

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts

1 April 2014 to 31 March 2015

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of the National Health Service Act 2006

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About the Trust

Barnsley Hospital NHS Foundation Trust 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.

The Trust occupies a single site covering of approximately 8.2 hectares, with circa 380 beds and current annual income of £172 million.

The Trust's principal commissioner is Barnsley Clinical Commissioning Group which is responsible for commissioning health services for the population of Barnsley. During 2014-15, the Trust cared for 409,997 patients (426,950 in 2013-14), saw 268,149 clinic appointments (216,771 in 2013-14) and treated 79,055 patients in the Emergency Department (79,681 in 2013-14).

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.

Significant investment has been made in the estate. In recent years the Trust has successfully completed an £8m development of the Imaging Department, a £1m refurbishment of the Acute Medical Unit, creation of the Barnsley Birthing Unit and £2m on the Emergency Department Clinical Decision Unit (CDU) and Resuscitation Unit.

Our 3,291 WTE employees (March 2014) are supported by a Health and Wellbeing strategy and team who look after the physical health and emotional wellbeing of staff as well as an extensive learning and development programme and a fully equipped Education Centre.

Operationally, there are six Clinical Business Units (CBUs). 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.

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 work together to provide the best quality care we can.
- We focus on your individual and diverse needs.

Our Aims and Strategic Objectives:

Our strategic aims and objectives 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.

Patients will experience safe care	Partnership will be our strength
<ul style="list-style-type: none"> • We will provide high quality care for patients • We will deliver consistently safe care • We will deliver consistently effective care • We will deliver prioritised 7 day services 	<ul style="list-style-type: none"> • We will be open and inclusive with our patients, our partners and the public • We will be an effective partner on the Health and Well-being Board (HWB) • We will be a key partner in the Working Together Programme (WT)
People will be proud to work for us	Performance Matters
<ul style="list-style-type: none"> • We will fully implement a new CBU structure • 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 • 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 • We will create an engaged and motivated workforce 	<ul style="list-style-type: none"> • We will Improve our performance through the embedding of a new Trust performance framework • We will deliver the full benefits of investment in technology including the launch of our Electronic Patient Record programme • We will optimise the use of the estate • We will secure the most cost effective goods and services • We will work with our teams to develop agreed commercial partnerships and business proposals

Chairman and Chief Executive's Statement

This reporting year has been one of significant challenge for the Trust within our own organisation, our local community and the wider healthcare landscape.

We commenced the year by declaring a serious incident following the discovery of a £7.420m deficit against a predicted small surplus, the result of the misstating of our accounts. This situation further deteriorated with the devaluation of our estate to a total £9.949m deficit for the 2013-14 year. Operationally we had continued to struggle to meet the national four-hour wait target, failing this over three of the previous four quarters.

We commenced internal and external investigations, into how the Trust's finances had been managed and submitted appropriate reports to our regulator, Monitor, who subsequently opened its own investigation into our financial, governance and operational processes. In May we were subsequently found to be in breach of our Foundation Trust licence on three counts: Financial management, failure to meet the four-hour wait target and our governance arrangements. The simultaneous internal and external investigation into the misstating of the accounts was concluded in August 2014 with the dismissal of the Director of Finance following a period of suspension.

Work began immediately to develop a robust two year turnaround plan to demonstrate how we would stabilise and turn our situation around. Of significant focus throughout was the need to ensure that our patients continued to receive the safe, quality care they expect from their hospital and that our staff remained engaged and committed to taking this difficult journey.

Our Two-Year Turnaround Plan was submitted to Monitor and implementation began, recognising that to achieve a planned deficit of £11.912m for the 2014-15 year major efficiency schemes would need to be delivered in year to contribute savings of £6.316m. As we close this reporting year it is a real testament to the whole organisation effort that has seen the achievement of £6.433m in savings - more than £0.117m ahead of target – and an overall deficit of £11.800m (before consolidation of the Charity's Accounts) which is £0.112m favourable to the planned position of a £11.912m deficit. After inclusion of the Charity's accounts, the Trust ended the year with a deficit of £11.965m, which is £0.053m adverse to plan.

In addition to the sustained focus on our financial situation, we interrogated our governance arrangements and restructured to create a more robust governance structure to monitor and assess strategy and performance delivery through Board sub-committee scrutiny of progress. Good governance was embedded throughout our organisation in year and incorporates quality of care, patient safety, operational performance, risk management as well as financial management and performance. Linked to this the Board has been subject to significant scrutiny and development work to ensure that it is both fit for purpose and fit to lead this organisation under the 'Well Led Framework'.

To drive our financial recovery and ensure our sustainability for the future we developed our Five Year Strategy 2014-19, based on the 'three horizons' model of: Sustaining existing services, building emerging opportunities and creating viable future options. This gave us an excellent opportunity to work in partnership with staff, governors, commissioners and organisations in our local economy to plan for sustainable services to meet the needs of our population for the future.

As part of this five-year planning we worked with KPMG to undertake sustainability analysis where each of our services was reviewed to understand risks to sustainability from a clinical, operational and financial perspective. We then underwent development of the available options for how individual services could be made sustainable and how this supported making the Trust sustainable as a whole in partnership with our CBU leads, finance and operational teams. Finally, we worked through a number of sessions in involving our stakeholders in appraising our options from which our strategy was drawn. This strategy was received by Monitor in January and supported by a focused, objectives-led annual plan.

Operational Overview

Throughout this intense year the Board is gratified to note that 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.'

The national four-hour wait target is imposed on acute Trusts as it is an excellent indicator of how well organisations 'pull' patients through the system, knowing that risk increases the longer patients have to wait. Operationally a whole-system effort achieved what had once seemed impossible with delivery of the four-hour wait within the 95% mandated target for the year with 96%. This is against a backdrop of what has been recognised as the worst winter on record for emergency departments across the country and where NHS England failed to achieve its own 95% target for England.

Acknowledging this tremendous effort, our regulator lifted one of our breaches of licence just 10 months after being imposed and recognising Barnsley as achieving one of the fastest operational turnarounds in England.

The reduction in emergency attendances and admissions has and continues to be a major challenge and we saw sustained demand as the number and acuity of patients continued to test our infrastructure. Our lead commissioner, Barnsley CCG, challenged us to reduce emergency admissions by 15% over five years and to this end we conducted a bed utilisation audit in January 2015 (a follow up on the 2014 audit) where we saw significant improvements in our patient flow year on year (better, safer and faster movement of patients through our system) and which will inform our service planning for the coming years, enabling medically fit patients to be moved to more appropriate care settings.

To support demand we increased consultant cover in our Acute Medical Unit and introduced 7-day working in Radiology, Pharmacy and Therapies. Our in-reach Care of the Elderly team played a significant role in identifying vulnerable patients in our system and fast-tracking these fragile patients to the correct treatment and discharge planning.

While all efforts relating to patient care are laudable, the reduction in patient mortality rates is perhaps one of the best indicators for our patients and the wider community of our emphasis on their safety. Again a whole-system approach to identifying the deteriorating patient and delivering care bundles for sepsis and pneumonia has allowed us in year to reduce our standardised hospital mortality rate from being a regional outlier to being comfortably within our peer group at 101.2 – a more than 10 point reduction - and well within our target of 105.

Our performance in infection control continues strong and we reported no MRSA bacteraemia cases for the fourth consecutive year and reduced our C-Difficile cases by seven on the previous year to 13.

With such dedication to quality, safe care it was disappointing to have the Care Quality Commission reduce our excellent Band 6 rating to Band 4 in December, based upon three elevated risks (Standardised Hospital Mortality Rate, Monitor Governance Risk Rating and Monitor Continuity of Service rating) and one risk (Stroke Service National Audit Indicator of Performance.) We are working towards regaining our 'excellent' rating and look forward to the planned CQC inspection in the coming year. Our Quality Strategy has now been in place for almost a year and this is delivering the anticipated benefits and is reflected in the excellent feedback we continue to receive from our patients.

While efficiency drives and austerity measures helped drive our cost improvement programmes for the year we were still able to deliver our planned electronic patient record system with supportive grants from the Department of Health. Working to our objective of being a 'joined up, paper light' organisation we implemented a new computer system in October. This is a significant development for a small Trust and is a major step towards realising a whole-economy approach to patient care. As part of this implementation, we also became the first site in England to trial electronic patient care plans which will ultimately contribute to safer and more seamless treatment for our patients.

The Board does not underestimate, however, the significant additional pressures that this implementation placed upon our already challenged staff. While we have addressed our workforce at the end of this summary, it is by no means indicative of their level of importance. We cannot begin to express our gratitude to the 3,291 members of staff and more than 300 volunteers who have given everything to ensure that we delivered the best possible care despite our extreme financial and operational difficulties.

The NHS Staff Survey was taken in November and it came as no surprise that our staff reflected the levels of stress they were experiencing and the overall staff engagement score placed us in the bottom quarter of Trusts in England. Following this the Investor in People (IiP) team conducted their assessment of the organisation in February and we were surprised and delighted to be awarded Bronze status. A very valuable outcome of the IiP assessment was the detailed action plan which gave the organisation clear direction to ensuring that our staff continued to be and feel valued among many other indicators.

As a Board we cannot allow our biggest and finest asset to be neglected on our recovery journey and to this end we subscribed the organisation to the national Listening into Action programme where every member of staff will be supported and enabled to work differently, feel more valued and be given that all important permission to act. Our LiA journey began in March and will see us make a fundamental shift in the way we work to empower our staff to deliver better care for our patients.

To enable our staff to continue to develop and deliver safe, quality care we also welcomed some key appointments in the year including our new Medical Director and a new Director of Operations. A highly experienced Interim Director of Finance & Information was also retained and who has played a significant role in enabling our financial planning for recovery.

Looking Forward

As we commence year two of our turnaround plan we have learnt that by working together we can overcome adversity and turn our organisation around. Our Five Year Strategy will guide us 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:

1. Delivery of our financial recovery plan and the 2015-16 cost improvement plan.
2. Consistent delivery of the four-hour wait target as 'business as usual'
3. Working with staff through sustained and focused work on their involvement in and engagement with the recovery journey and providing the best possible care for patients.

Our annual plan for 2015-16 will enable us to focus on our core objectives around our 'Four Ps', these core objectives have been carried through from 2014-15 with refined milestones and measurements for the coming year.

- Patients will experience safe care
- People will be proud to work for us
- Performance matters
- Partnership will be our strength

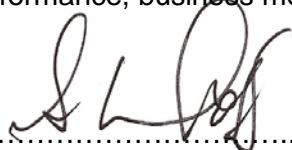
as well as driving forward in sustaining our core services upon which our patient population show no sign of reducing reliance.

In this way the Board is confident that we have the firm foundations in place to return the organisation to financial balance.

We dedicate this annual report for 2014-15 to our wonderful staff, without whom our recovery and our achievements would simply not be possible.

Preparation of the Annual Report and Accounts 2014-15

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2014-15. 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 2014-15, taken as a whole, to be fair, balanced and understandable and provide the information necessary or patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.



.....
Stephen Wragg, Chairman

Date: 27 May 2015



.....
Diane Wake, Chief Executive

Date: 27 May 2015

The Board of Directors

A strong Board is fundamental to the success of the 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.

Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2014 to 31 March 2015 was as follows:

Chairman

- Stephen Wragg

Non-Executive Directors

- Francis Patton (Senior Independent Director)
- Suzy Brain England OBE
- Linda Christon
- Sir Stephen Houghton CBE (to 31 December 2014)
- Paul Spinks (to 31 December 2014)

Chief Executive

- Diane Wake

Executive Directors

- Dr Jugnu Mahajan – Medical Director (to 31 October 2014)
- Mr Gary Francis, interim Medical Director (wef 03 November to 31 December 2014)
- Dr Richard Jenkins, Medical Director (wef 01 January 2015)
- Janet Ashby – Director of Finance and Information (dismissed 06 August 2014)
- Stuart Diggles, Interim Director of Finance (interim appointment from 8 April 2014)
- Karen Kelly – Director of Operations (wef 01 July 2014)
- Heather McNair – Director of Nursing and Quality
- David Peverelle – Chief Operating Officer (to 30 June 2014*)

David Peverelle retired in October 2014 but, in readiness for handover prior to leaving the Trust, stepped down from the Board in July and Karen Kelly took on the responsibilities of an Executive Director.

More information about our Board of Directors on pages 91-97.

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 2014 to 31 March 2015, these included:

- Janet Ashby, Director of Finance and Information (Dismissed 06 August 2014)
- Dr Jugnu Mahajan, Medical Director, to 31 October 2014
- Mr Gary Francis, interim Medical Director (wef 03 November to 31 December 2014)
- David Peverelle, Chief Operating Officer, to 06 October 2014
- Stuart Diggles, Interim Director of Finance & Information (interim appointment from 8 April 2014)
- Karen Kelly – Director of Operations (wef 01 July 2014)
- Dr Richard Jenkins, Medical Director (wef 01 January 2015)
- Heather Mcnair, Director of Nursing and Quality
- Hilary Brearley, Director of Human Resources and Organisational Development
- Bob Kirton, Director of Strategy & Business Development
- Jason Bradley, Director of Information Communication & Technology (ICT)
- Emma Parkes, Director of Marketing and Communications (from February 2014)
- Pat McLaren, Interim Director of Marketing & Communications (From August 2014)
- Angela Keeney, Interim Associate Director of Corporate Affairs (substantive from February 2015)
- Lorraine Christopher, Associate Director of Estates and Facilities.

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 £11.800m (before consolidation of the Charity's Accounts) which is £0.112m favourable to the planned position of a £11.912m deficit. After inclusion of the Charity's accounts, the Trust ended the year with a deficit of £11.965m, which is £0.053m 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 12 months from the date these accounts are signed.

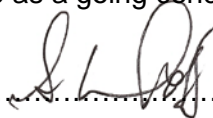
Recovery plans are in place to enable the continuity of services. The recovery plan for 2014-15 has been effectively delivered, including overachievement of the Cost Improvement Programme with savings of £6.433m achieved against a plan of £6.316m.

The Trust's recovery plan is set to continue with the planned deficit for 2015-16 to reduce to £11.103m and plans are in place to draw down additional funding in the form of loans as and when required. This is in the face of uncontrolled cost increases of £3.953m associated with the increased NHSLA premium and national pay increases which could not be planned for. There is also an annual reduction of £1.674m of funding received from Barnsley Clinical Commissioning Group to support the Trust's operations on a seven day basis.

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.

Stephen Wragg, Chairman

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Diane Wake, Chief Executive

.....

Date:

.....27 May 2015.....

Director of Operations' Performance Review

Performance Overview: 'Performance Matters'

In the 2014-15 year we achieved all our patient care and experience goals, ensuring that patients are at the heart of all we do and that we capture their experience, good and bad, so we can learn from our shortcomings and celebrate our successes.

We are required to register with the Care Quality Commission and our current registration status is active registration, without conditions, the Care Quality Commission has not taken enforcement action against the Trust during 2014-15. We further participated in two CQC special reviews relating to Mental Health Crisis Care and Looked After Children, both of which were district-wide reviews.

As a foundation trust we continued to develop our services across a range of platforms; the most important of which was the service sustainability review and development of our Five Year Strategy following our financial situation reported in Q4 2013-14. 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. Our wholly owned private limited company continues to present opportunities for income generation through traditional and non-traditional methods.

The Trust's performance is assessed externally against a range of national targets and standards. This was a particularly challenging year as the Trust strived to provide the highest standards of care for an increasing number of patients whilst achieving demanding efficiency savings and achieving year one of the turnaround plan. There have been no significant events since the year end that would impact the Trust's financial statements or strategic plan.

We delivered the quality targets set by our commissioners which resulted in associated income of £3,207,162, almost £0.5m higher than the previous year.

We monitor improvement in care through participation in many local and national audits, in the year we participated in 21 national clinical audits and 153 local clinical audits.

Despite our challenges in year we have continued to provide safe, high quality care and with no further significant adverse events affecting the organisation.

Patient Care Activities

During 2014/15 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 target of reducing hospital acquired harms in relation to VTEs, Falls, CAUTIs and Pressure Ulcers. While we failed to meet our target to reduce in-patient falls by 50% at the end of 2014-15, we have seen a reduction of 20% in-patient falls (using 2013-14 as the benchmark) and a 40% reduction in repeat falls. We have also made significant improvement in hospital acquired pressure ulcer prevention and management.

Delivering consistently effective care has seen our biggest success with a major reduction in the mortality ratio.

The 2014-15 quality report details in full our achievements in patient care activities including the Trust's performance against key national and local health care targets and the Trust's progress towards meeting targets as agreed with Barnsley CCG.

Emergency Care

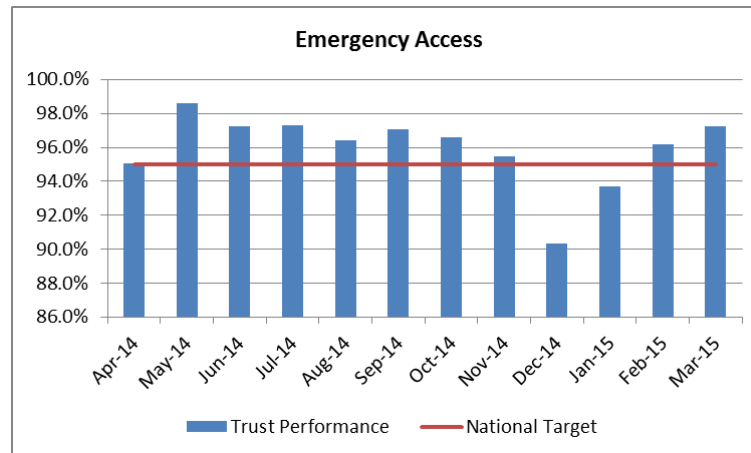
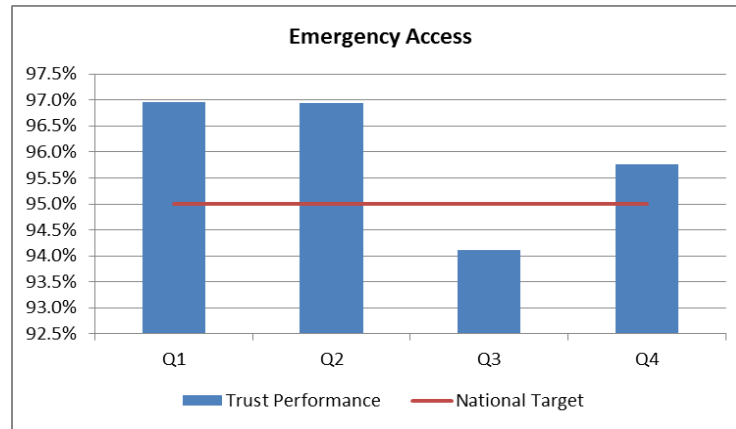
During 2014-15 we cared for a total of 409,306 patients in the hospital. We treated 79,005 patients in our Emergency Department.

In 2014-2015, our performance in our Emergency Department was a major achievement. Overall our ED saw, treated discharged or admitted 96% of patients within four hours surpassing the Department of Health target of 95%.

During 2014 the Trust was placed in breach of licence regarding non-compliance of this target. In January despite Q3 performance Monitor lifted this breach of licence due to the excellent overall improvement and performance shown against the target.

To ensure optimal performance over winter we made significant investment in the form of additional staff and extra capacity. Q3 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 in December and the acuity of patients attending at the Trust. This position was mirrored across South Yorkshire and the NHS as a whole. 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.

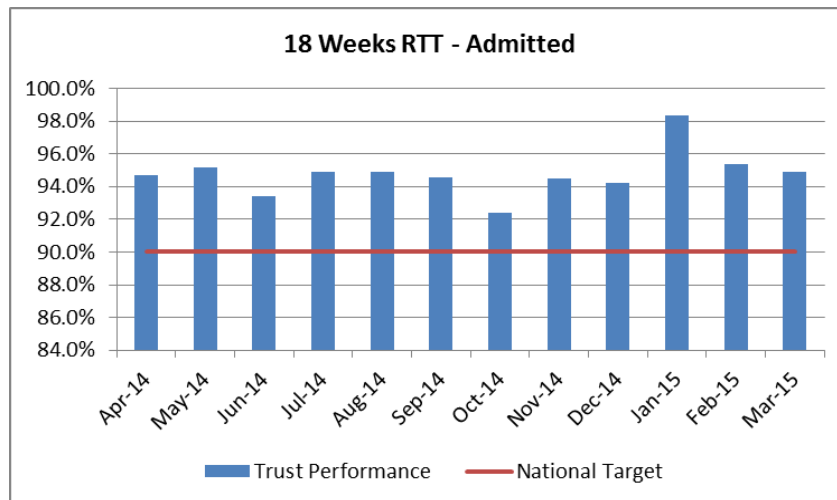
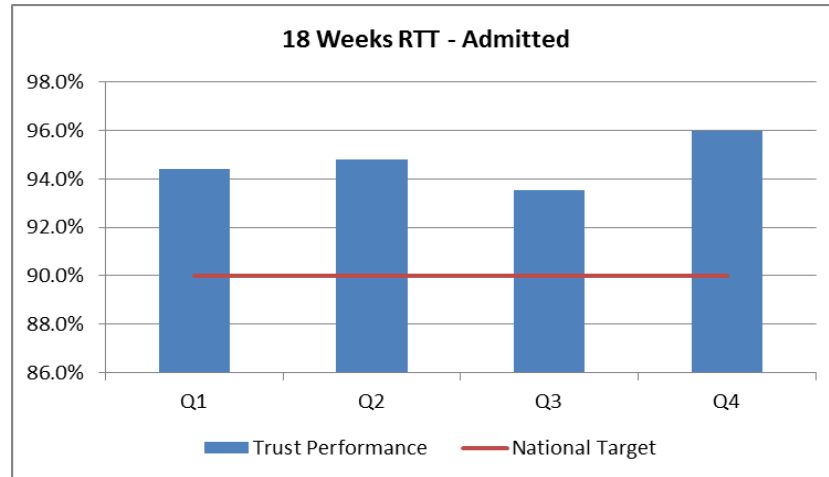
Emergency Department Attendances



This performance is a testament to the hard work and dedication of our Emergency Department team and other teams in the hospital and also to our improved systems and procedures. We will continue to refine these in 2015 -16 to build on our progress.

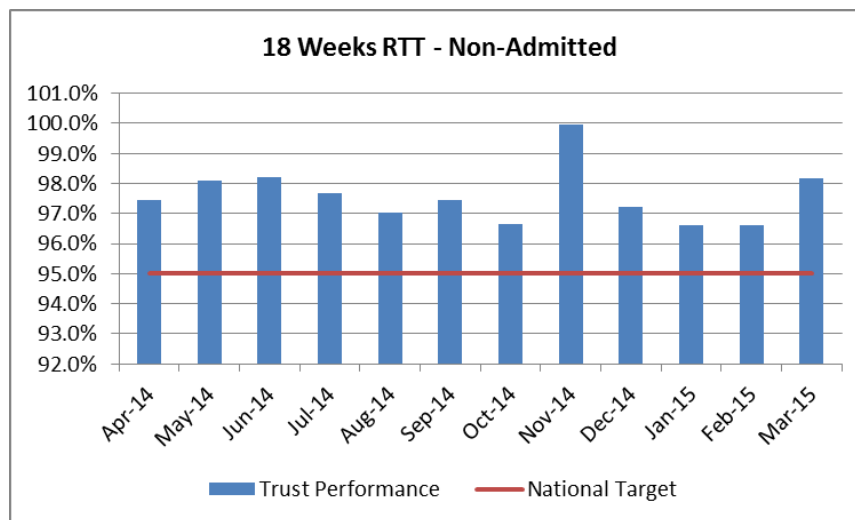
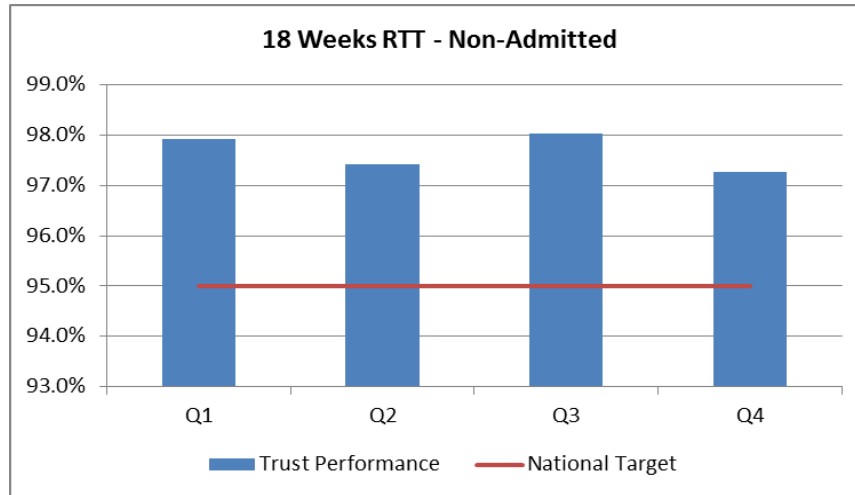
18 Week Waiting Times from Referral to Treatment (RTT)

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



We have continued to make reductions in the number of patients who may wait longer than 18 weeks.

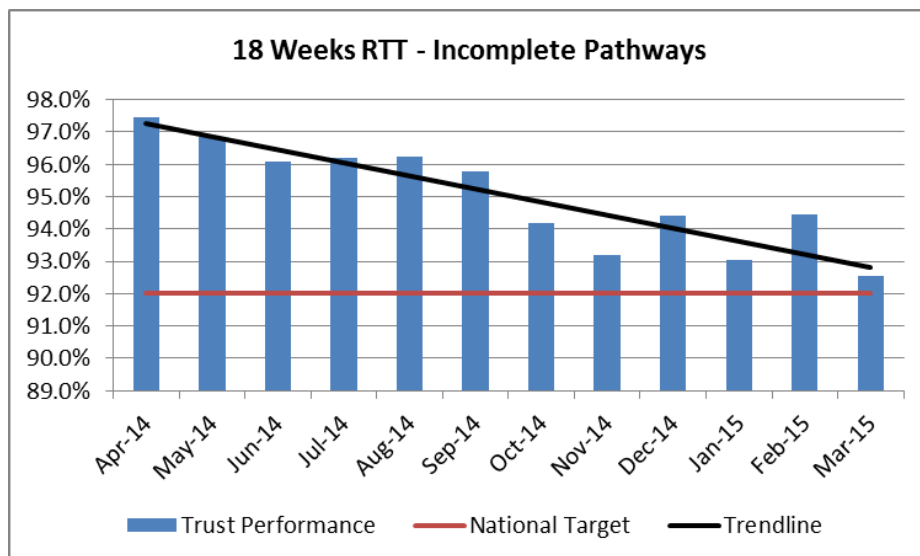
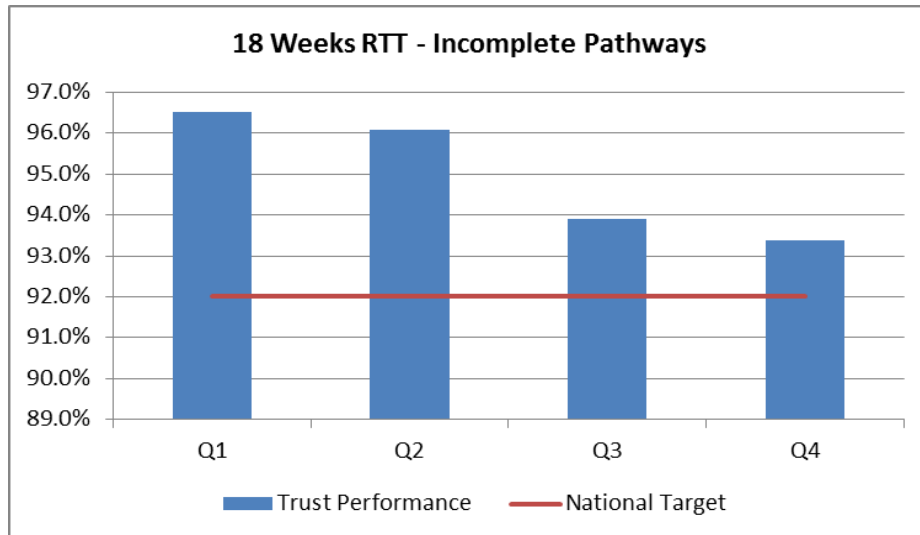
Non-admitted: 97.7% of patients starting non-admitted treatment within 18 weeks of referral against the standard of 95%



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

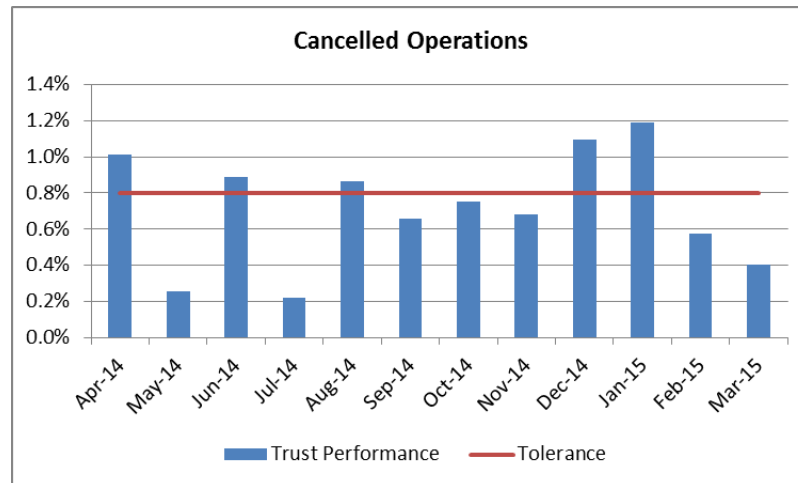
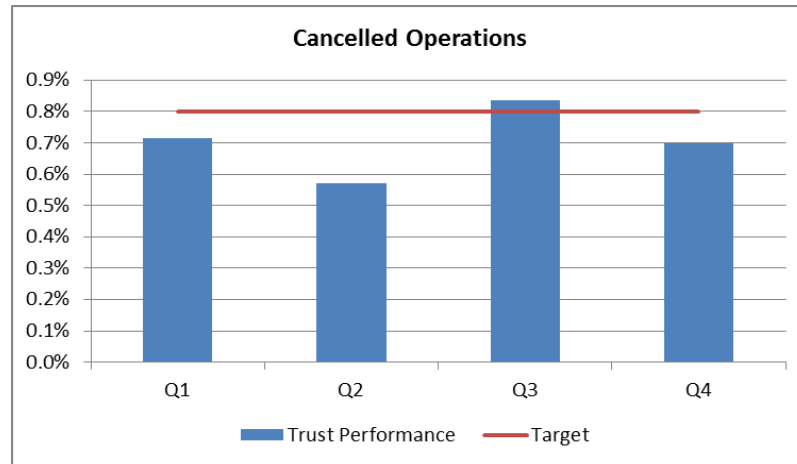
Incomplete Referral Pathways

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



We achieved the target for incomplete referral to treatment pathways throughout the year. This was achieved in part by reducing the number of patients waiting for admitted treatment.

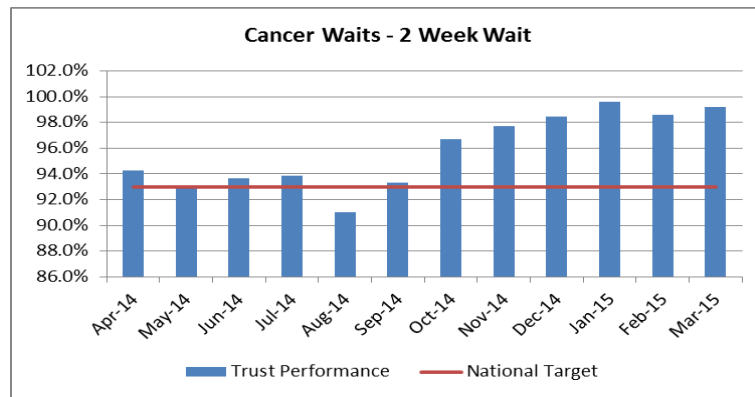
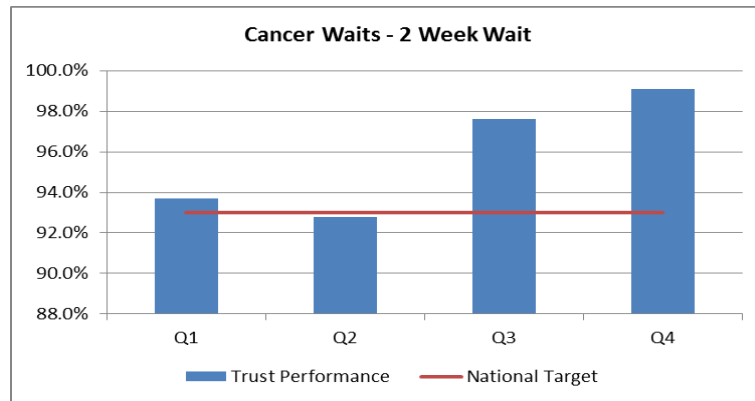
Cancelled Operations



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

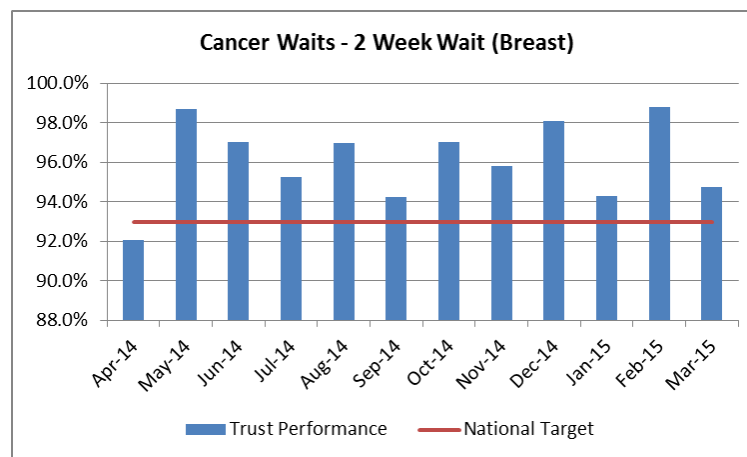
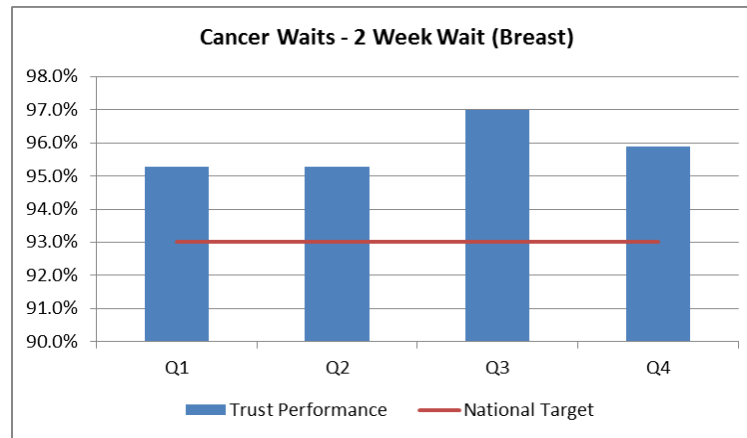
Cancer Waiting Times

Cancer Access target: Urgent GP referrals seen within 2 weeks



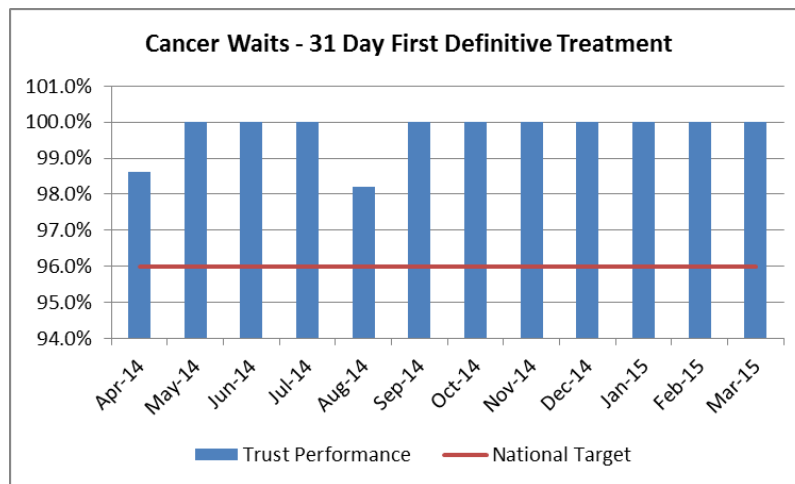
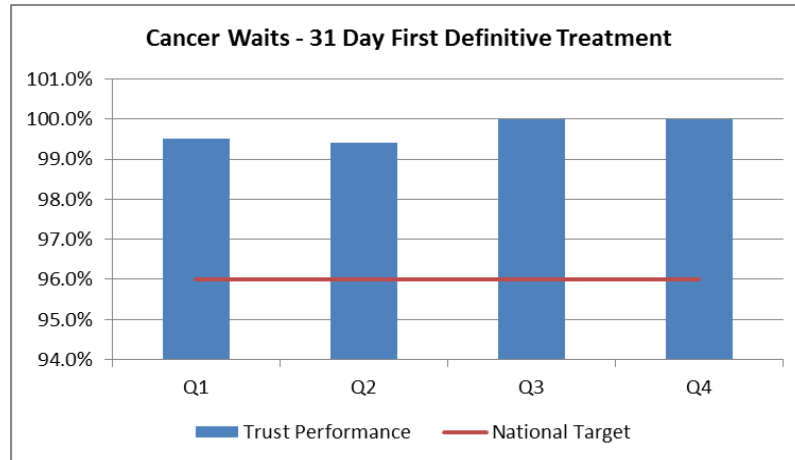
During all quarters we met or exceeded the national target of seeing urgent GP referrals for patients with suspected cancer within two weeks. Overall year to date was that 95.8% of patients were seen within the 2 week wait standard.

Cancer Access Target: Breast Symptomatic referrals seen within 2 weeks.



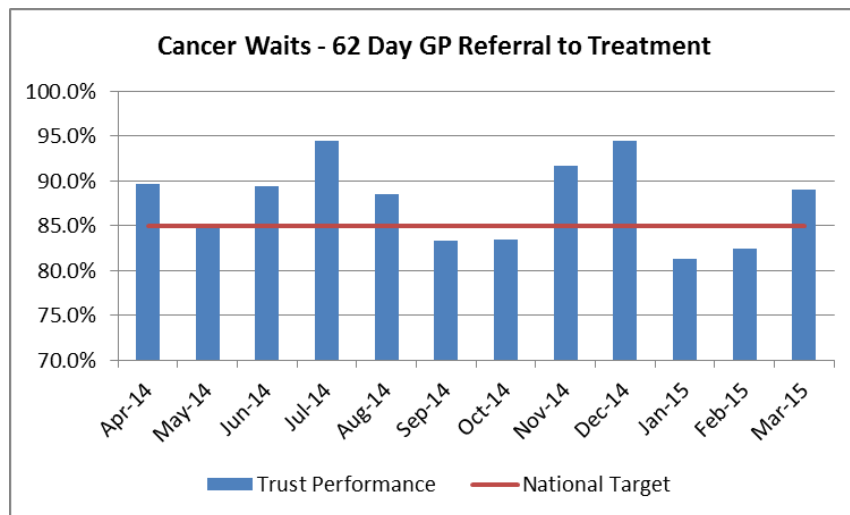
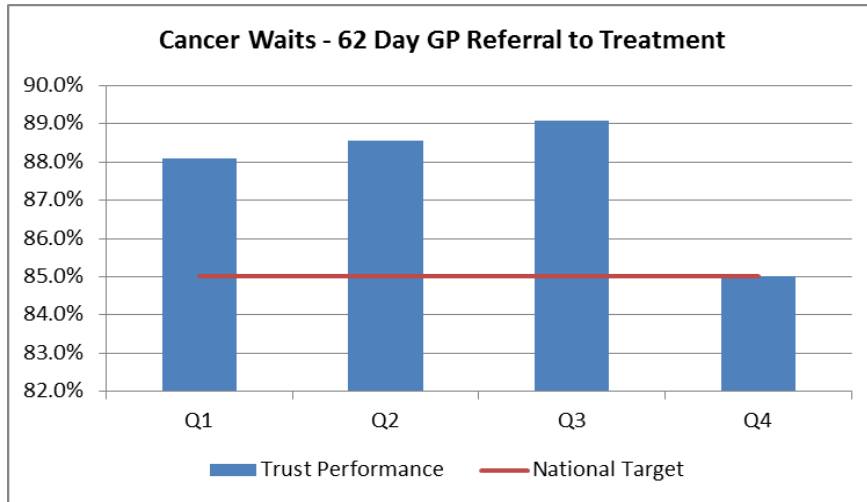
The two week wait standard for patients referred with breast symptoms was 95.8% against a standard of 93%.

Cancer Access Target: First treatment within 31 Days



During 2014-15 we consistently achieved the standard of treating patients within 31 days of a decision to treat.

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



Patients receiving their first definite treatment for cancer within 62 days of an urgent referral for suspected cancer is often a shared responsibility with other hospitals that we refer our patients to. For us this hospital is Sheffield Teaching Hospitals. Managing this target can therefore be more challenging.

Patient Experience and Engagement

Our patient experience team consists of three parts: PALS (Patient Advice and Liaison), Complaints and Voluntary Services. Work includes the wider patient experience engagement and improvement activities such as focus groups, patient journeys/stories and surveys.

Service Improvements following patient surveys/comments

All inpatient ward areas, Emergency Department and Maternity Services survey their patients on discharge. During the 2014/15 period 20,207 patients responded to the NHS Friends & Family Test out of a possible 68,480 showing a response rate of 29.5%. 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 on a daily basis and a weekly report is generated providing 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 lead for any action. Each area displays their quantitative and qualitative data each month for both staff and public view

National Inpatient Survey 2014

A total of 850 patients were sent a questionnaire and 293 responded, giving a response rate of 36%.

Key facts:

- 81% rated care 7+ out of 10
- 78% said they were treated with respect and dignity
- 73% had confidence and Trust in the doctors
- 98% felt their room or ward was very/fairly clean
- 96% felt the toilets and bathrooms were very/fairly clean
- 91% had enough privacy when being examined or treated

Emergency Department Survey 2014

A total of 850 were sent a questionnaire and 266 responded, giving a response rate of 32%.

- 81% rated care 7+ out of 10
- 98% felt the Accident and Emergency Department was fairly clean/very clean
- 74% confirmed that they received test results before leaving the Trust
- 94% did not feel threatened by other patients
- 81% of patients felt they were treated with respect and dignity

Paediatric Inpatient and Day Case Survey 2014

A total of 315 patients were sent a questionnaire and 66 responded, giving a response rate of 21%.

Positive aspects of care:

- 82% of parents rated care 7 or more out of 10
- 71% of children and young people rated care 7 or more out of 10
- 88% of parents felt their child (aged 0-7 years) was always safe
- 93% of children and young people (aged 8-15 years) always felt safe
- 100% of children and young people (aged 8-15 years) stated that someone at the hospital spoke with them about their worries, and 57% felt that the people looking after them always listened to them
- 80% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years)

Improvements in patient/carer information

Work is on-going locally to review the patient/carer information provided to ensure it is accessible to all. Development of an easy read leaflet for dealing with concerns/complaints along with children's and young person's information leaflets for concerns/complaints have recently been completed.

With regards to patient information to support the giving and receiving of informed consent, the Trust is implementing EIDO patient information leaflets which will support patients and staff in the process of informed consent.

Complaints

The Trust received 250 formal complaints during the period 2014/15, which represents a reduction of 29 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 of complaints and the feedback we receive.

Individual Clinical Business Units (CBUs) and Corporate function 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 2014/15 is noted within the Annual LFE.

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

Workforce Overview

The Trust continues to maintain a stable workforce (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15), with investment in nursing posts remaining a priority. In year we have continued to progress workforce changes and continued efforts in attracting staff to the Trust. Examples of this are: Trust wide staff nurse rolling programme with recruitment days and regular use of social media portals, assessment centres standardised and format for senior manager/director appointments now in place, new senior manager pay structure implemented, expansion of 12/7 shift working, new CBU leadership structure appointed and in place, 7-day working in Radiology implemented, 7-day working in therapies implemented, continuing to recruit Advanced Nurse Practitioners, Hospital at Night management implemented, notice periods for Band 5 and Band 6 leaving the Trust extended, launch of Total Reward Statement on line for all staff highlighting staff benefits and commencing the introduction of the Calderdale Framework.

Workforce engagement remained a key strategy to support the Trust's turnaround plan and we built on the success of our Together We Will Make it Better change groups who focused particularly on quality of appraisals and line manager support. These 'change agents' then fed into a larger Mission: Possible concept that was launched to more deeply engage staff with the change agenda, allowing staff to explore the reasons why change is daunting and the personal strategies to enable them to embrace change.

Underpinning this engagement work we have monitored staff feedback from the Annual staff survey, the Friends and Family Test, stress surveys and the monthly 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.

Values based appraisals were introduced and we have exceeded our annual target for appraisals, the quality of these appraisals has been evaluated and the results will form our on-going action plans.

More information on how we work alongside our valued workforce is provided in the Strategic Business Review.

Financial Risk

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

Looking Ahead to 2015-16

As outlined above, 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 adversity and turn our organisation around. We have difficult times ahead and key themes for the year ahead continue to reflect our recent history:

- Delivery of our financial recovery plan and the 2015-16 cost improvement plan. Key challenges we face are:
 - Further changes in tariff
 - Lack of continued funding for 7-days services to support key programmes driving improvements in patient centred care (e.g. reductions in mortality ratios)
 - Consistent delivery and maturity of cost improvement schemes
 - Repatriation of out-of-area referrals
 - National pay awards
 - Further increases to NHSLA premiums
- Consistent delivery of the four-hour wait target as 'business as usual'. Key challenges we face are:
 - Increasing acuity of patient population
 - Further reductions to intermediate care services
 - Inability to recruit and retain emergency care specialist
 - Impact on ability to maintain elective services
 - Lack of continued funding for 7-days services to support key programmes driving improvements in patient centred care (e.g. reductions in mortality ratios)
- Working with staff through sustained and focused work on their involvement in and engagement with the recovery journey and providing the best possible care for patients. Key challenges we face are:
 - Increase in sickness and absence rates
 - Increase in turnover
 - Further decline in national staff survey engagement score
 - Inability to deliver a return on investment in the Listening into Action programme

Key Developments for 2015-16

Reflecting the challenges we have identified above, our plans for the coming year are focussed and we believe achievable:

- Delivering whole-organisation involvement in the Listening into Action programme and associated patient care benefits
- Reduce length of stay by 2% building on a strategic bed utilisation review undertaken in 2013-14 and 2014-15
- Introduce major enhancement to patient safety, flow and experience through electronic radio frequency identification (RFID) tracking system, initially for patient records
- Become a Prince's Trust employment partner to support economic growth in our local community
- Optimise investment in and performance of the electronic patient record system introduced in 2014-15
- Deliver the Assistive Technology programme for Barnsley

Karen Kelly, Director of Operations 

Date.....27 May 2015.....

Strategic Business Review

Our four strategic aims underpinned our work during 2014-15, each of which was supported by a number of SMART objectives and owned by a Director. This report is structured around each of our Strategic Aims, highlighting our progress against each:

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 annual plan for 2015-16 will enable us to focus on our core objectives around our 'Four Ps', these core objectives have been carried through from 2014-15 with refined milestones and measurements for the coming year.

Our Local Health and Social Community

The population of Barnsley is approximately 234,800. 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 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 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.

Efficiency Programme

The Trust has focused hard on delivery of cost-improvement schemes which were a critical element of our turnaround plan for the year and evidenced record achievements with more than 70 schemes delivering savings of £6.433m. Given that the year commenced with just 39 schemes identified the doubling of schemes have off set those which did not delivered as planned or have had implementation delayed into 2015-16.

As part of the turnaround plan a robust CIP management process was developed and implemented including:

- Establishment of a Project Management Office focussed on CIP delivery
- Improved financial governance and reporting
- Enhanced Quality Impact Assessment process and assurance
- CIP delivery linked to revamped Trust governance including a CIP Steering Group chaired by the Chief Executive.

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 and local services to people in the most appropriate care setting
- Make collective efficiencies where the potential exists

The Trust's Chief Executive became the executive sponsor for Radiology Services and Gastrointestinal Bleeds. Benefits realised through the WT partnership in year were a combined saving of £400,000 per year on the procurement of surgical gloves.

Member Trusts include: Doncaster & Bassetlaw NHS FT, Chesterfield NHSFT, Mid Yorks NHST, Sheffield Teaching & Sheffield Children's NHSFT, and The Rotherham NHS FT.



The Trust established Barnsley Hospital Support Services Limited 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 reports to the Trust's Board of Directors and its directors include: a Non-Executive Director (Chair) of the Trust and the Trust's Director of Strategy and Business Development, Associate Director of Estates and Facilities and Deputy Director of Finance. It has an established business plan and objectives aligned with the Trust's strategic aims. Its mission is:

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

Key objectives for 2014-15:

- Existing services

Continue to deliver improved outpatient pharmacy services KPIs including quicker dispensing times, error reduction

- New opportunities

In 2014-15 we worked with our teams to develop agreed commercial partnerships and business proposals including BHSS schemes, delivering our overall income target. Key aims included:

- Development of year two strategy and business plan for (Barnsley Hospital Support Services LTD) BHSS. Including agreed schemes with associated income targets.

The BHSS strategy and business plan has been signed off.

- Review of retail environment to maximise commercial and quality opportunities.
Retail environment has been reviewed, proposal to follow.

You can read more about risks to the Trust and how we managed them on pages 26-27 and 30-31, and in the Quality Account on pages 173-174.

Looking Ahead to 2015-16

As we enter year two of our turnaround plan, we are guided by our Five Year Strategy 2014-15 and robust Annual Plan, submitted to Monitor in May 2015. Our plans have been developed not only with our teams to support the needs of our patients but also in partnership with others to support more sustainable care services for Barnsley. As a Trust we have aligned our plans with commissioners and other providers along with the latest national guidance including *the Five Year Forward View*.

Our strategic objectives have been established for the year and we remain focussed 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.

Principal Risks and Uncertainties

For 2015-16, the Trust again faces a significant financial deficit, albeit this is reducing by effective management, but is impacted by elements outside the control of the Trust as commented on within the report. Whilst it will not be possible to return to surplus by the end of 2015-16, the Trust is still working hard to ensure that financial balance is achieved over an agreed period. We have developed a detailed plan which will be closely managed to ensure

that the plan is fully delivered. A summary of the key risks, mitigations and impacts for the year ahead is included below:

Area	Risk description	Potential impact
CIPs	<p>CIPs planned for delivery do not deliver either fully or partially, or the realisation of the saving is delayed.</p> <p>Mitigation: The delivery of other CIP savings are advanced, either by being able to advance the delivery of an existing scheme or by advancing the delivery of a pipeline scheme. The pipeline of future CIP schemes to be permanently developed. Other CIP savings over perform to plan.</p>	<p>Any unmitigated loss of CIP savings would be a £ for £ impact to the surplus/(deficit) in year.</p>
Activity	<p>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.</p> <p>Mitigation: Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen.</p>	<p>Cannot be assessed as would depend on the specific area of under activity and whether any resulting excess resource or costs could be removed.</p>
Non-recurrent income: 7 Day Working and System Resilience	<p>Barnsley CCG have not currently funded the full amount required for 7 Day Working, there is currently a £1.674m shortfall. To partially mitigate the shortfall the Trust has assumed £0.400m of cost reductions. It has previously been recognised by BCCG that 7 Day Working is an on-going requirement and recognises the need for the non-recurrent funding. System resilience funding (yet to be agreed) does not support full requirements of pressures faced.</p> <p>Mitigation: Discussions are on-going with BCCG to find options for further funding support to 7 Day Services. Unfunded 7 Day Working activities are not continued. Further service delivery cost reductions.</p>	<p>7 Day Working income not coming though as planned/offered agreed would be a £ for £ loss of income. Any associated non-recurring activity or cost not stopped, or targeted cost savings not achieved would be a £ for £ impact to surplus/(deficit). Any System Resilience funding shortfall would be a direct impact to deficit. Any impact to deficit would be an equal impact to cash & funding requirements.</p>

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 surplus/ (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 impact to cash and funding requirements.</p> <p>Mitigation: The senior finance team maintain the weekly reviews 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 2015-16 and ensure that we again deliver our financial plan.

Our risk assessment process is designed to identify, manage and mitigate business risks. Examples of risks facing the Trust include:

- Failure to maintain achievement of the A&E 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
- Lack of continued funding for 7-days services to support key programmes driving improvements in patient centred care (e.g. reductions in mortality ratios)
- Failure to deliver our Cost Improvement Programme which impacts on the Trust's financial stability.

Strategic Aims and Objectives - Performance against 2014-15 Objectives

Aim 1: Patients will experience safe care.

In 2014-15 we will 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 work. We will achieve agreed milestones and targets for the friends and family test (FFT).

- Measures to be agreed based on local and national patient experience surveys (e.g. Open & Honest Care and National In-patient Survey).

Awaiting final national inpatient survey results May 2015

- Reporting and triangulation of patient experience feedback data on a monthly basis into CBUs, agreed actions to be tracked.

Integrated patient experience feedback reports are provided to CBUs. Draft action log is being trialled in Q1 2015-16

- Implementation of core data sets across all inpatient areas to consistently measure and benchmark patient experience.

In addition to the CBU tracker, further triangulation of this data with patient safety data will be complete by Q1 2015-16 – this is linked to objective 2 above.

- Increasing and maintaining response rates to the FFT across inpatient areas and A&E as follows:

Inpatients – increasing response rates within inpatient services to 40% by quarter 4.

A&E – achieving a baseline response rate of 15 per cent in quarter 1.

A&E – to increase the response rate to 30 per cent or over by quarter 4.

FFT response rate of 40% for Inpatient areas achieved

FFT A&E response rate of 25% achieved

Staff FFT implemented

In 2014-15 we will deliver consistently safe care: taking action to reduce harm to patients in our care and protecting the most vulnerable including a reduction in hospital acquired harms and a 50% reduction in inpatient falls.

- To reduce hospital acquired harms in relation to Venous Thromboembolisms (VTEs), Falls, Catheter Associated Urinary Tract Infections (CAUTIs) and Pressure Ulcers with the aim of achieving the national average for harm free care against all areas.

Focused work has been undertaken in the majority of the areas of the NHS safety thermometer which has led to all areas achieving or exceeding the national average for harm-free care.

- Reduce the number of inpatient falls by 50.0% by April 2015 using total number of inpatient falls reported in 2013-14 as the baseline value.

We achieved 20% reduction in in-patient falls and have taken this objective forward for sustained focus in 2015-16; there is Trust wide plan in place to manage this risk.

To deliver consistently effective care throughout 2014-15: The Trust will achieve improved health outcomes through delivery of safe, effective and evidence-based care, this will be delivered through agreed levels of compliance and a continuous improvement in our HSMR value.

- Month on month data analysis evidencing continuous improvement in HSMR value, achieving HSMR value of 105.0 by January 2015.

HSMR latest 12 month rolling value is 101.2

- 95.0% compliance with the implementation of NEWS in the adult patient.

We have been auditing our compliance against all aspects of NEWS throughout 2014-15 with the latest audit being concluded in March 2015. The audits have demonstrated that more work is needed to reach the set target of 95% compliance. The audits have highlighted two significant areas for improvement; patients who have abnormal vital signs and require increased observation and review by a doctor are not always being reviewed in a timely manner.

Improving recognition and management of the adult deteriorating patient will continue to be a quality priority for 2015-16.

- 95.0% compliance with the implementation of the Sepsis Six Bundle.

We have audited our compliance against the sepsis screening and management tool throughout 2014-15. The audits have shown that there are sometimes delays in identifying sepsis and recording this in the medical record. Overall compliance with all six elements of the care bundle being delivered within 1 hour is however improving. The Trust is pleased to report that compliance with the most important element of the care bundle; antibiotics being given within 1 hour was very good at 72%.

Improving sepsis recognition and response will continue to be a quality priority for 2015-16.

- 95.0% of all applicable in-hospital deaths to be reviewed within 15 working days of the death occurring.

As at 31 March 67% of in-hospital deaths occurring during the year have been formally reviewed. Of these 30% have been reviewed within the set target of 15 working days of the death occurring.

- To achieve 75% compliance with 2014-15 clinical note keeping standard

The 2014-15 audit results have shown that there is still significant work to be undertaken to achieve the target of 75% compliance against the remaining clinical note keeping standards.

Improving clinical note keeping standards across all professional groups will remain a quality priority for 2015-16.

Delivery of prioritised 7 day services in 2014-15 to support the needs of our patients increasing the availability of: medical decision makers, radiology cover, therapy support and pharmacy services. We will deliver our 7 day action plan to support us in the achievement of Keogh's 10 standards.

- Compliance with all 10 of the Keogh standards

12/7 AMU extended Consultant cover

12/7 Radiology/ Imaging extended services

12/7 Therapy services

12/7 AMU and ED ring-fenced Pharmacy and Medicines Management services

Inpatient 7 Day Pharmacy and Medicines Management services

Hospital at Night enhanced arrangements

All 7 day services are in place; this has supported the delivery of the 4 hour access target, the reduction in HSMR. A number of these services were referenced in the recent bed utilisation report.

- CQUIN standard achieved, all patients reviewed by a consultant within 14 hours of an emergency

The medical staff are in place but the target is not being achieved consistently

Aim 2: Partnership will be our strength.

Throughout 2014-15, we will be open and inclusive with our patients, our partners and the public and provide them with information about their care and our services. By July 2014, we will put in place systems to enable us to proactively seek the views of patients, relatives, visitors, the general public, our partners and our staff and to use this feedback to help us improve services.

- Delivery of agreed action plan, progress reported quarterly to Board. Measures:

FFT test and other patient experience data (see quality)
Staff survey data, agreed benchmarks (see workforce)
Staff engagement session feedback

Objectives agreed and progress (through achievement of and variations to) reported directly to the Trust Board on a quarterly basis. A monthly staff engagement session led by the Chief Executive 'Join the Conversation' is now embedded and takes place monthly, with attendance levels monitored to ensure it continues to meet needs. There is a robust feedback mechanism linked to this.

Engaging with external stakeholders now takes place through a periodic stakeholder newsletter 'Quality Matters' and more recently significant changes to the Barnsley Hospital News has increased our readership by over five times, involving a much wider tranche of the Barnsley community, patients, staff, members and governors. On a wider note, significant focus on website use and social media has created an effective 'push-pull' mechanism which is gathering pace over time.

During 2014-15 we will be an effective partner on the Health and well-being Board (HWB), in its associated programmes and as part of the integrated pioneer team in order to improve the way we work and provide services with others including:

- the reduction of emergency hospital activity
 - increasing capacity and access to primary care and community services,
 - Improve the support to individuals to manage their own long term conditions in a community setting, through improved care coordination.
 - Radically transform Intermediate Care Facilities in Barnsley.
 - Develop universal access to information and unified care records.
 - Promote independence through mental and emotional support.
- Agreement on shared objectives workshop with all local partners

Objectives have been agreed

- Agree milestones and measures

Key projects include:

- *Care Coordination Centre launched March 2015*
- *New Intermediate Care model to commence April 2015*
 - *Measures: Reduced emergency admissions*

In 2014-15 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
- Procurement proposal agreed for delivery in 2014-15
Procurement proposal agreed and delivering cashable benefits
- Regional data sharing agreements signed off.
Regional data sharing agreed,
- Connectivity in place across the region for diagnostic requests and results.
ICE requests and results connectivity in place across the 7 Trusts.
- Analysis of risks of providing clinical services 24/7 and 7/7 in prioritised services including new service model proposals.
- Achieve compliance with Specialised Services Specifications moving from derogation to compliance or exit.
- Identify gaps in service (in prioritised areas) where consistently high quality of provision is under threat and where collective action can mitigate the threats.
A number of service proposals are expected in 2015 including ENT, OMFS and Ophthalmology business case, a new children's surgery service model and GI bleeds.

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

We will fully implement a new CBU structure which delivers the accountability and leadership required for the Trust to deliver its 2 and 5 year plan and realise the full potential of our teams. To include recruitment and selection to all posts, and completion of a multi-professional development centre by July 2014.

- CBU Structure in place for accounting purposes/transition arrangements to new structure agreed.
New CBU structure implemented
- Appointments to all posts in the structure (including external recruitment)
All posts appointed to
- Values based development centre held, involving key stakeholders, for CD, GM and HON
This was deferred pending further work around development needs assessment
- Leadership and development needs for individuals and teams from Development Centre agreed and delivered to embed CBU working
- Leadership and development needs identified. Development programme commenced February 2015
- Review and feedback on structure and performance of CBUs
Review and feedback on structure March 2015

To 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. To produce a workforce plan by May 2014, a resourcing plan by June 2014 which reduces our time to recruit to an average of 56 days and to deliver the Trust's annual training plan by April 2015.

- Develop a structured education programme for managers covering sickness absence, referrals, case conferences
- Workforce plan presented to Board
- Deliver SLM Senior Leadership Development Programme
- Training delivered for individual coaches to embed coaching as a management tool to develop competence and learning.
- Resource plan to meet our workforce and development needs.
- Deliver Platform to Transform Leadership Development Programme

Measures:

- Trust absence levels reduced by 1%.
- Appraisal compliance 90% by June 2014.
- Training compliance at 90% by March 2015.
- Staff survey outcomes including effective team working 3.9 from 3.84, well structured appraisals at 38% from 33%, support from immediate line manager from 3.57 to 3.64.
- Vacancies filled within 56 days.

- Sickness absence training developed and delivered in 2014

Workforce Strategy is progressing through normal governance routes for approval.

SLM programme completed and evaluated

Coaching training incorporated in 15-16 development plans, including workforce strategy

Platform to transform completed

Measures monitored on a monthly basis and exception reports produced for F&P and Workforce Groups

Appraisal rate 92.3% (non-medical) and 91.2% (medical) Mandatory Training 83.4%

Staff survey demonstrated 95% of staff had received an appraisal; the response rate for staff survey was significantly higher than last year. Staff survey reports positive outcomes from the TWWMIIB groups. Team working 3.71%

Vacancies Non-medical 78.9% and medical 100%, well structured appraisals 33%, Support from Immediate line managers 3.62%

To 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. We will achieve this through supportive and skilful leadership, and in conjunction with the Trust's Healthy Workplace group so that absence levels reduce by 1%, and staff survey outcomes relating to stress improve from 3.57 to 3.64 by Mar 2015.

- Evaluation of the staff physiotherapy service and OHU service to show prevention/contribution to reduction in absence levels.
- Launch of wellbeing app
- Embed revised mediation process across the Trust
- Stress recovery action plan delivered.
- Resilience training programme delivered.
- Measures:
- Reduced levels of absence by 1%
- Reduction in staff suffering work-related stress in last 12 months (from 39% to 37 %.)
- Extended staff survey: improvement in demand category from 45 to 60% positive response
- Evaluation of physiotherapy service Jan to March 2015

Wellbeing App launched in Jan 2015

Mediation process implemented. Policy to be approved by May 2015

Stress Recovery Action plans

Resilience training completed

Measures monitored on a monthly basis and exception reports produced for F&P and Workforce Groups

Absence 4.52%

Stress remains an area of concern based on 2014 survey outcomes

Workforce Engagement

Workforce engagement is a key strategy to support the Trust's turnaround plan; we have demonstrated success with our Together we will make it better groups particularly around quality of appraisals and line manager support.

Underpinning our engagement we have monitored staff feedback from the Annual staff survey, the Friends and Family Test, stress survey and the monthly pulse checks. In addition to this we have engaged with staff as we prepared and were subsequently successful in achieving our investors in people bronze award.

Values based appraisals were introduced and we have exceeded our annual target for appraisals, the quality of these appraisals has been evaluated and the results will form our on-going action plans.

The Mission possible concept was launched this year which has engaged staff with the change agenda, allowing staff to explore the reasons why change is daunting and the personal strategies to enable them to embrace change.

As we move to the year ahead we will be extending our engagement work by implementing Listening into Action.

Our Apprenticeship Pledge

We have supported the Barnsley One Pledge to aim to employ 2.5% of their workforce in apprenticeship positions. We have a robust apprenticeship scheme and currently employ 22 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 work with local schools, career activities and school leaver events, In addition to this work experience placements have provided schoolchildren within our region real experience of working within the NHS.

We have committed over the next year to developing an educational framework in conjunction with Skills for Health to support our widening participation agenda and provide a clear development strategy for our bands 1-4 workforce. Underpinning this will be opportunities for progression pathways and continuing professional development opportunities.

Staff Survey 2014

This year a full staff survey was completed, there were 2772 who were eligible to complete the survey and 1207 surveys were completed providing a response rate of 43.5% Our top five improvements were identified as;

- ✓ Fewer staff has come to work despite not feeling well enough to perform their duties.
- ✓ More staff had an appraisal/KSF review.
- ✓ Clear work objectives are agreed during more staff appraisals
- ✓ More immediate managers give clear feedback.
- ✓ Less harassment, bullying or abuse from patient/service users, their relatives or members of the public.

Our top five strengths were;

- ✓ More training in how to handle violence towards staff and patients/service users.
- ✓ More staff has had an appraisal/KSF review.
- ✓ More equality and diversity training.
- ✓ More staff have health and safety training.
- ✓ More staff have infection control training.

Manager feedback and appraisals have been a focus of two of the Together We Will Make it Better groups in the year.

The Staff survey also provided us with development opportunities for the coming year, these are;

- Staff engagement
- Staff motivation.
- Quality of appraisals

2015-16 development opportunities will form part of our participation in the Listening into Action programme which follows on from our early Mission: Possible preparation work and will have clearly defined engagement activities and change projects which will engage staff across the organisation.

Listening into Action will allow us to focus on staff involvement of which feedback and learning from feedback is a key component. Quality improvement in the appraisal process is a key objective for the coming year and will further enhance this process to become a more meaningful vehicle to assess and manage performance.

We recognise that not all elements of the staff survey action plan for 2015-16 will be delivered in year however these elements form key milestones in the 2015-16 action plan and will be rolled over into future annual plans in line with our Five Year Strategy.

NHS Staff Survey 2013-14 – 2014/2015: Key Comparisons

	2013-14	2013-14	2014-15	2014-15	Trust Improvement/ deterioration
	Trust	Nat Av	Trust	Nat Av	
Survey response rates					
Top five ranking scores (2014)					
Staff receiving health and safety training in the last 12 months	92%	76%	91%	77%	1% deterioration
Percentage of staff appraised in last 12 months	89%	84%	95%	85%	6% Improvement
Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice			74%	67%	New question
Percentage of staff experiencing physical violence from staff in the last 12 months	2%	2%	2%	3%	No Improvement or deterioration
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	32%	33%	30%	34%	2% Improvement
Bottom five ranking scores (2014)					
Percentage of staff suffering work-related stress in the last 12 months	39%	37%	45%	37%	6% Deterioration
Staff motivation at work	3.79	3.86	3.71	3.86	0.08 Deterioration
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	92%	90%	86%	90%	6% Deterioration
Percentage of staff receiving job-relevant training, learning or development in the last 12 months	80%	81%	77%	81%	3% Deterioration
Fairness and effectiveness of incident reporting procedures	3.48	3.51	3.44	3.54	0.04 Deterioration

Of 138 Acute Trusts:

Highest Trust score: 81.5%

Lowest Trust score: 23.2%

BHNFT Score 43.5%

Investors in People

The Trust aimed to achieve the Investors in People Bronze Award and in this we were successful with accreditation being awarded 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. Once the new standards for Investors in people are launched in September 2015 activities can be focussed for the next three years in preparation for our re-assessment in December 2017

Learning and Organisational Development

Mandatory Training and Appraisals

The Trust Training Plan version 9 has been agreed following the annual review which took place during the third quarter of 2014-15. The Trust Training Plan continues to meet legislative, statutory and mandatory training requirements and each year is updated to reflect changes.

The Training Plan 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 Care Quality Commission Standards act as an overriding guide to the compliance requirements and best practice of the Trust Training Plan.

A full review and redesign of the corporate induction and mandatory training has been completed in 2014, compliance data is monitored monthly. Values based appraisal was launched in year and appraisal compliance has exceeded the established target.

Workforce Engagement

A range of engagement activities have been implemented including; Join the Conversation with the Chief Executive, staff 'Pulse' surveys, Together We Will Make it Better and Investors in People assessment.

The Trust has a range of different methods to engage with our staff, to celebrate successes and 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 road shows, '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.

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.

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

The Trust runs its annual HEART Awards, giving us an opportunity to recognise the hard work and dedication of our 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.

Long Service Awards

93 staff were congratulated for more than 2,300 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 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.

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 Level 5 qualifications. Staff are supported to access continuing professional development opportunities.

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 Library and Resource 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.

One such event was *Learning at Work Day* held in May 2014. Staff were invited to participate in a number of fun and stimulating activities designed to support and encourage engagement in learning at work.

The Library and Resource Centre have strong partnerships with local training providers and Library services who attend open days to promote their services. Due to its success another event has been organised for 2015.

The Library 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 Library and Resource Centre support the usage of the Trusts e-Learning system, offering advice, guidance, PC access and trouble-shooting to staff.

Recruitment and Retention

Several initiatives were implemented to support key objectives:

- Staff Nurse Recruitment Open Days and Trust wide rolling monthly campaigns.
- Assessment Centre standardised format for senior appointments now in place.
- New senior manager pay structure implemented June 2014 for appointments equivalent to AfC band 8c and above.
- Recruitment KPIs in the monthly performance dashboard implemented in August 2014.
- New CBU structure in Leadership structure appointed and in place
- 7 day working in Radiology and Therapies implemented
- 12 Trainee Advanced Nurse Practitioners recruited
- Hospital at Night management implemented
- Notice periods for Band 5 and Band 6 leaving the Trust extended to two months
- Launch of Total Reward Statement on line for all staff highlighting staff benefits

Occupational Health and Wellbeing

Focussing on wellbeing 'Lets Talk Health' and 'Fit for 15' saw more than 150 staff attend for wellbeing baseline tests, learning and to make a pledge to be proactive in their health and wellbeing. This was followed up three months later to chart improvement and saw many staff teams assemble for some friendly competition to reduce BMIs.

To support staff with a quicker return to work we commenced Fast Track Response to Referral in October for staff reporting sickness absence to managers, who then refer straight on to OHW to make contact within 24 hrs.

To support staff with a quicker return to work we commenced Fast Track Response to Referral in October for staff reporting sickness absence to managers, and contact is made within 24 hours.

Audits and survey are carried out to ensure managers, individuals and other stakeholders are receiving a high quality, cost effective service. This also enables evidence to be produced to maintain our accreditation to SEQOHS (Safe Effective Quality Occupational Health Services).

To streamline and improve time management a new 'virtual' format for the Healthy Workplace Group was introduced. This new model has proved a success and from this a bi-monthly news letter is now produced to support on-going projects run by the group such as health promotion stands in the restaurant, notice boards for staff promoting health and wellbeing.

Eight areas are currently undergoing the HSE Stress Management survey and the Stress Group – 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 to wards providing the vaccine locally.

Mediation – OHW is monitoring the mediation programme as well as providing mediators to deliver the service. Five mediations took place in the year.

Regular meetings with the Human Recourse officers were resurrected to ensure appropriate care pathways are in place to support staff on sick leave, with case conferences being held when required.

Activity for BHNFT	Appointments
Employment screening	893
Referrals	486
Reviews	149
Psychological support	418
EMDR	78
CBT	60
Reviews	458
Group work	16
Physio referral	616
Hepatitis B vaccinations	335
Did not attends (DNA)	927

As at 31st March 2015, we employed 3289 members of staff

<u>Employee Profile</u>	<u>Total Staff</u>	<u>%</u>
<u>Ethnic Origin</u>		
White - British	3002	91%
White - Other	46	1%
Mixed	39	1%
Asian or Asian British	113	3%
Black or Black British	46	1%
Chinese	7	0%
Other Ethnic	18	1%
Not Stated	18	1%
<u>Gender</u>		
Female	2681	82%
Male	608	18%
<u>Disabled</u>		
No	3006	91%
Not Declared / Unknown	158	5%
Yes	125	4%
<u>Religious Belief</u>		
Atheism	309	9%
Buddhism	7	0%
Christianity	2018	61%
Hinduism	35	1%
I do not wish to disclose my religion/belief	584	18%
Islam	58	2%
Judaism	Less than 5	0%
Other	273	8%
Sikhism	Less than 5	0%
<u>Sexual Orientation</u>		
Bisexual	4	0%
Gay	18	1%
Heterosexual	2742	83%
I do not wish to disclose my sexual orientation	513	16%
Lesbian	12	0%
<u>Age Band</u>		
16 - 20	88	3%
21 - 30	719	22%
31 - 40	798	24%
41 - 50	871	26%
51 - 60	693	21%
61 +	120	4%

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	112	36	148
Additional Clinical Services	701	77	778
Administrative and Clerical	570	115	685
Allied Health Professionals	128	23	151
Estates and Ancillary	39	64	103
Healthcare Scientists	56	33	89
Medical and Dental	103	175	278
Nursing and Midwifery Registered	970	85	1055
Students	2	0	2
	2681	608	3289

The balance of our Directors and senior management team at the year end for 2014-15 is shown below:

	Female	Male
Board of Directors (Executive and Non-Executive Directors) * two new NEDs appointed from 1 st April 2015 not included (one male, one female)	5	4
Senior management team (excluding Executive Directors)	4	2

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 equality 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. It has a fundamental role in assisting to set the strategic context for Equality and Diversity and Human Rights as well as monitoring progress.

The Equality and Diversity Manager achieved national recognition by being named in the Health Service Journal as a top 50 BME Pioneer. She was nominated for this accolade by a local community stakeholder for her work in forging links with the LGBT community, setting up the Diversity Champions network and her work in advocating equality and diversity in the Trust.

LGBT Forum Rainbow Tick

In February of this year, the Trust submitted equality evidence against the local LGBT Forums Rainbow Tick assessment process. The aim of this process is to evaluate how LGBT inclusive the Trust is in its service delivery and staff practices and is a clear indicator that an organisation has achieved a number of equality objectives around LGBT issues, health patient wellbeing and the workforce. This was set against the LGBT Forums assessment criteria. The Trust has been awarded a Bronze certificate. This is the Trust's first award and will enable the Trust to progress using our submitted evidence as a baseline to work from and we will develop remedial actions which will build into our Equality and Delivery System (EDS2).

NHS Employers Partner Status

We continue to participate in the Equality and Diversity Partners programme which supports Trusts to progress and develop their equality performance and to build capacity in this area. At the same time the programme provides an opportunity for partners to offer advice, guidance and demonstrations of good practice in equality and diversity management in the wider NHS

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 and providing positive assurance and monitoring to ensure we meet our action plan targets.

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 encourages 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.

Community Engagement

The Trust continues to engage positively with local community groups such as Gender Equality Forum, DEAP (deaf Forum), Barnsley Reach (disability Forum), BME Women and Children's Forum, LGBT Forum and Faith Forum. Outcomes and learning shared with internal committees through updates and awareness raising via Diversity Champions and Communications team. There is on-going work on an FGM policy in partnership with the Safeguarding team and the local community.

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

For the first time the Trust hosted two Trans-awareness sessions which has raised awareness for staff across the Trust. Lip reading sessions have been set up in the Trust to allow staff to improve their communication skills with patients. The Trust also participated in supporting LGBT History month and LGBT Pride event, this has allowed the Trust to identify issues from the community and create an action plan and strategy to support.

Equality and Diversity training continues to be delivered throughout the year within the Trust's induction process and has high levels of overall compliance and satisfaction within the Trust. Maternity staff received training on FGM as part of their maternity week training. The aim is to ensure appropriate care of a woman or child who has undergone this procedure and also to raise awareness of the vulnerability of women children and families where FGM is traditionally performed.

Members of the Play Team in Children's CBU have undertaken a sign language course. Other play staffs have attended study in relation to children and young people with Autism.

Aim 4: Performance Matters

In 2014-15 we will improve our performance through the embedding of a new Trust performance framework supporting the achievement of operational, quality and financial targets and delivery plans. Key targets/expected performance examples including the delivery of the 4hr A&E target, National and local Contract targets, quality indicators, financial and efficiency targets achieved service development business cases produced and implemented when approved.

- Agreed targets for all KPI's: quality, operational, financial and workforce. Performance presented monthly at Board.
- Governance framework defined issued & CBU performance systems (finance, activity, quality, contracts, operational, service developments) in place for monitoring/ performance reporting.
- CBUs performance meetings (monthly) with Exec Team start.
- Improved reporting arrangements in place including PLICs
- *Targets agreed and performance reviewed monthly.*
- *Trust Performance Framework in place. Performance Reviews are held monthly; CBU scorecards in design, Integrated Performance Report implemented. ED achieved in Quarter 1 and Quarter 2 and is currently on track to deliver Quarter 4 and Year End. New Business Case, Approval process is in place.*
- *Financial baseline completed as part of turnaround, PLICs to follow.*
- *Delivery of year 1 of the turnaround plan inc savings, finances, and governance*
- *4 hour performance on track*

During 2014-15 we deliver the full benefits of investment in technology including the launch of our electronic patient record programme in September 2014.

- Deploy the first phase of the new computer system as the heart of our Electronic Patient Record

The new system was deployed during October 2014, starting our move to electronic patient records. Planning is now underway for phase 2 to include maternity services.
- Develop a clinical systems strategy to deliver safer care on our wards

Deployment of virtual desktop functionality has improved the user experience both in terms of computer performance and through the use of single sign on technology.

- Deploy the first phase of our safer ward strategy

Electronic nurse care planning and assessments were delivered as part of the new computer system's deployment. Further development of systems such as vital signs recording has been deferred due to limited finances, but will be reviewed in 2015-16.

In 2014-15 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.

- Continue the phased refurbishment of 'O Block', including:
 - Delivery of a new 'Birthing Centre', (7 birth room facility)
 - Enabling works - 3rd floor corporate space
 - Detailed design for re-provision of Special Care Baby Unit
 - Undertake a business case to review the feasibility and potential service benefits for redeveloping and expanding the Trust's Critical Care facilities
 - To review the feasibility and potential service benefits for redeveloping the Outpatients Department, (to include space utilisation)

Due to financial constraints the capital programme for 2014-15 was reviewed and whilst works such as expanding the critical care facilities were stopped other capital works were completed, this includes the following:

- *Termination of Pregnancy Services refurbishment*
- *Endoscopy Re-Processors – creation of new washer/disinfector area.*
- *Lift Replacements – new lifts for CSSD, O Block, and Outpatients.*
- *Residential Blocks – Demolition of blocks 4-8 and creation of 70-80 new car park spaces.*
- *Fire Doors Phase 1 – replacement of substandard doors throughout the Trust*
- *Ward Kitchens – refurbishment of ward kitchens in KL and AB Blocks.*
- *Inpatient Pharmacy Robot Phase 1 – installation of a new automated dispensary system.*
- *Air Tube System – upgrade of controls and diverters to pneumatic air tube system.*
- *HV Switchgear – replacement of switchgear.*
- *Right care – creation of new workspace for the programme*

In 2014-15 we will secure the most cost effective goods and services through efficient and planned procurement activity, achieving an overall saving target of £500k.

- Develop an Annual Procurement work plan for 2015-16 in conjunction with the Procurement Strategy Group and key stakeholders which support planned strategic procurement activity.

- Roll out e-Tendering and e-Requisitioning across the organisation to streamline procurement processes and improve efficiency
 - *Forecast to achieve £1.07m savings for 2014-15*
 - *2015-16 plan has been developed (£1m)*
 - *E-tendering complete.*
 - *E-requisitioning due go live Q1 2015*

In 2014-15 we will work with our teams to develop agreed commercial partnerships and business proposals including BHSS schemes, delivering our overall income target.

- Development of year two strategy and business plan for (Barnsley Hospital Support Services LTD) BHSS. Including agreed schemes with associated income targets.
- Review of retail environment to maximise commercial and quality opportunities.
- Assistive technology expansion proposal finalised and presented.
 - *BHSS strategy and business plan signed off.*
 - *Retail environment has been reviewed, proposal to follow.*
 - *Assistive technology business case signed off by NHS England, services will now be delivered across Y&H*

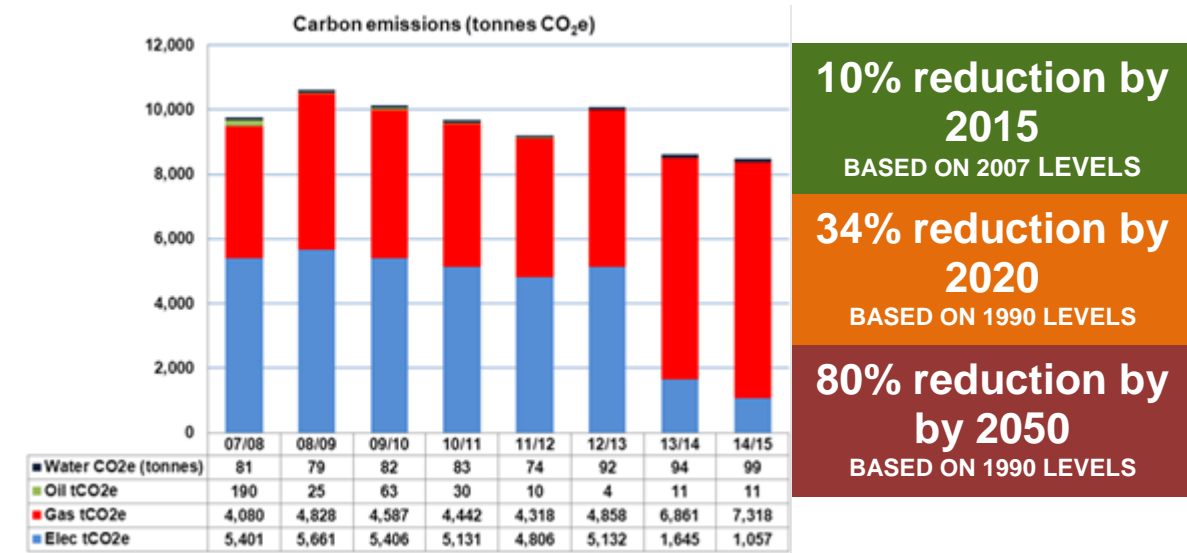
Sustainability and Carbon Reduction

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. We apply a triple bottom line approach giving consideration to social, economic and environmental practices.

Targets

The Trust is required to achieve a 10% reduction in carbon emissions set by the NHS against our 2007 baseline by the end of financial year 2015-16. In addition the Climate Change Act 2008 requires the Trust to achieve a 34% carbon reduction by 2020 and an 80% reduction by 2050 against our 1990 baseline. At the end of financial year 2014-15 the Trust made significant progress in reducing our carbon emissions and at present we are ahead against achieving our 10% CO₂e reduction target for emissions related to utilities. The target reduction is 8,777 (tCO₂e) and in 2014-15 CO₂e emissions were reduced to 8,484 tonnes which represents a 13% reduction against our 2007 baseline.

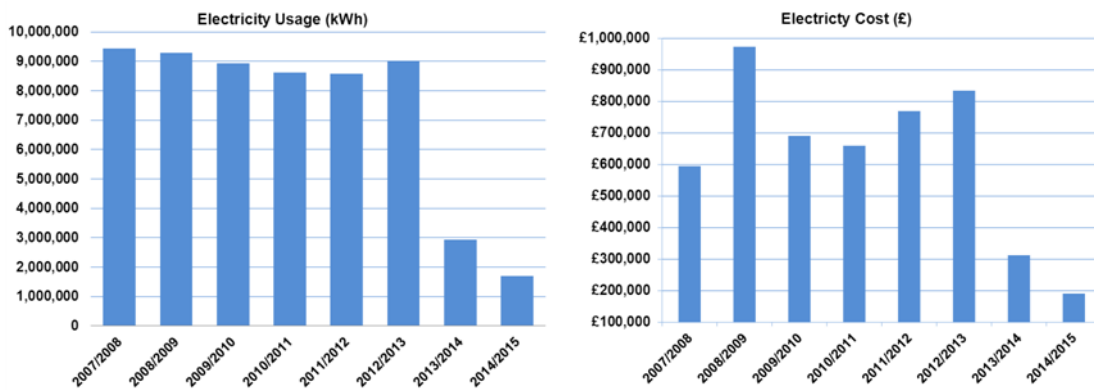
	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Carbon (tCO ₂ e)	9,752	10,593	10,138	9,686	9,209	10,086	8,611	8,484



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. In addition all grid electricity supplied to the Trust for 2014-15 was from renewable or low carbon sources qualifying for Climate Change Levy exemption.

Overall electricity costs and consumption continue to fall in-line with expectations due to the majority of the Trust's electricity requirement being provided through our combined heat and power (CHP) plant. Grid electricity costs have fallen by 38.6% and consumption reduced by 42%.



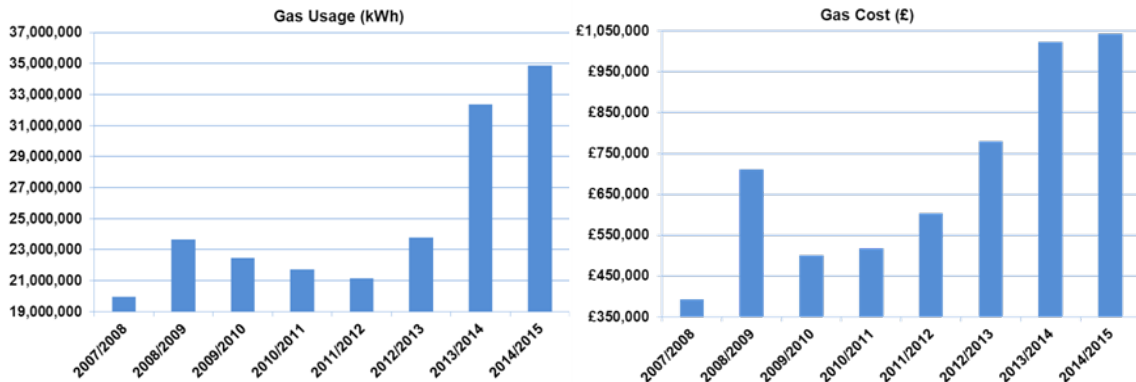
On-site Energy Generation

The majority of the sites electricity requirement is now met through on-site generation. The table below shows the amount of electricity and heat recovered since 2013. The CHP in 2014-15 generated enough electricity to power 2,384 homes (based on OFGEM calculated usage of 3,200 kWh per annum).

2014-15 CHP Performance	2013/14 (10 months)	2014-15
Total electricity generated (kWh)	6,122,194	7,628,806
Total heat recovered (kWh)	3,541,000	4,086,000

Gas

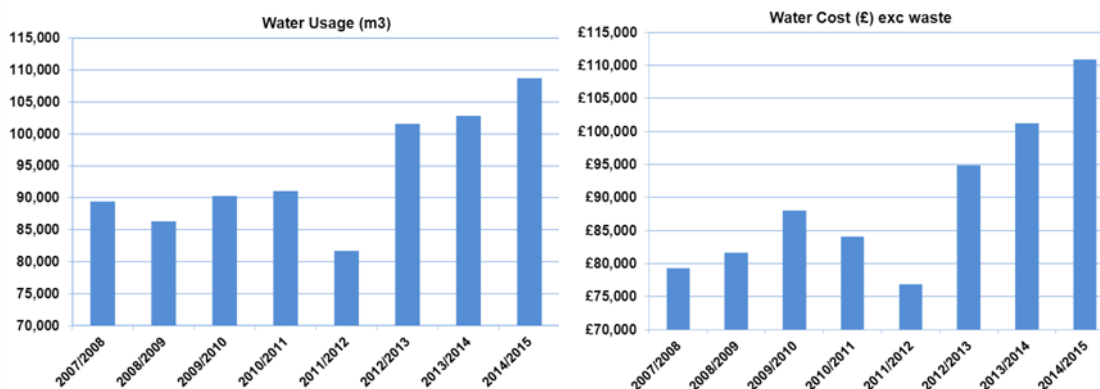
Gas usage at the Trust increased significantly due to the introduction of our Combined Heat and Power (CHP) plant. The annual spend on gas has increased consistently with our usage. Gas usage increased by 7.8% against the previous year whilst spend increased by 2.1% as a result of wholesale market reductions. In addition due to the operational efficiency of the plant the Trust qualified for 100% exemption for the Climate Change Levy (CCL) saving £64,462 this financial year.



Water

Acute hospitals are high consumers of water due to it being used for multiple purposes including hygiene and infection control. With higher standards of hygiene more water is used. Water consumption is effectively paid for twice with water companies charging for both water consumed and for discharge to highways and sewer (treatment).

Annual consumption of water increased by 5.7%; with spend increasing by 9.5% on the previous year. The higher usage can be attributed to increased activity together with higher cost to purchase water from our supplier.



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

Utility	Financial data		Non financial data	
	2013/14	2014-15	2013/14	2014-15
Water consumed	102,771 m3	108,669 m3	£101,211	£110,875
Water sewage	82,217 m3	86,935 m3	£121,846	£124,663
Grid electricity	2,938,556 kWh	1,706,116 kWh	£311,229	£191,229
Natural gas	32,341,576 kWh	34,878,644 kWh	£1,022,774	£1,044,132
Other energy consumed (fuel oil)	3,259 litres	3,000 litres	£1,832	£1,686

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 regulations and in a manner that impacts least on the environment. The Environment Agency carried out a Waste Audit during 2014-15 and the Trust received notification that it is fully compliant with the management of all wastes. Waste tonnage for 2014-15 has fallen by 4% and costs reduced by 21% against the previous year. The introduction of an 'Offensive' waste stream has helped reduce our waste tonnage costs by £71 per tonne.

Waste	Non financial data		Financial data (£K)		
	2013/14	2014-15		2013/14	2014-15
Absolute values for total amount of waste produced by the Trust	918 tonnes	880 tonnes	Expenditure on waste disposal	£183,378	£144,699

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 take and the processes we follow can reduce the environmental effect and deliver both carbon and financial savings. Some of the work carried out this year includes:

- Development of e-tendering to reduce the amount of paper and resources utilised to complete tendering activity and bid analysis
- Consolidated deliveries to minimise environmental impact through Active promotion of the NHS Supply Chain
- Driving standardisation of equipment and consumables to further aggregate deliveries
- Removed the use of tote boxes to maximise the amount of products that can be delivered on a single vehicle from NHS Supply Chain
- Engaged in the regional Working Together Programme where we are undertaking procurement processes along with 6 other Trusts and promoting the 'once only' approach
- Created an e-procurement portal to replace old paper based process
- Sustainability criteria have been built into the relevant tendering processes
- Utilising demand management techniques we have actively reduced the amounts of goods and services procured by the Trust
- We have introduced lighter weight copier paper into the system that reduces the impact on natural resources.

Travel

The Trust in conjunction with South Yorkshire Partnership Transport Executive offered free 1 month passes to staff for use on buses, trains and trams.

The scheme is designed to encourage staff to make a modal shift from using their car to travel to using public transport saving money, improving health and helping the environment. As a result of the scheme 161 staff members signed-up to the scheme.

The Trust has also run Dr Bike clinics in conjunction with the Cycleboost scheme to educate staff about cycling to work and carry out free repairs. The scheme offers a loan commuter bike for a 1 month period and if staff undertake cycle training they can also purchase a bike at a heavily subsidised rate.

The Trust has also secured funding to provide an additional cycle parking facility for patients and visitors which will be situated near the main entrance. This facility will encourage visitors to leave their cars at home and cycle to site.

Built Environment

The Trust is committed to creating an effective and efficient estate by placing great emphasis on trying to ensure that our buildings and the way we operate them are sustainable and to minimise the negative impact we might have on the environment.

We continue to maximise the use of our space to increase efficiency through our Space Utilisation programme.

Information Technology

The first phase of our Electronic Patient Record (EPR) was delivered in October 2014 through the deployment of a new computer system, replacing a number of out-dated systems.

Over 2,000 staff were trained on the new system, putting in place the technology that will help us move towards being a paperless hospital. This has already started to remove paper records, particularly for our nursing care plans.

To support this, we deployed 84 additional mobile computers into ward areas, and upgraded over 1,000 desktop computers to use our new virtual technology. This means that computers run faster, and enables staff to move between computers, retaining information as they move.

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.

The Communications team ran energy saving drive over Christmas to encourage staff to switch off lights, computers and non essential equipment. The Communications team also promoted NHS Sustainability Day on 26th March 2015.

In 2015-16 the team will be more active in increasing staff engagement with the launch of a new Trust sustainability website.

Future Priorities and Key Objectives

The key priorities for 2015-16 include:

- Adding sustainability content to our waste e-learning package
- Developing a website and intranet pages to use as a learning portal to educate staff on energy efficiency and sustainability issues
- Focus on carbon reduction across all areas
- Implementation of our new 5 year Sustainable Development Management Plan (SDMP)

The strategic report has been approved by the Directors and is signed on their behalf by the Accounting Officer.



.....
Diane Wake
Chief Executive & Accounting Officer

27 May 2015

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Date:

Governance

Our Approach to Governance in 2014-15

The Trust is managed by the Board of Directors, which is accountable to the Council of 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 one of the meetings held in private. Some Governors also sit on Trust-wide committees and forums (e.g. Equality and Diversity Steering Group, Learning Disabilities Working Group, Organ Donation Committee), 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
- Remuneration and Terms of Service Committee

You can read more about our committee structure and the work that they undertook during 2014-15 on pages 69 and 98-100.

Our Governance Structure in 2014-15

Following the review of the governance arrangements and implementation of new structures which took place early in 2014, this work has been further developed and embedded throughout 2014-15. The CBU's have appropriate senior leadership and have developed strong links with the Board of Directors.

This new approach to managing performance has provided a system for holding our CBUs 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.

Furthermore, the recommended changes to our Board committee structure have been in place from Quarter 1, supported by a Board Assurance Framework.

Code of Governance

Barnsley NHSFT has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The Trust is compliant with all relevant principles and has therefore not declared any exceptions. The NHS Foundation Trust Code of Governance most recently revised in July 2014 is based on the principles of the UK Corporate Governance Code issues in 2012.

Foundation Trusts need only reference the location of that information rather than duplicate it as outlined in the table shown on page 64. All other materials listed in Schedule A of the Code of Governance are available publicly or on request.

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 2014-15 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 2014-15 self assessment the Trust has achieved an overall score of 4. The self assessment has identified a number of shortfalls that require further work to further strengthen the Trust's quality governance arrangements.

Our self-assessment has also taken account of outcomes from the external reviews carried out by KPMG and Deloitte. As mentioned earlier, KPMG has also supported our sustainable services review in year and the Trust has previously worked with Deloitte for advice on issues such as taxation and business modelling.

The 2014-15 Quality Governance Framework self assessment identifies development actions for 2015-16. These will be included in work plans for the forthcoming year.

Role of the Audit Committee

With support from all of the Board's governance committee, the Audit Committee has a particular role in the review and providing assurance to the Board of Directors 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:

- Risk of fraud in revenue and expenditure recognition and management override;
- Medium 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 includes 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 Interim Director of Finance and Information.

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 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 will be carried out for 2016/17.

The audit fee for the statutory audit including quality accounts review was £63,902 (2013/14 £80,958) 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 £7,918 inclusive of VAT (2013/14 - £7,800). The audit fee for Barnsley Hospital Charity was £4,525 (2013/14 - £4,458) inclusive of VAT.

All work commissioned from the external auditors is subject to the authorisation of the Audit Committee to ensure that the Auditor's objectivity and independence is safeguarded. Any additional work proposed outside of the external Auditor's core function is presented to the Council of Governors for consideration and approval. PwC provided additional support in 2014/15 in preparation for an upcoming CQC inspection as approved by the Council of Governors in February 2014.

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 Local counter Fraud Specialist
- Assurance from the work of Clinical Governance 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 Interim Director of Finance and Information 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.

Whistleblowing and Raising Concerns

The Trust is committed to the delivery of high quality and safe patient care. It is therefore vital that staff feel empowered and able to speak up wherever they have concerns that patient safety may be compromised or errors occur. Our staff need to feel able to raise concerns, confident in the knowledge that the Trust has a culture of openness and transparency in the best interests of patient safety. In March 2014, we launched a new Raising Concerns Policy. The policy has been developed to reassure staff that it is both safe and acceptable to speak up to raise any concern they may have. The policy enables staff to raise concerns at an early stage and in the right way. An internal awareness raising concerns campaign has helped to ensure that our staff understand that the policy is in place and their role in raising concerns.

In February 2015, Sir Robert Francis published his final report following the Freedom to Speak up review which looked at the raising concerns culture in the NHS. We subsequently developed a robust action plan for the coming year to take the core 20 principles forward, underpinned by the existing policy, to help foster a culture of safety and learning in which all staff feel safe to raise a concern.

Code of Governance: disclosures

The Trust is compliant with all elements of the 'comply or explain' sections of the Code of Governance. Other issues of disclosure are listed in the table below:

Provision	Requirement	Trust Position / Response demonstrated in this report
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.	Pages 81-88
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.	Pages 91-101

Provision	Requirement	Trust Position / Response demonstrated in this report
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.	Pages 81-84
	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors	Pages 98-101
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.	Pages 92-95
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.	Page 93-97
	The annual report should include a brief description of the length of appointments of the non-executive directors and how they may be terminated.	Page 106
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.	Page 84-85 and 102-103
	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	Page 84-85
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.	Page 93
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.	Page 88-90
	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.	Page 84

Provision	Requirement	Trust Position / Response demonstrated in this report
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.	Page 81-82
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.	Pages 7, 61, 73-74 and 78
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).	Pages 9,68-80
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.	Page 80
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.	Pages 70, 80
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; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment 	Pages 62 and 70

Provision	Requirement	Trust Position / Response demonstrated in this report
	<p>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</p> <ul style="list-style-type: none"> 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. 	Page 63
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.	Page 90
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.	Pages 84 -87
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.	Page 89
	<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 	Page 82 and 88
	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.	Page 93-97

Annual Governance Statement (AGS)

By 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 2015 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. Responsibility for operational management of risk throughout the Trust has been delegated to the Director of Nursing and Quality who is supported by a Head of Quality and Clinical 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 separate Non-Executive Director reporting directly to the Board. This system was strengthened when revised during 2014-2015 as part of a wider governance review and the Trust established a Risk Management Group led by the Director of Nursing & Quality, which reports directly to the Quality & Governance Committee.

Serious incidents were escalated to the Strategic Risk Group which met weekly in 2014. This was replaced by the Patient Safety Panel, Chaired by the Medical Director.

The Trust benefits from good practice through a range of mechanisms including individual and peer reviews, professional development, clinical audit and application of evidence based practice.

In April 2013 the Trust implemented a new governance and risk reporting system, (DATIX), this has supported an increased reporting of incidents, which includes a high number of reporting of incidents with no harm and aids the development of an open and transparent organisation. The increase is attributed to more reporting rather than more incidents per se.

The Trust has mechanisms to act upon alerts and recommendations made by all relevant central bodies.

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 specific training on either a 1:1 basis or with groups as required.

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

Committee Structure

As part of a major review of our governance process, which commenced in Q3 2013-2014 there was a change in the Committee structure and in our governance process. There are currently four sub-committees of the Board:

1. Audit Committee
2. Finance & Performance Committee
3. Quality & Governance Committee
4. Remuneration and Terms of Conditions of Service

A Non-Executive Director (NED) of the Trust chairs each of these formal committees, supported by Executive leads as appropriate.

A review of the committee structures was commissioned in January 2014 and the recommendations from this review were implemented from June 2014. This led to the Finance Committee and some work from the Non Clinical Governance Committee being subsumed by the

newly formed Finance & Performance Committee. The Quality & Governance Committee took over the work from the Clinical Governance Committee and any outstanding relevant actions from the Non Clinical Governance Committee.

Audit Committee

This comprises Non Executive Directors (NEDs) Following changes to the Board of Directors the Audit Committee is now chaired by Suzy Brain England supported by two Non Executive colleagues.

The Audit Committee meets on a bi-monthly basis and is attended by both the Trust's Internal and External auditors in addition to the Director of Finance and the Associate Director of Corporate Affairs. The Committee reviews 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.

During 2014-15 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit. The NEDs have been supportive of the work being carried out to be confident that the organisation has a robust Board Assurance Framework in place (BAF).

Although Limited Opinion was provided by Internal Audit they recognised the significant work undertaken in developing a best practice BAF and the governance review work which had been undertaken and implemented. This work has progressed but has not been fully embedded for the full year 2014-15.

Finance & Performance Committee

Since June 2014 this new committee has been chaired by Francis Patton, Non-Executive Director who is also the Senior Independent NED, supported by Non Executive colleagues. The previous Finance Committee had been chaired by Steve Wragg, Chairman.

The membership is composed of, Director of Finance & Information, Chief Executive, Director of Operations, Director of Nursing & Quality and Medical Director. The Finance & Performance Committee meets on a monthly basis and reports to the Board of Directors.

Quality & Governance Committee

The Quality & Governance Committee is chaired by Linda Christon Non-Executive Director, supported by fellow Non Executive Directors. Executive Directors are represented - Director of Nursing and Quality, Medical Director, and Director of Operations. The Quality & Governance Committee meets on a monthly basis.

Remuneration & Terms of Service Committee

This comprises full Board NED membership plus Chief Executive and Director of Human Resources and Organisational Development, by invitation, chaired by Stephen Wragg, Chairman.

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 Trust has appointed an Associate Director of Corporate Affairs to revise and put in place a revised Board Assurance Framework. The Trust has refreshed and implemented a best practice model of the BAF during the year. This has been available to all Committees and Trust Board monthly. The Internal Audit opinion for the year is of limited assurance reflecting that although significant work has been undertaken, the new format and process have not been embedded for the full year 2014-15.

External Board Governance Review

The Board Governance Review was completed in September 2014 and a comprehensive action plan was developed based on the 'capacity and capability', this will be fully implemented by May 2015.

Financial Governance

We commenced internal and external investigations into how the Trust's finances had been managed and submitted appropriate reports to our regulator, Monitor, who subsequently opened its own investigation into our financial, governance and operational processes. Monitor deemed that the organisation had been in breach of Licence with regard to financial management. The Trust has implemented findings from the external reviews undertaken, including a robust assurance and escalation framework and a performance management framework.

Quality Governance Framework

During 2014-15 the Trust has undertaken a preliminary self-assessment of Monitor's Quality Governance Framework. The findings from this assessment will form the work plan for the revised Clinical Governance structure. The key elements of the quality governance arrangements are:

- The Trust's Risk and Governance Strategy
- The Trust's Quality Strategy
- The Trust's Quality Accounts (reported quarterly to Board of Directors) and regular performance reports which enable the regular tracking of progress against quality goals by

- Board of Directors. These include all national, regional and local indicators as well as national priorities.
- Quality and Safety report containing the Trust's quality goals which is communicated across the Trust.
 - National Patient and Staff Surveys
 - Use of risk registers across all areas of the Trust at all levels.
 - Members of the Board of Directors provide challenge to the quality governance processes through receipt of reports relating to quality governance which are standing items on the Board of Directors meetings.
 - Robust incident reporting mechanisms: Trust staff members' confidence in reporting harm and errors was evidenced by the increase in incident reporting over 2014-15.
 - Monitoring of key quality improvement initiatives such as the NHS Safety Thermometer; Pressure Ulcers, Management of the Deteriorating Patient (which includes National Early Warning Score and Sepsis Six Care Bundle) and the reporting of these successes through the Trust's internal communication mechanisms.
 - Self-assessment and submission of returns against Connecting for Health
 - Information Governance Toolkit

Compliance with Monitor Licence

In 2014-15 the Trust continued to monitor compliance with its Provider Licence. Key tenets to this included monthly reporting on performance, regular review of 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. In year the Board also instigated actions to review and improve the governance systems across the organisation and these were completed early during the first two quarters of 2014-15.

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 27th January 2015, following delivery of the Four-Hour Wait target throughout the year, when nationally this had been a very challenging time. The Trust remains in breach of licence with regards to its financial situation and governance arrangements, however, significant work has been undertaken to address both of these breaches and progress is regularly monitored by the regulator with meetings with members of the Board of Directors.

Care Quality Commission Compliance

The Trust is registered with the Care Quality Commission (CQC) and has a process of self-assessment across all Clinical Business Units. The Trust is currently assessed by the CQC in Band 4 Risk Rating (6 being the lowest risk rating 1 being the highest) for the two last published quarters. Within the Trust a process of unannounced Quality and Safety Assurance Visits have been in place. The visits are undertaken by five reviewers and aim to provide the Trust with a level of assurance regarding quality and patient safety. Following each visit local action plans are developed together with an overarching corporate action plan.

Completion of all action plans are monitored through the Quality and Governance team. Any areas of concern are risk assessed and applied where necessary to the local and corporate risk registers. The results of the visits and the action plans have been reviewed as part of the Internal Audit programme.

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

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. Data quality and data security risks are also managed and controlled via the risk management system.

The Trust reported one incident which was initially scored at a level 2. The Clinical Commissioning Group and the Information Commissioners Office (ICO) were immediately informed. We performed a full investigation and review of our relevant processes. The incident was subsequently downgraded to a level 1 by the ICO, with no action required from the Trust.

The Major Risks Facing the Trust

Financial Sustainability

The Trust worked closely with Monitor and external consultants KPMG on the construction of a two-year turnaround plan (2014-16). The delivery of the efficiency programme has been monitored throughout the year by the CIP Steering Group, the Board Committees and the Board. Although the first year of the plan has been achieved as forecast, the second year of delivery will prove challenging for the Trust due to the financial deficit forecasted. However, we are confident in the systems and processes we have in place and the capability of the staff to deliver this. The key financial risks are:

- Further changes in tariff

- Lack of continued funding for 7-days services to support key programmes driving improvements in patient centred care (e.g. reductions in mortality ratios)
- Consistent delivery and maturity of cost improvement schemes
- Repatriation of out-of-area referrals
- National pay awards
- Further increases to NHSLA premiums

Meeting the Four-Hour Wait target

The Emergency Care Intensive Support Team (ECIST) supported the Trust again during 2014-15 to provide additional advice and support to improve further key elements of the emergency pathway. The enforcement notice, relating to the Four-Hour Wait breach was reversed by Monitor in January 2015, following delivery of the target throughout the year, when nationally this had been a very challenging time. It is anticipated that the delivery of the 4 hour target will remain challenging due to ongoing changes in health and social care nationally which have a local impact.

Governance arrangements

The Trust has strengthened the governance process with a new Governance structure and a clear Assurance & Governance Framework in place, this complements the Performance Management Framework also developed and implemented. The six Clinical Business Units are fully operational with both senior clinical and managerial leadership in place. The new committee structure has been fully operational since September 2014 and a further review will take place early in 2015 to confirm that all recommendations have been implemented and our systems are robust.

Cost Improvement Programmes (CIPs)

The Trust exceeded its target in 2014-15, the target was set at £6.3m plan, delivering £6.4m in year. The delivery of the CIP programme for 2015-16 is integral to the turnaround plan currently developed and supported by KPMG. The CIP is managed through the Performance Management Framework with Executive Directors being held to account for each component of the CIP scheduled. Each scheme has a comprehensive project initiation document and has been quality impact assessed (QIA). This robust process has allowed for the Trust to deliver against target.

Quality of Care

The Trust's current financial position and the enforcement action taken by Monitor has the potential to impact on the quality of care. Through the QIA process mitigation is managed appropriately and monitored regularly through the governance framework. The quality of care, safety, effectiveness and experience remain the Trust's main priority.

Hospital Standardised Mortality Rate (HSMR)

The reduction of mortality rates is taken very seriously and the Trust has established a Mortality Group to manage this. They have taken a range of actions, which we are confident will result in a reduction during the 2015-16 reporting period in the HSMR Rates.

Following significant work with regard to HSMR the Trust has delivered ahead of its trajectory and is now a top performing Trust regionally on this matrix.

Infection Prevention and Control

Infection Prevention and Control will be managed and mitigated by continued investment and a detailed annual work programme supported by the specialist Infection Prevention and Control Team led by the Director of Infection Prevention and Control under the executive lead of the Director of Nursing & Quality. The Trust met the target cases for C.Difficile for 2014-15 and has no episodes of MRSA bacteraemia. The Trust has been set an ambitious target for C.difficile reduction in 2015-16 based on our improving record year on year.

Better Care Fund

The Better Care Fund is a national requirement to transfer significant funds from the acute hospitals to social services via the CCG and Health and Well Being Board over the next 3 years. This forms part of the national strategy for the transition of services provided by acute hospitals to primary and community care. The key risk is the impact on the Trust's budget and the future pattern of provision and sustainability of services across the health economy during the planned period of transition.

Engagement with Stakeholders

There are well established and effective arrangements in place for working with key public stakeholders across the local health economy, see below. Wherever possible and appropriate, the Trust works closely with stakeholders to manage identified risks which affect them or which they can mitigate.

- NHS Barnsley Clinical Commissioning Group
- NHS England
- Yorkshire Ambulance Service
- South Yorkshire Police
- South Yorkshire Fire and Rescue Services
- Neighbouring Trusts in South Yorkshire and North Derbyshire
- Barnsley Metropolitan Borough Council
- One Barnsley Programme
- Barnsley Health and Wellbeing Board
- Barnsley Health and Community Scrutiny Committees
- Healthwatch (formerly LINK)

- Universities: Sheffield, Sheffield Hallam University, Huddersfield & Leeds
- Barnsley College
- Established Clinical Networks

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place so that 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 also in place to reinforce compliance of the organisation's obligations under equality, diversity and human rights legislation.

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, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. These risk assessments and delivery plans are not based on UKCIP 2009 weather projects but have instead been created in line with national guidance.

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.

The Trust produced a two year turnaround plan in June 2014 which set out the operational context for the organisation including base-lining the overall financial, quality and operational position and setting out in the plan how the organisation would operate for the following two years. Further to this the 5 year plan was signed off in December 2014, in this the strategic context the priorities were set including: a review of the market, an in depth analysis by service and agreed (and financially validated) strategic initiatives to take the organisation forward over the forthcoming years.

As noted, Monitor reported a failure of the Licensee's corporate governance arrangements and financial management. In particular, but not limited, to failures to:

- Establish and effectively implement systems and/or processes to maintain compliance with the Licensee's duty to operate efficiently, economically and effectively and for effective financial decision-making and management control
- External Audit issued a qualified opinion in relation to securing economy, efficiency and effectiveness. This was due to the breach of licence issued in May 2014. External Audit has acknowledged that Monitor subsequently issued a certificate of compliance in relation to the achievement of four hour targets on 27th January 2015.

The Internal Audit opinion for the year is of limited assurance reflecting the lack of an established Assurance Framework throughout the year. The Trust has identified this as an area for development and during the year has committed to improving the arrangements in place. There are also numbers of audit assignments that have been or are likely to be issued with a limited opinion.

Monitor Review of the Trust's Position

The Trust has worked closely with Monitor delivering the two-year Turnaround 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.

Financial sustainability

The Trust has been proactive in the managing of its resources. The key recommendations, following external review, with regard the capacity and governance of the finance team, have been implemented. There will be additional reviews during 2015-16 to further enhance the team and deliver continued improvement to financial reporting and control.

Despite the challenges and significant pressures on the services, the Trust over achieved its Cost Improvement Target by £0.117m.

During 2014-15, 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 £21.2m which is treated as a loan. The requirement for distressed funding was driven by the deficit position, the extensive capital programme delivered through 2013/14 and associated creditors. Our cash management processes have had to be redeveloped and are now robust. However, 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.

A full service sustainability review was undertaken, supported by KPMG.

The Trust delivered the action plan developed and this element of the breach of licence was lifted by Monitor in Q4 of 2014-15 following sustained delivery of the A&E target.

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 the year 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.

Annual Quality Account and Quality Strategy

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 and Quality and the Head of Quality and Clinical Governance with the full support of the Board of Directors and the Council of Governors. The process commenced in November 2014, with discussion and consultation with the Board, Directors, and Governors. Trust's priorities for 2014-15 were to:

- Increase harm-free care
- To identify key patient experience metrics which will drive improvements in the way we deliver care
- To implement the NHS Friends & Family Test throughout the hospital
- To reduce hospital-acquired harms in relation to Venous Thromboembolisms (VTEs), Falls, Catheter-Acquired Urinary Tract Infections (CAUTIs) & Pressure Ulcers
- To reduce inpatient falls
- To improve clinical note-keeping standards thereby ensuring robust patient assessments and plans of care
- To reduce Hospital Standardised Mortality Ratio (HSMR)
- Improve recognition and management of the adult deteriorating patient
- To improve sepsis recognition and response
- To continue scrutiny of all in-hospital deaths to ensure learning is achieved where possible
- Review HR processes to make sure that we recruit staff with the values that underpin compassionate care
- Review skill mix and team structures where required to ensure that we have the right people with the right skills at the right time
- Identify and implement competency-based training for non-registered staff

The performance targets for 2014-15 have been monitored both at local Clinical Business Unit level and at Corporate Level.

The Trust's performance against these quality targets is tracked through the Integrated Performance Report which is discussed at the Board of Director's monthly meeting. This in turn is supported by a comprehensive quality dashboard which is used as a clear performance measure by the Trust's commissioners. The Trust's Patient Safety & Quality Group reviews a Trust-wide Quality and Safety Assurance Report on a monthly basis providing the basis for reporting of assurances to the Quality and Governance Committee.

The Trust's Annual Quality Report is prepared to present a balanced view of the risks to quality governance that have faced the Trust throughout the year. To deliver this perspective and understanding the Board of Directors and the Council of Governors receive regular reports and quality dashboard reports to track quality performance and the risk to achieving quality objectives are openly discussed at both Board and Council of Governors meetings. The Board of Directors, Governors and NHS Barnsley Clinical Commissioning Group are all asked to assess the final Quality Report to ensure that the content of the report on the Quality Account is consistent with the views and experience throughout the year. These comments are included in the report verbatim and the review occurs before final approval by the Board of Directors.

Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The Trust reports monthly to Monitor on the Incomplete 18 Weeks indicator, based on the waiting time of each patient who has been referred to a consultant but whose treatment is yet to start. The Trust has not retained detailed reports to support each of the monthly submissions to Monitor. As a result, our external auditors have been unable to access accurate and complete data to verify the waiting period from referral to treatment reported across the year.

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, A&E and Governance. 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 two reviews;
- 4 reports were issued with a Limited Assurance opinion;
- 2 reports were issued with a split Significant/Limited Assurance opinion; and
- 1 review (Board Assurance Framework) 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 a number of control weaknesses which have been supported by the limited assurance opinion from Internal Audit and a modified quality accounts opinion from PWC, our External auditors, in relation to arrangements for securing economy, efficiency and effectiveness. We take these findings very seriously and are working with key stakeholders to ensure that management and governance arrangements are in place that are sufficiently robust to address these issues to safeguard the long term sustainability of the Trust both financially and clinically.

Signed.....

Diane Wake, Chief Executive

Date:.....27 May 2015.....

The Council of Governors

In 2014, 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 82-83. This structure, introduced in 2013, enables 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 84-87 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 (e.g. appointment of the Chairman, Non-Executive Directors and external auditors) and to support the Trust in our strategic development (business plan and quality account etc.). In the year, our Governors continued to participate in the Trust's programme of internal quality and safety inspections, further information on which is provided on pages 73 and 86. This is a good example of how our Governors' input has helped to inform and shape our future direction and improve our services.

Other key actions in 2014-15 included:

- Challenging the Board of Directors for explanation of the financial difficulties announced in March 2014 and holding the Board and specifically the Non-Executive Directors to account for answers and assurance regarding delivery of the turnaround plan. The Governors received confidential briefings throughout the preparation of the turnaround plan
- Proactive involvement with the external independent investigation of the Trust's governance
- Supporting the Trust's Investors in People accreditation
- Appointment of two new Non-Executive Directors (joined the Trust in April 2015)
- Restructure of their sub-groups to mirror the Board's governance structure more closely

The Board of Directors 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.

The Council of Governors continues to plan and report the views and experiences of the organisation and people 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 quarterly members' newsletters. This important feedback is shared with the Board of Directors through the routes outlined above and helps to inform and shape the Trust's development. Whilst the requirement for Governors to canvass opinions from the membership and the public is being met through this work, it was boosted with the support of the Membership Officer, in 2014-15, who was appointed at the Governors' request on a one year contract. During this time the membership Officer developed a new membership strategy, which the Governors will drive forward in 2015-16 with the support of the Trust's Communications & Marketing team.

The Trust continues to value the contributions of all of its Governors – public, staff and partners. The Governors in place pre and post elections in 2014 are identified below:

Public Governors:

Barnsley Public Constituency:

- Pauline Buttling
- Tony Dobell
- Joan Gaines
- Tony Grierson
- Wayne Kerr
- Bruce Leabeater
- Annie Moody (from 01 January 2015)
- Jacky O'Brien
- Harshad Patel (from 01 January 2015)
- Margaret Richardson (to 31 December 2014)
- Carol Robb
- Frank Skorrow (from 01 January 2015)
- Trevor Smith
- Harry Spence (to 09 March 2015)
- Dillon Sykes
- David Thomas (to 31 December 2014)
- Joseph (Joe) Unsworth, Lead Governor
- Nathan Woodcock (to 10 June 2014)

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

Staff Governors:

- Clinical Support: Rachel Hewitt (from 01 May 2014)
- Medical & Dental: Mr Ray Raychaudhuri
- Non Clinical Support: Jordan Ramsay
- Nursing & Midwifery: Gwyn Morritt and Lisa Sanderson
- Volunteers: Tony Conway

Partner Governors:

- Barnsley College Laura Neasmith (to September 2014), Dianne Murray (from 01 October 2014)
- Barnsley Metropolitan Borough Council (BMBC) Councillor Jenny Platts
- Barnsley Together: Peter Lleshi
- Joint Trade Union Committee (JTUC): Martin Jackson
- NHS Barnsley Clinical Commissioning Group: Vacancy

- Sheffield Universities (joint seat – Sheffield Hallam University & University of Sheffield): Paul Ardron
- Voluntary Action Barnsley: David Brannan

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 2014 (for appointment from 1 January 2015), six seats for public Governors (including one vacancy arising following the resignation of Mr Woodcock, due to conflicting demands on his time) and one staff Governor seat 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. None were appointed in 2014-15.

Vacancies arising in year can be offered to unsuccessful candidates in the same constituencies if the vacancy arises within six months of the election. Mr Spence stepped down from the Council of Governors in March 2015 for personal reasons. Two other Governors, Mr Kerr and Mr Sykes similarly resigned in April 2015. All three vacancies were offered to eligible candidates not appointed at the time from the 2014 elections.

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 pressure of work and maternity leave. 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 March 2015 there was one Public Governor vacancy on the Council of Governors, following Mr Spence's resignation in March; this seat was filled in accordance with our Constitution and the opportunity to invite the next highest polling candidate at the most recent election who is willing to take office to fill the seat until the next annual election. Mr Zubair Warraich accepted the invitation and joined the Council in May. Whilst the CCG did not confirm a new nominee for its partner governor seat on the Council in 2014-15, it has recently confirmed that a nominated representative will be joining the Council shortly.

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 99-100. 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. This was pursued with two Governors in 2014, both of whom had valid reasons for their absence, which were accepted by the wider Council.

Council of Governors Meetings

For the joint meeting between the Council of Governors and Board of Directors in November 2014, the Board repeated its annual invitation for governors to attend one of its private meetings (hence the Directors' attendance is not recorded separately in the table on page xx). The meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year.

During the financial year 2014-15, 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. Governors did, however, express a wish to see more of the Non-Executive team at their meetings in 2015-16. This has been well received and is already evidenced by greater attendance at General meetings and regular attendance at the restructure sub-group meetings, at which the Non-Executive Chairs of the Board's corresponding Committees attend to expand on related reports and the Chair's Logs.

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 2014-15 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 meetings of the Nominations Committee were supported by internal Human Resources advisors and the Secretary to the Board throughout the year. The Committee retains the right at all times to seek internal or external expert advice at any time.

In 2014-15 the Committee extended the appointment of Mrs Brain England for a second term of office of up to three years, to 31 December 2017, and appointed two new Non-Executive Directors, by open competition. The initial appointment process was unsuccessful in December 2014, with more success in early 2015 and two new appointments – Ms Rosalyn Moore and Mr Nicholas Mapstone approved by the Council of Governors in March 2015. Ms Moore and Mr Mapstone joined the Board with effect from 1st April 2015.

The Committee had a protocol of reviewing all impending end of terms at the beginning of each year to facilitate planning for appointments referred to open competition, the need for additional information to reach any decisions and ample time to support succession planning and handover. As part of the independent governance review in 2014, the timings have been revised with review of any impending terms of office now deferred to May-June, in readiness for the appointment process to start later in the year, for posts from 1st January (following year).

Every year the Committee reviews the Terms and Conditions of Service for the Non-Executive Directors and the Chairman. No changes were proposed in 2014-15. The Committee also works closely with the Chairman (re Non-Executive Directors) and Senior Independent Director/SID (re the Chairman) in relation to the annual and mid-year appraisals of the Non-Executive Team.

The Chairman's appraisals are jointly led by the 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. As agreed with by the Nominations Committee and the wider Council of Governors, the 2013-14 year end appraisal for the Chairman included a 360° review. This has been extended for all members of the Non-Executive team in 2014-15. The 2013-14 appraisals also took account of feedback from the independent governance review carried out in 2014.

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. The remit of this group is to control a small dedicated budget and consider funding requests to support the work of the Governors. Whilst the Committee and wider Council of Governors had supported proposals to fund materials for the Membership Officer's work, in the event no such request was formally received.

Sub-groups

The sub-groups are informal groups of the Council of Governors (rather than formal committees) and are open to all Governors. They are led by a Chair and Vice-Chair, elected from the Governors.

In 2014, the sub-groups were used by the Governors as a forum for in-depth reviews of any issues, as well as information gathering and training. Throughout the year, members of the sub-groups appreciated the continuing support of the Chairman, Non-Executives and Directors ensuring regular attendance at all sub-group meetings to give Governors more opportunity to hold the Non-Executive Directors (and the Board) to account directly.

As mentioned earlier, the structure of the sub-groups was revised in November 2014 – from the previous three groups: Strategy & Performance, Patients Experience and Staff & Environment, they were restructured to two: Finance & Performance and Quality & Governance. The new structure continues to enable the Council of Governors to deliver a proactive approach to its role. It also mirrors the Board's key governance committees of the same names (i.e. Finance & Performance and Quality & Governance). Governors receive reports and Chair's Logs from the Board's governance committees, presented by the Committee Chairs and/or Executive Directors involved with the Committees. This enhances the Governors' role of holding the Non-Executive Directors to account, and through them the Board, and challenge them against delivery of the identified objectives in the Trust's business plan. Progress from each of the sub-groups in 2014-15 is highlighted below:

Patient Experience Sub-group

Reflecting its title, the sub-group focussed on patient's experience, providing feedback from members and reviewing feedback from the patients experience group, complaints and compliments and related issues highlighted from Board. It helped to continue support for the quality and safety inspections, enabling Governors 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.

The Governors in this group also continued to challenge and receive assurance from the Board on the Trust's approach to a number of key issues improving patient access and safety, including learning disabilities, and reduction in harm from falls and hospital acquired pressure ulcers.

The group was chaired by Jordan Ramsey (Staff Governor) supported by Carol Robb (Public Governor) as Vice Chair.

Staff and Environment Sub-group

This sub-group continued to build its twin focus: on staff issues ranging from morale, issues reported to them by individual members of staff, to training and appraisal (uptake and quality); and the environment, including site development, new signage to help make access easier around the site and maintenance works.

This group was chaired by Tony Conway (Staff Governor, Volunteers) with Trevor Smith supporting him as Vice Chair.

Strategy and Performance Sub-group

In addition to its review of performance and input to development of the Trust's business plan, this sub-group was also mandated by the Council of Governors to lead on the Governors' response to the Quality Report, annual review of the Terms of Reference for the sub-groups (which led to the restructuring) and development of the programme for the Governors' Annual Development session.

The sub-group also continued its scrutiny of a number of Board reports regularly, including mortality, the quarterly submissions to Monitor (focusing on the Trust's governance and financial risk ratings), and an overview of the monthly integrated performance report.

The sub-group has been led by David Brannan as Chair and Pauline Buttling as Vice Chair throughout the year.

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

With the restructuring of the sub-groups in December 2014, two new sub-groups were established:

- Finance & Performance: which largely subsumed the remit of the Strategy & Performance group and some of the agenda for the Staff & Environment group too
Mr Brannan and Mrs Buttling transferred as Chair and Vice Chair of the new group.
- Quality & Governance: this group carried on – and expanded – the work previously led by the Patients Experience sub-group, as well as issues from the Staff & Environment group that did not fall to Finance & Performance
Mr Ramsey and Mrs Robb transferred as Chair and Vice Chair of this group.

Mr Conway and Mr Smith took a lead in supporting the transition to the new structure and also helped to establish the new dedicated training sessions established for Governors in 2015 – giving more time for Governors' training and taking some of the pressure off of the sub-groups' busy agendas.

The new structure will be subject to review in 2015-16, and all lead roles will be subject to appointment by open invitation in the summer of 2015.

Working Groups

It should be noted that ad hoc working groups can be established as and when required. None were established in 2014-15 but Governors did participate in a number of focus groups to support the external governance reviews and assessment of the Trust's Investors in People accreditation.

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 the Governors on the Council of Governors and help to shape services in Barnsley to benefit local people. Members can raise their concerns and interests with the members' 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 2014-15

As at 31 March 2015, we had 12,325 eligible members comprising of 8,792 public members and 3,533 staff members. Overall public membership levels had decreased by under 0.5% and staff membership levels had increased by less than 0.5% compared to 2013-14 year end data.

The table below sets out the movements in membership as at 1 April 2014 to 31 March 2015.

	At 1 April 2014	New members	Members leaving	At 31 March 2015
Public Constituency	9049	286	543	8792
Staff Constituency	3436	731	634	3533

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 2015 Actual Members	31 March 2015 *Eligible Membership
Age (years)		
0-16	6	8,521
17-21	75	12,184
22+	8,707	202,156
Unknown		
Ethnicity		
White	8,423	218,148
Mixed	15	1,571
Asian or Asian British	68	1,589
Black or Black British	20	1,145
Other	8	408
Unknown	258	0

Gender		
Male	3,330	110,761
Female	5,456	112,100
Unknown	6	0
Socio-economic Groupings		
AB - upper/middle class	407	23,741
C1 - lower middle class	3,184	38,724
C2 - skilled working class	1,411	32,287
DE – working/casual class	3,680	72,347
Unknown	110	55,762

*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, we have worked with human resources to change the exit interview forms to enable staff to retain their membership by converting to public membership on departure. A revised membership registration leaflet now enables us to better capture demographic data including some protected characteristics and to reduce our costs and widen our reach we have captured the email addresses of almost 15% of our members.

Members can contact Governors or Directors via Carol Dudley, the Secretary to the Board at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818. Members can also contact the Membership Officer on 01226 434530 or membershipbarnsley@nhs.net. The postal address is:

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

The Board of Directors

The Board of Directors is responsible for setting and driving forward the strategic direction of Barnsley Hospital. In 2014-15 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

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 was subject to independent external review. Board members participated in a development programme building on learning from the external review to further strengthen its performance as a unitary Board. To ensure a cohesive approach and support succession planning, this development programme has involved several members of the senior management too.

As reported earlier, the Non-Executive Directors' performance is also subject to 360° review as part of the annual appraisal process prescribed by the Council of Governors. The Real World Group has no other connection to the Trust.

The following were the Executive and Non-Executive Directors for the year 2014-15:

Chairman	Stephen Wragg
Non-Executive Directors	Linda Christon Francis Patton (Deputy Chairman and Senior Independent Director) Paul Spinks (to 31 December 2014) Sir Stephen Houghton CBE (to 31 December 2014) Suzy Brain England OBE
Chief Executive	Diane Wake

Executive Directors

- Dr Jugnu Mahajan – Medical Director (to 31 October 2014)
- Mr Gary Francis, interim Medical Director (wef 03 November to 31 December 2014)
- Dr Richard Jenkins, Medical Director (wef 01 January 2015)
- Janet Ashby – Director of Finance and Information (Dismissed 06 August 2014)
- Stuart Diggles, Interim Director of Finance (interim appointment from 8 April 2014)
- Karen Kelly – Director of Operations (wef 01 July 2014)
- Heather McNair – Director of Nursing and Quality
- David Peverelle – Chief Operating Officer (to 30 June 2014*)

Medical Director	Dr Jugnu Mahajan (to 31 October 2014) Mr Gary Francis, interim (03 November to 31 December 2014) Dr Richard Jenkins (from 01 January 2015)
Director of Finance and Information	Janet Ashby (Dismissed 06 August 2014)
Interim Director of Finance	Stuart Diggles (interim appointment from 8 April 2014)
Director of Nursing and Quality	Heather McNair
Chief Operating Officer	David Peverelle David Peverelle retired in October 2014 but, in readiness for handover prior to leaving the Trust, stepped down from the Board in July and Karen Kelly took on the responsibilities of an Executive Director.

Non-Executive Director Appointments

Non-Executive Directors are usually appointed for a term of up to three years by the Council of Governors, based on a recommendation from the Nominations Committee. All of the Non-Executive Directors retained their status as independent directors.

The Nominations Committee is a formal committee of the Council of Governors and 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. See page 84 for further details.

The processes for Non-Executive Director appointments, including that of the Chairman, are supported and monitored by internal human resource specialists, although the Nominations Committee retains the right to seek external advice at any time.

As senior managers, the Terms of Office of the Non-Executive Directors are detailed below. The notice period for Non-Executive Directors is one month. Copies of their service agreements are available on request from the Secretary to the Board. The Council of Governors have the statutory powers for the appointment and termination of Non-Executive Directors.

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; a position he held since April 2006.

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 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). He chaired the Trust's Non-Clinical Governance and Risk Committee and subsequently the Finance & Performance Committee. Francis's term of office has been extended for a further period up to December 2016.

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.

She 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.

Since 1st January 2015, Suzy has also served as Chair of the Trust's Audit Committee.

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. Linda is the Non-Executive lead for Emergency Planning and Sustainability and is the Chair of the Clinical Governance Committee and also a member of the Audit Committee. She is also a Board member of St Leger Homes in Doncaster. Her current term of office runs until December 2015.

Sir Stephen Houghton CBE, Non-Executive Director

Sir Stephen Houghton CBE joined the Board in 2012. He is leader of Barnsley Metropolitan Borough Council, a post he has held for 14 years. He brings extensive knowledge of local government and public sector accountability, as well as a strong understanding of Barnsley and its health issues. Sir Steve is also chair of the Barnsley Local Strategic Partnership, the Health and Wellbeing Board, Special Interest Group of Municipal Authorities and a former board member and deputy chair of Yorkshire Forward. He was honoured with a Knighthood in 2013. Sir Stephen was appointed on 1 January 2012 until 31 December 2014. Due to commitments external to the Trust; he did not seek a further appointment beyond 2014.

Paul Spinks, Non-Executive Director

Paul Spinks re-joined the Board as a Non-Executive Director in September 2012. He is Chair of the Audit Committee and a member of the Finance Committee. He is a qualified Chartered Accountant working for a firm of accountants, where he specialises in audit of public sector bodies, particularly in the NHS and Local Government. Paul is a member of the Public Sector Audit Committee at the ICAEW and the Public Audit Forum Working Group on Whole of Government Accounts. Paul left the Trust at the end of 2014.

Rosalyn Moore and Nick Mapstone - new Non-Executive Directors

Ros and Nick both joined the Board from 1st April 2015, for an initial term to 31st December 2017.

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.

Ros was the Chief Nursing Officer Scotland and Director in Scottish Government until December 2014 and continues as associate lecturer to the Open University. She has extensive experience in the NHS at very senior level.

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.

Janet Ashby, Director of Finance and Information

Janet Ashby joined the Board as Director of Finance and Information in August 2012, having been the Deputy Director for two years. She initially came to Barnsley Hospital in 2008 and in 2010 took up the post of Deputy Director. Ms Ashby was dismissed from the Trust on 6 August 2014.

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

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, mainly working in businesses going through significant levels of growth, change and transformation. In the recent past, experience has also been gained from management and operational roles within the NHS.

Dr Jugnu Mahajan, Medical Director

Dr Jugnu Mahajan became the Trust's Medical Director and Consultant Paediatrician in September 2009. Dr Mahajan, MBBS, MD, FRCPCH, Med (Med Ed), took up the post after moving from Rotherham Hospital, where she worked for 12 years as Consultant Paediatrician and where she was also Clinical Director for five years. Her specific areas of interest are clinical leadership, improving patient safety and professional standards. Dr Mahajan left the Trust in October 2014 for a promotion within another Trust.

Mr Gary Francis, Interim Medical Director

Dr Francis became the Trust's Interim Medical Director in October 2014, until 31 December 2014. He took up the post on a part-time basis, joining us from Aintree University Hospital where he held the same position.

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.

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.

David Peverelle, Chief Operating Officer

David Peverelle was appointed as Chief Operating Officer in July 2008 having held a number of senior management posts in the Trust. David has extensive experience of working in acute and specialist hospitals. He started his career in Barnsley as an administration trainee in 1978. Since then he has held a range of senior posts in acute and specialist hospitals, which include Sheffield Children's Hospital, General Hospital Nottingham, Queen's Medical Centre Nottingham and Royal Hallamshire Hospital before returning to Barnsley. He served as interim Chief Executive for five months in 2013, pending the appointment of Diane Wake. David retired in 2014 after 35 years valued service in the NHS.

Karen Kelly, Director of Operations

Karen Kelly joined the Trust in April 2014 as Director of Operations, taking on executive director responsibilities in June, to support handover from David Peverelle. 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 – becoming Head of Nursing there in 2010. Following this, she held the post of Medical Nurse Director, followed by Deputy Director of Operations at The Royal Liverpool and Broadgreen

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.

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

Attendance at Board of Director and Council of Governors Meetings

Board and Board Committee Meetings:

			Board of Directors		Audit Committee		Clinical Governance Committee		Finance Committee		Non Clinical Governance & Risk Committee		Finance & Performance		Quality & Governance		Remuneration & Terms of Service Committee (RATS)	
			Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended
Brain England	Suzy	Non-Executive Director	14	11	5	5	3	3	1	1			4	2			8	8
Christon	Linda	Non-Executive Director	14	13	2	2	3	3	1	1			4	3	6	6	8	6
Houghton	Stephen	Non-Executive Director	10	8	3	2			1	1	2	1			1	1	8	4
Patton	Francis	Non-Executive Director	14	11							2	2	9	9			8	5
Spinks	Paul	Non-Executive Director	10	10	4	4			1	1			6	4			8	4
Wragg	Stephen	Chairman	14	14	1	1	1	1	1	1					6	4	8	8
<i>Shading denotes Committee Chair.</i>																		
Ashby	Janet	Director of Finance & Information	1	0														
Diggles	Stuart	Interim Director of Finance	13	12	5	4			1	1			9	9				
Francis	Gary	Interim Medical Director	2	2									2	0	1	1		
Jenkins	Richard	Medical Director	4	4									3	3	3	3		
Kelly	Karen	Director of Operations	10	9									9	3	6	1		
Mahajan	Jugnu	Medical Director	8	8	1	1	3	1	1	1			9	3	2	1		
Mcnair	Heather	Director of Nursing & Quality	14	13			2	2	1	1	2	2	9	9	6	5		
Pevelle	David	Chief Operating Officer/interim CEO	4	4			3	2	1	1	2	2	9	1				
Wake	Diane	Chief Executive	14	13	1	1			1	1			9	7	2	2	8	7

Notes:

- As reported, the committee structure was revised in 2014, at which time the Clinical Governance, Finance and Non Clinical & Risk Committees were superseded by the Finance & Performance and Quality & Governance Committees. This is reflected in the number of meetings recorded for each of these committees.
- The Audit Committee was Chaired by Mr Spinks until 31 December 2014; Mrs Brain England was a member throughout the year and assumed the Chair from 1st January 2015.

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	Patients' Experience	Staff & Environment	Strategy & Performance	Finance & Performance	Quality & Governance	Total eligible	Attended
												Total = 5	Total = 3	Total = 3	Total = 1	Total = 1		
Public Governors						Public Constituency												
Pauline Buttlig	Jan-13	Dec-15	2nd		Barnsley Public Constituency	7	6	No	No	5		2	2	1	8			
Tony Dobell	Jan-14	Dec-16	1st		Barnsley Public Constituency	7	6	Yes	Yes	2	3	2	2	1				
Joan Gaines	Jan-14	Dec-16	1st		Barnsley Public Constituency	7	5	Yes	No	1	2		1					
Tony Grierson	Jan-13	Dec-15	1st		Barnsley Public Constituency	7	5	Yes	No	4	2	2	1	1				
Wayne Kerr	Jan-05	Apr-15	5th		Barnsley Public Constituency	7	5	Yes	No			1						
Bruce Leabeater	Jan-08	Dec-16	3rd		Barnsley Public Constituency	7	4	No	Yes	3		2	1	1	8	8		
Annie Moody	Jan-15	Dec-17	1st		Barnsley Public Constituency	2	2	N/A	N/A				2					
Jacky O'Brien	Jan-13	Dec-16	1st		Barnsley Public Constituency	7	5	No	No	3	1	2	2	1				
Harshad Patel	Jan-15	Dec-17	1st		Barnsley Public Constituency	2	1	N/A	N/A									
Margaret Richardson	Jan-12	Dec-14	1st		Barnsley Public Constituency	5	5	No	No	5	2	3						
Carol Robb	Jan-06	Dec-17	4th		Barnsley Public Constituency	7	7	Yes	Yes	4	2	3	2	1				
Trevor Smith	Sep-10	Dec-15	2nd		Barnsley Public Constituency	7	6	No	Yes	4		2	2		8	6		
Harry Spence	Jan-14	Mar-15	1st	resigned	Barnsley Public Constituency	7	5	No	No			1	1					
Luke Steenson	Jan-14	Dec-16	1st		Public Constituency O - Out of area (rest of England & Wales)	7	3	No	No									
Frank Skorrow	Jan-15	Dec-17	1st		Barnsley Public Constituency	2	2	N/A	N/A				2	1				
Dillon Sykes	Jan-12	Apr-15	2nd		Barnsley Public Constituency	7	3	No	No									
David Thomas	Jan-05	Dec-14	4th		Barnsley Public Constituency	5	2	No	No			1						
Joseph Unsworth (Lead Governor)	Jan-05	Dec-16	5th		Barnsley Public Constituency	7	7	Yes	Yes	4	2	2	1	1	8	8		
Nathan Woodcock	Jan-13	Jun-14	1st	resigned	Barnsley Public Constituency	2	2											
<i>Chairs denoted by shading</i>																		
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	Patients' Experience	Staff & Environment	Strategy & Performance	Finance & Performance	Quality & Governance	Total eligible	Attended
												Total = 6	Total = 5	Total = 6	Total =	Total =		
Staff Governors						Staff Constituency												
Tony Conway	Jan-13	Dec-15	1st		Volunteers	7	4	Yes	Yes	3	2	2	1	1				
Rachel Hewitt	May-14	Dec-16	1st		Clinical Support	7	2	No	No	1		1	1					
Gwyn Morrill	Jan-12	Dec-14	1st		Nursing & Midwifery	7	7	Yes	No	1	2	1	1					
Jordan Ramsey	Jan-13	Dec-15	1st		Non Clinical Support	7	5	Yes	No	4	2	2						
Ray Raychaudhuri	Sep-10	Dec-15	2nd		Medical & Dental	7	6	No	No	1		1	1		8	7		
Lisa Sanderson	Jan-14	Dec-16	1st		Nursing & Midwifery	7	5	No	No	1		1						

Name	Term of office				Constituency	General Meetings	Annual General Meeting	Joint meeting with Board	Sub Groups					Nominations Committee		
	1st appointed	Expiry date	Term	Note					Patients' Experience	Staff & Environment	Strategy & Performance	Finance & Performance	Quality & Governance	Total eligible	Attended	
									Total = 5	Total = 3	Total = 3	Total = 1	Total = 1			
Partner Governors					Partner Organisation	Total eligible	Attended	Attended	Attended	Attended	Attended	Attended	Total eligible	Attended		
Paul Ardron	Aug-13			1&2	Sheffield Universities (joint seat)	7	4	Yes	No						8	6
David Brannan	Jan-05				Voluntary Action Barnsley	7	7	Yes	Yes	4	3	3	2	1	8	7
Martin Jackson	Jan-08				Joint Trade Unions Committee	7	4	Yes	Yes							
Peter Lleshi	Feb-14				Barnsley Together	7	2	No	No							
Diane Murray	Oct-14				Barnsley College	7	7	No	No							
Laura Neasmith	Jun-13	Sep-14			Barnsley College	7	2	Yes	No							
Cllr Jenny Platts	Oct-09				Barnsley MBC	7	6	No	Yes	2						
Plus																
Wragg Stephen	Jan-09	Dec-17	3rd	3	Chairman	7	7	Yes	Yes	2	2	2	1		8	8
<i>Chairs denoted by shading</i>																
Name						General Meetings	Annual General Meeting	Joint meeting with Board	Sub Groups					Nominations Committee		
									Patients & Access	Staff & Environment	Strategy & Performance	Finance & Performance	Quality & Governance	Total eligible	Attended	
									Total = 6	Total = 5	Total = 6	Total =	Total =			
Board and Management Team attendance:																
Suzy Brain England						3	Yes	Yes		1	2					
Linda Christon							No	Yes		5		1				
Stuart Diggles						2	Yes	Yes					1			
Gary Francis								Yes								
Sir Stephen Houghton						1	Yes	Yes								
Richard Jenkins						1	No	N/A								
Karen Kelly						1	Yes	Yes								
Bob Kirton						6	No	Yes					1			
Jugnu Mahajan							Yes	N/A								
Pat McLaren						4	No	Yes								
Heather Mcnair						1	Yes	Yes		1			1	1		
Francis Patton						2	Yes	Yes		1	2		1			2
David Peverelle							No	No								
Paul Spinks							No	Yes								
Diane Wake						5	Yes	Yes								1

Notes:

- 1: Whilst appointed by nomination rather than election, Partner Governors are subject to re-appointment/nomination at 3 year intervals
- 2: The sixth partner seat is held by the Barnsley Clinical Commissioning Group. The Trust has recently received confirmation of the new nominated governor for the CCG, joining in June 2015.
- 3: 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
- 4: Sub-group meetings are an open forum for Governors. As well as regular attendees, several governors attend on a more ad hoc basis and are welcome to do so.
- 5: Attendance and support by Board Directors and management is welcome at any meeting of the Governors
- 6: It is acknowledged that some Governors cannot attend every meeting due to other commitments and/or health issues. On the rare 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.

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 eight times in 2014-15 (please see tables on page 98 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
- Linda Christon, Non-Executive Director
- Francis Patton, Non-Executive Director
- Sir Stephen Houghton CBE, Non-Executive Director (to 31 December 2014)
- Paul Spinks, Non-Executive Director (to 31 December 2014)

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

In the latter part of 2014 external support was secured from an executive search agent for the appointment of a new substantive Director of Finance & Information, unfortunately the Trust did not appoint from this round of recruitment and has plans to go out to advert again in 2015. The appointed consultancy in 2014, Harvey Nash, 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 £18,500 (exc VAT).

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. 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.

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

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.

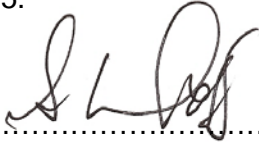
The Trust pays due consideration to what is happening in the financial environment and with its other employees when determining Directors' remuneration. Non-Executive Directors are appointed by the nominations committee, a sub-group of the Council of Governors. The Committee is supported by appropriate 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 1st April 2014, reflecting the confirmed national pay deal. At the same time, the Committee deferred the review of the CEO's contract, pending progress of the two year turnaround plan. The CEO's review was subsequently revisited in October, taking account of the excellent progress against the turnaround plan under the CEO's leadership, market comparators and an awareness that the post had not received any uplift on salary compared to the previous substantive incumbent. The remuneration package was brought into line with benchmark levels for Yorkshire & the Humber. The salary uplift was effective from 1st October 2014 and is reflected in the remuneration report below. It should be noted that costs to the Trust were reduced by the CEO'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 & Information, Director of Nursing & Quality, Director of Operations and Medical Director. The criteria were much the same to ensure that their terms and conditions for these key posts supported the attraction and retention of executives of the quality the Trust requires to deliver successful 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.

It has been reported previously that executive and senior directors involved in the senior on-call rota were awarded a temporary uplift at the end of 2014 (to the end of January 2015). This was a necessary response in light of a number of gaps in the rota due to changes of senior management and maternity leave, at a particularly busy time when the Trust faced significant winter pressures. The temporary 3% uplift reflected historic practice in the NHS and ceased at the end of January 2015.



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

Dated:27 May 2015

Senior Managers' Remuneration Policy

As stated above, 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 CEO (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 (ie 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 2014-15 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		To December 2015
Sir Stephen Houghton CBE Non-Executive Director	January 2012	December 2014	
Paul Spinks Non-Executive Director	September 2012	December 2014	
Diane Wake Chief Executive	October 2013		Ongoing
Janet Ashby Director of Finance	August 2012	August 2014	
Stuart Diggles Interim Director of Finance	April 2014		Ongoing
Dr Jugnu Mahajan Medical Director	September 2009	October 2014	
Mr Gary Francis Interim Medical Director	October 2014	December 2014	
Dr Richard Jenkins Medical Director	January 2015		Ongoing
Heather McNair Director of Nursing & Quality	December 2011		Ongoing
David Peverelle Chief Operating Officer	July 2008	June 2014	
Karen Kelly Director of Operations	April 2014		Ongoing

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.

Salary and Pension Entitlements of Senior Managers

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 2015				Prior Year			
	Salary and fees	Taxable Benefits	Pension related Benefits	Total	Salary and fees	Taxable Benefits	Pension related Benefits	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 ⁸	165-170	100	0-2.5	165-170	60-65	0	0-2.5	60-65
Dr J Mahajan, Medical Director ¹	90-95	100	0-2.5	90-95	155-160	0	75.0-77.5	230-235
Mrs H McNair, Director of Nursing & Quality	110-115	200	32.5-35.0	145-150	100-105	900	45.0-47.5	145-150
Mr D Peverelle, Chief Operating Officer ^{2 9}	55-60	100	0-2.5	55-60	110-115	300	182.5-185.0	295-300
Ms J Ashby, Director of Finance and Information ^{3 11}	45-50	100	0-2.5	45-50	100-105	800	30.0-32.5	130-135
Mr S Diggles Interim Director of Finance and Information ⁴	315-320	0	0-2.5	315-320				
Ms Karen Kelly, Director of Operations ⁵	95-100	1,600	165.0-167.5	265-270				
Mr Gary Francis, Interim Medical Director ⁶	15-20	0	0-2.5	15-20				
Mr Richard Jenkins, Medical Director ⁷	55-60	100	57.5-60.0	110-115				
Mr S Wragg, Chairman ¹⁰	40-45	700		40-45	65-70	900		65-70
Mrs L Christon, Non Executive Director	10-15	0		10-15	10-15	0		10-15
Mr P Spinks, Non Executive Director ¹²	5-10	0		5-10	10-15	0		10-15
Mrs S Brain England OBE, Non Executive Director	10-15	2,100		10-15	10-15	1,600		10-15
Sir Stephen Houghton CBE, Non Executive Director ¹³	5-10	0		5-10	10-15	0		10-15
Mr F Patton, Non Executive Director	10-15	700		10-15	10-15	800		10-15

Subject to audit

Notes

Year ended 31 March 2015

- Ms Mahajan left the Trust on 31 October 2014
- Mr D Peverelle left the Trust on 6 October 2014
- Ms J Ashby left the Trust on 6 August 2014
- 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.
- Ms Karen Kelly joined the Trust on 15 April 2014
- 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.
- Mr Richard Jenkins joined the Trust on 1 January 2015
- Mr P Spinks resigned from the Trust on 31 December 2014
- Sir Steve Houghton opted not to take up extension to the term of office and hence left the Trust as at 31 December 2014.

Year ended 31 March 2014

- Ms D Wake was appointed as Chief Executive on 28 October 2013
- Mr D Peverelle was Interim Chief Executive from 10 June 2013 to 27 October 2013
- Mr Wragg served as full-time Chairman from 1st May 2013, reverting to part-time from 11th November 2013
- Ms Janet Ashby also received £4050 via consultancy fees from 01 April 2013 to 07 April 2013

Highest Paid Director

	2014/15		2013/14
Band of Highest Paid Director's total Remuneration £' 000s	315-320		150-155
Median Total £' s	23,010		22,903
Ratio	13.9		6.6

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 2014-15 was £315,000 to £320,000 (for 2013-14 :£150,000 to £155,000). This was 13.9 times (2013-14 6.6 times) the median remuneration of the workforce which was £23,010 (2013-14 : £22,903). The reason for the increase in the ratio from 2013-14 to 2014-15 is due to exceptional circumstances that led to the engagement of this post. The individual is a Trust turnaround team member and furthermore the substantive Director of Finance and Information recruitment was not successful. The appointment was made on 8th April 2014 and is on-going to date.

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 2015.

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 2015 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 age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2015	Lump sum at age 60 related to accrued pension at 31 March 2015	Cash Equivalent Transfer Value at 1 April 2014	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2015	Employers Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	To nearest £100
Dr J Mahajan, Medical Director	-0.0-2.5	-0.0-2.5	30.0-35.0	100.0-105.0	657	12	694	0
Mrs H McNair, Director of nursing and quality	0.0-2.5	5.0-7.5	40.0-45.0	120.0-125.0	685	63	766	0
Ms Karen Kelly, Director of Operations	7.5-10.0	22.5-25.0	30.0-35.0	95.0-100.0	438	151	609	0
Mr Richard Jenkins, Medical Director	0.0-2.5	0.0-2.5	45.0-50.0	135.0-140.0	702	17	790	0

Subject to audit

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. Mr D Peverelle retired in the year 2014-15. J Ashby was dismissed from the Trust on 6 August 2014 and had her pension refunded.

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.

Information Relating to the Expenses of the Governors and the Directors

	Year ended 31 March 15		Year ended 31 March 14	
	Directors	Governors	Directors	Governors
Total number in office	14	32	13	35
The number receiving expenses in the reporting period	11	2	6	4
The aggregate sum of expenses paid in the reporting period	<u>£7,400</u>	<u>£100</u>	<u>£7,400</u>	<u>£400</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

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 2015, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2015	16
Of which...	
No. that have existed for less than one year at time of reporting.	10
No. that have existed for between one and two years at time of reporting.	5
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

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, 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 <small>Note 1</small>	27
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	27

No. for whom assurance has been requested <small>Note 1</small>	7
Of which...	
No. for whom assurance has been received	7
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

Note 1 - Number for whom assurance has been requested of 7 is greater than 20% of the number of new engagements of 27.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015

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 is a Trust turnaround team member and the substantive Director of Finance and Information recruitment was not successful. The appointment was made on 8th April 2014 and is on-going to date.

Diane Wake 
 Chief Executive

Date:27 May 2015.....

Other Disclosures

Monitor 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>

Table of Analysis:

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

2013-14	Annual Plan	Q1	Q2	Q3	Q4
<i>Under the Compliance Framework</i>					
Continuity of Service Rating	3	3	3		
Governance rating	Green	Amber/red	Green		
<i>Under the Risk Assessment Framework</i>					
Continuity of Service Rating				4	1
Governance rating				Green	Narrative

In 2014-15 the Trust achieved the national target for seeing 95% of patients in A&E in less than four hours in Quarters 1, 2 and 4. The 2013-14 report reflects breaches in three of out the four quarters, which, taking account of 2012/13 performance also, resulted in enforcement notice against the Trust and robust actions taken to address this situation, both internally and working with community partners. More information on this is available on pages xx. The Trust met all other national targets and indicators in year.

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 continues to provide the information, where it exists, free of charge if the information can be gathered at a reasonable cost. In the financial year 2014-15, we received a total of 527 requests (an increase of 26 on last year), for which none required to make a payment.

Market Values / Fixed Assets

At the end of the financial year we have revalued our estate. After obtaining an indication of the change in building indices from the District Valuer, it was decided that a full revaluation should be undertaken. This resulted in a reduction in value of £0.382m

Political or Charitable Donations

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

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.

Branches outside the UK

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

Financial Risk

In assessing the financial position of the Trust, the Board does not consider there is exposure to any significant financial risk with regard to financial instruments.

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.

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 and Safety Group on a regular basis and the reports go to the Quality & Governance Committee. No enforcement action was taken against the Trust during the year.

To learn more about our commitment to health and safety, please read the section on health and wellbeing, on page 45.

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.

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

Consultations with Stakeholders

As referenced throughout this report, we have undertaken considerable consultation with our stakeholders to develop our Five Year Plan. This included representatives from our patients, public, governors and partners from across the local health and social care community.

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.

Quality Report

(Incorporating Quality Accounts)

2014 -15

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Part 1: Statement on quality from the Chief Executive

At Barnsley Hospital NHS Foundation Trust (BHNFT) we take pride in ensuring that the patient is at the heart of everything we do. We believe that our patients and their families deserve the highest quality service and care and that every patient cared for in our hospital is treated with respect, dignity and compassion.

By focussing on these values we believe that we can achieve our aim of being the best, integrated healthcare organisation of choice for our local communities and beyond.

Whilst this is the fifth year of reporting by the hospital through the annual Quality Account this is my second year reporting as Chief Executive of this hospital. My hope is that through reading this year's Quality Report and Quality Account you will share my sense of achievement with regard to the progress our hospital has made during 2014/15 in putting quality at the very top of the agenda and ensuring that quality is at the forefront of all we do here at Barnsley.

I would like to take this opportunity to share with you some of our greatest quality achievements during 2014/15. The commitment to meeting the challenges of delivering quality underpins our quality objectives and priorities for 2015/16.

In the past year I am pleased to advise that we have 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, so we can learn from our shortcomings and celebrate our successes.

Delivering consistently safe care is non-negotiable and we have focused on the achievement of our target of reducing hospital acquired harms in relation to VTEs, Falls, CAUTIs and Pressure Ulcers - with the target of achieving the national average for harm-free care against all areas. While we failed to meet the target of 50% reduction of in-patient falls at the end of 2014/15, we have seen a reduction of 20% in-patient falls (using 2013/14 as the benchmark) and a 40% reduction in repeat falls.

This achievement, despite the increase in activity we have seen over the past year, is still significant. We do, however, acknowledge that significant work is still to be done to reduce in-patient falls even further and to this end we have rolled this priority forward for 2015/16.

Delivering consistently effective care, has seen our biggest success with a major reduction in the mortality ratio. This is the result of the intensive work we have been doing with mortality reviews and other patient safety initiatives such as the sepsis six care bundle and NEWS (national early warning score). Work continues to ensure that this is as sustainable and consistent as possible and we recognise we have work to do around patient safety: care of the deteriorating patient, use of the sepsis six and Acute Kidney Injury (AKI). This ongoing work is a key focus for 2015/16 led by the Medical Director.

We have made significant improvement in hospital acquired pressure ulcer prevention and management and have achieved targets for identifying, assessing and referring those patients with Dementia.

Once again I am proud to report another year MRSA-free and we have seen a further reduction in C.difficile, comfortably achieving below target set by Department of Health.

2015/16 will continue as a challenge for us to maintain and improve on this great performance.

Perhaps our biggest single achievement for 2014/15 is the consistent achievement of the much-publicised four hour wait. Placed into breach of our license by our regulator, Monitor in April 2014, alongside a breach for governance and finances, the performance of our staff to turn the situation around has been simply heroic. We were therefore delighted to have this breach lifted having sustained our performance for three of the four quarters in the year; against a national backdrop where the NHS as a whole failed to meet the target.

We recognise the excellent progress made across a wide range of indicators but we will not rest on our laurels and 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 know that there is still much to do but with quality at the centre of every decision we make, I am confident that we will make the progress required backed by the wonderful staff who's sole aim is to deliver safe, quality care to our patients, every time.

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: ...27 May 2015.....

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 (i) Progress made since the publication of the 2013/14 quality report (cross reference to Section 3; 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 2014/15. 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 2014/15 against targets selected by our Board of Directors, additionally it shows year on year progress on key national indicators. Progress since 2013/14 on a number of local indicators is also reflected throughout the report.

Our progress during 2014/15 in brief

In 2014/15 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.

Tables 1 to 4 outline the progress and achievements against our 2014/15 quality goals.

Quality goals, priorities and targets for 2014/15




Key:	Target achieved 	Close to achieving the agreed target 	More work required to achieve the agreed target 
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Table 1 – Patient experience goals 2014/15










Goal 1 – Patient Experience		
By the end of March 2015 we said that we would:		
To identify key patient experience metrics which will drive improvement in the way we deliver care	<ul style="list-style-type: none"> implement improvements to our complaint investigation processes 	
	<ul style="list-style-type: none"> implement a public telephone helpline for the escalation of clinical concerns 	
	<ul style="list-style-type: none"> undertake case findings for at least 90% of patients 75 years and over admitted as an emergency for more than 72 hours 	
	<ul style="list-style-type: none"> ensure that, where patients are identified as potentially having dementia or delirium, at least 90% are appropriately assessed 	
	<ul style="list-style-type: none"> ensure that, where appropriate, patients with dementia are referred on to specialist services 	
To implement the NHS Friends & Family Test (FFT) throughout the hospital	<ul style="list-style-type: none"> ensure a wider roll out of patient experience questionnaires through the expansion of Open & Honest Care 	

Table 2 – Delivering consistently safe care goals 2014/15

Goal 2 – Delivering Consistently Safe Care		
By the end of March 2015 we said that we would:		
To reduce hospital acquired harms in relation to Venous Thromboembolisms (VTEs), Falls, Catheter-Acquired Urinary Tract Infections (CAUTIs) & Pressure Ulcers	<ul style="list-style-type: none"> reduce hospital acquired harms in relation to VTEs, Falls, CAUTIs and Pressure Ulcers with the aim of achieving the national average for harm-free care against all areas * 	
To reduce in-patient falls	<ul style="list-style-type: none"> reduce the number of in-patient falls in 2014/15 by 50% 	
To improve clinical note keeping standards thereby ensuring robust patient assessments and plans of care	<ul style="list-style-type: none"> demonstrate 75% compliance with clinical note keeping standard audits 	

* The Trust was required to obtain assurance through substantive sample testing over one local indicator included in the quality report, as selected by the governors of the Trust. The quality priorities for 2014/15 were presented to the Strategy & Performance Council of Governors Sub-Group and on behalf of the Council of Governors it was agreed that the following local indicator would be selected: reduce hospital acquired harms in relation to in-patient falls. This indicator includes any fall that the patient had experienced within the previous 72 hours in a care setting. In 2014/15 there were 18 incidents.

Table 3 – Delivering consistently effective care goals 2014/15








Goal 3 – Delivering Consistently Effective Care		
By the end of March 2015 we said that we would:		
To reduce Hospital Standardised Mortality Ratio (HSMR)	<ul style="list-style-type: none"> reduce the Trust's rolling 12 month HSMR value to 105 by January 2015 and 100 by January 2016 	
Improve recognition and management of the adult deteriorating patient	<ul style="list-style-type: none"> demonstrate 95% compliance with the implementation of the national early warning score (NEWS) in the adult patient 	
To improve sepsis recognition and response	<ul style="list-style-type: none"> demonstrate 95% compliance with the implementation of the Sepsis Screening and Management Tool 	
To ensure scrutiny of all in-hospital deaths to ensure learning is achieved where possible	<ul style="list-style-type: none"> demonstrate that 95% of all in-hospital deaths are being formally reviewed within 15 working days of the death occurring 	

Table 4 – Building on capacity and capability goals 2014/15

Goal 4 – Building on Capacity and Capability		
By the end of March 2015 we said that we would:		
Review HR processes to ensure that we recruit staff with the values that underpin compassionate care	<ul style="list-style-type: none"> ensure the introduction of a values-based recruitment and selection process for all appointments 	
Review skill mix and team structures where required to ensure that we have the right people with the right skills at the right time	<ul style="list-style-type: none"> ensure full implementation of the action plan against the expectations of the Chief Nursing Officers in England report, 'How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability.' 	
Identify and implement-competency based training for non-registered staff	<ul style="list-style-type: none"> demonstrate implementation of the Calderdale Framework 	

2.1 (ii) Our Priorities for Improvement in 2015/16

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 2015/16.

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 2015/16. These goals reflect those areas that our key stakeholders believe we should be focussing on over the next two remaining years. The priorities selected against each of the four goals for 2015/16 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. Our stakeholders have said that following areas should be our priority for quality improvements during 2015/16:

Patient experience

Our stakeholders have told us that they want to see improvement and development to our current systems and processes to ensure that patient and staff feedback leads to continued service improvements.

Barnsley Hospital NHS Foundation Trust has committed to taking a number of actions to improve the experience of our patients in 2015/16. We are going to aim to increase the response rates received in 2014/15 to the NHS Friends & Family Test (FFT) across all of our in-patient areas and the Emergency Department. We are going to develop further opportunities for patients to give feedback on their experience of care through the wider roll out of the FFT by introducing it to our out-patient and day case areas. We will use the results we obtained from patient feedback in 2014/15 FFT results to identify areas for service improvement. We will use the information we get from our patients and carers in 2015/16 to identify further areas for service enhancement and through the Trust's quality and governance structures we will monitor sustainability and effectiveness of all service improvements.

Delivering consistently safe care

Our stakeholders have told us that they want to see a reduction in harm to patients who have been admitted to our hospital for a planned operation.

During 2015/16 Barnsley Hospital NHS Foundation Trust will implement and monitor systems to ensure that for every patient admitted into our hospital for a planned operation there is a completed World Health Organisation (WHO) Surgical safety checklist. The checklist identifies three phases of an operation: Before the patient receives their anaesthesia, before the operation or surgical procedure starts and before the patient leaves the operating room. By following these three critical steps, health care professionals can minimise the most common and avoidable risks to our surgical patients.

Delivering consistently effective care

Our stakeholders have told us that knowing that the care we deliver here at the Trust is based on best practice or national guidance is of greatest importance to them.

Throughout this coming year Barnsley Hospital NHS Foundation Trust will ensure that we can demonstrate the delivery of safe and effective care to all of our patients. In particular we want to focus on the delivery of care, in accordance with best practice, and in relation to VTE prevention, acute kidney injury (AKI), and the assessment and prevention of falls in older people.

In addition to these three areas of priority selected by our stakeholders the Trust has also identified a number of additional areas for quality improvement. Tables 5 to 8 below outlines what these are.

Table 5 - 2015/16 Quality improvement areas: Patient experience

Goal 1 – Patient Experience	
We will:	
Integrate systems for patient and staff feedback and triangulate reporting to ensure this leads to service improvement	<ul style="list-style-type: none"> continue to improve our positive response rates to the NHS FFT with 85% or more of our patients stating they would positively recommend Barnsley Hospital to their friends or family
	<ul style="list-style-type: none"> develop further opportunities for patients to give feedback on their experience of care through the wider roll out of the NHS Friends & Family Test (FFT) to Out-patient and Day Case areas
	<ul style="list-style-type: none"> identify areas for service improvement from the 2014/15 FFT results
	<ul style="list-style-type: none"> identify areas for service improvement following the triangulation of patient and carer feedback
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> identify and implement improvements to the discharge process
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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

Table 6 - 2015/16 Quality improvement areas: Delivering consistently safe care

Goal 2 – Delivering Consistently Safe Care	
We will:	
To reduce harm to patients who are having elective surgical procedures in our hospital	<ul style="list-style-type: none"> aim to achieve 100% compliance with the World Health Organisation (WHO) Surgical checklists for all patients' under-going elective surgical procedures by the end of 2015/16
To eliminate hospital-acquired avoidable Grade 3 and Grade 4 pressure ulcers	<ul style="list-style-type: none"> ensure Root Cause Analyses are undertaken by the Trust for all hospital-acquired Grade 2 and 3 pressure ulcers
	<ul style="list-style-type: none"> aim 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 ensure medicine reconciliation occurs within 24 hours of admission to BHNFT	<ul style="list-style-type: none"> ensure 90% of Medicines Reconciliation is performed within 24 hours of admission to our hospital by the end of 2015/16
2014/15 priorities and targets rolled forward to 2015/16:	
Reduction in in-patient falls	<ul style="list-style-type: none"> continue to reduce the number of in-patient falls and number of in-patient repeat falls across the Trust with an aim of achieving a further 25% reduction on falls and repeat falls reported in 2013/14
	<ul style="list-style-type: none"> in 2014/15 21 in-patient falls causing moderate or more harm were reported. We aim to reduce this number in 2015/16

Table 7 - 2015/16 Quality improvement areas: Delivering consistently effective care

Goal 3 – Delivering Consistently Effective Care	
We will:	
To ensure compliance with best practice	<ul style="list-style-type: none"> • evidence compliance with: <ul style="list-style-type: none"> – National Institute for Health and Care Excellence (NICE) Quality Standards for VTE Prevention – NICE Quality Standards for AKI – NICE Guidelines for Falls; assessment and prevention of falls in older people
	<ul style="list-style-type: none"> • develop and implement a Pneumonia Care Pathway by July 2015 and to demonstrate 95% compliance with the pathway by end March 2015/16
Deliver length of stay reductions and reduce re-admission rates	<p>in 2014/15 the average length of stay for non elective admissions was 3.49.</p> <ul style="list-style-type: none"> • we aim to achieve a 2% reduction on this.
	<ul style="list-style-type: none"> • 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	We will:
	<ul style="list-style-type: none"> • implement the new Trust Guideline for Fluid Balance Charts by July 2015
	<ul style="list-style-type: none"> • undertake a baseline audit against compliance with the Trust Guideline for Fluid Balance Charts by end of September 2015
	<ul style="list-style-type: none"> • demonstrate 95% compliance with the Trust Guideline for Fluid Balance Charts by the end of 2015/16

Goal 3 – Delivering Consistently Effective Care, continued

2014/15 priorities and targets rolled forward to 2015/16:

To reduce Hospital Standardised Mortality Ratio (HSMR)	<ul style="list-style-type: none">• reduce the Trust's HSMR to 100
Improve recognition and management of the deteriorating adult patient	<ul style="list-style-type: none">• 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
Improve sepsis recognition and response	<ul style="list-style-type: none">• 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
Ensure scrutiny of all in - hospital deaths to ensure learning is achieved where possible	<ul style="list-style-type: none">• to formally review all in-hospital deaths and implement any lessons learned

Table 8 - 2015/16 Quality improvement areas: Building on capacity and capability

Goal 4 – Building on Capacity and Capability	
Review leadership requirements at all grades	We will:
	<ul style="list-style-type: none"> ensure the Clinical Business Units (CBU) undertake a Training Needs Analysis (TNA) for the leadership requirements of staff by July 2015
	<ul style="list-style-type: none"> develop a training plan to effectively implement the TNA by September 2015
	We will:
	<ul style="list-style-type: none"> review the requirements for all nursing and midwifery band 1 to 4 utilising the Calderdale Framework
Implement nurse revalidation	We will:
	<ul style="list-style-type: none"> ensure all nursing staff are aware of the new Nursing and Midwifery Council (NMC) Code, to be in effect from 31 March 2015
	We will:
	<ul style="list-style-type: none"> 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	We will:
	<ul style="list-style-type: none"> achieve 95% compliance with attendance at mandatory training by all groups of staff
	<ul style="list-style-type: none"> evidence that training is evaluated and that improvements are made as a result of the feedback obtained through evaluation

We will continuously monitor our performance against the 2015/16 quality priorities and targets 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 and targets will be reported through the Trust’s quality, performance and governance structures.

Other Priorities for Improvement in 2015/16

The Commissioning for Quality and Innovation (CQUIN) framework enables Barnsley Hospital NHS Foundation Trust's commissioners to reward excellence, by linking a proportion of our income to the achievement of local quality improvement goals. Table 9 outlines the 2015/16 national CQUINs, which are applicable to all NHS acute providers and table 10 provides some detail on the local CQUIN goals the Trust has signed up to for 2015/16.

Table 9 - National CQUIN Indicators 2015/16

CQUIN Indicators
<p>Physical Health: Acute Kidney Injury (AKI) To improve the follow up and recovery for individuals who have sustained AKI, reducing the risks of re-admission, re-establishing medication for other long term conditions and improving follow up of episodes of AKI which is associated with increased cardiovascular risk in the long term</p>
<p>Physical Health: Sepsis The Trust is required to screen for sepsis all those patients for whom sepsis screening is appropriate, and to rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock</p>
<p>Mental Health: Dementia To support the identification of patients with dementia and delirium, alone and in combination alongside other medical conditions</p>
<p>Urgent & Emergency Care Improving the recording of diagnosis in the Emergency Department (ED) and reduction in ED mental health re-attendances</p>

Table 10 - BHNFT Local CQUIN Indicators 2015/16

CQUIN Indicators
<p>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</p>
<p>Pressure Ulcers To improve pressure ulcer management and improve hospital-acquired pressure ulcer prevention</p>
<p>Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) To improve the implementation of DNA CPR</p>
<p>Learning Disabilities To improve the care experience and health outcomes of in-patients with learning disabilities</p>

The Trust will monitor performance against the 2015/16 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 2015/16. 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.

2.2 Statements of Assurance from the Board

The following section of the report includes responses to a nationally defined set of statements. The Statements offered by the Board of Barnsley Hospital NHS Foundation Trust serve to offer assurance to the public relating to:

- Income conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body we have entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and innovation payment framework
- The monetary total for the amount of income in 2014/15 conditional upon achieving quality improvement and innovation goals, and a monetary total for the associated payments in 2013/14

Information on Review of Services

During 2014/15 Barnsley Hospital NHS Foundation Trust provided and/or sub-contracted one relevant health service. The Trust has reviewed all the data available to them on the quality of care in one of these relevant health services. The income generated by the relevant health services reviewed in 2014/15 represents 0.01% of the total income generated from the provision of relevant health services by the Trust for 2014/15.

Information on Participation in Clinical Audits

During 2014/15 21 national clinical audits and four national confidential enquiries covered relevant health services that Barnsley Hospital NHS Foundation Trust provides. During that period the Trust participated in 100% national clinical audits and 100% 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 the Trust was eligible to participate in during 2014/15 are as follows. Please see Figure 1. The national clinical audits and national confidential enquiries that the Trust participated in during 2014/15 are as follows. Please see Figure 1.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2014/15, 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 Figure 1.

National audits:

The reports of 21 national clinical audits were reviewed by the provider in 2014/15 and the Trust intends to take the following actions to improve the quality of healthcare provided.

National Emergency Laparotomy Audit (NELA)

The NELA project officially began on 1 December 2012. NELA aims to look at structure; process and outcome measures for the quality of care received by patients undergoing emergency laparotomy, and comprise an organisational audit and a patient audit.

The first organisational audit report of the NELA outlining the results, conclusions and recommendations from the audit were published on 14 May 2014. Types of actions that have been identified from the report are:

- Review the surgical decision area (SDA) opening hours in relation to the NELA requirements for Emergency Surgical Unit
- General Manager for theatres to review emergency theatre provision
- The clinical director and Head of radiology to review formal rota for on-site interventional radiology 24/7
- On-going recruitment of Consultant Anaesthetists
- Develop policies/pathways for the management of the emergency general surgery (EGS) patient to include:
 - Deferment of elective activity to prioritise emergencies
 - Radiology involvement for EGS patients
 - Single pathway for adult EGS patients
 - Consultant surgeons formal hand over
 - Consultant anaesthetists formal hand over

Sentinel Stroke National Audit Programme (SSNAP)

The SSNAP audit provides quarterly reports of how Barnsley Hospital NHS Foundation Trust is adhering to the standards set by the Royal College of Physicians. On receipt of the report an action plan is compiled and this is reported to the Board of Directors.

Examples of actions that have been identified from the report are:

- Develop plans to recruit a Band 6 (stroke) nurse post, who will be based in the ED. The purpose of this post will be to ensure all stroke patients are assessed in ED and will undergo scans and the swallow screen within the correct timeframe, and will allow stroke patients direct admission to the stroke ward
- Staffing ratios on the stroke ward to be regularly monitored to ascertain whether the level of staffing is appropriate for the service. It has been identified that dedicated dietician cover is required for stroke services. The service manager will liaise with the therapy lead to look at how this will resolve the issue.
- The therapy lead will explore the service level agreement (SLA) for speech and language therapy (SALT) input and the need for increased input from SALT for the stroke services.
- The service manager will liaise with the radiology department to determine if carotid imaging can be accessed within the time frames stipulated for community patients to be seen within one week.

Local audits:

The reports of 153 local clinical audits were reviewed by the provider in 2014/15 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Facilitating early discharge for respiratory patients from the Acute Medical Unit (AMU)

A high number of patients were found to be admitted to the AMU with respiratory illnesses. An audit was undertaken to determine if the patient's length of stay could be reduced by having respiratory input at the beginning of the patient's admission. The main findings from the audit confirmed that by patients receiving early intervention, a substantial number of patients were either discharged the same day or the day after resulting in a cost saving for the hospital and improving patient care. Following the audit, extra resources have been made available to extend respiratory input on AMU.

Acute Kidney Injury (AKI) audit

The audit was undertaken to measure practice on the AMU against national standards in managing patients with AKI. The audit findings highlighted that AKI is under diagnosed in our hospital and that there was also poor recognition of the different stages of AKI. The AMU team have now introduced an AKI care bundle and regular training sessions are facilitated by senior medical staff to raise awareness of the different stage of AKI and what interventions need to be taken. A recent snapshot audit highlighted improvement against the national standards.

Dementia/delirium CQUIN audit

NHS England asks that all patients 75 years of age and over are screened for both dementia and clinical delirium. The assessment is done using an Abbreviated Mental Test (AMT). We have audited compliance against the following standards:

- 1) All patients 75 years and over, who are an in-patient for more than three days, have had their AMT score recorded

- 2) All patients with a low score (equal to or less than seven) are investigated appropriately
- 3) Patients, where the low score is not related to clinical delirium and whose score/condition has not improved by the time of discharge are referred appropriately

Development of a new process and system for monitoring has seen our compliance against assessing our patients increase. The introduction of a specialist lead nurse for dementia has acted as a catalyst for referrals to memory services. Referrals have more than doubled since the start of the audit. (Cross reference to section 3, priority 2).

Abscess pathway in surgical patients

This project was started to ensure that clinically well patients admitted with abscesses and requiring surgery had a safe and effective treatment pathway. These patients are classed as low priority but placed on emergency lists and at times delayed due to high risk patients and emergencies. Therefore there appeared to be a delay in treatment and unnecessarily long in-patient stays. We wanted to ensure that our patients were not starved unnecessarily, were not left uncertain of their operation time and that their lives were disrupted as little as possible.

An audit was started gathering baseline data, the pathway was introduced and a re-audit was completed to demonstrate the impact. Improvements were made as follows:

- Pre-operative waiting times had reduced from 12.5hrs to 3.4hrs
- In-patient stays had reduced from 29.3hrs to 10.2hrs
- Cases were reviewed in detail and no compromise to patient safety could be found

Implementation of a weekend Stroke Therapy Service - (Physiotherapy and Occupational Therapy)

The Acute Stroke Therapy Unit (ASU) team piloted a 7-day weekend therapy service for three months with an aim of ensuring all stroke patients directly admitted to the ASU were assessed within 24 hours by either Physiotherapy or Occupational Therapy (OT). The team also aimed, where possible, to provide patients with the recommended 45 minutes of therapy time over a minimum of five days. An audit was undertaken to assess whether the introduction of this service improved patient care and reduced length of stay.

One of the difficulties recognised by the therapy staff prior to the pilot was the deterioration of patient progress when not receiving intervention over a weekend. Two days without therapy input, appeared to have direct impact on patient length of stay.

The audit highlighted that a Saturday and Sunday service ensured continuity of meeting the 24 hour guidelines and increased the amount of patient contacts for OT and physiotherapists in order to achieve the recommended 45 minutes of treatment over 5 days.

Overall the pilot has demonstrated a positive outcome. A higher percentage of patients were assessed within 24hrs along with increased patient contacts however to maintain this service, appropriate staffing levels are required which was recognised by the CBU and the therapy team have now recruited additional staff on a fixed term basis to help the team achieve 7-day working with an increase in therapy assistance.

Audit of orthopaedic elective hip and knee operation re-admissions

The aim of the audit was to assess re-admissions for elective hip and knee patients due to high incidence of re-admissions in elective hip and knee replacement operations.

The main findings of the audit highlighted that the re-admission rate was significantly higher after total knee replacement (TKR) compared to total hip replacement (THR).

The findings also highlighted that wound-related problems (swelling, stiffness and pain) are more common after TKR. Dislocation was found to be the most common reason for re-admission following THR. During the audit period the reasons for re-admission seemed to be mainly for ultrasound scan, reassurance and physiotherapy.

One of the recommendations was for staff to educate the patients about what to expect in the immediate post operative period as this might help to allay the anxious patient and avoid re-admission.

Fig 1 - Information on participation in Clinical Audits and National Confidential Enquiries

The NHS standard contracts for acute hospital, mental health, community and ambulance services set a requirement that provider organisations shall participate in appropriate national clinical audits that are part of the National Clinical Audit and Patient Outcome Programme (NCAPOP).

The following table refers to the level of participation. Where listed; A refers to the area applicable to Barnsley Hospital NHS Foundation Trust and P refers to our participation.

Area/national audit title		A	P	% cases submitted	Comments/actions/reporting details	NCAPOP	
Peri and Neonatal							
24	Maternal, infant and newborn clinical outcome review programme	MBRRAC E-UK	✓	✓	100%	Data entered by bereavement midwives	Yes
36	Neonatal intensive and special care	NNAP	✓	✓	100%	Quarterly and annual reports are received and action plan developed	Yes
Children							
11	Congenital heart disease (Paediatric cardiac surgery)	CHD	✗	NA	NA	Paediatric cardiac surgery is not undertaken at BHNFT	Yes
14	Diabetes (Paediatric)	NPDA	✓	✓	100%	Data entered by Community paediatric nursing team	Yes
16	Epilepsy 12 audit (Childhood Epilepsy)	RCPCH	✓	✓	100%	National report published, internal presentation and review of results arranged for May 2015	Yes

Area/national audit title			A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
19	Fitting Child (care provided in emergency departments)	CEM	✓	✓	100%	Awaiting national report	No
41	Paediatric intensive care	PICANet	✓	✓	NA	Undertaken at specialist paediatric hospitals. Not applicable to BHNFT	Yes
42	Paediatric Pneumonia	BTS	✓	✗	NA	Other national (mandated) audits undertaken in Paediatric Services	No
Acute Care							
5	Adult community acquired pneumonia	BTS	✓	✓	100%	On-going data collection until 31.05.15. Full participation for data collection at time of submission to quality account	No
6	Adult critical care (Case Mix Programme)	ICNARC	✓	✓	100%	On-going data collection. Facilitated by the anaesthetics department. Full participation for data collection at time of submission to quality account	No
31	National Cardiac Arrest Audit	NCAA	✓	✗	NA	Currently do not participate in this audit as it is not mandated. This audit will be considered for the 15/16 programme	No
33	National emergency laparotomy audit	NELA	✓	✓	100%	All data for year 1 submitted, annual report to be published. Year 2 – On-going data collection	Yes

Area/national audit title			A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
37	Non-invasive ventilation - adults	BTS	✓	✓	100%	Long delay from data collection to publication of report. Local review took place	No
Blood and Transplant							
32	National comparative audit of blood transfusion	NHSBT	✓	✓	100%	Presented and action plan compiled	No
Long term conditions							
3	Adult Bronchiectasis	BTS	✓	✗	NA	Other national (mandated) respiratory audits took priority over this audit. This was reviewed and agreed by the respiratory team	No
10	Chronic Obstructive Pulmonary Disease	COPD	✓	✓	100%	Draft local report complete. Awaiting action plan	Yes
13	Diabetes (Adult) ND(A), includes National Diabetes In-patient Audit (NADIA)	HSCIC	✓	✓	100%	Draft local report complete. Awaiting action plan	No

Area/national audit title			A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
22	Inflammatory bowel disease	IBD	✓	✓	100%	Biologics – Year 2 data closed: awaiting national report Biologics – Year 3 data entry to be started Cases submitted on notification from nurse specialist	Yes
Cancer							
7	Bowel cancer	NBOCAP	✓	✓	100%		Yes
46	Prostate cancer	NPCA	✓	✓	100%	Initial retrospective submission (cohort April – July 2014 = 30) underway – to be uploaded by 31/3/15. All mandatory fields complete. To be built in to monthly uploads.	Yes
20	Head and neck oncology	DAHNO	✓	✓	100%		Yes
23	Lung cancer	NLCA	✓	✓	100%	LUCADA closed 31/1/15 – contract moved from HSCIC to Royal College Physicians. Data collected via COSD. Deadline for Trusts to submit key data items and LUCADA extract for 2014 – 29.05.15	Yes
38	Oesophago-gastric cancer	NAOGC	✓	✓	100%	Collated by UGI nurse specialists	Yes
Elective procedures							
12	Coronary angioplasty	NICOR	X	NA	NA	Angioplasty not performed at BHNFT	Yes

Area/national audit title		A	P	% cases submitted	Comments/actions/reporting details	NCAPOP	
15	Elective surgery (National PROMs Programme)	PROMs	✓	✓	See tables 16 and 17	See commentary in Section 2	No
34	National Joint Registry	NJR	✓	✓	100%	All hospital statistics are now shared publically in their annual reports	Yes
4	Adult cardiac surgery audit	ACS	✗	NA	NA	Not performed at BHNFT	Yes
35	National Vascular Registry, including CIA and elements of NVD	NVR	✗	NA	NA	Not performed at BHNFT	Yes
Renal disease							
9	Chronic kidney disease in primary care	CKD	✗	NA	NA	Not performed at BHNFT	Yes
48	Renal replacement therapy (Renal Registry)		✗	NA	NA	Not performed at BHNFT	No
Cardiovascular disease							
1	Acute coronary syndrome or Acute myocardial infarction	MINAP	✓	✓	100%	2015-2016 cohort of patients to be locally reviewed.	Yes

Area/national audit title			A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
8	Cardiac arrhythmia	HRM	X	NA		Not performed at BHNFT	Yes
18	Familial hypercholesterolaemia	NICOR	X	NA	NA	Not performed at BHNFT	No
21	Heart failure	NICOR	✓	✓	100%	13/14 data collection complete and report published. Local action plan to be compiled	Yes
47	Pulmonary hypertension	HSCIC	✓	NA	NA	Patients transferred to Sheffield for treatment	No
Trauma							
51	Severe trauma (Trauma Audit & Research Network - TARN)	TARN	✓	✓	62.1%	13/14 data collection complete and report published. Local action plan to be compiled	No
Older People							
39	Older People (care provided in emergency department)	CEM	✓	✓	100%	Awaiting national report	No
17	Falls and Fragility Fractures Audit Programme, includes National Hip Fracture Database (NHFD)	FFFAP	✓	✓	NHFD – 100%	<u>National audit of In-patient falls</u> – Audit commences on 01.05.15 <u>National Hip fracture database</u> - Annual reports are received and action plans developed.	Yes

Area/national audit title			A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
28	National audit of dementia	NAD	✓	✓	NA	Awaiting confirmation from National Team regarding commencement date. Data collection – April 2016	Yes
50	Sentinel Stroke National Audit Programme (SSNAP)	SSNAP	✓	✓	100%	Ongoing data collection – annual report published and actions developed	Yes
Psychological conditions							
27	Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	NCISH	✗	NA	NA		Yes
26	Mental Health (care provided in emergency department)	CEM	✓	✓	56%	Time constraints resulted in achieving only 56%. - Awaiting national report	No
45	Prescribing Observatory for Mental Health (POMH-UK)	POMH-UK	✗	NA	NA		No

Area/national audit title		A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
Other						
2	Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) standards for Ulnar Neuropathy at Elbow (UNE) testing	BSCN	X	NA	NA	No
52	Specialist rehabilitation for patients with complex needs		X	NA	NA	No
29	National Audit of Intermediate Care		X	NA	NA	No
30	National Audit of Seizure Management (NASH)	NASH	✓	✓	100%	Awaiting national report
40	Ophthalmology	RCOpht	X	X	NA	Service provided by Rotherham NHS Foundation Trust hospital
43	Parkinson's Disease		✓	X	NA	No

Area/national audit title			A	P	% cases submitted	Comments/actions/reporting details	NCAPOP
44	Pleural Procedures		✓	✗	NA	Other national (mandated) respiratory audits took priority over this audit. This was reviewed and agreed by the respiratory team	No
49	Rheumatoid and early inflammatory arthritis		✓	✓	100%	Data currently being collected for the audit. Full participation for data collection at time of submission to quality account	Yes
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)							
	Sepsis	NCEPOD	✓	✓	NA	This study is still open	Yes
	Gastrointestinal Haemorrhage	NCEPOD	✓	✓	75%	Three out of four questionnaires completed and returned Organisational questionnaire returned. Awaiting final report	Yes
	Lower Limb Amputation	NCEPOD	✓	✓	100%		Yes
	Tracheostomy Care	NCEPOD	✓	✓	100%	All relevant questionnaires completed and returned Organisational questionnaire not returned	Yes

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Barnsley Hospital NHS Foundation Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 293 (56% of target).

The Trust has a comprehensive research strategy and its Action Plan for 2015/16 is under review by the Research Strategy Group.

A recent Medicines and Healthcare Products Regulatory Agency (MHRA) inspection highlighted deficiencies in the Trust's mechanisms and systems for oversight of sponsored Clinical Trials. The Trust is working closely with the MHRA and is hopeful that the recently submitted Corrective and Preventative Action Plan (CAPA) will be approved. The delivery of the CAPA will then be monitored quarterly by both the MHRA and the Quality and Governance Committee.

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 293 (56% of target). The Trust is working closely with the Clinical Research Network, implementing strategies to improve our accruals into Portfolio studies.

Collaboration with CLAHRC Yorkshire and Humber

the Trust is an active partner within the Collaboration for Leadership for Applied Health Research and Care for Yorkshire and the Humber (CLAHRC YH). There are a number pieces of work which have been undertaken within the Trust and which contribute to our match commitment:

1. A completed evaluation within the Emergency Department (why patients choose to attend) has informed planning by Barnsley Clinical Commissioning Group (CCG), and the related publication in the Health Services Journal was voted in the top 10 commissioning articles of 2014
2. The ongoing coordination of regional public-patient involvement in the CLAHRC programme, led by Prof Ade Adebajo. Our longstanding Consumers in Research Advisory Group has been commissioned by CLAHRC to provide advisory support for individual projects and has also begun to support the development of other Public Patient Involvement Groups across the collaboration
3. A project to improve patient engagement with patient safety issues (PRASE) sees the Trust working with the highly regarded Bradford Institute for Health Research, to implement and evaluate this innovative approach to patient safety
4. an evaluation of the Diabetes Specialist Nurse role, including the experience of patients within the diabetes service
5. an investigation of the barriers and facilitators to the identification and treatment of pressure ulcers within the Trust, in collaboration with the Tissue Viability Team.

These latter two projects are due to report by June 2015. Further planned work with CLAHRC YH includes a health economic evaluation of 7-day services in pharmacy and the AMU, and a contribution of data towards a Yorkshire-wide 'Big Data' project. This will explore how best to identify people who are attending emergency departments, and who might benefit from a different kind of response when they need help.

Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of Barnsley Hospital NHS Foundation Trust's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between the Trust's 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 2014/15 and for the following 12 month period are available electronically at: <http://www.barnsleyhospital.nhs.uk/about/our-performance/business-plan/>
Table 11 lists the CQUIN Indicators agreed with Barnsley Clinical Commissioning Group for 2014/15 and the status of activity at the end of 2014/15.

Table 11 - National CQUIN Indicators 2014/15

	CQUIN	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Estimated	Total Value
N1	Friends and Family Test					
	Indicator 1.1a	Achieved	N/A	N/A	N/A	£208,692
	Indicator 1.1b	N/A	N/A	Failed	N/A	
	Indicator 1.2	Achieved	N/A	N/A	Achieved	
Indicator 1.3	N/A	N/A	N/A	Achieved		
N2	NHS Safety Thermometer					
	Indicator 2.1	N/A	N/A	N/A	Achieved	£208,692
N3	Dementia					
	Indicator 3.1	N/A	Achieved	Achieved	Achieved	£208,692
	Indicator 3.2	N/A	N/A	N/A	Achieved	
	Indicator 3.3	N/A	Achieved	N/A	Achieved	
L1	Pressure Ulcers					
	Indicator 1b	Achieved	Achieved	Achieved	Achieved	£305,287
	Indicator 1c	Achieved	Failed	Achieved	Achieved	
	Indicator 1d	Achieved	Achieved	Achieved	Achieved	
	Indicator 1a	Achieved	Achieved	Achieved	Achieved	
L2	Antimicrobial Stewardship					
	Indicator 2a	Achieved	Achieved	Achieved	Achieved	£885,333
	Indicator 2b	Achieved	Achieved	Achieved	Achieved	
	Indicator 2c	Achieved	Achieved	Achieved	Achieved	
	Indicator 2d	Achieved	Achieved	Achieved	Achieved	
L3	Learning Disabilities					
	Indicator 3a	Achieved	Achieved	Achieved	N/A	£457,931
	Indicator 3b	Achieved	Achieved	Achieved	N/A	
	Indicator 3c	Achieved	Achieved	Achieved	N/A	
L4	Clinical Communications					
	Indicator 4a	Achieved	Achieved	Achieved	Achieved	£488,459
	Indicator 4b	Achieved	Achieved	Achieved	Achieved	
	Indicator 4c	Achieved	Achieved	Achieved	Achieved	
	Indicator 4d	Achieved	Achieved	Achieved	Achieved	
L5	7 Day Working					
	Indicator 5	N/A	N/A	N/A	Achieved	£305,287
	Specialised Commissioning	Achieved	Achieved	Achieved	Achieved	£58,321
	Secondary Care Dental	Achieved	Achieved	Achieved	Achieved	£45,868
	PH England	N/A	N/A	N/A	Achieved	£34,600
	Achieved/Low Risk	£685,068	£652,422	£640,199	£1,174,915	£3,152,604
	Lost/High Risk	£0	£19,080	£35,478	£0	£54,558
	Total	£685,068	£671,503	£675,677	£1,174,915	£3,207,162

The monetary total for income in 2014/15 conditional upon achieving quality improvement and innovation goals is £3,207,162. The monetary total received for the associated payment in 2013/14 was £2,713,928.

Regulation and Compliance

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is active registration, without conditions.

The Care Quality Commission has not taken enforcement action against the Trust during 2014/15.

the Trust has participated in two special reviews or investigations by the Care Quality Commission relating to the following areas during 2014/15.

Care Quality Commission (CQC) Review: Services for Looked After Children (LAC) and Safeguarding

In November 2014 the CQC undertook a week long review of services for LAC and Safeguarding in Barnsley. Whilst the Trust participated in this review, the coordinating and lead body was Barnsley Clinical Commissioning Group (BCCG).

Barnsley Hospital NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

The Trust will agree appropriate actions to address any identified recommendations once the final report has been received.

CQC Review: Mental Health Crisis Care

In February 2015 the CQC undertook a thematic inspection of services engaged in providing safe, effective and response options to people who may be experiencing a mental health crisis. The inspection reviewed the health and social care providers that deliver services within the Barnsley area and covered an assessment of the services available through different providers working within the local authority area in respect to mental health crisis care. The review focussed on the assessment of how well services work together and the effectiveness of care pathways rather than the quality and safety of care of one single provider. The findings of this particular inspection will be used to inform a national report on the state of mental health crisis care in England.

Barnsley Hospital NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

The Trust will agree appropriate actions to address any identified recommendations once the final report has been received.

Quality of Data

Barnsley Hospital NHS Foundation Trust submitted records during 2014/15 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% for admitted patient care
99% for out-patient care and
99% for accident and emergency care

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

97% for admitted patient care
99% for out-patient care and
98% for accident and emergency care

Information Governance (IG)

Barnsley Hospital NHS Foundation Trust's Information Governance Assessment Report overall score for 2014/15 Version 12 was 73% and was graded Green; satisfactory compliance.

Clinical Coding

Barnsley Hospital NHS Foundation Trust was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were as outlined in Table 12.

Table 12 – Diagnoses and Treatment Coding

	Correct (%) 2014 (IG Toolkit)	Correct (%) 2015 (IG Toolkit)
Primary Diagnosis	94.5	91.5
Secondary Diagnosis	95.3	94.2
Primary Procedure	95.5	90.6
Secondary Procedure	93.3	97.5

The IG audit undertaken covered a random sample of 200 episodes of care across the whole range of services covered by a mandatory PbR tariff. The Trust just missed out on level 3 compliance by 0.5%. The 2015 IG audit was undertaken in April 2015.

The Trust was also subject to a payment by results (PbR) clinical coding audit at the request of the audit commission. This was performed by Capita in February 2014. The initial findings for 2014 can be found in table 13.

Table 13 – PbR Clinical Coding Audit

	Correct (%) 2014 (PbR)
Primary Diagnosis	92.5
Secondary Diagnosis	89.6
Primary Procedure	88.9
Secondary Procedure	79.9

The results were not extrapolated further than the actual sample audited. The areas audited were Paediatric Medicine and Cardiac Disorders with complications. The percentages for primary and secondary procedures are lower than previous audits due to the specialties selected to be audited and the lack of procedures undertaken in these areas. In total there were only 41 procedures recorded; 24 primary and 17 secondary.

Barnsley Hospital NHS Foundation 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 Reporting against Core Indicators

The Department of Health (DH) have 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. The following data is made available to National Health Service Trusts or NHS foundation Trusts by the Health and Social Care Information Centre (HSCIC). In all benchmarks we have used the latest data available from the centre.

Mortality (cross reference to Section 3.0; goal 3, priority 1)

Summary Hospital-level Mortality Indicator (SHMI)

This section reports the value and banding of the SHMI for Barnsley Hospital NHS Foundation Trust for the reporting period; (see table 14)

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

The SHMI values for October 2013 to September 2014 as released by HSCIC in April 2015 for BHNFT is 103.2 (89 – 112). the Trust remains in the band two ‘as expected’ group.

Table 14 – SHMI Value

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	110.0	100.0	75.3	117.0
October 2013 to September 2014	103.2	100.0	54.1	119.8

Data source: HSCIC SHMI data: <https://indicators.ic.nhs.uk/webview>

Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by: Section 3.1 of this report covers the Trust’s performance against our 2014/15 priorities for improvement. The implementation of mortality reviews and improved compliance with NEWs and Sepsis screening and management tool implementation have played a significant part in the reduction of the Trust’s SHMI indicator. Section 3.1 also discusses the Trust’s plans for further improvement to this indicator and to the Trust’s HSMR value.

Palliative Care

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for Barnsley Hospital NHS Foundation Trust for the reporting period; (see table 15)

Table 15 - Percentage of Patient Deaths with Palliative Care Coded At either Diagnosis or Specialty Level

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	2.33%	3.2%	3.69%	1.10%
2014/15	1.55%	3.39%	3.45%	1.17%

Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: Significant work has continued through 2014/15 to ensure there is a systematic and consistent methodology for the coding of patient deaths with the palliative care code.

Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

Ensuring quality assurance measures are in place; these will be monitored.

Patient Reported Outcome Measures (PROMS)

PROMS are a series of measures recorded by patients pre and post operatively that measure how their quality of life and health outcomes have improved following their surgery.

The Trust reported PROMS measures scores for: (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period. (See tables 16 and 17)

Table 16 - PROMS reporting period: April 2013 to March 2014

	Adjusted Average Health Gain Scores								
	EQ5D Index			EQ-VAS			Condition Specific		
	Our Hospital	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	Highest Performing Provider Score	Lowest Performing Provider Score
Groin Hernia Surgery	0.085	0.139	0.008	-1.053	2.864	-5.791	Not applicable	Not applicable	Not applicable
Varicose Vein Surgery	Not available	0.150	0.023	Not available	4.093	-7.677	Not available	-16.849	11.292
Hip Replacement Surgery	0.448	0.545	0.342	11.161	17.189	7.005	20.365	24.444	17.634
Knee Replacement Surgery	0.296	0.416	0.215	4.557	15.401	-1.547	15.181	19.762	12.049

Table 17 - PROMS reporting period: April 2014 to September 2014

	Percentage of Patients Reporting an Improvement								
	EQ5D Index			EQ-VAS			Condition Specific		
	Our Hospital	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	Highest Performing Provider Score	Lowest Performing Provider Score
Groin Hernia Surgery	54.1%	88.9%	8.3%	31.8%	83.3%	17.6%	Not applicable	Not applicable	Not applicable
Varicose Vein Surgery	58.3%	85.7%	14.3%	34.8%	77.8%	8.3%	91.3%	100%	55.6%
Hip Replacement Surgery	91.6%	100%	50.0%	67.0%	93.3%	35.3%	97.4%	100%	81.8%
Knee Replacement Surgery	76.1%	100%	40.0%	56.9%	81.8%	23.5%	89.5%	100%	66.7%

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

The Trust has in the past, been reported as a negative outlier in terms of adjusted average health gain scores for:

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

Further to the actions taken outlined below, the Trust has improved its position to the point at which it is no longer a negative outlier in any of these areas.

Barnsley Hospital NHS Foundation Trust has taken the following actions since 2012/13 to improve these indicators, and so the quality of its services, by:

- Introducing local PROMs reporting at two stages – at 8 weeks post-discharge and 3 months post-discharge
- Replacing a home-based physiotherapy assessment with a new hospital-based hip class, which runs 6 weeks post-discharge
- Producing an enhanced recovery video, covering the Enhanced Recovery Pathway for a total knee replacement (TKR) procedure. This video is shown during the pre-op class
- Adapting pre-op therapy classes to better prepare patients for rehabilitation. Examples of changes include issuing patients with equipment in these classes and improving the provision of information on rehabilitation
- Analysing PROMs data to identify activities patients struggled with post-discharge and, based on those results, included relevant exercises in post-op appointments

- Using PROMs data, in conjunction with other information sources, to successfully present the case for an additional qualified physiotherapist, who has the aim of providing more support to patients during the hospital stay
- Introducing a follow-up phone call three days post-discharge, in order to provide support and respond to concerns

Re-admissions

Description: This section reports the percentage of patients aged — (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital within 28 days of being discharged.

Data Definition: Percentage of emergency admissions to a hospital that forms part of Barnsley Hospital NHS Foundation Trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the Trust.

It is important to reduce to a minimum the number of patients being readmitted to hospital after they are discharged home. Whilst we recognise that many readmissions to the Trust are unavoidable, we need to reduce the number of these as far as possible to improve our patients experience and reduce the potential harm associated with readmission to hospital.

Unavoidable readmission may happen for the following reasons:

- Patients requiring cancer treatment
- Patients who may be better cared for in the community, but provision is unavailable
- Patients readmitted for a condition unrelated to their previous hospital stay

Table 18 Re-admissions of patients aged — (i) 0 to 15; and (ii) 16 or over

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	8.47%	data unavailable from national source	data unavailable from national source	data unavailable from national source
2014/15	9.7%	data unavailable from national source	data unavailable from national source	data unavailable from national source

* Data for 2013/14 and 2014/15 was unavailable from the HSCIC Clinical Indicators team and as such we are unable to provide benchmarking information for the purpose of the 2014/15 Quality Report. (See table 18)

Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: In order to address the deterioration in performance, a bed utilisation review at the Trust in January 2015 took place. The data supports that there are core non-elective pathways that can be improved in order to prevent patients being readmitted to hospital.

Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by: Work will be undertaken by the Trust who are working with community providers to integrate services better to:

- Ensure seamless transfer of care
- Utilising alternative pathways to admission, eg. Pilot of Right Care Barnsley

Patient Experience

This section reports the Trust's responsiveness to the personal needs of its patients during the reporting period.

This data is taken from the National In-patient Survey. The comparison of the highest and lowest performing Acute Hospital Trusts is within the South Yorkshire & Bassetlaw region. (See table 19)

Table 19 Patient Experience Survey 2014

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	68.6%	Data not available	86%	54%
2014/15	68.4%	Data not available	72.8%	68.2%

Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: The Trust's position is drawn from a composite of five key patient experience questions within the national inpatient survey identified as an indicator of overall patient experience. The Trust is pleased to note that performance against these indicators has remained consistent with no significant deterioration on any of the specific questions.

Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this indicator; and so the quality of its services, by: The Trust will continue to monitor wider patient feedback received via the NHS FFT, and other patient experience questionnaires used as part of the Open & Honest Care Project against these national survey. A key focus moving forward will be to ensure adequate information is provided to patients at the point of discharge. Also wider initiatives aimed at improving the quality of communication to patients are ongoing across the Trust, for example, the Listening into Action programme and a review of patient information resources. Matrons will also be re-introducing the noise at night audit programme to monitor noise levels.

Staff Survey

This section reports the percentage of staff employed by, or under contract to, Barnsley Hospital NHS Foundation Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. (See table 20)

The purpose of the NHS Staff Survey is to establish the opinions of staff in relation to the effectiveness of agreed national human resources (HR) policies, in the context of each individual NHS Trust.

It is the Department of Health's independent assessment of individual Trusts' performance against 28 key findings. Barnsley Hospital NHS Foundation Trust's survey was undertaken by the Picker Institute between September and December 2014. A total of 1,207 staff at the Trust participated in the survey. This is a response rate of 43.5% which places the Trust in the top 50% of acute Trusts in England; the average response rate for all acute Trusts is 42%.

Specifically in relation to the question within the survey, **“If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”**, the results are as follows; (see table 20).

Table 20 – Staff Survey 2014

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	64%	64%	94%	40%
2014/15	59%	65%	89%	38%

Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: There were several contributing factors which may have a bearing on the reported lower scores, including major unforeseeable financial problems, the implementation of a new IT system and changes to the CBU restructure.

Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this indicator; and so the quality of its services, by: Staff morale is of the utmost importance to the Trust. A number of different actions have been undertaken to address the themes identified in the 2013 Survey. Each month our Chief Executive hosts ‘Join the Conversation’ an open-forum session making the Chief Executive accessible to all staff to raise any topics, issues and questions. Outcomes from these sessions are communicated via our ‘You said, We did’ format.

Further, the Trust has joined the eighth wave of NHS Pioneers of the Listening into Action (LiA) initiative. The Trust’s navigation group, led by the Chief Executive and clinical colleagues, will reach out to every member of our staff to align engagement efforts with tangible outcomes in terms of patient care and how staff feel.

In year the Trust was awarded Bronze ‘Investors in People’ status. This is an outstanding achievement, meaning that the Trust has evidenced 65 requirements across a whole range of standards.

The year has also seen the establishment of a new Executive Team who have supported a review of Trust-wide governance structures and processes including the embedding of the CBU management framework.

Venous Thromboembolism (VTE)

This section reports the percentage of patients who were admitted to hospital and who were risk-assessed for VTE during the reporting period. (See table 21)

Table 21 – Percentage of patients risk-assessed for VTE following admission to hospital

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	95.05%	95.95%	99.97%	78.86%
2014/15	95.57%	95.88%	100%	81.19%

Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: Throughout 2014/15 the Trust has continued to meet the target in ensuring that patients who were admitted to our hospital are risk-assessed for venous thromboembolism.

Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by described actions: Throughout 2014/15 the Trust has continued to closely monitor compliance with this target. Where failure to comply has been identified prompt action has been taken to improve performance.

Clostridium difficile (C. difficile)

This section reports the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged two or over during the reporting period. (See table 22).

Table 22 - C. difficile

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2013/14	14.5	14.7	0.0	32.2
2014/15	13 cases <i>rate unavailable at the time of completing this report</i>	data unavailable from national source	data unavailable from national source	data unavailable from national source

Barnsley Hospital NHS Foundation Trust 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 and each person working in it. 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.

Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by: Focussing our infection prevention and control (IPC) activities over this year on enforcing hand hygiene and our Bare Below the Elbows Policy. We have continued our involvement in the national Saving Lives programme, 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.

The general environment and medical equipment is also being monitored regularly to ensure compliance with hygiene standards. The Trust will remain responsive to the ever-changing threat from new infections and challenges that they bring.

Considerable work has been done to improve antimicrobial prescribing within the Trust. The current antibiotic guideline places restrictions on the use of broad spectrum antibiotics. The microbiology department selectively reports antibiotic susceptibility on clinical samples to guide appropriate choice of antibiotics. Pharmacists and microbiologists review the antibiotic prescribing on a daily basis and regular audits of prescribing are undertaken.

All in-patients testing positive for C.difficile have a daily review undertaken by the infection prevention and control team, blood results, dietary and fluid intake, stool type and medications are reviewed and relevant actions taken.

The team conducts diarrhoea ward rounds when the care and management of patients are reviewed.

Following the discharge of patients with C.difficile toxin rooms have an additional decontamination with hydrogen peroxide vapour. The provision of a steam cleaning team continues. The domestic contract is monitored by the Facilities department with reports going to the IPC Group and the Infection control team is a member of the hotel services monthly monitoring contract meetings.

Root cause analyses have been undertaken for all cases of C.difficile by the IPC team or Matron. C.difficile awareness across the organisation has been increased by the development and implementation of a Trust-wide internal communication strategy highlighting the importance of preventing C.difficile infection. 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.

Patient Safety Incidents

This section states the number and rate of patient safety incidents reported in the Trust during the period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. Our performance is compared against 28 other small acute hospitals. Please note that these tables are by 6 months to reflect the feedback reports provided half-yearly by the NRLS (See table 23 and 24)

Table 23 - Patient Safety Incident Reporting Period: 1 April 2013 to 30 September 2013

	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
Incidents per 100 bed days	7.99	7.94	17.1	3.89
Incidents resulting in severe harm	0.3	0.6	0.0	3.3
Incidents resulting in death	0.1	0.1	0.0	0.7

Table 24 - Patient Safety Incident Reporting Period: 1 October 2013 to 31 March 2014

	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
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Incidents per 100 bed days	8.31	8.69	15.53	1.19
Incidents resulting in severe harm	0.2	0.6	0.0	3.1
Incidents resulting in death	0.1	0.1	0.0	0.7

The comparison figures in these charts are taken from the National Reporting and Learning System's (NRLS) feedback reports dated 1 April 2013 to 30 September 2013 and dated 1 October 2013 to 31 March 2014; comparing all small acute hospitals.

Table 25 - Patient Safety Incident Reporting Period: 1 April 2014 to 30 September 2014: (Information was released on 8 April 2015 by the National Reporting and Learning System (NRLS) pertaining to data up to, and including, 30/09/14. This is this most recent comparative data released by NRLS and therefore the most recent comparative data for the purpose of the 2014/15 Quality Report).

Table 25 Patient Safety Incident Reporting Period: 1 April 2014 30 September 2014

	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
Incidents per 1000 bed days	40.58	35.89	74.96	0.24
Incidents resulting in severe harm	0.1	0.4	0	74.3
Incidents resulting in death	0.0	0.1	0	8.6

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

During the period 1 April 2013 to 31 March 2014 national patient safety incident reporting was based on 100 bed days within the Small Acute Hospital core cluster.

There are now 140 Trusts listed nationally within the core cluster. The result per 1000 bed days placed the hospital 39th (2nd quarter on the table), which is encouraging news.

With regard to the levels of harm reported for severe and death categories the Trust is in the top quarter on the table for both categories which indicates that we have reported low levels of high or extreme levels of harm.

Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this, and so the quality of its services, by: It has been one of the main focuses of the Trust to ensure incidents are investigated by the CBUs and subsequently closed. This is in accordance with the organisation's timeframes of 15 days for no harm and low harm, 25 days for moderate harm and within the new NHS England Serious Incident guidance 60 days for severe harm and death.

Education and training has been developed and implemented across the Trust to optimise reporting of incidents.

Part 3: Other information

3.1 Our Performance against our 2014/15 Priorities for Improvement

This section of the report discusses the progress Barnsley Hospital NHS Foundation Trust has made against the priorities we set ourselves for 2014/15.

In 2014/15 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: To identify key patient experience metrics which will drive improvement in the way we deliver care

- We committed to implementing improvements to our complaint investigation processes ensuring that actions and lessons learnt from complaints are integrated into the governance structures of our Clinical Business Units and lead to improvements in service delivery.

Our achievement at the end of 2014/15:



Goal achieved

The Trust is committed to providing a thorough and patient-focused complaints investigation process. To support improved performance in this area an action plan was developed. Improvement measures were implemented included a resource pack to support complaint investigating officers, implementation of an internal complaints audit process based on a tool developed by The Patients' Association, weekly performance reports for our CBUs and the re-introduction of a complainant's feedback questionnaire. These measures have highlighted areas for development which will be taken forward as a priority in the coming year. We have seen an overall reduction in the number of formal complaints received on the previous year and targeted work is underway to ensure that complaints are responded to within the agreed timeframes.

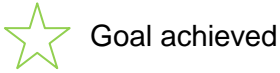
Data source: Local Trust data source, 2014/15

How we intend to continue developing this quality improvement over 2015/16:

The Trust will be working closely with the CBUs and the quality and governance teams to ensure that actions identified as a result of complaints and patient feedback are implemented and lessons learnt are shared across the Trust. We will do this through the implementation of a standardised action planning template and integrated action log.

- We signed up to implementing a public telephone helpline for the escalation of clinical concerns which will contribute to ensuring we improve the quality of care for all patients and reduce all potential harm.

Our achievement at the end of 2014/15:



The Trust implemented a dedicated helpline for the escalation of concerns via our participation in a national pilot of the ‘Care Connect’ project. This was a multi-channel service for patients to give feedback on their care, raise a concern and ask questions.

How we intend to continue developing this quality improvement over 2015/16:

The service was accessed nationally through NHS Choices and promoted internally at the hospital. Take up of the service was very low and the national pilot has now ended and is currently being evaluated. The Trust is currently awaiting this evaluation and will then review whether the Trust should implement something similar moving forward.

Priority 2: To improve the experience of care provided to patients with dementia and their carers

- We said we would undertake case findings for at least 90% of patients 75 years and over admitted as an emergency for more than 72 hours;

Our achievement at the end of 2014/15:

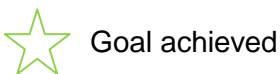


Table 26 - Cognitive Assessment and Dementia Screening

Cognitive assessment and dementia screening for patients 75 years and over admitted as an emergency for more than 72 hours				
	2012/13	2013/14	2014/15	Target
April	55%	72%	85%	90%
May	57%	81%	82%	90%
June	60%	78%	88%	90%
July	69%	77%	97%	90%
August	68%	78%	96%	90%
September	69%	76%	96%	90%
October	70%	79%	95%	90%
November	75%	73%	91%	90%
December	73%	69%	91%	90%
January	72%	75%	96%	90%
February	7%	79%	99%	90%
March	77%	86%	98%	90%

Data source: Local Trust data source, 2014/15

- We said that we would ensure that where patients are identified as potentially having dementia or delirium, at least 90% are appropriately assessed;

Our achievement at the end of 2014/15:


 Goal achieved

Table 27 - 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%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Data source: Local Trust data source, 2014/15

- And we committed to ensuring that, where appropriate, patients with dementia are referred on to specialist services.

Our achievement at the end of 2014/15:


 Goal achieved

Table 28 – 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%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Data source: Local Trust data source, 2014/15

How we intend to continue developing this quality improvement over 2015/16:

The Trust has an action plan for dementia care and we are working hard to ensure we become a dementia friendly hospital. Our existing changes are becoming embedded and we are raising the awareness of person-centred dementia care across our hospital.

Priority 3: To implement the NHS Friends & Family Test (FFT) throughout the hospital

- We said we would ensure a wider roll out of patient experience questionnaires through the expansion of Open & Honest Care, ensuring openness and transparency on the reporting of harms or injury to patients.

Our achievement at the end of 2014/15:



Goal achieved

The Trust participated in the national Open & Honest Care improvement programme to support Trusts to become more transparent and consistent in publishing safety, experience and improvement data with an overall aim of improving care, practice and culture. A key element of the programme was patient and staff experience questionnaires. Standardised questionnaires have been applied across hospital wards throughout the year.

The feedback is mapped to the key themes of care and communication and patient comments are shared with staff teams to drive improvements. Overall scores for each ward are published on a quarterly basis both locally and nationally and this Trust has consistently received high levels of positive patient feedback through these questionnaires.

The Trust maintained and improved on response rates for the NHS FFT. During the month of March 2015 97% of patients who responded said they would recommend in-patient services and 90% of respondents would recommend our Emergency Department. From April 2015 the NHS FFT will be implemented across all areas of the hospital. *Data source: Local Trust data source, 2014/15*

How we intend to continue developing this quality improvement over 2015/16:

During the coming year we will strive to increase the positive response rates for the NHS FFT across in-patient areas and the Emergency Department. We will closely monitor the response rates for day case and out-patient services and will use the free text comments provided by patients to influence improvements in the way services are provided. Feedback from the NHS FFT will be triangulated with wider patient safety and quality data to closely monitor emerging trends and themes.

Goal 2 – Delivering consistently safe care

Priority 1: To reduce hospital acquired harms in relation to Venous Thromboembolisms (VTEs), Falls, Catheter-Associated Urinary Tract Infections (CAUTIs) & Pressure Ulcers

- We said we would aim to reduce hospital acquired harms in relation to VTEs, Falls, CAUTIs and Pressure Ulcers with the aim of achieving the national average for harm-free care against all areas.

Our achievement at the end of 2014/15:



Goal achieved

Harm Free

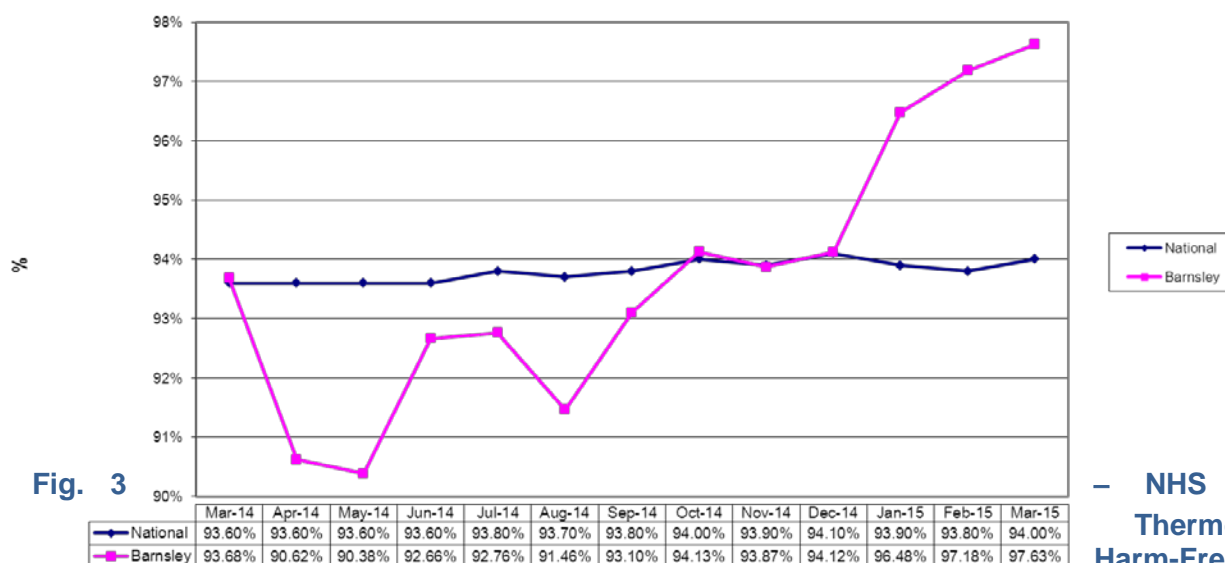


Fig. 3

– NHS Safety Thermometer; Harm-Free Care

Data source: Local prevalence data; NHS Safety Thermometer

Focused work has been undertaken in the majority of the areas of the NHS safety thermometer which has led to all areas achieving or exceeding the national average for harm-free care. In particular work has focused on the reduction of hospital-acquired pressure ulcers and in-patient falls.

How we intend to continue developing this quality improvement over 2015/16:

The NHS safety thermometer metrics will continue to be monitored on a monthly basis to ensure that we continue to remain at or below the national benchmark in all areas. Further work will continue to reduce the prevalence of hospital-acquired pressure ulcers and in-patient falls.

Priority 2: To reduce in-patient falls

- We said we would reduce the number of in-patient falls in 2014/15 by 50%.

Our achievement at the end of 2014/15:

- More work required to achieve the agreed goal

In 2013/14 the Trust reported 1030 in-patient falls and 256 repeat in-patient falls. Whilst the Trust has been unable to achieve the target it set to reduce falls by 50% from the 2013/14 benchmark there has been a significant reduction in the number of in-patient falls during 2014/15. At the end of March 2015 the Trust can report that it has reduced in-patient falls by 20%. The Trust has also seen a 40% reduction in the number of in-patients experiencing multiple falls; Data source: Local data from DATIX.

How we intend to continue developing this quality improvement over 2015/16:


Focused work is currently being undertaken in this area by the Trust falls group. This includes the development of a new falls policy to ensure compliance with NICE guidance, a pilot implementation of a new falls risk assessment, a new training plan with a move from e-learning to face to face training for staff and the re-introduction of safety briefings.

Reducing in-patient falls will continue to be a quality priority for 2015/16.

Priority 3: To improve clinical note keeping standards thereby ensuring robust patient assessments and plans of care

- We said we would aim to achieve 75% compliance with clinical note keeping standards audits.

Our achievement at the end of 2014/15:

 More work required to achieve the agreed goal

Clinical note keeping is audited annually using up-to-date standards in line with professional bodies and colleges. This year, standards which had shown consistently high compliance since 2009 (80% and above) were removed from the audit in order to focus on those standards where compliance is shown to be consistently low.

The 2014/15 audit results have shown that there is still significant work to be undertaken to achieve the target of 75% compliance against the remaining clinical note keeping standards. *Data source: Local Trust Clinical Records and previous Trust-wide Health Records audit reports.*

How we intend to continue developing this quality improvement over 2015/16:

The results of this audit will be presented to the Patient Safety & Quality Group and actions will be agreed for immediate implementation across all professional bodies.

The Electronic Patient Record (Lorenzo) was introduced in November 2014 with phased implementation across staff groups in the coming months. This will mean that information will be automatically recorded and so auditing these standards will no longer be required. A review of the clinical note keeping auditable standards will therefore be undertaken in 2015/16 to focus on more qualitative elements of clinical record keeping standards across all professions.

Improving clinical note keeping standards across all professional groups will remain a quality priority for 2015/16.


Goal 3 – Delivering consistently effective care

Priority 1: To reduce Hospital Standardised Mortality Ratio (HSMR)

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.

- We said we would work hard as a Trust to reduce the Trust's rolling 12 month HSMR value to 105 by January 2015 and 100 by January 2016.

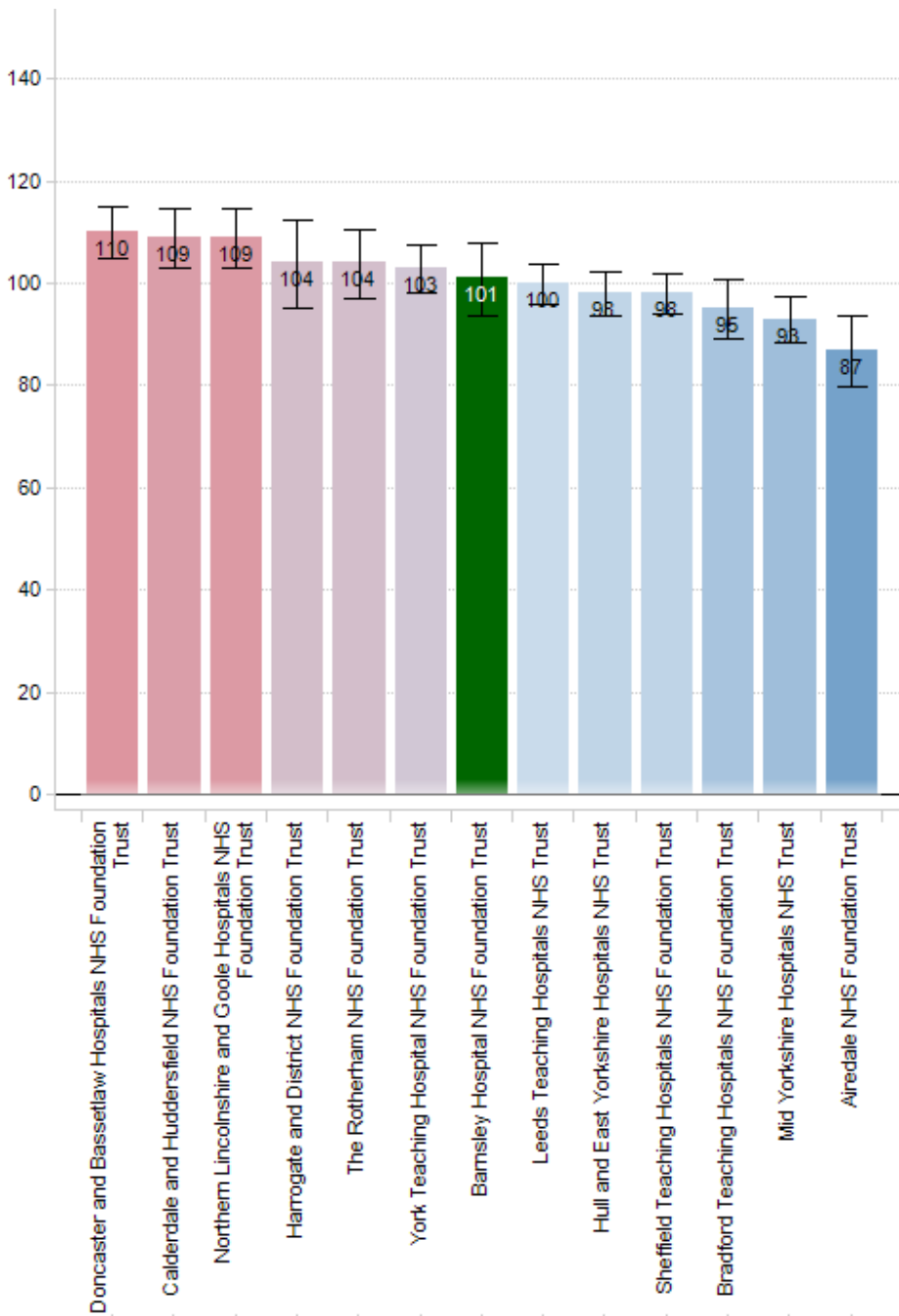
Our achievement at the end of 2014/15:

 Goal achieved

The Trust's rolling 12 month HSMR value in December 2013 was 112. The latest rolling 12 month Hospital Standardised Mortality Ratio (HSMR) position including the latest month's data for January 2015 is 101.2

The latest rolling 12 Months, HSMR for Yorkshire and Humber Non-Specialist Trusts are presented below in Fig. 2. The 12 month rolling HSMR for January 2015 to 101.2 puts the Trust ahead of the planned reduction to 105 by the end of the calendar year. (See Fig. 2) *Data source Healthcare Evaluation Data (HED).*

Figure 2



How we intend to continue developing this quality improvement over 2015/16:

The Trust will continue with all the work that has been implemented over 2014/15 to reduce the hospital's HSMR value. This will include continued work to increase compliance with some of the key care pathway bundles such as Sepsis Six and the Pneumonia Care Bundle. The Trust will also continue to implement and embed the mortality review process to ensure that any lessons to be learnt regarding the care we give to our patients are shared across the Trust and are implemented quickly and effectively.

Reducing HSMR will remain a quality priority for 2015/16.

Priority 2: Improve recognition and management of the adult deteriorating patient

- We said we would aim to demonstrate 95% compliance with the implementation of the National Early Warning Score (NEWS) in the adult patient.

Our achievement at the end of 2014/15:

- More work is required to achieve the agreed goal

NEWS is the National Early Warning Score which is designed to identify patients who at risk of deteriorating and becoming acutely ill. The score allocates points for any deterioration in the patient's vital signs such as blood pressure or pulse rate. A stable well patient will score zero. Higher scores mean that the patient must have closer observation of their vital signs and be reviewed by a doctor.

We have been auditing our compliance against all aspects of NEWS throughout 2014/15 with the latest audit being concluded in March 2015. The audits have demonstrated that more work is needed to reach the set target of 95% compliance. The audits have highlighted two significant areas for improvement; patients who have abnormal vital signs and require increased observation and review by a doctor are not always being reviewed in a timely manner. Patients with high NEWS scores are not always having continuous observations carried out or being escalated for a medical review in accordance with policy. In November 2014 the Trust introduced an electronic patient record and this changed the way staff record deterioration in a patient's condition and request medical reviews. This new system may have affected our compliance with documentation of escalation. *Data source: Local Trust audit data 2014/15).*

How we intend to continue developing this quality improvement over 2015/16:

A Trust-wide Deteriorating Patient Group chaired by the Medical Director has been developed, to implement change and support deteriorating patients. The Trust is also exploring the introduction of an electronic NEWS system. These systems have been shown to improve compliance in other organisations who have introduced similar systems and processes.

Improving recognition and management of the adult deteriorating patient will continue to be a quality priority for 2015/16.

Priority 3: To improve sepsis recognition and response

- We said we would aim to demonstrate 95% compliance with the implementation of the Sepsis Screening and Management Tool.

Our achievement at the end of 2014/15:

- More work is required to achieve the agreed goal

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 United Kingdom Sepsis Trust developed a sepsis care bundle of six interventions that patients with sepsis should receive. The bundle includes giving antibiotics and intravenous fluids.

We have audited our compliance against the sepsis screening and management tool throughout 2014/15. The audits have shown that there are sometimes delays in identifying sepsis and recording this in the medical record. Overall compliance with all six elements of the care bundle

being delivered within 1 hour is however improving. The Trust is pleased to report that compliance with the most important element of the care bundle; antibiotics being given within 1 hour was very good at 72%. This intervention has the biggest impact on a patient's survival. *Data source: Local Trust audit data 2014/15).*

How we intend to continue developing this quality improvement over 2015/16:

Work will continue to embed the implementation of the sepsis six care bundle across the Trust. In addition to NEWs, the Deteriorating Patient Group, chaired by the Medical Director, will monitor progress and achievement of this target.

Improving sepsis recognition and response will continue to be a quality priority for 2015/16.

Priority 4: To ensure scrutiny of all in-hospital deaths to ensure learning is achieved where possible

- We said we would aim to demonstrate that 95.0% of all in-hospital deaths are being formally reviewed within 15 working days of the death occurring.

Our achievement at the end of 2014/15:



More work is required to achieve the agreed goal

As at 31 March 2015 67% of in-hospital deaths occurring at the Trust during 2014/15 have been formally reviewed. Of these 30% have been reviewed within the set target of 15 working days of the death occurring.

The process of formally reviewing all in-hospital deaths occurring at the Trust was introduced for the first time in April 2014. As a result of this process here at the Trust we have been able to ensure the timely review of in-patients' deaths and identify areas for improvement where required. We believe that the introduction of the mortality reviews together with the work to improve compliance with a number of the aforementioned patient care pathways e.g. NEWs and Sepsis Six, has played a significant part in reducing the Trust's HSMR and SHMI indicators. *Data source: Local Trust performance data 2014/15).*

How we intend to continue developing this quality improvement over 2015/16:

A Trust-wide review of deaths is underway. Information coming out of mortality reviews forms shared learning throughout the hospital.

Goal 4 – Building capacity and capability

Priority 1: Review HR processes to ensure that we recruit staff with the values that underpin compassionate care

- We said we would introduce values-based recruitment and selection process for all appointments.

Our achievement at the end of 2014/15:



Goal achieved

Good progress is being made against the action plan to implement a values-based recruitment (VBR) process and regular updates are provided at the Workforce Group.

An organisational readiness self-assessment checklist was completed in November 2014 and helped inform our plans for implementation. VBR Training for recruiting managers is ahead of the plan and is now incorporated into the recruitment master class; additional updates for recruiting managers are also in place throughout 2015. There are also plans to implement an e-learning package for recruiting managers who are unable to attend the update sessions.

A VBR Behavioural Framework has been developed, aligning it to the current Trust Behavioural Framework.

The Job Description and Person Specification Template has been revised to incorporate the Trust values into the essential criteria of the person specification in order for candidates to be assessed on the Trust values and essential behaviours from the application stage.

A bank of filter questions have been created for recruiting managers to use as a guide for the application stage, this method has been created for candidates to demonstrate at the application stage what the Trust values mean to them and how the values fit into the roles that the candidates apply for; at the same time reducing the number of “serial appliers” where candidates can apply for a number of roles by the click of a button on the NHS Jobs application process. A bank of values-based questions has also been developed for use by recruiting managers at the interview stage, where there will be a requirement of all managers to include at least two values-based questions at interview. *Data source: Local Trust data source, 2014/15*

How we intend to continue developing this quality improvement over 2015/16:

A recruiting manager to pilot VBR has been identified. It is planned to pilot VBR in April 2015 and following evaluation in May 2015, roll out Trust-wide to non-medical recruitment throughout June/July 2015 before implementation into medical recruitment processes from late summer. We will seek feedback from recruiting managers following full roll out in 2015 and explore options for embedding VBR further i.e. use of situational judgement testing, full assessment centres and open days.

Priority 2: Review skill mix and team structures where required to ensure that we have the right people with the right skills at the right time

- We said we would fully implement the action plan against the expectations of the Chief Nursing Officer in England's report: *'How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability.'*

Our achievement at the end of 2014/15:



Goal achieved

The Trust has implemented the requirements laid down in the above report. All ward areas have a staffing board to indicate to the patients and the public where staffing levels fall below the rostered expectation. All wards also have a poster in place regarding uniforms so that patients and the public are able to identify staff easily.

Reporting to the Board of Directors has been undertaken on a monthly and six monthly basis. The NICE guidelines for nurse staffing for in-patient areas, *Safe staffing for Nursing in Adult In-patient Wards in Acute Hospitals*, published July 2014, has been reviewed and systems put in place to achieve the requirements of the guidance.

We have delivered a number of skill mix reviews across the Trust to support our annual business plans. These align to Trust priorities and allow us to review our current workforce in the light of changes to technology, services and future needs.

One of the key challenges is recruiting, retaining and developing our healthcare workers in an increasingly competitive labour market, particularly for qualified nurses, medical staff and categories of professions allied to medicine.

In August 2014 we introduced a new approach to registered nurse recruitment which involves a rolling Trust-wide monthly advert and full recruitment day. 48 nurses have been recruited since its implementation. Also since summer 2014 the Trust commenced regular attendance at University recruitment fairs, including Huddersfield and Bradford. Recruitment marketing materials and a publicity stand have been developed. The Trust also now offers Return to Practice placements for nurses and a recent open event took place in March 2015.

A Physiotherapists' recruitment action plan is in development to mirror staff nurse initiatives. A Radiography Department open event was held for 3rd year diagnostics students in February and two evenings in March to showcase the department and signpost to vacancies advertised on NHS Jobs. A similar event is to be held in the Pathology Department to help address recruitment difficulties. *Data source: Local Trust data source, 2014/15*

How we intend to continue developing this quality improvement over 2015/16:

We will continue to monitor the staffing levels on a shift by shift basis to ensure that safe staffing levels are maintained using escalation processes as appropriate. This will be reported to the Board of Directors on a monthly and six-monthly basis.

We will continue to monitor acuity of the patients in our beds on a regular basis using validated tools such as the Safer Nursing Care Tool and Birth rate plus to ensure that this feeds in to our review of staffing requirements on a six-monthly basis.

We will implement new NICE guidance as it becomes available in areas such as maternity services and the emergency department.

Priority 3: Identify and implement competency-based training for non-registered staff

- We said we would implement the Calderdale Framework.

Our achievement at the end of 2014/15:



More work is required to achieve the agreed goal

The Calderdale Framework is a transformational tool used to improve the way people work. The Framework supports our hospital in providing a clear and systematic method of reviewing skill mix, roles and service design and supports us in the development of a detailed competency methodology.

Ten staff have been identified from all areas across the Trust to become facilitators of the Calderdale Framework and have undertaken the first two parts of the training. A further study day is yet to be undertaken in May 2015. A project manager has been in post since January 2015 to support the implementation of the Calderdale Framework and a project plan is currently being implemented. The project manager is part of a regional Calderdale Framework Facilitators' Network Group to enable sharing of good practice. The Calderdale Framework will be used to implement the Fundamental Care Certificate to new staff and design a clear framework of competencies and training for existing staff within this part of the workforce. *Data source: Local Trust data source, 2014/15*

How we intend to continue developing this quality improvement over 2015/16:

We will ensure that all the ten facilitators continue and undertake all training required to implement the Calderdale Framework.

We will ensure that we implement the project plan and that all areas of the Trust are engaged in the work. Commencing with the unregistered workforce we will assess the competencies required to deliver the role using the framework principles and actions.

We will continue to engage with other Trusts in the region through the Calderdale Framework Facilitators' Network to ensure that learning and best practice is achieved.

3.2 Overview of our performance in 2014/15 against the key national indicators as set out in Monitor's Risk Assessment Framework 2014

National Indicator	2012/13	2013/14	2014/15	National Target 2014/15
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	96.4%	96.7%	94.7%	90%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	98.2%	98.1%	97.7%	95%
* Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway ^(A)	97.8%	97.2%	94.7%	92%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95.0%	*94.12%	96.0%	95%
* All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer ^(A)	85%	90.2%	87.7%	85%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	90.0%	99.0%	99%	90%
All cancers: 31-day wait for second or subsequent treatment, comprising surgery	98.0%	100%	100%	94%
All cancers: 31-day wait for second or subsequent treatment, comprising anti-cancer drug treatments	94.0%	100%	100%	98%
All cancers: 31-day wait for second or subsequent treatment, comprising radiotherapy	Service not provided by the Trust			94%
All cancers: 31-day wait from diagnosis to first treatment	96.0%	100%	99.7%	96%
Cancer: two week wait from referral to date first seen, comprising all urgent referrals (cancer suspected)	93.0%	95.2%	95.8%	93%

Cancer: two week wait from referral to date first seen, comprising for symptomatic breast patients (cancer not initially suspected)	93.0%	95.2%	95.8%	93%
Clostridium (C.) Difficile – meeting the C. difficile objective	22	20	13	20

Annex 1: Statements from commissioners, local Healthwatch organisations, Council of Governors and Overview and Scrutiny Committee

Barnsley Clinical Commissioning Group comments on Barnsley Hospital NHS FT Quality Account 2014/15

The CCG welcomes the report which was clearly written and reflected the evidence provided to us throughout the year.

From our discussions, we have provided the following comments which we hope you will find useful:

- We commend the achievements, particularly in relation to the reduction in HSMR and the work that has been undertaken to achieve the A&E target.
- We did feel that you had understated the work you had undertaken in Infection Control and the improved communication your Microbiologists have with Primary Care.
- We endorse the work that you are currently progressing relating to the WHO safety checklists and the ongoing work to reduce pressure damage.
- We look forward to seeing the results from this year's CQUINs.
- In relation to work on Stroke, we felt this needed to include actions and ongoing concerns in relation to the recent Peer review.

We hope the above comments are useful and look forward to working with you over the next year.

Barnsley Healthwatch comments on Barnsley Hospital NHS FT Quality Account 2014/15

Barnsley Hospital NHS Foundation Trust Quality Account

Thank you for sharing Barnsley Hospital NHS Foundation Trust's (The Trust) Quality Account 2014/15 with Healthwatch Barnsley (HWB).

HWB received the draft quality account on the 17 April 2015 with a request for a response by the 1 May 2015. The Quality Accounts were shared with our active members including the Healthwatch Strategic Advisory Board and Healthwatch Champions. Our response was submitted by the 11 May 2015, 6 working days after the official deadline.

Feedback

This is a comprehensive report providing an overview on the work of the Trust towards the quality goals, set for 2014/15 and priorities and targets for 2015/16.

HWB has seen evidence of the Trust's achievements during 2014/15 through our Intelligence Sharing meetings, Health and Wellbeing Board and via the Trust and Barnsley Clinical Commissioning Groups (CCG's) progress reporting to the South Yorkshire and Bassetlaw quarterly quality surveillance group.

Whilst this has been a challenging year for the Trust it is encouraging to see that the Trust has achieved over 60% of its 2014/15 quality goals and is close to achieving target or has begun to work towards target in the remaining areas.

What is also impressive is the turnaround of the 4 hour wait target in the latter part of 2014 in what must have been a difficult and pressurised environment for all involved, and we hope that this success continues into 2015/16.

Patient and Public Involvement and Experience

HWB has seen the level of patient and public involvement that occurs within the Trust first-hand, and many of our members have actively participated in:

- Patient Led Assessment of the Care Environment (PLACE)
- Trust's Quality Audits

About which members of HWB commented as follows:

"I have recently been involved in the PLACE assessments and the Trust Quality audits at Barnsley Hospital, so have had the opportunity of seeing what is happening there. From the Place visits to the wards, I observed that they all had clear notice boards, displaying various standards being monitored. Included were the targets for MRSA and Cdif, as a lay-person I was impressed by their efforts to reduce the incidence of both of these, it was most impressive and staff were proud of what they have achieved".

"I have met the Specialist nurse for Dementia, this is a very welcome development. There are new PLACE requirements on the environment for those with Dementia, they are going to be very challenging for the Trust to implement to become Dementia friendly under these measures. Not least because their implementation will I think conflict with other service user group's needs, i.e. blind and partially sighted etc."

For readers of this account who are not yet aware of HWB role, we are an organisation that gathers community views on health and social care services identifying trends and sharing these trends with service providers and commissioners to encourage change and celebrate good practice. Where HWB have identified trends and shared them with the Trust, HWB has had a positive response and have through the Patient Experience Manager received full detailed reports and updates on the steps the hospital is taking to improve patient experience in areas raised.

One of the areas raised by Healthwatch in 2013 and tracked through 2014 was in relation to the Butterfly Scheme a system put in place to ensure patients with dementia receive the most effective and appropriate care.

Gaps had been identified by service users outlining that the scheme was not in use in all departments of the hospital and the Trust responded to HW by re-launching the scheme and in response provided a full detailed report which included additional feedback to HWB on the changes being made to dementia services as a whole.

We have also worked with the hospital and the deaf community to raise awareness of Deaf Health Inequalities. To review feedback on these areas of work please go to www.healthwatchbarnsley.co.uk.

Prioritise and Targets for 2015/16

Goal 1 - Patient Experience

Whilst Healthwatch as an organisation receives information on the Friends and Family Test (FFT), and performance rates for Barnsley, it was the opinion of some of our members that more information on FFT could have been included in this report, similar to how it is displayed on the Trust's website to enable better understanding of FFT for lay people.

Members also felt that examples of where FFT had already contributed to change within the organisation were missing.

However members are in support of the roll out of FFT and the opportunities for service improvement resulting from the feedback received, and would welcome more detailed feedback in next year's quality account.

Goal 4 - Building Capacity and Capability

It is good to see that plans are in place to review the Trust's training plan to ensure robust learning and development for all staff to support them in their role, as it is concerning to see the downward trend outlined in table 20 on page 32 in staff satisfaction levels.

The Quality Account Report Layout

Members have commented on the length of the accounts and language used within, and highlighted that the aim of the Quality Accounts is not only for individuals working in health but also intended to enable patients and their carers to make informed choices about their providers of healthcare as well as enable the public to hold providers to account for the quality of the services they deliver.

Therefore it was felt the document could be presented in a way that is more accessible to the general public, as currently it is not suitable for the wide ranging audience it is intended for.

In closing HWB continues to offer its support to the Trust in terms of Patient and Public Involvement and the provision of public opinion where trends have been identified.

BHNFT Council of Governors comments on Barnsley Hospital NHS Foundation Trust Quality Account 2014/15

Thank you for inviting the Council of Governors to comment on the draft Quality Account/Report for 2014/15. At our General Meeting held in April, the Finance & Performance sub-group was mandated to prepare and submit a collective response on behalf of the Council of Governors, which we are pleased to provide below.

We have considered the report in terms of the Trust's delivery of high quality, safe and effective care and the continuing improvements being progressed to enhance patients' experience. The Trust should be justly proud of the year end position overall, particularly so around the A&E target and HSMR – both of which show really good improvement against prior years, the good ratings for harm free care, the continued good performance on infection prevention and controls, and the significant progress made in areas such as cognitive assessment and dementia screening, falls and pressure ulcers. We are conscious that despite improvements year on year the Trust did not meet all of its internal stretch targets, eg in falls and pressure ulcers. These are very important and we are glad to see them continue to be taken forward as priorities for 2015/16.

We are very aware that the Board is not focused simply on delivering national targets but looks at the benefits for patients first and foremost, really putting them at the centre. A small illustration of this is the Patient's Story heard at the start of every Board meeting and also patient involvement in PLACE inspections. The increased reporting of incidents over the past year or two and the Trust's response to feedback from both patients and staff also emphasises the Trust's willingness and open

approach to learn and deliver more improvements. As elected and nominated Governors, we fully support this. It's good to see the further work planned on triangulation of feedback from patients and staff and we hope to learn more ourselves in the coming year about how lessons learned from patients' experiences are shared across the Trust.

It has not been an easy year for the Trust since becoming in breach of its Licence Provisions in 2014. We are very conscious of the impact on staff in this difficult environment and we fully endorse the Trust's comments about the exceptional commitment and support of the wonderful people working across the hospital. We also welcome the plans for 2015/16 showing continuing support for staff through training and initiatives such as the Calderdale Framework.

Overall we believe the feeling of the report is very positive, with problems and solutions being addressed equally. It feels as if a lot of progress has been made.

Overview and Scrutiny Committee comments on the Barnsley Hospital NHS Foundation Trust Quality Account 2014/15

There were no comments received from the Overview and Scrutiny Committee.

Independent Auditor's Report to the Council of Governors on BHNFT Quality Account 2014/15



Independent Auditors' Limited Assurance Report to the Council of Governors of Barnsley Hospital NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Barnsley Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Barnsley Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 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:

Specified Indicators	Specified indicators criteria (exact page number where criteria can be found)
<i>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.</i>	<i>Criteria have been disclosed within Appendix 1, page 187 of Annual Report and Accounts.</i>
<i>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.</i>	<i>Criteria have been disclosed within Appendix 1, page 187 of Annual Report and Accounts.</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 2014/15" 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 2014/15";
- The Quality Report is not consistent in all material respects with the sources specified below; and

*PricewaterhouseCoopers LLP, Benson House, 33 Wellington Street, Leeds, LS1 4JP
T: +44 (0) 113 289 4000, F: +44 (0) 113 289 4460, www.pwc.co.uk*

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- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “2014/15 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 2014/15; 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 2014 to April 2015 (the period);
- Draft Board minutes from the meeting held on 7/05/2015;
- Papers relating to quality report reported to the Board over the period April 2014 to March 2015;
- Feedback from the Commissioners Barnsley CCG dated 12/05/2015;
- Feedback from Governors dated 13/05/2015;
- Feedback from Healthwatch Barnsley dated 11/05/2015;
- The draft Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2015; Learning from Experience Annual Report April 2014-March 2015;
- The latest national and local patient survey dated 2014;
- The latest national and local staff survey dated 2014;
- Care Quality Commission Intelligent Monitoring Reports dated July 2014 and December 2014;
- The Head of Internal Audit’s annual opinion over the Trust’s control environment 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.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (“ICAEW”) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Barnsley Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Barnsley Hospital 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 2015, 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 Hospital 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 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). 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 2014/15";
- 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 2014/15 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 NHS Foundation Trusts.



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 Hospital NHS Foundation Trust.

Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The Trust reports monthly to Monitor on the Incomplete 18 Weeks indicator, based on the waiting time of each patient who has been referred to a consultant but whose treatment is yet to start. The Trust has not retained detailed reports to support each of the monthly submissions to Monitor. As a result, we have been unable to access accurate and complete data to verify the waiting period from referral to treatment reported across the year.

Conclusion (including disclaimer of conclusion on the Incomplete Pathways indicator)

Because the data required to support the indicator is not available, as described in the Basis for Disclaimer of Conclusion paragraph, we have not been able to form a conclusion on the Incomplete Pathways indicator.

Based on the results of our procedures, nothing else has come to our attention that causes us to believe that for the year ended 31 March 2015,

- 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 2014/15”;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the ‘Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers’ indicator has not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “Detailed guidance for external assurance on quality reports 2014/15”.

PricewaterhouseCoopers LLP

Leeds

Date 28/5/15

The maintenance and integrity of the Barnsley Hospital NHS Foundation Trust 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 2014/15*;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes for the financial year, April 2014 to April 2015 (the period);
 - Draft Board minutes from the meeting held on 7/05/2015;
 - Papers relating to quality report reported to the Board over the period April 2014 to March 2015;
 - Feedback from the Commissioners Barnsley CCG dated 12/05/2015;
 - Feedback from Governors dated 13/05/2015;
 - Feedback from Healthwatch Barnsley dated 11/05/2015;
 - The draft Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2015; Learning from Experience Annual Report April 2014-March 2015;
 - The latest national and local patient survey dated 2014;
 - The latest national and local staff survey dated 2014;
 - Care Quality Commission Intelligent Monitoring Reports dated July 2014 and December 2014
 - The Head of Internal Audit's annual opinion over the Trust's control environment 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

.....27 May 2015..... Date

.....Chairman

.....27 May 2015..... Date

.....Chief Executive

Part 4: Glossary

Term	Description
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 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
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
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-centred care
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

Term	Description
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
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
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
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
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
Governors	An elected group of 16 public and patient representatives and six staff representatives and seven partners

Term	Description
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
Integrated Performance Report	A single report which provides information on quality and performance data to the Board of Directors
Medicines and Healthcare Products Regulatory Agency (MHRA)	The government agency responsible for ensuring that medicines and medical devices work, and are acceptably safe
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
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 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

Term	Description
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
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
Pressure Ulcers	A type of injury that breaks down the skin and underlying tissue. Caused when an area of skin is placed under pressure.
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
Root Cause Analysis (RCA)	A method of problem solving used for identifying the root causes of faults or problems
Sepsis	A potentially life-threatening condition triggered by an infection
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

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. 62 day cancer wait

- The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant;
- The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait);
- The clock start date is defined as the date that the referral is received by the Trust; and
- The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice.

In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

2. Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway

- Indicator has been reported on for March 2014;
- 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.

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 recognised 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:

..... 27 May 2015.....

Financial Statements

Summary of In-Year Performance

2014-15 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 prior year (year ending 31st March 2014) at which time it was necessary to make corrections to the accounts resulting in significant adverse movement in the financial position. The Trust subsequently ended the 2013-14 with a deficit of £7.420m before accounting for an impairment in relation to the value of the Trust's estate. This related to the demolition of residencies. This adjustment was for a value of £2.529m, which increased the overall deficit to £9.949m. This together with the wider economic climate, its impact on public sector spending in general and NHS bodies in particular, made the financial position for 2014-15 extremely challenging.

From the start of 2014-15, it was evident that the underlying deficit run rate of the Trust was £16.625m. This was then worsened by pay increases under the Agenda for Change terms and conditions of £2.060m compounded by a tariff deflation of £2.100m. The collective impact being a pressure of £4.160m resulting in an opening annual deficit run rate of £20.785m if urgent action was not taken. A robust financial plan was developed, which projected an ambitious year end position of a £11.912m deficit. To reach this target, it was essential that the Trust achieved full delivery of a Cost Improvement Programme with a target of £6.316m.

Despite the challenges and significant pressures on the services, the Trust over achieved its Cost Improvement Target by £0.117m and subsequently ended 2014/15 with a deficit of £11.800m (before consolidation of the Charity's accounts) which is £0.112m favourable to the planned position of an £11.912m deficit. After inclusion of the Charity's accounts, the Trust ended the year with a deficit of £11.965m, which is £0.053m adverse to plan.

During 2014-15, 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 £21.215m which is treated as a loan. The requirement for distressed funding was driven by the deficit position, the extensive capital programme delivered through 2013-14 and associated creditors. Our cash management processes have had to be redeveloped and are now robust. However, 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.

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 2 by the end of the financial year, although had received a 1 for the vast majority of the year. The improvement was driven by a higher than expected cash balance in the final months of the year, although it is expected that this will return to a level 1 through 2015-16 as the cash balance returns to planned levels.

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. However, it does demonstrate improvement from the previous financial year, which ended with a Continuity of Service Rating of 1. The table below summarises performance against the Continuity of Service Rating for 2014-15. For more information on our Monitor ratings, please see page 112.

Continuity of Service Rating 2014-15

Continuity of Service Rating									
Metric	Weight	Definition	Rating Categories				Score	Rating	
			1	2	3	4			
Liquidity ratio (days)	50%	$\frac{\text{Working capital balance} * 360}{\text{Annual operating expenses}}$	<-	-14	-14	-7	0	-13.9	2
Capital Servicing capacity (times)	50%	$\frac{\text{Revenue available for capital service}}{\text{Annual debt service}}$	<	1.25	1.25	1.75	2.5	-0.26	1
Overall rating								2	

The poor rating was driven by a low cash position and high creditor balance. The cash position will not significantly improve until the Trust returns to a surplus position.

Income from Activities

The income from our core patient related activities in 2014-15, increased by 3.1% on the previous year, despite a deflation applied to tariff. This increase predominantly reflects case mix changes. A summary of activity in 2014-15 compared to 2013-14 is provided in the table below:

Point of Delivery	2013-14	2014-15	%age Change
Outpatients	283,659	268,149	-5.47%
Elective Inpatients	4,487	4,544	1.27%
Elective Day Cases	24,353	22,653	-6.98%
Non Elective Spells	35,696	35,596	-0.28%
A&E Attendances	79,681	79,055	-0.79%
Other Activity	2,766,937	2,946,299	6.48%

The biggest areas of activity increase relates to other activity which includes high volume services for example Pathology and Radiology Direct Access tests. Elective activity also increased, although this was marginal. There was also a number of decreases particularly in relation to Outpatients and Elective Day Cases. 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. This initiative has supported the improvement of many of our key operational performance indicators such as the 4 hour access target in Accident and Emergency and improved mortality rates.

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 (our operating costs) did increase by 3%. This was attributable to both the pay and non pay bills. The increase has not had an adverse impact on the financial position because it was more than offset by increases in other operating income associated with the work we do for other NHS bodies and external funding received in support of our Electronic Patient Record system which was implemented during 2014-15. A summary of the additional income received which more than offsets the expenditure is provided below:

- Clinical Services to other NHS providers £1.7m
- Clinical Services to non NHS - £0.3m.
- EPR external funding income - £3.2m
- Seven Day Service Monies - £2.7m

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 £6.433m which is £0.117m over our target.

Capital Expenditure

During 2014-15 the Trust had a capital programme of £3.476 million supported by a further £0.947m in external funding. As at the 31st of March, a total of £4.081m had been invested. The investments are split into our main categories of spend as summarised below and include:

- Estate upgrades and backlog maintenance - £1.676m
- Information Management and Technology - £0.948m
- Medical and surgical equipment - £0.812m
- Electronic Patient Record - £0.48m

At the end of the financial year we have revalued our estate. After obtaining an indication of the change in building indices from the District Valuer, it was decided that a full revaluation should be undertaken in compliance with Accounting Standards. This resulted in a reduction in value of £0.382m.

Looking Ahead to 2015-16

Following the delivery of the challenging 2014-15 financial plan, we start the year facing a planned significant deficit. We have prepared our working plans for 2015-16 and beyond. The plans have been discussed with our Commissioners prior to submission to Monitor.

The Trust's recovery plan is set to continue with the planned deficit for 2015-16 to reduce to £11.103m and plans are in place to draw down additional funding in the form of loans as and when required. This is in the face of uncontrolled cost increases of £3.953m associated with the increased NHSLA premium and national pay increases which could not be planned for. There is also an annual reduction of £1.674m of funding received from Barnsley Clinical Commissioning Group to support the Trust's operations on a seven day basis.

We have considered price and credit risks within our financial statements which can be seen on page 12 and 13, note 1.9 of our financial statements.



Signed.....

Diane Wake, Chief Executive

Date:.....27 May 2015.....

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 Group NHS Foundation Trust's ("the Trust's") Group financial statements 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 affairs as at 31 March 2015 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 2014/15.

Emphasis of matter

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 its financial recovery plan as agreed with Monitor for the continuity of its services following the sudden 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 ended 31 March 2015;
- the Consolidated and Parent Statement of Financial Position as at 31 March 2015;
- the Consolidated Statement of Changes in Taxpayer's Equity;
- the Trust Statement of Changes in Taxpayer's Equity;
- the Consolidated and Parent Statement of Cash Flows 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 the Barnsley Hospital NHS Foundation Trust Annual Report and Accounts ("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 2014/15 ("FT ARM") issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our audit approach

Overview



- Overall Group materiality: £3,439,000 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.
- 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.

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.

The scope of our audit and our areas of focus

We conducted our audit in accordance with 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 2 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 £11.9m and, whilst the trust is looking at ways to maximise revenue and reduce cost, there is an incentive for management to manipulate the timing of

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 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

Area of focus

How our audit addressed the area of focus

recognition of both revenue and expenditure.

- The Trust is currently in the process of implementing an agreed financial recovery plan which required a deficit of £11.9m in 2014/15 and £6.0m (subsequently increased to £11.1m, see Medium term financial stability/Going Concern area below) in 2015/16. Given the scrutiny applied to the Trust in relation to the achievement of these plans this will increase 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.

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 disputed by the counterparty.

We then checked that management had investigated all disputed amounts over the investigation threshold set by Monitor.

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:

- material journals;
- posted on a non-working day;
- duplicates and reversals;
- containing round sum amounts; and
- containing certain key words in the journal description that, in our experience, are more indicative of manipulation.

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.

From the testing performed we identified three errors in the

Medium term financial stability/Going Concern

Refer to the Annual Governance Statement, note 1 to the financial statements and the Annual Report.

We focused on this area in particular due to the deterioration in the Trust's financial position and the uncertainty over the Trust's ability to remain a going concern.

The current year's deficit of £11.9m is after the delivery of a £6.4m Cost Improvement Plan. In 2015/16 the Cost Improvement Plan indicates savings of £6.7m which will lead to a deficit of £11.1m.

The Trust has increased the estimated deficit due to:

- an increase in the NHS Litigation Authority premium of £2.7m;
- anticipated 2% pay rise increasing pay costs by £1m; and
- the increased costs of delivering 7 day care not being met by the CCG of £1.5m.

The Trusts cash balance is £5m. This is after the Trust drew down £21.2m of loans in the current year from the Department of Health.

In 2015/16 and 2016/17 the Trust's budget indicates that the Trust will require further external financial support, over and above that already received, through loans in order for the Trust to remain solvent. As at the date of our audit report the level of loan required for 2015/16 and 2016/17 has not been agreed, although Monitor have agreed to a working capital facility.

In addition, the Trust's license condition in relation to its financial performance remains in force, although the conditions in relation to the four hour A&E targets were lifted in January 2015.

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 £68m.

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.

calculation of provisions. We also identified an item of deferred revenue that did not meet the requirements for being deferred. The value of these errors was immaterial to the financial statements. Given the monetary value of provisions and deferred revenue, together with the extrapolation of our testing there is not a material risk in the remaining untested balance. However, the impact of these items was not material and they have all been adjusted for.

In considering the appropriateness of the Going Concern assumption in the preparation of the financial statements we have, obtained the 2015/16 and draft 2016/17 annual plans; and:

- tested the assumptions within the Trust's financial forecasts against assumptions provided by Monitor and our experience in the health sector;
- understood the differences between the original turnaround plan and the updated 2015/16 plan, to check the reasonableness of the differences; and
- assessed the reasonableness of the downside 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 recovery plan is not yet confirmed. This together with the inherent uncertainties in the 2015/16 and draft 2016/17 annual plans indicate the existence of a material uncertainty, which may cast doubt about the Trust's ability to continue as a going concern.

Our conclusion in relation to Going Concern is documented in the Emphasis of Matter paragraph noted above.

We obtained and read the relevant sections of the full valuation performed by the Trust's Valuers. 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 found that the initial valuation was based on an incorrect GIA. The Trust advised the Valuers of this, who prepared a revised revaluation, which resulted in a reduced impairment, which was adjusted in the financial statements.

Area of focus

How our audit addressed the area of focus

A full valuation was undertaken during 2014/15 by the Trust's valuation experts. This valuation has resulted in an impairment of the Land and Buildings balance to the value of £415k.

We checked whether the change in valuation was appropriately reflected and disclosed in the financial statements and found that it was.

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.

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 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, consistent with last year, we determined materiality for the financial statements as a whole as follows:

Overall Group materiality	£3,439,000 (2014: £3,395,000).
How we determined it	2% of revenue
Rationale for benchmark applied	We have applied this benchmark, which is a generally accepted measure when auditing not for profit organisations, because the Trust's revenue is a key measure of its financial performance and of interest to the Council of Governors and other users of the financial statements.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £169,000 (2014: £169,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other required reporting in accordance with the Audit Code for NHS foundation trusts

Opinions on other matters prescribed by the Audit Code for NHS foundation Trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

Consistency of other information

Under the Audit Code for NHS foundation Trusts we are required to report to you if, in our opinion:

- | | |
|--|---|
| <ul style="list-style-type: none">• information in the Barnsley Hospital NHS Foundation Trust Annual Report (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 Trust acquired in the course of performing our audit; or | We have no exceptions to report arising from this responsibility. |
|--|---|

– otherwise misleading.	
<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 Group's and Parent Trust's performance, business model and strategy is materially inconsistent with our knowledge of the Group's and Parent Trust acquired in the course of performing our audit. 	We have no exceptions to report arising from this responsibility.
<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 arising from this responsibility.
<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 2014/15 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we 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 arising from this responsibility.

Economy, efficiency and effectiveness of resources

The Audit Code for NHS Foundation Trusts requires us to report where we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

On 5 June 2014, Monitor issued its enforcement undertakings following an investigation into the Trust's performance against the four hour A&E target and a sudden deterioration of the Trusts financial position. Monitor concluded that the Trust was in breach of its license in relation to:

- Financial: Sudden deterioration of the Trusts financial position. 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.
- A&E: At quarter 4 2013/14, the Trust had breached the A&E four hour maximum waiting time target for the fifth quarter in the last six.

On the 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 the 5 June 2014.

Whilst on 27 January 2015 Monitor issued a compliance certificate lifting the enforcement actions in relation to the four hour maximum waiting time A&E target, the enforcement actions in relation to the financial performance and additional license condition remain in place.

As a result of the matters discussed in the notices issued by Monitor and referred to above, we are unable to satisfy ourselves that Barnsley Hospital NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2015.

Quality report

Under the Audit Code for NHS Foundation Trusts we are required to report to you if we have qualified, on any aspect, our opinion on the Quality Report. We have disclaimed our opinion in relation to the indicator "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" in our limited assurance report on the Quality Report.

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 2014/15.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor 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 Group's and Parent 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.

Qualified Certificate

As reported above, we are not able to conclude that that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the financial period. Also we have disclaimed our conclusion on the quality report in relation to the Incomplete Pathways indicator.

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 Audit Code for NHS Foundation Trusts issued by Monitor.



Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
28 May 2015

- (a) The maintenance and integrity of the Barnsley Hospital Group 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.

FOREWORD TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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:27 May 2015.....

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2015

		Group 2014/15	Group 2013/14	Trust 2014/15	Trust 2013/14
	NOTE	£000	£000	£000	£000
Operating income from patient care activities	3	150,223	147,164	150,223	147,164
Other operating income	4	22,727	22,566	23,085	22,405
Total Operating income		<u>172,950</u>	<u>169,730</u>	<u>173,308</u>	<u>169,569</u>
Operating expenses	5	(183,157)	(175,121)	(183,263)	(174,863)
Impairment	5&14	<u>0</u>	<u>(2,529)</u>	<u>0</u>	<u>(2,529)</u>
OPERATING (DEFICIT)		(10,207)	(7,920)	(9,955)	(7,823)
FINANCE COSTS					
Finance income	10	54	47	37	30
Finance expense	11	(229)	(208)	(229)	(208)
Public Dividend Capital dividends payable		<u>(1,611)</u>	<u>(1,864)</u>	<u>(1,611)</u>	<u>(1,864)</u>
NET FINANCE COSTS		(1,786)	(2,025)	(1,803)	(2,042)
Movement in fair value of investment property and other investments		19	9	0	0
Corporation tax credit/(charge)	12	9	(13)	0	0
(DEFICIT) FOR THE YEAR		(11,965)	(9,949)	(11,758)	(9,865)
Other comprehensive income					
Items that will not be reclassified to income or expenditure					
Gain/result from transfer by absorption from demising bodies		0	1	0	1
Revaluation losses and impairment losses property, plant and equipment	14	(382)	(8,976)	(382)	(8,976)
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		<u>(12,347)</u>	<u>(18,924)</u>	<u>(12,140)</u>	<u>(18,840)</u>
ALLOCATION OF (LOSSES) FOR THE YEAR					
		2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
(a) Surplus for the year attributable to:					
(i) owners of the parent		(11,965)	(9,949)	(11,758)	(9,865)
TOTAL		<u>(11,965)</u>	<u>(9,949)</u>	<u>(11,758)</u>	<u>(9,865)</u>
(b) total comprehensive income for the year attributable to:					
(i) owners of the parent		(12,347)	(18,924)	(12,140)	(18,840)
TOTAL		<u>(12,347)</u>	<u>(18,924)</u>	<u>(12,140)</u>	<u>(18,840)</u>

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 2015

		31 March 2015	31 March 2014	31 March 2015	31 March 2014
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
NON CURRENT ASSETS					
Intangible assets	13	1,783	1,484	1,772	1,469
Property, plant and equipment	14	68,184	70,543	68,085	70,420
Investments in subsidiaries	15.1	0	0	500	500
Other Investments	15.2	454	514	0	0
Trade and other receivables	17	772	730	772	730
TOTAL NON CURRENT ASSETS		71,193	73,271	71,129	73,119
CURRENT ASSETS					
Inventories	16	1,466	1,568	1,272	1,379
Trade and other receivables	17	9,318	6,936	9,230	6,882
Cash and cash equivalents	18	5,837	2,821	5,700	2,527
Total current assets		16,621	11,325	16,202	10,788
CURRENT LIABILITIES					
Trade and other payables	19	(19,621)	(26,206)	(19,458)	(26,044)
Borrowings	20	(716)	(181)	(716)	(181)
Provisions	23	(481)	(669)	(481)	(669)
Other liabilities	21	(1,033)	(545)	(1,033)	(545)
Total current liabilities		(21,851)	(27,601)	(21,688)	(27,439)
TOTAL ASSETS LESS CURRENT LIABILITIES		65,963	56,995	65,643	56,468
NON CURRENT LIABILITIES					
Borrowings	20	(21,336)	(529)	(21,336)	(529)
Provisions	23	(453)	(297)	(453)	(297)
TOTAL NON CURRENT LIABILITIES		(21,789)	(826)	(21,789)	(826)
TOTAL ASSETS EMPLOYED		44,174	56,169	43,854	55,642
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		46,955	46,603	46,955	46,603
Revaluation reserve	24	3,889	4,271	3,889	4,271
Income and expenditure reserve		(7,110)	4,690	(6,990)	4,768
OTHERS' EQUITY					
Charitable reserves	15.1	440	605	0	0
TOTAL TAXPAYERS' EQUITY		44,174	56,169	43,854	55,642

The financial statements on pages 1 to 39 were approved by the Board on 26 May 2015 and signed on its behalf by:

Signed:  (Chief Executive)

Date:27 May 2015.....

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>2014/15</u>	£000	£000	£000	£000	£000
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 loss and impairment loss 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)	0	0	0	(16,880)
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	346	(346)	0
Total taxpayers' and others' equity	46,955	3,889	(7,110)	440	44,174
Prior year : 2013/14					
Taxpayers' Equity at 1 April 2013	45,855	15,830	11,942	718	74,345
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(10,152)	203	(9,949)
Transfer by Modified absorption: results/gains on 1 April transfers from demising bodies	0	0	1	0	1
Transfers between reserves regarding impairment	0	(2,529)	2,529	0	0
Revaluation loss and impairment loss property, plant and equipment	0	(8,976)	0	0	(8,976)
Transfers to the income and expenditure reserve in respect of assets disposed of	0	(54)	54	0	0
Public Dividend Capital Received	748	0	0	0	748
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	316	(316)	0
Total taxpayers' and others' equity	46,603	4,271	4,690	605	56,169

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>2014/15</u>	£000	£000	£000	£000
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 loss and impairment loss 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
<u>Prior year : 2013/14</u>				
Taxpayers' Equity at 1 April 2013	45,855	15,830	12,049	73,734
Total Comprehensive Income for the year				
Deficit for the year	0	0	(9,865)	(9,865)
Transfer by Modified absorption: Results/gains on 1 April transfers from demising bodies	0	0	1	1
Transfers between reserves regarding impairment	0	(2,529)	2,529	0
Revaluation loss and impairment loss property, plant and equipment	0	(8,976)	0	(8,976)
Transfers to the income and expenditure reserve in respect of assets disposed of	0	(54)	54	0
Public Dividend Capital Received	748	0	0	748
Taxpayers' Equity at 31 March 2014	46,603	4,271	4,768	55,642

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 2015

		2014/15	2013/14	2014/15	2013/14
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
Cash flows from operating activities					
Operating (deficit)		(10,207)	(7,920)	(9,955)	(7,823)
Non-cash income and expenses					
Depreciation and amortisation		5,734	6,371	5,706	6,343
Impairments	14	0	2,529	0	2,529
Result/Gain on disposal		25	0	25	0
Amortisation of PFI credit		(29)	(29)	(29)	(29)
(Increase) in Trade and Other Receivables		(2,680)	(1,517)	(2,643)	(1,324)
Decrease in Inventories		102	220	107	250
Increase/(Decrease) in Trade and other Payables		(3,755)	10,691	(3,992)	10,602
(Decrease)/Increase in other liabilities		517	(5,284)	517	(5,284)
(Increase) in Provisions		(32)	(814)	(32)	(814)
Tax received/(paid) - deferred tax	12	9	(13)	0	0
NHS Charitable Funds working capital movements		10	26	0	0
NET CASH (OUTFLOW)/ INFLOW FROM OPERATING ACTIVITIES		(10,306)	4,260	(10,296)	4,450
Cash flows from investing activities					
Interest received	10	37	30	37	30
Purchase of intangible assets		(993)	(1,055)	(993)	(254)
Purchase of Property, Plant and Equipment		(5,908)	(15,781)	(5,682)	(16,498)
NHS Charitable funds - net cash flows from investing activities		79	3	0	0
Net cash inflow/(outflow) from investing activities		(6,785)	(16,803)	(6,638)	(16,722)
Cash flows from financing activities					
Public dividend capital received		17,232	748	17,232	748
Public dividend capital repaid		(16,880)	0	(16,880)	0
Loans received from the Department of Health		21,222	0	21,222	0
Capital element of Private Finance Initiative Obligations		(206)	(180)	(206)	(180)
Interest paid		(7)	0	(7)	0
Interest element of Private Finance Initiative Obligations		(222)	(208)	(222)	(208)
PDC Dividend paid		(1,358)	(2,296)	(1,358)	(2,296)
Net cash outflow from financing activities		19,781	(1,936)	19,781	(1,936)
Increase/(Decrease) in cash and cash equivalents	18	2,690	(14,479)	2,847	(14,208)
Cash and Cash equivalents at 1 April	18	2,821	17,300	2,527	16,735
Cash and Cash equivalents at 31 March	18	5,511	2,821	5,374	2,527
Cash and cash equivalents	18	5,837	2,821	5,700	2,527
Bank overdraft (included in borrowings)	20	(326)	0	(326)	0
Cash and cash equivalents per cashflow		5,511	2,821	5,374	2,527

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

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 incurred an operating deficit in the year of £11,758,000 (for 2013/14 : £7,336,000 (£9,865,000 deficit adjusted for the impact of a £2.529m impairment)) and is forecasting a further significant operating deficit in 2015/16. The Trust's operating and cash flow forecasts have identified the need for continued 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.

Recovery plans were put in place in the year to enable the continuity of services and distress funding was received in the short term to ensure that liabilities could be met and services provided. The Trust presented its financial recovery plan to Monitor in the year which indicated a planned deficit for 2014/15 and 2015/16 and consequent significant cash funding requirements to enable the Trust to meet its liabilities and to continue the provision of services. At the point of finalising these financial statements we note the following:

1. The plan for 2014/15 as submitted to Monitor in the year was achieved; and
- 2 The Trust still requires significant external cash funding. Applications for funding will continue, the total level of funding required and to be received is as yet uncertain. To date the Trust has received distress funding of £21.2m to 31 March 15. Further details of funding in the financial year are as disclosed on Page 3 and in note 20 of the Financial Statements.

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 2014/15 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 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.

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.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK GAAP) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

Prior to 2013/14, the FT ARM permitted the Trust not to consolidate the charitable fund. From 2013/14, the Trust has consolidated the charitable fund and has applied this as a change in accounting policy.

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 UK Generally Accepted Accounting Principles (UK GAAP).

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.

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:

- 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 17 to 80 years
- Plant and machinery 1 to 15 years
- Transport and Equipment 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. The District Valuer (an external body to the Trust) considers that the remaining lives of the Buildings and Dwellings is ranged between 17 and 31 years based on type of asset.

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 fair value. Revaluations and impairments of intangible assets are recognised and accounted for in the same manner as that for property, plant and equipment.

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.

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 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 ongoing 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.

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 Accounting policies and other information (continued)

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 2014/15.

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 2014/15 (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 13 'Fair value measurement'

Adoption delayed by HM Treasury. To be adopted from 2015/16.

IFRS 9, 'Financial instruments'

Not yet EU adopted. Expected to be effective from 2018/19.

IFRS 15 'Revenue from contracts with customers'

Not yet EU adopted. Expected to be effective from 2017/18

IAS 36 (amendment)

Recoverable amount disclosures May 2013 to be adopted from 2015/16 (aligned to IFRS 13 adoption)

Annual Improvements 2012

Effective from 2015/16 but not yet EU adopted

Annual Improvements 2013

Effective from 2015/16 but not yet EU adopted

IAS 19 (amendment) - employer contributions to defined benefit pension schemes

Effective date from 2015/16 but not yet EU adopted

IFRIC 21 Levies

EU adopted in June 2014 but not yet adopted by HM Treasury

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 2014/15, 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 2015, 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

3.1 Income from activities comprises	2014/15	2013/14	2014/15	2013/14
	Group £000	Group £000	Trust £000	Trust £000
Foundation Trusts	28	46	28	46
NHS Trusts	22	22	22	22
CCGs and NHS England	147,764	144,798	147,764	144,798
NHS Other	160	21	160	21
Non NHS:				
- Local Authorities	1,193	1,250	1,193	1,250
- Private Patients	6	9	6	9
- NHS Injury Scheme*	1,024	994	1,024	994
- Other	26	24	26	24
	<u>150,223</u>	<u>147,164</u>	<u>150,223</u>	<u>147,164</u>

*NHS injury scheme income is subject to a provision for doubtful debts of 18.9% (2013/14 15.8%) to reflect expected rates of collection.

3.2 Analysis of income from activities	2014/15	2013/14	2014/15	2013/14
	£000	£000	£000	£000
Inpatient - elective	23,801	25,578	23,801	25,578
Inpatient - non elective	51,608	49,101	51,608	49,101
Outpatient income	24,146	24,903	24,146	24,903
Other activity income	42,041	40,393	42,041	40,393
A & E income	7,424	7,180	7,424	7,180
Private Patient Income	6	9	6	9
Other clinical income	1,197	0	1,197	0
Income from activities	<u>150,223</u>	<u>147,164</u>	<u>150,223</u>	<u>147,164</u>

Income from Commissioner Requested Services CRS and Income from non- Commissioner Requested Services (non-CRS)

Commissioner Requested Services CRS	147,764	144,798	147,764	144,798
non- Commissioner Requested Services (non-CRS)	25,186	24,932	25,544	24,771
TOTAL/comparative	<u>172,950</u>	<u>169,730</u>	<u>173,308</u>	<u>169,569</u>

4. Other Operating Income	Group		Trust	
	2014/15	2013/14	2014/15	2013/14
	£000	£000	£000	£000
Research and Development	902	955	902	955
Education and Training	4,685	4,224	4,685	4,224
Charitable and other contributions to expenditure	44	35	44	35
Amortisation of PFI Main scheme - deferred credit	29	29	29	29
Non-patient care services to other bodies	276	704	276	704
Other income*	16,642	16,438	17,149	16,458
NHS Charitable Funds - Income	149	181	0	0
	<u>22,727</u>	<u>22,566</u>	<u>23,085</u>	<u>22,405</u>

* Further details of 'other income' are as follows:

Car parking	1,114	934	1,114	934
Estates recharges	574	123	574	123
IT recharges	0	371	0	371
Pharmacy sales	81	8	81	8
Staff accommodation rentals	0	173	0	173
Clinical tests	477	228	477	228
Clinical excellence awards	146	0	146	0
Property rentals	18	96	18	96
Community Paediatrics	23	113	23	113
Cytotoxic Drugs Recharge	778	560	778	560
Musculo Skeletal Services	257	153	257	153
Neurology Recharge	170	143	170	143
Occupational Health Recharge	171	146	171	146
Oncology Recharge	0	206	0	206
Renal Satellite Unit Recharge	142	142	142	142
Rotherham Ophthalmology	2,734	2,472	2,734	2,472
Voluntary Services Income	237	217	237	217
Waiting List Initiatives Clinic	307	144	307	144
Funding to Support the Wider Development of A & E	0	226	0	226
Transformation	0	715	0	715
Electronic Patient Records/PAS	3,577	0	3,577	0
Miscellaneous items Note 1	5,836	9,268	6,343	9,288
	<u>16,642</u>	<u>16,438</u>	<u>17,149</u>	<u>16,458</u>

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 with other miscellaneous / adhoc items.

5. Operating expenses**5.1 Operating expenses comprise:**

	Group	Group	Trust	Trust
	2014/15	2013/14	2014/15	2013/14
	£000	£000	£000	£000
Services from NHS Foundation Trusts	2,086	1,741	2,086	1,741
Services from other NHS Trusts	249	168	249	168
Services from CCGs and NHS England	0	(35)	0	(35)
Services from other NHS Bodies	26	3	26	3
Purchase of healthcare from non NHS bodies	1,878	1,650	1,878	1,650
Executive Directors' costs Note 1	1,099	745	1,099	745
Non Executive Directors' costs Note 1	101	133	101	133
Staff costs	119,348	114,942	119,348	114,942
Drugs	13,309	11,337	13,824	11,337
Supplies and services - clinical	13,449	14,297	13,449	14,297
Supplies and services - general	6,523	6,557	6,523	6,557
Establishment	2,249	3,083	2,249	3,083
Research and Development	138	178	138	178
Premises - business rates payable to local authorities	612	0	612	589
Premises	5,043	5,749	5,043	5,160
Rentals under operating leases Plant and Machinery	664	668	664	668
Increase in bad debt provision	64	50	64	50
Depreciation on property, plant and equipment Note 2	5,167	5,917	5,143	5,893
Amortisation on intangible assets	567	454	563	450
Impairments on property plant and equipment	0	2,529	0	2,529
Audit services - statutory audit Note 3.1	61	76	54	80
Audit fees for Charitable Funds	4	4	0	0
Other auditor's remuneration - further assurance services Note 3.2	20	10	20	10
Clinical negligence	6,513	5,214	6,513	5,214
Loss on disposal of other property, plant and equipment	25	0	25	0
Legal Fees	287	243	287	243
Consultancy Costs	1,964	380	1,964	380
Car parking and security	353	0	353	0
Redundancy (not included in employee expenses)	221	0	221	0
Hospitality	28	0	28	0
Losses, ex gratia and special payments	502	321	502	321
Other	607	1,236	237	1,006
	183,157	177,650	183,263	177,392

Note 1 - As required by the Companies Act 2006, further disclosures of Directors' remuneration and other benefits are detailed in note 28 (page 35) 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 £63,902 (2013/14 £80,958) 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 £7,918 inclusive of VAT (2013/14 - £ 7,800). The audit fee for Barnsley Hospital Charity was £4,525 (2013/14 - £4,458) inclusive of VAT.

Note 3.2 - Other auditors' remuneration - further assurance services

	Group	Group	Trust	Trust
	2014/15	2013/14	2014/15	2013/14
	£000	£000	£000	£000
CQC preparation	10	0	10	0
Quality accounts review costs in line with the audit code	10	10	10	10
	20	10	20	10

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 2014/15 £000	Plant and Machinery £000	Other £000	2013/14 £000
Minimum lease payments	<u>664</u>	<u>664</u>	<u>0</u>	<u>668</u>

5.2/2 Total future minimum lease payments

Total future minimum lease payments	2014/15 £000	Plant and Machinery £000	Other £000	2013/14 £000
No later than one year.	663	663	0	663
Later than one year and no later than five years.	663	663	0	1,325
Later than five years.	0	0	0	0
	<u>1,326</u>	<u>1,326</u>	<u>0</u>	<u>1,988</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

	Group and Trust			2013/14
	Total	Permanently	Other	
	2014/15	Employed		
	£000	£000	£000	£000
Salaries and wages	94,757	89,365	5,392	91,243
Social Security Costs	7,144	7,144	0	6,444
Employer contributions to NHSPA	10,575	10,575	0	10,223
Pension Cost NEST	4	0	4	2
Agency/Contract Staff	7,967	0	7,967	7,775
	<u>120,447</u>	<u>107,084</u>	<u>13,363</u>	<u>115,687</u>

In the year ended 31 March 2015, £Nil of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2014 - £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			2013/14
	Total	Permanently	Other	
	2014/15	Employed		
	Number	Number	Number	Number
Medical and dental	290	290	0	292
Administration and estates	626	626	0	591
Healthcare assistants and other support staff	236	236	0	223
Nursing, midwifery and health visiting staff	996	996	0	999
Scientific, therapeutic and technical staff	450	450	0	443
Agency and contract staff	40	0	40	65
Bank staff	73	0	73	90
Total	<u>2,711</u>	<u>2,598</u>	<u>113</u>	<u>2,703</u>

Within Medical and Dental staff numbers are 74.84 whole time equivalent (WTE) recharges from other NHS Trusts, at cost of £5,222,301 (76.93 WTE at a cost of £5,287,385 in 2013/14), 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 2014/15 (2013/14 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	
	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14
£0 to £10,000	0	(0)	3	(0)	3	(0)
£10,001 - £25,000	0	(0)	6	(0)	6	(0)
£25,001 - £50,000	0	(0)	4	(0)	4	(0)
£150,001-£200,000	0	(1)	1	(0)	1	(1)
Total number of exit packages by type	<u>0</u>	<u>(1)</u>	<u>14</u>	<u>(0)</u>	<u>14</u>	<u>(1)</u>
Total cost £' 000s	<u>0</u>	<u>(180)</u>	<u>297</u>	<u>(0)</u>	<u>297</u>	<u>(180)</u>

Exit Packages : Other (non compulsory) departure payments 2014/15

	Payments Agreed	Total value of Agreements
	Total 2014/15 £000	Total 2014/15 £000
Voluntary redundancies including early retirement contractual costs	1	3
Mutually agreed resignations (MARS) contractual costs	13	294
Total cost £' 000s	<u>14</u>	<u>297</u>

6. Staff costs and numbers (continued)**6.4 Retirements due to ill-health**

During the year there were no early retirements (3 in 2013/14) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements is £Nil (£125,943 in 2013/14). 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 (2013/14 - £1,000,000).

9. Loss on Disposal of property plant and equipment

Group and Trust	Group 2014/15 £000	Group 2013/14 £000	Trust 2014/15 £000	Trust 2013/14 £000
Result on disposal of other property plant and equipment	<u>25</u>	<u>0</u>	<u>25</u>	<u>0</u>
	<u>25</u>	<u>0</u>	<u>25</u>	<u>0</u>

10. Finance Income

Group and Trust	Group 2014/15 £000	Group 2013/14 £000	Trust 2014/15 £000	Trust 2013/14 £000
Interest on bank accounts	37	30	37	30
NHS Charitable funds: investment income	<u>17</u>	<u>17</u>	<u>0</u>	<u>0</u>
	<u>54</u>	<u>47</u>	<u>37</u>	<u>30</u>

11. Finance expense

Group and Trust	2014/15 £000	2013/14 £000
Finance Costs in PFI obligations		
Capital loans from the Department of Health	(1)	0
Working capital loans from the Department of Health	(6)	0
Main Finance Costs	(90)	(84)
Contingent Finance Costs	<u>(132)</u>	<u>(124)</u>
	<u>(229)</u>	<u>(208)</u>

12 Corporation tax (credit)/charge

Group	Group 2014/15 £000	Group 2013/14 £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	(9)	13
Total deferred tax	<u>(9)</u>	<u>13</u>

Total per consolidated statement of comprehensive income	<u>(9)</u>	<u>13</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:

	2014/15 £000	2013/14 £000
(Deficit) for the year from continuing activities.	<u>(11,974)</u>	<u>(9,936)</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	21.00%	23.00%
Tax if effective tax rate charged on surpluses before tax	(2,519)	(2,287)

Effects of

Surpluses not subject to tax	2,508	2,297
Changes in tax rates	1	(1)
Non-deductible expenses	0	4
Adjustment in respect of prior years	1	0
Tax (credit)/charge for the year	<u>(9)</u>	<u>13</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 2014/15 (Trust figures not disclosed as no material difference)**

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 2015	4,938	0	4,938
Net book value			
- Purchased at 1 April 2014	1,475	0	1,475
- Donated at 1 April 2014	9	0	9
- Total at 1 April 2014	1,484	0	1,484
- Purchased at 31 March 2015	1,590	184	1,774
- Donated at 31 March 2015	9	0	9
- Total at 31 March 2015	1,599	184	1,783
Prior year 2013/14:			
	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2013	4,870	57	4,927
Additions purchased	842	86	928
Reclassifications	143	(143)	0
Gross cost at 31 March 2014	5,855	0	5,855
Accumulated amortisation at 1 April 2013	3,917	0	3,917
Provided during the year	454	0	454
Accumulated amortisation at 31 March 2014	4,371	0	4,371
Net book value			
- Purchased at 1 April 2013	928	57	985
- Donated at 1 April 2013	25	0	25
- Total at 1 April 2013	953	57	1,010
- Purchased at 31 March 2014	1,475	0	1,475
- Donated at 31 March 2014	9	0	9
- Total at 31 March 2014	1,484	0	1,484

14. Property, plant and equipment

14.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

GROUP 2014/15 (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 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 2	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 Note 2	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

Note 2

Effective date of revaluation was 31 March 2015 and the revaluation was completed by an independent valuer (being the District Valuation Office). Valuations have been undertaken having regard to International Financial Reporting Standards as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and the requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards. Revaluation model set out on IAS 16 has been used to value the capital assets to fair value. Fair value is defined as the amount for which the asset could be exchanged between knowledgeable, willing parties in an arms length transaction. The fair value of land and buildings is usually determined from market-based evidence by appraisal undertaken by professionally qualified valuers. Existing Use Value was used for Land and Depreciation Replacement Cost for buildings and externals. Land has been valued assuming the benefit of planning permission for development for a use, or range of uses, prevailing to the vicinity of the site. The buildings as qualified as specialized operational assets, and therefore fall to be assessed using the Depreciated Replacement Cost approach, have been valued on a modern equivalent asset basis.

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.

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)****2013/14:**

	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 2013	4,100	54,928	3,651	25,847	70	3,875	785	93,256
Additions - purchased	0	7,616	6,971	3,122	0	372	0	18,081
Impairments Note 1	0	(2,529)	0	0	0	0	0	(2,529)
Reclassifications	0	6,353	(7,290)	469	0	468	0	0
Revaluation Note 2	0	(11,991)	0	0	0	0	0	(11,991)
Disposals	0	0	0	(908)	0	0	0	(908)
At 31 March 2014	4,100	54,377	3,332	28,530	70	4,715	785	95,909
Accumulated depreciation at 1 April 2013	0	149	0	19,873	30	2,705	615	23,372
Provided during the year	0	3,018	0	2,328	10	517	44	5,917
Revaluation Note 1	0	(3,015)	0	0	0	0	0	(3,015)
Disposals	0	0	0	(908)	0	0	0	(908)
Accumulated depreciation at 31 March 2014	0	152	0	21,293	40	3,222	659	25,366
Net book value								
- Purchased at 1 April 2013	4,100	54,040	3,651	5,247	0	1,151	113	68,302
- Government Granted as at 31 March 2014	0	302	0	248	40	11	0	601
- Donated at 1 April 2013	0	437	0	479	0	8	57	981
Revised Total at 1 April 2013	4,100	54,779	3,651	5,974	40	1,170	170	69,884
- Purchased at 31 March 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 31 March 2014	0	318	0	299	0	0	0	617
Total at 31 March 2014	4,100	54,225	3,332	7,237	30	1,493	126	70,543

Note 1

Impairment cost of £2,528,557 was a consequence of the Trust decision to reduce the hospital footprint which resulted in a lower valuation.

Note 2

Effective date of revaluation was 31 March 2014 and the revaluation was completed by an independent valuer (being the District Valuation Office). Valuations have been undertaken having regard to International Financial Reporting Standards as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and the requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards. Revaluation model set out on IAS 16 has been used to value the capital assets to fair value. Fair value is defined as the amount for which the asset could be exchanged between knowledgeable, willing parties in an arms length transaction. The fair value of land and buildings is usually determined from market-based evidence by appraisal undertaken by professionally qualified valuers. Existing Use Value was used for Land and Depreciation Replacement Cost for buildings and externals. Land has been valued assuming the benefit of planning permission for development for a use, or range of uses, prevailing to the vicinity of the site. The buildings as qualified as specialized operational assets, and therefore fall to be assessed using the Depreciated Replacement Cost approach, have been valued on a modern equivalent asset basis.

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 2015 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**

	2014/15				2013/14			
	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	149	0	0	149	181	0	0	181
- with Barnsley Hospital NHS Foundation Trust	(220)	(126)	346	0	(409)	93	316	0
- audit fee (payable to the external auditor)	(4)	0	0	(4)	(4)	0	0	(4)
Total operating expenditure	(224)	(126)	346	(4)	(413)	93	316	(4)
Incoming Resources: investment income	17	0	0	17	17	0	0	17
Net (outgoing) / incoming resources before other recognised gains and losses	(58)	(126)	346	162	(215)	93	316	194
Fair value movements on investment properties and other investments	19	0	0	19	9	0	0	9
Net movement in funds	(39)	(126)	346	181	(206)	93	316	203

(ii) Balance Sheet

	31 March 2015				31 March 2014			
	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	454	0	0	454	514	0	0	514
Total non-current assets	454	0	0	454	514	0	0	514
Current assets								
Trade and other receivables	24	0	(16)	8	11	0	0	11
Cash and cash equivalents	84	0	0	84	207	0	0	207
Total current assets	108	0	(16)	92	218	0	0	218
Current liabilities								
Trade and other payables	207	(85)	(24)	98	250	(123)	(19)	108
Total current liabilities	207	(85)	(24)	98	250	(123)	(19)	108
Creditors: amounts falling due after more than 1 year	102	(102)	0	0	190	(190)	0	0
Net assets	253	187	8	448	292	313	19	624
Funds of the charity								
Restricted funds:	100	0	0	100	111	0	0	111
Unrestricted income funds	153	187	0	340	181	313	0	494
Total Charitable Funds	253	187	0	440	292	313	0	605

Restricted Funds

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor.

As at 31 March 2015, 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. Edward Walter Woodcock Bequest - Orthopaedic Department - a bequest, to be used for the purchase of equipment or for any other purposes as they shall deem fit.
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.

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.

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 2015	31 March 2014
	£000	£000
Current Assets	868	608
Current Liabilities	(599)	(319)
Total Current Net Assets	269	289
Non- current assets	111	138
Non- current liabilities	0	0
Total Non-Current Net Assets	111	138
Provision for liabilities	0	(5)
Net Assets	380	422
Gross assets	979	746
Summarised Profit and Loss Account	2014/15	2013/14
	£000	£000
Revenue	3,499	2,118
Expenses	(3,550)	(2,076)
Corporation Tax	9	(13)
Post tax profit from continuing operations	(42)	29
Total comprehensive income	(42)	29

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
	2014/15	2013/14
	£' 000	£' 000
Carrying value at beginning of year	514	508
Acquisitions in year - other	43	69
Movement in fair value - revaluation	19	9
Disposal	(122)	(72)
Carrying value at end of year	454	514

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 2015	<u>GROUP</u> 31 March 2014	<u>TRUST</u> 31 March 2015	<u>TRUST</u> 31 March 2014
	£000	£000	£000	£000
Raw materials and consumables	1,466	1,568	1,272	1,379
TOTAL	<u>1,466</u>	<u>1,568</u>	<u>1,272</u>	<u>1,379</u>

The Group and Parent held consignment stock of £999,541 not recognised in the accounts as at 31 March 2015, (£653,141 at 31 March 2014)

16.2 Inventories recognised in expenses

<u>GROUP AND TRUST</u>	31 March 2015	31 March 2014
	£000	£000
Inventories recognised as an expense in the year	<u>10,734</u>	<u>10,570</u>
	<u>10,734</u>	<u>10,570</u>

17. Trade and other receivables

	<u>GROUP</u> 31 March 2015	<u>GROUP</u> 31 March 2014	<u>TRUST</u> 31 March 2015	<u>TRUST</u> 31 March 2014
	£000	£000	£000	£000
Non current assets				
Other receivables	772	730	772	730
Current assets				
NHS receivables	6,018	4,333	6,018	4,333
Receivable due from subsidiary company	0	0	54	33
Prepayments	558	400	558	400
PDC Dividend Receivable	89	342	89	342
Value Added Tax receivable	436	399	436	314
Other receivables	2,637	1,819	2,483	1,809
Deferred tax asset (refer note 19)	4	0	0	0
NHS Charitable Funds - trade and other	8	11	24	19
Provision for impaired receivables	(432)	(368)	(432)	(368)
Sub Total	<u>9,318</u>	<u>6,936</u>	<u>9,230</u>	<u>6,882</u>
TOTAL trade and other receivables	<u>10,090</u>	<u>7,666</u>	<u>10,002</u>	<u>7,612</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 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
Up to 3 months	1,055	1,275	1,055	299
In 3 to 6 months	125	180	125	71
Over six months	288	257	288	209
	<u>1,468</u>	<u>1,712</u>	<u>1,468</u>	<u>579</u>
Provision for impairment of receivables	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
Balance at 1 April	368	318	368	318
Increase in provision	64	50	64	50
Amount utilised	0	0	0	0
Balance at 31 March	<u>432</u>	<u>368</u>	<u>432</u>	<u>368</u>

18. Cash and cash equivalents

	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
At 1 April	2,821	17,300	2,527	16,735
Net change in year	3,016	(14,479)	3,173	(14,208)
At 31 March	<u>5,837</u>	<u>2,821</u>	<u>5,700</u>	<u>2,527</u>
Made up of:				
Cash at commercial banks and in hand	142	447	5	154
Cash with Government Banking Service	5,695	2,374	5,695	2,373
Cash and cash equivalents as in statement of financial position	<u>5,837</u>	<u>2,821</u>	<u>5,700</u>	<u>2,527</u>

The Trust has a working capital facility with a commercial bank for £Nil (As at 31 March 2014 - £11,500,000) - refer note 1.1 (page 6) for further details.

The Trust and Group cash balances are held with Citibank 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 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
Current				
NHS payables	2,065	3,091	2,065	3,091
Amount due to subsidiary company	0	0	463	237
Amounts due to other related parties - revenue	1,538	1,442	1,538	1,442
Trade payables - capital	2,141	4,961	2,141	4,961
Other trade payables revenue	4,241	7,674	4,241	7,674
Social security costs	2,247	2,108	2,247	2,108
Value Added Tax payable	40	32	40	32
Deferred taxation Note 1	0	4	0	0
Other payables	634	1,562	90	1,266
NHS Charitable Funds	98	108	16	0
Accruals	6,617	5,224	6,617	5,233
	<u>19,621</u>	<u>26,206</u>	<u>19,458</u>	<u>26,044</u>

Note 1

	<u>GROUP</u>
	31 March 2014
	£000
Movement in deferred tax liability/(asset)	
At beginning of year	(9)
Charge/(credit) to the profit and loss account during the year	13
At end of the year	<u>4</u>

For 2014/15 deferred tax is 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 2015	31 March 2014
	£000	£000
Current liabilities		
Bank overdrafts	326	0
Capital loans from Department of Health Note 1	181	0
Working capital loans from Department of Health Note 2	6	0
Obligations under Private Finance Initiative contracts	203	181
Total Other Current Liabilities	<u>716</u>	<u>181</u>
Non-current liabilities		
Capital loans from Department of Health Note 1	2,526	0
Working capital loans from Department of Health Note 2	18,509	0
Obligations under Private Finance Initiative contracts	301	529
Total Other Non-current Liabilities	<u>21,336</u>	<u>529</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

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.

21. Other liabilities

	<u>GROUP AND TRUST</u>	<u>GROUP AND TRUST</u>
	31 March 2015	31 March 2014
	£000	£000
Current liabilities		
Deferred income	974	723
Deferred PFI credits	59	(178)
Total Other Current Liabilities	<u>1,033</u>	<u>545</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 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 2015	31 March 2014
	£000	£000
Gross PFI liabilities		
Minimum lease payments		
of which liabilities are due:		
- not later than one year;	264	230
- later than one year, not later than five years	326	615
	<u>590</u>	<u>845</u>
- Less : interest element	(86)	(135)
	<u>504</u>	<u>710</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 £1,812,000 (for year ended 31 March 2014 £1,532,000).
Deferred income of £29,000 was credited to income during the year (for year ended 31 March 2014 £29,000) and the balance remaining at the year end is £59,437 (for the year ended 31 March 2014 £ 88,437).

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 2015	31 March 2014
	£000	£000
Gross PFI liabilities		
of which liabilities are due:		
- not later than one year;	203	181
- later than one year and not later than five years;	301	529
	<u>504</u>	<u>710</u>

The net book value of the PFI assets are £1,517,000 (as at 31 March 2014 - £1,494,000) as stated in buildings excluding dwellings Note 14.

The Trust had no PFI schemes off the Statement of Financial position.

23. Provisions

	<u>GROUP AND TRUST</u>		<u>GROUP AND TRUST</u>		
			31 March 2015 £000	31 March 2014 £000	
Non current					
Pensions relating to other staff			436	297	
Other legal claims			17	0	
Other			0	0	
Total			453	297	
			31 March 2015 £000	31 March 2014 £000	
Current					
Pensions relating to other staff			41	25	
Other legal claims			364	170	
Redundancy			76	0	
Other			0	474	
Total			481	669	
			Redundancy	Pensions relating to other staff	Legal claims
					Other
Totals	£000	£000	£000	£000	£000
At 1 April 2014	966	0	322	170	474
Arising during the year	634	76	189	369	0
Utilised during the year accruals	(107)	0	(22)	(85)	0
Reversed during the year	(559)	0	(12)	(73)	(474)
At 31 March 2015	934	76	477	381	0
Expected timing of cashflows:					
Current : Within one year	481	76	41	364	0
Non current :					
Between one and five years	148	0	148	0	0
After five years	305	0	288	17	0

The above provision does not include £69,206,471 (£48,125,558 in 2013/14) included in the accounts of the NHS Litigation Authority as at 31 March 2015 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>	Total Revaluation Reserve	Revaluation Reserve Intangibles	Revaluation Reserve Property Plant and Equipment
<u>2014/15</u>	£000	£000	£000
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
Prior year : 2013/14			
Revaluation reserve at 1 April 2013	15,830	130	15,700
Transfer to Income and Expenditure Reserve re assets disposed of	(54)	0	(54)
Transfer to I and E reserve for Impairment	(2,529)	0	(2,529)
Revaluation (losses)/results and impairment losses property, plant and equipment	(8,976)	0	(8,976)
Revaluation reserve at 31 March 2014	4,271	130	4,141

25. Commitments**(i) Contractual Capital Commitments**

Commitments under capital expenditure contracts at the Statement of Financial Position date were £587,000. (2013/14 £1,115,000) for the Group and the Trust. The main capital schemes were:

Property, Plant and Equipment - total £491,000 (2013/14 £1,105,000)

- * £1,000 - Maternity Birthing Unit
- * £4,000 - O Block
- * £190,000 - Electrical Infrastructure
- * £19,000 - Escape Lighting
- * £7,000 - Asbestos Enabling
- * £2,000 - Day Case Chiller
- * £1,000 - Pathology Autoclave
- * £8,000 - Assistive Technology
- * £2,000 - Trust HQ
- * £21,000 - Ward 33/34 refurbishment
- * £1,000 - Electronic Patient Record
- * £5,000 - Replace Wireless AP's
- * £3,000 - Right Care Barnsley
- * £137,000 - RFID (Radio - Frequency Identification) Case Note Tracking
- * £90,000 - Drug Cabinets

Intangible Assets - total £96,000 (2013/14 £10,000)

- * £12,000 - Electronic Patient Record
- * £33,000 - Colposcopy Database
- * £51,000 - RFID Case Note Tracking

(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 2014 as follows, analysed by the period during which the payment is made:

	31 March 2015	31 March 2014
	£000	£000
not later than 1 year	9,420	9,521
after 1 year and not later than 5 years	9,706	15,696
paid thereafter	0	44
	<u>19,126</u>	<u>25,261</u>

26. Events after the reporting date

There have been no events after the reporting period.

27. Contingent Liabilities

	31 March 2015	31 March 2014
	£000	£000
NHS Litigation Authority legal claims Note 1	(87)	(104)
Holiday pay overtime	(33)	0
Net value of contingent liability	<u>(120)</u>	<u>(104)</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 2015, 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 2015, 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	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
Whole of Government Accounts ("WGA") Related Parties				
Sheffield Teaching Hospitals NHS Foundation Trust	1,992	2,091	5,029	5,089
The Rotherham NHS Foundation Trust	5,599	3,918	463	303
Bradford District Care NHS Trust	0	416	0	0
NHS Litigation Authority	0	0	6,539	5,214
Department of Health	2,893	362	0	0
Doncaster And Bassetlaw NHS Foundation Trust	20	20	522	534
Sheffield Childrens Hospital NHS Foundation Trust	62	116	1,138	1,048
Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust	0	9	0	0
Barnsley Metropolitan Borough Council	1,208	1,224	662	639
NHS Blood and Transport	0	44	817	825
South West Yorkshire Partnership NHS Foundation Trust	874	867	478	534
National Insurance Fund	0	0	7,144	0
NHS Pension Scheme	0	0	10,575	0
NHS Barnsley CCG	127,509	124,834	0	0
NHS Doncaster CCG	396	383	0	0
NHS Greater Huddersfield CCG	3,524	3,305	0	0
NHS Rotherham CCG	1,247	1,109	0	0
NHS Sheffield CCG	756	673	0	0
NHS Wakefield CCG	4,334	4,126	0	0
Health Education England	4,651	4,240	9	21
NHS England	11,700	15,811	3	(35)
Yorkshire Ambulance Service NHS Trust	0	1	0	1
Other	1,226	1,081	769	503
Total	<u>167,991</u>	<u>164,630</u>	<u>34,148</u>	<u>14,676</u>
Non - WGA Related Parties				
Task Finance Ltd	0	0	395	1
University of Leeds	27	0	18	3
Gary Francis Consultancy Ltd	0	0	19	0
Medipex	0	0	9	0
Capita Symonds	0	0	5	0
Darton College	5	2	0	0
Harrison Thompson	0	0	18	0
Total	<u>32</u>	<u>2</u>	<u>464</u>	<u>4</u>

	Amounts due from related party		Amounts due to related party	
	31 March 2015 £000	31 March 2014 £000	31 March 2015 £000	31 March £000
WGA Related Parties				
Sheffield Teaching Hospitals NHS Foundation Trust	407	399	1,146	1,882
The Rotherham NHS Foundation Trust	1,700	766	210	168
Bradford District Care NHS Trust	0	47	0	0
NHS Litigation Authority	0	0	0	2
NHS Barnsley	1,733	0	720	0
Department of Health	676	280	0	0
Department of Health (PDC Dividend)	89	342	0	0
Doncaster And Bassetlaw NHS Foundation Trust	11	0	130	229
Sheffield Childrens Hospital NHS Foundation Trust	34	5	588	396
Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust	0	7	0	0
Barnsley Metropolitan Borough Council	91	61	6	0
Northumbria Healthcare NHS Foundation Trust	0	0	835	0
NHS Blood and Transplant	0	0	235	197
South West Yorkshire Partnership NHS Foundation Trust	265	141	379	254
HM Revenue & Customs	436	0	40	1,046
National Insurance Fund	0	0	2,247	1,061
NHS Pension Scheme	0	0	1,537	1,436
NHS Barnsley CCG	0	2,298	0	0
NHS Greater Huddersfield CCG	167	0	0	155
NHS Rotherham CCG	176	0	0	72
NHS Sheffield CCG	126	0	0	64
NHS Wakefield CCG	0	0	0	316
Health Education England	0	7	0	8
NHS England	411	189	0	0
Other	428	1,351	955	286
Total	<u>6,750</u>	<u>5,893</u>	<u>9,028</u>	<u>7,572</u>
Non - WGA Related Parties				
Task Finance Ltd	0	0	0	0
Harrison Thomson Ltd	1	0	0	0
University of Leeds	17	0	0	0
Darton College	1	0	0	0
Total	<u>19</u>	<u>0</u>	<u>0</u>	<u>0</u>

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:

	2014/15 £000	2013/14 £000
Short-term employee benefits: directors remuneration		
- Executive Directors	1,040	674
- Non Executive Directors	101	133
	<u>1,141</u>	<u>807</u>
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive Directors	<u>59</u>	<u>71</u>
Aggregate of remuneration and other benefits receivable by the directors	<u>1,200</u>	<u>878</u>
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive Directors)	<u>5</u>	<u>6</u>

The highest paid director was remunerated in fees of £319,000 excluding VAT for the financial year. Separate pension payments are not made on behalf of the highest paid director.

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 2015	31 March 2014	31 March 2015	31 March 2014
	£000	£000	£000	£000
Receivables	8,663	6,183	8,583	6,140
Cash and cash equivalents	5,753	2,614	5,700	2,527
NHS Charitable Funds - Financial assets	92	218	0	0
Total	14,508	9,015	14,283	8,667

Receivables comprise trade and other receivables less prepayments. NHS Charitable funds - Financial assets consist of trade and other £8,000 note 17 (Page 30) and cash and cash equivalents of £84,000 note 15.1 (page 28)

Financial liabilities by category

Borrowings excluding financial lease and PFI liabilities	21,548	0	21,548	0
Payables	17,276	23,991	17,211	23,937
PFI Finance lease obligations	504	710	504	710
NHS Charitable Funds - Financial liabilities	98	108	0	0
Total	39,426	24,809	39,263	24,647

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	18,265	24,280	18,102	24,118
In more than one year but not more than two years	383	181	383	181
In more than two years but not more than five years	19,148	348	19,148	348
In more than five years	1,805	0	1,805	0
Total	39,426	24,809	39,263	24,647

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 £270 cash and cash equivalents at 31 March 2015 (£Nil as at 31 March 2014) 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	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	11,725	21,789
At 31 March 2015	9,318	772	19,621	21,789

	Current receivables	Non-current receivables	Current payables	Non-current payables
	£000	£000	£000	£000
Balances with other Central Government Bodies	1,126	0	3,772	0
Balances with NHS Trusts and Foundation Trusts	4,675	0	3,800	0
Balances with Local Government	92	0	0	0
Balances with bodies external to government	1,043	730	18,634	826
At 31 March 2014	6,936	730	26,206	826

32. Losses and Special Payments**GROUP AND TRUST****LOSSES:**

	2014/15	2014/15	2013/14	2013/14
	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	1	0	3	0
2. Bad debts and claims abandoned in relation to:				
a. other	1,162	214	1,180	158
3. Damage to buildings, property etc include store losses due to				
a. other	49	(1)	13	(6)
TOTAL LOSSES	1,212	213	1,196	152

SPECIAL PAYMENTS:

4. Ex gratia payments in respect of:

a. loss of personal effects	10	2	17	4
b. personal injury with advice	41	112	43	139
c. other negligence and injury	2	2	0	0
TOTAL SPECIAL PAYMENTS	53	116	60	143
TOTAL LOSSES AND SPECIAL PAYMENTS	1,265	329	1,256	295

33. Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the 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 the scheme liability is carried out annually by the scheme actuary 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 the scheme liability as at 31 March 2015, is based on the valuation data as 31 March 2014, updated to 31 March 2015 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, published annually. These accounts can be viewed on the NHS Pensions website. 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 scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set 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)

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

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.

Barnsley Hospital NHS Foundation Trust
Gawber Road
Barnsley
S75 2EP
Tel: 01226 730000
www.barnsleyhospital.nhs.uk