by the Board of Directors, supported by the Finance & Performance Committee.

Internal Audit opinion

The Internal Audit opinion for the year is of significant assurance reflecting that there is a generally sound system of internal control, designed to meet the Trust's objectives, and that controls are generally being applied consistently.

Monitor review of the Trust's position

The Trust has worked closely with Monitor delivering the annual plan in an open and transparent manner. This work is monitored by the regulators on a monthly basis with clear goals being achieved. There are regular meetings with the regulator and members of the Board of Directors. Monitor are involved in reviewing our performance against our plan and have regular feedback on progress being made against objectives and goals set within the action plans developed following the breach of licence.

CQC inspection results

Following the announced Comprehensive Inspection in July 2015 the CQC has put the Trust with an overall rating of 'Requires Improvement'. The Trust has detailed action plans in place as a response to these findings and will have all actions complete by the end of June 2016.

Financial sustainability

The Trust has been proactive in the managing of its resources, although remains in a deficit position. Whilst the Trust over achieved its Cost Improvement Target, 2015-16 ended with a deficit of £16.2m, which is £5.1m adverse to the planned position of an £11.1m deficit. The key drivers leading to the adverse position included:

- the application of contractual penalties, particularly in relation to patients readmitted within 30 days;
- actual outpatient follow-up activity being lower than planned; and
- pressure on pay costs driven by expenditure on agency staff incurred to support additional non elective activity over an above our original plan.

During 2015-16, additional non-recurrent funding was received in support of costs associated with the delivery of seven day services and the high levels non-elective activity.

During 2015-16, the availability of cash to support the continuity of services has been a key challenge. It was necessary to draw down distressed funding during the year of £8.4m which is treated as a loan and also access an Interim Revenue Support facility of £4.8m. The requirement for distressed funding was driven by the deficit position. Our cash management processes have had to be redeveloped and are now embedded, although the availability of funding has adversely impacted on how quickly we have been able to pay our suppliers.

In the main, the Trust has been unable to adhere to the better payment practice code due to the availability of cash and the funding we are allowed to receive.

The new performance management framework holds to account the clinical business units across the whole breadth of performance indicators, including A&E. Meetings to support this are monthly and the first one to review month 1 performance across the CBUs was held at the end of May 2014. These meetings have continued throughout 2015-16 between each CBU and the Executive Team.

Our external auditors have included in their review an emphasis of matter in relation to going concern due to the significant uncertainty around future funding.

Information Governance

Information governance risks are managed as an integral part of the described risk management process and are assessed using the national Information Governance Toolkit. The associated risk register is updated with any identified information risks. Independent assurance is provided by the Information Governance Toolkit self-assessment review by Internal Audit.

Data quality and data security risks are also managed and controlled via the risk management system with risks to data quality and data security being continuously assessed and recorded on the ICT risk register. Independent assurance is provided by the Audit Commission's Payment by Results (PbR) Data Assurance Review Framework.

The Trust reported a total of three incidents all scoring a level 2 during 2015-16. The Barnsley Clinical Commissioning Group and the Information Commissioners Office (ICO) were immediately informed and full investigations performed, this included a review of our relevant processes and making recommendations for improvement where applicable. Two incidents have been concluded and closed, with one remaining open incident which was reported in March 2016.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The formulation of the Trust's Quality Report has been led by the Director of Nursing & Quality and the Head of Quality & Governance with the full support of the Board of Directors and the Council of Governors.

Barnsley Hospital NHS Foundation Trust is committed to ensuring that patients will experience safe, effective and high-quality care. The Trust's plan for quality improvement over 2016-17 will be delivered through agreed quality priorities and targets with clear, achievable and measurable key performance indicators.

The Quality Report has been developed in line with national guidance. All information and data reported on within the Quality Account is reviewed by the Quality and Governance Committee.

All quality elements are reported through the appropriate operational quality and governance groups with the assurance being provided to the Board by the Quality and Governance Committee. The Board of Directors review the progress of the quality improvement priorities through the monthly review of the Integrated Performance Report.

Risks to delivery of the quality plans formulate a part of the on-going monitoring process within the governance systems. The Trust's process of on-going and continuous monitoring ensure that where risks in delivery are identified prompt decisions for action and re-prioritisation can occur. The quality goals and priorities for the Trust are continuously monitored and appraised ensuring they continually reflect local as well as national priorities.

The Trust has a process for validating elective waiting time data supported by a data quality team.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Finance & Performance Committee and the Quality & Governance Committee and a plan to address weaknesses and make sure continuous improvement of the system is in place.

Work has been commissioned from the Internal Audit service as noted within the statement to review the adequacy of the controls and assurance processes in place and to develop improvements within the governance processes. The Trust is committed to the continuous improvement of its risk management and assurance systems and processes, to drive improved effectiveness and efficiency.

My review is also informed by:

- The Head of Internal Audit's opinion and reports by Internal Audit, who work to a risk-based annual plan with topics that cover governance and risk management, service delivery and performance, financial management and control, human resources, operational and other reviews
- Opinion and reports from our external auditors
- Financial accounts and systems of internal control
- In-year submissions against performance to Monitor
- Department of Health performance requirements/indicators
- Full compliance with the Care Quality Commission essential standards for quality and safety for all regulated activities across all locations
- Information governance assurance framework including the Information Governance Toolkit
- Results of national patient and staff surveys
- Investigation reports and action plans following serious incidents
- Council of Governors reports and Clinical audit reports

As outlined, last year significant gaps in assurance had been identified with regard to Finance and the Four-Hour Wait Target. The Trust has undertaken significant work and made good progress against these, through working with external partners, embedding performance measurements, recruitment of new Non-Executive and Executive Directors and revising our governance processes. However, the work of Internal Audit has identified the following:

- Significant Assurance was provided in relation to 7 reviews;
- 4 reports were issued with a Limited Assurance opinion;
- 1 report was issued with a split Significant/Limited Assurance opinion; and
- 1 review (Bullying, Harassment and Whistleblowing) was completed in an advisory capacity. An opinion was not provided within the associated report.

Conclusion

As Accounting Officer, based on the processes that have been outlined above, the Trust has identified no significant internal control issues which is supported by the significant assurance opinion from Internal Audit. I have however, reflected on the going concern emphasis of matter opinion, and modified opinions for Quality Accounts and arrangements for Economy, Efficiency and Effectiveness issued by PwC, –taking these findings seriously and will continue to work to ensure that robust management and governance arrangements are in place to address these issues.

Signed: 
Diane Wake, Chief Executive

Date: 24 May 2016

QUALITY REPORT

(Incorporating Quality Accounts)
2015-2016

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Part 1: Statement on Quality from the Chief Executive

2015-16 has been another challenging and yet successful year for Barnsley Hospital NHS Foundation Trust (BHNFT). It was during this year that the Trust underwent its first Comprehensive Inspection by the Care Quality Commission (CQC).

During July 2015, a team of CQC inspectors spent four days in our hospital looking at the standards of care being provided across all of our services and looking for evidence to determine if the services are safe, effective, caring, responsive and well-led.

The team of inspectors recognised a significant number of areas of good quality care at Barnsley Hospital and the Trust's commitment and plans to secure further improvements in services provided for patients. The report published in January 2016 confirmed the Trust's overall rating of 'Requires Improvement' with ratings of 'Good' for providing caring, effective and responsive service with an 'Outstanding' rating for the level of care provided by our End of Life Care Service.

To have had the majority of areas inspected rated as 'Good' is testament to the hard work and commitment of our staff and the work we have done to transform our Hospital. In particular, the report highlights the excellent attitude of our staff, who have received a rating of 'Good' for caring for our patients.

Since the CQC inspection in July 2015, Monitor lifted the breach of licence for governance in September 2015, recognising that the Trust has strengthened senior leadership and improved the way the Trust is run since its enforcement in May 2014.

The CQC highlighted a significant numbers of areas of outstanding practice, which included the following:

- The urogynaecology nurse specialist had introduced 'percutaneous tibial nerve stimulation for overactive bladders', improving symptoms for patients.
- The CQC saw that staff in the breast clinic had developed a simple tool for patients to remind them to take their medication. This had been shared at an internal nursing conference and staff in other areas of the Trust were also using it for their patients.
- A midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book' which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update which gave staff the opportunity to feedback in real-time and this was posted on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and helped improve the outcomes for patient care.
- Pharmacy robots had been introduced at the Trust in July 2014. This has reduced errors and increased staff capacity.

Areas for improvement were also identified by the CQC and the Trust has detailed action plans in place as a response to these findings. In particular the Trust has focussed on ensuring that the backlog of outpatient's follow-up appointments and patients referred for treatment, identified in early 2015-16, has been addressed in a timely manner.

Our hospital is committed to ensuring that patients will experience safe, effective and high-quality care. The achievement and sustainability of the Trust's quality improvement plans have been continuously monitored throughout the year.

Following work to review the governance arrangements in 2014-15 the Trust introduced a revised governance structure in September 2015. This review has resulted in robust and effective quality improvements to the governance arrangements and facilitated a focussed and transparent approach to quality improvement within the Trust.

Following the development of the Trust's three-year Quality Strategy in 2014-15 the Trust has continued to engage with patients and public to obtain feedback on the Trust's quality improvement priorities for 2016-17. Through the implementation of the three-year quality strategy the Trust will continue to focus on the achievement of the national and local commissioning priorities together with the Trust's own quality goals and priorities.

This year's Quality Account provides you with the details of our quality improvement journey over 2015-16. The Account celebrates our success but also acknowledges those areas where continued improvement is required. During 2015-16 the Trust has continued to deliver progress in patient care activities and quality achievements. We achieved all our patient experience goals, ensuring that patients are at the heart of all we do and that we capture their experience, good and not so good. This allows us to learn from our shortcomings and celebrate our successes.

During 2015-16 we have successfully achieved the targets for dementia assessment, screening and referral onto specialist services. Led by our Dementia Nurse Specialist we have seen many new initiatives launched within the Trust in order to improve the care experience for people living with dementia and their carers.

The priority to consistently deliver safe care has seen the achievement of our targets to reduce the number of hospital acquired avoidable Grade 2 and 3 pressure ulcers in 2014-15 and to achieve 90% medicine reconciliation occurring within 24 hours of admission to our hospital. We have made significant progress in achieving the target to evidence 100% compliance with the World Health Organisation (WHO) Surgical checklists including 'Team Brief' and 'Debrief' elements of the Five Steps to Safer Surgery. Whilst we have been unable to achieve our stretch target for a reduction in the number of patient's sustaining, the Trust has seen a reduction in the number of falls incidents resulting in moderate or severe harm, such as fractured hip. National audit findings have also validated this data. We can also evidence through local audits conducted within the hospital, that there has been improvements in ensuring compliance with the National in-patient falls key indicators.

The targets set in conjunction with our quality goal to deliver consistently effective care have proved challenging in 2015-16. Evidence of compliance with: National Institute for Health and Care Excellence (NICE) Quality Standards for Venous Thromboembolism (VTE) Prevention, NICE Quality Standards for Acute Kidney Injury (AKI) and NICE Guidelines for Falls; assessment and prevention of falls in older people has been achieved. Targets in relation to AKI, Pneumonia and Sepsis pathways have not been achieved however significant progress has been made throughout the year in relation to enhancing compliance with both of these care pathways. Work will continue throughout 2016-17 to ensure these targets are met. As a continuation of the work to reduce the Hospital Standardised Mortality Ratio (HSMR) value in 2014-15 we said we would aim to reduce the Trust's rolling 12 month HSMR value

even further to 100 by January 2016. The Trust has continued to see a reduction in HSMR with weekend mortality as a key focus. The rolling 12 month HSMR available to January 2016 is 99.0.

In line with the NHS as a whole we have continued to face some challenges in the inability to attract, recruit and retain skilled workforce in clinical areas which are hard to recruit to such as emergency medicine and acute medicine. However, during 2015-16 and underpinned by numerous recruitment days, the Trust has benefited from the success of recruiting into many posts. The Trust has attracted several high calibre clinicians in accident and emergency, haematology, urology and colorectal service.

As we enter into 2016-17 we do so with the full knowledge of the challenges to the quality agenda the Trust currently faces; risk of failure to deliver on the Emergency Department (ED), waiting times' target and challenges faced by the hospital following the increasing numbers of patient's requiring emergency admissions.

The information contained within the Quality Account has been widely shared across our organisation and with our external partners. To the best of my knowledge I believe the content to be accurate.



.....
Diane Wake
Chief Executive

Date: 24 May 2016
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Part 2: Priorities for Improvement and Statements of Assurance from the Board

2.1 (i) Progress made since the publication of the 2014-15 quality report (Cross reference to Section 3.0; Other information)

This section of the report discusses the achievements Barnsley Hospital NHS Foundation Trust has made in meeting the quality priorities and targets we set ourselves for 2015-16. For more detailed information on where we have seen great achievements and where we believe there is still work to be done the reader is referred to section 3 of this report. It provides detailed information about the quality of care offered by the Trust based on performance in 2015-16 against targets selected by our Board of Directors, additionally it shows year on year progress on key national indicators.

Our progress during 2015-16 in brief

In 2015-16 our priorities for improving quality for our patients fell within four core goal areas:

- Patient experience
- Delivering consistently safe care
- Delivering consistently effective care
- Building on capacity and capability

Against each of the goals, clear priorities and targets for achievement were identified.

Below is an outline of the quality priorities in progress and their current status.

Table 1.0 2015-16 Quality Priorities

		Target achieved	Close to target	Behind plan
Goal 1 – Patient Experience				
Integrate systems for patient and staff feedback and triangulate reporting to ensure this leads to service improvement	increase response rates to the NHS Friends and Family Test (FFT) across inpatient areas and the Emergency Department	✓		
	wider roll out of the NHS FFT to Outpatient and Day Case areas	✓		
	identify areas for service improvement from the 2014 NHS FFT results	✓		
	identify areas for service improvement following patient and carer feedback	✓		
	implement identified areas for service improvements and monitor sustainability and effectiveness	✓		
Improve people’s experience of integrated care through the development of integrated care pathways and collaborative working with key partners	identify and implement improvements to the discharge process	✓		
	focus on the development and implementation of a number of key integrated care pathways including; End of Life, Diabetes and Dementia	✓		
	evaluate key patient experience themes relating to the discharge process and ensure this information is used by staff to improve information and communication at the point of discharge	✓		
Goal 2 – Delivering Consistently Safe Care				
To eliminate hospital acquired avoidable Grade 3 and Grade 4 pressure ulcers	ensure Root Cause Analyses are undertaken for hospital acquired Grade 2 and 3 pressure ulcers	✓		
	reduce the number of hospital acquired avoidable Grade 2 and Grade 3 pressure ulcers acquired in 2014-15	✓		
To ensure medicine reconciliation occurs within 24 hours of admission to BHNFT	90% of Medicines Reconciliation is performed within 24 hours of admission to our hospital	✓		
To reduce harm to patients who are having elective surgical procedures in our hospital	achieve 100% compliance with the World Health Organisation (WHO) Surgical checklists for all patients under-going elective surgical procedures		✓	

		Target achieved	Close to target	Behind plan
Reduction in in-patient falls	reduce the number of in-patient falls and number of inpatient repeat falls across the Trust with an aim of achieving a further 25% reduction in falls and repeat falls reported in 2013-14			✓
	reduce the number of harmful falls (Moderate, Severe and Death) reported in 2014-15			✓
Goal 3 – Delivering Consistently Effective Care				
Deliver length of stay reductions and reduce readmission rates	aim to achieve 2% reduction on 2014-15 length of stay for non-elective admissions	✓		
	aim to achieve 2% reduction on 2014-15 readmission rates			✓
To consistently identify those patients at risk of dehydration and take actions to address this	implement the new Trust Guideline for Fluid Balance Charts by July 2015	✓		
	undertake a baseline audit against compliance with the Trust Guideline for Fluid Balance Charts by end of September 2015			✓
	demonstrate improvement in compliance with the Trust Guideline for Fluid Balance Charts by the end of 2015-16.			✓
To ensure compliance with best practice (or evidence based)	evidence compliance with: <ul style="list-style-type: none"> National Institute for Health and Care Excellence (NICE) Quality Standards for Venous Thromboembolism Prevention NICE Quality Standards for Acute Kidney Injury NICE Guidelines for Falls; assessment and prevention of falls in older people 		✓	
	develop and implement a Pneumonia Care Pathway by July 2015 and to demonstrate 95% compliance with the pathway by end March 2016.			✓
To reduce Hospital Standardised Mortality Ratio (HSMR)	reduce the Trust's HSMR value to 100 by January 2016	✓		

		Target achieved	Close to target	Behind plan
Improve recognition and management of the deteriorating adult patient	continue to improve on compliance with the implementation of the National Early Warning Score (NEWS) in the adult patient		✓	
Improve sepsis recognition and response	continue to improve on compliance with the implementation of the Sepsis Six Bundle		✓	
Ensure scrutiny of all in hospital deaths to ensure learning is achieved where possible	continue to improve on compliance with the formal review of all applicable in hospital deaths within 15 working days of the death occurring		✓	
Goal 4 – Building on Capacity and Capability				
Review leadership requirements at all grades	Undertake a Clinical Business Unit (CBU) level Training Needs Analysis (TNA) for the leadership requirements of all clinical staff by July 2015	✓		
	develop a training plan to effectively implement the TNA by September 2015	✓		
	review the requirements for all nursing and midwifery band 1-4 utilising the Calderdale Framework	✓		
Implement nurse revalidation	ensure all nursing staff are aware of the new Nursing and Midwifery Council (NMC) Code, to be in effect from 31 March 2016.	✓		
	implement nursing and midwifery revalidation in line with national timescales	✓		
	monitor the process of nursing and midwifery revalidation to ensure full implementation	✓		
Review the Trust's Training Plan to ensure robust learning and development for all staff to support them in their role	improve the level of compliance achieved in 2014-15 with attendance at mandatory training by all groups of staff	✓		
	evidence that training is evaluated and that improvements are made as a result of the feedback obtained through evaluation	✓		

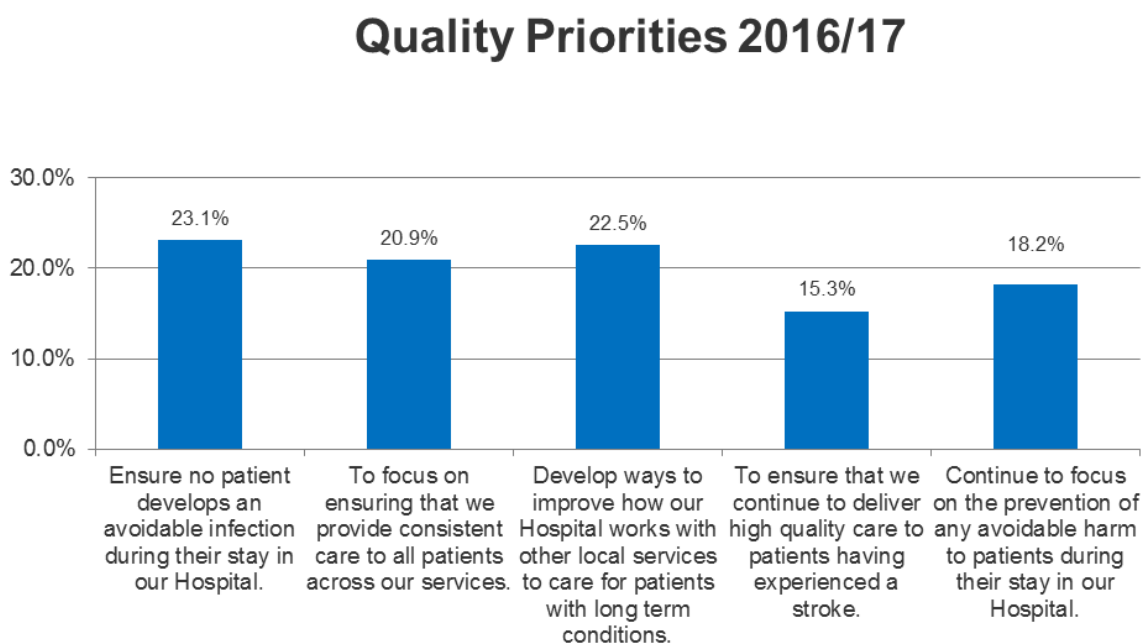
2.1 (ii) 2016-17 Quality Priorities

Within this section of the report we want to share with you the areas our Board of Directors, our Governors, our staff and our other stakeholders have agreed upon for improvements in our quality agenda for 2016-17.

Following on from the development of our three-year Quality Strategy in 2014-15 and during our consultation exercises with patients, staff and our stakeholders, our four main priority goal areas of quality improvement remain the same for 2016-17. These goals reflect those areas that our key stakeholders believe we should be focussing on over the next year. The priorities selected against each of the four goals for 2016-17 again reflect those areas our stakeholders have indicated they want to see improvements in.

Once again this year we have asked our staff, patients and public what they believe to be our key areas of focus for quality improvement over the next 12 months. We invited all internal and external stakeholders to take part in an online survey to establish what the focus of quality improvement should be during this coming year. Please see chart 1.0.

Chart 1.0 2016-17 Quality Priorities



The Quality Strategy 2014 – 2017 outlines the quality goals and priorities which the Trust will be focusing on over this period of time. The following are the Trust's key priorities for quality improvement for 2016-17:

Table 2.0 2016-17 Quality Priorities

Goal 1 – Patient Experience
We want to ensure that there is multi-agency collaboration (or partnership working) on the development of care plans for patients attending our hospital and who are suffering from a long term condition.
Goal 2 – Care is Consistently Safe
We want to work towards eliminating avoidable hospital acquired infections.
We want to maintain the focus on reducing any avoidable harm to patients and maintain improvements in all aspects of patient safety; VTE, Sepsis, AKI, In-patient Falls.
Goal 3 –Care is Consistently Effective
We want to ensure consistency in the provision of care provided to all patients.
We want to maintain compliance with the targets associated with a high quality stroke service.
Goal 4 – Building Capacity and Capability
We want to develop new roles as required by service need.
We want to ensure that all staff have the opportunity to access education and training appropriate to their individual needs.

Measurement, monitoring and reporting

All our quality improvement programmes follow a structure which monitors and measures performance. Progress is continuously monitored at both local CBU level and at corporate level via the Trust's integrated performance report which is reviewed on a monthly basis. Progress on the achievement of priorities will be reported through the Trust's quality, performance and governance structures.

Other Priorities for Improvement in 2016-17

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework enables our commissioners to reward excellence, by linking a proportion of our income to the achievement of local quality improvement goals. Table 3.0 outlines the 2016-17 national CQUINs, which are applicable to all NHS acute providers and table 4.0 provides some detail on the local CQUIN goals the Trust has signed up to for 2016-17.

Table 3.0 National CQUIN Indicators 2016-17

CQUIN Indicators
NHS Staff health and wellbeing To help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy and well.
Timely identification and treatment of Sepsis To improve the screening and the timely and appropriate treatment of Sepsis in patients attending the emergency department (ED) and other acute in-patient hospital services.
Antimicrobial Resistance and Antimicrobial Stewardship To ensure appropriate antimicrobial stewardship is in place (a co-ordinated program that promotes the appropriate use of antimicrobials, (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms) in order to help reduce healthcare associated infections.

Table 4.0 BHNFT Local CQUIN Indicators 2016-17

CQUIN Indicators
Clinical Utilisation Reviews (CUR) To ensure evidence-based decision support for clinicians so that patients receive the right level of care, in the right place at the right time - according to their clinical needs and best practice, highlighting on a 'live' basis where patients may be better treated using alternative level of care.
In-patient Falls To support the Trust's quality improvement plans to reduce in-patient falls and reduce the level of harm to any patient as a result of a fall.
Community Acquired Pneumonia (CAP) Care Bundle To support improved care within our hospital for patients diagnosed with community-acquired pneumonia.

The Trust will monitor performance against the 2016-17 local and national CQUINs through the monthly CQUIN Performance Monitoring Forum. Each CQUIN will be allocated a named executive lead and a named operational lead for 2016-17. The forum will continuously monitor progress against monthly and quarterly performance targets. Progress on the achievement of the CQUINs will be reported through the Trust's quality, performance and governance structures.

Duty of Candour

A statutory Duty of Candour, introduced in November 2014, is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been errors in their care that have led to significant harm. Barnsley Hospital continues to ensure we are open and honest with our Duty of Candour.

In the past year an upgrade of the hospital's electronic incident reporting system (DATIX), introduced Duty of Candour as a mandatory section which must be completed when reporting a patient safety incident. This mechanism promotes transparency for patients and families and captures compliance in order to report on performance. The Quality and Governance team can actively track the Duty of Candour process and provide advice and support where needed.

A video presentation has been produced by the Trust's Legal Department that outlines our obligations under Duty of Candour. Duty of Candour is included in the Trust Passport to Management course and an awareness raising campaign will also be running in the Trust during the coming months to highlight its importance.

In conjunction with Duty of Candour further work has been undertaken during the year to ensure that when a Serious Incident (SI), or Never Event has occurred these incidents are quickly identified, reported and escalated to the Executive Team and are managed in accordance with the requirements of the NHS England Serious Incident framework. Every SI or Never Event is investigated following the Trust's approved process and lessons learned are addressed through the implementation of detailed action plans.

Patient Safety Improvement Plan 2016-17

As part of the Sign up to Safety campaign which was launched nationally on 24 June 2014 the Trust has set out the plan for 2016-17 in reducing avoidable harm to patients.

The Trust has identified three domains to reduce harm:

- Deteriorating patient
- Falls
- Pressure Ulcers

To triangulate with the wider quality agenda of the Trust for 2016-17, the Sign Up To Safety priorities for 2016-17 will be aligned to the 2016-17 quality improvement targets as well as the quality improvement targets for 2015-16 which were not achieved in full during the year and relate to the three domains.

Table 5.0 BHNFT Patient Safety Improvement Plan 2016-17

Domains	2016-17 targets
To reduce harm from failure to rescue (Improve recognition and management of the adult deteriorating patient)	Reducing sepsis HSMR to 100 by March 2017
	Reducing Pneumonia HSMR to 100 by March 2017
	Reducing cardiac arrests by 25% by March 2017
To reduce harm from hospital acquired pressure ulcers; Maintain the Trusts focus on eliminating hospital acquired avoidable Grade 3 and Grade 4 pressure ulcers	Root Cause Analyses to be undertaken by the Trust for hospital acquired Grade 2 and 3 pressure ulcers
	To reduce the number of hospital acquired avoidable Grade 2 and Grade 3 pressure ulcers acquired in 2014-15 with the ultimate aim of eliminating all Grade 3 and 4 hospital acquired avoidable pressure ulcers.
To reduce harm from inpatient falls	Maintain the Trust's focus on falls reduction in order to achieve: <ul style="list-style-type: none"> • 10% reduction in the number of in-patient falls reported in 2015-16; and • 15% reduction in the number of in-patient falls resulting in moderate harm or above.

NHS Staff Survey Results

The purpose of the national NHS Staff Survey is to collect staff views about working in this hospital. The information and data gathered is used to improve local working conditions for our staff, and ultimately to improve patient care. The survey is completed on an annual basis so staff views can be monitored over time. The national survey allows Trusts to compare the experiences of staff in similar organisations, and to compare the experiences of staff in a particular organisation with the national picture.

Two areas of focus of the survey relate to the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months and the percentage of staff believing that the Trust provides equal opportunities for career progression and promotion. Table 6.0 depicts the Trust's most recent survey results for these two indicators and provides a comparison with the same results from 2014-15.

Table 6.0 BHNFT NHS Staff Survey Results

	Reporting Period	Our Hospital	Average (Median) Trust	Highest Performing Trust	Lowest Performing Trust
Key Finding 25 % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	2014-15	26%	29%	37%	20%
	2015-16	23%	28%	38%	19%
Key Finding 27 % of staff believing that the organisation provides equal opportunities for career progression and promotion	2014-15	87%	87%	96%	70%
	2015-16	88%	87%	96%	76%

Care Quality Commission (CQC) Ratings

In the hospital's report from the CQC following the inspection of our services in July 2015 the CQC recognised a significant number of areas of good quality care at Barnsley Hospital and also our commitment and plans to secure further improvements in services provided for patients.

The report recorded a rating of 'Good' for providing caring, effective and responsive services, with an overall rating for the Trust of 'Requires Improvement'. (See Appendix A). Out of the 39 areas rated across the eight services, one area was rated as outstanding, 29 areas rated as good, nine areas that require improvement and no areas were rated as inadequate.

The CQC ask the same five questions of all services they inspect:

1. Are they safe?
Are patient's protected from abuse and avoidable harm.
2. Are the effective?
Does the care, treatment and support patient's receive achieve good outcomes, helps patient's to maintain quality of life and is based on the best available evidence.
3. Are they caring?
Do staff involve and treat patients with compassion, kindness, dignity and respect.
4. Are they responsive to people's needs?
Services are organised to that they meet the patient's needs.
5. Are they well-led?
The leadership and management of the service make sure it's providing high-quality care that is based around patient's individual needs, that it encourages learning an innovation, and that it promotes an open and fair culture.

As illustrated in Appendix A, the Safe and Well-led domains were rated as 'require improvement'. We are pleased to say that since the CQC inspection in summer 2015 we have implemented a significant number of changes in the Trust which address the key issues raised by the CQC.

These include:

- Addressing the backlog of outpatient's follow-up appointments and patients referred for treatment;
- Ensuring that all patient's entering the emergency department by either ambulance or self presenting have a timely initial assessment undertaken by a suitably qualified healthcare professional;
- Ensuring that the WHO 'five steps to safer surgery' are fully embedded in practice;
- Ensuring appropriate patients are offered laparoscopic colorectal surgery in accordance with NICE guidance;
- Ensuring that medicines reconciliation is completed within 24hrs of the patient being admitted to our hospital to meet local and NICE guidance;
- Ensuring that processes are in place for oxygen prescribing;
- Ensuring there are sufficient numbers of nurses competent in the care of children deployed in the emergency department and the children's clinical areas.

The Trust welcomed the findings within the report and the feedback it provides. We are proud that the inspection highlighted so many areas of good practice at our Hospital – for example, our End of Life Care was rated as 'Outstanding' for the level of care provided. The report also rightly recognised the continuing hard work and dedication of our staff.

One of the principles used by the CQC when rating a Trust is that where the NHS regulator, Monitor, finds a failure to comply with licence conditions or is taking regulatory action, the overall Trust rating will normally be limited to 'Requires Improvement' at best. At the time of the inspection the Trust had two breaches of licence in place, which placed a limiting factor on the overall rating it could achieve.

Since the CQC inspection, Monitor has lifted the breach of licence for governance in September 2015, recognising that the Trust has strengthened senior leadership and improved the way the Trust is managed.

With our continued work to make positive changes to the Trust and with the breach of licence from Monitor lifted, we are confident that if we were inspected again now we would receive an overall rating of good, if not higher.

During 2016-17 the Trust will include in its quality priorities the sustained implementation of any actions to address the findings of the CQC during the Comprehensive Inspection of the hospital in July 2015. The Trust has detailed action plans in place as a response to these findings. Throughout 2016-17 the Trust will continue to embed the improvements made both before and since the Inspection in July 2015. Progress towards continued improvement and sustainability will be monitored through the CQC Steering Group which will be the mechanism to forward plan for improvement across the Clinical Business Units (CBUs). The Trust will continue to identify and share good and best practice and will align work programmes with the 2016-17 audit programme to provide additional assurance and reassurance.

2.2 Statements of Assurance from the Board

Information on Review of Services

During 2015-16 the Barnsley Hospital NHS Foundation Trust provided and/or sub-contracted one relevant health service for orthopaedic activity from Orthohealth.

Barnsley Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in the relevant health service.

The income generated by the relevant health services reviewed in 2015-16 represents 0.3% of the total income generated from the provision of relevant health services by the Trust for 2015-16.

Information on Participation in Clinical Audits

During 2015-16 18 national clinical audits and three national confidential enquiries covered relevant health services that Barnsley Hospital NHS Foundation Trust provides.

During that period Barnsley Hospital NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust was eligible to participate in during 2015-16 are as follows. Please see table 7.0. The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust participated in during 2015-16 are as follows. Please see table 7.0.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2015-16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Please see table 7.0.

The reports of 19 national clinical audits were reviewed by the provider in 2015-16 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix B.

The reports of 125 local clinical audits were reviewed by the provider in 2015-16 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix C.

Table 7.0 All national clinical audits, national confidential enquiries and audits included on the quality account programme for 2015-16.

Key:						
Area/national audit title	Includes details of the area of clinical care being reviewed and the audit/enquiry title					
NCA	Indicates if the project is included on the national clinical audit programme (NCAPOP)					
QA	Indicates if the project is part of the quality accounts					
A1	Indicates the national clinical audits and national confidential enquiries that BHNFT was eligible to participate in during 2015-16					
P1	Indicates the national clinical audits and national confidential enquiries that BHNFT participated in during 2015-16					
% cases submitted	The national clinical audits and national confidential enquiries that BHNFT participated in, and for which data collection was completed during 2015-16, are listed alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.					
Data collection complete	Details on the progress of data collection. Many national audits collect data on an on-going basis and publish annual reports.					
Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Peri and Neonatal						
Maternal, infant and newborn clinical outcome review programme (MBRRACE-UK)	✓	✓	✓	✓	100%	On-going
Neonatal intensive and special care (NNAP)	✓	✓	✓	✓	100%	On-going
Children						
Child health clinical outcome review programme (NCEPOD)	✓	✓	✓	✓	NA	On-going
Congenital heart disease (Paediatric cardiac surgery) CHD	✓	✓	x	NA	NA	NA
Diabetes (Paediatric) NPDA	✓	✓	✓	✓	100%	On-going
Paediatric Asthma BTS	x	✓	✓	✓	100%	Yes

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Vital signs in children (care provided in emergency departments) (RCEM)	x	✓	✓	✓	100%	Yes
Paediatric intensive care (PICANet)	✓	✓	x	NA	NA	NA
Paediatric Pneumonia (BTS)	x	✓	✓	x	NA	NA
Acute Care						
Case mix programme (CMP)	x	✓	✓	✓	100%	On-going
Emergency use of oxygen (BTS)	x	✓	✓	x	NA	NA
National Cardiac Arrest Audit (NCAA)	x	✓	✓	✓	100%	On-going
National emergency laparotomy audit, Year 2 (NELA)	✓	✓	✓	✓	89%	Yes
Blood and Transplant						
National comparative audit of blood transfusion (NHSBT)	x	✓	✓	✓	100%	On-going
Long term conditions						
Chronic Obstructive Pulmonary Disease (COPD)	✓	✓	✓	✓	100%	On-going
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	✓	✓	✓	✓	100%	On-going
Inflammatory bowel disease (IBD)	✓	✓	✓	✓	100%	Yes
Adult asthma (BTS)	x	✓	✓	x	NA	NA
Cancer (*last published)						
Bowel cancer (NBOCAP)	✓	✓	✓	✓	89%*	On-going
Prostate cancer (NPCA)	✓	✓	✓	✓	100%	On-going
Head and neck oncology (HANA)	✓	x	✓	✓	Audit currently offline	

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
National lung cancer (NLCA)	✓	✓	✓	✓	99.4%*	On-going
National oesophago-gastric cancer audit (NAOGC)	✓	✓	✓	✓	>90%*	On-going
Elective procedures						
Coronary angioplasty/percutaneous coronary interventions PCI	✓	✓	✗	NA	NA	NA
Elective surgery (National Patient Reported Outcome Measures Programme) (PROMs)	✗	✓	✓	✓	100%	On-going
National Joint Registry (NJR)	✓	✓	✓	✓	100%	On-going
Elective procedures (continued)						
Adult cardiac surgery audit (ACS)	✓	✓	✗	NA	NA	NA
National Vascular Registry (NVR)	✓	✓	✗	NA	NA	NA
Renal disease						
Chronic kidney disease in primary care (CKD)	✓	✓	✗	NA	NA	NA
Renal replacement therapy (Renal Registry)	✗	✓	✗	NA	NA	NA
Cardiovascular disease (*last published)						
Acute coronary syndrome or Acute myocardial infarction MINAP	✓	✓	✓	✓	100%	On-going
Cardiac arrhythmia (CRM)	✓	✓	✗	NA	NA	NA
Heart failure (HF)	✓	✓	✓	✓	77%*	On-going
Pulmonary hypertension	✗	✓	✗	NA	NA	NA
Trauma						
Severe trauma (Trauma Audit and Research Network) (TARN)	✗	✓	✓	✓	49.7%	On-going

Older People						
Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Falls and Fragility Fractures Audit Programme, includes National Hip Fracture Database (NHFD) (FFFAP)	✓	✓	✓	✓	100%	On-going
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	✓	✓	100%	On-going
National dementia audit	✓	✗	✓	✓	Commencing April 2016	
Psychological conditions						
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	✗	✓	✗	NA	NA	NA
Prescribing Observatory for Mental Health (POMH-UK) (Prescribing in mental health services)	✗	✓	✗	NA	NA	NA
Other						
Non-invasive ventilation audit	✗	✓	✓	✗	NA	NA
Medical and surgical clinical outcome review programme. National confidential enquiry into patient outcome and death (NCEPOD)	✓	✓	✓	✓	93%	Yes
National Audit of Intermediate Care	✗	✓	✓	NA	NA	NA
Ophthalmology	✓	✓	NA	NA	NA	NA
Parkinson's Disease	✗	✓	✓	✗	NA	NA
Rheumatoid and early inflammatory arthritis	✓	✓	✓	✓	100%	Yes
Intra-thoracic transplantation (NHSBT UK Transplant Registry)	✗	✓	✗	✗	NA	NA
Liver transplantation (NHSBT UK Transplant Registry)	✗	✓	✗	✗	NA	NA
National Complicated Diverticulitis Audit (CAD)	✗	✓	✓	✗	NA	NA
UK Cystic Fibrosis Registry	✗	✓	✗	✗	NA	NA
Procedural sedation (care provided in emergency departments)	✗	✓	✓	✓	100%	Yes
VTE in patients with lower limb immobilization (care provided in emergency departments)	✗	✓	✓	✓	100%	Yes

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Other (continued)						
Human immunodeficiency virus (HIV)/ Sexually transmitted diseases (STD)	✓	x	x	x	NA	NA
Specialist rehab for patients with complex needs	✓	x	x	x	NA	NA

Participation in Clinical Research

The total number of participants recruited in to research studies at the Trust for the period 2015-16 was 496. These figures include both patients and staff recruited into studies.

The number of Trust staff recruited into research studies was 341.

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 155. 75 Patients were recruited into interventional studies, 77 into observational studies and 3 into commercial clinical trials.

The Trust is working closely with key clinicians and stakeholders to increase our research profile along with the Clinical Research Network to implement strategies to improve our accruals into portfolio studies. A Research and Development Strategy is on development for 2016-19 with the aim of increasing research and development capacity, capability and delivery throughout the Trust, focussed on the needs of our patients, whilst creating an environment where research awareness is seen as part of everyday practice.

Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of the Trust's income in 2015-16 was conditional on achieving quality improvement and innovation goals agreed between Barnsley Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2015-16 and for the following 12 month period is available electronically at: <http://www.barnsleyhospital.nhs.uk/about/our-performance/business-plan/>

The table below, (table 8.0), demonstrate CQUIN Indicators agreed with Barnsley Clinical Commissioning Group for 2015-16 and the status of activity at the end of 2015-16.

Table 8.0 National CQUIN Indicators 2015-16

Contract	Ref	CQUIN	SUBSECTION	Value	Q1	Q2	Q3	Q4
Barnsley CCG & Associates	L1	Antimicrobial Stewardship (12.5% weighting)						
		Indicator L1A	Embedding of revised local prescription documentation	£137,996	£34,499	£34,499	£34,499	£34,499
		Indicator L1B	Antimicrobial prescriptions with specified review or stop date	£39,428	£9,857	£9,857	£9,857	£9,857
		Indicator L1C	Antimicrobial prescriptions with a specified indication	£39,428	£9,857	£9,857	£9,857	£9,857
		Indicator L1D	Antimicrobial used for an appropriate duration	£39,428	£9,857	£9,857	£9,857	£9,857
		Indicator L1E	Antimicrobial prescriptions issued in accordance with guidance	£137,996	£34,499	£34,499	£34,499	£34,499
			Total Value	£394,276	£98,569	£98,569	£98,569	£98,569
	L2	Pressure Ulcers (12.5% weighting)						
		Indicator L2A	NHS Safety Thermometer - Educational plan for front line staff	£197,136	£49,284	£49,284	£49,284	£49,284
		Indicator L2Bi	NHS Safety Thermometer - recording of hospital acquired (post 72 hours) Grade 2 pressure ulcers	£78,856	£19,714	£19,714	£19,714	£19,714
		Indicator L2Bii	NHS Safety Thermometer - RCA of all hospital acquired Grade 2, 3 and 4 pressure ulcers	£78,856	£19,714	£19,714	£19,714	£19,714
		Indicator L2Biii	NHS Safety Thermometer - Identification of key themes and actions undertaken during April - September 2015.	£39,427	£0	£0	£39,427	£0
			Total Value	£394,275	£88,712	£88,712	£128,139	£88,712
	L3	DNA CPR (12.5% weighting)						
		Indicator L3A	Compliance with current DNA CPR policy	£197,136	£49,284	£49,284	£49,284	£49,284
		Indicator L3B	Staff Training Needs Analysis	£197,136	£49,284	£49,284	£49,284	£49,284
			Total Value	£394,272	£98,568	£98,568	£98,568	£98,568
	L4	Reduction in Health Inequalities for LD patients (12.5%)						
		Indicator L4A	LD Champions	£39,427	£9,857	£9,857	£9,857	£9,857
		Indicator L4B	LD Liaison Nurse	£118,281	£29,570	£29,570	£29,570	£29,570
		Indicator L4C	Record of assessment and reasonable adjustments	£118,281	£29,570	£29,570	£29,570	£29,570
		Indicator L4D	Patient satisfaction survey	£118,281	£29,570	£29,570	£29,570	£29,570
			Total Value	£394,270	£98,567	£98,567	£98,567	£98,567
	N1	Acute Kidney Injury (10% weighting)						
		Indicator N1	Discharge summary for AKI patients to include 4 KPIs	£315,417	£0	£105,139	£105,139	£105,139
			Total Value	£315,417	£0	£105,139	£105,139	£105,139
	N2	Sepsis (10% weighting)						
		Indicator N2A	Number of patients who met the criteria of the local protocol and were screened for sepsis	£157,710	£0	£52,570	£52,570	£52,570
		Indicator N2B	Number of patients with sepsis who receive IV antibiotics within one hour of presenting	£157,710	£0	£52,570	£52,570	£52,570
			Total Value	£315,420	£0	£105,140	£105,140	£105,140
	N3	Dementia (10% weighting)						
		Indicator N3Ai	Find, Assess, Investigate and Refer	£189,249	£0	£63,083	£63,083	£63,083
		Indicator N3B	Dementia training to staff through a locally determined training programme	£63,084	£0	£21,028	£21,028	£21,028
		Indicator N3C	Supporting carers of people with Dementia	£63,084	£0	£21,028	£21,028	£21,028
			Total Value	£315,417	£0	£105,139	£105,139	£105,139
	UEC 8	Improved coding for MH patient attending A&E (20%)						
		Indicator UEC8 A	Improving recording of diagnosis in A&E	£504,666	£0	£168,222	£168,222	£168,222
		Indicator UEC8 B	Reduction in A&E MH Reattendances	£126,168	£0	£42,056	£42,056	£42,056
			Total Value	£630,834	£0	£210,278	£210,278	£210,278

The monetary total for income in 2015-16 conditional upon achieving quality improvement and innovation goals is £3,154,179 for Barnsley Clinical Commissioning Group (CCG) and Associate CCGs. The monetary total received for the associated payment in 2015-16 was £3,154,179.

Regulation and Compliance

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is “registered without conditions”. The Care Quality Commission has not taken enforcement action against the Trust during 2015-16.

Barnsley Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period. The most recent CQC announced comprehensive inspection took place in July 2015, where the Trust received an overall rating of “requires improvement”. More information of this inspection can be found in section 2.1(ii), page 15 of the Quality Report.

Quality of Data

Barnsley Hospital NHS Foundation Trust submitted records during 2015-16 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

The percentage of records in the published data:

— which included the patient’s valid NHS number was:

99.8% for admitted patient care
99.9% for out-patient care and
99.2% for accident and emergency care

— which included the patient’s valid General Medical Practice Code was:

99.6% for admitted patient care
99.5% for out-patient care and
99.8% for accident and emergency care

Information Governance

Barnsley Hospital NHS Foundation Trust’s Information Governance Assessment Report overall score for 2015-16 was 73% and was graded Green, Satisfactory.

Clinical Coding

Barnsley Hospital NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2 Barnsley Hospital NHS Foundation Trust 015/2016 by the Audit Commission, nor was it subject to audit by any other body during the year.

The Trust will be taking the following actions to improve data quality:

- Monitoring, spot checking and auditing of clinical coding by senior clinical coding staff, ensuring feedback is given to all coders.
- Continuous internal specialty audits ensuring that the clinical data collected is accurate and precise. These audits are objective and provide value to the Trust by highlighting and promoting the benefits of improved data quality and processes as well as acknowledging evidence of best practice.
- Continuous internal and external training of coders to ensure clinical coding skills are kept up to date.
- Improving communication between clinicians and coders.

2.3 Review of quality performance

The Department of Health has asked in our Quality Account that we share information on a core set of indicators. All trusts are required to report against these indicators using a standard format. It is important to note that whilst these indicators must be included in the Quality Accounts the most recent national data for reporting is not always available for the most recent financial year. Where this is the case the time period used has been included in the table. It is also important to note that it is not always possible for the Trust to be able to provide the national average and best and worst performers for some of the indicators due to the way the data is provided to the Trust. Please refer to table 9.0 for Barnsley Hospital's performance against the NHS Outcomes Framework 2015-16 Indicators.

Table 9.0 BHNFT performance against the NHS Outcomes Framework 2015-16 Indicators

Indicator	2015-16 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	Trust Assurance Statement	2014-15 BHNFT	2013-14 BHNFT	2012-13 BHNFT
Summary Hospital-level Mortality Indicator (SHMI) value and banding (April 2015 - June 2015)	98.7	100.45	66.1	120.9	<p>BHNFT considers that this data is as described for the following reasons; work undertaken by the Trust Deteriorating Patient Group to improve compliance with NEWS. Improvements in compliance with the sepsis six care bundle particularly the delivery of antibiotics within 1 hour in severe sepsis.</p> <p>BHNFT intends to take the following actions to improve this indicator, and so the quality of its services, by; implementation of an electronic NEWS system, introduction of new fluid balance charts and AKI bundle, AKI education, an improvement project to reduce cardiac arrests and continued work on improving compliance with the sepsis six care bundle. This includes secondment of a Band 6 nurse from the Emergency Department to the role of sepsis nurse. The Handover of Care Policy will be updated and safety huddles will continue to be rolled out across the Trust to improve communication. A mortality reduction action plan will be produced and the mortality review process will be reviewed.</p>	0.99	1.10	1.04
% of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	37.7%	59.44%	100%	0.00%	<p>BHNFT considers that this data is as described for the following reasons; the percentage is only for data up to December 2015 as data beyond this date has not been made available at the time of publication of this report.</p> <p>BHNFT intends to take the following actions to improve this percentage, and so the quality of its services, by working closely with the Specialist Palliative Care (SPC) team to ensure data is updated, is correct and reflects the SPC input in the patients care. This will be performed by double checking the SPC database against the coded data and amending where necessary.</p>	36.65%	52.31%	32.56%

Indicator	2015-16 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	Trust Assurance Statement	2014-15 BHNFT	2013-14 BHNFT	2012-13 BHNFT
28 day readmission rates for patients aged 0 to 15 during 2015-16.	13.8%	data unavailable from national source at the time of completing this report			The BHNFT considers that this data is as described for the following reasons: It is apparent that the volume of patients with complex needs and with multiple comorbidities is increasing. Whilst every effort is being made to minimise the likelihood of these patients being readmitted via operational initiatives and changes to the way that we case-manage complex patients working with local health economy partners, we are yet to deliver the improvement that we seek.	11.7%	11.8%	11.6%
28 day readmission rates for patients aged 16 or over during 2015-16.	8.4%	data unavailable from national source at the time of completing this report			<p>The BHNFT has taken the following actions to improve this indicator and so the quality of its services, by:</p> <ul style="list-style-type: none"> Working with a multi-agency, multi-disciplinary approach to case managing long length of stay, complex needs patients on a daily basis with a weekly review forum now fully established; Managing frequent attenders, working with community teams and on-site frailty assessment teams, to reduce deconditioning of elderly patients with exacerbations of long term illnesses where the best patient experience can be achieved with a rapid turnaround of treatment and modification of care packages provided at home <p>The trust will continue to seek out innovative way of working in order to manage patients more effectively and with a better patient experience. 2016 will see the implementation of the Medworxx software in all inpatient areas in order to support consistent patient pathway planning across local health economy (LHE) providers. The Trust will also be implementing Vital Packs, a patient monitoring piece of software to improve the effectiveness of monitoring patients and to support with key areas of challenge with deteriorating patients and support nationally identified areas of improvements such as the management of sepsis and AKI.</p>	9.2%	7.3%	7.1%

Indicator	2015-16 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	Trust Assurance Statement	2014-15 BHNFT	2013-14 BHNFT	2012-13 BHNFT
Responsiveness to the personal needs of its patients during 2015-16.	data unavailable from national source at the time of completing this report					68.4%	68.6%	6.72%
% of staff who would recommend the trust as a provider of care to their family or friends.	60.0%	70.0%	85.0%	46.0%	BHNFT considers that this data is as described for the following reasons; data is obtained from the annual staff survey. BHNFT has taken the following actions to improve this percentage and so the quality of its services, by implementing Listening into Action.	59.0%	64.0%	64.0%
In-patient Friends and Family Test (FFT) reported during 2015-16. <i>*FFT was not implemented until 2013.</i>	97.0%	95.7%	data unavailable from national source at the time of completing this report		BHNFT considers that this data is as described for the following reasons; the Trust has maintained a high level of satisfaction as evidenced in these response rates for positive recommendation of our services. BHNFT has taken the following actions to improve this indicator, and so the quality of its services, by: FFT results are displayed and owned at ward/department level. There has been triangulation of themes from all patient feedback to identify areas which require improvement.	96.0%	95.0%	N/A*
Accident and Emergency Friends and Family Test (FFT) reported during 2015-16.	89.0%	87.1%	data unavailable from national source at the time of completing this report		BHNFT considers that this data is as described for the following reasons. As a result of changes in methodology of FFT collection the Trust saw variance in response rates but are pleased to report that the target of >85% or more patient responded positively to the FFT question was achieved. BHNFT has taken the following actions to improve this indicator, and so the quality of its services, by: FFT results are shared with all staff teams. Moving forward the Trust is exploring new technological approaches to support data collection.	92.0%	93.0%	N/A*

Indicator	2015-16 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	Trust Assurance Statement	2014-15 BHNFT	2013-14 BHNFT	2012-13 BHNFT
% of admitted patients who were risk assessed for venous thromboembolism during 2015-16.	95.4%	95.7%	100%	80.5%	<p>BHNFT considers that this data is as described for the following reasons; the Trust has maintained very good compliance with the 95% target for risk assessments over a sustained period. The target is monitored through the Trust Thrombosis Committee and the Patient Safety Group.</p> <p>BHNFT intends to take the following actions to improve this percentage, and so the quality of its services, by; the Thrombosis Committee will support clinical specialities who have compliance below the target to review the underlying causes and to take action to improve compliance.</p>	96.1%	95.2%	92.4%
<p>Rate per 100,000 bed days of cases of C.difficile infection amongst patients aged 2 or over during 2015-16.</p> <p><i>** rate unavailable at the time of completing this report</i></p>	13 cases**	data unavailable from national source at the time of completing this report			<p>BHNFT considers that this data is as described for the following reasons: Infection prevention and control has been and will remain a high priority for the Trust. As an essential part of our Quality Strategy we strive to work for continuous improvement to provide a clean and safe environment with high infection prevention and control standards within clinical care to protect our patients, visitors and staff.</p> <p>BHNFT has taken the following actions to improve this rate, and so the quality of its services, by: Focussing our infection prevention and control (IPC) activities over this year, reviewing and delivering clinical care to reduce the risk of infection, auditing practices and undertaking surveillance and investigations of infection if they occur. We have continued to raise awareness throughout the year with education programmes and during our infection prevention and control week. Work has also continued to improve antimicrobial prescribing within the Trust. Root cause analyses have been undertaken for all cases of C.difficile by the IPC team or Matron. The IPC team continues to educate staff, both informally and at mandatory training with regard to the care and management of patients positive for C.difficile.</p>	13 cases**	14.5	14.6

Indicator	2015-16 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	Trust Assurance Statement	2014-15 BHNFT	2013-14 BHNFT	2012-13 BHNFT
Number and rate of patient safety incidents reported during 2015-16.	3682 (Rate 58.36)	4647 (Rate 39.29)	12080 (Rate 61.32)	1559 (Rate 31.65)	<p>The BHNFT considers that this data is as described for the following reasons: During the period 1st April 2014 to 31st March 2015 the BHNFT and a further 137 Acute (Non Specialist) Trusts comparison figures are taken from the National Reporting and Learning System's (NRLS) organisational data reports. This compares all Acute (Non Specialist) Trusts per 1000 bed days. The Trust was ranked 6th in the country for frequency of reporting incidents.</p> <p>During the period 1st April 2015 to 30th September 2015 the Barnsley Hospital NHS Foundation Trust and a further 137 Acute Non Specialist Trusts comparison figures are taken from the NRLS organisational data reports. This compares all Acute Non Specialist Trusts per 1000 bed days. The Trust was ranked 6th in the country for frequency of reporting incidents. This is the same ranking for the same period in 2014-15</p> <p>The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this rate and number, and so the quality of its services, by: Providing feedback on the result of investigations into an incident sent automatically via Datix from February 2016 to the original reporter of the incident to encourage reporting by giving outcomes; engaging clinical staff at all levels and raising the profile of reporting incidents through education and publicity using the Trust intranet and other forms of communication.</p>	6609 (Rate 9.61)	5339 (Rate 8.15)	3224 (Rate 5.05)

Indicator	2015-16 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	Trust Assurance -Statement	2014-15 BHNFT	2013-14 BHNFT	2012-13 BHNFT
Number and rate of patient safety incidents reported during 2015-16 that resulted in severe harm or death.	12 (0.4%)	19 (0.4%)	1 (0.0%)	105 (3.6%)	<p>The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: During the period 1st April 2014 to 31st March 2015 with regard to the levels of harm reported for severe and death categories the Trust was in the top quarter on the table for both categories which indicates that we had reported low levels of high or extreme levels of harm.</p> <p>During the 6 month period 1st April 2015 to 30th September 2015 with regard to the levels of harm reported for severe and death categories the Trust reported low numbers of severe harm compared to the national average with death averaging around the same as the national average.</p> <p>The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this rate and, and so the quality of its services, by: Learning and sharing lessons from incidents via the Patient Safety Panel and Patient Safety Bulletin, discussion and monitoring through Clinical Business Unit Governance meetings and ensuring grading of incidents is accurate and consistent.</p>	14 (0.3%)	12 (0.4%)	41 (1.65%)

Table 10.0 Patient Reported Outcome Measures (PROMS) reporting period: April 2014 to March 2015

	Adjusted Average Health Gain Scores											
	EQ5D Index				EQ-VAS				Condition Specific			
	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score
Groin Hernia Surgery	0.089	0.084	0.154	0.000	-2.725	-0.504	4.676	-4.698	Not applicable	Not applicable	Not applicable	Not applicable
Varicose Vein Surgery	Not available	0.095	0.154	-0.002	Not available	-0.486	3.936	-4.939	Not available *	-8.252 *	-14.455 *	5.590 *
Hip Replacement Surgery	0.371	0.437	0.524	0.330	9.374	11.953	17.390	6.425	18.682	21.444	24.652	16.292
Knee Replacement Surgery	0.280	0.315	0.418	0.204	3.256	5.783	15.423	1.423	13.561	16.148	19.492	11.475

* = Condition specific scoring for varicose vein surgery works in reverse (i.e. lower scores are better)

Table 11.0 Patient Reported Outcome Measures (PROMS) reporting period: April 2015 to September 2015

	Percentage of Patients Reporting an Improvement											
	EQ5D Index				EQ-VAS				Condition Specific			
	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score
Groin Hernia Surgery	36.8%	51.1%	100%	0.0%	40.0%	36.8%	100%	0.0%	Not applicable	Not applicable	Not applicable	Not applicable
Varicose Vein Surgery	80.0%	54.1%	100%	0.0%	60.0%	39.6%	100%	0.0%	100%	83.6%	100%	0.0%
Hip Replacement Surgery	95.2%	89.7%	100%	0.0%	66.7%	66.9%	100%	0.0%	100%	97.5%	100%	0.0%
Knee Replacement Surgery	94.7%	82.8%	100%	0.0%	66.7%	55.6%	100%	0.0%	100%	94.8%	100%	0.0%

Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust had improved its position from being a negative outlier in terms of adjusted average health gain scores for the elements listed below for the year 2013-14. However, the Trust is reported as a negative outlier again for 2014-15 (2015-16 data is not yet complete enough to provide an adjusted score).

- Hip replacement – EQ5D Index
- Hip replacement – Oxford Hip Score
- Knee replacement – EQ5D Index
- Knee replacement – Oxford Knee Score

It is important to note that the hip and knee replacement scores are for primary procedures only; revision surgery has not been included as numbers carried out at the Trust are too small for the score adjustment calculation to be made. This too explains why scores are not available for Varicose Vein Surgery, although for some years, scores have been available so this procedure has been included.

Barnsley Hospital NHS Foundation Trust has taken the following actions since 2013-14 to improve these indicators, and so the quality of its services, by:

- Review of the pre-op therapy classes to better prepare patients for rehabilitation. Examples of changes include an updated presentation, involvement of the pre-assessment nurses to discuss pain and its on-going management, anti-thrombosis stockings on discharge, and the choice in the type of anaesthetic to be used.
- Pre-op class moved location and changed time of day to facilitate patients bringing along relatives with the aim of increasing education and support post-op.
- Analysing Patient Reported Outcome Measures (PROMs) data to identify activities patients struggled with post-discharge and, based on those results, included relevant exercises in post-op appointments. Occupational Therapy are now looking into the provision of an out-patient service.
- Re-introducing a follow-up phone call three days post-discharge, in order to provide support and respond to concerns.
- Currently reviewing post-op rehabilitation classes to ensure we are meeting patient's needs and optimising outcomes.
- Benchmarking with other trusts to understand their enhanced recovery pathway.
- Introduced three PROMs notice boards in fracture clinic, wards 34 and physiotherapy treatment room to increase patient awareness and understanding of Patient Reported Outcome Measures.
- We have been successful in employing additional physiotherapist since March 2014.
- Funding has been secured and we are currently recruiting for additional staffing to cover a 7 day service, (currently only voluntary service on weekend for a planned list of patients).

Part 3: Other Information

3.1 Our Performance against our 2015-16 Priorities for Improvement

This section of the report discusses the progress the Trust has made against the priorities we set ourselves for 2015-16.

In 2015-16 our priorities for improving quality for our patients fell within four core goal areas of priority:

- Patient experience; ensure we deliver patient-centred care
- Delivering consistently safe care
- Delivering consistently effective care
- Building on capacity and capability

The data within this section of the report is governed by local and national definitions, where applicable. Where data is not governed by national definition it has been indicated that a local data source has been used.

Goal 1 – Patient Experience; Ensure We Deliver Patient-Centred Care.

Priority 1

What: Integrate systems for patient and staff feedback and triangulate reporting to ensure this leads to service improvement.

Targets:

- increase response rates to the FFT across inpatient areas and the Emergency Department
- wider roll out of the NHS Friends and Family Test (FFT) to Outpatient and Day Case areas
- identify areas for service improvement from the 2014 FFT results
- identify areas for service improvement following patient and carer feedback
- implement identified areas for service improvements and monitor sustainability and effectiveness.

By when: April 2016

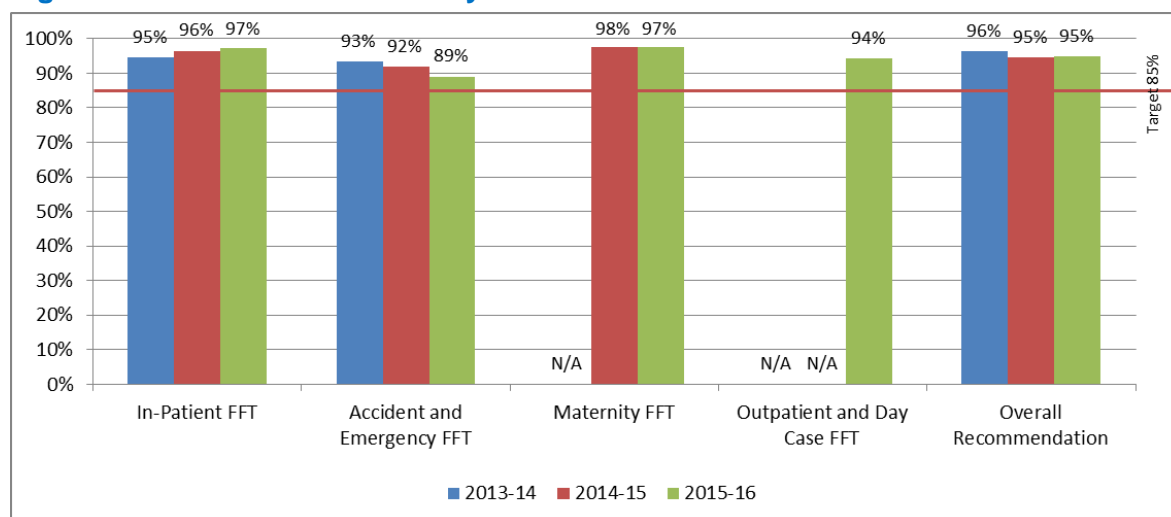
Outcome: Target achieved

The Trust is delighted that during 2015-16 over 85% of our patients who responded to the NHS Friends & Family Test (FFT) were happy to recommend the care they received to friends and family. This great result was across all areas, i.e. inpatient areas, maternity services, Emergency Department and out-patient areas. The FFT has been successfully implemented Trust wide to include out-patient and day case areas during 2015-16 and again we reached our target of 85% of patients stating they were happy to recommend Barnsley Hospital. All areas have access to information on their FFT responses and results are displayed on wards together with examples of how the ward has acted on feedback.

Themes from the FFT have been triangulated with wider patient feedback to provide granular information at service level on the types of issues being raised by patients. This is used at both an operational and strategic level to help identify emerging trends and themes at an early stage and effect service improvements. Patient experience feedback data has been used to inform wider safety and quality work implemented across the Trust.

Data source: NHS England, Unify monthly return, 2015-16.

Fig. 1.0 – NHS Friends and Family Recommendation



Priority 2

What: Improve people’s experience of integrated care through the development of integrated care pathways and collaborative working with key partners.

Targets:

- Identify and implement improvements to the discharge process
- Evaluate key patient experience themes relating to the discharge process and ensure this information is used by staff to improve information and communication at the point of discharge
- Focus on the development and implementation of a number of key integrated care pathways including; End of Life, Diabetes and Dementia; achieving the 90% target set within the 2015-16 national CQUIN for improving the experience of care provided to patients with dementia.

By when: April 2016

Outcome: Target achieved

Data source: Local Trust data source, 2015-16

Discharge process

During 2015-16 we have effected improvements through the implementation of the RightCare Barnsley which provides a comprehensive assessment and discharge support service for patients with long term conditions.

RightCare Barnsley, a service which is run in alliance with Barnsley CCG by Barnsley Hospital and South West Yorkshire Partnership NHS Foundation Trust, provides a one stop shop co-ordination service for general practitioners (GPs) and other healthcare professionals, helping people get the treatment and care they need. RightCare Barnsley ensures that patients are receiving the right care in the right setting for them, ultimately improving the overall patient journey.

Barnsley hospital has worked collaboratively with partners to develop individualised care plans for patients with complex health needs and long term conditions who frequently have a need to access acute hospital services. This work has been progressed through collaboration with Social Services, Ambulance Services and key health and social care partners with the aim of avoiding admission wherever possible.

Through collaboration with key partners we have worked to improve access to post crisis supported discharge services via Care Navigators. All adult, non-elective discharged patients will receive a telephone call the day after discharge to offer advice and support. This may involve signposting to appropriate services, referral for tele-health monitoring or assistive technologies as required.

Integrated care pathways

End of Life

Our focus during the year has been on the development and implementation of a number of key integrated care pathways. The End of Life care plan "My Care Plan" has been developed and implemented district wide. A district wide End of Life Strategy has been developed and Barnsley hospital are represented on the District End of Life Clinical Steering Group to ensure implementation locally within our hospital. Work is on-going district wide to update the care plan and underpinning guidelines in line with the recently published NICE guidance, '*Care of dying adults in the last days of life*'.

Diabetes

In conjunction with Barnsley CCG Barnsley Hospital has begun collaborative working with local healthcare providers, South West Yorkshire Partnership Foundation Trust (SWYPFT) and the Barnsley Healthcare Federation (BHF). This piece of work aims to develop an integrated diabetes care pathway which will enable the service to realise benefits for the local health economy and provide a comprehensive package care for patients with diabetes.

Dementia

During 2015-16 we have consistently achieved the targets for dementia assessment, screening and referral onto specialist services. Please see tables 12.0, 13.0 and 14.0.

Table 12.0 - Cognitive Assessment and Dementia Screening

Cognitive assessment and dementia screening for patients 75 years and over admitted as an emergency for more than 72 hours				
	2013-14	2014-15	2015-16	Target
April	72%	85%	91%	90%
May	81%	82%	97%	90%
June	78%	88%	95%	90%
July	77%	97%	94%	90%
August	78%	96%	94%	90%
September	76%	96%	95%	90%
October	79%	95%	95%	90%
November	73%	91%	96%	90%
December	69%	91%	95%	90%
January	75%	96%	95%	90%
February	79%	99%	93%	90%
March	86%	98%	93%	90%

Data source: Local Trust data source, 2015-16

Table 13 - Cognitive Assessment and Dementia Assessment

Where patients are identified as potentially having dementia or delirium, at least 90.0% are appropriately assessed.												
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014-15	Not available	Not available	Not available	100%	94%	98%	98%	100%	100%	100%	100%	100%
2015-16	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Data source: Local Trust data source, 2015-16

Table 14.0 – Referral to Specialist Services

Where appropriate, patients with dementia are referred onto specialist services.												
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014-15	Not available	Not available	Not available	100%	94%	98%	98%	100%	100%	100%	100%	100%
2015-16	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Data source: Local Trust data source, 2015-16

Our Dementia Nurse Specialist has identified a clear referral pathway from our Trust to Specialist Dementia Services in the Community. We aim to develop this further during 2016-17 to enhance both the patient and carers experience when requiring assessment for a possible dementia diagnosis.

During 2015-16 many new initiatives have been launched within the Trust in order to improve the care experience for people living with dementia and their carers.

- The introduction of the partnership project with the Alzheimer’s Society was launched in May 2015. The Hospital Dementia Support Services aims to provide support, guidance and information to people living with dementia, families and carers throughout their hospital experience. During 2016-17 we would like to develop this further and introduce Volunteers to work alongside this project which would consider social engagement, interaction and activity.
- In September 2015 Johns’ Campaign and Stay with Me were introduced across the Trust. The aim of the campaign is to give the carers of those living with dementia the right to stay with them in hospital, in the same way that parents stay with their sick children. We would like to embed the scheme further during the next twelve months. The Trust is considering its overnight facilities in relation to easier access and accommodation.
- The Trust has introduced processes whereby people living with dementia are identified within our incident reporting system, Datix. This has allowed the Dementia Nurse Specialist to look at incidents within the Trust involving people living with dementia. This is reported in the monthly Dementia Care Report which is circulated via CBU Leads, Matrons and Lead Nurses.
- Significant work has taken place alongside the electronic patient health record (Lorenzo) care planning team to identify and develop numerous dementia care plans for nursing staff to use as an integral part of the individual patients care plan.
- March 2016 has seen the introduction of 24 Dementia Champions and Butterfly Scheme Champions. The Trust aims to develop and support further Dementia Champions across the Trust throughout 2016-17.

Training and development for staff

There are two main aspects to training and development in dementia care for Barnsley Hospital NHS Foundation trust.

- **Butterfly scheme:** The Trust has adopted to use the Butterfly scheme in order to support people living with dementia who attend our acute hospital services.
- **Person-centered dementia care in acute hospitals** (Foundation training): This training provides staff with an understanding of dementia, helping them to feel more confident about supporting people with dementia.

We intend to continue developing our training programmes throughout 2016-17. From April 2016 all hospital staff will be required to undergo dementia awareness training as stipulated within our Trusts training plan.

Patient and Carer feedback

A number of case studies have been gathered during 2015-16 to capture the experiences of people living with dementia and their carers. We openly invite people to share their experiences with us. This information is actively shared in many forums across the Hospital.

Goal 2 – Delivering Consistently Safe Care

Priority 1

What:

To eliminate hospital acquired avoidable Grade 3 and Grade 4 pressure ulcers.

Targets:

- Identify and implement improvements to the discharge process
- Root Cause Analyses to be undertaken by the Trust for hospital acquired Grade 2 and 3 pressure ulcers.
- To reduce the number of hospital acquired avoidable Grade 2 and Grade 3 pressure ulcers acquired in 2014-15 with the ultimate aim of eliminating all Grade 3 and 4 hospital acquired avoidable pressure ulcers.

By when: April 2016

Outcome: Targets achieved

The Trust continues its work to reduce the number of hospital acquired avoidable pressure ulcers. See table 15.0.

Table 15.0 Pressure Ulcers, 2014-15 – 2015-16

Pressure Ulcers	2014-15	2015-16
Number of patient's developing pressure ulcers of Grade 4	0	0
Number of Grade 4 pressure ulcers determined avoidable	0	0
Number of Grade 4 pressure ulcers determined unavoidable	0	2
Number of patient's developing pressure ulcers of Grade 3	50	45
Number of Grade 3 pressure ulcers determined avoidable	14	14
Number of Grade 3 pressure ulcers determined unavoidable	36	31
Number of patient's developing pressure ulcers of Grade 2*	168	79

Data source: Local Trust data source, DATIX, 2015-16

*The Trust only started doing root cause analysis (RCA) on the Grade 2 pressure ulcers in April 2015. These were not deemed as unavoidable or avoidable until July 2015.

During 2015-16 a number of quality improvement initiatives have supported this achievement.

- RCA investigation is now undertaken for all hospital acquired pressure ulcers grade 2 and above, with individual action plans being developed and implemented by Lead Nurses for any lessons learnt. The RCA is presented and reviewed at a weekly internal Pressure Ulcer Forum and external review and challenge of grade 3 / 4 pressure ulcers is undertaken through a monthly meeting of the RCA Overview Group. RCAs are monitored for themes and trends, and actions taken accordingly.
- Hospital acquired Grade 3 / 4 pressure damage found to be avoidable is reported as a Serious Incident, and the investigation submitted to the CCG for further scrutiny and sign off.
- A Pressure Ulcer Discharge Information form was developed by the Senior Tissue Viability Nurse. This form is completed on discharge for patients who have been admitted with, or who have developed, pressure ulcers whilst in hospital. It is sent home with the patient as additional information for the Community Nurse or care setting, with a copy also filed in the case notes.
- Patients with pressure ulcers returning to their own home or residential care setting are referred, as standard, to the Community Nursing Team on discharge, for on-going assessment, treatment and monitoring.
- A one-year fixed term Tissue Viability Education Nurse post was funded, which enabled the delivery of a Pressure Ulcer Prevention and Management programme Trust wide in 2015-16 to all inpatient staff. The delivery of the education programme has ensured that the local CQUIN for 2015-16 has been achieved.

- A Listening into Action (LiA) Reduction in Pressure Ulcers initiative was set up by the Chief Executive with an overall objective of a zero tolerance for grade 2, 3 and 4 hospital acquired pressure ulcers. Key objectives to ensure a successful outcome were developed by the group and these objectives have been met.
- Additional pressure relieving equipment has been purchased by the Trust, including hybrid mattress systems for the medical and surgical block, four bariatric hybrid systems, and heel offloading devices for all ward areas.
- A patient information leaflet on Pressure Ulcer Prevention was devised and is available in all ward areas.

Reporting and monitoring of pressure ulcer incidence is through the Safeguarding Steering Group, Patient Safety Group, and the Quality & Governance Committee.

Priority 2

What: To ensure medicine reconciliation occurs within 24 hours of admission to BHNFT:
Target: To ensure 90% of Medicines Reconciliation are performed within 24 hours of admission to our hospital.
By when: April 2016
Outcome: Target achieved

The Trust has achieved the target of 90.0% medicines reconciliation occurring within 24 hours of admission to our hospital. Following the rollout of 7 day pharmacy services in January 2016, work continues to increase this performance for medicines reconciliation across all acute admitting areas over the weekend periods.

Data source: Local Trust data source, 2015-16.

Monthly audits which commenced in November 2015, will continue to be undertaken with performance results monitored by the Medicines Management Committee.

Priority 3

What: To reduce harm to patients who are having elective surgical procedures in our hospital.
Target: To achieve 100% compliance with the World Health Organisation (WHO) Surgical checklists for all patients' under-going elective surgical procedures.
By when: April 2016
Outcome: Close to target

During 2015-16 the Trust has focussed on the development and implementation of the WHO Surgical Checklist and process, including the introduction of a 'debrief'. The Trust recognised that allocating debriefing time at the end of the surgical list enables the core surgical team to review any issues that occurred, answer concerns the team has, discuss specific incidents or identify how to prevent them happening again for the next list.

Throughout the year the Trust has been engaged in a regional research project looking at various aspects of the WHO Safety checklist, the results of which are on-going. Two members of staff were appointed on a secondment basis to work in main theatre and to conduct a piece of work on the engagement aspect of the WHO Safety checklist.

An audit in March 2016 has evidenced 92.0% compliance with the World Health Organisation (WHO) Surgical checklists for all patients' under-going elective surgical procedures. This audit has evaluated compliance with all elements of the process. Due to the many changes in audit criteria and audit methodology over the past 12 months is it not possible to provide comparable historic audit results within this year's quality report. During 2016-17 the Trust will however, continue to implement the quality improvement plan for the WHO Surgical Checklist with the aim of achieving 100% compliance.

Data source: Local Trust data source, 2015-16.

Priority 4

What: To reduce in-patient falls and repeat falls.

Targets:

- Continue to reduce the number of in-patient falls and number of inpatient repeat falls across the Trust with an aim of achieving a further 25% reduction on in-patient falls and repeat falls reported in 2013-14.
- Reduce the number of harmful falls (Moderate, Severe and Death) reported in 2014-15.

By when: April 2016

Outcome: Behind plan

In 2013-14 the Trust reported 1031 in-patient falls and 256 repeat in-patient falls. At the end of March 2015 the Trust reported that it had reduced in-patient falls by 20% (825 in-patient falls) with a 40% reduction in the number of in-patients experiencing multiple falls (154 in-patient repeat falls). In 2015-16 the Trust aimed to continue to reduce the number of in-patient falls and number of inpatient repeat falls across the Trust with an aim of achieving a further 25% reduction on in-patient falls and repeat falls reported in 2013-14.

The Trust has been unsuccessful in achieving this stretch target for the year however, it should be noted that whilst the target has not been achieved, in the latter six months of the year we have seen a reduction in the number of inpatient falls and the number of repeat falls. There has been no reduction in the number of moderate harms, however there has been a reduction in the number of severe harms and of particular significance there have been no deaths as a result of an in-patient fall during the last six months of the year.

The first National Inpatient Audit highlighted that BHNFT is significantly below the national median average for in-patient falls resulting in moderate/severe harm or death. Findings from the Trust's local falls audit also indicate an improvement in a number of the National in-patient falls key indicators, however, further improvements are still required to achieve 100% in all the key performance indicators.

Data source: Local Trust data source, DATIX, 2015-16.

A number of actions have been implemented throughout the year to support the Trust's falls reduction plan.

- A new Falls Strategy was approved in April 2015 and in September 2015 the new Multifactorial Falls Assessment (MFA) documentation was introduced.
- Introduction of a RCA for all moderate and above harm falls
- Introduction of local clinical team action planning to address falls incidents
- The Trust participated in the National Falls and Bone Health inpatient Audit (May 2015)
- A medical post fall assessment document has been developed and introduced
- Falls training for medical staff has commenced

- Enhanced falls training for ward based nursing and therapy staff has been rolled out
- Falls prevention advice for patients/ relatives/ careers has been developed.

The Trust is committed to provide a safe environment and advocates best falls prevention practices for its inpatients to reduce the risk of falls and potential injuries, so far as is reasonably practicable. In-patient falls remains one of the highest clinical risks for patient harm at our hospital and needs to remain high on the Trust's agenda. Detailed monitoring of the monthly inpatient falls continues in order that the Trust can identify any trends and to enable shared learning with clinical teams with appropriate action from these incidents being undertaken.

Goal 3 – Delivering Consistently Effective Care

Priority 1

What: Deliver length of stay reductions and reduce readmission rates.

Targets:

- To achieve 2% reduction on 2014-15 length of stay for non elective admissions
- To achieve 2% reduction on 2014-15 readmission rates.

By when: April 2016

Outcome: Close to target

Length of stay for non-elective admissions

In 2014-15 the average length of stay for non-elective admissions was 3.49 days. Our aim for 2015-16 was to reduce this by 2%. This has been achieved with the average length of stay for non-elective admissions in 2015-16 falling to 3.42 days.

Data source: Local Trust data source, 2015-16.

Readmission rates

In 2014-15 the readmission rate was 9.88%. Our aim for 2015-16 was to reduce this by 2%. We have been unable to achieve this target with the readmission rate for 2015-16 being confirmed at 9.1%.

Data source: Local Trust data source, 2015-16.

The Trust continues to make every effort to support the discharges of patients in a timely, well-managed process ensuring that where appropriate, support services from intermediate care, social care and long-term care providers are selected and adapted to each patient on an individual basis. We continue to develop our services to meet the needs of patients who require multiple hospital stays for treatment, adapting plans in a setting closer to home so that those with long-term conditions spend as little time as possible in an inpatient setting. This involves multi-agency and multi-disciplinary meetings weekly to discuss our most complex patients and to make improvements to the way we, as a local health economy work together to manage those patients most likely to require frequent inpatient treatment.

Priority 2

What: To consistently identify those patients at risk of dehydration and take actions to address this.

Targets:

- To implement the new Trust Guideline for Fluid Balance Charts by July 2015
- To undertake a baseline audit against compliance with the Trust Guideline for Fluid Balance Charts by end of September 2015
- To demonstrate improvement in compliance with the Trust Guideline for Fluid Balance Charts by the end of 2015-16.

By when: April 2016

Outcome: Behind plan

A baseline audit of compliance with the Trust guidance for completion of fluid balance charts was carried out in August 2014 showing a number of areas of poor compliance.

Data source: Local Trust data source, 2015-16.

In 2015-16 the Trust appointed a Consultant Anaesthetist as the Trust Fluid and AKI lead. Through the Deteriorating Patient Group a new fluid balance chart has been developed. The new chart combines the fluid prescription and fluid balance chart. It is hoped that the combined new chart will improve communication about fluid balance by having all the relevant information together and will improve the identification of patients at risk of dehydration. The combined chart also includes prompts to help staff identify and manage AKI which is a major cause of avoidable harm and is commonly linked to dehydration. The new chart has been piloted in the Emergency Department and on a medical and a surgical ward. Feedback from staff has informed changes and the new chart will be rolled out across the Trust from April 2016. The roll out of the chart will be supported by an educational campaign for all clinical staff.

Priority 3

What: To ensure compliance with best practice (or evidence based).

Targets:

- NICE Quality Standards for Venous Thromboembolism Prevention
- NICE Quality Standards for Acute Kidney Injury
- NICE Guidelines for Falls; assessment and prevention of falls in older people

By when: April 2016

Outcome: Close to target

Work completed throughout 2015-16 has ensured compliance with a number of NICE standards and guidelines; NICE Quality Standards for Acute Kidney Injury and NICE Guidelines for Falls; assessment and prevention of falls in older people.

Data source: Local Trust data source, 2015-16.

With regards to the NICE Quality Standards for VTE Prevention, the Trust Thrombosis Committee has carried out a gap analysis of compliance. This has evidenced that although close to being fully compliant with the quality standards there is still some work to do in relation to the provision of information for patients/carers on VTE prevention on admission and discharge.

Priority 4

What: To develop and implement a Pneumonia Care Pathway

Target: To develop and implement a Pneumonia Care Pathway by July 2015 and to demonstrate 95% compliance with the pathway.

By when: April 2016

Outcome: Behind plan

A community acquired pneumonia care (CAP) bundle based on the British Thoracic Society CAP bundle has been developed and an initial pilot has started in the ED and on the Acute Medical Unit (AMU). Feedback from staff from both clinical areas will be used to inform any further changes. A final version of the care bundle will be formally introduced in May 2016 supported by an education plan for staff. Compliance will be measured through clinical audit. The Deterioration patient Group will be responsible for monitoring the implementation of the pathway.

Data source: Local Trust data source, 2015-16

Priority 5

What: To reduce HSMR

Target: To reduce the Trust's HSMR value to 100.

By when: January 2016

Outcome: Achieved target

Information such as mortality statistics if used appropriately can identify and assist in highlighting aspects of care that can be improved, to improve clinical outcomes and to improve the experience for patients and their families. HSMR can be simply described as the number of actual deaths occurring in a hospital compared to the number of deaths that could be expected to happen in the same hospital.

As a continuation of the work to reduce the HSMR value in 2014-15 we said we would aim to reduce the Trust's rolling 12 month HSMR value even further to 100 by January 2016. The Trust has continued to see a reduction in HSMR with weekend mortality as a key focus. The rolling 12 month HSMR available to January 2016 is 99.0.

Data source: Dr Foster HSMR.

Priority 6

What: Improve recognition and management of the deteriorating adult patient.

Target: To explore the procurement of an electronic early warning system with the aim of achieving 95% compliance with the implementation of NEWS in the adult patient.

By when: April 2016

Outcome: Behind plan

Members of the Trust Deteriorating Patient Group have visited other Trusts that have already introduced an electronic early warning system in order to evaluate the merits of the different systems available. A business has been developed and the Trust has gone to tender with the aim to procure an electronic NEWS in 2016-17.

Compliance with NEWS is measured each month as part of the nursing metrics. The nursing metrics show good compliance for aspects of NEWS that relate to the performing of clinical observations. See table 16.0.

Table 16.0 Nursing Metrics; NEWS 2015-16

Indicator	Compliance
Frequency of observations	92% compliant (Trust wide figure)
Observations recorded as per the indicated frequency	99% compliant (Trust wide figure)
NEWS accurately calculated for each set of observations	96% compliant (Trust wide figure)

Data source: Local Trust data source, Nursing Metrics, 2015-16

The nursing metrics show compliance below the 90% target for aspects of NEWS that relate to the escalation plan. See table 17.0.

Table 17.0 Nursing Metrics; NEWS 2015-16

Indicator	Compliance
Evidence of escalation / referral if NEWS 3/4/5 during admission	83% compliant (Trust wide figure)
Observations checked within 30 minutes when NEWS of 7 or more	85% compliant (Trust wide figure)

Data source: Local Trust data source, nursing metrics, 2015-16

Priority 7

What: Improve sepsis recognition and response.

Target: To explore the procurement of an electronic early warning system with the aim of achieving 95% compliance with the implementation of the Sepsis Six Bundle.

By when: April 2016

Outcome: Close to target

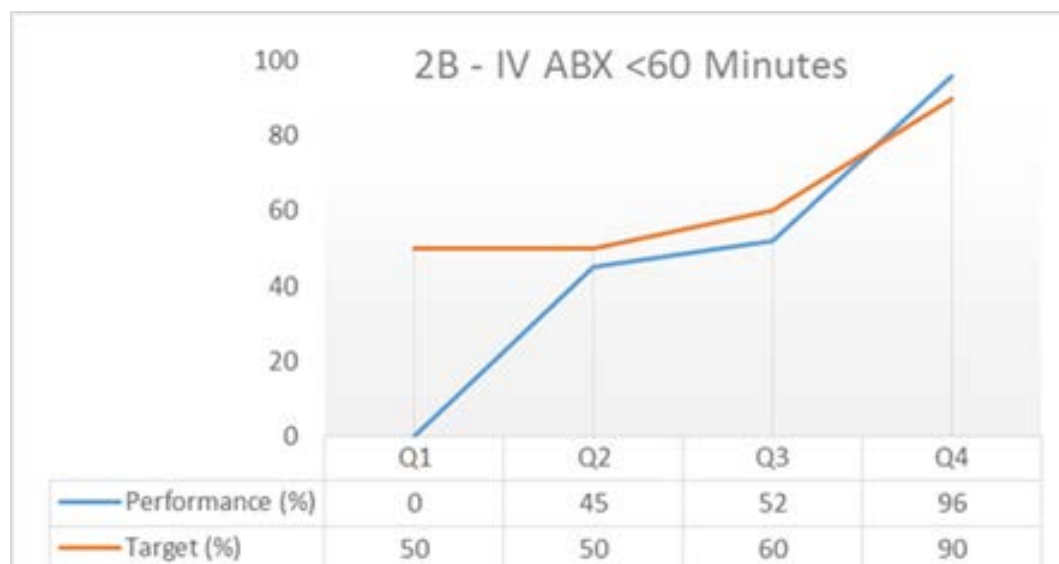
Sepsis is the body's response to an infection and in some patients this inflammatory response can be exaggerated leading to a life-threatening condition. The treatment for sepsis is antibiotics and intravenous fluids. If antibiotics are given quickly after sepsis is recognised this can dramatically increase the patient's chances of survival. The UK Sepsis Trust developed a sepsis care bundle of six interventions that patients with sepsis should receive. The bundle includes giving antibiotics and intravenous fluids.

Following the work in 2014-15 to implement the sepsis screening and management tool, in 2015-16 the focus on improvements surrounding sepsis recognition and response has been in alignment with the requirements of one of the National CQUINs. To meet the requirements of the National CQUIN our compliance with the sepsis six care bundle for patients with severe sepsis and septic shock has been measured each month. The CQUIN target has been more demanding than our previous local audit targets for compliance with sepsis six, as it measured compliance with delivery of one aspect of the bundle (antibiotics) within one hour of emergency admission and not one hour from recognition of sepsis (previously audit criteria in

2014-15). We have seen significant improvements in our compliance for the delivery of antibiotics within one hour of arrival in severe sepsis / septic shock. The latest audit figures for February 2016 show the improvement in compliance taking the administration of antibiotics within one hour of admission to 92%.

Data source: Local Trust data source, 2015-16. (See Fig. 2.0)

Fig 2.0 Compliance with antibiotic administration within 1 hour of arrival to hospital



Priority 8

What: Ensure scrutiny of all in hospital deaths to ensure learning is achieved where possible.

Target: To formally review all in-hospital deaths and implement any lessons learned.

By when: April 2016

Outcome: Behind plan

As at 31 March 2016 60% of in-hospital deaths occurring at the Trust during 2015-16 had been formally reviewed. This compares to a review rate of 67% as of 31st March 2015.

Data source: Local Trust data source, 2015-16.

The process of formally reviewing all in-hospital deaths occurring at the Trust was introduced for the first time in April 2014. The Trust has a mortality review group which meets weekly to scrutinise the mortality reviews of deaths that are carried out by hospital consultants. Learning from the reviews is shared across the Trust. Currently not all deaths are being reviewed in a timely way by consultants, which reduces the opportunities for learning. An action plan has been developed to increase the number of mortality reviews being carried out within 30 days of the request.

Goal 4 – Building Capacity and Capability

Priority 1

What: Review leadership requirements at all grades.

Targets:

- Undertake a CBU level Training Needs Analysis (TNA) for the leadership requirements of all clinical staff
- Develop a training plan to effectively implement the TNA
- Review the requirements for all nursing and midwifery band 1 to 4 utilising the Calderdale Framework.

By when: April 2016

Outcome: Close to target

Leadership and management development has been planned and delivered according to the requirements identified in the Training Needs Analysis (TNA) attached to the annual appraisal process for all of our staff. Increased numbers of Leading an Empowered Organisation (LEO) sessions have been delivered during 2015-16 and the new Passport to Management and Talent Management programmes have been developed in order to develop current and future leaders and managers within our hospital.

Across our nursing and midwifery teams, using the Calderdale Framework methodology, a review has been undertaken of the unregistered clinical staff in bands 1-4 across the Trust. A competency framework has been designed for the unregistered clinical staff, and a training programme has been developed to deliver it. All staff that access the programme have been issued with a professional portfolio which contains competencies for them to practice and achieve in their place of work.

In April 2015 the Care Certificate was introduced. Barnsley Hospital took the steps to support its existing staff to achieve this nationally recognised qualification by encouraging them to map across, using the self-assessment tool designed by Skills for Health, Skills for Care and Health Education England.

Data source: Local Trust data source, Workforce Information 2015-16.

Priority 2

What: Implement nurse revalidation.

Targets:

- Ensure all nursing staff are aware of the new Nursing and Midwifery Council (NMC) Code
- Implement nursing and midwifery revalidation in line with national timescales.
- Monitor the process of nursing and midwifery revalidation to ensure full implementation.

By when: April 2016

Outcome: Targets achieved

A Revalidation Steering Group was convened during 2015-16 chaired by the Deputy Director of Nursing to ensure that all requirements for revalidation were met. Underpinned by a comprehensive communications plan, information systems were set up for all Lead Nurses to access regarding when their staff are due for revalidation to aid support and monitoring.

A portfolio based on NMC requirements has been developed and is available for all nursing staff that requires it. The Trust Registration Policy has been updated to reflect the new requirements for revalidation and an education programme has been developed and delivered in conjunction with the Learning and Development department including reflection training, confirmation training and drop in sessions regarding revalidation. Reporting of compliance has been continuous through the Quality and Governance Committee.

Data source: Local Trust data source, 2015-16.

Priority 3

What: Review the Trust's Training Plan to ensure robust learning and development for all staff to support them in their role.

Targets:

- Achieve 95% compliance with attendance at mandatory training by all groups of staff
- Evidence that training is evaluated and that improvements are made as a result of the feedback obtained through evaluation.

By when: April 2016

Outcome: Behind plan



In 2015-16 the Trust achieved 87.6% of staff receiving appropriate and relevant mandatory training. This is an improvement on the previous year's compliance of 82.3%.

Throughout the year six monthly evaluations of the training courses have taken place the results of which have been used to inform developments of existing and future training courses and materials.

The Trust is maintaining the target of 95% compliance for mandatory training in 2016-17. Ongoing performance monitoring is taking place both at CBU and at corporate level.

Data source: Local Trust data source, Workforce Information 2015-16

3.2 Overview of performance in 2015-16 against the key national indicators as set out in Monitor's Risk Assessment Framework 2014.

National Indicator	2013-14 BHNFT	2014-15 BHNFT	2015-16 BHNFT	National Target 2015-16
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	96.7%	94.7%	94.4%	90%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	98.1%	97.7%	97.7%	95%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway 	97.2%	94.7%	94.2%	92%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge 	94.12%	96.0%	92.8%	95%
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	90.2%	87.7%	86.8%	85%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	99.0%	99.0%	98.9%	90%
All cancers: 31-day wait for second or subsequent treatment, comprising surgery	100%	100%	99.2%	94%
All cancers: 31-day wait for second or subsequent treatment, comprising anti-cancer drug treatments	100%	100%	100%	94%
All cancers: 31-day wait for second or subsequent treatment, comprising radiotherapy	Service not provided by Trust			

All cancers: 31-day wait from diagnosis to first treatment	100%	99.7%	98.8%	96%
Cancer: two week wait from referral to date first seen, comprising all urgent referrals (cancer suspected)	95.2%	95.8%	95.8%	93%
Cancer: two week wait from referral to date first seen, comprising for symptomatic breast patients (cancer not initially suspected)	95.2%	95.8%	92.1%	93%
Clostridium difficile (C.difficile) – meeting the C.difficile objective	20	13	13	13

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Barnsley Healthwatch comments on Barnsley Hospital NHS Foundation Trust's Quality Account 2015-16

Thank you for sharing with Healthwatch Barnsley (HWB), Barnsley Hospital NHS Foundation Trust's Quality Accounts for 2016-17. HWB welcomes the proposed interventions and targets to remediate those outcomes which need to be addressed and are interested to read that this past year the trust has achieved target on over half of their identified priorities from the 2014-15 quality accounts. Whilst it has been another difficult year for the trust you have identified through this report your commitment to continue to improve current service provision.

Barnsley Clinical Commissioning Group comments on Barnsley Hospital NHS Foundation Trust's Quality Account 2015-16

Barnsley Clinical Commissioning Group (CCG) has reviewed Barnsley Hospital NHS Foundation Trust's 2015-16 Quality Account.

Our view is the Quality Account is presented in a clear and easy to read format, includes all essential elements and covers the formal requirements for quality accounts and quality reports, based on the quality accounts legislation and Monitor's additional requirements for quality reports.

To the best of our knowledge, the report appears factually correct.

It is the view of the CCG that the Quality Account reflects the on-going commitment from Barnsley NHS Foundation Trust to quality improvement and addressing key issues.

The CCG acknowledge the significant number of areas of good quality care identified by the Care Quality Commission following their inspection in June 2015, in particular the 'Outstanding' rating for End of Life Care.

The CCG is supportive of the priorities that Barnsley NHS Foundation Trust has identified for 2016/2017. All are appropriate areas to target for continued improvement and link with Clinical Commissioning priorities.

The CCG acknowledges and commends the improvement in reduction of hospital acquired avoidable pressure ulcers and the performance in the implementation of Friends and Family Test.

The CCG note the Trust is committed to seeking effective solutions to ensure there are improvements in patient safety and commend the Patient Safety Improvement Plan for 2016-17 and the plans to develop a mortality reduction action plan. However, the CCG is concerned on the accuracy of D1's (Discharge Summaries) which present a patient safety issue. Despite numerous attempts to correct this, the trusts own audit shows there has been no improvement on this issue even with substantial investment in Medicines Management Services.

The progress towards delivery of the NICE standards for VTE is noted but the CCG is concerned that performance remains below the national average. The CCG would like to see timely RCA's for all VTE's.

The CCG notes the 2015-16 priorities for improvement which were not achieved and the plans for further development in these areas; identifying and responding to patients at risk of dehydration, effectively managing the deteriorating patient, achieving 100% compliance with WHO surgical checklist, and eliminating avoidable pressure ulcers. The CCG has agreed a CQUIN scheme for 2016-17 to support the improved care in hospital for patients diagnosed with community acquired pneumonia which was not achieved in 2015-16.

We will continue to support the Trust to drive improvements in patient safety through projects and collaboration to focus on local priorities and minimise potential risks. In particular, NHS Barnsley CCG are supporting the Trust to continue to build on their success to date in the reduction in the number of falls resulting in moderate or severe harm with a Falls CQUIN scheme which aims to see a reduction in the number of in-patient falls.

Building on previous investments, the CCG has also agreed a CQUIN scheme re 'Clinical Utilisation Review' to secure improvements in patient flows across systems and enable service design and transformational change that is based on clinical evidence.

Over the coming year, the CCG look forward to supporting the Trust to further embed trust wide learning and improvement from incidents, including Never Events, themes from complaints and placing more focus on the implementation of action plans, lessons learned and sharing good practice across the organisation. The CCG would welcome greater transparency in relation to complaints.

We have a structured bi-monthly quality review meeting (Clinical Quality Board) with the Trust, and review a range of indicators and metrics from a number of sources.

The CCG will continue the planned Quality Assurance visits and engagement with the Trust to enable the Trust to showcase improvements and identify areas on which to focus.

The Trust's Council of Governors comments on Barnsley Hospital NHS Foundation Trust Quality Account 2015-16

Thank you for the opportunity to comment on the draft Quality Account.

The Governors appreciate the report, which we believe reads well and provides a fair and balanced reflection on the Trust's work on quality issues. We have also very much appreciated the updates provided directly to Governors throughout the year prior to presentation of this report.

Governors have challenged progress in the year around key issues relating to harm to patients, such as pressure ulcers, falls and mortality rates (including development of systems to identify and treat sepsis sooner) and indeed we have taken pressure ulcers on board as our identified area for audit this year. Looking at 2016-17, the Quality Account outlines the intent to expand Root Cause Analysis into a number of areas, including adult deteriorating patients and we welcome this closer scrutiny leading to further improvement for patients.

It has been noted that not all priorities or targets were fully delivered against plan. Governors have received assurance that all such matters will be continued into 2016-17 and we look forward to hearing more about this progress in due course. We have also received assurance that work on the targets that were achieved this year will continue into 2016-17 to ensure that the improvements are embedded and on-going.

As noted in the report, this year also saw the first full CQC inspection in July 2015, which overall was positive. We are particularly proud of the "outstanding" rating for End of Life services, which was an area of close focus by the Governors. We are also aware that the Chief Executive intends to invite the CQC to re-inspect the Trust in 2016-17, to look at progress on those areas deemed as needing improvement.

The report reflects several areas of working with partner organisations across the community. It is recognised that these should be strengthened further to facilitate better pathways for our patients in line with the national drive for right care, right place, right time.

We were pleased to note the better outcomes from the latest staff survey but are conscious that more work is needed to both recruit and retain our high quality staff. We have also appreciated data on staff exit interviews, showing why staff are leaving – for promotion or more negative reasons, and this is very useful and provides avenues of good learning. As a body, we recognise the great efforts of our fabulous staff and welcome every effort to support them further.

We look forward to continuing to work closely with the Board of Directors and other staff to support the high standards of quality and service at Barnsley Hospital and drive further improvements for the care of the members, staff and patients we represent.

Overview and Scrutiny Committee comments on Barnsley Hospital NHS Foundation Trust's Quality Account 2015-16

There were no comments received from the Overview and Scrutiny Committee.

Independent Auditor's Report to the Council of Governors on BHNFT Quality Account 2015-16

Independent Auditors' Limited Assurance Report to the Council of Governors of Barnsley Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Barnsley Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Barnsley Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance (the "specified indicators") marked with the symbol **A** in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

<i>Specified Indicators</i>	<i>Specified indicators criteria</i>
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways.	<i>Criteria can be found on page 82 of the 15/16 Quality Report</i>
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.	<i>Criteria can be found on page 82 of the 15/16 Quality Report</i>

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2015/16" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "2015/16 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2015/16; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the financial year, April 2015 and up to March 2016 (the period);
- Draft Board minutes from the meeting held on 05 May 2016;
- Papers relating to quality report reported to the Board over the period April 2015 to the date of signing this limited assurance report;

- Feedback from commissioners dated 09 May 2016;
- Feedback from governors dated 09 May 2016;
- Feedback from local Healthwatch organisations dated 09 May 2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016; Learning from Experience Annual Report April 2015-March 2016;
- The national staff survey dated 2015
- The national patient survey dated February 2016;
- The head of internal audit's annual opinion over the trust's control environment dated May 2016;
- CQC Intelligent Monitoring Report dated May 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics [, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour]. We apply International Standard on Quality Control (UK & Ireland) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Council of Governors of Barnsley Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Barnsley Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Barnsley Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2015/16";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;

- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the "Detailed requirements for quality reports 2015/16 and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Barnsley Hospitals NHS Foundation Trust.

Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

The Trust reports monthly to Monitor on the Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways indicator, based on the waiting time of each patient who has been referred to a consultant but whose treatment is yet to start.

The 18 week indicator is calculated each month based on a snapshot of incomplete pathways and reported through the Unify2 portal. The data reported is subsequently updated for any identified errors through a monthly validation process. However, the data is reviewed and corrected only on a sample basis and the correction to pathways resulting from validation are not used to recalculate the performance for the year. The Foundation Trust was not able to provide final accurate and complete data to check the waiting period from referral to treatment reported across the year.

Conclusion (including disclaimer of conclusion on Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways)

In our opinion, because of the significance of the matters described in the Disclaimer of Conclusion paragraph, we are not able to form a conclusion on the 'Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways' indicator.

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2016:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the “Detailed requirements for quality reports 2015/16”;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the ‘Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge’ indicator has not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed guidance for external assurance on quality reports 2015/16”.



PricewaterhouseCoopers LLP
Benson House, 33 Wellington Street, Leeds, LS1 4JP
25 May 2016

The maintenance and integrity of the Barnsley Hospitals NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Annex 2: Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

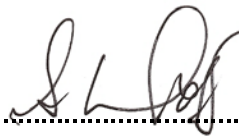
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015-16;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2015 to April 2016 (the period);
 - Draft Board minutes from the meeting held on 05 May 2016;
 - Papers relating to Quality reported to the Board over the period April 2015 to March 2016;
 - Feedback from commissioners dated 09 May 2016;
 - Feedback from governors dated 09 May 2016;
 - Feedback from local Healthwatch organisations dated 09 May 2016;
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016; Learning from Experience Annual Report April 2015-March 2016;
 - The national staff survey dated 2015
 - The national patient survey dated February 2016;
 - The head of internal audit's annual opinion over the trust's control environment dated May 2016;
 - CQC Intelligent Monitoring Report dated May 2015.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

24 May 2016 Date  Chairman

24 May 2016 Date  Chief Executive

Part 4: Glossary

Acute Kidney injury (AKI)	AKI has now replaced the term acute renal failure. Clinically AKI is characterised by a rapid reduction in kidney function.
Antimicrobial Resistance	The ability of microbes to grow in the presence of a chemical (drug) that would normally kill them or limit their growth.
Antimicrobial Stewardship	Antimicrobial stewardship is a co-ordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.
Audit Commission	The Audit Commission was a statutory corporation in the United Kingdom. The Commission's primary objective was to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work.
Avoidable harm	A harm occurring to a patient which could have been prevented.
Avoidable infection	A healthcare associated infection that can be prevented.
Board of Directors	A body of appointed members who are responsible for the day-to-day management of the hospital and is accountable for the operational delivery of services, targets and performance.
Butterfly Scheme	A scheme that provides a system of hospital care for people living with dementia.
Calderdale Framework	The Calderdale Framework is a transformational tool used to improve the way people work. It aims to provide a clear and systematic method of reviewing skill mix roles and service design to ensure safe and effective patient-centered care.

Care plans	A document which records the outcomes from a care planning discussion, including any actions agreed. It could be a written document, an electronic document or both.
Care Quality Commission (CQC)	The independent regulator of all health and social care services in England.
Catheter-Associated Urinary Tract Infections (CAUTIs)	A catheter-associated urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney associated with a urinary catheter, which is a tube inserted into the bladder through the urethra to drain urine.
Collaborations in Leadership in Applied Health Research and Care (CLAHRC)	CLAHRC is a large collaboration across South Yorkshire that brings together all the NHS organisations and our Universities.
Clinical Commissioning Group (CCG)	CCGs are groups of local GPs that are responsible for commissioning (buying) health and care services on behalf of, and in partnership with, patients and local communities.
Clinical Utilisation Review	A process that enables both commissioning and provider organisations to make objective, evidence-based assessments of whether patients are receiving the right levels of care in the right settings at the right time.
Clostridium difficile (C.difficile)	A type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital.
Clinical Business Unit (CBU)	A collection of six clinical units responsible for the day-to-day management and delivery of services within their area.
Clinical Coding	The translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format.

Cognitive assessment	An examination conducted to determine someone's level of cognitive function.
Colorectal service	A service dealing with disorders of the rectum, anus, and colon.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.
Community acquired pneumonia	Pneumonia contracted by a person with little contact with the healthcare system.
Comorbidities	In medicine, comorbidity is the presence of one or more additional disorders (or diseases) co-occurring with a primary disease or disorder; or the effect of such additional disorders or diseases. The additional disorder may also be a behavioural or mental disorder.
Council of Governors	An elected group of local people who are responsible for helping to set the direction and shape the future of the Trust.
Datix	A web-based incident reporting and risk management software system used by the Trust.
Dementia champions	A staff member who supports, guides and empowers others to make a positive difference to patient's living with dementia.
Department of Health	The government department responsible for public health issues.
Do not attempt to resuscitate cardiopulmonary resuscitation (DNA CPR)	If cardiac or respiratory arrest is an expected part of the dying process and CPR will not be successful, making and recording an advance decision not to attempt CPR will help to ensure that the patient dies in a dignified and peaceful manner. It may also help to ensure that the patient's last hours or days are spent in their preferred place of care by, for example, avoiding emergency admission from a community setting to hospital. These management plans are called DNACPR orders.

Dr Foster	Dr Foster Intelligence is a provider of healthcare information, including mortality data, monitoring the performance of the NHS providing information to the public.
Duty of Candour	A legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.
Electronic early warning system	Electronic systems to support early identification of critically ill patients.
Executive Team	Senior management at the highest level of the Trust management who have the day-to-day responsibilities of managing the hospital.
Fluid balance charts	A method for recording patients' intake and output of fluids.
General Medical Practice Code	The code of the General Practitioner (GP) Practice that the patient is registered with.
Governance structures	The systems and processes by which BHNFT, direct and control their functions, in order to achieve organisational objectives.
Governors	An elected group of 16 public and patient representatives and six staff representatives and seven partners.
Haematology service	A service covering the diagnosis and treatment of blood disorders.
Heel offloading devices	Also referred to as heel protectors and heel elevators, heel offloading devices, are special positioners used in wound care especially designed to place, transfer, support, elevate or help alter the position of the heels.
Hospital Episode Statistics	A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.

Hospital Standardised Mortality Ratios (HSMR)	The HSMR is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect. The HSMR can be a warning sign that things are going wrong.
Hybrid mattress	A type of mattress used for the prevention of pressure ulcers.
Information Governance	The way in which the NHS handles all of its information, in particular the personal and sensitive information relating to patients and employees.
Information Governance Assessment report	The report detailing the results of the Trust's assessment of their compliance against the law and central guidance relating to information governance.
Integrated care pathways	A way of managing, monitoring and recording a patient's care. They can also be referred to as 'clinical pathways' or 'critical pathways', 'care plans', 'care paths' and 'care maps'.
Integrated Performance Report	A single report which provides information on quality and performance data to the Board of Directors.
Laparoscopic colorectal surgery	Minimally invasive colon and rectal surgery.
Leading an empowered organisation (LEO)	A training course for health care managers from all disciplines and at all levels of experience. Focusing on empowerment, dignity and mutual respect, it aims to produce strong and efficient leaders.
Listening into Action (LiA)	A scheme which supports Trust's to re-engage with employees. It is a systematic approach to engage and empower clinicians and staff around any challenge.
Long-term conditions	Conditions for which there is currently no cure, and which are managed with drugs and other treatment.
Lorenzo	An electronic patient record system.
Mandatory training	Statutory or compulsory training that the Trust requires its employees to undertake.

Medicines reconciliation	The process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions.
Methicillin-Resistant Staphylococcus Aureus bacteraemia cases (MRSA)	A type of bacterial infection that is resistant to a number of widely used antibiotics.
Monitor	The sector regulator for health services in England. The body was established in 2004 under the Health and Social Care (Community Health and Standards) Act 2003, which made it responsible for authorising, monitoring and regulating NHS foundation trusts.
Multi-agency	Involving cooperation between several organisations.
Multidisciplinary	A multidisciplinary team is composed of members from different healthcare professions with specialised skills and expertise.
Multifactorial falls assessment (MFA)	An assessment of patient's risk of falling based on assessing multiple risk factors.
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	A set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards.
National Early Warning Score (NEWS)	The NEWS is based on a simple scoring system in which a score is allocated to physiological measurements already undertaken when patients present to, or are being monitored in hospital.
NHS England Serious Incident Framework	A document published by NHS England which provides guidance for responding to serious incidents.
NHS England, Unify	A data collection system used by NHS England to collect a wide range of information.
NHS Friends and Family Test (FFT)	An important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

NHS Outcomes Framework	Sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in health outcomes
NHS Staff Survey	Each year NHS Staff are offered the opportunity to give their views on the range of their experience at work.
National Reporting and Learning System (NRLS)	A central database of patient safety incident reports.
National Institute of Health and Care Excellence (NICE)	NICE's role is to improve outcomes for people using the NHS and other public health and social care services by developing, producing and providing a range of information in the form of various guidance documents.
Never event	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NICE guidelines	National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
NICE quality standards	A concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.
Non-elective admission	An unplanned, often urgent admission (often via A&E), which occurs when a patient is admitted at the earliest possible time.
Nurse revalidation	Revalidation is the new process that all nurses and midwives will need to go through in order to renew their registration with the NMC.
Nursing and Midwifery Council (NMC)	The NMC is the UK regulator for nursing and midwifery professions with a stated aim to protect the health and wellbeing of the public.
Orthohealth	A private healthcare provider company appointed by the Trust to support the organisation in achieving the orthopaedic access targets.

Passport to Management	A line manager programme aimed at more senior staff who have line management responsibilities.
Payment by Results	Payment by Results (PbR) is the payment system for treatment within the NHS in England.
Percutaneous tibial nerve stimulation for overactive bladders	A procedure which involves inserting a fine needle into a nerve just above the ankle. A mild electric current is passed through the needle and carried to the nerves that control bladder function.
Pressure Ulcers	A type of injury that breaks down the skin and underlying tissue. Caused when an area of skin is placed under pressure.
Palliative care	A multidisciplinary approach to specialised care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness, whatever the diagnosis.
Patient Reported Outcome Measures (PROMs)	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.
Pharmacy robots	The mechanical processes of handling and distributing medications.
Pneumonia Care Pathway	A tool to support the diagnosis and management of pneumonia.
Quality Strategy	A Trust-wide approved document that outlines how the Trust intends to deliver our quality improvement initiatives over the next three years.
Readmission	Readmission is an episode when a patient who had been discharged from a hospital is admitted again within a specified time interval.
Root Cause Analysis (RCA)	A method of problem solving used for identifying the root causes of faults or problems.

Secondary Uses Service	The single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.
Serious incident	An incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened.
Sepsis	A potentially life-threatening condition triggered by an infection.
Sepsis Six Bundle	A bundle of medical therapies designed to reduce the mortality of patients with sepsis.
Summary Hospital-level Mortality Indicator (SHMI)	An indicator which reports on mortality at trust level across the NHS in England.
Sign up To Safety Campaign	A national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.
Stakeholders	A person, group or organisation that has interest or concern in BHNFT.
Training needs analysis (TNA)	The process of identifying the gap in employee training and related training needs.
Urology service	A surgical speciality, covering the diagnosis and treatment of disorders of the kidneys, ureters, bladder, prostate and male reproductive organs.
VTE	A collective term for both deep vein thrombosis (DVT) and pulmonary embolism (PE).
World Health Organisation (WHO) Surgical Safety Checklist	A tool for the relevant clinical teams to improve the safety of surgery by reducing deaths and complications.

Barnsley Hospital NHS Foundation Trust CQC Ratings Grid

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical Care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical Care	Good	Good	Good	Good	Good	Good
Maternity and Gynaecology	Good	Good	Good	Good	Good	Good
Services for Children and Young People	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of Life	Good	Good	★ Outstanding	Good	Good	Good
Outpatients and Diagnostic Imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Examples of actions agreed following the review of national audit results at BHNFT.

Audit title: National Chronic Obstructive Pulmonary Disease (COPD) Audit	
Reviewed by	CBU Governance
Findings	<p>The audit highlighted that despite the Trust's COPD admissions doubling the average national rate, a very efficient and high standard of service is provided to patients. This is reflected by the Trust's mortality rate which is significantly below the national average and hospital length of stay is 25% below the national average.</p> <p>All COPD patients should be admitted under the care of the respiratory team however current staffing levels and service demand does not always allow this to happen. The report findings demonstrated there is a clear need to expand the respiratory bed capacity. The number of respiratory beds available at BHNFT is below the national average, despite having a much higher emergency respiratory admissions rate.</p> <p>The Respiratory Team urgently need to nominate a lead clinician for COPD with designated time to work with the CCG to improve patient care across Barnsley.</p>
Agreed actions	<p>The Trust recognises the importance of having a nominated lead for COPD and ensuring full support in implementing COPD Care Bundles, this has been brought to the attention of the Medical director for further discussion.</p> <p>The profile of the COPD nurses will be raised across the Trust, specifically amongst wards reiterating the importance of referring all COPD patients to the COPD Nurse Specialists for review. In addition to this we will also review the number of beds allocated to respiratory medicine and also review the allocation of patients to medical wards.</p> <p>Expansion of the current service to 7 day working would be the gold standard, however additional resources would need to be sought as extra beds, and nursing and medical staff would be required for the service to work. The Trust will approach our local Clinical Commissioning group to establish a multi-disciplinary working group to ensure that services work seamlessly between acute and primary care, ensuring our patients receive safe and effective care between the two.</p>

Audit title: National Hip Fracture Database (NHFD)	
Reviewed by	Clinical Effectiveness Group
Findings	<p>The National Hip Fracture Database has shown improvements in our local practice from 2013 to 2014. BHNFT are the third highest performing Trust, meeting all elements of the best practice tariff (77.2%).</p> <p>Results demonstrated we are now 100% compliant in assessing our patients with a multifactorial falls and bone health assessment. This is an improvement from 2013. BHNFT are also above the national average in ensuring surgery is performed within 36 hours of admission. 78.5% against a national average of 72.1%. In addition to this all relevant patients are asked to complete an abbreviated mental test (AMT) ensuring a holistic approach to the assessment of patients.</p>
Agreed actions	<ul style="list-style-type: none"> • Develop a pressure ulcer pathway for grade 2 pressure ulcers in order to reduce the inpatient pressure sores. • Admit all patients with a hip fracture to an orthopaedic ward within 4 hours • Minimise patient delays to theatre within 36 hours

Audit title: National Paediatric Diabetes Audit (NPDA)	
Reviewed by	Paediatric Governance. Results were also reported to the Patient Safety and Quality Group.
Findings	<p>Children with high HbA1c need to be highlighted and have targeted support provided and there is a greater need to ensure families are aware of how to manage high glucose.</p> <p>A targeted approach for the over 16 year age group is required.</p> <p>Opportunities for children to meet and talk to other patients are already in place however it is encouraged that this should be continued.</p>
Agreed actions	<p>A Board is now in place to highlight children with high HbA1c to ensure targeted support is provided. Quarterly in house analysis of age specific HbA1c will take place.</p> <p>Additional dietetic support is now in place to target the over 16 year age group and pursue with high HbA1c policy. A request to the National Diabetes Team has been made for data to be separated into patients younger than 16 and greater than 16 in future reports.</p> <p>The information sheet provided to patients and their parents for management of high glucose will be reviewed and issued to all families about expected the expected range for blood glucose.</p> <p>Undertake a survey of patients to discover the type of opportunities they may prefer with regards to meeting other patients and developing a support network.</p>

Audit title: Re-audit Epilepsy 12 National Audit	
Reviewed by	Paediatric Governance. Results were also reported to the Patient Safety and Quality Group.
Findings	The main findings were are follows: <ul style="list-style-type: none"> • There is a need for doctors to perform and document a neurological examination in children who present with suspected epileptic seizures. • Parents / carers are not always given appropriate advice regarding water safety when a child has epilepsy or suspected epileptic seizures. • Not all patients were referred to a Specialist Epilepsy Nurse to provide them with additional support.
Agreed actions	All Consultants and Junior Doctors to be made aware that a Neurological examination is a basic requirement for any child who presents with neurological problems and that includes the children who present with epileptic seizures. An Epilepsy Action letter has been created which includes appropriate advice regarding water safety. This will be placed on the ward to be given to patients. The Epilepsy Nurses will be copied into all letters and D1's produced for children with an epileptic seizure to ensure they are aware of the patient.

Audit title: BTS Adult Community Acquired Pneumonia	
Reviewed by	Respiratory Subgroup meeting
Findings	The key finding from the audit highlighted the absence and need for a pneumonia care bundle
Agreed actions	A pneumonia Care bundle had been implemented across medical wards and key staff have been appropriately trained by the Respiratory Team

Audit title: Sentinel Stroke National Audit Programme (SSNAP)	
Reviewed by	SSNAP Steering Group
Findings	National audit findings published in 2015 highlighted the following areas of concern: Domain 3 - Thrombolysis, Domain 7 – Speech and Language Therapy (SALT), Domain 8 – Multidisciplinary Team Working (MDT).
Agreed actions	The Stroke team have been working hard to implement actions to address these issues and performance has improved with the domains over the last 12 months. Our agreed actions are to: - <ul style="list-style-type: none"> • Identify staff that have received no specific stroke training and ensure this is carried out within a set timescales • New Speech and Language Therapist (SALT) job role • Establish and pilot new FAST team (Ambulance Services/Switchboard/Stroke Team) in order to thrombolysse patients in line with the Royal College of Physicians (RCP) minimum threshold • Investigate the setting up of a stroke specific Early Supported Discharge Team (ESDT)

	The SSNAP team are aiming to continue to improve and to make the SSNAP process as robust as possible monthly steering group meetings have been developed and are attended well by key stakeholders. Continuous action planning and real time data analysis are deemed the focus areas.
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Audit title: The 1st National Audit of Inpatient Falls	
Reviewed by	Falls Prevention Group
Findings	The clinical audit was a snapshot of the care provided to patients aged over 65, who were in hospital for over 48 hours, after being admitted for a non-elective reason. This was the first national audit of inpatient falls and this will be the benchmark for future audits (scheduled September 2016).
Agreed actions	<p>The falls team agreed a comprehensive 12 point local action plan, including the following;</p> <ul style="list-style-type: none"> • Delirium pathway to be devised • Measuring of lying and standing blood pressure to be re-launched as part of the multifactorial falls assessment. • Liaise with Pharmacy to identify which medications in the over 65's may contribute to falls and assess the possibility of adding a risk box to the drug chart. • Continence of toileting care plan to be added as a Mandatory field on Lorenzo. New 'Falls Clinical Nurse Specialist' promoting new interventions whilst working on the wards. • A Listening into Action (LIA) Subgroup is in place to look at further falls prevention strategies.

Examples of actions agreed following the review of local audit results at BHNFT.

Audit title: Surgical site infections in Orthopaedics	
Reviewed by	The findings of the results were reviewed by the Patient Safety and Quality Group.
Findings	The main findings from the audit highlighted a poor percentage of patients screened for MRSA on the ward. The recording of patient's core temperature also demonstrated low compliance.
Agreed actions	Recommendations have been put in place to ensure all elective patients who are having arthroplasty surgery where an implant is used must be screened for MRSA and MSSA in pre assessment. The patient's temperature is recorded at the theatre barrier and staff ensure that any temperatures recorded below 36°C the patient's are actively warmed before the induction of anaesthetic and recorded at 30 minute intervals. A protocol has been put in place to ensure that the appropriate decolonisation takes place for patients that acquires a positive MRSA result.

Audit title: Re-audit of NICE Quality Standard 27: Epilepsies in Children and Young People	
Reviewed by	Clinical Audit Paediatric Presentation meeting; appropriate audit findings from this meeting feed into the Paediatric Governance meeting. Results were also reported to the Patient Safety and Quality Group.
Findings	<p>The re-audit demonstrated improvements in compliance to most standards.</p> <p>The audit further highlighted the requirement for a nurse specialist to be present at diagnosis and review.</p> <p>58% of children and young people presenting with suspected seizure were not seen by a specialist in the diagnosis and management of the epilepsies within 2 weeks of presentation as stipulated in the NICE quality standard.</p> <p>27% of children and young people with epilepsy did not have a structured review with a paediatric epilepsy specialist at least annually.</p>
Agreed actions	To improve access to the Specialist Epilepsy nurses they will be copied in the epilepsy admissions, D1 and Clinical Summaries which will alert them about any recent admission / consultation. This may provide them with the opportunity to visit the patient whilst on the ward or during their first appointment. Furthermore the checklist for new epileptic patients will be amended to include nurse review / involvement.

	<p>To ensure the epilepsy specialist review is within 2 weeks from presentation, epilepsy appointments will be moving to New Street to allow their administration team to autonomously run the referral / follow up system.</p> <p>In addition capacity for the timely review of new referrals and annual reviews has increased with the Associate Specialist now running a weekly epilepsy clinic.</p>
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Audit title: Safeguarding Review	
Reviewed by	Safeguarding Steering Group
Findings	<p>This audit was undertaken to assess whether a Safeguarding review is undertaken when children / young people under 18 do not attend clinic appointments. The audit was initiated as part of the CQUIN requirements. Overall good compliance was demonstrated and an evaluation of the selected notes showed that a safeguarding review was undertaken in each instance where a child did not attend for their appointment.</p> <p>The Safeguarding Review Form was not also fully completed in some areas of the Trust.</p>
Agreed actions	An action plan was put in place for all areas where support and further training may be required in regards to completion of the Safeguarding Review Form. Each area to be visited to reiterate the procedure and use of the form as documentary evidence.

Audit title: Shoulder Dystocia	
Reviewed by	Clinical Audit Obstetric and Gynaecology Presentation meeting; appropriate audit findings from this meeting feed into the Obstetrics and Gynaecology Governance meeting. Results were also reported to the Patient Safety and Quality Group.
Findings	<p>The audit of shoulder dystocia demonstrates our management of this high risk complication of labour is being effective and reviews the outcomes for both mother and baby. In addition to this the results of this clinical audit are also used by the Birthing Centre lead midwives to identify training requirements.</p> <p>The most recent audit (June – August 2015 cases) highlighted 11 cases of Shoulder Dystocia.</p>

Agreed actions	To review all cases at the Labour Ward Forum / Clinical Audit Presentation meeting to assess if care was appropriate. All the notes were reviewed where head to body delivery interval is less than one minute. Patient care was appropriate for all 11 cases therefore no further action required.
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Audit title: Surgical Management of Pelvic Organ Prolapse (POP)	
Reviewed by	Clinical Audit Obstetric and Gynaecology Presentation meeting; appropriate audit findings from this meeting feed into the Obstetrics and Gynaecology Governance meeting. Results were also reported to the Patient Safety and Quality Group.
Findings	NICE recommends that POP mesh insertions should be part of regular audit, including the outcomes / complications where mesh has been used in correction of POP. This was highlighted of importance with a letter from NHS England to the Chief Executives of all Trusts. Of the 45 patients audited outcomes in terms of complications were in keeping with contemporary NICE standards. However the audit did highlight that no standard follow up schedule or quality of life assessment is in place therefore some patients may have unreported complications.
Agreed actions	A standardised structured is being developed for follow-up schedule which will be implemented for all patients who have a POP mesh insertion.

Audit title: Pulmonary effusion	
Reviewed by	CBU audit presentation meeting
Findings	The primary function of the audit was to review the effectiveness of specialist respiratory input on AMU and assess the impact on diagnosis, management and discharge of inpatients. The audit highlighted that with respiratory input, 124 patents were discharged on the same day with a further 126 discharged the following day. The introduction of the respiratory hub has improved patient experience, eased pressures on services across the Trust and provided a cost saving to the Trust.
Agreed actions	To continue to monitor the effectiveness of the service To extend the functionality of the respiratory hub to allow more patients to benefit from early respiratory input whilst reducing length of stay.

Audit title: Care of the Dying; Bereaved Relatives Feedback	
Reviewed by	End of Life Care Steering Group
Findings	<p>The project was undertaken following the introduction of a new care plan replacing the previous last days of life care pathway. The care plan promotes open communication with dying patients and those important to them, and focuses on a personalised and individualised approach. The project was completed to gain feedback from bereaved relatives about the care of their loved one and also highlight areas where further training was required to improve the experience for patients and their families.</p> <p>The overall results showed there was an increased positive feedback in key areas including explanations being very easy to understand, doctors having time to listen and discuss their relatives condition and involvement in the decisions about care.</p> <p>Fluid and nutrition management is an area where further improvement had been highlighted.</p>
Agreed actions	<p>To maintain education and clinically-based support towards improving the five priorities for care of the dying including nutrition and hydration.</p> <p>Provide relatives feedback from the project to ward teams.</p>

Audit title: Hydroxychloroquine (HCQ) Prescription and Screening in the Rheumatology Department	
Reviewed by	Rheumatology Sub-group Meeting
Findings	<p>The aim of the audit was to study the dose of HCQ that has been administered in the department, and to assess clinician and nurse specialist practice against 2009 British Society of Rheumatologists (BSR) and Royal College of Ophthalmologists recommendation on screening of patients for HCQ.</p> <p>Very few patients (where adequate measurements were recorded) had a lean body mass high enough for the usual 400mg/day dose they were prescribed. Warning and screening for retinal toxicity was poorly performed or recorded, with only 57% of patients warned of possible toxicity and 27% having a baseline Amsler grid.</p>
Agreed actions	<p>The Department has designed a proforma to improve screening for retinal toxicity that will go in the notes.</p> <p>Training sessions to be provided to staff regarding the use of lean body mass to calculate the appropriate dose.</p>

Audit title: In patient angiogram referral and outcome	
Reviewed by	Cardiology Sub-group
Findings	The aim of the audit was determine compliance to national guidance, improve patient care and reduce the length of stay. The key finding from the audit found longer than expected waiting times for patients going to Sheffield for angiograms resulting in a delay in treatment and length of stay.
Agreed actions	To work collaboratively with Pinderfields Hospital to provide emergency angiograms and reduce waiting times

Audit title: Re-audit of medicines reconciliation	
Reviewed by	Medicines management committee
Findings	<p>The aim of the audit was to assess if all patients had their current medication reconciled with 24hours of admission. Timely reconciliations enable our doctors to stop drugs which may not be appropriate for the patient's current treatment. For example, blood thinning drugs if the patient is likely to have surgery.</p> <p>The results of this re-audit demonstrated compliance of 48%, which was a significant improvement from the 30% reported in July 2014 and further audits have shown further improvement.</p>
Agreed actions	<ul style="list-style-type: none"> • Further recruitment and maintenance of the Pharmacy establishment to ensure a seven-day service can be provided. • Implementation of a new drug card, including a specific proforma for recording details and timings of drug reconciliations.

Audit title: ID410 Post skeletal chest x-rays (CXR) in suspected non-accidental injuries (NAI) in children	
Reviewed by	Medical Imaging Department
Findings	<p>The aim of this audit was to ensure that all children having a skeletal survey are given an appointment for a CXR 10-14 days from the initial investigation.</p> <p>The diagnosis of NAI is complex and radiological evidence is often crucial. The audit demonstrated that all patients were given an appointment for CXR in line with the standard. However, 9/24 (38%) failed to attend. In all cases this was reported to the Safeguarding and Social Services teams to arrange attendance.</p>

Agreed actions	The audit demonstrates a robust system and gives adequate assurance that the standard is being met. However, due to the high risk around this area re-audit will be supported on request from the Safeguarding team
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Audit title: Insertion and management of chest drains	
Reviewed by	Emergency Department Business and Governance Committee
Findings	The audit was undertaken following a recent NPSA alert /serious incident on the insertion of a chest drain. The audit reviewed whether chest drains are being inserted and managed in the Emergency Department according to local guidelines. The results highlighted 100% compliance in the notification of a senior doctor prior to pre insertion of the chest drain. Documentation relating to the insertion management however highlighted poor compliance.
Agreed actions	An action plan has been developed which incorporates the introduction of a chest drain pack and the revision of a Clinical Decision Unit (CDU) Protocol and pathway for chest Injury has been implemented.

Audit title: Re-audit of preoperative fasting in adults	
Reviewed by	Theatre user Group (TUG)
Findings	The audit was undertaken to establish whether local policies are being adhered to with regards the preoperative fasting of adults. The standards are that elective adult patients should be allowed to eat a meal until 6 hours before the induction of anaesthesia and drink water or clear fluids up to 3 hours before induction of anaesthesia. The audit showed the overall average for patients last having fluids was 9 hours and 28 minutes and the average time for patients last having food was 11 hours.
Agreed actions	Local guidelines for pre-op fasting were developed and implemented which highlights the minimum fasting times for patients undergoing surgery. The order of the theatre list and advice on IV fluids are discussed following the Team Brief.

Audit title: Hypoglycaemia in the elderly	
Reviewed by	General Medicine Audit Presentation Meeting
Findings	The audit was undertaken to ascertain if Hypoglycaemia treatment guideline is followed appropriately within Care of the Elderly. The audit highlighted poor compliance (9/27) of the checking of patients HbA1C and the appropriate referral process (steps taken to prevent recurrences).
Agreed actions	<ul style="list-style-type: none"> • Educate junior doctors about local guidelines on hypoglycaemia and the importance of checking the patients HbA1c • Ensure guidance/protocol is shared with the ED Department • Re-audit in 12 months time

Performance indicators on which external audit is required to issue a limited assurance conclusion

As required by Monitor, Price Waterhouse Cooper, (PWC), have undertaken sample testing of two performance indicators on which they have issued their limited assurance report:

- 1. Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway**
 - Indicator has been reported on for all relevant patients that have attended the Trust in 2015-16;
 - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;
 - The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks;
 - The total number of patients on an incomplete pathway at the end of the reporting period. Reported as a percentage.

- 2. Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge**
 - Indicator has been reported on for all relevant patients that have attended the Trust in 2015-16;
 - The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge;
 - The total number of unplanned A&E attendances. Reported as a percentage.

To the best of our knowledge and belief, the information used to calculate the indicators is complete, accurate and relates to the reporting period.

Financial Statements

Summary of In-Year Performance

2015-16 was set to be a challenging year for the Trust in terms of managing the finances. This was in the context of the financial irregularity that was identified in the year ending 31 March 2014, at which time it was necessary to make corrections to the accounts resulting in significant adverse movement in the financial position.

The financial challenges continued through 2014-15 and the Trust subsequently ended 2014-15 with a deficit of £11.8m (before consolidation of the Charity's accounts) which is £0.1m favourable to the planned position of an £11.9m deficit.

From the start of 2015-16, it was evident that there were a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £6.7m was set, with a planned deficit of £11.1m.

Despite the challenges and significant pressures on the services, the Trust over achieved its Cost Improvement Target, although ended 2015-16 with a deficit of £16.2m, which is £5.1m adverse to the planned position of an £11.1m deficit. The key drivers leading to the adverse position included the application of contractual penalties, particularly in relation to patients readmitted within 30 days, actual outpatient follow-up activity being lower than planned and finally due to pressure on pay costs driven by additional spend on agency staff. These additional costs were incurred to support additional non elective activity over an above our original plan. The agency pay pressures were recognised as a national issue and Monitor subsequently introduced a capped hourly payment rate for agency staff, which was welcomed by the Trust.

During 2015-16, the availability of cash to support the continuity of services has been a key challenge. It was necessary to draw down distressed funding during the year of £8.4m which is treated as a loan, supplemented by a further £4.8m, classified as an interim working revenue support facility. The requirement for distressed funding was driven by the deficit position. Our cash management processes were redeveloped two years ago and have remained robust. However, in the main, the Trust has been unable to adhere to the better payment practice code due to the availability of cash.

Our overall financial management performance and assessment of the level of financial risk is measured by Monitor, our regulator. The assessment is known as the Continuity of Service Rating and is scored on a scale of 1-4 (a score of 1 being very poor performance and high risk and 4 representing the best performance and lowest risk).

The Trust received a Continuity of Service Rating of 1 throughout the financial year. This rating indicates to our regulator that the Trust still carries a material level of financial risk which is driven by our adverse liquidity position throughout the year.

Income from Activities

The income from our core patient related activities in 2015-16, increased by 3.0% on the previous year, despite a deflation applied to tariff. This increase predominantly reflects case mix changes. A summary of activity in 2015-16 compared to 2014-15 is provided in the table below:

Point of Delivery	2014-15	2015-16	%age change
Outpatients	268,149	260,028	-3.03%
Elective Inpatients	4,544	4,054	-10.78%
Elective Day Cases	22,653	23,369	3.16%
Non Elective Spells	35,596	36,554	2.69%
A&E Attendances	79,055	81,592	3.21%
Other Activity	2,946,299	2,966,507	0.69%

The biggest areas of activity increases relate to elective day case, non-elective spells and ED attendances. There were decreases, particularly in relation to outpatients (follow-ups) and elective inpatients. The reduction in elective inpatients is to a degree, off-set by the increase in day case spells. The majority of change in day case activity can be attributed to the change in clinical pathways within Urology where procedures moved from day case to an outpatient setting

Our income includes some non-recurrent funds, which we received over and above tariff payments to recognise the operational pressure in the hospital with regard to responding to winter pressures and supporting the delivery of seven days services which has been key in delivering better patient care, especially out of hours.

Other Operating Income

The Trust receives other sources of income for services not directly linked to patient care activities. These include education and training and research and development, services to other NHS bodies and a range of non-clinical activities.

Expenditure

Year on year expenditure for the Trust and its subsidiary BHSS Ltd, (our operating costs) did increase by 3.6%. This was attributable to both the pay and non pay bills. Total income also increased during the same period by 1.4%.

Efficiency Targets

Like every NHS Trust, we are challenged to meet significant year-on-year efficiency targets. This requires us to look at ways of saving money by providing what we do differently. We are committed to providing best value for money but without any adverse

impact on the quality of clinical care. During the year the plans performed well and we achieved savings of £6.9m which is in an overachievement of our £6.7m target.

Capital Expenditure

During 2015-16 the Trust had a capital programme of £5.819 million supported by a further £0.305m in external funding and £0.163m in donations. As at the 31 of March, a total of £6.453m had been invested. The investments are split into our main categories of spend as summarised below and include:

- Estate upgrades and backlog maintenance - £2.009m
- Information Management and Technology - £2.134m
- Medical and surgical equipment - £2.310m.

Looking Ahead to 2016-17

We start the year facing a planned deficit of £8.1m, which is an improvement on the 2015-16 position. The improvement is driven by the introduction of the national Sustainability and Transformation funding awarded to Trusts who provide urgent care and increased financial control. Delivery of the plan will be challenging and a further significant CIP programme is required together with robust cost control processes.

The financial plan has been discussed with our Commissioners prior to submission to NHS Improvement.

Signed 

Diane Wake, Chief Executive

Date: **24 May 2016**

Financial Accounts

Independent auditors' report to the Council of Governors of Barnsley Hospital NHS Foundation Trust

Report on the financial statements

Our opinion

In our opinion, Barnsley Hospital NHS Foundation Trust's ("the Trust's") Group and Parent Trust's financial statements (the "financial statements"):

- give a true and fair view of the state of the Group's and of the Parent Trust's affairs as at 31 March 2016 and of the Consolidated and Parent Statement of Comprehensive income and Consolidated and Parent Statement of Cash Flows for the year ended; and
 - have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.
-

Emphasis of Matter – Going Concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of disclosures made in note 1 (Accounting Policies) to the financial statements concerning the Trust's ability to continue as a going concern.

The Trust is delivering against a financial recovery plan for the continuity of its services following the deterioration of the Trusts financial position that was identified by Monitor in enforcement undertakings issued on 5 June 2014. It anticipates that it will receive external financial support to ensure that it is able to meet its liabilities and provide ongoing healthcare services. However, the extent and nature of any financial support, including whether such support will be forthcoming or sufficient is not yet known, so it is not clear at present how the continuity of the Trust's services will be achieved.

These conditions, together with the other matters explained in note 1 to the financial statements, indicate the existence of material uncertainty, which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust was unable to continue as a going concern.

What we have audited

The Group's and Trust's financial statements comprise:

- the Consolidated and Parent Statement of Comprehensive Income for the year then ended 31 March 2016;
- the Consolidated and Parent Statement of Financial Position as at 31 March 2016;
- the Consolidated Statement of Changes in Taxpayer's Equity for the year then ended
- the Trust Statement of Changes in Taxpayer's Equity for the year then ended
- the Consolidated and Parent Statement of Cashflows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

Certain required disclosures have been presented elsewhere in Barnsley Hospital NHS Foundation Trust Annual Report and Accounts (the "Annual Report"), rather than in the notes to the financial statements. These are cross-referenced from the financial statements and are identified as audited.

The financial reporting framework that has been applied in the preparation of the financial statements is the NHS Foundation Trust Annual Reporting Manual 2015/16 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our audit approach

Barnsley Hospital NHS Foundation Trust Context

Barnsley Hospital NHS Foundation Trust provides services to over 250,000 people within the Barnsley Metropolitan Borough Council area. The Trust is based on Gawber Road, Barnsley.

The Trusts principal commissioner is Barnsley Clinical Commissioning Group.

The Trust provides a full range of hospital services to the local community including emergency and intensive care, medical and surgical care, elderly care, paediatric and maternity care as well as diagnostic and clinical support. The Trust also works in partnership with Sheffield Teaching Hospitals NHS FT to provide specialist services including cancer care.

Overview



- Overall materiality: £3,473,000 which represents 2 % of total revenue.
- In establishing our overall approach we assessed the risks of material misstatement and applied our professional judgement to determine the extent of testing required over each balance in the financial statements.
- Our 2016 audit was planned and executed having regard to the fact that the Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and areas of focus was largely unchanged.
- We performed our audit of the financial information for the group at the Trusts Gawber Road site, which is where the finance function is based.
- The group includes the parent, Barnsley Hospital NHS Foundation Trust, and the two subsidiaries, Barnsley Hospital Charity and Barnsley Hospital Support Services Limited. Our audit includes auditing each of the three entities that are part of the group and which form the consolidated balances in the financial statements.
- Risk of fraud in revenue and expenditure recognition and management override of controls
- Medium term financial stability/Going Concern; and
- Valuation of Property, Plant and Equipment.

The scope of our audit and our areas of focus

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code") and, International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

We designed our audit by determining materiality and assessing the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain. As in all of our audits, we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are identified as "areas of focus" in the table below. We have also set out how we tailored our audit to address these specific areas in order to provide an opinion on the financial statements as a whole, and any comments we make on the results of our procedures should be read in this context. This is not a complete list of all risks identified by our audit.

Area of focus

How our audit addressed the area of focus

Risk of fraud in revenue and expenditure recognition and management override of control

See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to the recognition of revenue and expenditure and notes 3 to 5 for further information.

We focused on this area because there is a heightened risk due to:

- The Trust being under increasing financial pressure: the deficit for the year is £16.2m and,

Revenue and expenditure

We evaluated and tested the accounting policy for income recognition and found it to be consistent with the requirements of the NHS Foundation Trust Annual Reporting Manual.

For transactions close to the year-end we tested, on a sample basis that the transactions and the associated income had been posted to the correct financial year by tracing them to invoices or other documentary evidence. Our testing identified immaterial balances that had been recorded to the

Area of focus

whilst the trust is looking at ways to maximise revenue and reduce cost, there is an incentive for management to manipulate the timing of recognition of both revenue and expenditure.

- For 2016/17 the Trust has received a control total of £8.1m deficit (after assuming Sustainability and Transformation support of £6.6m). The achievement of this will continue to place pressure on the Trust, which requires £7m cost improvement and income generation plans. Given the scrutiny applied to the Trust achieving these plans and continued reliance on loans from the Department of Health £13m, there remains an increased incentive to misreport the Trust's position.

Given these incentives, we considered the key areas of focus to be:

- recognition of revenue and expenditure;
- the inherent complexities in a number of contractual arrangements entered into by the Trust.
- manipulation through journal postings; and
- items of income or expenditure whose value is dependent upon estimates.

How our audit addressed the area of focus

incorrect period, which have been adjusted for in the financial statements.

We obtained and tested the six largest Clinical Commissioning Group ('CCG') contract reconciliations including testing all material reconciling items.

We tested a sample of income by agreeing it to patient records (where it related to patient activity) or invoices and subsequent cash received (for NHS and Non-NHS income) to check whether it had been correctly recorded.

From our testing we were able to determine that revenue was appropriately and accurately recognised.

Intra-NHS balances

We obtained the Trust's mismatch reports received from Monitor, which identified balances (debtor, creditor, income or expenditure balances) that were different with the counterparty.

We then checked that management had investigated all differences over £250k.

We read correspondence with the counterparties, which was consistent with these results. We then considered the impact, if any, that the remaining disputed amounts would have on the Trust's financial statements and determined that there was no material impact.

Manipulation through journal postings

We selected a sample of manual and automated journal transactions that had been recognised in both income and expenditure, focusing in particular, on those with a combination of the following characteristics:

- posted on a non-working day;
- large items;
- unusual account code combinations;
- duplicates and reversals; and
- containing round sum amounts.

We traced these journal entries to supporting documentation (for example, invoices, good received notes and cash receipts and payments).

Our testing identified no material errors in relation to the accounting treatment of the journals posted.

Management estimates

We evaluated and tested management's accounting estimates, focussing on:

- accruals;
- provisions;
- deferred income; and
- Property, Plant and Equipment Valuation (see specific area of focus below).

We evaluated and challenged the key accounting estimates on which management's estimates were based and the basis of their calculation by:

- comparing the assumptions used by management in the calculation of their estimate with independent assumptions (from publically available sources) and investigated any differences; and
 - agreed the accuracy of data used to calculate the estimate against the Trusts original data.
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Area of focus

Medium term financial sustainability/ Going Concern

Refer to the Annual Governance Statement, note 1 to the financial statements and the Annual Report.

We focussed on this area due to the deterioration in the Trust's financial position and the uncertainty over the Trust's ability to continue as a going concern.

The current year's deficit of £16.2m compares to an original plan of £11.1m deficit. The £16.2m deficit is after the delivery of Cost Improvement/ Income Generation Plans of £6.9m against a plan of £6.7m, however £2.6m was delivered non-recurrently. In 2016/17 the Cost Improvement/ Income Generation Plan Indicates savings of £7m, leading to a deficit of £14.7m. If this deficit is achieved, the Trust will receive Sustainability and Transformation funding of £6.6m to enable it to meet its agreed plan of £8.1m deficit.

If the planned deficit of £14.7m is not achieved by the Trust then there is a risk that part of or all of the Sustainability and Transformation funding, will not be received, resulting in the Trust needing to seek additional financial support from the Department of Health, the availability of which is unknown.

At the end of 2015/16 the Trust had a cash balance of £2.4m, largely due to the drawdown of loans amounting to £13m in the year. In 2016/17 the Trust will require further support of £13m in addition to the £6.6m Sustainability and Transformation funding.

The Trust currently has a facility with the Department of Health for a total £14.4m, of which there are insufficient remaining funds to meet the £13m requirement in 2016/17.

In 2017/18 the Trust will continue to require support from the Department of Health.

In addition, the Trust's license condition in relation to its financial performance remains in force.

Valuation of Property, Plant and Equipment

See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to Property Plant and Equipment and note 14 for further information.

We focused on this area because Property, Plant and equipment ("PPE") represents the largest balance in the Trust's statement of financial position. PPE is valued at £74m.

All property, plant and equipment assets are measured initially at cost with Land and Buildings being subsequently measured at fair value based on periodic valuations. The valuations are carried out by professionally qualified Valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual, and performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date.

In 2015/16 the Trust has reassessed its judgements surrounding the valuation of Land and Buildings and their useful economic lives. In undertaking this exercise the Trust has sought professional advice from its valuation experts

How our audit addressed the area of focus

Our testing identified no material errors in relation to management estimates.

In considering the appropriateness of the Going Concern assumption in the preparation of the financial statements we have obtained the 2016/17 plan and a 15 month cashflow for the period to 31 May 2017, and:

- compared the assumptions within the Trust's financial plan against assumptions provided by Monitor and our experience in the health sector;
- understood the Trusts progress against the £7m CIP/ Income Generation target. We noted that the Trust have identified schemes of £6.2m, but that only £3.2m of these are supported by agreed plans to deliver; and
- assessed the reasonableness of the plan assumptions and carried out a sensitivity analysis over this plan.

The extent, nature and availability of any support to meet the funding requirements highlighted in the Trusts financial plan are not yet confirmed.

The £6.6m Sustainability and Transformation funding is dependent on the Trust achieving the planned deficit of £14.7m. If the planned deficit of £14.7m is not achieved, then further financial support would be required from the Department of Health in addition to that set out in the 2016/17 plan to replace the £6.6m, Sustainability and Transformation funding included in the plan. Inherent uncertainties exist which indicate the existence of a material uncertainty, which may cast doubt about the Trust's ability to continue as a going concern.

Given the results of our testing we have included an Emphasis of Matter paragraph in our report as noted above.

We obtained and read the relevant sections of the full valuation performed by the Trust's Valuers as at the 1 April 2015 and further exercise as at the 31 March 2016. Using our own valuations expertise, we evaluated and challenged the assumptions and methodology applied in the valuation exercise. We found the assumptions and methodology applied to be consistent with our expectations.

We assessed the competence of the Trust's Valuers by confirming that the Valuer had a UK qualification and was registered with an appropriate professional body.

We tested the underlying data (upon which the valuation was based) by agreeing it to source documentation relating to the Gross Internal Area ('GIA').

We checked whether the change in valuation was appropriately reflected and disclosed in the financial statements and found that it was.

We physically verified a sample of assets across land, buildings and other to confirm existence and in doing so assessed whether there was any indication of physical

Area of focus

who are changed from 2014/15. The changes in management judgements and estimates are from the 1 April 2015, initially leading to a net increase in asset value of £4.7m and an increase to useful economic lives, reducing annual depreciation by £1.5m. A desktop valuation exercise was undertaken as at the 31 March 2016, by the Trusts valuation experts which resulted in an impairment of the Land and Buildings balance to the value of £0.8m.

The valuation of Land and Buildings requires significant levels of judgement and technical expertise in choosing appropriate assumptions therefore our work has focussed on whether the Valuer's methodology, assumptions and underlying data, are appropriate and correctly applied to Land and Buildings.

How our audit addressed the area of focus

obsolescence which would indicate potential impairment.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Group, the accounting processes and controls, and the environment in which the Group operates. In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

<i>Overall materiality</i>	£3,473,000 (2015: £3,439,000).
<i>How we determined it</i>	2% of revenue (2015: 2% of revenue)
<i>Rationale for benchmark applied</i>	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £173,000 (2015: £163,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other reporting in accordance with the Code

Opinions on other matters prescribed by the Code

In our opinion:

- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements;
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- the part of the Staff Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Other matters on which we are required to report by exception

We are required to report to you if, in our opinion:

<ul style="list-style-type: none"> information in the Annual Report is: <ul style="list-style-type: none"> materially inconsistent with the information in the audited financial statements; or apparently materially incorrect based on, or materially inconsistent with, our knowledge of the group and parent company acquired in the course of performing our audit; or otherwise misleading. 	We have no exceptions to report
<ul style="list-style-type: none"> the statement given by the directors, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable and provides the information necessary for members to assess the Trust's performance, business model and strategy is materially inconsistent with our knowledge of the trust acquired in the course of performing our audit. 	We have no exceptions to report.
<ul style="list-style-type: none"> the section of the Annual Report, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee. 	We have no exceptions to report.
<ul style="list-style-type: none"> the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 or is misleading or inconsistent with information of which we are aware from our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls. 	We have no exceptions to report.
We are also required to report to you if:	
<ul style="list-style-type: none"> we have referred a matter to Monitor under paragraph 6 of Schedule 10 to the NHS Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or 	We have no exceptions to report.
<ul style="list-style-type: none"> we have issued a report in the public interest under paragraph 3 of Schedule 10 to the NHS Act 2006. 	We have no exceptions to report.

Arrangements for securing economy, efficiency and effectiveness in the use of resources

License Conditions

On 5 June 2014, Monitor issued enforcement undertakings following a sudden deterioration of the Trusts financial position. Monitor concluded that the Trust was in breach of its license in relation this:

- Deterioration of the Trusts financial position and that the trusts financial and systems and governance processes did not ensure that the Trusts deteriorating financial position was identified, or reported to the Board in an appropriate and timely manner.

On 6 June 2014, Monitor imposed an additional license condition noting that the Trust must ensure that the Board and its committees are functioning effectively and have sufficient capacity and capability to enable the Trust to address the issues identified in the enforcement undertakings issued on 5 June 2014.

Whilst on the 18 September 2015 the additional license condition imposed on 6 June 2014 was lifted, the enforcement actions in relation to the financial performance remains in place.

CQC Inspection

In July 2015, the Trust received an announced inspection from the CQC, the results of which were "Requires Improvement". This was based on the review of 39 areas across eight domains with the following findings one was rated as outstanding, 29 good, 9 Requires Improvement and no areas noted as inadequate. The "Requires Improvement" rating is the best rating that the Trust could achieve, given the governance license condition noted above, that was in place at the point of inspection. The CQC also noted two regulation breaches. The Trust has detailed action plans in place to respond to these findings and has requested a follow up visit.

Financial performance

In 2015/16 the Trust originally forecast a year end deficit of £11.1m, after pressure on the financial position was recognised in July due to increased agency costs to support unplanned increases in non-elective activity and reduced activity in outpatients, the Trust reforecast a deficit of £16.2m. As at the 31 March 2016, the Trust has delivered its forecast year end deficit of £16.2m, which has included one off income of £1m and non-recurrent CIP savings of £2.7m and was not directly through original plans.

As a result of the matters summarised above, we have been unable to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources for the year ended 31 March 2016.

Responsibilities for the financial statements and the audit

Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Code, and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Barnsley Hospital NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

What an audit of financial statements involves

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

We primarily focus our work in these areas by assessing the directors' judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive procedures or a combination of both. In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Responsibilities for securing economy, efficiency and effectiveness in the use of resources

Our responsibilities and those of the Trustees

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We are required under paragraph 1(d) of Schedule 10 to the NHS Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code.



Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
25 May 2016

- (a) The maintenance and integrity of the Barnsley Hospital NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

2015/16 Trust Accounts pro-forma

Introduction


Data entered below will be used throughout the workbook:

Trust name:	Barnsley Hospital NHS Foundation Trust
This year	2015/16
Last year	2014/15
This year ended	31 MARCH 2016
Last year ended	31 March 2015
This year beginning	1 April 2015

FOREWORD TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

BARNSELEY HOSPITAL NHS FOUNDATION TRUST

Barnsley Hospital NHS Foundation Trust ('Trust') is required to "keep accounts in such form as Monitor (The Independent Regulator for NHS Foundation Trusts) may with the approval of Treasury direct" (Paragraph 24 (1) Schedule 7 of the National Health Service Act 2006 ('the 2006 Act')). The Trust is required to "prepare in respect of each financial year annual accounts in such form as Monitor may with the approval of the Treasury direct" (Paragraph 25 (1) Schedule 7 to the 2006 Act). In preparing their annual accounts, the Trust must comply with any directions given by Monitor, with the approval of the Treasury, as to the methods and principles according to which the accounts are to be prepared and the information to be given in the accounts (Paragraph 25 (2) Schedule 7 to the 2006 Act). In determining the format and content of the annual accounts Monitor must aim to ensure that the accounts present a true and fair view (paragraph 25 (3) schedule 7 to the 2006 Act).

Signed: .....(Chief Executive)

Name.....Diane Wake.....

Date:24 May 2016.....

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2016

		Group 2015/16	Group 2014/15	Trust 2015/16	Trust 2014/15
	NOTE	£000	£000	£000	£000
Operating income from patient care activities	3	154,670	150,223	154,670	150,223
Other operating income	4	20,625	22,727	20,795	23,085
Total Operating income		<u>175,295</u>	<u>172,950</u>	<u>175,465</u>	<u>173,308</u>
Operating expenses	5	(189,748)	(183,157)	(189,948)	(183,263)
OPERATING (DEFICIT)		(14,453)	(10,207)	(14,483)	(9,955)
FINANCE COSTS					
Finance income	10	44	54	31	37
Finance expense	11	(642)	(229)	(642)	(229)
Public Dividend Capital dividends payable		<u>(1,164)</u>	<u>(1,611)</u>	<u>(1,164)</u>	<u>(1,611)</u>
NET FINANCE COSTS		(1,762)	(1,786)	(1,775)	(1,803)
Movement in fair value of investment property and other investments		(19)	19	0	0
Corporation tax (charge)/credit	12	(7)	9	0	0
(DEFICIT) FOR THE YEAR		(16,241)	(11,965)	(16,258)	(11,758)
Other comprehensive income					
Items that will not be reclassified to income or expenditure					
Revaluation and impairments property, plant and equipment	14	3,898	(382)	3,898	(382)
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		(12,343)	(12,347)	(12,360)	(12,140)
ALLOCATION OF (LOSSES) FOR THE YEAR					
		2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
(a) Surplus for the year attributable to:					
(i) owners of the parent		(16,241)	(11,965)	(16,258)	(11,758)
TOTAL		(16,241)	(11,965)	(16,258)	(11,758)
(b) total comprehensive income for the year attributable to:					
(i) owners of the parent		(12,343)	(12,347)	(12,360)	(12,140)
TOTAL		(12,343)	(12,347)	(12,360)	(12,140)

For further information on Barnsley Hospital Support Services Limited and Barnsley Hospital Charity refer note 15.

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2016

		31 March 2016	31 March 2015	31 March 2016	31 March 2015
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
NON CURRENT ASSETS					
Intangible assets	13	2,287	1,783	2,280	1,772
Property, plant and equipment	14	73,916	68,184	73,840	68,085
Investments in subsidiaries	15.1	0	0	500	500
Other Investments	15.2	257	454	0	0
Trade and other receivables	17	908	772	908	772
TOTAL NON CURRENT ASSETS		77,368	71,193	77,528	71,129
CURRENT ASSETS					
Inventories	16	2,160	1,466	1,912	1,272
Trade and other receivables	17	8,960	9,318	9,113	9,230
Cash and cash equivalents	18	2,811	5,837	2,372	5,700
Total current assets		13,931	16,621	13,397	16,202
CURRENT LIABILITIES					
Trade and other payables	19	(23,431)	(19,628)	(23,394)	(19,465)
Borrowings	20	(448)	(709)	(448)	(709)
Provisions	23	(515)	(481)	(515)	(481)
Other liabilities	21	(608)	(1,033)	(608)	(1,033)
Total current liabilities		(25,002)	(21,851)	(24,965)	(21,688)
TOTAL ASSETS LESS CURRENT LIABILITIES		66,297	65,963	65,960	65,643
NON CURRENT LIABILITIES					
Borrowings	20	(34,055)	(21,336)	(34,055)	(21,336)
Provisions	23	(411)	(453)	(411)	(453)
TOTAL NON CURRENT LIABILITIES		(34,466)	(21,789)	(34,466)	(21,789)
TOTAL ASSETS EMPLOYED		31,831	44,174	31,494	43,854
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		46,955	46,955	46,955	46,955
Revaluation reserve	24	7,654	3,889	7,654	3,889
Income and expenditure reserve		(23,221)	(7,110)	(23,115)	(6,990)
OTHERS' EQUITY					
Charitable reserves	15.1	443	440	0	0
TOTAL TAXPAYERS' EQUITY		31,831	44,174	31,494	43,854

The financial statements on pages 1 to 39 were approved by the Board on 24 May 2016 and signed on its behalf by:

Signed:  (Chief Executive)

Date:24 May 2016.....

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation reserve (Note 24 and below)	Income and expenditure reserve	Charitable Funds Reserves (Note 15)	Total taxpayers' equity
<u>2015/16</u>	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2015	46,955	3,889	(7,110)	440	44,174
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(16,657)	416	(16,241)
Transfers between reserves regarding impairment for economic benefits	0	(133)	133	0	0
Revaluation and impairments property, plant and equipment	0	3,898	0	0	3,898
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	413	(413)	0
Total taxpayers' and others' equity	<u>46,955</u>	<u>7,654</u>	<u>(23,221)</u>	<u>443</u>	<u>31,831</u>
<u>Prior year : 2014/15</u>					
Taxpayers' Equity at 1 April 2014	46,603	4,271	4,690	605	56,169
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(12,146)	181	(11,965)
Revaluation and impairments property, plant and equipment	0	(382)	0	0	(382)
Public Dividend Capital Received	17,232	0	0	0	17,232
Public Dividend Capital Repaid	(16,880)				(16,880)
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	346	(346)	0
Total taxpayers' and others' equity	<u>46,955</u>	<u>3,889</u>	<u>(7,110)</u>	<u>440</u>	<u>44,174</u>

Nature and function of classes of Taxpayers' and others' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE) and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

-The surplus or deficit for the year is recognised in income and expenditure, together with any other gain or loss for the financial year that is not recognised in any other reserve.

- a reserve adjustment is required as quantified above on consolidation of charitable funds

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation reserve (Note 24 and below)	Income and expenditure reserve	Total taxpayers' equity
<u>2015/16</u>	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2015	46,955	3,889	(6,990)	43,854
Total Comprehensive Income for the year				
Deficit for the year	0	0	(16,258)	(16,258)
Transfers between reserves regarding impairment for economic benefits	0	(133)	133	0
Revaluation and impairments property, plant and equipment	0	3,898	0	3,898
Taxpayers' Equity at 31 March 2016	46,955	7,654	(23,115)	31,494
<u>Prior year : 2014/15</u>				
Taxpayers' Equity at 1 April 2014	46,603	4,271	4,768	55,642
Total Comprehensive Income for the year				
Deficit for the year	0	0	(11,758)	(11,758)
Revaluation and impairments property, plant and equipment	0	(382)	0	(382)
Public Dividend Capital Received	17,232	0	0	17,232
Public Dividend Capital Repaid	(16,880)	0	0	(16,880)
Taxpayers' Equity at 31 March 2015	46,955	3,889	(6,990)	43,854

Nature and function of classes of Taxpayers' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE) and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

-The surplus or deficit for the year is recognised in income and expenditure, together with any other gain or loss for the financial year that is not recognised in any other reserve.

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2016

		2015/16	2014/15	2015/16	2014/15
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
Cash flows from operating activities					
Operating (deficit)		(14,453)	(10,207)	(14,483)	(9,955)
Non-cash income and expenses					
Depreciation and amortisation		4,113	5,734	4,085	5,706
Result/Gain on disposal		3	25	3	25
Income recognised in respect of capital donations (cash)		(163)	0	(163)	0
Amortisation of PFI credit		(28)	(29)	(28)	(29)
(Increase) in Trade and Other Receivables		220	(2,680)	(19)	(2,643)
Decrease in Inventories		(694)	102	(640)	107
Increase/(Decrease) in Trade and other Payables		1,888	(3,748)	2,030	(3,985)
(Decrease)/Increase in other liabilities		(397)	517	(397)	517
(Increase) in Provisions		(8)	(32)	(8)	(32)
Tax received/(paid) - deferred tax	12	(7)	9	0	0
NHS Charitable Funds working capital movements		(11)	10	0	0
NET CASH (OUTFLOW)/ INFLOW FROM OPERATING ACTIVITIES		(9,537)	(10,299)	(9,620)	(10,289)
Cash flows from investing activities					
Interest received	10	31	37	31	37
Purchase of intangible assets		(964)	(993)	(964)	(993)
Purchase of Property, Plant and Equipment		(3,549)	(5,908)	(3,590)	(5,682)
Receipt of cash donations to purchase capital assets		163	0	163	0
NHS Charitable funds - net cash flows from investing activities		178	79	0	0
Net cash inflow/(outflow) from investing activities		(4,141)	(6,785)	(4,360)	(6,638)
Cash flows from financing activities					
Public dividend capital received		0	17,232	0	17,232
Public dividend capital repaid		0	(16,880)	0	(16,880)
Loans received from the Department of Health		17,172	21,215	17,172	21,215
Loans repaid to the Department of Health		(4,152)	0	(4,152)	0
Capital element of Private Finance Initiative Obligations		(236)	(206)	(236)	(206)
Interest paid		(445)	(7)	(445)	(7)
Interest element of Private Finance Initiative Obligations		(197)	(222)	(197)	(222)
PDC Dividend paid		(1,164)	(1,358)	(1,164)	(1,358)
Net cash outflow from financing activities		10,978	19,774	10,978	19,774
Increase/(Decrease) in cash and cash equivalents	18	(2,700)	2,690	(3,002)	2,847
Cash and Cash equivalents at 1 April	18	5,511	2,821	5,374	2,527
Cash and Cash equivalents at 31 March	18	2,811	5,511	2,372	5,374
Cash and cash equivalents	18	2,811	5,837	2,372	5,700
Bank overdraft (included in borrowings)	20	0	(326)	0	(326)
Cash and cash equivalents per cashflow		2,811	5,511	2,372	5,374

Barnsley Hospital NHS Foundation Trust - Notes to the Financial Statements

Barnsley Hospital NHS Foundation Trust ('the Trust') is a public benefit corporation authorised, in England, by Monitor in accordance with the National Health Act 2006. The trust provides healthcare mainly to the region. The address of the Trust is Gawber Road, Barnsley, S75 2EP.

1 Accounting policies and other information

Basis of preparation

The accounts have been prepared under the FT ARM, being a direction issued by Monitor under the NHS Act 2006.

Accounting convention

The financial statements have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the NHS Foundation Trust's ability to continue as a going concern. In accordance with the NHS Foundation Trust's Annual Reporting Manual the financial statements have been prepared on a going concern basis as we do not either intend to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

We are also required to disclose material uncertainties in respect of events or conditions that cast doubt upon the going concern ability of the NHS Foundation Trust and these are disclosed below.

The Trust's performance in-year showed a deficit of £16.2 million (before consolidation of the Charity's Accounts) which is £5.1million adverse to the planned position of a £11.1m deficit. After inclusion of the Charity's accounts, the Trust ended the year with a deficit of £16.2 million which is £5.1 million adverse to plan. The Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of twelve months from the date these accounts are signed.

The Trust's planned deficit for 2016-17 is £8.1m which is based on the centrally allocated Control Target, which is supported by receipt of income for national Sustainability and Transformation Funding. Plans are in place to draw down additional cash funding in the form of a working capital facility and revenue loans via the Department of Health, that are not yet agreed.

Having considered the material uncertainties and the Trust's financial recovery plans and the likelihood of securing additional financial funding to support the financial operations, the directors have determined that it remains appropriate to prepare these accounts on a going concern basis.

The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2015/16 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual ("HM Treasury's FReM") to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the financial statements.

The financial statements have been prepared in accordance with EU endorsed International Financial Reporting Standards and IFRICs.

1.1 Consolidation

The Trust is the corporate trustee to the NHS charitable fund titled 'Barnsley Hospital Charity' (Registered Charity number 1058037). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory financial statements are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on FRS 102.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK Financial Reporting Standard (FRS) 102) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

Other Subsidiary

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiaries for the year.

On 16 April 2012 the Trust established a wholly owned subsidiary company ' Barnsley Hospital Support Services Limited '. The investment in Barnsley Hospital Support Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. This subsidiary is prepared in accordance with FRS 102.

References to 'Group' within the financial statements refer to the results and balances of the Trust and the subsidiaries, whilst references to 'Parent' refer only to those of the ' Trust'. All references to 'Trust' are for the ' Foundation Trust'.

1 Accounting policies and other information (continued)

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

The Trust also received income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for the unsuccessful compensation claims and doubtful debts.

1.3 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust

National Employment Savings Trust - 'NEST' is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. As a defined contribution scheme, the Trust makes disclosures in the financial statements as required by paragraph 50 onwards of IAS 19.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- individual items:
 - have a cost of at least £5,000; or
 - form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000 where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
 - form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed, by a professional valuer periodically but at least every three years. Valuations are performed more frequently where there is evidence that the carrying amounts for land and buildings may be materially different from fair value. Fair values are determined as follows:

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

- Land, non-specialised buildings and non-operational buildings - in accordance with the FT ARM, this is determined to be market value for existing use.

- Specialised buildings - depreciated replacement cost, based on providing a modern equivalent asset.

- Buildings in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as permitted by IAS 23 in respect of assets measured at fair value.

Operational equipment is held at cost less depreciation as a proxy.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for the recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of Property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Asset lives fall into the following ranges:

- Buildings excluding dwellings 15 to 90 years
- Plant and machinery 1 to 7 years
- Information Technology 1 to 5 years
- Furniture and Fittings 1 to 10 years

Freehold land is considered to have an infinite life and is not depreciated. An engaged Valuer (an external body to the Trust) considers that the remaining lives of the Buildings is ranged between 15 and 90 years based on individual blocks and assets within those blocks.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust respectively.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

Impairments

In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donation and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Service concessions - Private Finance Initiative (PFI) transactions

The PFI is the catering department scheme for the provision of a kitchen and dining facility for the production of patient, staff and visitors meals. PFI transactions which meet the IFRIC 12 (Service Concession Arrangements) definition of a service concession, as interpreted by HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' ("on SoFP"). The Trust therefore recognises the underlying assets as property, plant and equipment at their fair value. An equivalent financial liability is recognised and measured in accordance with IAS 17 (Leases). The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the implicit interest rate for the scheme. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income. PFI assets are held at fair value under IAS 16 (Property Plant and Equipment).

Contingent Rent

An element of the annual unitary payment increase is due to cumulative indexation allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as part of the finance costs in the Statement of Comprehensive Income.

Lifecycle Replacement Costs

For each year of the contract, an element of the unitary payment is allocated to lifecycle replacement based on the capital costs that the operator expects to incur for that year. Subsequently in each year, the actual capital cost incurred by the operator is recognised as an asset and, to the extent that the capital is funded by the unitary payment, an equivalent amount of the unitary payment is treated as a cash payment by the Trust to pay for the asset.

Depreciation

PFI transactions are depreciated on a straight line basis over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Assets held under PFI contracts are depreciated at the rates applicable to that class of asset.

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

1 Accounting policies and other information (continued)

1.6 Intangible assets (continued)

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Assets under construction intangible assets

The Trust includes such expenditures as software packages and Medicine Management systems.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Software is amortized over a useful life of 1 to 5 years.

1.7 Revenue Government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1 Accounting policies and other information (continued)

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value using the first in first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of inventories. Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired, or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'Loans and receivables'.

Financial liabilities are classified as 'Other Financial liabilities'.

The classification depends on the nature and purpose of the financial assets and is determined at the time of the initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

1 Accounting policies and other information (continued)

1.9 Financial instruments and financial liabilities (continued)

Other financial liabilities

The Trust's financial liabilities are categorised as 'other' financial liabilities. The classification depends on the nature and purpose of the financial liability and is determined at the time of initial recognition.

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease, and are de-recognised when the liability is discharged, cancelled or expires. Thereafter the asset is accounted for as an item of property plant and equipment. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income. Contingent rentals are recognised as an expense in the period in which they are incurred. The liability is derecognised when the liability is discharged, cancelled or expires.

The annual rental is split over the repayment of the liability and a finance cost so as to produce a constant rate of finance over the life of the lease. The finance cost for each financial year is then calculated by applying this finance rate to the opening lease liability for the financial year. The finance cost is recognised in Finance Costs in the Statement of Comprehensive Income.

1 Accounting policies and other information (continued)

1.10 Leases (continued)

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.11 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of that amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. However, the Trust only recognises a provision for the net amount that it will have to pay in respect of these claims. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 23 (Page 33) but it is not recognised in the Trust's financial statements.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised in the financial statements, but are disclosed in note 27 (page 34), unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1 Accounting policies and other information (continued)

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend.

The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Funds (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual financial statements.

The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the financial statements.

1.14 Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable value added tax is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input value added tax is recoverable, the amounts are stated net of value added tax.

The Trust established a wholly owned subsidiary Barnsley Hospital Support Services Limited that provides outpatient pharmacy dispensing services. Any transactions between the Trust and Barnsley Hospital Support Services Limited include value added tax where applicable.

1.15 Corporation Tax

The Finance Act 2004 amended S519A Income and Corporation Taxes Act 1998 to provide power to HM Treasury to make certain non-core activities of NHS Foundation Trusts potentially subject to corporation tax.

NHS Foundation Trusts may also incur corporation tax through NHS charitable funds or subsidiary organisations which are consolidated into their financial statements.

Corporation tax expense recognised in these financial statements represents the sum of the tax currently payable and deferred tax.

Current tax is the expected tax payable on the taxable surpluses generated during the year, using rates enacted or substantively enacted at the statement of financial position date, and any adjustments to tax payable in respect of previous years.

Deferred tax is provided, using the liability method, on all temporary differences at the statement of financial period date between the tax bases of assets and liabilities and their carrying amounts for the financial reporting purposes.

Deferred tax assets are recognised to the extent that it is probable that taxable profits will be available against which deductible temporary differences can be utilised. The carrying amount of deferred tax assets is reviewed at each Statement of Financial Position date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered. Deferred tax assets and liabilities are not discounted.

1.16 Borrowings

Borrowings (loans) are initially recognised at fair value, net of transaction costs incurred. Borrowings are subsequently carried at amortised cost; any difference between the proceeds (net of transaction costs) and the redemption value is recognised in the income statement over the period of the borrowings in line with our loan agreements issued by Monitor/ Department of Health.

1.17 Exit packages

Exit packages are payable when employment is terminated by the Trust before normal retirement date, or whenever an employee accepts voluntary redundancy in exchange for these packages. The Trust recognises the packages at the point there is a constructive obligation to do so, this will include: when the Trust can no longer withdraw the offer of the package. In the case of an offer for voluntary redundancy, the benefits are based on the number of employees who have or are expected to accept the offer. Benefits falling due after more than 12 months after the end of end of the reporting period are discounted.

1 Accounting policies and other information (continued)

1.18 Cash and cash equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

1.19 Critical accounting judgements, estimates and assumptions

The preparation of the accounts requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the financial year in which the estimate is revised if the revision affects only that financial year, or in the financial year of the revision, and future financial years, if the revision affects both current and future financial years.

The estimates and judgements that have had a significant effect on the amounts recognised in the accounts are outlined below.

Income estimates

In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year. Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at twelve midnight on 31 March. The number of open spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current year.

Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However as cash is not received until future periods, when the claims have been settled, an estimation must be made as to the collectability.

Expense accruals

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

Impairment of property, plant and equipment

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites.

Recoverability of receivables

In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses

Provisions

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

Plant, Property and Equipment

The Trust undertakes a revaluation of its Land and Buildings with sufficient regularity to ensure that the values remain up to date. The process of valuing the Trusts land and buildings includes the utilisation of assumptions, including for example the nature of the assets, current market conditions and Gross Internal Area. Given the complex nature of Asset valuation the Trust seeks professional advice from its valuers, to ensure that appropriate assumptions are used in the value calculation and the assessment of useful economic asset lives.

During 2015/16, the Trust has proactively reviewed the assumptions used in the calculation of asset values and useful economic lives, also changing its professional advisors. The review exercise has led to the Trust adopting less prudent valuation assumptions than those used previously, whilst remaining within acceptable thresholds and reflecting what the Trust believes to be a more representative status regarding the value of land and buildings. So since this process is reflective for the full financial year it was backdated to the 1 April 2015. The outcomes of the review were an increase to asset valuation as at the 1 April 2015 of £4.7 million and changes to the remaining useful economic lives as follows:

	2015/16 Years	2014/15 Years
Foundation/Substructure	60	50
Frame	35	50
Upper floors	33	47
Roof	18	34
External Walls	36	47

The Trust will continue to liaise with its professional advisors to ensure that the assumptions remain valid, within acceptable ranges and reflect the current position of the assets.

1 Accounting policies and other information (continued)

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FrEM

1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Trust Board.

1.23 Charitable fund investments

Investments are stated at market value as at the Statement of Financial Position date. The Statement of Comprehensive Income Includes the net gains and losses arising on revaluation and disposals throughout the year.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase date if later)

1.24 Accounting standards that have been adopted early

No new accounting standards or revisions to existing standards have been early -adopted in 2015/16.

1.25 Standards issued but not adopted

- IASB standards and IFRIC interpretations

The following accounting standards and interpretations have been issued but not yet adopted as outlined in the Foundation Trust Annual Reporting Manual for 2015/16 (FT ARM). The Trust cannot adopt new standards unless they have been adopted in the FT ARM issued by Monitor. The FT ARM generally does not adopt a new standard or interpretation until it is endorsed by the European Union. In some cases the accounting standards may be interpreted in the FT ARM and therefore may not be adopted in their original form.

IFRS 11 (amendment) – acquisition of an interest in a joint operation

Not yet EU adopted. Expected to be effective from 2016/17.

IAS 16 (amendment) and IAS 38 (amendment) – depreciation and amortisation

Not yet EU adopted. Expected to be effective from 2016/17.

IAS 16 (amendment) and IAS 41 (amendment) – bearer plants

Not yet EU adopted. Expected to be effective from 2016/17.

IAS 27 (amendment) – equity method in separate financial statements

Not yet EU adopted. Expected to be effective from 2016/17.

IFRS 10 (amendment) and IAS 28 (amendment) – sale or contribution of assets

Not yet EU adopted. Expected to be effective from 2016/17.

1 Accounting policies and other information (continued)**1.25 Standards issued but not adopted (continued)****IFRS 10 (amendment) and IAS 28 (amendment) – investment entities applying the consolidation exception**

Not yet EU adopted. Expected to be effective from 2016/17.

IAS 1 (amendment) – disclosure initiative

Not yet EU adopted. Expected to be effective from 2016/17.

IFRS 15 Revenue from contracts with customers

Not yet EU adopted. Expected to be effective from 2017/18.

Annual improvements to IFRS: 2012-15 cycle

Not yet EU adopted. Expected to be effective from 2017/18.

IFRS 9 Financial Instruments

Not yet EU adopted. Expected to be effective from 2018/19.

2. Operating segments

All of the Trust's activities are in the provision of healthcare, which is an aggregate of all the individual specialty components included therein, and the large majority of the healthcare services provided occur at the one geographical main site. Similarly, the large majority of the Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature. On this basis one segment of 'Healthcare' is deemed appropriate.

The operating results of the Trust are reviewed monthly by the Trust's chief operating decision maker which is the overall Trust Board and which includes non - executive directors. For 2015/16, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process. The values disclosed are consistent to those reported to the Board in March 2016, with the exception of audit adjustments.

Within the Group financial statements are two subsidiary entities as detailed in note 1.1 and the pages below. The figures of these entities are not sufficiently material to require separate segmental reporting.

The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

3. Income from activities

	2015/16 Group £000	2014/15 Group £000	2015/16 Trust £000	2014/15 Trust £000
3.1 Income from activities comprises				
Foundation Trusts	14	28	14	28
NHS Trusts	22	22	22	22
CCGs and NHS England	153,050	147,764	153,050	147,764
NHS Other	272	160	272	160
Non NHS:				
- Local Authorities	276	1,193	276	1,193
- Private Patients	21	6	21	6
- NHS Injury Scheme*	952	1,024	952	1,024
- Other	63	26	63	26
	<u>154,670</u>	<u>150,223</u>	<u>154,670</u>	<u>150,223</u>

*NHS injury scheme income is subject to a provision for doubtful debts of 18.9% (2014/15 18.9%) to reflect expected rates of collection. The Trust has chosen not to use the rate of 21.99%.

	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
3.2 Analysis of income from activities				
Inpatient - elective	23,204	23,801	23,204	23,801
Inpatient - non elective	53,589	51,608	53,589	51,608
Outpatient income	24,460	24,146	24,460	24,146
Other activity income	43,718	42,041	43,718	42,041
A & E income	8,513	7,424	8,513	7,424
Private Patient Income	21	6	21	6
Other clinical income	1,165	1,197	1,165	1,197
Income from activities	<u>154,670</u>	<u>150,223</u>	<u>154,670</u>	<u>150,223</u>

Income from Commissioner Requested Services CRS and Income from non- Commissioner Requested Services (non-CRS)

Commissioner Requested Services CRS	153,050	147,764	153,050	147,764
non- Commissioner Requested Services (non-CRS)	22,245	25,186	22,415	25,544
TOTAL/comparative	<u>175,295</u>	<u>172,950</u>	<u>175,465</u>	<u>173,308</u>

4. Other Operating Income	Group	Group	Trust	Trust
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
Research and Development	913	902	913	902
Education and Training	5,175	4,685	5,175	4,685
Received from NHS Charities- grant for capital acquisitions	161	0	161	0
Charitable and other contributions to expenditure	39	44	39	44
Amortisation of PFI Main scheme - deferred credit	28	29	28	29
Non-patient care services to other bodies	266	276	266	276
Other income*	13,615	16,642	14,213	17,149
NHS Charitable Funds - Income	428	149	0	0
	20,625	22,727	20,795	23,085

* Further details of 'other income' are as follows:

Car parking	1,236	1,114	1,236	1,114
Estates recharges	737	574	737	574
IT recharges	537	0	537	0
Pharmacy sales	2	81	2	81
Clinical tests	481	477	481	477
Clinical excellence awards	146	146	146	146
Property rentals	25	18	25	18
Community Paediatrics	0	23	0	23
Cytotoxic Drugs Recharge	908	778	908	778
Musculo Skeletal Services	173	257	173	257
Neurology Recharge	164	170	164	170
Occupational Health Recharge	157	171	157	171
Oncology Recharge	288	0	288	0
Renal Satellite Unit Recharge	142	142	142	142
Rotherham Ophthalmology	2,393	2,734	2,393	2,734
Voluntary Services Income	204	237	204	237
Waiting List Initiatives Clinic	188	307	188	307
Paediatric Equipment Recharge	169	0	169	0
Spectrum Recharge	249	0	249	0
Electronic Patient Records/PAS	945	3,577	945	3,577
Miscellaneous items Note 1	4,471	5,836	5,069	6,343
	13,615	16,642	14,213	17,149

Note 1

Miscellaneous items consists of various streams of 'Other Operating Income' including Radiology tests, Medical Physics recharge of joint system costs for Pathology, Complex Needs, Other Drug recharges, Other Service recharges, together together with other miscellaneous / adhoc items.

5. Operating expenses**5.1 Operating expenses comprise:**

	Group	Group	Trust	Trust
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
Services from NHS Foundation Trusts	2,085	2,086	2,085	2,086
Services from other NHS Trusts	327	168	327	168
Services from CCGs and NHS England	3	0	3	0
Services from other NHS Bodies	29	26	29	26
Purchase of healthcare from non NHS bodies	2,565	1,878	2,565	1,878
Executive Directors' costs Note 1	861	1,099	861	1,099
Non Executive Directors' costs Note 1	108	101	108	101
Staff costs	122,717	119,348	122,717	119,348
Drugs	15,352	13,309	15,703	13,824
Supplies and services - clinical	14,761	13,449	14,761	13,449
Supplies and services - general	6,221	6,523	6,221	6,523
Establishment	2,875	2,249	2,875	2,249
Research and Development	310	138	310	138
Premises - business rates payable to local authorities	637	612	637	612
Premises	4,751	5,043	4,751	5,043
Increase in other provisions	430	0	430	0
Rentals under operating leases Plant and Machinery	663	664	663	664
Increase/(decrease) in bad debt provision	(102)	64	(102)	64
Depreciation on property, plant and equipment Note 2	3,653	5,167	3,629	5,143
Amortisation on intangible assets	460	567	456	563
Audit services - statutory audit Note 3.1	67	61	67	54
Audit fees for Charitable Funds	6	4	0	0
Other auditor's remuneration - further assurance services Note 3.2	12	20	12	20
Clinical negligence	9,340	6,513	9,340	6,513
Loss on disposal of other property, plant and equipment	3	25	3	25
Legal Fees	266	287	266	287
Consultancy Costs	381	1,964	381	1,964
Internal audit costs	81	81	81	81
Car parking and security	267	353	267	353
Redundancy (not included in employee expenses)	57	221	57	221
Hospitality	27	28	27	28
Losses, ex gratia and special payments	349	502	349	502
Other	186	607	69	237
	<u>189,748</u>	<u>183,157</u>	<u>189,948</u>	<u>183,263</u>

Note 1 - As required by the Companies Act 2006, further disclosures of Directors' remuneration and other benefits are detailed in note 28 (page 36) to these accounts and further details available in the remuneration report of the Annual Report for the Trust.

Note 2 - Depreciation of property plant and equipment are inclusive of PFI operating costs.

Note 3.1 - Auditors' remuneration

The Board of Governors appointed PricewaterhouseCoopers LLP (PWC) as external auditors of the Trust for the 5 year period commencing 1 April 2007, and re-appointed for the 3 year period, with the option to extend for a further two years commencing 1 April 2011. The audit fee for the statutory audit including quality accounts review was £65,180 (2014/15 £63,902) including VAT. This was the fee for an audit in accordance with the Audit Code issued by Monitor in March 2011. The audit fee for the subsidiary organisation, Barnsley Hospital Support Services Limited was £10,176 inclusive of VAT (2014/15 - £ 7,918). The audit fee for Barnsley Hospital Charity was £5,515 (2013/14 - £4,525 inclusive of VAT).

Note 3.2 - Other auditors' remuneration - further assurance services

	Group	Group	Trust	Trust
	2015/16	2014/15	2015/16	2014/15
	£000	£000	£000	£000
CQC preparation	0	10	0	10
Quality accounts review costs in line with the audit code	12	10	12	10
	<u>12</u>	<u>20</u>	<u>12</u>	<u>20</u>

The quality accounts review costs are inclusive of value added tax.

5. Operating expenses (continued)

5.2 Operating leases

5.2/1 Operating expenses include:

Payments recognised as an expense	Total 2015/16 £000	Plant and Machinery £000	Other £000	2014/15 £000
Minimum lease payments	<u>663</u>	<u>663</u>	<u>0</u>	<u>664</u>

5.2/2 Total future minimum lease payments

	2015/16 £000	Plant and Machinery £000	Other £000	2014/15 £000
Total future minimum lease payments				
No later than one year.	663	663	0	663
Later than one year and no later than five years.	0	0	0	663
Later than five years.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<u>663</u>	<u>663</u>	<u>0</u>	<u>1,326</u>

The Trust has various operating leases, which include arrangements for lease cars and other equipment.

The most significant operating lease arrangement is for a managed service, Siemens Pathology Analyser which is due to expire in March 2017.

6. Staff costs and numbers**6.1 Staff costs**

	Group and Trust			2014/15
	Total	Permanently	Other	
	2015/16	Employed		
	£000	£000	£000	£000
Salaries and wages	97,054	91,678	5,376	94,757
Social Security Costs	7,246	7,246	0	7,144
Employer contributions to NHSPA	10,873	10,873	0	10,575
Pension Cost NEST	6	0	6	4
Agency/Contract Staff	8,689	0	8,689	7,967
	<u>123,868</u>	<u>109,797</u>	<u>14,071</u>	<u>120,447</u>

In the year ended 31 March 2016, £290,193 of staff costs (wte 8) were capitalised in property, plant and equipment (for year ended 31 March 2015 - £Nil).

Director and staff costs charged to operating expenses are disclosed in note 5.1 (page 20).

6.2 Average monthly number of persons employed - WTEs

	Group and Trust			2014/15
	Total	Permanently	Other	
	2015/16	Employed		
	Number	Number	Number	Number
Medical and dental	296	296	0	290
Administration and estates	645	645	0	626
Healthcare assistants and other support staff	229	229	0	236
Nursing, midwifery and health visiting staff	995	995	0	996
Scientific, therapeutic and technical staff	476	476	0	450
Agency and contract staff	76	0	76	40
Bank staff	73	0	73	73
Total	<u>2,790</u>	<u>2,641</u>	<u>149</u>	<u>2,711</u>

Of which there were 8 WTE engaged on capital projects in 2015/16 (2014/15: None

Within Medical and Dental staff numbers are 73.75 whole time equivalent (WTE) recharges from other NHS Trusts, at cost of £5,308,027 (74.84 WTE at a cost of £5,222,301 in 2014/15), which are not processed on the Trust's payroll, but which appear in the total staff costs for the Trust.

6.3 Exit Packages

The following exit packages occurred in 2015/16 (2014/15 figures included in brackets);

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
£0 to £10,000	0 (0)	2 (3)	2 (3)
£10,001 - £25,000	0 (0)	2 (6)	2 (6)
£25,001 - £50,000	0 (0)	1 (4)	1 (4)
£100,001-£150,000	0 (0)	1 (1)	1 (1)
Total number of exit packages by type	<u>0 (0)</u>	<u>6 (14)</u>	<u>6 (14)</u>
Total cost £' 000s	<u>0 (0)</u>	<u>185 297</u>	<u>185 (297)</u>

Exit Packages : Other (non compulsory) departure payments 2015/16

	Payments Agreed	Total value of Agreements
	Total 2015/16	Total 2015/16
	£000	£000
Voluntary redundancies including early retirement contractual costs	1	11
Mutually agreed resignations (MARS) contractual costs	4	60
Exit payments following employment tribunals or court orders	1	114
Total cost £' 000s	<u>6</u>	<u>185</u>

6. Staff costs and numbers (continued)**6.4 Retirements due to ill-health**

During the year there were 3 early retirements (Nil in 2014/15) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements is £105,275 (£Nil in 2014/15). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

7. The Late Payment of Commercial Debts (Interest) Act 1998

There was no late payment of commercial debt interest.

8. Limitation on auditors' liability

The limitation on the auditors' liability with regards to the audit of the financial statements, as per the engagement letter is £1,000,000 (2014/15 - £1,000,000).

9. Loss on Disposal of property plant and equipment

Group and Trust	Group 2015/16 £000	Group 2014/15 £000	Trust 2015/16 £000	Trust 2014/15 £000
Result on disposal of other property plant and equipment	<u>3</u>	<u>25</u>	<u>3</u>	<u>25</u>
	3	25	3	25

10. Finance Income

Group and Trust	Group 2015/16 £000	Group 2014/15 £000	Trust 2015/16 £000	Trust 2014/15 £000
Interest on bank accounts	31	37	31	37
NHS Charitable funds: investment income	13	17	0	0
	<u>44</u>	<u>54</u>	<u>31</u>	<u>37</u>

11. Finance expense

Group and Trust	2015/16 £000	2014/15 £000
Capital loans from the Department of Health	(42)	(1)
Working capital loans from the Department of Health	(403)	(6)
Main Finance Costs	(61)	(90)
Contingent Finance Costs	(136)	(132)
	<u>(642)</u>	<u>(229)</u>

12 Corporation tax (credit)/charge

Group	Group 2015/16 £000	Group 2014/15 £000
(There are no figures or disclosures for the Trust for Note 12, since the Trust's NHS activities are not subject to corporation tax)		

Analysis of (credit)/charge during the year**Current tax (credit)/charge for the year**

United Kingdom corporation tax	0	0
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Deferred tax

Current year	7	(9)
Total deferred tax	<u>7</u>	<u>(9)</u>

Total per consolidated statement of comprehensive income	<u>7</u>	<u>(9)</u>
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Reconciliation of current tax charge

The credit for the year can be reconciled to the surplus per the consolidated statement of comprehensive income as follows:

	2015/16 £000	2014/15 £000
(Deficit) for the year from continuing activities.	<u>(16,234)</u>	<u>(11,974)</u>

This arises solely on the activities of Barnsley Hospital Support Services Limited as the Trust's NHS Activities are not subject to corporation tax

Effective tax charge percentage	20.00%	21.00%
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Tax if effective tax rate charged on surpluses before tax	(3,243)	(2,519)
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Effects of

Surpluses not subject to tax	3,247	2,508
Changes in tax rates	0	1
Adjustment in respect of prior years	3	1
Tax (credit)/charge for the year	<u>7</u>	<u>(9)</u>

The current and prior year tax (credit)/charge relates to Barnsley Hospital Support Services Limited which began trading in 2012/13.

13. Intangible assets**GROUP 2015/16 (Trust figures not disclosed as no material difference)**

2015/16:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2015	6,537	184	6,721
Additions purchased	446	518	964
Reclassifications	250	(250)	0
Gross cost at 31 March 2016	7,233	452	7,685
Accumulated Amortisation at 1 April 2015	4,938	0	4,938
Provided during the year	460	0	460
Accumulated amortisation at 31 March 2016	5,398	0	5,398
Net book value			
- Total at 1 April 2015	1,599	184	1,783
- Total at 31 March 2016	1,835	452	2,287
Prior year 2014/15:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2014	5,855	0	5,855
Additions purchased	65	801	866
Reclassifications	617	(617)	0
Gross cost at 31 March 2015	6,537	184	6,721
Accumulated amortisation at 1 April 2014	4,371	0	4,371
Provided during the year	567	0	567
Accumulated amortisation at 31 March 2014	4,938	0	4,938
Net book value			
- Total at 1 April 2014	1,484	0	1,484
- Total at 31 March 2015	1,599	184	1,783

14. Property, plant and equipment

14.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

GROUP 2015/16 (Trust figures not disclosed as no material difference)

	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	4,100	54,855	475	29,692	0	5,726	785	95,633
Additions - purchased	0	1,891	516	1,762	0	1,157	1	5,327
Additions purchased from cash donations/grants	0	0	0	163	0	0	0	163
Reclassifications	0	0	(770)	606	0	164	0	0
Revaluation Note 1	(600)	3,096	0	0	0	0	0	2,496
Disposals	0	0	0	(2,383)	0	0	0	(2,383)
At 31 March 2016	3,500	59,842	221	29,840	0	7,047	786	101,236
Accumulated depreciation at 1 April 2015	0	155	0	22,738	0	3,865	691	27,449
Provided during the year	0	1,405	0	1,605	0	626	17	3,653
Revaluation Note 1	0	(1,402)	0	0	0	0	0	(1,402)
Disposals	0	0	0	(2,380)	0	0	0	(2,380)
Accumulated depreciation at 31 March 2016	0	158	0	21,963	0	4,491	708	27,320
Net book value								
- Purchased at 1 April 2015	4,100	54,225	475	6,650	0	1,861	94	67,405
- Government Granted as at 31 March 2015	0	194	0	55	0	0	0	249
- Donated at 1 April 2015	0	281	0	249	0	0	0	530
Revised Total at 1 April 2015	4,100	54,700	475	6,954	0	1,861	94	68,184
- Purchased at 31 March 2016	3,500	59,209	221	7,493	0	2,556	78	73,057
- Government Granted as at 31 March 2016	0	194	0	31	0	0	0	225
- Donated at 31 March 2016	0	281	0	353	0	0	0	634
Total at 31 March 2016	3,500	59,684	221	7,877	0	2,556	78	73,916

Note 1

In the year the Trust has reviewed its judgements in relation to the valuation process for land and buildings, including the assumptions used on which the valuation is based and the useful lives of the assets, leading to a change in valuer. Following this exercise the Trust has opted to take less prudent assumptions to the valuation and useful economic lives of the assets, following professional advice from the new valuer. A detailed valuation exercise of the Trust's estate was undertaken by the new valuer and backdated to the 1 April 2015. This exercise led to an increase in asset valuation of £4.7 million. At 31 March 2016, the new valuer carried out a desktop valuation exercise of various blocks forming the main hospital site, car park and PFI. This has indicated an overall impairment of £0.8 million, with all assets decreasing in value other than the PFI and External works assets that saw marginal increases.

Of the totals at 31 March 2016 there were no assets valued at open market value (As at 31st March 2015 - none).

For on-statement of financial position PFI contracts, the NBV of assets held as at 31st March 2016 was £1,267,000 for (31 March 2015 - £1,517,000) - refer note 22 (page 32) for further details

There were no other assets held under finance leases and hire purchase contracts as at the reporting year dates of 31 March 2016 and 31 March 2015.

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

14. Property, plant and equipment (continued)**14.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements: (continued)****GROUP (Trust figures not disclosed as no material difference)**

2014/15:	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2014	4,100	54,377	3,332	28,530	70	4,715	785	95,909
Additions - purchased	0	1,468	770	580	0	397	0	3,215
Reclassifications	0	2,431	(3,627)	582	0	614	0	0
Revaluation Note 1	0	(3,421)	0	0	0	0	0	(3,421)
Disposals	0	0	0	0	(70)	0	0	(70)
At 31 March 2015	4,100	54,855	475	29,692	0	5,726	785	95,633
Accumulated depreciation at 1 April 2014	0	152	0	21,293	40	3,222	659	25,366
Provided during the year	0	3,042	0	1,445	5	643	32	5,167
Revaluation	0	(3,039)	0	0	0	0	0	(3,039)
Disposals	0	0	0	0	(45)	0	0	(45)
Accumulated depreciation at 31 March 2015	0	155	0	22,738	0	3,865	691	27,449
Net book value								
- Purchased at 1 April 2014	4,100	53,688	3,332	6,858	0	1,493	126	69,597
- Government Granted as at 31 March 2014	0	219	0	80	30	0	0	329
- Donated at 1 April 2014	0	318	0	299	0	0	0	617
Revised Total at 1 April 2014	4,100	54,225	3,332	7,237	30	1,493	126	70,543
- Purchased at 31 March 2015	4,100	54,225	475	6,650	0	1,861	94	67,405
- Government Granted as at 31 March 2015	0	194	0	55	0	0	0	249
- Donated at 31 March 2015	0	281	0	249	0	0	0	530
Total at 31 March 2015	4,100	54,700	475	6,954	0	1,861	94	68,184

Of the totals at 31 March 2015 there were no assets valued at open market value (As at 31st March 2014 - none)

For on-statement of financial position PFI contracts, the NBV of assets held as at 31st March 2015 was £1,517,000 for (31 March 2014 - £1,494,000) - refer note 22 (page 32) for further details

There were no other assets held under finance leases and hire purchase contracts as at the reporting year dates of 31 March 2015 and 31 March 2014.

Buildings excluding dwellings' and 'Dwellings' were recatergorised as at 1.4.13 to 'Buildings and Dwellings' to give a more meaningful classification

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

15. Investments

15.1 Investments in subsidiaries

The trust is the Corporate Trustee for the NHS Charity, Barnsley Hospital Charity, registered charity number 1058037 refer note 1.1 (Page 6).

As at 31 March 2016 the parent holds 500,000 Ordinary shares of £1 each in Barnsley Hospital Support Services Limited.

This represents a 100% direct ownership and voting rights in Barnsley Hospital Support Services Limited, which is incorporated in England and Wales.

The principal activity of this subsidiary company is to provide support services for the parent.

Extracts from the subsidiaries are as follows:

(i) From Charitable Funds

Statement of Financial Activities

	2015/16				2014/15			
	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Incoming Resources: excluding investment income	428	0	0	428	149	0	0	149
- with Barnsley Hospital NHS Foundation Trust	(366)	(85)	413	(38)	(220)	(126)	346	0
- audit fee (payable to the external auditor)	(6)	0	0	(6)	(4)	0	0	(4)
Total operating expenditure	(372)	(85)	413	(44)	(224)	(126)	346	(4)
Incoming Resources: investment income	13	0	0	13	17	0	0	17
Net (outgoing) / incoming resources before other recognised gains and losses	69	(85)	413	397	(58)	(126)	346	162
Fair value movements on investment properties and other investments	19	0	0	19	19	0	0	19
Net movement in funds	88	(85)	413	416	(39)	(126)	346	181

(ii) Balance Sheet

	31 March 2016				31 March 2015			
	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Non-current assets								
Other Investments	257	0	0	257	454	0	0	454
Total non-current assets	257	0	0	257	454	0	0	454
Current assets								
Trade and other receivables	11	0	(5)	6	24	0	(16)	8
Cash and cash equivalents	273	0	0	273	84	0	0	84
Total current assets	284	0	(5)	279	108	0	(16)	92
Current liabilities								
Trade and other payables	139	(41)	(26)	72	207	(85)	(24)	98
Total current liabilities	139	(41)	(26)	72	207	(85)	(24)	98
Creditors: amounts falling due after more than 1 year	60	(60)	0	0	102	(102)	0	0
Net assets	342	101	21	464	253	187	8	448
Funds of the charity								
Restricted funds:	242	0	0	242	100	0	0	100
Unrestricted income funds	100	101	0	201	153	187	0	340
Total Charitable Funds	342	101	0	443	253	187	0	440

There are no endowment funds. Explanations of funds can be found within the Annual Report and Accounts for Barnsley Hospital Charity available on the Charity Commission website www.charitycommission.gov.uk. The Trust financial statements do not contain any such funds.

Restricted Funds

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor.

As at 31 March 2016, the Charity has the following restricted funds:

1. Occupational Therapy - a bequest which was to be used to enhance the therapy activities received by patients to enable their rehabilitation.
2. Phyllis Pierrepoint - a bequest for the use and benefit of the Chemotherapy Department
3. Coronary Care - was designated as restricted further to a review of the fund.
4. The Well - for complementary therapy services.
5. Jaxon's Gift - for use towards projects supporting bereaved families
6. Dermatology Trust Fund - to satisfy the stipulation of the bequest
7. Tiny Hearts Appeal - funds used solely for the purpose of creating, furnishing and equipping a brand new state of the art, special care baby unit at Barnsley Hospital.
8. Alison Wilkie Davies Fund - to satisfy the wishes of the testatrix

15. Investments (continued)**15.1 Investments in subsidiaries (continued)**

Extracts from the subsidiaries are as follows (continued)

(iii) Barnsley Hospital Support Services Limited

Summarised Balance Sheet	31 March 2016	31 March 2015
	£000	£000
Current Assets	975	868
Current Liabilities	(662)	(599)
Total Current Net Assets	313	269
Non- current assets	84	111
Non- current liabilities	(3)	0
Total Non-Current Net Assets	81	111
Provision for liabilities	0	0
Net Assets	394	380
Gross assets	1,059	979
Summarised Profit and Loss Account	2015/16	2014/15
	£000	£000
Revenue	4,250	3,499
Expenses	(4,229)	(3,550)
Corporation Tax	(7)	9
Post tax profit from continuing operations	14	(42)
Total comprehensive income	14	(42)

The amounts presented above are the amounts before intercompany transactions.

15.2 OTHER INVESTMENTS

There are no Other Investments held by the Trust

Other Investments arise in the Group Accounts on the consolidation of the Charitable Fund subsidiary which represents the managed fund.

Movements on investment are as follows	Group	Group
	2015/16	2014/15
	£' 000	£' 000
Carrying value at beginning of year	454	514
Acquisitions in year - other	152	43
Movement in fair value - revaluation	(19)	19
Disposal	(330)	(122)
Carrying value at end of year	257	454

It is the policy of the Trustees to make medium risk investments through the investment manager Investec. The current portfolio is assessed as being at the 'lower end of medium risk'. Therefore there is not considered to be a significant risk surrounding these investments.

16. Inventories**16.1 Inventories comprises**

	<u>GROUP</u> 31 March 2016	<u>GROUP</u> 31 March 2015	<u>TRUST</u> 31 March 2016	<u>TRUST</u> 31 March 2015
	£000	£000	£000	£000
Raw materials and consumables	2,160	1,466	1,912	1,272
TOTAL	<u>2,160</u>	<u>1,466</u>	<u>1,912</u>	<u>1,272</u>

The Group and Parent held consignment stock of £924,627 not recognised in the accounts as at 31 March 2016, (£999,541 at 31 March 2015)

16.2 Inventories recognised in expenses

<u>GROUP AND TRUST</u>	31 March 2016	31 March 2015
	£000	£000
Inventories recognised as an expense in the year	<u>11,199</u>	<u>10,734</u>
	<u>11,199</u>	<u>10,734</u>

17. Trade and other receivables

	<u>GROUP</u> 31 March 2016	<u>GROUP</u> 31 March 2015	<u>TRUST</u> 31 March 2016	<u>TRUST</u> 31 March 2015
	£000	£000	£000	£000
Non current assets				
Other receivables	908	772	908	772
Current assets				
NHS receivables	5,377	6,018	5,377	6,018
Receivable due from subsidiary company	0	0	272	54
Prepayments	695	558	685	558
PDC Dividend Receivable	89	89	89	89
Value Added Tax receivable	396	436	267	436
Other receivables	2,727	2,637	2,727	2,483
Deferred tax asset (refer note 19)	0	4	0	0
NHS Charitable Funds - trade and other	6	8	26	24
Provision for impaired receivables	(330)	(432)	(330)	(432)
Sub Total	<u>8,960</u>	<u>9,318</u>	<u>9,113</u>	<u>9,230</u>
TOTAL trade and other receivables	<u>9,868</u>	<u>10,090</u>	<u>10,021</u>	<u>10,002</u>

The majority of trade and other receivables are with CCGs as commissioners for NHS patient care services. Credit rating is not applied to other receivables, however all receivables are reviewed during the year and provisions for potential impairments are made on an invoice by invoice basis.

17. Trade and other receivables (continued)

Ageing of non impaired receivables past their due date	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Up to 3 months	1,425	1,055	1,425	1,055
In 3 to 6 months	684	125	684	125
Over six months	604	288	604	288
	<u>2,713</u>	<u>1,468</u>	<u>2,713</u>	<u>1,468</u>
Provision for impairment of receivables	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Balance at 1 April	432	368	432	368
Increase in provision	(102)	64	(102)	64
Amount utilised	0	0	0	0
Balance at 31 March	<u>330</u>	<u>432</u>	<u>330</u>	<u>432</u>

18. Cash and cash equivalents

	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
At 1 April	5,837	2,821	5,700	2,527
Net change in year	(3,026)	3,016	(3,328)	3,173
At 31 March	<u>2,811</u>	<u>5,837</u>	<u>2,372</u>	<u>5,700</u>
Made up of:				
Cash at commercial banks and in hand	941	142	502	5
Cash with Government Banking Service	1,870	5,695	1,870	5,695
Cash and cash equivalents as in statement of financial position	<u>2,811</u>	<u>5,837</u>	<u>2,372</u>	<u>5,700</u>

In 2015/16, the Trust did not have a bank overdraft (2014/15 - there was a bank overdraft of £326,000 as disclosed in note 20 Borrowings).

The Trust has a working capital facility with a commercial bank for £Nil (As at 31 March 2015 - £Nil) - refer note 1.1 (page 6) for further details.

The Trust and Group cash balances are held with Natwest and Lloyds Banking Group. These are considered low risk institutions.

19. Trade and other payables

	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Current				
NHS payables	2,168	2,065	2,168	2,065
Amount due to subsidiary company	0	0	421	463
Amounts due to other related parties - revenue	1,583	1,538	1,583	1,538
Trade payables - capital	4,082	2,141	4,082	2,141
Other trade payables revenue	5,523	4,241	5,523	4,241
Social security costs	2,260	2,247	2,260	2,247
Value Added Tax payable	107	40	107	40
Deferred taxation Note 1	3	0	3	0
Other payables	249	634	(93)	90
NHS Charitable Funds	72	98	5	16
Accruals	7,384	6,624	7,335	6,624
	<u>23,431</u>	<u>19,628</u>	<u>23,394</u>	<u>19,465</u>

Note 1

	<u>GROUP</u>
	31 March 2016
	£000
Movement in deferred tax liability/(asset)	
At beginning of year	(4)
Charge/(credit) to the profit and loss account during the year	7
At end of the year	<u>3</u>

For 2014/15 deferred tax was an asset and accordingly has been disclosed in note 17 above.

20. Borrowings

	<u>GROUP AND TRUST</u>	<u>GROUP AND TRUST</u>
	31 March 2016	31 March 2015
	£000	£000
Current liabilities		
Bank overdrafts	0	326
Capital loans from Department of Health Note 1	180	180
Obligations under Private Finance Initiative contracts	268	203
Total Other Current Liabilities	<u>448</u>	<u>709</u>
Non-current liabilities		
Capital loans from Department of Health Note 1	2,346	2,526
Working capital loans from Department of Health Note 2	31,709	18,509
Obligations under Private Finance Initiative contracts	0	301
Total Other Non-current Liabilities	<u>34,055</u>	<u>21,336</u>

For further details of Private Finance Initiative contracts, refer note 22 (page 32).

Note 1

An Interim Capital Support Loan from the Secretary of State for Health which is a capital loan repayable by equal instalments of principal. Interest rate is at 1.57% and interest is payable every 6 months. The total facility and principal of this loan for £2,706,000 was drawn on 23 March 2015 the repayments are every 6 months until 18 March 2030.

Note 2

(i) An Interim Revenue Support Loan from the Secretary of State for Health which is an extendable maturity loan provided pending the development of recovery plan. Interest rate is at 1.5% and interest is payable every 6 months. The total facility and principal of this maturity loan for £18,509,000 was drawn on 23 March 2015 and is due to be repaid in full on 18 March 2020.

(ii) An Interim Revenue Support Loan for £8,400,000 from the Secretary of State for Health. Interest rate is 1.5% and interest is payable every 6 months the principal of £8,400,000 is due to be repaid on 18 May 2018.

(iii) An Interim Revolving Working Capital Facility for £4,800,000 from the Secretary of State for Health. Interest rate is 3.5% and interest is payable every 6 months the principal is due to be repaid 14 April 2020.

21. Other liabilities

	<u>GROUP AND TRUST</u>	<u>GROUP AND TRUST</u>
	31 March 2016	31 March 2015
	£000	£000
Current liabilities		
Deferred income	573	974
Deferred PFI credits	35	59
Total Other Current Liabilities	<u>608</u>	<u>1,033</u>

22. Private Finance Initiative contracts

The Trust had one PFI scheme on-Statement of Financial Position. The arrangement of the PFI is the Catering Department scheme for the provision of a kitchen and dining facility for the production of patient, staff and and visitors meals.

The contract had a start date of 2 January 2002 and an end date of 1 January 2017. The annual uplift of the scheme is based on RPI.

22.1 Total obligations for on-statement of financial position ("on SoFP") PFI contracts due:

	<u>GROUP AND TRUST</u>	<u>GROUP AND TRUST</u>
	31 March 2016	31 March 2015
	£000	£000
Gross PFI liabilities		
Minimum lease payments		
of which liabilities are due:		
- not later than one year;	293	264
- later than one year, not later than five years	0	326
	<u>293</u>	<u>590</u>
- Less : interest element	(25)	(86)
	<u>268</u>	<u>504</u>

The PFI asset value is matched by a combination of the liability and the deferred income balance.

22.2 Charges to expenditure

The total charged in the year in respect of the service element of on-statement of financial position PFI contracts was £1,829,000 (for year ended 31 March 2015 £1,812,000).
Deferred income of £28,000 was credited to income during the year (for year ended 31 March 2015 £29,000) and the balance remaining at the year end is £31,437 (for the year ended 31 March 2015 £ 59,437).

22.3 The Trust is committed to make the following payments for on SoFP PFI obligations during the next year in which the commitment expires:

	31 March 2016	31 March 2015
	£000	£000
Gross PFI liabilities		
of which liabilities are due:		
- not later than one year;	268	203
- later than one year and not later than five years;	0	301
	<u>268</u>	<u>504</u>

The net book value of the PFI assets are £1,267,000 (as at 31 March 2015 - £1,517,000) as stated in buildings excluding dwellings Note 14.

The Trust had no PFI schemes off the Statement of Financial position.

22. Private Finance Initiative contracts (continued)**22. 4 Analysis of amounts payable to service concession operator**

	<u>GROUP AND TRUST</u>	<u>GROUP AND TRUST</u>
	31 March 2016 £000	31 March 2015 £000
Unitary payment payable to service concession operator	2,196	2,244
Consisting of:		
- Interest charge	61	90
- Repayment of finance lease liability	142	181
- Service element	1,829	1,812
- Capital lifecycle maintenance	0	0
- Revenue lifecycle maintenance	28	29
- Contingent rent	136	132

23. Provisions

	<u>GROUP AND TRUST</u>		<u>GROUP AND TRUST</u>	
	31 March 2016 £000		31 March 2015 £000	
Non current				
Pensions relating to other staff		411		436
Other legal claims		0		17
Total		411		453
		31 March 2016 £000		31 March 2015 £000
Current		35		41
Pensions relating to other staff		480		364
Other legal claims		0		76
Redundancy		0		76
Total		515		481
		Redundancy	Pensions relating to other staff	Legal claims
Totals	£000	£000	£000	£000
At 1 April 2015	934	76	477	381
Arising during the year	279	0	14	265
Utilised during the year accruals	(219)	(76)	(45)	(98)
Reversed during the year	(68)	0	0	(68)
At 31 March 2016	926	0	446	480

Expected timing of cashflows:

Current : Within one year	515	0	35	480
Non current :				
Between one and five years	145	0	145	0
After five years	266	0	266	0

The above provision does not include £80,861,010 (£69,206,471 in 2014/15) included in the accounts of the NHS Litigation Authority as at 31 March 2016 in respect of clinical negligence liabilities of the Trust.

It is not expected that any of these amounts will be reimbursed.

24. Revaluation Reserve

<u>GROUP AND TRUST</u>	<u>Total Revaluation Reserve</u>	<u>Revaluation Reserve Intangibles</u>	<u>Revaluation Reserve Property Plant and Equipment</u>
<u>2015/16</u>	£000	£000	£000
Revaluation reserve at 1 April 2015	3,889	130	3,759
Transfers between reserves regarding impairment for economic benefits	(133)	0	(133)
Revaluation and impairments property, plant and equipment	3,898	0	3,898
Revaluation reserve at 31 March 2016	7,654	130	7,524
<u>Prior year : 2014/15</u>			
Revaluation reserve at 1 April 2014	4,271	130	4,141
Revaluation (losses)/results and impairment losses property, plant and equipment	(382)	0	(382)
Revaluation reserve at 31 March 2015	3,889	130	3,759

25. Commitments**(i) Contractual Capital Commitments**

Commitments under capital expenditure contracts at the Statement of Financial Position date were £757,000 (2014/15 £587,000) for the Group and the Trust. The main capital schemes were:

Property, Plant and Equipment - total £690,000 (2014/15 £491,000)

- * 57,000 - Electrical Infrastructure
- * 269,000 - O Block - Electrical Infrastructure
- * £88,000 - O Block - 3rd Floor
- * £59,000 - Fire Related Works - Fire Compartmentation
- * £12,000 - Fire Related Works - Escape Lighting
- * £11,000 - Electrical Testing
- * £6,000 - KL00 Electrical Riser
- * £1,000 - Commercial Garages
- * £6,000 - Electrical Distribution Replacement
- * £15,000 - Gamma Camers - Building Work
- * £5,000 - Nuclear Medicine CCTV
- * £15,000 - Handrails
- * £9,000 - Mobile Air Conditioning
- * £9,000 - Replace Wireless AP's
- * £77,000 - Medical & Surgical Equipment
- * £50,000 - Educational Investment

Intangible Assets - total £67,000 (2014/15 £96,000)

- * £21,000 - Blue Prism
- * £23,000 - Erostering upgrade
- * £23,000 - Medical interoperability gateway (MIG) delivery work

(ii) Other Financial Commitments

The Trust is committed to making payments under non-cancellable executory contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2016 as follows, analysed by the period during which the payment is made:

	31 March 2016	31 March 2015
	£000	£000
not later than 1 year	7,045	9,420
after 1 year and not later than 5 years	3,178	9,706
paid thereafter	869	0
	<u>11,092</u>	<u>19,126</u>

26. Events after the reporting date

There have been no events after the reporting period.

27. Contingent Liabilities

	31 March 2016	31 March 2015
	£000	£000
NHS Litigation Authority legal claims Note 1	(81)	(87)
Holiday pay overtime	(47)	(33)
Net value of contingent liability	<u>(128)</u>	<u>(120)</u>

Note 1 Contingent liabilities represent excess payments not provided for on legal cases been dealt with by the NHSLA, on the Trust's behalf, and are primarily in respect of employer's liability. Due to the nature of the amounts and timing of the cashflows it would be impractical to estimate the value and the timings of the amounts and cash flows.

28. Related Party Transactions

Barnsley Hospital NHS Foundation Trust is a public benefit corporation which was established by the granting of authorisation by the Independent Regulator for NHS Foundation Trusts, Monitor.

Barnsley Hospital NHS Foundation Trust is inherently still part of the NHS family and the majority of all income is received from Department of Health bodies. Details of this income can be found at notes 3 (page 18) and note 4 (page 19).

During the year ended 31st March 2016, Barnsley Hospital NHS Foundation Trust did not have any material transactions with members of the Board nor with key management personnel and senior managers who are considered to be related parties.

During the year ended 31st March 2016, Barnsley Hospital NHS Foundation Trust had a significant number of transactions with entities which are considered to be related parties, material transactions are as listed below. No outstanding balances are secured and will be settled in the normal course of debt collection.

	Income		Expenditure	
	2015/16 £000	2014/15 £000	2015/16 £000	2014/15 £000
Whole of Government Accounts ("WGA") Related Parties				
Sheffield Teaching Hospitals NHS Foundation Trust	1,969	1,992	5,169	5,029
The Rotherham NHS Foundation Trust	5,868	5,599	892	463
NHS Litigation Authority	0	0	9,355	6,539
Department of Health	398	2,893	0	0
Doncaster And Bassetlaw NHS Foundation Trust	21	20	427	522
Sheffield Childrens Hospital NHS Foundation Trust	43	62	1,189	1,138
Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust	6	0	0	0
Barnsley Metropolitan Borough Council	235	1,208	659	662
NHS Blood and Transport	15	0	819	817
South West Yorkshire Partnership NHS Foundation Trust	667	874	472	478
National Insurance Fund	0	0	7,338	7,144
NHS Pension Scheme	0	0	10,923	10,575
NHS Barnsley CCG	128,728	127,509	0	0
NHS Doncaster CCG	410	396	0	0
NHS Greater Huddersfield CCG	3,646	3,524	0	0
NHS Rotherham CCG	1,328	1,247	0	0
NHS Sheffield CCG	832	756	0	0
NHS Wakefield CCG	4,281	4,334	0	0
Health Education England	5,414	4,651	9	9
NHS England	13,962	11,700	0	3
Other	1,263	1,226	106	769
Total	169,086	167,991	37,358	34,148
Non - WGA Related Parties				
Task Finance Ltd	0	0	0	395
University of Leeds	19	27	3	18
Gary Francis Consultancy Ltd	0	0	0	19
Medipex	0	0	0	9
Capita Symonds	0	0	89	5
Darton College	5	5	0	0
Harrison Thompson	0	0	23	18
Total	24	32	115	464
	Amounts due from related party		Amounts due to related party	
	31 March 2016 £000	31 March 2015 £000	31 March 2016 £000	31 March 2015 £000
WGA Related Parties				
Sheffield Teaching Hospitals NHS Foundation Trust	423	407	1,289	1,146
The Rotherham NHS Foundation Trust	2,538	1,700	531	210
NHS Barnsley	0	1,733	0	720
Department of Health	0	676	0	0
Department of Health (PDC Dividend)	87	89	0	0
Doncaster And Bassetlaw NHS Foundation Trust	6	11	311	130
Sheffield Childrens Hospital NHS Foundation Trust	11	34	255	588
Barnsley Metropolitan Borough Council	28	91	16	6
Northumbria Healthcare NHS Foundation Trust	0	0	852	835
NHS Blood and Transplant	0	0	71	235
South West Yorkshire Partnership NHS Foundation Trust	304	265	437	379
HM Revenue & Customs	396	436	2,367	40
National Insurance Fund	0	0	0	2,247
NHS Pension Scheme	0	0	1,566	1,537
NHS Barnsley CCG	808	0	636	0
NHS Greater Huddersfield CCG	0	167	19	0
NHS Rotherham CCG	110	176	0	0
NHS Sheffield CCG	83	126	0	0
Health Education England	19	0	0	0
NHS England	690	411	0	0
Other	489	428	652	955
Total	5,992	6,750	9,002	9,028
Non - WGA Related Parties				
Harrison Thomson Ltd	0	1	0	0
University of Leeds	1	17	0	0
Darton College	0	1	0	0
Capita Symonds	0	0	31	0
Total	1	19	31	0

Barnsley Hospital NHS Foundation Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the Board. The audited accounts of the Funds Held on Trust will be made separately.

Transactions between the subsidiary members of the Group are not required to be disclosed as these transactions are fully eliminated on consolidation.

28. Related Party Transactions (continued)

The Trust considers its key management personnel to be the same as the Senior Managers who are defined as the Executive and Non- Executive Directors of the Trust.

The total of key management personnel compensation is as follows:

	2015/16	2014/15
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive Directors	791	1,040
- Non Executive Directors	108	101
	<u>899</u>	<u>1,141</u>
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive Directors	<u>70</u>	<u>59</u>
Aggregate of remuneration and other benefits receivable by the directors	<u>969</u>	<u>1,200</u>
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive Directors)	<u>4</u>	<u>5</u>

29. Financial Instruments

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities. Investments made by the Charity are not deemed to be high risk.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally with the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors. Cash is held in banks that are deemed to be low risk organisations.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit Risk

Exposure to risk -The majority of the Trust's income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non-NHS customers form only a small proportion of total income and the majority of those customers are organisations that are unlikely to cease trading in the short term or default on payments (e.g. councils, universities, etc).

Managing risk -To manage credit risk, the Trust has documented debt collection procedures that ensures its finance staff are adequately trained and resourced. Potential payment defaulters are identified at an early stage and appropriate action is taken on a timely basis.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds according to its treasury management policy. The Trust is not, therefore, exposed to significant liquidity risks in relation to maturity of the financial instruments.

Interest Rate Risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Barnsley Hospital NHS Foundation Trust is not, therefore, exposed to significant interest-rate risk.

29. Financial Instruments (continued)

Financial Assets by category	GROUP	GROUP	TRUST	TRUST
	31 March 2016	31 March 2015	31 March 2016	31 March 2015
	£000	£000	£000	£000
Receivables	8,170	8,663	8,339	8,583
Cash and cash equivalents	2,538	5,753	2,372	5,700
NHS Charitable Funds - Financial assets	279	92	0	0
Total	10,987	14,508	10,711	14,283

Receivables comprise trade and other receivables less prepayments. NHS Charitable funds - Financial assets consist of trade and other £4,000 note 17 (Page 30) and cash and cash equivalents of £273,000 note 15.1 (page 28)

Financial liabilities by category

Borrowings excluding financial lease and PFI liabilities	34,235	21,541	34,235	21,541
Payables	21,099	17,283	21,134	17,218
PFI Finance lease obligations	268	504	268	504
NHS Charitable Funds - Financial liabilities	72	98	0	0
Total	55,674	39,426	55,637	39,263

NHS Charitable Funds - Financial liabilities - are disclosed as 'NHS Charitable Funds' in note 19 (page 30).

Maturity of financial liabilities

In one year or less	21,619	18,090	21,582	17,927
In more than one year but not more than two years	180	383	180	383
In more than two years but not more than five years	32,250	19,148	32,250	19,148
In more than five years	1,625	1,805	1,625	1,805
Total	55,674	39,426	55,637	39,263

Payables comprise NHS and capital trade payables, accruals and other payables.

There is a provision for impaired receivables (refer note 17, page 31) which relates to non-financial assets, which relates to the NHS Injury Scheme Recovery.

30. Third Party Assets

The Trust held £995 cash and cash equivalents at 31 March 2016 (£270 as at 31 March 2015) which relates to monies by the Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the held accounts.

31. Intra-Government and Other Balances

	Current receivables	Non-current receivables	Current payables	Non-current payables
	£000	£000	£000	£000
Balances with other Central Government Bodies	401	0	4,062	0
Balances with NHS Trusts and Foundation Trusts	3,385	0	4,124	0
Balances with Local Government	68	0	0	0
Balances with bodies external to government	5,106	908	15,245	34,466
At 31 March 2016	8,960	908	23,431	34,466

	Current receivables	Non-current receivables	Current payables	Non-current payables
	£000	£000	£000	£000
Balances with other Central Government Bodies	440	0	4,063	0
Balances with NHS Trusts and Foundation Trusts	2,477	0	3,827	0
Balances with Local Government	141	0	6	0
Balances with bodies external to government	6,260	772	11,732	21,789
At 31 March 2015	9,318	772	19,628	21,789

32. Losses and Special Payments**GROUP AND TRUST****LOSSES:**

	2015/16	2015/16	2014/15	2014/15
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000's	Number	£000's
1. Losses of cash due to:				
a. overpayment of salaries etc.	0	0	0	0
b. other causes	0	0	1	0
2. Bad debts and claims abandoned in relation to:				
a. other	783	131	1,162	214
3. Damage to buildings, property etc include store losses due to				
a. other	48	(20)	49	(1)
TOTAL LOSSES	831	110	1,212	213

SPECIAL PAYMENTS:

4. Ex gratia payments in respect of:				
a. loss of personal effects	24	3	10	2
b. personal injury with advice	26	55	41	112
c. other negligence and injury			2	2
TOTAL SPECIAL PAYMENTS	50	58	53	116
TOTAL LOSSES AND SPECIAL PAYMENTS	881	168	1,265	329

33. Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

33. Pension Costs (continued)

National Employment Savings Trust - Defined contribution scheme

The default scheme is the NHS pension scheme, however some employees are not eligible to join and therefore to meet auto enrolment legislation an alternative pension scheme must be provided. Like most NHS providers this Trust procured the government back, defined contribution, National Employment Savings Trust ("NEST") as the alternative pension scheme. For further details refer www.nestpensions.org.uk.

Pension costs for defined contribution schemes are disclosed in Note 6.1.

If you would like this information in another language or another format, such as large print, please call 01226 432430.

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