



**NHS**

**Barnsley Hospital**  
NHS Foundation Trust

# Annual Report and Accounts

1 April 2016 to 31 March 2017

 *Barnsley Hospital*  
**Quality in Care**



# **Barnsley Hospital NHS Foundation Trust**

## **Annual Report and Accounts**

**1 April 2016 to 31 March 2017**

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a)  
of the National Health Service Act 2006



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# Performance Report

**This section of the Annual Report provides information about Barnsley Hospital NHS Foundation Trust, our purpose, our objectives and risks and information on our performance during 2016-17**

## About Barnsley Hospital

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

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

The Trust's principal commissioner is Barnsley Clinical Commissioning Group (CCG), which is responsible for commissioning health services for the population of Barnsley. During 2016-17 the Trust cared for 412,833 patients (395,812 in 2015-16), saw 265,374 clinic appointments (244,101 in 2015-16) and treated 83,550 patients in the Emergency Department (81,592 in 2015-16).

Operationally, there are three Clinical Business Units (CBUs) and a Corporate Services Unit. Each CBU is led by a team made up of a Clinical Director, a Head of Nursing/Midwifery and a General Manager, who are supported by a Matron and Service Manager together with Human Resources (HR), finance and data analyst teams. The CBU operational structure in 2016-17 comprised Medicine; Surgery; and Women & Children's Services and was supported by the Corporate Services Unit.

Our 3,522 employees (31 March 2017) are supported by a Health and Wellbeing Strategy and team, who look after the physical health and emotional wellbeing of staff, as well as a dedicated learning and development programme and a fully equipped Education Centre.

## Our Local Health and Social Community

The resident population of Barnsley is 237,843 people (2014 data). The total population is expected to rise to 242,400 by 2018 and to 246,900 by 2021. These projections show that the proportion of those aged 65 and over is increasing over the years and will reach approximately 20% of the total population by 2021.

According to the data from the 2011 Census, 97.9% of the Barnsley resident population were from a white ethnic background, 0.7% of mixed group, 0.7% Asian or Asian British, 0.5% were Black/ African/Caribbean or Black British with 0.2% other.

The health of people in Barnsley is affected by local deprivation, which is higher than the England average. Nearly one fifth (10,500) of children live in poverty. In 2015, Barnsley was the 39<sup>th</sup> most deprived local authority area of the 326 in England. Premature death in Barnsley from chronic diseases such as cancer, cardiovascular disease and lung disease is strongly linked to deprivation.

## **Our Vision, Values and Strategic Aims**

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

Our Vision is:

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

Our Values are:

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

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

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

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

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

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



## Our Strategic Aims and 2016-17 Objectives:

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

### Aim: Patients will Experience Safe Care

#### We will provide high quality, safe care by:

- Delivering consistency in care seven days a week including delivery of the four hour access standard in the Emergency Department (ED)
- Introducing a mortality review process in line with NHS England guidance to learn lessons from mortality reviews using the deteriorating patient group and patient safety panel
- Development of a medical High Dependency Unit facility and physically separating emergency and elective services
- Continuing to improve patient safety working with the Improvement Academy with a focus on safety huddles
- Introducing technology to detect and manage deteriorating patients
- Achievement of all quality priorities and goals
- Implementing the 'Perfect Ward'
- Redefining paediatric pathways
- Making all refurbished areas dementia friendly
- Building quality improvement capacity and capability.

### Aim: Partnerships will be our Strength

#### Get the Trust back into financial balance by:

- Achieving the financial plan and control total
- Delivering the £7m Cost Improvement Programme (CIP)
- Continuing control and actions to reduce agency spend including compliance with the national agency spending cap.
- Generating an action plan to deliver the 15 Carter recommendations regarding productivity and efficiency.

#### Be the provider of choice for Barnsley and beyond by:

- Being the first choice for services by improving access, relations with GPs and service development
- Configuring our site to improve patient flow and quality and efficiency
- Developing a strategic organisational approach to patient involvement and engagement to ensure learning from patient feedback, ensuring patients have the opportunity to influence service delivery

- Providing a good patient experience. Improving Friends & Family Test (FFT) response rates, achieving consistently over 90% responses
- Learning from concerns raised through reporting
- Delivering the outpatients modernisation programme including a centralised outpatient service.

**Make best use of existing and new technology by:**

- Developing our ICE solution for electronic discharges and all forms of requesting.
- Establishment of an optimisation and stabilisation programme for Lorenzo, electronic patient record management solution.
- Establishment of a self reporting culture in our information resources to improve local ownership
- New Information Technology (IT) Strategy – a five year programme to move towards Paperless 2020
- Deliver a programme of work to manage the existing projects
- Enable public WIFI
- Deliver and support the Digital Roadmaps Strategy for Barnsley.

**Aim: People will be Proud to Work for Us**

**We will be the employer of choice and work towards an engaged and motivated workforce by:**

- Developing a robust workforce plan to maximise capacity and capability
- Developing an action plan to become the provider of choice, incorporating recruitment, retention and workforce development
- Strengthen plans to improve the leadership and management capability at all levels
- Undertake a CBU restructure to strengthen leadership
- Delivery of leadership programmes
- Development of wellbeing and staff engagement activities
- Improving the annual General Medical Council (GMC) survey of trainee experience.

**Aim: Performance Matters**

**We will work with all system partners to support the delivery of the urgent care pathway and four hour access target by:**

- Delivery of a system-wide urgent care action plan
- Implementation and management of a bed utilisation tool
- Providing an integrated urgent care model at the front of house.

- We will ensure effective partnership working to provide sustainable health and care services for the local population by:
- Implementation of integrated pathways for respiratory and diabetes
- Begin to implement the system-wide sustainability and transformation plan for South Yorkshire, including a Barnsley specific system plan
- Working with local partners to develop an Accountable Care Organisation for Barnsley
- Working with local acute partners as part of the working together vanguard
- Production of a directory of services online that showcases what Barnsley Hospital has to offer, giving clear, concise information
- Agree our strategic approach to GP engagement in order to maximise market share.

# Overview of Performance

## Chairman and Chief Executive's Statement

This reporting year has been one of significant challenge, not only within our own organisation but also in the local community and across the wider NHS nationally.

Winter has been particularly challenging for us this year. Operationally, we were disappointed that, in common with many hospital trusts, we have failed to meet the national four hour access target. Our staff have put a tremendous effort in managing our performance and continuing to provide safe and quality care for our patients during this difficult period. You can read more about our performance on page 21.

We have delivered strong progress against our strategic objectives and set ourselves some challenging new ones for 2017-18, which you can read more about on pages 16 and 17.

In terms of financial performance, we continue to make progress on the delivery of our turnaround plan. As a Trust we have continued to ensure savings are achieved. Key features of this work include;

- Improved financial governance and reporting. Potential cost improvement schemes are reviewed by the Finance team to ensure they will represent budgetary savings, which are validated when they are achieved;
- enhanced quality impact assessment process and assurance to ensure that cost savings do not impact on quality; and
- CIP Steering Group Chaired by the Chief Executive.

During the reporting year the Trust was awarded the contract by Barnsley Clinical Commissioning Group to provide a full ophthalmology service. The new contract started on 1 February 2017. Although we have had an ophthalmology service on site at Barnsley for almost 20 years, this service was previously provided and managed by The Rotherham NHS Foundation Trust. The service is now fully managed by our Trust and our staff. We will be investing significantly in ophthalmology in order to deliver a more efficient one-stop service for our patients.

During the year we made some key appointments to the Board of Directors. In January 2017 we welcomed two new Non-Executive Directors, Keely Firth and Philip Hudson, for an initial term of three years. Keely is a qualified accountant with over thirty years' experience in the NHS and Philip is a lawyer whose experience is in commerce and industry.

The Board has also benefited from the appointment of Bob Kirton as our new Executive Director of Strategy and Business development in September 2016.

Each of these appointments will play a significant part in the effective governance of the Trust.

We have also successfully appointed key medical staff to the Trust including three new paediatric consultants, two consultant radiologists in addition to consultants specialising in areas such as ophthalmology, respiratory, rheumatology and surgery. These appointments allow us to continue to provide safe, quality care for our patients and are testament to our work on recruitment and retention of staff, building on our reputation as an employer of choice.

Finally, Chief Executive Diane Wake left the Trust on 2 April 2017 to take up a new position in the NHS. Diane has worked tirelessly during her time at the hospital and her leadership has left the Trust in a much stronger position operationally and financially. The Board wishes to extend its thanks to Diane. Dr Richard Jenkins (previously the Trust's Medical Director), who was appointed as Interim Chief Executive on 3 April 2017 is the signatory of this report.

## Financial Overview

Our financial performance in the reporting period was positive. We ended the year with a deficit position of £6.6m, which is £1.5m favourable to the planned deficit of £8.1m for the period. The key factors leading to this position included additional income from clinical activity, robust control of agency staff expenditure and the receipt of additional Sustainability and Transformation Funding.

### Efficiency Programme

The efficiency programme for 2016-17 was very challenging however we have over achieved our cost improvement target of £7.0m. Total savings in year were £7.9m

We have an equally challenging year ahead but thanks to the continued focus on becoming as efficient as we can be across the organisation, we begin the coming year with a strong, validated cost improvement plan and identified savings schemes to support the delivery of our financial plan in 2017-18.

## Operational Overview

### Four Hour Emergency Target

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

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

We have seen a sustained increase in activity over the last year, which has unfortunately resulted in our performance being under the 95%.

In the latter half of the reporting period, nationally, Trusts including ourselves were set a revised target for the year end position. Our target was 91% which we achieved.

Our performance over the year was as follows:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
94.68%	93.76%	88.19%	88.35%	91.28%

### Infection Control

Our performance in infection control continues to be strong. In the year, we had 11 hospital acquired cases of Clostridium Difficile (C Diff) against a target of no more than 13. We are pleased to report we had no MRSA bacteraemia in the period. Our target for MRSA was zero cases.

### Our Workforce

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

We have retained our strong commitment to continuous engagement of our workforce, with the Board recognising that our staff play a vital role in our success and delivery of safe, quality care. A Staff Engagement Strategy was approved, which is underpinned by a Staff Engagement Group consisting of representatives from key areas of the Trust's corporate and operational functions. The Group meet once every two months, with a focus on key issues and themes identified that may have an impact on levels of engagement with staff across the organisation.

A full NHS Staff Survey was once again undertaken in between the months of October to December, 2827 members of staff were eligible to complete the survey and 1477 surveys were returned. We are pleased to say that our response rate has increased year on year and we are scoring higher than the average response rate as the table below shows.

	2015-16	2016-17
Number of staff in original sample	2834	2918
Total number of eligible staff	2801	2827
Returned completed	1279	1477
Response rate	45.7%	52.2%
Average Picker <sup>1</sup> response rate	38.0%	39.9%

Further information on the Staff Survey can be found on page 79.

<sup>1</sup> Picker is the external company that coordinates our staff survey

## Patient Safety

Patient safety remains, as always, our core priority as an organisation and we continuously strive to improve our practice. During the period, the Trust introduced a number of new safety initiatives. These include newly designed fluid balance charts to help ensure that staff can quickly identify patients who are at risk of developing Acute Kidney Injury (a sudden deterioration in kidney function that can be caused by dehydration) and Sepsis. We have also introduced an electronic observation system called VitalPAC. Vital signs such as pulse and blood pressure are recorded electronically and staff can identify much more easily any patients who are deteriorating.

We have continued to introduce 'safety huddles' and almost all wards and departments in the Trust are now using them to improve patient safety. Many errors and mistakes are caused by poor communication and team working. To reduce the risks of this we have introduced 'human factors' training for staff that focuses on improving communication and teamwork.

Culture has a significant influence on safety and refers to our attitudes, beliefs and behaviours around patient safety. We have measured our safety culture across the Trust to deepen our understanding of staff's perception of how we manage and prioritise safety.

## Whistleblowing and Raising Concerns

We are committed to creating a just culture where staff feel comfortable to raise concerns confident in the knowledge that this will be taken seriously and investigated. It is essential for patient safety and continual improvement of our services that staff are free to speak up. We have updated our Raising Concerns (whistleblowing policy) in line with the NHS Freedom to Speak up Policy.

In October 2016 we appointed a Trust Freedom to Speak up Guardian. We have done a lot of work to ensure our staff know there is a guardian in post and how they can contact him. Posters have been created for the wards and departments describing which types of concerns should be raised with the guardian and which concerns can be dealt with via our existing processes. The guardian holds a weekly drop in session for staff and a guardian intranet page has been created.

## Principal Risks and Uncertainties

For 2017-18, the Trust again faces a significant financial deficit and a number of financial risks and challenges going forward. These risks are consistent between 2016-17 and 2017-18 and are identified on the Risk Register, in line with the Board Assurance Framework that is reviewed by the Board.

Our risk management process is designed to identify, manage and mitigate business risks. Each risk has an identified Director and management lead. Risks are managed through the risk management and risk register process and reported to the Executive Team and to the relevant Board committee and to the Board of Directors via the Integrated Performance Report, key strategic action plans and the Board Assurance Framework.

Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The Corporate Risk Register is regularly reviewed by the Executive

Team and presented quarterly to the Board. The risks and associated mitigations are also reviewed by the Board Committees on a regular basis. A summary of the key risks, mitigations and impacts for the year ahead is included below. We will continue to manage these risks throughout 2017-18 and ensure that we again deliver our financial plan.

Strategic Objective	Principal Risk Descriptions (aligned to the principle risks included on the Board Assurance Framework)	Potential Impacts
We will provide high quality safe care	A reduction in medical staffing within the cancer dermatology team. The potential for a reduction in foundation trainees in the years to come within Obstetric and Gynaecology services. The standard and timings of discharge documentation being provided to general practitioners following an in-patient discharge. The lack of Consultant provision for the Stroke Service. The failure to achieve the 95% VTE screening standard across all clinical areas. The need to provide additional bed capacity to provide in-patient beds for patients requiring in-patient medical care.	Patients may have a poor experience of care and may be at risk of avoidable harm as a result of potential for delays to treatment, failure to ensure a sustainable workforce, lack of continuity in patient care and failure to ensure optimum clinical effectiveness at all times.
We will be the employer of choice and work towards an engaged and motivated workforce.	The potential risk of non recruitment to vacancies, partnership working with staff and the failure to ensure on-going development of staff currently in post.	Local people may choose to work at other local provider organisations whilst the lack of engagement with the existing workforce will lead to a failure to deliver cultural and behavioural change to support the 5 year plan.
We will achieve our financial plan.	Failure to deliver the Control Target Deficit of £10.1m assigned to the Trust for 2017-18. CIPs planned for delivery do not deliver either fully or partially, or the realisation of the saving is delayed. Activity 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. Significant levels of non-elective admissions requiring additional capacity to manage the pressures at additional cost. Inflationary increases on non-pay costs have been assumed in the plan; any increases beyond these would increase the Trust's cost base.	BHNFT will fail to achieve the financial plan which has been set. Failure to achieve the target would result in the Trust not being able to access national Sustainability and Transformation funding.  Any reduction to payables would have an adverse impact on cash available to maintain services.



	The cash flow and hence statement of position assumes the continued management of supplier payments. There could be pressure to reduce creditor days which would have an impact on the cash position and funding requirements.	
We will be the provider of choice for care in Barnsley and beyond.	Possible adverse publicity and reputational damage through different routes of exposure to the Trust. Risk to patient flow due to retendering of intermediate care services. The potential to fail to achieve the 4 hours ED waiting time target. The potential to fail to achieve the Ophthalmology 18 weeks referral to treatment target (RTT). The Trust's ability to meet key performance indicators for cancer; and in particular following the implementation of NHS England's mandatory guidance related to the reallocation of cancer breaches for patients on shared pathways in October 2016.	Local people will not choose to come to Barnsley for their care potentially impacting upon patient experience financial income, and regulatory action. The risk of a sustained failure to deliver on the ED waiting times target or not to achieve the 95% year end position has a potential impact on the Trust not being able to access national Sustainability and Transformation funding., This could also have an impact on CQUIN and contractual arrangements resulting in financial sanctions.
We will make best use of existing and new technology.	The impact on front line clinical operational services due to the trust's electronic systems working separately rather than cohesively. The on-going Lorenzo patient record system performance issues.	Existing and new technology will not be used to full potential leading to potential impact on patient safety, adverse organisational reputation as appointments are missed and missed activity leading to reduced income.
We will work with system partners to support the delivery of all access standards.	Risk to patient flow due to re-tendering of intermediate care services. The national shortage of qualified AMU Consultants.	There is a potential for patient care to be delivered in an inappropriate clinical environment. Barnsley Hospital will be unable to deliver all access standards leading to poor patient experience and possible adverse publicity.
We will ensure effective partnership working to provide sustainable	There is a proposal for Accountable Care Organisation - ACO (for out of hospital care). The Sustainability and Transformation Plan (STP) projects significant reduction in acute activity (15% over 5 years).	BHNFT will be unable to provide sustainable health and care services for the local population due to ineffective partnership working. There is a potential for a reduction in acute

health and care services for the local population.		activity and for more services to be delivered outside of the hospital environment potentially impacting on the Trust's current financial model and the ability to maintain sustainable services.
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## Looking Forward to 2017-18

Our Five Year Strategy acts as a guide, ensuring focus on what we need to achieve, underpinned by robust governance processes and strong operational delivery. We acknowledge that we will continue to face challenges and that our key themes for the coming year continue to reflect our recent history:

- Delivery of our financial recovery plan and the 2017-18 cost improvement plan.
- Consistent delivery of the four-hour wait target as 'business as usual'
- Working with staff through sustained and focussed work on their involvement in and engagement with the recovery journey and providing the best care.

Our annual plan for 2017-18 will enable us to focus on these priorities as well as driving forward in sustaining our core services upon which our patient population shows no sign of reducing reliance.

Every health and care system will work together to deliver progress on the regional Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. Barnsley Hospital is a key partner within the South Yorkshire and Bassetlaw footprint and will continue to work in partnership with other Trusts and organisations on this agenda.

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

## Our Strategic Objectives for 2017-18

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.

## Patients will Experience Safe Care

- Consistency in care 7 days a week with delivery of 7 day service standards/ action plan

- Improve the process for learning from mortality reviews and implement the National Guidance on Learning from Deaths.
- Achievement of Trust's four Quality Improvement Goals
- Develop and deliver training and information which will improve capacity and capability across all staff to embed a quality improvement culture throughout the organisation
- Develop and implement a Clinical Strategy for the Trust
- Design and deliver the new Neo-natal Unit area.

## People Will Be Proud To Work for Us

- Develop and implement a Trust Workforce plan and refresh the Workforce Strategy
- Barnsley Facility Services (BFS) implementation and integration
- Develop a strategic approach to engagement, organisational culture and Organisational Development (OD) by implementing the following:
  - Staff survey results action plan
  - Staff Engagement Group
  - OD Strategy in line with new national framework
  - Staff Engagement Strategy
  - Black & Minority Ethnicity (BME) Staff Network Group
  - Maximising the apprenticeship levy
- Achieve our health and wellbeing Commissioning for Quality and Innovation target (CQUIN) by:
  - Ensuring flu vaccine take up
  - Develop our approach for staff health and wellbeing and reduce sickness and absence
  - Develop staff zone on new intranet site and expand total reward statement
  - Reduce stress through stress action plan.

## Performance Matters

- Provide a good patient experience; Improve Friends & Family Test (FFT) positivity rate; provide timely and effective responsiveness to concerns and complaints and improve the quality of complaint responses.
- Continue to improve market share
- Delivery of new minor operating suites to support increased elective activity
- Outpatients Programme Phase 2 delivery with a focus on Did Not Attend (DNA) reduction

- Increase engagement levels with GPs locally
- Establish and develop the Ophthalmology service
- Develop and deliver the paperless hospital ICT strategy
- Optimise and extend hybrid mail project
- Implement e-prescribing in the Trust
- Delivery of a mobile technology strategy
- Delivery the Emergency Department replacement IT system
- Progress the opportunity to receive £5m over 4 years if the Trust is selected as fast follower of the digital exemplar programme.

## Partnerships will be our Strength

- Achieve the four hour emergency access standard delivery plan and overall performance.
- Medworxx to be used at bed meetings, information reports to clinical teams, reports to CCG (Clinical Commissioning Group).
- Develop and deliver an integrated urgent care model by designing urgent and primary care integrated streaming of patients at front of ED.
- Cancer plan and performance - improve cancer performance in 62 day shared pathways.
- Barnsley plan priorities delivered via Alliance contract and shadow Accountable Care Organisation (ACO)
- Sustainability and Transformation Plan (STP) activities delivered through the Working Together (WT) Vanguard.

## Preparation of the Annual Report and Accounts 2016-17

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2016-17.

The Accounts have been prepared under a direction issued by NHS Improvement (NHSI) under the National Health Service Act 2006.

The Board of Directors consider the Annual Report and Accounts 2016-17, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.

A handwritten signature in black ink, appearing to read 'S. Wragg'.

**Stephen Wragg**  
Chairman

Date: 23 May 2017

A handwritten signature in black ink, appearing to read 'R. Jenkins'.

**Dr. Richard Jenkins**  
Chief Executive

Date: 23 May 2017

# 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 Department of Health Group Accounting Manual 2016/17 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.

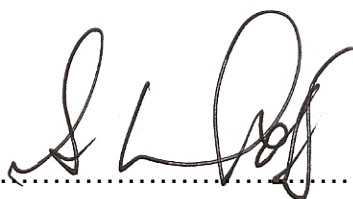
We are also required to disclose material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the NHS Foundation Trust and these are disclosed below.

The Trust's performance in-year showed a deficit of £6.6m (including £1.3m incentive funding related to the overachievement of the financial plan), which is £1.5m favourable to the planned position of a £8.1m deficit. The Group and Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

The Trust's planned deficit for 2017-18 is £10.1m, which is based on the centrally allocated Control Target. This is supported by receipt of income for national Sustainability and Transformation Funding. Plans are in place to draw down additional cash funding of £18.4 million to the end of May 2018 in the form of a revenue loans via the Department of Health which are not yet agreed.


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

**Stephen Wragg, Chairman**



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**Dr. Richard Jenkins,  
Chief Executive**



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**Date:**

23 May 2017  
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# Performance Analysis

## Strategic Business Review

In the 2016-17 we ensured that patients remain at the very heart of all we do and crucially, that we continue to capture their experiences, both the positive and less positive, so we can not only learn from our shortcomings but ensure that we share this learning widely and that we celebrate our successes. Further information can be found in the Quality Report on page 134.

As a foundation trust we continued to develop our services across a range of platforms. Between September and December 2016 we undertook a site wide configuration, aligning our beds in the most effective way within our hospital to reduce the impact of winter pressures on our surgical elective care and to ensure key services are located close to each other to improve patient flow. We routinely review the positioning of our wards and services to ensure key areas are located in the optimum location for us to provide the highest level of care.

We also pursued partnership working with our commissioners, neighbouring community provider organisations and local authority. We have been working closely with our partners on work streams that are part of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

Barnsley Facilities Service (BFS), our wholly owned subsidiary previously known as BHSS, continues to present opportunities for income generation for the Trust. In February 2017 we announced that we are moving Procurement, Facilities and Estates functions across to the subsidiary to enhance operational efficiency and patient care. The service provided by these functions to the Trust will remain the same but they will be fully managed by the subsidiary.

Throughout the reporting year we have achieved a number of accolades and accreditations. An example includes our Audiology Department being the first in the region to pass the Improving Quality in Physiological Diagnostic Services (IQIPS) United Kingdom Accreditation Service (UKAS) accreditation which demonstrates that the department is providing an excellent standard of care to patients.

We were also recognised as a “disability confident” employer for being positive about disabled people. This replaces the previous “two ticks” initiative, which was awarded to the Trust over the past 14 years. We have been awarded this status by the Department for Work and Pensions and it is given to employers who are positive about opportunities for disabled people and who have made commitments to employ, retain, and develop disabled employees.

The Trust's performance is assessed externally against a range of national targets and standards, which you can read about on pages 23 to 31. This was another particularly challenging year as we strived to provide the highest standards of care for an increasing number of patients, whilst achieving demanding efficiency savings.

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

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

### **Important Events since the Year End**

The Trust has appointed a new Chief Executive, Dr. Richard Jenkins, following the departure of the previous Chief Executive, Diane Wake, on 2 April 2017. Dr. Jenkins commenced his role as Interim Chief Executive on 3 April 2017. This post was subsequently made substantive and at the time of writing the Trust was awaiting formal opinion from NHS Improvement. Interim Medical Director cover has also been secured from 18 April 2017.

### **Details of Overseas Operations**

There have been no operations overseas within the reporting period.

### **Emergency Care**

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

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

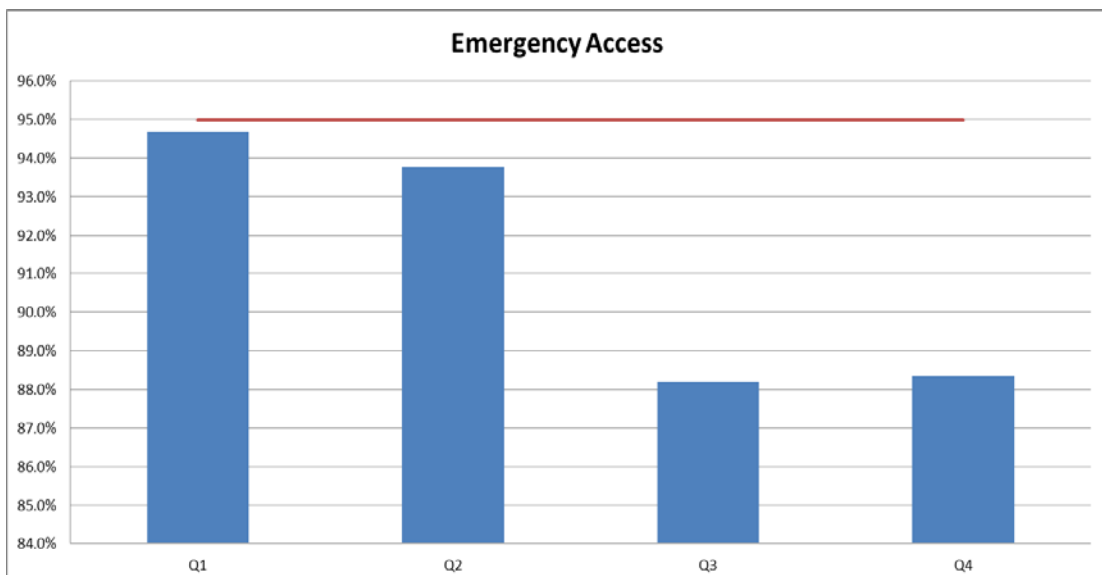
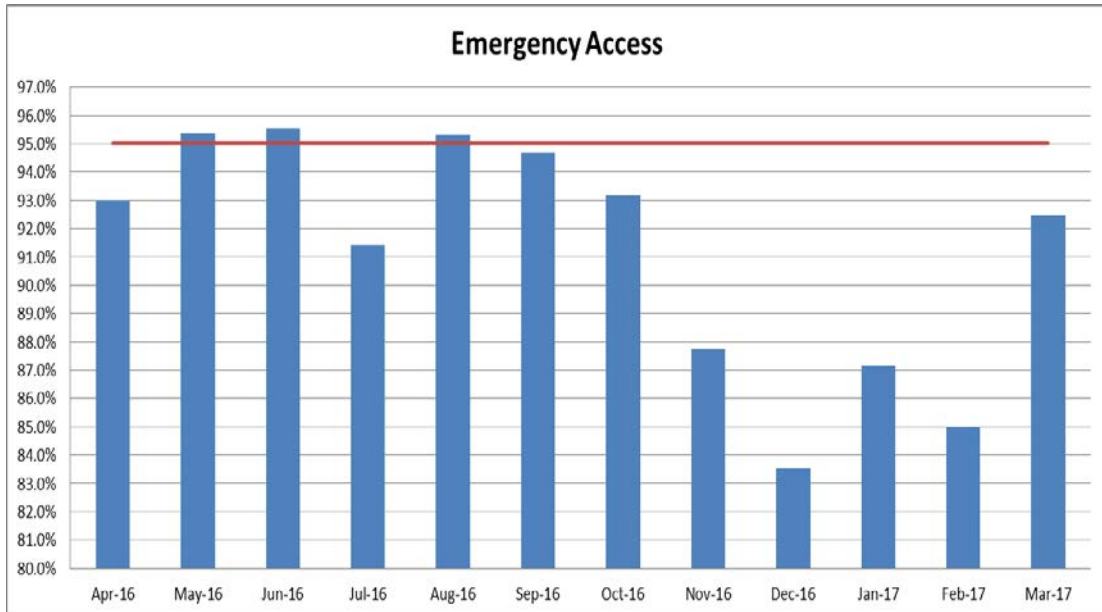
During 2016-17 we cared for a total of 412,833 patients in the hospital. We treated 83,550 patients in our Emergency Department (ED). Overall our ED saw, treated, discharged or admitted 91.28% of patients within four hours.



## Emergency Department Attendances

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

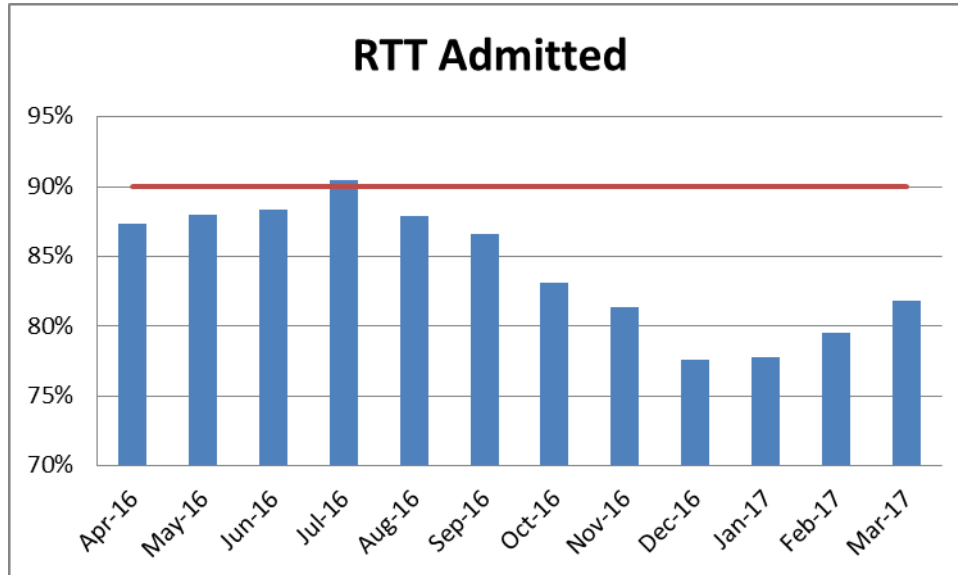
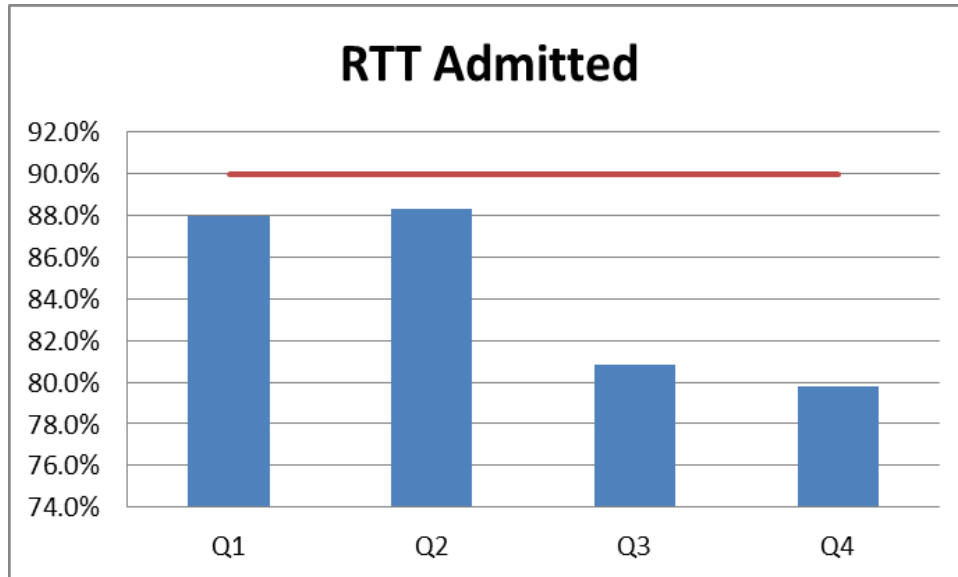
Key: ■ Trust Performance — National Target



## 18 Week Waiting Times from Referral to Treatment (RTT)

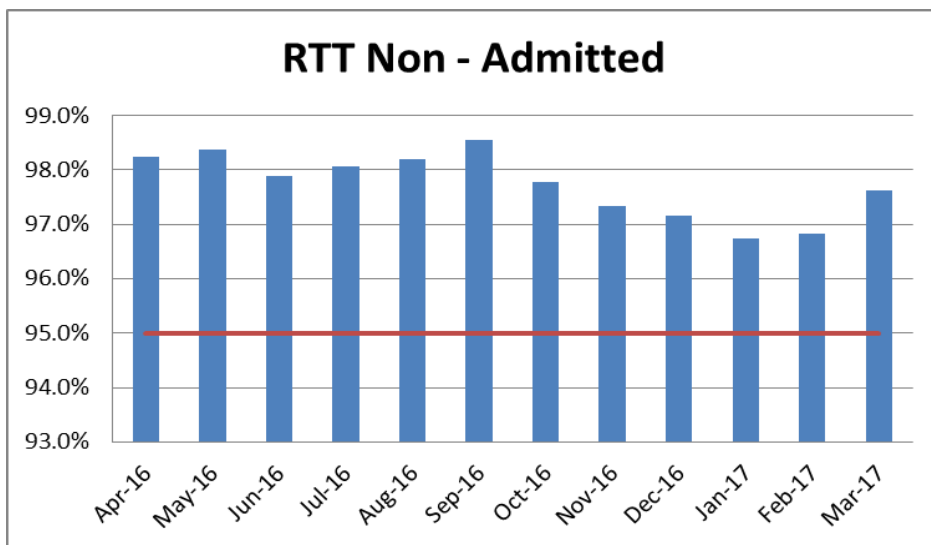
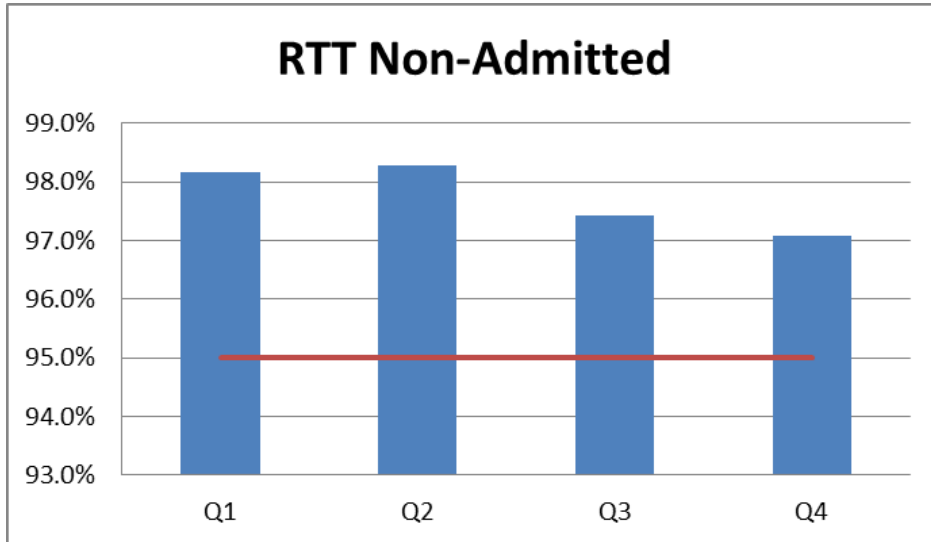
We have continued to work to reduce the number of patients who may wait longer than 18 weeks.

**Admitted:** 83.56% of patients starting admitted treatment within 18 weeks of referral against a standard of 90%.



**Non-admitted:** 97.73% of patients starting non-admitted treatment within 18 weeks of referral against the standard of 95%

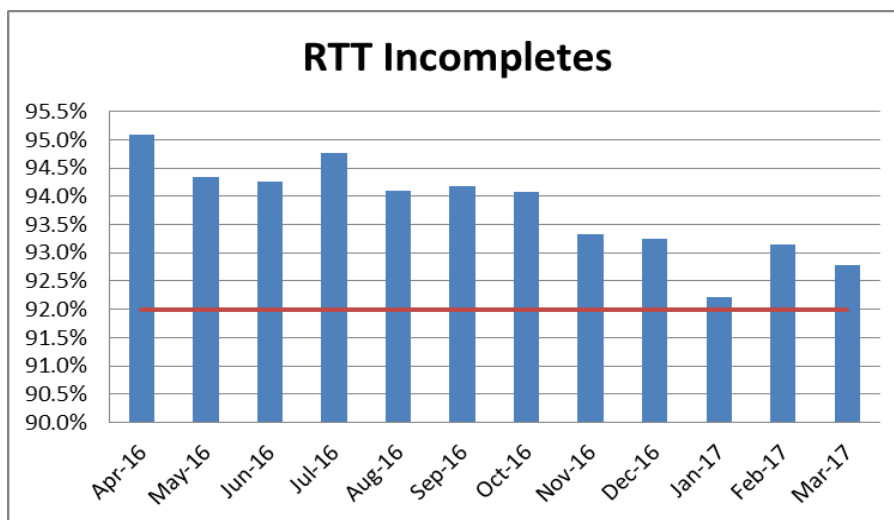
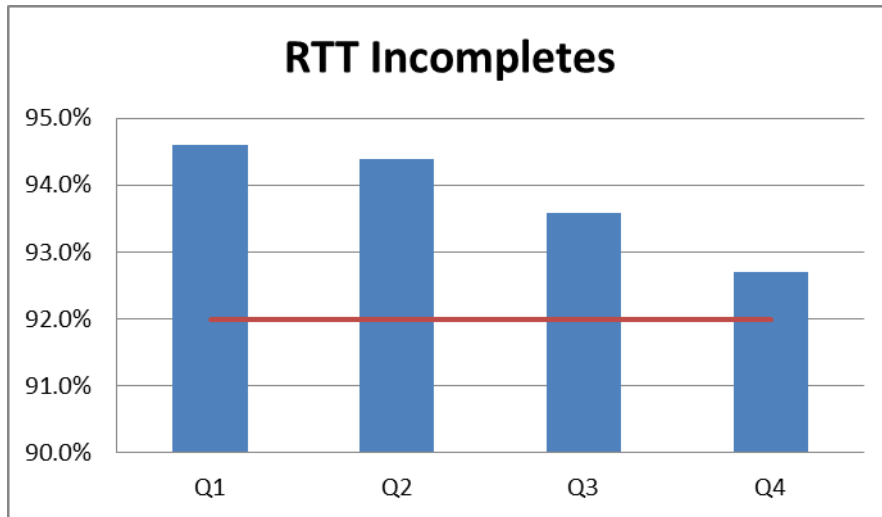
In all quarters we exceeded the standard of at least 95% of non-admitted patients to be treated within 18 weeks.



## Incomplete Referral Pathways

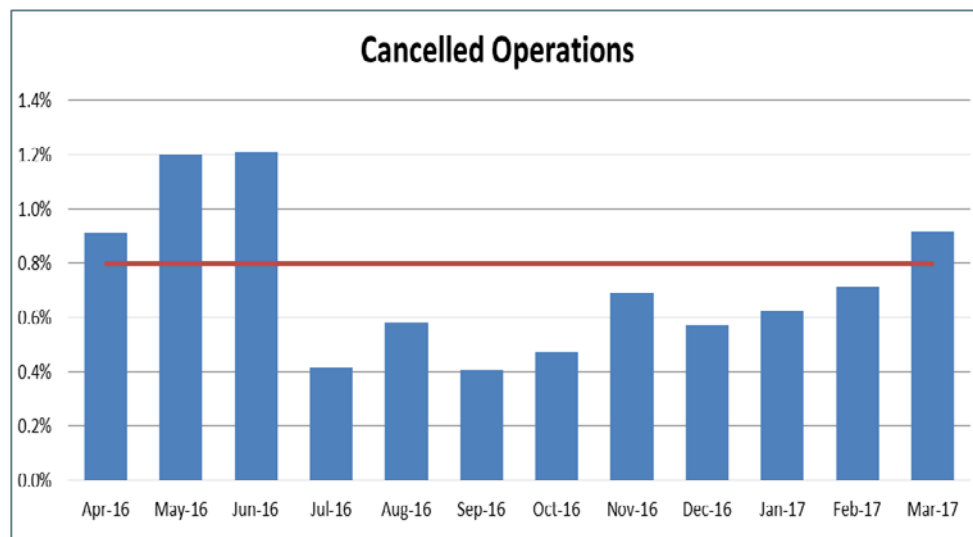
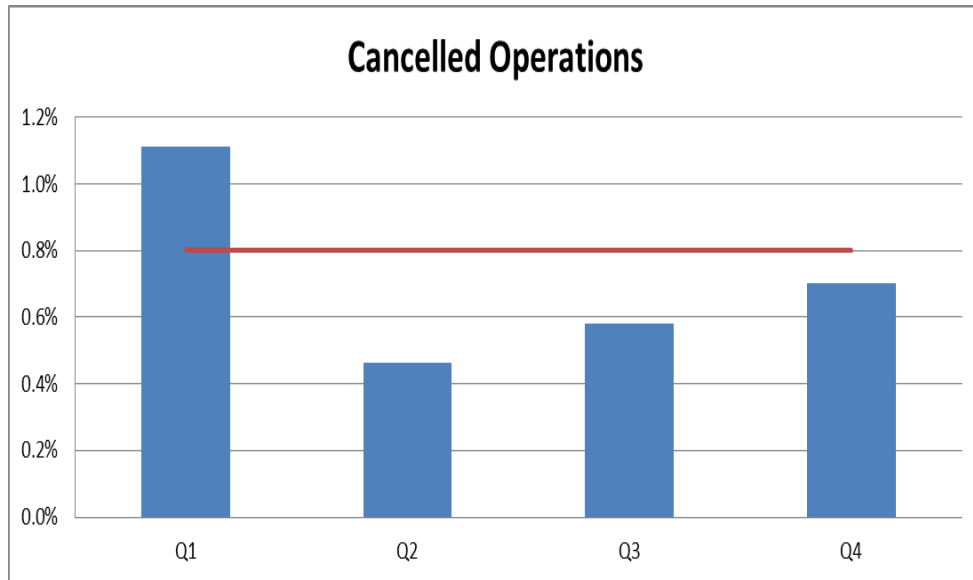
This target is set at 93.8%. We achieved the target for incomplete referral to treatment pathways.

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



## Cancelled Operations

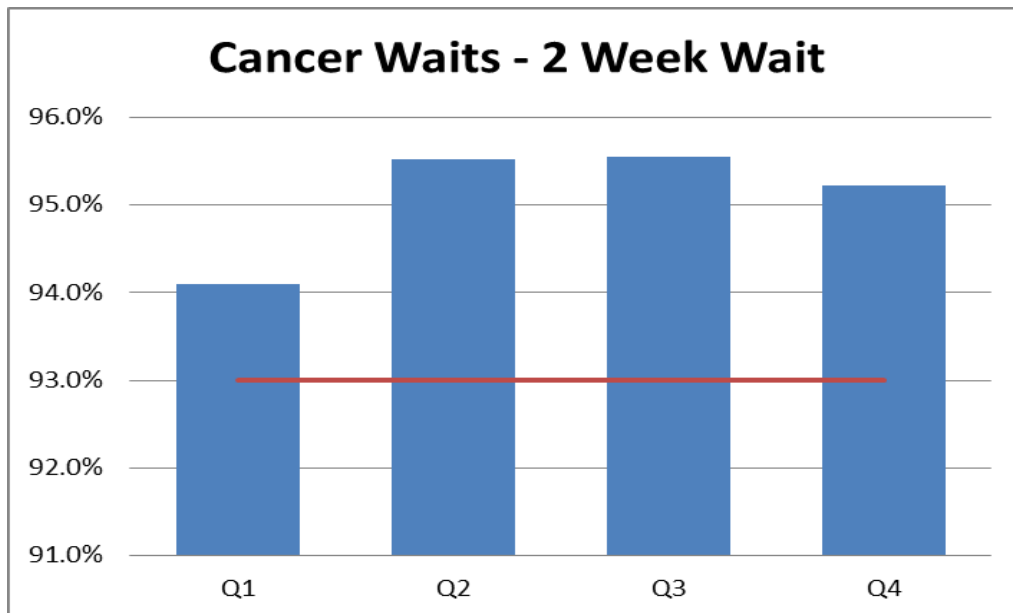
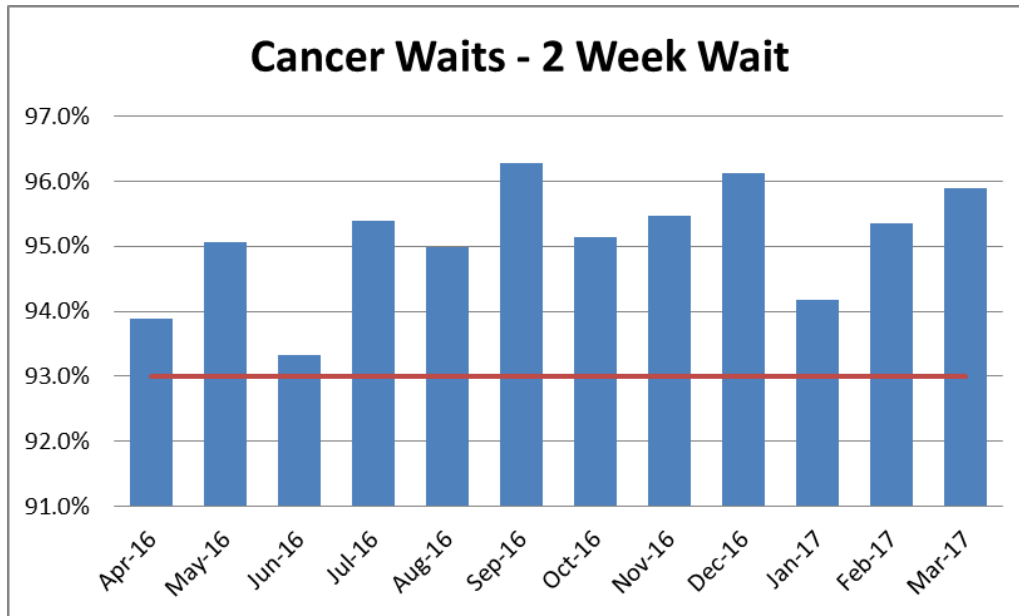
The Trust achieved 0.6% of cancellations against a standard of 0.8% however, the Trust recognises that last minute cancellation of operations is a distressing experience for our patients and we continue to work to ensure these are kept to a minimum.



## Cancer Waiting Times

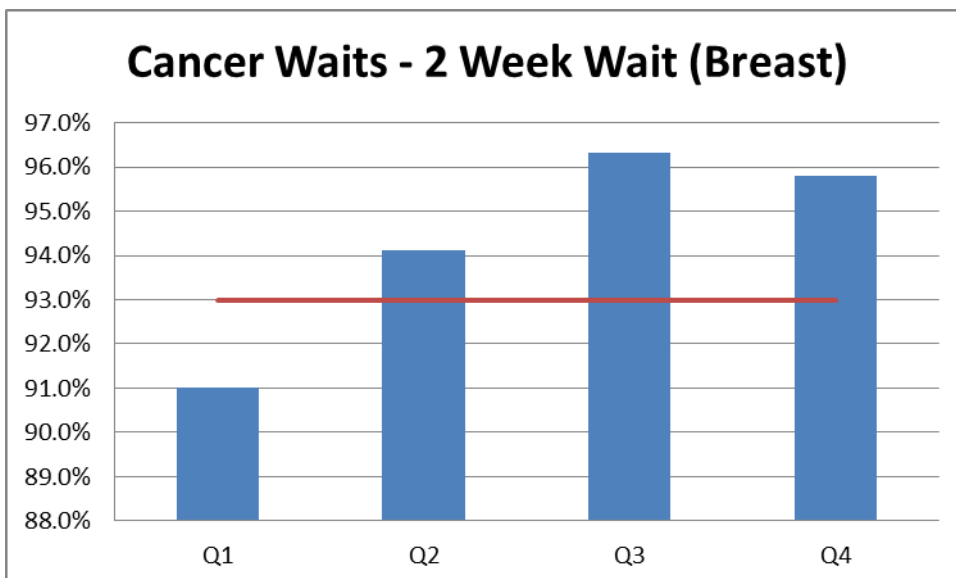
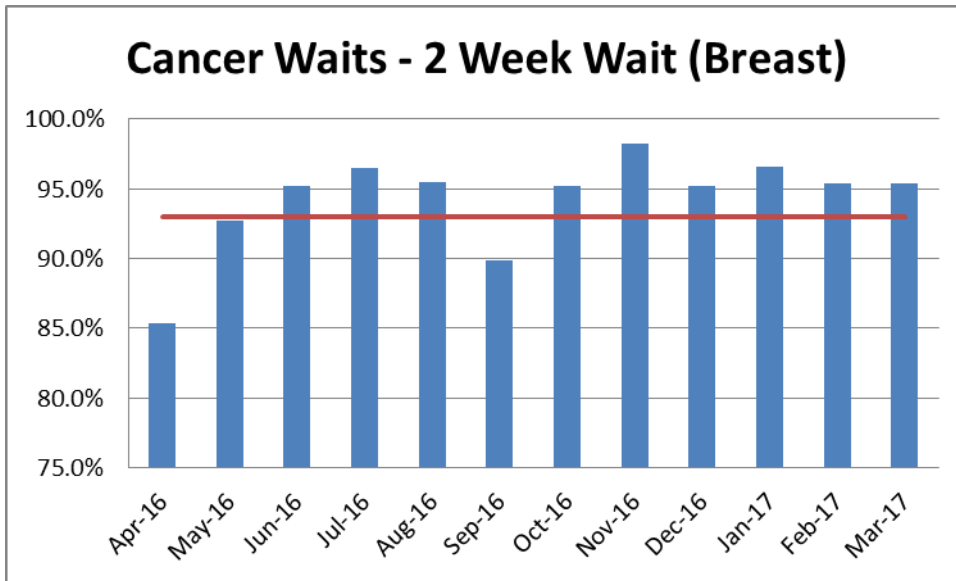
Cancer Access target: Urgent GP referrals seen within 2 weeks

The target for urgent GP referrals to be seen within 2 weeks was achieved in all quarters throughout 2016-17.



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

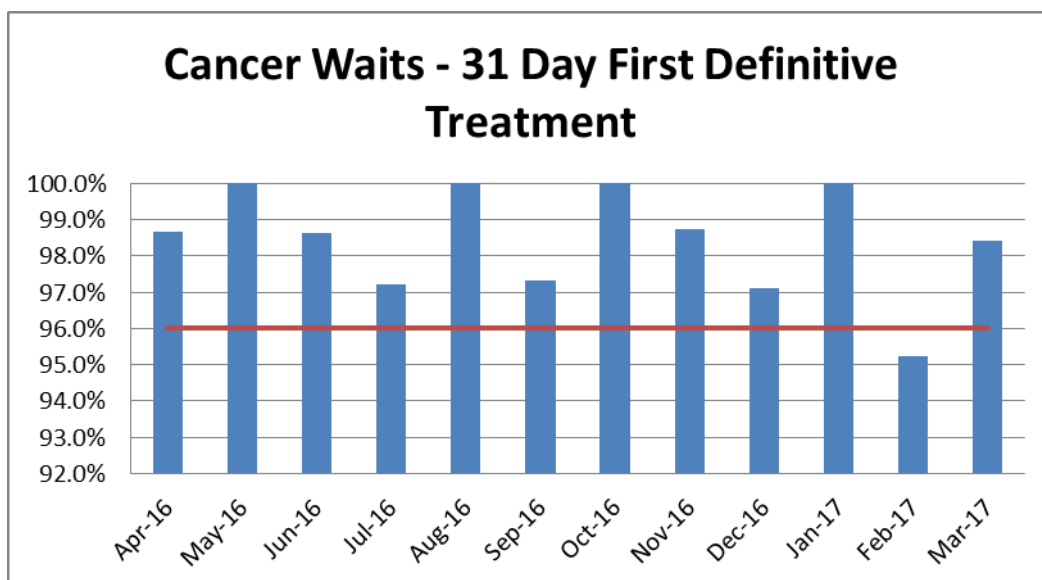
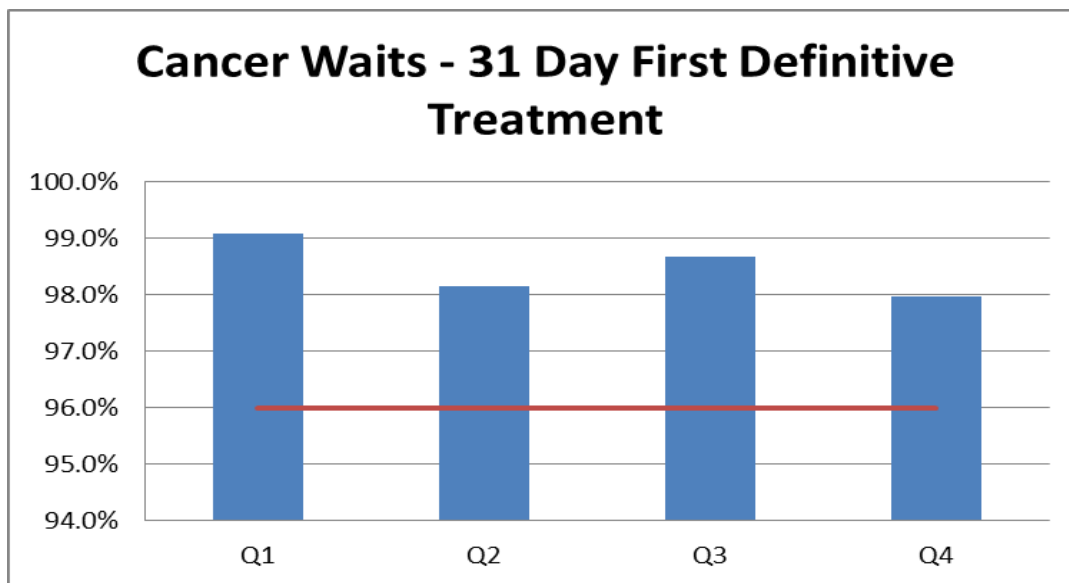
The two week wait standard for patients referred with breast symptoms has consistently been achieved at quarter end since Q2 2016-17. There has also been achievement of the target at each month end with the exception of September 2016. Work undertaken by the team to strengthen radiology support and reduce the day of first appointment has already demonstrated benefit.



## Cancer Access Target: First Treatment within 31 Days

During 2016-17 we consistently achieved the standard of treating patients within 31 days of a decision to treat, achieving compliance against the 96% target for each quarter.

Non-compliance of this target was seen in February 2017 month end only. The main reason identified for breaches of the target in February were medical reasons although there was some evidence of inefficiency across one pathway and work is underway with that specialty to strengthen processes.





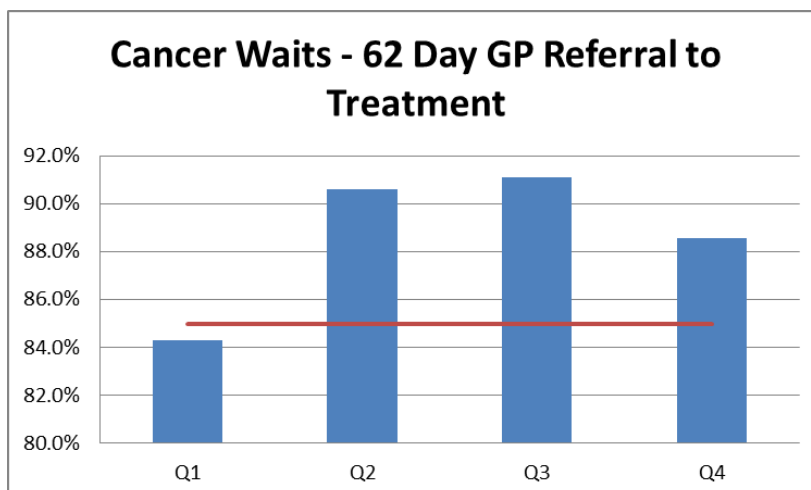
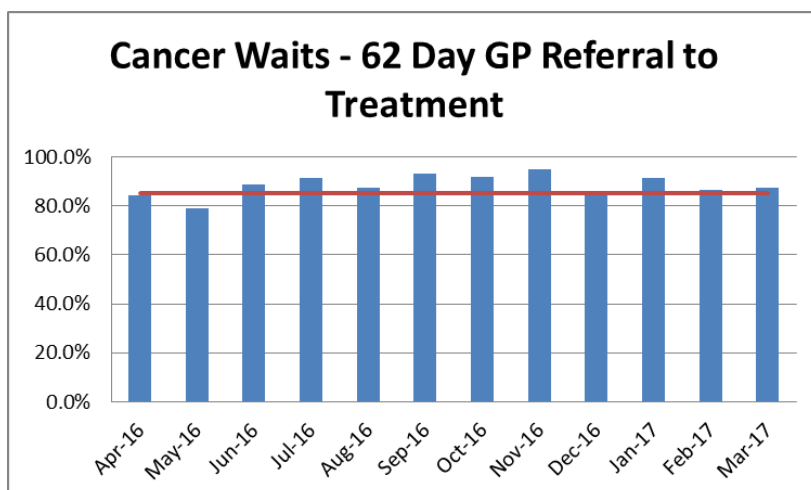
## Cancer Access Target: Treatment within 62 days of an urgent GP Referral

In 2016-17 the Trust has achieved the 62 day GP referral to treatment target consistently since June and across all quarters since Q2.

The introduction of the national breach allocation guidance in October 2016 has resulted in increased pressure on the achievement of this standard; with performance negatively affected by the allocation of breaches and loss of compliant pathways for those referred to the tertiary centre after Day 38.

The Trust is actively engaged with the wider STP Cancer Alliance in developing a more shared approach across the Alliance regarding achievement of this target, as well as providing shadow monitoring data regarding the impact of allocations on the Trust's uploaded position – which is not yet reportable through the national forum Open Exeter.

The delivery of the Trust's Cancer Action Plan is fully underway to improve the timeliness of site specific pathways and ensure diagnostic processes support the effective delivery of shared pathways. This work will enable the Trust to improve patient experience, achieve the 28 day diagnostic target (which comes to force in 2020) and reduce the impact on performance of shared pathways.



## Patient Care Activities

During 2016-17 the Trust has continued to deliver progress in patient care activities and quality achievements. The 2016-17 Quality Report, combined within this report on page 134 details in full our achievements in patient care activities including the Trust's performance against national and local targets, such as CQUINS as agreed with local commissioners and details of other quality improvements.

### Monitoring

The Patient Experience Group is a formal sub group of the Quality & Governance committee and is responsible for monitoring progress towards meeting national and local targets, together with improvements in the quality of healthcare.

### Patient Experience and Engagement

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

The Trust works with patients and carers, Governors and members to ensure they are able have a say on how healthcare is provided.

Some examples of this include:

**Patient Stories** – The Trust works collaboratively with both patients and clinical teams to develop patient stories, which are heard at the Board.

**Patient Panel** - We are continuing to recruit to and expand the patient panel to enable more service users to become involved in initiatives including quality visits, focus groups and wider engagement work. Members of the panel have taken part in various events throughout the year including the Trust's Quality Day, an End of Life spirituality focus group event, the Digital Design Challenge event and as a focus group of 'expert patients' as part of the Acute Medical Unit's Assessment, Consultation & Treatment project.

**Ward Quality and Safety Visits** – Patient representatives continue to sit alongside staff and Governors in the Trust's quality and safety monitoring visits. Additional patient representatives have attended training to increase the levels of representation.

**Healthwatch** – The Trust continues to work in collaboration with the Healthwatch team. Healthwatch Barnsley has worked closely with the Trust to ensure that staff have been able to comment and inform policy development. Healthwatch Barnsley has also launched an online feedback centre, similar to NHS Choices. The Patient Experience team now monitor feedback posted on this website and work with the Communications team to give a response to any postings.

**Maternity Services Feedback Group** – The Patient Experience Support Officer is a regular attendee of the Maternity Services Feedback Group. The group

continues to increase its social media reach with over 450 engaged online members.

A number of volunteer role outlines has been developed in response to feedback shared at the group. There are now volunteers working across Maternity Services to support staff and gather patient feedback. Also, in response to issues raised at the Feedback Group, signage from the Emergency Department to the Women's department has been improved.

With the assistance of the Patient Experience Team, the group launched its first online survey, asking women about their experiences of early labour and assessment. There were 79 responses in total and the results of the survey have been shared with both group members and staff at the Trust. The group also regularly reviews patient information leaflets and works closely with patients to ensure that information resources are appropriate and easily understandable.

**Children & Young People's Feedback** – Feedback from children about their experiences of care continues to be collected through the Friends and Family Test in paediatric areas. The Patient Experience Team has also developed and launched an online survey for both children and families, using online links and QR codes. All areas that treat paediatric patients have been supplied with copies of the Trust's feedback leaflet for children to encourage them to tell us about their experiences.

**Ophthalmology Public/Patient Representation Meeting** - The Patient Experience Support Officer is a regular attendee at the newly formed Ophthalmology Public/Patient Representation Meeting.

**Quality Day** - On 24 February, patients, staff, Governors and partners came together for the Trust's Quality Day. A number of presentations reviewed the work so far in the context of the Quality Strategy for 2014–17. There were also interactive workshops to help plan the quality priorities for 2017-20.

A patient representative shared her patient story, talking about the care received by a family member with dementia. In terms of patient representation, some patient representatives were invited along with hospital volunteers and core local engagement groups and forums. 88% of delegates rated the day as 'excellent'.

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

**PRASE (Patient Reporting and Action for a Safe Environment)** - the Trust participated in the PRASE project, a project developed by the Bradford Institute for Health Research and funded by The Health Foundation, which aimed to improve hospital safety through the analysis of patient feedback collected by hospital volunteers using an iPad device. The project has now ended but following an evaluation a feedback volunteer role outline has been developed and a trial of local patient feedback volunteers is currently underway.

## Service Improvements & Patient Engagement

In the period, there have been no significantly revised services, however feedback in year has been used to drive service improvements. All inpatient ward areas, day case areas, ED and Maternity Services survey their patients on discharge. Patients in outpatient areas can give feedback at any of the feedback points stationed around the Outpatient Department. During this period 21,296 patients responded to the FFT out of a possible 104,573, giving a response rate of 20.4%.

## NHS Friends & Family Test (FFT)

The NHS FFT is an opportunity for patients to give feedback on their experience of care at the point at which they leave the hospital. This is a nationally required feedback mechanism for patients to provide an indicator on overall experience of care. The results of the survey show that 95% of patients would recommend Barnsley Hospital to friends or family if they needed similar care or treatment.

Key themes from the feedback provide assurance that patients experience high levels of satisfaction with the care they receive, the cleanliness of the hospital and that staff are friendly, approachable and helpful. Feedback is collected daily and a bi-weekly report provides feedback to all areas via Lead Nurses and Matrons.

Where comments are felt to be of concern, they are reported immediately back to the individual location for any action. Each area displays their quantitative and qualitative data each month for both staff and public view.

## Improvements in Patient/Carer Information Resources

The Trust has implemented a new policy and procedure for the production of information for patients; this policy also has a toolkit to support staff when developing new resources. The policy provides a robust process for the development of quality assured information resources for patients, in a standardised Trust wide template.

## National Inpatient Survey 2016

A total of 1,208 patients were eligible for the survey, of which 462 responded, giving a response rate of 38%. The response rate for the inpatient survey in 2015 was 42%.

Key facts:

- Overall: 86% rated care 7+ out of 10.
- Overall: 83% felt they were treated with respect and dignity.
- Doctors: 81% always had confidence and trust.
- Hospital: 98% felt their room or ward was very/fairly clean.
- Hospital: 97% felt toilets and bathrooms were very/fairly clean.
- Care: 90% felt there was always enough privacy when being examined or treated.

## Complaints

The Trust received 259 formal complaints during the period, which represents an increase of 23 complaints from the previous year. 100% of complaints were acknowledged within the three working days standard. Our aim is to investigate

complaints promptly and efficiently and we are committed to implementing improvements and actions from the lessons we learn following the investigation and the feedback we receive.

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

Quarterly Learning from Experience (LFE) Reports are also compiled which provide 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 2016-17 is noted within the annual LFE report.

A new integrated report has been devised this period; CLIC report (Complaints, Litigation, Incidents, and Coroners). This is completed on a quarterly basis noting all information from these four sources. By collectively reporting it allows the Trust to identify data that can inform learning and influence actions to address the issues raised.

Work has continued this year relating to the information we capture on actions and learning; assurances that actions have been complete and the themes of the actions identified. This will continue into 2017-18 with an emphasis on the data provided to CBUs on this.

## **Stakeholder Relations**

We recognise that we cannot provide services in isolation. We work together with other organisations to provide services locally and where complex care is needed.

### **Regional Partnership Working**

The Trust is a partner in the Working Together Vanguard Partnership, one of 50 nationally chosen partnerships that takes a lead on the development of new care models, Sustainability and Transformation Plan (STP).

The aim is for the vanguards to act as blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. The Working Together Partnership Vanguard's new care model is to explore what can be achieved when seven local Hospital Trusts work together to strengthen each organisation's ability to deliver safe, sustainable and local services.

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

Over the past year Working Together has continued to deliver effective partnership solutions, for example the partnership has now saved over £1m through joined up procurement exercises. The partnership has also continued to roll out digital

technology that makes it easier for clinicians to deliver timely and seamless care across the seven Trusts, such as the Inter-Trust messaging pilot for cancer patients. Working with commissioners the partnership has been involved in a project looking at different, more sustainable models for delivering children's surgery and anaesthesia across the region. The partnership has also recently implemented a new regional rota for out of hours ear, nose and throat services, which again aims to improve the sustainability of the service.

### Local partnerships

At a local level, we work closely with our principal commissioner of services, Barnsley Clinical Commissioning Group (CCG). We also work other local partners in health and social care such as South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) who provide local community based services, the GP Federation, Healthwatch and Barnsley Metropolitan Borough Council (BMBC). We are also part of strategic partnerships working across the public, private and voluntary sectors, which maximise benefits for our patients in terms of the service they receive.

Some examples of this include:

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

- [Sheffield Teaching Hospitals NHS Foundation Trust](#) - We also work with our main tertiary services provider, Sheffield Teaching Hospitals NHS Foundation Trust and a number of regional clinical networks to ensure the smooth provision of specialist services for Barnsley people.

## **Formal Consultations**

The Trust has not held any formal consultations in the Period.

The Commissioners Working Together group, comprising eight NHS CCGs and NHS England working across South and Mid Yorkshire, Bassetlaw and North Derbyshire, have held two formal public consultations on their proposed changes to children's surgery and anaesthesia services in our region. The proposals, incorporating public feedback, have been developed with the aim of improving services across South and Mid Yorkshire, Bassetlaw and North Derbyshire. People living in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield were encouraged to share their thoughts on proposals to change our region's hyper acute stroke services, as well as some children's surgery and anaesthesia services. The consultations commenced in October 2016 and ran until 14 February 2017. A decision about the outcome of the consultations is expected on 28 June 2017.

## **Barnsley Facilities Services (Barnsley Hospital Support Service)**

The Trust established Barnsley Hospital Support Services Limited in 2012 and began trading in January 2013 as a wholly owned subsidiary of the Trust, supporting the delivery of 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. The subsidiary provides progress reports to the Trust's Board of Directors and its directors include: a Non-Executive Director (Chair), an Executive Director and two other members of the Trust's Executive Team.

During the reporting period, the Trust Board approved a wider scope for the subsidiary, together with a change of name to Barnsley Facilities Services (BFS). From 1 September 2017 services offered as part of this operating company will be Procurement, Facilities and Estates functions. The services provided by these functions to the Trust will be fully managed by the subsidiary company. BFS will operate as a subsidiary to the main Trust Board and any profits made by the will be used for healthcare provided to patients by the Trust.

# Our Strategic Aims and Objectives 2016-17

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

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

**Aim 1: Patients will experience safe care**

**Aim 2: Partnership will be our strength**

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

**Aim 4: Performance Matters**

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

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

Our staff have an important role to play in the delivery of these objectives and our annual appraisal process helps to ensure that individual objectives are aligned to our strategic objectives. You can read more about our appraisal process on page 88.

As outlined in our Chairman and Chief Executive's opening statement and in our Five Year Forward Plan, we have learnt that by working collectively with our patients, staff, Governors and partners we can overcome challenge and provide the best possible care to our patients.



## Aim: Patients will experience safe care

In 2016–17, we set the following strategic objective against this Strategic Aim. Our progress is detailed below.

Strategic Objective: Provide high quality safe care	
<p><b>Key Actions:</b></p> <p>Consistency in care 7 days a week including delivery of four prioritised standards:</p> <p>Assessment within 14 hours for all emergency admissions</p> <p>7-day access to diagnostic services</p> <p>24 hour access, 7 days a week, to consultant directed interventions that meet the relevant speciality guidelines</p> <p>Twice daily review of patients in high dependency areas and once a day in all areas</p>	<p><b>Evidence of Achievement:</b></p> <p>Progress continues in the delivery of a full range of acute patient centred services across 7 days. Imaging Services are provided across all key modalities for emergencies, inpatients, outpatients and GP patients.</p>
<p>Introduce a revised mortality review process in line with NHS England guidance and to ensure lessons learnt from the mortality reviews are introduced using the Deteriorating Patient Group and Patient Safety Panel</p>	<p>Objective complete. HSMR rates are now at the lowest in a ten year period.</p>
<p>Development and implementation of a medical High Dependency Unit (HDU)</p>	<p>This objective has not been moved forward in the time frame however it remains under consideration for the future.</p>
<p>Continue to improve patient safety working with the Improvement Academy with a focus on safety huddles</p>	<p>Safety Huddles have now been embedded on the majority of wards and departments. Acute Medical Unit (AMU), Surgical High Dependency Unit (SHDU) and the Antenatal/Postnatal ward (ANPN) have plans in place to begin testing safety huddles.</p>
<p>Introduce technology to detect and manage the deteriorating patient</p>	<p>VitalPAC technology has been successfully implemented at the Trust</p>
<p>Implementation of Perfect Ward Redefine paediatric pathways</p>	<p>Perfect Ward has been fully implemented.</p>

<p>Ensure all refurbished areas are dementia friendly</p> <p>Build quality improvement capacity and capability</p>	<p>Paediatric Pathways work is on-going. This will move forward with the appointment of the two new paediatricians.</p> <p>Information management staff attended Statistical Process Control (SPC) training in 2016 and are now producing SPC charts for falls, pressure ulcers and cardiac arrests.</p>
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### Looking Forward to 2017–18

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

- Ensure consistency in care 7 days a week with delivery of 7 day service standards/action plan
- Improve the process for learning from mortality reviews and implement the National Guidance on Learning from Deaths.
- Achievement of Trust's four Quality Improvement Goals
- Develop and deliver training and information which will improve capacity/capability across all staff to embed a quality improvement culture throughout the organisation
- Develop and implement a Clinical Strategy for the Trust
- Design and deliver the new Neo-natal Unit area

## Aim 2: Partnerships will be our strength

In 2016-17, we set the following strategic objective against this Strategic Aim. Our progress is detailed below.

<b>Strategic Objective: Work with all system partners to support the delivery of the urgent care pathway &amp; 4 hour access target</b>	
<b>Key Action</b>	<b>Evidence of Achievement</b>
System wide urgent care action plan to deliver a sustainable performance against the 4 hour access target by the end of Quarter 1.	Emergency Department Delivery Board now operational. Has been responsible for leading the system wide winter plan and the system wide operational pressures escalation framework, which went live in December 2016.
Implement and manage the bed utilisation tool "Medworxx" to ensure the most effective patient flow for Barnsley patients.	Medworxx implemented and fully operational in medicine. Operational impact continually being measured with patient length of stay falling and the proactive management of delays in patient pathways proving effective.
Integrated urgent care model at the front of house.	Vocare Primary Care stream now in place in offering streaming nurses, nurse practitioners for minor primary care ailments and see and treat nurse practitioners in place to see minor injuries providing minor treatment and discharge.

<b>Strategic Objective: Ensure effective partnership working to provide sustainable health and care services for the local population.</b>	
<b>Key Action</b>	<b>Evidence of Achievement</b>
Implement integrated pathways for respiratory and diabetes services	In Diabetes single point of access model scoped out and current restructure of job planning underway to incorporate service delivery. In Respiratory the pulmonary rehabilitation and physiotherapy teams have begun work on a joint pathway. The live date for the integrated services has been reset to September 2017.

Agree and begin to implement the system wide sustainability and transformation plan for South Yorkshire	On-going conversations with all local and regional partners aligned to planning guidance and agreed STP. Agreed priorities being progressed in Hyper Acute Stroke, Children's Surgery, Back Office Service and Radiology.
Work with local partners as part of a shadow board to develop an ACO for Barnsley	Continued conversations around a Barnsley out of hospital services' ACO and the extension of the current alliance contracting arrangements.
Work with local acute partners as part of the working together vanguard	WTP/STP/Vanguard work progressing to deliver this agenda
Produce a definitive Directory of Services that showcases what Barnsley Hospital has to offer. The directory will be online, up to date and give clear information to patients.	The Directory of Services can be accessed on the Trust's website.
Agree strategic, organisational approach to GP engagement in order to maximise the Trust's reputation and relationships with GPs and ultimately, maximise GP referrals and market share of core services.	Regular presence at Best event GP meetings agreed for 2016 and 2017 to showcase and share information about our services.

### Looking Forward to 2017-18

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

- Achieve 4 hour plan and performance
- Medworxx to be used at bed meetings, information reports to clinical teams, reports to CCG
- Develop and deliver an integrated urgent care model front of house by designing urgent and primary care integrated streaming of patients at the front of Emergency Department
- Cancer plan and performance - Improve cancer performance in 62 day shared pathways
- Barnsley plan priorities delivered via Alliance contract and shadow Accountable Care Organisation (ACO)

- Sustainability and Transformation Plan (STP) activities delivered through the Working Together (WT) Vanguard

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

In 2016-17, we set the following strategic objective against this Strategic Aim. Our performance is listed below.

<b>Strategic Objective: Be the employer of choice and works towards an engaged and motivated workforce</b>	
Develop a robust workforce plan so we can maximise our workforce capacity and capability and ensure we have the right skills mix and workforce redesign to meet the new models of care	Integrated workforce planning template in development in conjunction with the Cost & Productivity working group.
Action plan to become the employer of choice, in order to recruit, retain and develop our workforce for the future	Right People, Right Place, Right Time Action Plan 2016/17 with quarterly progress reporting in place.
Strengthen plans to improve the leadership and management capability across the Trust.  CBU restructure to strengthen leadership  Delivery of leadership programmes:  Passport to Management Talent management programmes – Aspiring Talent and Ascending Talent	The Passport to Management Programme has evaluated well. The talent management programmes were launched in September and the students have commenced the programme, with coaching and mentoring support in place.
Develop and implement a plan to maximise the wellbeing and engagement of our staff whilst moving to a can do and inclusive culture	Staff engagement Strategy and annual action plan in place. Staff Engagement group established, meeting bi-monthly, reporting into Finance and Performance Committee. Encompasses CBU representation.  Additionally, the Trust will move into 2017/18 with a collective objective on organisational culture and staff engagement

To improve the annual GMC survey of trainee experience	Latest survey report shows evidence of improvement but further work is required.
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## Looking Forward to 2017-18

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

- Develop and implement a Trust Workforce plan and refresh the Workforce Strategy
- Achieve health and well being CQUIN:
  - Maximise flu vaccine take up
  - Develop approach/plan for staff health and wellbeing and reduce sickness/absence
  - Develop staff zone on new intranet site and expand total reward statement
  - Reduce stress through stress action plan
- Barnsley Facility Services (BFS) implementation - manage impact on staff engagement and culture, manage workforce systems and process changes
- Develop a strategic approach to engagement, organisational culture and Organisational Development (OD) by implementing the following:
  - Staff survey results action plan
  - Staff Engagement Group
  - OD Strategy in line with new national framework
  - Staff Engagement Strategy
  - Black & Minority Ethnicity (BME) Staff Network Group
  - Maximising the apprenticeship levy

## Aim 4: Performance Matters

In 2016-17, we set the following strategic objectives against this Strategic Aim. Our performance against each is detailed below.

Strategic Objective: Be the provider of choice for Barnsley and beyond	
Ensure Barnsley Hospital is the first choice for services by improving access, improving relations with GPs and service development.	Market share across all Specialties is increasing. Trauma & Orthopaedics is now at 76.6%, which is an in year increase of 7.8%. Urology is now at 67.9%, which is an in year increase of 11.8%. This is an on going initiative.

Hot and cold service site configuration to ensure improved quality and efficiency for patient flow.	Successfully realigned the hospital site to ensure enhanced patient flow.
To develop a strategic organisational approach to patient involvement and engagement to ensure learning from patient feedback, identification of common themes and to ensure patients have the opportunity to influence service delivery	Social media statistics risen each quarter, indicating an increase in engagement with the general public. Increase in feedback posts on NHS Choices each month, all of which are responded to. Membership levels increased, significant engagement activity undertaken to proactively manage our membership and seek their views.
Provide a good patient experience. Improve FFT response rate and achieve consistently over 90%, Demonstrate learning from concerns raised through quarterly Life report.	72% against a target of 90% - Not achieved. Actions and learning from complaints and concerns are reported via CBU Patient Experience Performance Reports and quarterly learning from Experience reports. The Trust has seen improvement on specific patient experience questions.
Delivery of the Outpatients Modernisation Programme including a centralised outpatient service	Outpatient improvement programme under way with delivery of key objectives in backlog reduction mostly complete. Modernisation around electronic check-in and improved administrative processes also largely delivered. DNA rate reduction delivered.

### Strategic Objective: Best use of existing and new technology

Develop our ICE solution for electronic discharges and all forms of requesting. This will deliver significant clinical and operational benefits.	ICE requesting complete. Further work required and some delay in the project due to this work, will roll into 2017-18 as part of electronic records go-live.
Establish an optimisation and stabilisation programme for Lorenzo to ensure we support and train our staff to use the technology for improved patient outcomes.	Programme was established and the objective completed. Lorenzo is stable and being fully utilised.

We will establish a self reporting culture in our information resources to improve local ownership of intelligence to support future design and operations.	The creation of a new ED Dashboard has been fundamental to the new ED project. This project will likely continue over the next financial year as more issues are resolved operationally and strategically across the organisation.
New ICT Strategy - 5 year programme to move towards Paperless 2020 and support national transformation strategies. Deliver a programme of work to manage the existing strategic projects.	Strategy completed. Board approved 7/7/16. New governance structures in place.
Engage with the national Public Wi-Fi Access Project to deliver digital benefits for patients and the public.	Public WiFi was rolled out successfully in the reporting year.
Deliver an Interoperability and Digital Roadmaps Strategy for the Barnsley Health Community and beyond.	Digital Road Map plans created and submitted to support this agenda in the coming year.

### Looking Forward to 2017-18

- Our objectives for the coming financial year under this strategic aim are as follows:
- Provide a good patient experience; improve Friends & Family Test (FFT) positivity rate; provide timely and effective responsiveness to concerns and complaints and improve the quality of complaint responses.
- Continue to improve market share.
- Delivery of new minor operating suites to support increased elective activity.
- Outpatients Programme - Phase 2 delivery, focus on DNA reduction
- Increase engagement levels with GPs locally.
- Establish and develop the Ophthalmology service.
- Develop and deliver the paperless hospital ICT strategy.
- Optimise and extend hybrid mail project.
- Implement e-prescribing in the Trust.
- Delivery of a mobile technology strategy.
- Delivery the Emergency Department replacement IT system.
- Progress the opportunity to receive £5m over 4 years if the Trust is selected as fast follower of the digital exemplar programme.



# 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. Our drive to continually improve our sustainability position presents us with the opportunity to play a crucial leadership role within the region and wider NHS.

## Awards and Achievements

As a direct result of our commitment to Sustainable Development, the Trust received national recognition in 2016. The Trust was winner in the Public Sector Sustainability (PSS) award in the Most Sustainable Public Sector Organisation in the healthcare category. The Trust was also runner-up in the Modeshift Contribution to Sustainable Travel Award in the organisation category and also received recognition for excellence in sustainability reporting selected by NHS Improvement, the Health Financial Management Association (HFMA) and the Sustainable Development Unit.



## Good Corporate Citizenship (GCC)

The Trust periodically undertakes a self assessment using the Sustainable Development Unit's (SDU) Good Corporate Citizenship tool, which allows Trusts to assess how sustainable they are, track progress and benchmark against other Trusts. The tool contains 9 sections: Corporate Approach, Travel, Procurement, Facilities Management, Workforce, Community Engagement, Buildings, Models of Care and Adaptation. According to the SDU the Trust should now be on track to achieving 25% in all 9 sections and score 50% in at least 4 sections.

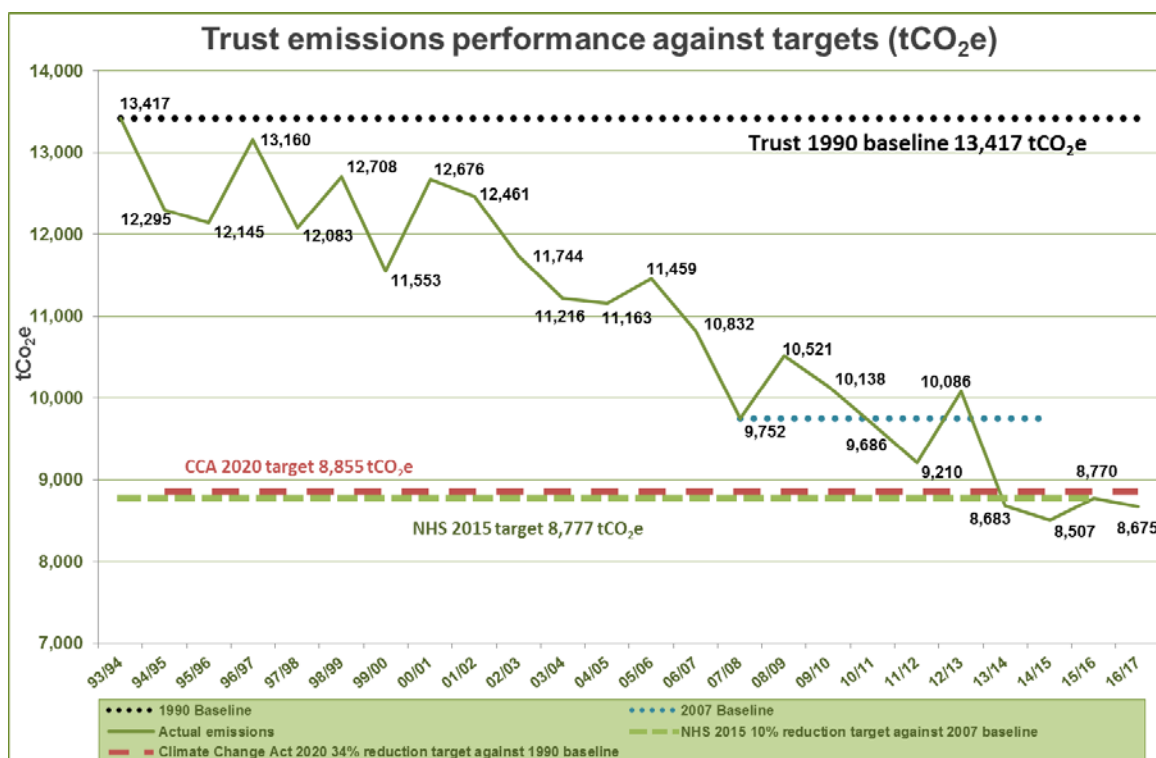


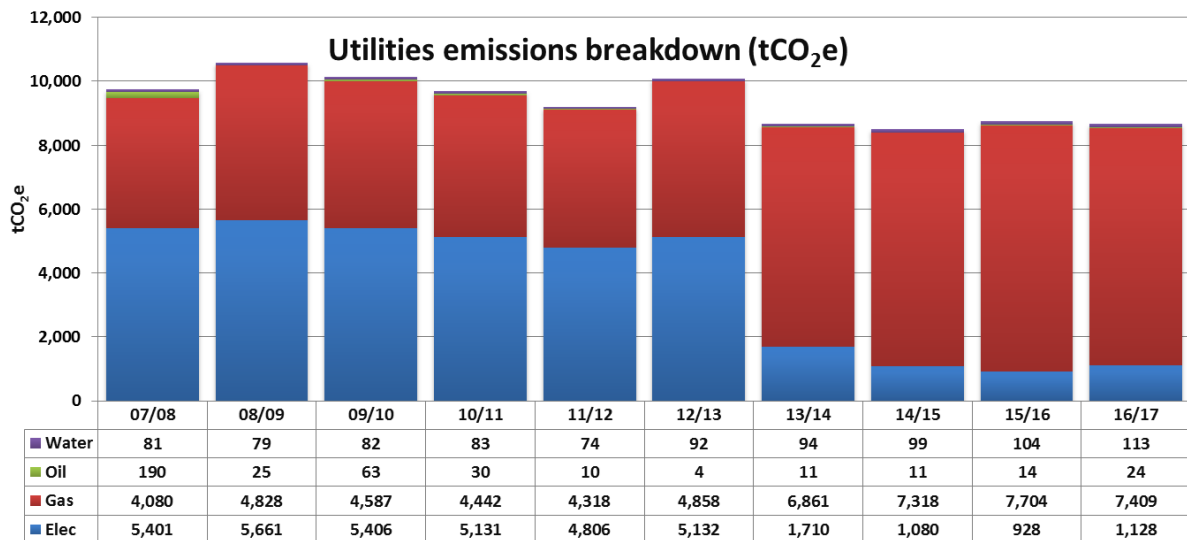
During October 2016 we carried out an assessment against the GCC assessment tool and the results show that we have made significant progress from our 2015 score moving from 58% to 65%. At present the Trust has surpassed the 2018 target already and is well placed to achieve the 2020 target.



## Emissions

The NHS Sustainable Development Unit developed the NHS Carbon Reduction Strategy for England to address the UK Government’s target to deliver 34% carbon dioxide (CO<sub>2</sub>) reduction by 2020 and then to further reduce this by 80% by 2050 against our 1990 baseline in accordance with the Climate Change Act 2008. The NHS 2015 interim target of a 10% CO<sub>2</sub> reduction against our 2015 baseline has already been achieved with a 13% reduction against our 2007 baseline. We are now working towards achieving the 34% emissions reduction target against our 1990 baseline by 2020.



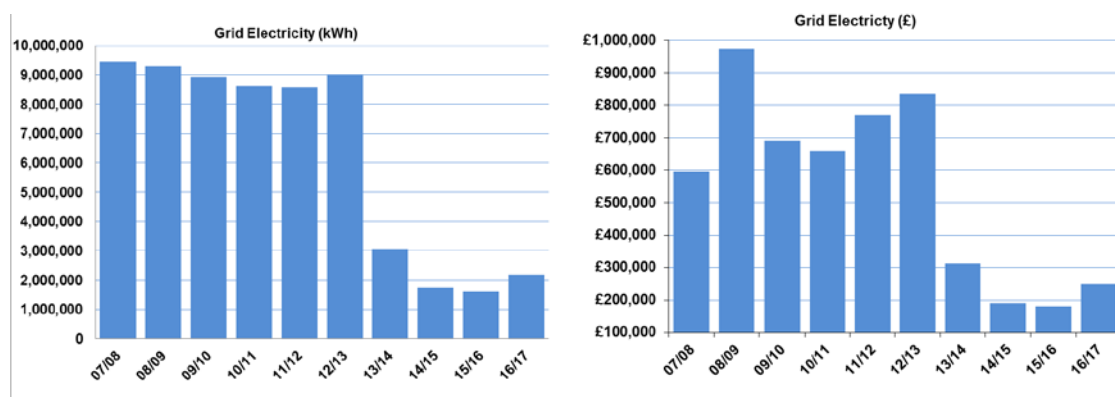


At the end of financial year 2016-17 our gross emissions fell by 1% against the previous year. The extended downtime of our combined heat power (CHP) engine overhaul resulted in having to utilise more grid energy which impacted our emissions. We expect to reduce emissions further in 2017-18 through more efficient use of utilities.

## 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.

Overall grid electricity consumption and costs increased by 40.6% and 34.6% respectively, predominately due to our CHP plant being offline for a considerable period for planned maintenance during the winter months resulting in additional grid energy use as well higher energy costs.



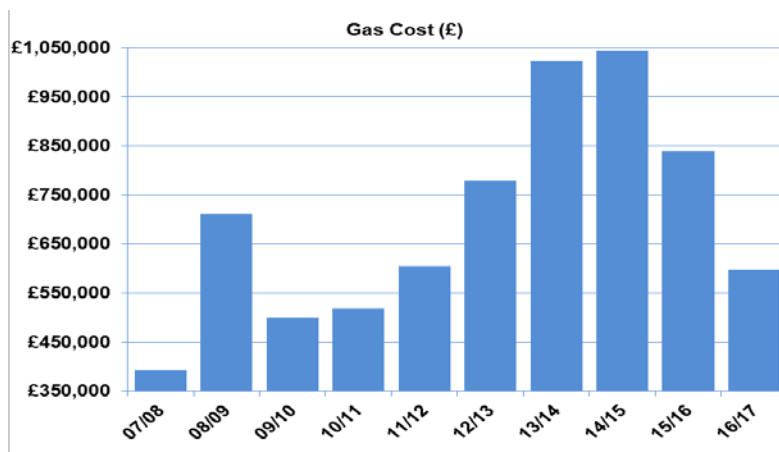
## On-site Energy Generation

The majority of the Trust's electricity requirement was met through on-site generation. The table below shows the amount of electricity generated since 2013. In 2016-17 our CHP generated enough electricity to power 2,337 UK homes (based on OFGEM calculated usage of 3,200 kWh per annum). Again due to the CHP downtime electricity production was down on the previous year. The next major engine overhaul will happen at 60,000 hours or 3.4 years.

CHP Performance	2013-14 (10 months)	2014-15	2015-16	2016-17
Total onsite electricity generated (kWh)	6,122,194	7,628,806	8,167,000	7,477,000
Total grid electricity (including tenant usage)	3,602,495	2,335,348	2,172,653	2,716,706
CHP generated electricity equivalent to power (homes in Barnsley)	1,913	2,384	2,552	2,337
Generated electricity : grid imported %	62 : 38	76 : 24	79 : 21	73 : 27

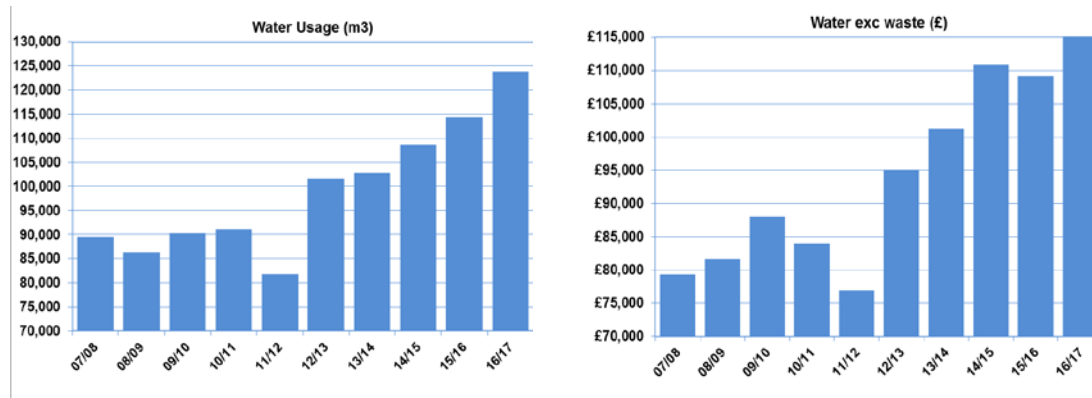
## Gas

During 2016-17 gas usage was down by 3.7% against the previous year. This is largely due to mothballing of one of our gas boilers, optimisation of our CHP unit and lower gas usage due to the CHP overhaul. Our annual spend on gas compared to the previous year fell by 28.8% largely due to a fall in wholesale market prices. The Trust's CHP also met the criteria for Good Quality CHP and benefitted from a 100% exemption against the Climate Change Levy (CCL) resulting in a total cost saving of £82,874 for the year.



## Water

Acute hospitals are high consumers of water as it is used for multiple purposes including increased hygiene, infection control, flushing regime for low usage outlets and water safety compliance. Our annual consumption of water increased by 8.2%; with costs increasing by 11.4% against the previous year. The higher usage can be attributed to increased activity and loss of water through leaks which are now repaired.



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

Utility	Non financial data			Financial data	
	2015-16	2016-17		2015-16	2016-17
Water consumed*	114,414	123,785	m3	£113,370	£125,523
Water sewage*	94,513	102,346	m3	£135,298	£142,079
Grid electricity*	1,555,592	2,109,620	kWh	£185,608	£249,793
Natural gas*	36,810,618	35,451,832	kWh	£839,086	£601,865
Fuel oil*	4,000	7,000	litres	£2,248	£3,934

\*All figures exclude tenant usage and include VAT where applicable

## Waste

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

	HAZARDOUS					NON-HAZARDOUS				
COLOUR CODE	YELLOW	ORANGE	PURPLE	RED	WHITE	GREEN	BLUE	TIGER	CLEAR	BROWN
DESCRIPTION AND DISPOSAL ROUTE	Chemical waste Acids, alkalis, solvents, oils, inks, dyes, pigments, pastes, resins, varnishes, lacquers, coatings, adhesives, sealants, glues, etc.	Chemical waste Flammable liquids, solids, pastes, resins, varnishes, lacquers, coatings, adhesives, sealants, glues, etc.	Chemical waste Oxidising liquids, solids, pastes, resins, varnishes, lacquers, coatings, adhesives, sealants, glues, etc.	Infectious waste Sharps Cytotoxic drugs Cytotoxic waste	Radioactive waste Cytotoxic drugs Cytotoxic waste	Biological waste Blood, serum, plasma, urine, faeces, sputum, etc.	Pharmaceutical waste Antibiotics, hormones, etc.	Pharmaceutical waste Antibiotics, hormones, etc.	Pharmaceutical waste Antibiotics, hormones, etc.	Pharmaceutical waste Antibiotics, hormones, etc.
PERMITTED WASTE ITEMS IN EACH WASTE RECEPTACLE	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins	Antibiotics Antiseptics Antivirals Chemicals Drugs Enzymes Hormones Insulin Medicines Narcotics Painkillers Sedatives Steroids Vaccines Vitamins

The Facilities team this year launched a new healthcare waste poster providing guidance to staff to ensure correct disposal of all waste streams to ensure legal compliance, minimises potential for penalties, reduces disposal costs, reduces the associated carbon and environmental impact of managing waste.

Our overall waste costs and waste volumes have fallen 3.3% and 3.8% respectively against the previous year which is great news.

Waste	Non financial data		Financial data (£k)		
	2015-16	2016-17		2015-16	2016-17
Absolute values for total amount of waste produced	922.5 tonnes	888 tonnes	Expenditure on waste disposal	£128,925	£124,666

## Pharmacy

The Trust Pharmacy continues to take part in the Glaxo Complete the Cycle respiratory inhaler recycling and recovery scheme where users are able to return their empty or out-of-date respiratory inhalers which are then sent for recycling and recovery. Implementation of this scheme has saved 4 tonnes of CO<sub>2</sub> during 2016.

## Organisational & Workforce Development

Staff engagement and buy-in is critical to help meet our environmental and sustainability targets. During the course of 2016 we launched an e-learning course to educate our staff on environmental sustainability and how they can contribute to making the Trust greener. Work has already started on developing content for our new intranet to provide staff a one-stop forum for all things related to sustainability. We also conducted a survey to gauge staff opinion on how well we are performing as well as understand how we can improve.

## Low Carbon Travel, Transport & Access

The Trust continues to participate in a number of schemes to encourage modal shift from staff using cars to choosing healthier travel options.

Monthly Dr Bike Clinics were held allowing staff to bring their bikes for free safety checks and minor repairs. Through our partners Inmotion and Barnsley Cycle Hub we were also able to offer staff free loan of electric bikes. To further encourage our staff to cycle to work we also carried out a full refurbishment of our changing room which now offers coin operated lockers, changing bench, towel radiator, LED lighting with PIR.

In partnership with South Yorkshire Transport Partnership Executive (SYPTPE) new employees were offered free 1 month bus passes, journey planning and travel advice to encourage use of local transport. In recognition of our commitment to sustainable travel the Trust finished runner-up in the Modeshift Contribution to Sustainable Travel Award in the organisation category.

## Built Environment

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

- Design and commencement of installation of two new more fuel efficient diesel generators to provide standby power generation for the whole hospital.
- Reconfiguration of the Trust's elective and non- elective pathways to deliver services from a reduced overall footprint of wards. This provides a solution which protects surgical capacity from seasonal pressures in the form of medical non-elective outliers. This reduces energy usage and running costs by reducing footprint and reduces the potential for aborted surgical activity.
- Ensured all construction sites are managed in an environmentally and socially considerate and accountable manner.
- Ensured principal contractors working for Trust with a contract value over £1m have an environmental management system.
- Issued Trust Sustainable Development Management Plan to all contractors.

## Climate Change Adaptation

The portfolio of the Trust Business Security Unit includes emergency planning and business continuity. In both areas climate change, severe weather and sustainability are built into contingency planning and response via the Resilience Framework. Annual severe weather and heat wave plans are produced and global environmental factors are regularly monitored by the Unit. This enables the Trust to respond to any incident appropriately. Any change in the current threat or risk is recorded in the Trust risk register.

## Procurement

The environmental impact of what and how we procure and dispose of goods and services represents a significant part of our activities. The decisions we make and the processes we follow can reduce the environmental impact and deliver both carbon and financial savings. Our procurement team have all received an electronic version of our SDMP and our Trust Sustainable Procurement Policy to help embed awareness of sustainability issues. Key procurement staff have also completed an online carbon literacy course for procurers and buying staff to develop awareness and understanding of climate change issues.

## Communications

Our Communications Team helped to 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. We have launched our very first sustainability section on the Trust's website. Our goal is to inform patients, staff and the wider public on the progress we have made in improving our environmental sustainability. Amongst the features are info

graphics, links to articles and research and downloadable versions of documents like the Trust's SDMP.

## **NHS Sustainability Day**

The Trust participated in NHS Sustainability Day with a number of events held throughout the day. Dr Bike were on site providing free repairs and free loan bikes. In addition 'Be Well Barnsley' were also onsite handing out literature on being more active to improve health and wellbeing. SYTPE provided journey planning and travel advice. Our new sustainability section on our website was also launched providing comprehensive information on the work we are doing as well as providing helpful advice and guidance. Explore the website on: [www.barnsleyhospital.nhs.uk/about/sustainability](http://www.barnsleyhospital.nhs.uk/about/sustainability).

## **Future Priorities and Key Objectives**

The key priorities for 2017-18 include:

- Installation of cloud based energy management system
- Working with distributors to optimise deliveries and achieving reduction in packaging waste
- Working with our catering department to achieve Food for Life standard, reducing food waste and creating energy from it
- Inclusion of sustainability criteria for staff parking permits
- Develop intranet content which will form the main portal to present sustainability content.



## 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 confident employer award (which replaces 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 with a disability are supported through training, redeployment, flexible working and continued support.

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

The Equality and Diversity Steering Group continues to focus on issues and support the Trust on patient and workforce inclusion matters. It has a fundamental role in assisting to set the strategic context for Equality and Diversity and Human Rights as well as monitoring progress. A two-year Equality and Diversity Strategy was approved in May 2016. This strategy pulls together equality objectives and local engagement work. Delivery of the strategy's objectives is monitored on a quarterly basis through the Equality and Diversity Group reflecting our public sector equality duties under the Equality Act 2010.

### Diversity Champions

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

### Lesbian Gay Bisexual Transgender (LGBT) Forum Rainbow Tick

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

## **Workforce Race Equality Standard (WRES) and NHS Equality Delivery System (EDS2)**

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

## **Community Engagement**

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

## **Equality Impact Assessments**

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

## **Diversity Awareness Events/Training**

This year the Trust held a Diversity Conference for staff which included external speakers and stall holders to help raise awareness and celebrate diversity within the Trust. Training on unconscious bias and deaf awareness has also been set up in the Trust to allow staff to improve their communication skills with patients and staff. The Trust also participated in supporting international women's Day, disability events, LGBT History month, Barnsley Reach BME Jobs and Skills Fair and region wide NHS initiatives which have been hosted through NHS Employers. Such events have allowed the Trust to identify issues and embed them into the Equality and Diversity Strategy. Equality and Diversity training continues to be delivered throughout the year within the Trust's induction process and has continued to achieve high levels of overall compliance and satisfaction within the Trust at over 95% compliance rate.

# Accountability Report

## The Directors' Report

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

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

In response to the growing challenges facing the Trust needs, during 2016-17 the Board was increased to comprise seven Non-Executive Directors (including the Chairman) and six Executive Directors.

The revised composition helped to ensure that the skills and strengths provided by the Non-Executive and Executive Directors throughout the year provided 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.

The Trust has retained Constitutional option to vary the numbers slightly as and when the need arises, provided always that the Board retains a majority of Non-Executive Directors.

### Board Performance Evaluation

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

The Board continues to evaluate its performance throughout the year through appraisals (individually and collectively) and is ultimately held to account by the Council of Governors on behalf of the Trust's members. Building on findings from the 2014-15 governance reviews and follow-up work in 2015-16, Board members have continued to progress a development programme to build on learning from the external review to further strengthen its performance as a unitary Board.

## Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2016 to 31 March 2017 was as follows:

### Chairman

- Stephen Wragg

### Non-Executive Directors

- Francis Patton (Senior Independent Director)
- Suzy Brain England OBE (to 30 November 2017)
- Janet Dean
- Dr. Rosalyn Moore
- Nicholas Mapstone
- Keely Firth (appointed from 1 January 2017)
- Philip Hudson (appointed from 1 January 2017)

### Chief Executive

- Diane Wake (Diane Wake left the Trust on 2 April 2017)

### Executive Directors

- Dr. Richard Jenkins, Medical Director & Deputy Chief Executive
- Karen Kelly, Director of Operations
- Heather McNair, Director of Nursing & Quality
- Michael Wright, Director of Finance
- Bob Kirton, Director of Strategy & Business Development (from 1 September 2016)

### The Management Team

Our Management Team is made up of Executive Directors and other Directors who support the day-to-day running of the hospital. In the reporting period these included:

- Michael Wright, Director of Finance
- Karen Kelly, Director of Operations
- Dr. Richard Jenkins, Medical Director & Deputy Chief Executive
- Heather McNair, Director of Nursing & Quality
- Tom Davidson, Director of Information & Communications Technology (ICT)
- Bob Kirton, Director of Strategy & Business Development
- Emma Parkes, Director of Marketing & Communications
- Lorraine Christopher, Director of Estates & Facilities.
- Jose Fernandez, Associate Director of Human Resources & Organisational Development (to end of July 2016)
- Emma Lavery and Karl Hickman, Joint Associate Director of Human Resources & Organisational Development (from November 2016)

## Non-Executive Directors

### Stephen Wragg, Chairman



Stephen was appointed as Chairman in January 2009. He is a self-employed Management Consultant, before which he was Technical Director at W2Networking, where he was responsible for customer technical solutions, customer service and satisfaction and the development of a commercial data centre strategy. From 2001 to 2007 he was Head of Information and Communications Technology (ICT) at Business Link South Yorkshire and Head of ICT at Barnsley and Doncaster TEC from 1997 to 2001. Prior to his appointment

Stephen was a Non-Executive Director of NHS Barnsley. He holds Non-Executive posts at Barnsley Premier Leisure Trading and Barnsley Civic, is a Governor at Darton College and a Director of 360 Engagement Limited. There were no significant changes to the Chairman's commitments in 2016-17 and the Register of Interests is published in public Board papers.

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

### Francis Patton, Non-Executive Director, Senior Independent Director



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

Independent Director (SID).

Francis's term of office has been extended for a further period up to December 2017. Francis is Chair of the Trust's Finance and Performance Committee. He also serves as Chair of the Trust's wholly owned subsidiary, Barnsley Facilities Services (BFS).

#### Dr Rosalyn Moore, Non-Executive Director



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

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

#### Nicholas Mapstone, Non-Executive Director



Nick joined the Trust in April 2015. He is the director of his own consultancy company that specialises in supporting NHS organisations. He is also a specialist advisor to the Care Quality Commission

Nick sits on both the Finance and Performance and Audit Committees. His current term runs until 31 December 2017.

#### Janet Dean, Non-Executive Director



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

Committee and Chair of the Audit Committee. Her current term runs to December 2018.



#### Keely Firth, Non-Executive Director

Keely joined the Board in January 2017. A qualified Accountant, she has 30 years experience in the NHS including Barnsley Hospital, Leeds Teaching Hospital, Trent Regional Health Authority and Healthcare commissioning organisations. She is currently the Chief Finance Officer of Rotherham Clinical Commissioning Group. Keely is also a voluntary trustee of a national charity – the Healthcare Financial Management Association. Keely is a member of the Finance & Performance Committee. Her term of office runs until December 2019.



#### Philip Hudson, Non-Executive Director

Philip joined the board in January 2017. He is a qualified lawyer whose expertise lies in commerce and industry. He has spent the previous 16 years working as group General Council at Drax Group Plc and Kelda Group Plc. He was also Director of Corporate Affairs at Drax Group and continues to be Chairman of Trustees of the company's pension scheme. He also holds a number of non-executive and consultancy roles.

Philip is a member of the Audit Committee and the Quality and Governance Committee. His term of office runs until December 2019.



#### Suzy Brain England OBE, Non-Executive Director

Suzy was appointed on 1 January 2012 until 31 December 2014 and subsequently reappointed to 2017. Suzy left the Trust on 30 November 2016.

## Executive Directors



### [Diane Wake, Chief Executive \(to 31 March 2017\)](#)

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.

Diane left the Trust on 2 April 2017.



### [Dr Richard Jenkins, Medical Director](#)

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

Richard is also the Trust's Deputy Chief Executive and is a member of the Finance & Performance Committee and the Quality & Governance Committee. Richard became Chief Executive from 3 April 2017.



### [Karen Kelly, Director of Operations](#)

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





#### Michael Wright, Director of Finance

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

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



#### Heather McNair, Director of Nursing and Quality

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



#### Bob Kirton, Director of Strategy & Business Development

Bob joined the Trust in 2009 following a successful career as a senior manager in retail. He has a BA in History from Leicester University and a MSC in strategy and leadership in healthcare from Bradford University. Bob completed the Nye Bevan Executive leadership programme in 2015. Bob was appointed to be Executive Director of Strategy and Business Development on 1 September 2016. He is Trust lead on strategy, business planning, the efficiency programme and commercial affairs, supporting clinical

teams and the Executive Team to deliver organisational goals and better services for Barnsley patients. Bob is a member of the Finance & Performance Committee and is a Director of the Trust's subsidiary company.

## Register of Interests

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

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

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

## Statement as to Disclosure to Auditors

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

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

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

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

## Better Payment Practice Code

In the main, the Trust has been unable to adhere to the better payment practice code due to the current financial position and the related availability of cash. The Trust ended the year with extended creditor days and it has in the main not been possible to make payments within terms. Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for 2015-16 were minimal, with a value of less than £100.

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

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

## **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 Governance Disclosures**

For information on the arrangements in place to govern quality are within the Annual Governance Statement within this report on page 12`.

## **Political or Charitable Donations**

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

## **Financial Risk**

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

## **Stakeholder Relations**

Information on stakeholder relations can be found on page 35.

## **Patient Care**

Information on patient care activities and our performance against key patient care targets can be found on page 32.

# 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 although the assessment of staff under this framework rests with the Chief Executive and their team, with support from HR.

The Committee met seven times in 2016-17 (please see tables on page 116 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 (to 30 November 2016)
- Francis Patton, Non-Executive Director
- Janet Dean, Non-Executive Director
- Keely Firth, Non-Executive Director (from 1 January 2017)
- Philip Hudson, Non-Executive Director (from 1 January 2017)
- Nicholas Mapstone, Non-Executive Director
- Dr. Rosalyn Moore, Non-Executive Director

The Chief Executive<sup>2</sup> and HR Lead attended by invitation to ensure the Committee had access to internal and external information and advice relevant to its discussions quickly and efficiently.

In 2016, the Committee appointed Mr Robert (Bob) Kirton to the Board of Directors, as Director of Strategy & Business Development, with effect from 1 September 2016. As this was an internal promotion, no executive search fees were incurred.

The Trust has a Local Pay Framework and salary scale for the remuneration of senior managers and directors, and an agreed spot salary arrangement for Executive 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.

<sup>2</sup> 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.

With the exception noted above regarding Mr Kirton, Executive Directors are appointed through open competition in accordance with the Trust's recruitment and selection policies and procedures and NHS guidance, including the requirement for external assessors as appropriate.

All Executive Directors covered by this report hold appointments that are permanent until they reach retirement. The notice period for the Chief Executive is three months, six months for Executive Directors appointed before December 2011 and three months for those appointed after this date. Any termination payment would take account of national guidance.

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

The Trust pays due consideration to what is happening in the financial environment and with its other employees when determining Directors' remuneration. Non-Executive Directors are appointed by the Council of Governors, the process for which is led by the Nomination Memberships Committee, a committee of the Council.

The Committee is supported by appropriate advice and guidance from a human resources specialist. If appropriate, the nomination process may also include the services of another external agency and such other independent expert as may be considered necessary. Non-Executive Directors' service agreements can be terminated with one month's notice.

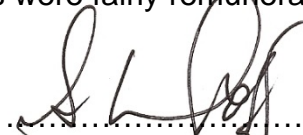
It is important to ensure all staff are fairly remunerated for their work and in line with their peers nationally, ensuring we do not lose staff on the basis of inequitable salaries. Nevertheless maintaining the right balance for our senior staff continues to be challenging in view of the increased demands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

In June 2016, the Committee approved a 1% pay uplift from 1 April 2016, reflecting the confirmed national pay deal. In June and October the Committee also reviewed and revised the pay of the senior directors, including the Chief Executive, to ensure alignment with the agreed salary scales and national guidance and

reflecting the increased responsibilities of several post holders. These changes are reflected in the table on remuneration shown on page 69.

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

**Stephen Wragg**



**Chairman of the Remuneration and Terms of Service Committee**

23 May 2017

**Dated:** .....

## Senior Managers' Remuneration Policy

The Trust has a Local Pay Framework and salary scale for the remuneration of senior managers and directors and an agreed spot salary arrangement for Executive Directors which is overseen by the Remuneration and Terms of Service (RATS) Committee. For clarity the table below reflects the elements of the senior managers' pay as governed by the RATS Committee, the RATS Committee is responsible for giving due consideration to matters relating to loss of office. There were no such considerations in the period. The Trust exercises due consideration to employment considerations at all levels within the organisation.

Element	Reason	Mechanics
Base pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data with regional and national comparators, and internal and external factors affecting the Trust and the wider NHS, including national pay agreements.
Benefits	£5,000 car allowance for Chief Executive	Offset by cessation of pension costs for the Chief Executive (saving of c£20,000 pa)
Any particular arrangements specific to individual senior managers	<p>The Medical Director's salary continues to comprise of two central elements: his executive role as Medical Director, elements of his working time as a consultant and any enhancement related to his achievements as a senior consultant.</p> <p>Whilst the Medical did work with the North Kirklees CCG as Secondary Care Clinician from March 2016, he received no remuneration for doing so.</p>	<p>Remuneration levels for the Medical Director's executive role is determined and monitored by the RATS Committee. Consultant payments reflect national pay arrangements for medical staff.</p> <p>Each such opportunity for any of our staff would be reviewed. The Trust supported releasing the Medical Director's time for this role and the CCG was rebilled accordingly.</p>

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

Element	Reason	Mechanics
Base pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data available locally and from the NHS Providers annual survey of Board remuneration and internal and external factors affecting the Trust and the wider NHS.

Benefits	None – there are no enhanced payments for roles such as the Audit Committee Chair and/or Senior Independent Director	
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## Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2016-17 are as follows:

Director	Start date	End date	Unexpired term
Suzy Brain England OBE Non-Executive Director	January 2012	30 November 2016	-
Janet Dean Non-Executive Director	January 2016	-	To December 2018
Keely Firth Non-Executive Director	January 2017	-	To December 2019
Philip Hudson Non-Executive	January 2017	-	To December 2019
Dr Richard Jenkins Medical Director	January 2015	-	On-going (as Chief Executive)
Karen Kelly Director of Operations	April 2014	-	On-going
Robert (Bob) Kirton Director of Strategy & Business Development	September 2016	-	On-going
Nick Mapstone Non-Executive Director	April 2015	-	To December 2017
Heather McNair Director of Nursing & Quality	December 2011	-	On-going
Dr. Rosalyn Moore Non-Executive Director	April 2015	-	To December 2017
Francis Patton, Non-Executive and Senior Independent Director	January 2008	-	To December 2017 (subject to annual renewal)
Diane Wake Chief Executive	October 2013	2 April 2017	
Stephen Wragg Chairman	January 2009	-	To December 2017 (subject to annual renewal)
Michael Wright Director of Finance	December 2015	-	On-going



## Salary and Pension Entitlements of Senior Managers

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

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

### A) Single Total Figure Table: [subject to audit]

Name and Title	Year ended 31 March 2017				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	165-170	14,200	0-2.5	180-185	160-165	9,200	0-2.5	170-175
Mrs H McNair, Director of Nursing and Quality	110-115	4,700	45.0-47.5	160-165	105-110	4,200	30.0-32.5	140-145
Mr S Diggles Interim Director of Finance and Information <sup>05</sup>					90-95	0	0-2.5	90-95
Ms Karen Kelly, Director of Operations	110-115	2,100	45.0-47.5	160-165	110-115	0	60-62.5	170-175
Dr Richard Jenkins, Medical Director <sup>01 10</sup>	220-225	0	0	220-225	220-225	0	127.5-130.0	350-355
Mr R Kirton, Director of Strategy & Business Development <sup>02</sup>	55-60	4,000	95.0-97.5	155-160				
Mr M Wright Director of Finance <sup>09</sup>	120-125	3,300	72.5-75.0	195-200	70-75	4,000	55-57.5	130-135
Mr S Wragg, Chairman	40-45	200		40-45	40-45	100		40-45
Mrs L Christon, Non Executive Director <sup>06</sup>					5-10	0		5-10
Mrs S Brain England OBE, Non Executive Director <sup>03</sup>	5-10	200		5-10	10-15	300		10-15
Mr F Patton, Non Executive Director	10-15	400		10-15	10-15	100		10-15
Ms J Dean, Non Executive Director <sup>07</sup>	10-15	0		10-15	0-5	0		0-5
Ms R Moore, Non Executive Director <sup>08</sup>	10-15	0		10-15	10-15	0		10-15
Mr N Mapstone, Non Executive Director <sup>08</sup>	10-15	500		10-15	10-15	300		10-15
Mrs K Firth, Non Executive Director <sup>04</sup>	0-5	0		0-5				
Mr P Hudson, Non Executive Director <sup>04</sup>	0-5	0		0-5				

### Year ended 31 March 2017

01. Dr R Jenkins receives 74% of his salary in relation to clinical activity
02. Mr R Kirton was appointed as an Executive Director from 1st September 2016
03. Mrs S Brain England left the Trust as at 30 November 2016
04. Mrs K Firth and Mr P Hudson were appointed from 1 January 2017

### Year ended 31 March 2016

- 05 Mr S Diggles stood down from the position of Interim Director of Finance as at 19 July 2015
06. Mrs L Christon left the Trust as at 31 December 2015
07. Ms J Dean was appointed from 1 January 2016
08. Dr. R Moore and Mr N Mapstone were appointed from April 2015
09. Mr M Wright was appointed the Director of Finance from 1 December 2015, after acting up as Director of Finance from 20 July 2015 to 30 November 2015.
10. Dr. R Jenkins receives 57% of his salary in relation to clinical activity.

### Highest Paid Director (subject to audit)

	<u>2016/17</u>		<u>2015/16</u>
Band of Highest Paid Director's total Remuneration £' 000s	<u>220-225</u>		<u>220-225</u>
Median Total £' s	24,304		23,132
Ratio	9.2		9.7

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 2016-17 was £220,000 to £225,000 (for 2015-16:£220,000 to £225,000). This was 9.2 times (2015-16 9.2 times) the median remuneration of the workforce which was £24,304 (2015-16 £23,132).

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 2017.

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 overleaf.

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 2017 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 [subject to audit]

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2017	Lump sum at pension age related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 1 April 2016	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017	Employer's Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	To nearest £100
Mr M Wright, Director of Finance	2.5-5.0	5.0-7.5	10-15	25-30	137	68	205	0
Mrs H McNair, Director of nursing and quality	2.5-5.0	7.5-10.0	45-50	140-145	819	73	892	0
Ms K Kelly, Director of Operations	2.5-5.0	7.5-10.0	35-40	115-120	685	70	755	0
Mr R Jenkins, Medical Director	0.0-2.5	0	55-60	145-150	905	38	955	0
Mr R Kirton, Director of Strategy and Business Development	0.0-2.5	n/a	15-20	n/a	n/a	26	137	0

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors. The Trust does not make any pension contributions on behalf of Ms D Wake. Mr R Kirton became a senior manager in the year so not all figures were available or applicable to the table above.

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

Information Relating to the expenses of the governors and the directors					
	Year ended 31 March 17		Year ended 31 March 16		
	Directors	Governors	Directors	Governors	
Total number in office - <b>Note 1</b>	14	34	13	29	
The number receiving expenses in the reporting period	8	4	6	2	
The aggregate sum of expenses paid in the reporting period	<u>£9,000</u>	<u>£200</u>	<u>£9,000</u>	<u>£100</u>	

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

### Exit Packages

There were no payments to past senior managers in the reporting period.

*R. Jenkins*  
**Dr. Richard Jenkins** ..... Date: 23 May 2017  
 Chief Executive

## Staff Report

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

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

Workforce engagement remained a key strategy to support our turnaround plan and five year strategy with, supporting and enabling all staff to work differently and given permission to act. Underpinning this engagement work we have monitored staff feedback from the annual NHS staff survey, the staff FFT and stress surveys.

Our appraisal data confirms that 92.5% of our non-medical staff have received an appraisal and 99.4% of our Medical staff have received an appraisal. An audit of the 2015 appraisal process provided positive feedback. Staff sickness absence has shown a slight decline in 2016-17, with the average for the year at 4.14% compared to 4 % in 2015-16.

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

The Trust continues to maintain a stable workforce of 3,522 in 2016-17 (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15, 3,337 in 2015-16), with investment in doctor and nursing posts remaining a priority. As at 31 March 2017, our workforce can be profiled as:

Ethnic Origin	Total Staff	Total %
White British	3,171	90.0
White Other	67	1.9
Mixed	31	0.9
Asian or Asian British	142	4.0
Black or Black British	46	1.3
Chinese	7	0.2
Other Ethnic	26	0.7
Not Stated	32	0.9
Gender		
Female	2,849	80.9
Male	673	19.1

<b>Disabled</b>		
No	3,246	92.2
Not declared	140	4.0
Yes	136	3.9
<b>Religious Belief</b>		
Atheism	386	11.0
Buddhism	13	0.4
Christianity	2,096	59.5
Hinduism	44	1.2
Islam	89	2.5
Judaism	3	0.1
Not Disclosed	570	16.2
Other	313	8.9
Sikhism	3	0.1
Unspecified	5	0.1
<b>Sexual Orientation</b>		
Heterosexual	3,003	85.3
Bisexual	11	0.3
Gay	21	0.6
Lesbian	14	0.4
Not Disclosed	467	13.3
Unspecified	6	0.2
<b>Age Band</b>		
16 – 20	96	2.7
21 – 25	346	9.8
26 – 30	440	12.5
31 – 35	409	11.6
36 – 40	444	12.6
41 – 45	414	11.8
46 – 50	435	12.4
51 – 55	455	12.9
56 – 60	322	9.1
61 – 65	123	3.5
65+	38	1.1

The balance of male and female of our workforce at the year end for 2016-17 is shown below.

Staff Group	Female	Male	Total
Add Prof Scientific and Technic	120	43	163
Additional Clinical Services	772	82	854
Administrative and Clerical	611	144	755
Allied Health Professionals	155	30	185
Estates and Ancillary	36	60	96
Healthcare Scientists	61	32	93
Medical and Dental	127	209	336
Nursing and Midwifery Registered	967	73	1040
Total:	2849	673	3522

The balance of male and female of our Directors and senior management team at the year end for 2016-17 is shown below.

Staff Group	Female	Male
Board of Directors (Executive and Non-Executive Directors)	6	7
Senior Management Team (excluding Executive Directors)	3	3

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

Note 4.2 Average number of employees (WTE basis)	08K	08L	08M	08N	08O	08P	Maincode	Expected Sign
	2016/17	2016/17	2016/17	2015/16	2015/16	2015/16	Subcode	
	Total Number	Permanent Number	Other Number	Total Number	Permanent Number	Other Number		
Medical and dental	317	317		296	296		100	+
Ambulance staff	0	0		0			105	+
Administration and estates	679	679		645	645		110	+
Healthcare assistants and other support staff	222	222		229	229		115	+
Nursing, midwifery and health visiting staff	1,012	1,012		996	996		120	+
Nursing, midwifery and health visiting learners	0	0		0			125	+
Scientific, therapeutic and technical staff	488	488		476	476		130	+
Healthcare science staff	0			0			131	+
Social care staff	0			0			135	+
Agency and contract staff	47		47	76		76	140	+
Bank staff	79		79	73		73	142	+
Other	1	1		0			145	+
Total average numbers	2,846	2,719	127	2,790	2,641	149	150	+
Of which								
Number of employees (WTE) engaged on capital projects	7	7		8	8		160	+

## Sickness Absence data

Our sickness rate for the year was 4.1% against the intended target of 3.75%. Whilst we have not achieved the target, we have seen a decrease over last three months of the reporting period and are working hard to reduce this further with targeted support in areas of higher than average sickness and support to managers in adhering to our Sickness Absence Policy.

Name	OCS code	Figures Converted by DH to Best			Statistics Published by NHS	
		Average FTE 2016	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
Barnsley Hospital NHS Foundation Trust	RFF	2,644	23,701	9.0	964,878	38,448

## Workforce Engagement

Workforce engagement remained a key strategy to support the Trust's turnaround plan and five year strategy with the aim of engaging staff with the change agenda, empowering them to make changes within the organisation with the support of management and ensuring they feel able to report and raise concerns.

A range of engagement activities have been undertaken, including; Join the Conversation open sessions with the Chief Executive, service specific engagement sessions and initiatives, team and individual coaching and Trust-wide events.

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

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

### Staff Communications

The Trust has a range of different methods to ensure the effective communication of key organisational messages. Throughout the year we used all our regular channels of communication with staff, including the intranet, email, newsletters, weekly bulletins, Team Brief cascade, focus groups, development sessions and appraisals, staff 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.

### BRILLIANT Staff Awards

We continue to pay tribute to our staff with the monthly BRILLIANT staff awards. Two awards are handed out each month – one celebrates a 'top team' in the



hospital and the second honours an individual member of staff. All individual winners receive automatic entry into the annual staff HEART awards.

### Heart Awards

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

### NHS Staff Survey

A full NHS Staff Survey was once again undertaken in between the months of October to December; 2,827 members of staff were eligible to complete the survey and 1,477 surveys were returned. We are pleased to say that our response rate has increased year on year and we are scoring higher than the average response rate (based on 45 'Picker' Acute Trusts) as the table below shows.

	2015-16	2016-17
Number of staff in original sample	2834	2918
Total number of eligible staff	2801	2827
Returned completed	1279	1477
Response rate	45.7%	52.2%
Average Picker response rate	38.0%	39.9%

## NHS Staff Survey 2015-16 to 2016-17: Key Comparisons of Key Findings

### Picker facilitated report:

When comparing the question responses year on year out of 88 questions the Trust has improved on 3 questions and worsened on 7 questions.

The number of questions that are significantly better, in comparison to last year are:

2015	27
2016	3

The number of questions that are significantly worse, in comparison to last year are:

2015	1
2016	7

<b>Top Five Ranking Scores:</b>	<b>2016-17</b>	<b>National Average</b>
Percentage of staff experiencing discrimination at work in the last 12 month	7%	11%
Percentage of staff appraised in the last 12 months	94%	87%
Percentage of staff satisfied with the opportunities for flexible working patterns	55%	51%
Percentage of staff working extra hours	68%	72%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	24%	27%

<b>Bottom Five Ranking Scores</b>	<b>2016-17</b>	<b>National Average</b>
Staff motivation at work	3.80	3.94
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	86%	90%
Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	40%	45%
Percentage of staff/colleagues reporting most recent experience of violence	60%	67%
Percentage of staff feeling unwell due to work related stress in the last 12 months	39%	35%

### [The NHS England report:](#)

The NHS England report clusters the questions into 32 key findings.

When comparing 2015 to 2016 results, out of 32 Key Findings we are statistically worse in 3, and statistically better in one.

In 2016 the Trust demonstrated commitment to developing our staff engagement by launching the staff engagement group. CBU leads take ownership of their directorate results and formulate individual action plans based on the themes identified specific to their directorates. The HR business partners meet regularly with the CBU leads at the performance meetings and the staff survey action plan forms part of the agenda.

Staff survey results are triangulated with patient feedback, clinical success, achievement of targets which all demonstrates improved performance.

Our response rates are illustrated below:

<b>Staff Motivation at Work</b>	<b>2015</b>	<b>2016</b>
I look forward to going to work	52%	51%
I am enthusiastic about my job	72%	70%
Time passes quickly when I am working	76%	73%
<b>Job Design</b>		
I always know what my work responsibilities are	86%	87%
Feel trusted to do my job	91%	92%
I am able to do my job to a standard I am personally pleased with	77%	78%
<b>Opportunities to Develop Potential at Work</b>		
There are frequent opportunities for me to show initiative in my role	72%	72%
I am able to make suggestions to improve the work of my team/department	74%	74%
I am involved in deciding on changes introduced that affect my work	53%	51%
I am able to make improvements happen in my area of work	54%	51%
I am able to meet conflicting demands on my time at work	44%	42%
I have adequate materials, supplies and equipment to do my work	60%	56%
There are enough staff at this organisation to allow me to do my job properly	34%	32%
Team members have a set of shared objectives	71%	71%
Team members often meet to discuss the team's effectiveness	60%	59%
Team members have to communicate closely with each other to achieve the team's objectives	77%	77%
<b>Staff Job Satisfaction</b>		
The recognition I get for good work	50%	48%
The support I get from my immediate manager	68%	67%
Satisfied with support from colleagues	79%	80%
Satisfied with the amount of responsibility given	74%	72%
Satisfied with the opportunity to use skills	71%	72%
Satisfied with extent the organisation values my work	39%	40%
Satisfied with the level of pay	42%	41%
Satisfied with opportunities for flexible working patterns	53%	54%

<b>Contribution to Patient Care</b>		
Satisfied with the quality of care I give to patient's/service users	80%	80%
I feel my role makes a difference to patients/service users	88%	89%
I am able to provide the care I aspire to	66%	65%
<b>Your Managers</b>		
Immediate manager encourages team working	76%	74%
Immediate manager can be counted upon to help with difficult tasks	70%	70%
Immediate manager give clear feedback on my work	62%	63%
Immediate manager asks for my opinion before making decisions that affect my work	56%	55%
Immediate manager supportive in personal crisis	75%	74%
Immediate manager take a positive interest in my health and wellbeing	68%	66%
Immediate manager values my work	71%	69%
I know who my senior managers are	81%	80%
Communication between senior management and staff is effective	38%	37%
Senior managers try to involve staff in important decisions	30%	30%
Senior managers act on staff feedback	28%	28%
<b>Health and well being</b>		
Organisation takes positive action on my health and well-being	28%	31%
In the last 12 months, have experienced musculoskeletal problems as a result of work activities	25%	24%
Have felt unwell as a result of work related stress in the last 12 months	41%	40%
In the last 3 months, have gone to work when not feeling well enough to perform duties	61%	60%
Have felt pressure from manager to come to work when not feeling well enough	28%	28%
Have felt pressure from colleagues to come to work when not feeling well enough	25%	21%
Have put myself under pressure to come to work when not feeling well enough	92%	93%
<b>Working Hours</b>		
Working part time (up to 29 hours a week)	18%	16%

Don't work any additional paid hours per week for this organisation, over and above contracted hours	38%	36%
Don't work any additional unpaid hours per week for this organisation over and above contracted hours	53%	53%
<b>Witnessing and reporting Errors near misses and incidents</b>		
Witnessed errors, near misses or incidents in the last month that could have hurt staff	17%	18%
Witnessed errors, near misses or incidents in the last month that could have hurt patients/service users	27%	26%
If witnessed either I or a colleague reported.	94%	93%
<b>Fairness and Effectiveness of Procedures for Reporting Errors, Near Misses or Incidents</b>		
Organisation treats staff who are involved in and error, near miss or incident fairly	49%	46%
Organisation encourages us to report errors, near misses or incidents	90%	87%
When they happen the organisation takes action to ensure they don't happen again	72%	68%
Given feedback about changes made in response the error, near miss and incident	62%	62%
<b>Raising Concerns about Unsafe Clinical Practice</b>		
Staff saying if they were concerned about unsafe clinical practice they would know how to report it.	96%	96%
Staff would feel secure raising concerns about unsafe clinical practice	69%	68%
Staff confident that the organisation would address the concern	56%	54%
<b>Experiencing and Reporting Physical Violence at Work</b>		
Experiencing physical violence at work from patients/service users, their relatives or other members of the public in the last 12 months		
Never	84%	81%
1 to 2 times	9%	10%
3 to 5 times	5%	4%
6 to 10 times	1%	2%
More than 10	1%	3%
Experiencing physical violence at work from managers in the last 12 months		
Never	100%	99%

1 to 2 times	0%	1%
3 to 5 times	0%	0%
6 to 10 times	0%	05
More than 10	0%	0%
Experiencing physical violence at work from other colleagues in the last 12 months		
Never	99%	97%
1 to 2 times	1%	2%
3 to 5 times	0%	1%
6 to 10 times	0%	0%
More than 10	0%	0%
If yes to all of the above saying that with they or a colleague had reported it	58%	62%
<b>Experiencing and Reporting Harassment, Bullying and Abuse at Work</b>		
Experiencing harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public in the last 12 months		
Never	77%	74%
1 to 2 times	14%	15%
3 to 5 times	5%	6%
6 to 10 times	2%	2%
More than 10	2%	3%
Experiencing harassment, bullying or abuse at work from managers in the last 12 months		
Never	86%	87%
1 to 2 times	9%	9%
3 to 5 times	2%	3%
6 to 10 times	1%	0%
More than 10	2%	1%
Experiencing harassment, bullying of abuse from other colleagues in the last 12 months		
Never	83%	84%
1 to 2 times	12%	11%
3 to 5 times	4%	3%
6 to 10 times	1%	15

More than 10	1%	1%
If experienced harassment bullying or abuse either they or a colleague report it.	44%	40%
<b>Equal Opportunities</b>		
Organisation acts fairly with career progression/promotion regardless of, ethnic background, gender, religion, sexual orientation or age.	88%	85%
<b>Discrimination</b>		
Experienced discrimination from patients/service users, their relatives or other members of the public in the last 12 months	3%	3%
Experienced discrimination from their manager/team leader or other colleagues in the last 12 months	7%	5%
Discrimination on the grounds of ethnic background	2%	1%
Discrimination on the grounds of gender	2%	1%
Discrimination on the grounds religion	0%	0%
Discrimination on the grounds sexual orientation	0%	0%
Discrimination on the grounds disability	1%	0%
Discrimination on the grounds of age	2%	1%
Discrimination for other reasons	3%	4%
<b>Job-relevant Training, Learning and Development</b>		
Having received non-mandatory training, learning or development in the last 12 months	69%	67%
Who have received the training – it has helped do the job more effectively	78%	82%
Who have received the training – it has helped stay up-to-date with professional requirements	84%	86%
Who have received the training – it has helped deliver a better patient/service user experience	77%	81%
Staff who have received mandatory training in the last 12 months	99%	98%
<b>Appraisal</b>		
Staff saying they had received an appraisal or performance development review in the last 12 months	93%	94%
Appraisal helped me to improve how I do my job	18%	21%
Appraisal helped me agree clear objectives for work	29%	33%
Appraisal left me feeling that my work is valued by the organisation	25%	27%

Values and behaviours were definitely discussed as part of appraisal	36%	37%
Appraisal had identified training, learning or development needs	62%	62%
Manager definitely supported them to achieve the learning or development identified in appraisal	52%	49%
<b>Your Organisation</b>		
Care of patient/service users is my organisations top priority	69%	67%
My organisation acts on concerns raised by patients/service users	72%	68%
I would recommend my organisation as a place to work	56%	57%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	60%	62%
<b>Patient/Service User Experience Measures</b>		
Patient/service user experience feedback is collected within the directorate/department	90%	91%
I receive regular updates on patient/service user experience feedback in my directorate/ department	64%	63%
Feedback from patients/service users is used to make informed decisions within my directorate/department	58%	58%

## Investors in People

The Trust was successfully awarded the Investors in People Bronze Award in March 2015. A comprehensive report has outlined our areas of strength as; Our Chief Executive and the senior leadership; our values and vision; the Communication Strategy; commitment and innovation; Learning and development; and partnerships.

It was highlighted that there are excellent areas of practice at the Trust and attention should be given to these areas of success. Patient feedback, clinical success, achievement of targets all demonstrates improved performance. The Trust has commenced preparations for reassessment in December 2017.

## Disability Policy

For information on our policy relating to disabled members of staff, please refer to the Equality and Diversity information on page 55.

## Learning and Organisational Development

### Our Apprenticeship Pledge

We have a robust apprenticeship scheme and currently employ 25 apprentices, completing a range of apprenticeships business and administration, IT, accounting, pharmacy, clinical healthcare support and customer services. These apprenticeships are either intermediate or advanced level.



## Bands 1-4 Strategy

The Trust supports Health Education Yorkshire and the Humber with the Talent for Care Programme, which not only promotes apprenticeship opportunities but provides support with initiatives to promote widening participation to individuals who are under represented within the NHS. As a large employer we have a corporate social responsibility to our community and this agenda supports this. The Talent for Care initiative has also enhanced further the visibility and targeting of Health Careers Information, Advice and Guidance. This has been achieved through our continued work with local schools, career activities and school leaver events; we have engaged with over 1,500 school aged children. In addition to this, work experience placements have provided many schoolchildren within our region with real experience of working within the NHS.

We have provided access to learning and development for our bands 1-4 clinical and 1-6 non clinical the support staff learning and development (SSLDF) funding, and some staff have progressed to access to higher education courses. The Trust has supported 167 work experience learners and to date 222 of our staff have completed the care certificate. In 2016 the Trust ran its annual Healthcare Assistant Conference.

## Mandatory Training and Appraisals

The new Trust Training Plan has been agreed following the annual review which took place during the third quarter of 2016. The plan continues to meet legislative, statutory and mandatory training requirements and each year it is updated to reflect changes and will continue to be reviewed on an annual basis and endorsed and approved by the Workforce Group. It takes its lead from the following overarching training policies but incorporates all training requirements identified within Trust policies approved by the Board: Induction Policy, Learning and Development Strategy, Learning and Development Approval Policy. The plan is aligned to the requirements of the NHS inspection regime and external legislation. In particular the Care Quality Commission (CQC) standards act as an overriding guide to the compliance requirements and best practice of the plan.

In 2016 a Working Together group was formed to reduce unwarranted variations across six mandatory and statutory training subjects (MAST). Local trusts have aligned delivery methods and frequency for all section 1 subjects and the outcomes of this implemented on 1 April 2017.

## Long Service Awards

130 staff were congratulated for more than 3,180 years combined service to the hospital in the annual Long Service Awards. The employees were awarded certificates by the Chairman for their dedication to the hospital for 20, 25, 30 or 35 years service. One member of staff was awarded a certificate for 40 years service.

## Organisational Development

The Trust has an Organisational Development Framework which outlines the range of leadership and management qualifications available to current leaders or those aspiring to leadership. Organisational Development delivers a range of interventions to support all aspects of the organisation including management processes and team interventions. Specific work with appraisals has contributed

to the achievement of the appraisal target and we have implemented assessment centres to support senior recruitment and increased use of psychometric and 360° feedback tools. Coaching capacity within the Trust has been increased this year and an Aspiring and Ascending talent programme has been launched.

### Support staff Development and Vocational Training

The Trust partners with Barnsley College to provide vocational qualifications and apprenticeships to our support staff; these can be entry level literacy and numeracy skills to higher education qualifications. Staff are supported to access continuing professional development opportunities.

### Library and Resource Centre

Our Library and Resource Centre continued to develop during the year to ensure that learning and development for all staff and students are fully and effectively supported. The Centre continues to support learning and development and a number of innovative themed events have been delivered to encourage participation and learning by all staff, for example, The festival of learning, where all eLearning within the Trust was celebrated and staff were able to share how learning has made a difference to them.

The Centre has strong partnerships with local training providers and Library services who attend open days to promote their services and the Centre has recently implemented the self-issue system, 123 docs MRCP paces question banks and the introduction of e books which can be accessed from any device. The Library and Resource (LRC) centre has supported patient safety initiatives by ensuring that displays, information and resources have supported initiatives such as Human Factors, Acute Kidney Injury and falls. This resource can be used to ensure the most up to date information is provided on the student mobile devices.

One third of staff using the Library and resource centre do so to access the Trust's e-Learning system, the LRC staff offer advice, guidance, PC access and troubleshooting to staff.

### Recruitment and Retention

Several initiatives were implemented to support key objectives:

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

### Occupational Health and Wellbeing

Occupational Health and Wellbeing Service (OHWS) have had a successful year. The main positive outcomes have been appointments to roles, new post

commencing, successful flu programme and gaining further new service level agreements.

Speaking at the UK Health and Wellbeing conference in Birmingham March 2017, Simon Stevens Chief Executive of NHS England said ‘there is still much to be done to ensure staff are properly supported’. Having a multidisciplinary team enables OHWS to support staff with both physical and mental health issues.

Having a Registered Mental Health Nurse in the team not only enables staff to be seen within a timely manner to support them remaining at work or reducing their sickness absence but also enables OHWS to be proactive and provide educational sessions such as mindfulness, stress awareness, supporting staff to be proactive in their own health.

The new post of Health and Wellbeing Coordinator supports the actions of the Health and Wellbeing CQUIN.

Great strides have been made to signpost local ‘free’ and low cost fitness events, classes, educational days on site working with other disciplines in the Trust to support campaigns such as ‘cycle schemes’ ‘use the stairs’ to provide information to enable staff to make informed changes to improve their health and wellbeing. OHWS continue to provide lifestyle and step fitness checks which supports both mental and physical health.

A monthly dashboard is provided to workforce group highlighting key performance indicators (KPI), number of referrals received giving breakdown of manager and self by CBU, fast tracks, income generated, health promotion topics. Bi-monthly information is reported into Health and Safety Group, for example, referrals for psychological wellbeing conditions broken down into specific reasons, contamination incidents, and work related skin conditions.

Activity is as follows:

Activity for BHNFT	Appointments
Employment screening	1,030
Referrals	879
Reviews	1500
Psychological support	1473
EMDR	19
CBT	0
Reviews	see above
Group work	0
Physio referral	243
Hepatitis B vaccinations	260
Did not attends (DNA)	970

## Health and Safety

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

## Countering Fraud

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

## Volunteers

The Trust continues to work with a volunteer workforce who provide an invaluable service to the Trust and the patients and public who attend our hospital. Some of the important things they undertake are signposting and supporting patients around the hospital site and helping people sign in for outpatient appointments using our electronic check in pods and. The Trust Board would like to extend its thanks to our volunteers.

## Whistleblowing and Raising Concerns

We are committed to creating a just culture where staff feel comfortable to raise concerns confident in the knowledge that this will be taken seriously and investigated. It is essential for patient safety and continual improvement of our services that staff are free to speak up. We have updated our Raising Concerns (whistleblowing policy) in line with the Freedom to Speak Up Policy for NHS.

In October 2016 we appointed a Trust Freedom to Speak Up Guardian. We have done a lot of work to ensure our staff know there is a guardian in post and how they can contact him. Posters have been created for the wards and departments describing which types of concerns should be raised with the guardian and which concerns can be dealt with via our existing processes. The guardian holds a regular drop in session for staff and a guardian intranet page has been created.

## Expenditure on Consultancy

Please see Financial Accounts on page 228 onwards.

## Exit Packages

Please see Remuneration Report on page 66.

## Off Payroll Arrangements

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

**Table 1: For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last for longer than six months**

No. of existing engagements as of 31 March 2017	3
Of which...	
No. that have existed for less than one year at time of reporting.	3
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

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

**Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017, 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 2016 and 31 March 2017	3
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	3
No. for whom assurance has been requested	1
Of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	1
No. that have been terminated as a result of assurance not being received.	0

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

**Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017.**

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure <i>must</i> include both off-payroll and on-payroll engagements.	14

# Governance

## Our Approach to Governance

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

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

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

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

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

You can read more about our committee structure and the work that they undertook during the year on pages 105 - 112.

## Our Governance Structure

The Trust's governance agenda is managed through the Board's governance committees each chaired by a Non-Executive Director, reporting directly to the Board.

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

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

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

27 January 2015. In September 2015 Monitor reversed the enforcement notice relating to the governance arrangements.

The enforcement notice relating to the Trust’s financial position remains in place.

## Code of Governance

### Disclosures

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

### Comply or Explain

The Code is issued as best practice, but also contains a number of main principles, supporting principles and code provisions on a ‘comply or explain’ basis. Barnsley Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance, most recently revised in July 2014, based on the principles of the UK Corporate Governance Code issued in 2012. The Trust is compliant with all elements of the ‘comply or explain’ sections of the Code of Governance, with the exception of B.4.2, which is shown in the table below.

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

### Disclosure Statements

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

The table below also includes a small number of specific additional requirements as set out in the NHS Foundation Trust Annual Reporting Manual, which directly



relate to, or enhance the annual reporting requirements as set out in the NHS Foundation Trust Code of Governance.

Provision	Requirement	Page
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	104
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.	58 – 62 115
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.	105 - 106
	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	115 - 118
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.	63
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.	58 - 62
	The annual report should include a brief description of the length of appointments of the Non-Executive Directors and how they may be terminated.	58 – 62 69
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.	66 108

Provision	Requirement	Page
	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 or Non-Executive Director.	108
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.	58
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.	111 - 114
	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 then information on this must be included in the annual report.	N/A in 2016-17
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.	56
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.	N/A in 2016-17
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).	63
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Annual Governance Statement
C.2.2	A Trust should disclose in the annual report:	101 -

Provision	Requirement	Page
	<p>(a) if it has an internal audit function, how the function is structured and what role it performs; or</p> <p>(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.</p>	<p>102</p> <p>Annual Governance Statement</p>
C.3.5	<p>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.</p>	N/A
C.3.9	<p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <p>the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;</p> <p>an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and</p> <p>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.</p>	101 - 102
D.1.3	<p>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.</p>	68
E.1.4	<p>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.</p>	114
E.1.5	<p>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.</p>	104

Provision	Requirement	Page
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.	112-113
	<p>The annual report should include:</p> <ul style="list-style-type: none"> <li>a brief description of the eligibility requirements for joining different membership constituencies</li> <li>information on the number of members and in each constituency</li> <li>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.</li> </ul>	112 - 113
	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.	63

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

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

Disclosure Requirement	Statutory Reference	Page
Any important events since the end of the financial year affecting the NHS Foundation Trust	7(1) (a) Schedule 7	21
An indication of likely future developments	7(1) (b) Schedule 7	15 - 17
An indication of any significant activities in the field of research and development	7(1) (c) Schedule 7	35
An indication of the existence of branches outside the UK	7(1) (d) Schedule 7	21
Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities	10(3) (a) Schedule 7	54 - 55
Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period	10(3) (b) Schedule 7	54 - 55
Policies applied during the financial year for the training career development and promotion of disabled employees	10(3) (c) Schedule 7	54 - 55
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees	11(3) (a) Schedule 7	79
Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests	11(3) (b) Schedule 7	79
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance	11(3) (c) Schedule 7	76
Actions taken in the financial year to achieve a common awareness on the part of all employees of	11(3) (d) Schedule 7	7 - 9

Disclosure Requirement	Statutory Reference	Page
the financial and economic factors affecting the performance of the NHS foundation trust		
In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the NHS foundation trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash- flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity	6 Schedule 7	8-9 13 - 14 63 - 64

#### Other disclosures as required by the NHS foundation trust annual reporting manual 2016-17

The Annual Reporting Manual for 2016-17 requires a number of disclosures to be made in the Annual Report and to state where these have been reported on if they are not included in the Directors' Report. The following table sets out where these disclosures have been made.

Disclosure Requirement	Page
Any new or significantly revised services	Strategic Business Review, page 21 onwards
Service improvements following staff or patient surveys	31 - 34
Improvements in patient / carer information	33
Information on complaints	33 - 34
Descriptions of significant partnerships and alliances entered into by the NHS foundation trust to facilitate the delivery of improved healthcare	34 - 36
Development of services involving other local services/agencies and involvement in local initiatives	34 - 36 40 - 41
Slavery Act	120

## Role of the Audit Committee

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

The Audit Committee also ensures that the Trust has an effective internal audit function which provides assurance to the Trust as to the effectiveness and internal control processes 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.
- Internal Audit
- The Local Counter Fraud Specialist, who performs both proactive and reactive work against an agreed Counter Fraud, Bribery and Corruption work plan in accordance with NHS Protect.
- Clinical Audit.

The Audit Committee reviews significant risks in year which have included medium and long term financial stability; and valuation of property, plant and equipment. These have been considered through the presentation of the External Audit Plan and discussions with our external auditors, Grant Thornton UK LLP.

The Committee continues to include at least one member with recent and relevant financial experience (see outline of Non-Executives' skills on page 59) and is supported at every meeting by the Trust's Director of Finance or his deputy.

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

The Governors appointed Grant Thornton UK LLP as external auditors following a full tender exercise for a three year period commencing August 2016, with an option to renew for a further two year period. A full tendering process was commenced in February 2016 and was completed with award of tender in June 2016.

The audit fee for the statutory audit including quality accounts review was £61,260 (2015-16 £65,180 including VAT). The audit fee for the subsidiary organisation, Barnsley Hospital Support Services Limited, was £7,530 (2015-16 £10,176). The audit fee for Barnsley Hospital Charity was £3,120 (2015-16 £5,515) inclusive of VAT.

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

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

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

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

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

## **Regulatory Segmentation – Single Oversight Framework**

On 27 January 2014, the Trust was issued with a compliance certificate by NHS Improvement (Monitor) in respect of paragraph 2 of the Trust's Enforcement Undertakings (6 June 2014). However, one of the two undertakings was resolved in the same year (2014/15) as was the additional licence condition imposed on the Trust. Full details are available on the NHS Improvement website.

The Trust will remain subject to enforcement action with regard to its financial deficit position until such time as it can return to a break even or surplus position. Good progress has been made, with the Trust delivering its financial plan for another successful but challenging year.

Under the Scrutiny Oversight Framework introduced in 2016, the Trust sits in segmentation 3. This segmentation information is the Trust's position as at 7<sup>th</sup> April 2017 and is reflective of the enforcement notice still in place. Whilst this remains, NHS Improvement can seek formal undertakings from the Trust and/or can impose regulatory requirements.

Since the Scrutiny Oversight Framework was introduced, NHS Improvement has continued to monitor our financial position closely.



## Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score.

Area	Metric	2016/17 Q3	2016/17 Q4
		score	score
Financial sustainability	Capital service capacity	4	4
	Liquidity	3	3
Financial efficiency	I&E margin	4	4
Financial controls	Distance from financial plan	1	1
	Agency spend	1	1
Overall scoring		3	3

## The Council of Governors

In September 2016, the composition of the Council of Governors was revised and extended to comprise 17 public Governors (16 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 eight seats from among our partner organisations across the community, as listed on pages 105 - 106. Whilst this was only a slight shift (one more seat in both the Public and Partner Governors), it did enable the Trust to offer seats to all of its key partners in education across the region (Barnsley College and both of the Sheffield-based Universities – University of Sheffield and Sheffield Hallam University) whilst maintaining a good ratio of public other governors.

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

Pages 116 - 118 highlight the number of Council of Governors' general and sub-group meetings attended by members of the Board, to enable more opportunities for listening to Governors, sharing information and responding to challenges.

The Council of Governors has continued to deal with a range of issues charged to it under legislation and to support the Trust in our strategic development. In 2016-17 this included – but was by no means limited to:

- Continued challenge to the Board on delivery of the Trust's business plan and progress towards exiting financial deficit, holding the Board and specifically the Non-Executive Directors to account for answers and assurance.
- Regular participation in the Trust's programme of internal quality and safety inspections
- Participating in the internal quality inspections, which the Governors helped to reshape and re-launch for 2016.
- Appointment of two new Non-Executive Directors (joined the Trust in January 2017).
- Worked closely with management to review the Trust's Constitution.
- Appointment of new External Auditors to the Trust.

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

Members of the Board, and in particular the Non-Executive Directors, continue to develop an understanding of the views of Governors and therefore members

concerning the Trust by frequent attendance at meetings of the Council of Governors and open and transparent discussions with the Governors.

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

The Trust continues to value the contributions of all of its Governors – public, staff and partners. The Governors in place pre and post elections held in late 2016 are identified below:

## **Public Governors:**

### **Barnsley Public Constituency:**

- Kathryn Armitage
- Michelle Bailey (from 01 January 2017)
- Andrew Bogg (from 01 January 2017)
- Pauline Buttlng
- Tony Dobell
- Joan Gaines (to December 2016)
- Tony Grierson
- Alan Higgins (from 01 January 2017)
- Karen Kanee (from 01 January 2017)
- Bruce Leabeater (to December 2016)
- Stephen (Steve) Long
- Annie Moody – appointed as Lead Governor, from 01 January 2017
- Jacky O'Brien
- Harshad Patel
- Carol Robb
- Frank Skorrow
- Robert Slater
- Trevor Smith
- Joseph (Joe) Unsworth (to 31 December 2016 – also served as Lead Governor until end of office)

### Out of Area (rest of England & Wales):

- Luke Steenson (to October 2016)

### Staff Governors:

- Clinical Support: Rachel Hewitt (to 31 December 2016),
  - Helen Dixon (from 1st January 2017)
- Medical & Dental: Mr Ray Raychaudhuri
- Non Clinical Support: Gilly Cockerline
- Nursing & Midwifery: - Gwyn Morrill
  - Lisa Sanderson (to end of April 2016)
- Volunteers: Tony Conway

### Partner Governors:

- Barnsley College: Lee Pryor
- Barnsley Metropolitan Borough Council (BMBC) Councillor Jenny Platts
- Barnsley Together: Peter Lleshi
- Joint Trade Union Committee (JTUC): Martin Jackson
- NHS Barnsley Clinical Commissioning Group: Chris Millington
  - Sheffield Universities (joint seat – Sheffield Hallam University & University of Sheffield to end of December 2016): Paul Ardron
  - Sheffield Hallam University (separate seat from 01 January 2017) – Paul Ardron
- University of Sheffield (separate seat from 01 January 2017) - Vacancy
- Voluntary Action Barnsley: David Brannan

### Co-opted Governor:

- Joanne Bleasdale (from 1 January 2016 to 31 December 2016)

Public and Staff Governors are subject to elections held annually for up to one-third of seats, for terms of up to three years. In 2016 (for appointment/re-appointment from 1 January 2017), seven seats for public Governors (including two vacancies arising following the resignations of Mrs Sanderson and Mr Steenson) and two staff Governor seats were put forward for election; the elections were supported by 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. Ms Bleasdale's appointment from the Trust's staff helped to ensure the Council retained the balance of staff feedback and skills during Ms Hewitt's absence on maternity leave.

As can be seen by the dates shown in the lists above, several Governors left the Council during the year for a range of reasons, including end of term of office, health and pressure of work. The Council is an evolving and ever changing body

but everyone who becomes part of it makes a valued contribution and helps to shape the future direction of the hospital.

We would like to reiterate sincere thanks to all our Governors – past and present - whose continuing support and commitment to the hospital and the improvement of services for our patients has been invaluable. Particular thanks must be expressed to Mr Unsworth, who served as the Council's Lead Governor (initially the "Governor Representative") from 2008.

## **Vacancies**

The vacancies arising when Mr Steenson and Mrs Sanderson resigned, were carried forward to the 2016 elections in accordance with the Trust's Constitution.

These seats were not filled in the elections but will be redressed in the next elections in April 2017. 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 116 – 117. Where a Governor is unable to attend two consecutive general meetings, the tenure of office may be terminated unless the absence was due to a reasonable cause and he/she will be able to start attending meetings of the Trust again within such a period as the wider Council of Governors considers reasonable.

## **Council of Governors Meetings**

For the joint meeting between the Council of Governors and Board in November 2016, the Board repeated its annual invitation for Governors to attend one of its full meetings (hence the Directors' attendance is not recorded separately in the table on page 115). The meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year.

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

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

## Committees and Sub-groups

### Nominations Committee

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

Membership in 2016-17 included:

- Paul Ardron, Partner Governor
- David Brannan, Partner Governor
- Tony Dobell, Public Governor (from 1<sup>st</sup> January 2017)
- Bruce Leabeater, Public Governor (to 31 December 2016)
- Annie Moody, Public and Lead Governor (from 1 January 2017)
- Ray Raychaudhuri, Staff Governor
- Trevor Smith, Public Governor
- Joseph Unsworth, Public and Lead Governor (to 31 December 2017)
- Stephen Wragg, Trust Chairman (*Committee Chair*)

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

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

In 2016-17 the Committee appointed two new Non-Executive Directors, by open competition. Mrs Keely Firth and Mr Philip Hudson joined the Board with effect from 1 January 2017.

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

As determined previously, work on appointments/re-appointment required for consideration starts in April-June, in readiness for update from 1 January the following year. At its review of Terms and Conditions of Service in 2016-17 an uplift to £12,500 (from £12,120) was approved by the wider Council of Governors for the Non-Executive Directors and pro-rata for the Chairman. This brought the

remuneration levels nearer to – but still below – national and regional averages for both Non-Executive Directors and Chairs.

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

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, its membership includes three other Governors and is also joined by the Trust's Chairman. In the past, the remit of this group was to control a small dedicated budget and consider funding requests to support the work of the Governors. The Committee meets on an ad-hoc basis as and when required.

### Sub-groups

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

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

In 2016 -17 the groups addressed a wide range of issues, some of which are listed below:

#### Quality & Governance Sub Group

- Continued focus on patient's experiences, with Governors providing feedback from their constituency members as well as reviewing the quarterly reports on complaints, compliments and related issues highlighted from Board reports.
- Continued review of progress against key performance indicators and targets for quality and patient safety issues, including pressure ulcers and reduction in the levels of harm from inpatient falls.
- Support for and constructive feedback around the Trust's internal quality and safety inspections. These were re-launched in 2016 in response to

feedback from the Governors to ensure that the visits are more constructive and informative for Governors, Directors and the ward teams.

- Overview of the ward environment: cleanliness, safety and comfort for patients as well as efficiency for the Trust – participating in and looking at learning from the annual PLACE (Patient Led Assessment of Care Environment) inspections.
- Challenging to changes affecting patients and the public, such as the relocation of the Patient Advice & Liaison desk
- Leading the Governors' review of the Trust's Quality Account
- Regular review of nursing and midwifery achievements and staffing levels, particularly in light of the varying new nursing roles being introduced.
- Review of new tools available to support nurses in their care of patients, for instance use of the VitalPAC and Perfect Ward tools introduced in year.

The group was chaired by Trevor Smith, supported by Carol Robb as Vice Chair to the end of May 2016 and Tony Dobell as Vice Chair from June. All three are public governors.

#### Finance & Performance Sub Group

- Review of performance against, and input to development of, the Trust's business plan, including challenge against financial progress and variations against plan and the cost improvement programme in year.
- Review of key reporting issues around sickness absence, mandatory training and appraisals.
- Raising and exploring feedback from staff, helping to ensure their concerns and suggestions continue to be listened to.
- Support for the ICT Strategy introduced in 2016, driving the use of more technology to improve services for patients
- Annual review of the Terms of Reference for the sub-groups, on behalf of the wider Council.
- Development of the programme for the Governors' Annual Development Session (ADS). This year's ADS built on the training programme, introduced by Governors in 2016, which continues to work well.
- Scrutiny of a number of Board reports regularly, including mortality, the capital programme and an overview of the monthly integrated performance report.
- Annual reviews of the work of the Trust's Audit Committee and the external auditors. This group also played a part in the appointment of the new external auditors in 2016, with Tony Dobell continuing in his role as Audit Liaison Governor and providing assurance to the group as the appoint process progressed
- Review and update of the Governors' Strategy
- Towards the end of the year the group also sought more information on the proposed development plans for the Trust's wholly owned subsidiary and appreciated Directors' open and frank response to this request.



The group was chaired by David Brannan (Partner Governor), supported by Trevor Smith as Vice Chair to the end of May 2016; Tony Dobell was appointed to the role of Vice Chair from June.

## **Shared Themes**

Both groups are very aware of the constant demands on Trust's staff throughout the year, particularly over peak periods. Throughout the year, they have recommended to the wider Council that Governors' thanks be recorded and distributed Trust-wide, to express their sincere appreciation and admiration to staff for their hard work and tremendous efforts ensuring safe, quality services for our patients.

They are also very aware of the potential impact of the major changes facing the NHS, not least the sustainability and transformation plan and development of accountable care services. They continue to challenge the import for BHNFT and supported the Trust's response to the latest consultation on Children's Surgical & Anaesthesia Services and Hyper Acute Services, helping to make sure the best services are available for patients at Barnsley.

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

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

## **Working Groups**

It should be noted that ad hoc working groups can be established as and when required.

## **Terms of Office**

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

## **Governor Expenses**

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

## **Relations with Members**

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

Members can raise their concerns and interests with the Governors' office or with any of the Governors. Becoming a member helps people find out how we are performing, keeps them up-to-date with changes through our regular newsletter and lets them have a say in how things are run. It also allows access to discounts usually only accessed by NHS employees.

Anyone at and over the age of 14 is eligible to become a member.

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

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

#### Membership Breakdown 2016-17

As at 31 March 2017 we had eligible members comprising of 8,159 public members and 3,761 staff members. Overall public membership levels had increased by 1.4% and staff membership levels had increased by 12.7% compared to 2015-16 data.

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

Members:	At 1 April 2016	New	At 31 March 2017
Public Constituency	8,046	113	8,159
Staff Constituency	3,285	476	3,761

Please note that in 2016/17 the Trust moved its database from Capita to MES, the data provided will not include any members who were deleted between 1 April 2016 and MES receiving member data from Capita. As such, it will affect the figures below.

The table below also excludes data not stated by members.

Public Constituency	31 March 2017 Actual Members	31 March 2017 *Eligible Membership
<b>Age (years)</b>		
0-16	1	47,212
17-21	65	13,605
22+	7,969	179,833
<b>Ethnicity</b>		
White	7,664	226,285
Mixed	15	1,630
Asian or Asian British	66	1,661
Black or Black British	19	1,221
Other	8	592
<b>Gender</b>		
Male	2,992	119,014
Female	5,053	121,636
<b>Socio-economic Groupings</b>		
AB - upper/middle class	1,686	10,216
C1 - lower middle class	2,201	19,461
C2 - skilled working class	1,938	18,746
DE – working/casual class	2,213	25,092

\*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 MES database.

To ensure departing staff are not lost to the membership, exit interview forms are issued for individuals leaving the Trust enable them to retain their membership by converting to public membership on departure.

### Engaging Members

The Trust engages members via email communications through the externally managed membership database. These communications keep members informed about news around the hospital and important events. A quarterly update sent out to members includes a round up of important information about events, key news stories about the hospital, the best NHS discounts and volunteering opportunities.

New members receive a membership pack via post or handed to them when they sign up in person. The pack contains a welcome letter, information about the hospital, events for the membership and charity, extra sign up sheets for friends and family, information on how to sign up for NHS Discounts and information on how to become a governor. Ways in which the membership pack can be sent electronically via the database are being explored.

### Promotional Activities and Events

Promotional material with key messages about the membership are across the hospital site, these are targeted to key areas in the hospital where promotions can be clearly viewed by the public as well as staff, with the view to increasing the membership awareness and information across the site.

Sign-up sheets are also in key areas around the hospital, coffee shop, and canteen and eventually will be in wall mounted holders around the Trust along with mounted post-boxes so sign up sheets can be easily posted. This will make signing up to the membership more convenient. Sign up sheets, posters and information sheets are also in the waiting areas of the majority of GP surgeries in the Barnsley area.

The Trust attends regular events, at which Governors are welcome, in order to communicate with and sign up new members.

Our membership registration leaflet enables us to capture demographic data including some protected characteristics and to reduce our costs and widen our reach continue to capture email addresses of members wherever possible. The Trust has been campaigning for current members to send their email addresses via the Barnsley Hospital website by utilising the Trust's social media channels; adding reminders on any information sent out to members via the post; using the Trust website to promote the use of email rather than post and; speaking with members at events.

Members can contact Governors or Directors via Carol Dudley, the Secretary to the Board & Governors at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818. Members can also contact the Membership Assistant Chloe Wake on 01226 431784. The postal address is: Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP.

## Attendance at Board of Director and Council of Governors Meetings

### Board and Board Committee Meetings:

Attendance at Board of Director and Council of Governors Meetings												
		Board of Directors		Audit Committee		Finance & Performance		Quality & Governance		RATS		NOTES
<i>Non Executive Directors</i>		Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	
Brain- England	Suzy	9	9	4	3	1	1			3	2	A & B
Dean	Janet	13	13	5	5	1	0	12	11	7	5	A & B
Firth	Keely	3	3			3	3			3	2	
Hudson	Philip	3	3	1	1			3	2	3	3	
Mapstone	Nick	13	13	5	5	12	10			7	7	
Moore	Ros	13	12			9	7	12	10	7	5	A
Patton	Francis	13	11			12	12			7	6	
Wragg	Stephen	13	13	1	0	2	2	9	7	7	7	A
<i>Shading denotes Board / Committee Chair</i>												
<i>Executive Directors &amp; Executive Team Members</i>												
Christopher	Lorraine	12	12			12	10					C
Davidson	Tom	12	12	1	1	12	10					C
Fernandez	Jose	4	1			4	3					
Hickman	Karl	5	2			5	2	5	2	4	1	D
Jenkins	Richard	13	11	3	3	12	9	12	9			
Lavery	Emma	5	3			5	3	5	3	4	3	D
Kelly	Karen	13	10	1	1	12	7	12	6			
Kirton	Bob	12	10			12	12					D
McNair	Heather	13	12			12	12	12	12			
Parkes	Emma	13	12			12	5					
Wright	Michael	13	12	5	5	12	12	10	4			
Wake	Diane	13	12	1	0	12	9			3	3	

### Notes

- A Not a member of the Finance & Performance Committee but invited to attend the mid year review meeting annually
- B Mrs Brain England chaired the Audit Committee to September 2017; Mrs Dean was appointed as Committee Chair thereafter
- C Executive Team members, who are not Executive Directors, are regularly invited to attend most of the meetings of the Board to provide further advice and information on the reports presented
- D Mrs Lavery and Mr Hickman were appointed as Joint Associate Directors of HR&OD from November 2016; any prior attendance at meetings (by invitation) is not reflected in the table above

## Council of Governors Meetings - Governors (and Chair)

Name		Term Of Office				Constituency	General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
		1st Appointed	Expiry Date	Term	Note		Total Eligible	Attended	Attended	Attended	Finance & Performance	Quality & Governance	Total Eligible	Attended
Public Governors						Public Constituency	Total Eligible	Attended	Attended	Attended	Attended	Attended	Total Eligible	Attended
Kathryn	Armitage	Jan-16	Dec-18	1st		Public Constituency	6	6	Yes	Yes	3	4		
Michelle	Bailey	Jan-17	Dec-19	1st		Public Constituency	1	0	-	-				
Andrew	Bogg	Jan-17	Dec-19	1st		Public Constituency	1	1	-	-				
Pauline	Buttling	Jan-16	Dec-18	3rd		Public Constituency	6	5	Yes	Yes	2	6		
Tony	Dobell	Jan-17	Dec-19	2nd		Public Constituency	6	6	No	Yes	5	6	1	1
Joan	Gaines	Jan-14	Dec-16	1st		Public Constituency	5	3	No	No				
Tony	Grierson	Jan-16	Dec-18	2nd		Public Constituency	6	5	Yes	No	3	3		
Alan	Higgins	Jan-17	Dec-19	1st		Public Constituency	1	1	-	-	2	1		
Karen	Kanee	Jan-17	Dec-19	1st		Public Constituency	1	1	-	-	1			
Bruce	Leabeater	Jan-14	Dec-16	3rd		Public Constituency	5	4	No	No	1	2	5	4
Steve	Long	Jan-16	Dec-18	1st		Public Constituency	6	2	No	No	3	5		
Annie	Moody	Jan-15	Dec-17	1st		Public Constituency	6	5	Yes	Yes	5	6	1	1
Jacky	O'Brien	Jan-17	Dec-19	2nd		Public Constituency	6	4	Yes	No	1	5		
Harshad	Patel	Jan-15	Dec-17	1st		Public Constituency	6	5	Yes	No	3	2		
Carol	Robb	Jan-15	Dec-17	4th		Public Constituency	6	4	Yes	Yes	2	2		
Frank	Skorow	Jan-15	Dec-17	1st		Public Constituency	6	6	Yes	No	5	5		
Robert	Slater	Jan-16	Dec-18	1st		Public Constituency	6	6	No	No	6	6		
Trevor	Smith	Jan-16	Dec-18	3rd		Public Constituency	6	4	No	No	3	4	6	6
Joe	Unsworth	Jan-14	Dec-16	5th		Public Constituency	5	4	Yes	Yes	4	4	5	5
Luke	Steenson	Jan-14	Oct-16	1st	A	Public Constituency	3	0	No	No				

*Chairs denoted by shading*

Name		Term Of Office				Constituency	General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
		1st Appointed	Expiry Date	Term	Note		Total Eligible	Attended			Attended	Attended	Finance & Performance	Quality & Governance
Staff Governors						Staff Constituency								
Gilly	Cockerline	Jan-16	Dec-18	1st		Non-Clinical Support	6	1	No	No		5		
Tony	Conway	Jan-16	Dec-18	2nd		Volunteers	6	4	No	No	6	4		
Helen	Dixon	Jan-17	Dec-19	1st		Clinical Support	1	0	No	No				
Rachel	Hewitt	Jan-14	Dec-16	1st	B	Clinical Support								
Gwyn	Morritt	Jan-15	Dec-17	2nd		Nursing & Midwifery	6	3	No	No	1	1		
Ray	Raychaudhuri	Jan-16	Dec-18	3rd		Medical & Dental	6	3	No	No	3	6	6	5
Lisa	Sanderson	Jan-14	Apr-16	1st	C	Nursing & Midwifery	1	0	No	No				
Name		Term Of Office				Constituency	General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
		1st Appointed	Expiry Date	Term	Note		Total Eligible	Attended			Attended	Attended	Finance & Performance	Quality & Governance
Partner Governors						Partner Constituency								
Paul	Ardron	Aug-13			D & E	Sheffield Hallam University	6	4	No	Yes			6	4
David	Brannan	Jan-05			D	Voluntary Action Barnsley	6	5	Yes	Yes	5	4	6	6
Martin	Jackson	Jan-08			D	Joint Trade Union Committee	6	2	No	No	1			
Peter	Lleshi	Feb-14			D	Barnsley Together	6	2	No	No	1			
Chris	Millington	May-15			D	NHS Barnsley Clinical Commissioning Group	6	5	No	No	6	6		
Clr Jenny	Platts	Oct-09			D	Barnsley Metropolitan Borough Council	6	5	Yes	Yes		3		
Lee	Pryor	Nov-15			D	Barnsley College	6	1	Yes	No		1		
Joanne	Bleasdale	Jan-16	Dec-16		B	Co-Opted	5	0	No	No	3	2		
<b>Plus</b>														
Stephen	Wragg	Jan-09	Dec-17		F	Chairman	6	6	Yes	Yes	4	3	6	6
<i>Chairs denoted by shading</i>														

Name			General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
			Total Eligible	Attended	Attended	Attended	Finance & Performance	Quality & Governance	Total Eligible	Attended
							Attended	Attended		
<b>Board and Management Attendance:</b>										
Suzy	Brain -England	Non- Executive Director			Yes	Yes	1	2		
Janet	Dean	Non- Executive Director		2	Yes	Yes	1	3		
Jose	Fernandez	Associate Director of HR					1			
Keely	Firth	Non- Executive Director					1			
Philip	Hudson	Non- Executive Director						1		
Richard	Jenkins	Medical Director		2	Yes			1		
Karen	Kelly	Director of Operations		1	Yes	Yes		1		
Bob	Kirton	Director of Business & Strategy		4	No	Yes	3			
Emma	Lavery	Associate Director of HR & OD							1	1
Nick	Mapstone	Non- Executive Director			No	Yes	4			
Heather	McNair	Director of Nursing & Quality		1	Yes	Yes		1		
Ros	Moore	Non- Executive Director		2	Yes	Yes	1	4		
Francis	Patton	Non- Executive Director		1	Yes	Yes	4		2	2
Diane	Wake	Chief Executive	6	4	Yes	Yes			1	1
Michael	Wright	Director of Finance		4	Yes	Yes	3			

## Notes

A Mr Steenson resigned in October 2016 due to work demands

B Ms Hewitt served her full term of office but was on maternity leave throughout 2016; the Council of Governors co-opted Ms Bleasdale for that period to ensure continued clinical staff input

C Mrs Sanderson retained her seat on the Council of Governors throughout a period of sickness absence; on return to work she stepped down from the Council in order to give more time to her recovery and delivering her core role D Partner Governors are appointed/re-appointed by their organisations at regular intervals

E Mr Ardron was originally appointed as a joint Partner Governor for both Sheffield Hallam University and Sheffield University. At the latest Constitution review, a separate seat was provided for each University and Mr Ardron was re-appointed as the Partner Governor for Sheffield Hallam University, with effect from 1 Jan 2017

F Mr Wragg does not chair those parts of the Nominations Committee wherein any aspect of appointment, evaluation or Terms & Conditions of the Trust Chairman are discussed



# Statement of Accounting Officer's Responsibilities

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

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

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

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

observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

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

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

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



**Dr. Richard Jenkins, Chief Executive**

**Date:** 23 May 2017 .....

## Other Disclosures

### Freedom of Information

The Trust continues to meet its duties under the Freedom of Information Act, meeting requests for information from the public, politicians and the media. The majority of these requests are received by email and are responded to electronically within the 20 working day deadline. We continue to provide the information, where it exists, free of charge if the information can be gathered at a reasonable cost. In the financial year 2016/17, we received a total of 586 requests (an increase of 64 on the previous year), for which none required a payment to the Trust.

### Market Values / Fixed Assets

We have re-valued our estate in 2016-17. This exercise resulted in an increase in value of £3.5m.

### 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 hospital NHS Foundation Trust outside the UK.

### Modern Slavery Act 2015

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

  
**Signed:** .....

**Dr. Richard Jenkins, Chief Executive**

**Date:** 23 May 2017 .....

# Annual Governance Statement

## Dr Richard Jenkins, 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 2017 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. In June 2013 Barnsley Hospital NHS Foundation Trust's Constitution was revised to enable the Board of Directors to be expanded if and when appropriate to support the needs of the Trust. With the growing demands on the hospital, staff and management, it was agreed in 2016-17 that it would be timely to appoint an additional Non Executive Director (NED) and Executive Director to the Board. Consequently, when notice was given by one of the NEDs in the autumn 2016 of her intent to leave the Board at the end of November 2016 to take up her new role as Chair at Doncaster & Bassetlaw NHSFT, Barnsley Hospital NHS Foundation Trust started the process to appoint two new NEDs; one to fill the vacancy and one for the new NED position. It was also agreed at this time to promote the role of the Director of Strategy & Business Development to an Executive Director appointment, recognising the importance of this post and the breadth of the portfolio involved. These appointments have increased the Board from 11 to a total of 13 Directors. With a team of seven NEDs (including the Chairman) and six Executive Directors (including the CEO), the Trust now has an even stronger blend of skills, knowledge and experience on the Board at this critical time in the NHS. A majority of Non Executive to Executive Directors has been maintained to protect the

independent balance and challenge that is vital to a strong Board, and have also maintained the option to scale back the size of the Board in the future if needed.

On 31 March 2017 the Trust's Chief Executive left her position at the Trust. To support and facilitate a seamless handover and transition of responsibilities during this time, the Trust's Deputy Chief Executive was appointed as Interim Chief Executive from 3 April 2017. During the last quarter of 2016-17 there was a planned and comprehensive handover of responsibilities between the substantive and interim Chief Executive enabling among other duties, the sign off of the 2016-17 Annual Governance Statement. On the 12 April 2017, I the former Medical Director, was approved as the new substantive Chief Executive by the Council Of Governors, subject to the opinion of NHS Improvement.

I am supported in my role through the assurance committees of the Board of Directors, each under the chairmanship of a Non-Executive Director, with appropriate membership or input from members of the Executive Team. The delegation of responsibility for operational management of risk throughout the Trust sits with the Director of Nursing and Quality. She is supported by a Head of Quality and Governance, albeit the totality of organisational risk remains with the Board.

The Trust's overall risk is managed through the Board's governance committees each chaired by a separate Non-Executive Director reporting directly to the Board. The Trust's system of internal governance is supported by a governance structure that sees risk being reported directly to the Quality and Governance Committee and the Finance and Performance Committee, from the Trust's operational governance groups. This provides the mechanism for managing and monitoring all risks throughout the Trust and reporting to the Board of Directors.

Established governance arrangements within the Trust's three Clinical Business Units (CBU) maintain effective risk management provisions across all clinical services, maintain CBU risk registers and report directly to the monthly Director-led governance groups via the monthly CBU governance meetings. The Audit Committee comprising of three NEDs, oversees the systems of internal control and the overall assurance process associated with managing risk. The Board of Directors receives the Chair's logs and minutes of the three Board Committees and receives assurances from the Quality and Governance Committee relating to the management of all serious untoward incidents, including Never Events, as well as receiving the monthly integrated performance report which includes performance on all quality and performance matters. Periodic reports on complaints and claims are also provided to the Board of Directors.

The Risk Management Strategy provides a framework for managing risks across the Trust. It provides a clear and systematic approach to risk management recognising that risk assessment is essential to the efficient and effective delivery of its service aims and objectives. The Board makes its decisions with consideration to the effective management of risk.

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

Comprehensive Root Cause Analysis training has been provided to staff members directly responsible for risk management in their area of work including the responsibility for undertaking investigations into serious incidents and complaints. Lessons learned from serious incidents, complaints, claims and other learning from instances where things have gone wrong are communicated via the corporate and CBU governance frameworks and via the weekly Patient Safety Bulletin, sponsored by the Medical Director and Director of Nursing and Quality. 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 CBUs and is delivered with the support of the Quality Assurance and Effectiveness Team in accordance with best practice, policies and procedures. The Clinical Audits are reported at appropriate forums and practice re-audited as necessary.

### **The Risk and Control Framework**

The Trust is committed to embedding a culture that encourages staff to: identify and control risks which may adversely affect the Trust's operational ability; analyse each risk using the approved risk grading matrix and where possible; eliminate or transfer risks or else reduce them to an acceptable and cost effective level. In this way the Board is sighted on the remaining residual risks.

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

The Trust encourages the reporting of incidents underpinned by a culture of transparency and openness. Any lessons learned as a result of incidents, Serious Incidents, Complaints and Claims are shared with the patient and if appropriate, with their family, to impart the findings of any investigation and provide assurances that lessons learned have been implemented.

Following the implementation of the statutory Duty of Candour, introduced in November 2014, the Trust has developed governance systems that promote transparency for patients and families and capture compliance in order to report on performance.

In October 2016 the Trust appointed a *Freedom to Speak-up* Guardian to raise the profile of raising concerns within the Trust and provide staff with confidential advice and support to raise their concerns in relation to patient safety and/or the way their concern has been handled.

- **The Board Assurance Framework**

The Board Assurance Framework (BAF) monitors the major risks to delivery of the strategic priorities. The BAF is reviewed by the Quality and Governance Committee, the Finance and Performance Committee and the Audit Committee with quarterly updates being provided to the Board of Directors.

The Board Assurance Framework:

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

- [Quality Governance Arrangements](#)

The Trust is committed to providing safe, effective and high-quality care. The Director of Nursing and Quality is the Executive lead for quality within the Trust. Working in close partnership with the Medical Director and supported by the Head of Quality and Governance, the Director of Nursing and Quality has the overall responsibility for the delivery and sustainability of the quality improvement agenda and plan for the Trust.

The Trust has a programme of quality improvement priorities. All quality improvement programmes follow a structure that monitors and measures performance with progress being continuously reviewed at both CBU level and at corporate level via the monthly Trust's integrated performance report. Progress on the achievement of priorities is reported continuously through the Trust's quality, performance and governance structures.

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

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

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

The Quality Report, within this annual report and accounts, provides more detailed information on the Trust's Quality Improvements throughout 2016-17 and the future plans for continued improvement in 2017-18.

- [Care Quality Commission Compliance](#)

The Trust is registered with the Care Quality Commission (CQC). There is a process for announced and unannounced Quality and Safety Assurance Visits throughout the Trust based on the fundamental standards of quality and safety. The findings and outcomes are discussed at the CBU governance arrangements with progress on actions reported via the Patient Safety and Harm Group. Any areas of concern are

risk assessed and applied where necessary to the local and corporate risk registers. Supporting the internal Quality and Safety Assurance Visits is a programme of announced and unannounced Quality Assurance Visits by Barnsley Clinical Commissioning Group.

During 2016-17 the Trust recognised the potential benefits of driving quality improvements through app-based healthcare technology, using *Perfect Ward*. This is, an interactive app designed to undertake inspection work in a variety of healthcare settings and enables staff to perform inspections via a handheld smartphone device and offers a number of advantages to traditional paper based auditing.

Following the Trust's announced Comprehensive CQC Inspection in July 2015 work has continued to embed the improvements made both before and since the Inspection including the submission of the Trust's completed action plan in May 2016, in accordance with the regulations. CQC has monitored the action plan, and continue to monitor the Trust, through on-going engagement. Progress in continued improvement and sustainability has been monitored via the 2016-17 Clinical Audit programme and through the Trust's other systems and processes of internal control and assurance. In October 2016 Internal Audit published its report following a review into the arrangements the Trust put in place to respond to the CQC Inspection and to prepare for a follow up inspection. The review examined the effectiveness of controls in place and was undertaken in accordance with the Public Sector Internal Audit Standards. Significant Assurance was provided that there is a generally sound internal quality monitoring system in place to respond to the CQC's recommendations following inspection and to prepare for a future inspection. The Trust will continue to identify and share good and best practice and will align quality improvement work programmes with the 2017-18 audit programme to provide additional assurance and reassurance. The Trust has not been subject to a CQC inspection in 2016-17.

- [Compliance with NHS Licence](#)

In May 2014 Monitor served an enforcement notice relating to the Trust's governance and financial arrangements and the Emergency Care Standard. The latter enforcement notice was reversed by Monitor in January 2015 and in September 2015 Monitor reversed the enforcement notice relating to the governance arrangements. The Trust remains in breach of licence with regards to its financial situation however throughout 2016-17 work has continued to address this breach and progress is regularly monitored by the regulator, NHS Improvement (formerly Monitor).

The validity of the information supporting the Corporate Governance Statement is assured via the continuous reporting and review of performance and key issues through the Board's governance committees, (primarily the Audit, Finance and Performance, Quality and Governance Committees), and annual review against the Code of Governance. 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 of Directors and also served as a means by which requests from the Board were disseminated for further scrutiny of identified issues.

- [The Major Risks Facing the Trust](#)

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

The Audit Committee meets at least five times per year reviewing audit plans which have been agreed by management with Internal and External Auditors. The audit plans focus assurance activity on the areas it deems to be of the highest priority. The Corporate Risk Register and Board Assurance Framework is reviewed at each meeting of the Audit Committee where additional reviews are commissioned when required in order to provide assurance to the Board of Directors. During 2016-17 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit.

- [Financial sustainability](#)

The Trust worked closely with NHS Improvement on the construction of an annual plan for 2016-17. The delivery of the efficiency programme has been monitored throughout the year by the Cost Improvement Programme (CIP) Steering Group, the Board Committees and the Board of Directors.

The delivery of the financial plan for 2016-17 has proven challenging for the Trust due to the demand for additional beds to support escalation pressures. Further distressed funding to support the continuity of services at the Trust has been received in year. The key financial risks for 2017-18 are:

- Delivering the Control Target Deficit of £10.0m assigned to the Trust for 2017-18. Failure to do so will result in the Trust not been able to access Sustainability and Transformation funding
- Delivery of a Cost Improvement Programme of £7.8m
- Cash flow management and access to distressed funding
- Repatriation of out-of-area referrals
- National pay awards
- Non pay inflation
- The necessity to open escalation beds to cope with the demand from Non-Elective patients which has been significantly in excess of our planned demand
- Further increases to NHSLA premiums.
- Seven day services not being fully funded by Barnsley Clinical Commissioning Group. This had previously been funded non-recurrently.

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

Meeting the Four-Hour Wait access standard remains a challenge for the trust and the local health system. The Trust remains focused and engaged as part of the Barnsley A&E Delivery Board in working with key stakeholders to strengthen resource and processes to enable the sustainable delivery of the standard. Recent developments have included the introduction of a local health economy escalation framework, which went live in December 2016 and the appointment of four A&E



Consultants to strengthen the senior cover in the department until midnight. The use of technology continues to develop in supporting a proactive approach to managing and preparing for demand, with systems now stronger than ever to enable strong decision making. The risk will remain on the corporate risk register due to the complexity of the many influencing factors in achieving the standard. The Trust and the local health economy continues to deliver the strongest performance of any system in South Yorkshire and will continue to work with NHS England's input in maintaining resilience.

- [Cost Improvement Programmes \(CIPs\)](#)

The Trust has delivered £7.9m savings against the target of £7.0m for 2016-17.

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

- [Provision of Ophthalmology Services](#)

On 1 February 2017 the Trust took over the delivery of Ophthalmology Services from Rotherham NHS Foundation Trust and has had to address a backlog of patients on incomplete pathways and requiring full validation. The validation exercise has been undertaken supported by a detailed action plan, underpinned by weekly progress reports to the Executive Team and NHS Improvement. A number of 52 week breaches have been validated in addition to a further 525 patients waiting to be seen over the 18 week threshold.

Work continues into 2017-18 between the Trust and Rotherham NHS Foundation Trust to understand the exact position regarding the patient backlog with Barnsley Hospital NHS Foundation Trust working to put extra clinics in place to accommodate these patients.

- [Risk management arrangements](#)

Risk Management is embedded in the activity of the Trust. Risk Registers and the Board Assurance Framework are fully integrated meaning that the management of risks is embedded into the daily practice of Trust-wide business. Incident reporting is supported and encouraged to ensure that the Trust learns from mistakes, errors and near misses. During 2016-17 the Trust was one of the highest reporting hospitals of patient safety incidents by the National Reporting Learning System. Together with systems to support the implementation of Duty of Candour, the Trust has continued to develop a culture of openness and transparency. When things do go wrong Barnsley Hospital encourages its staff to report incidents through the approved incident reporting system. Throughout 2016-17 the Trust has worked hard to ensure that staff reporting incidents are provided with timely feedback on every incident they report.

A culture of candidness, transparency and learning from incidents has ensued with lessons learned and changes made being shared via the corporate and CBU governance frameworks.

- [Engagement with stakeholders](#)

There are well established and effective arrangements in place for working with key public stakeholders across the local health economy. Wherever possible and appropriate, the Trust works closely with stakeholders to manage identified risks which impact on them.

When Serious Incidents have occurred those affected are informed and where relevant appointed Trust staff meet with individuals directly affected. Copies of the Serious Incident investigation reports are available for those requesting a copy to share findings and learning points from the investigation.

In February 2017 the Trust held its second Quality Day and in conjunction with key internal and external stakeholders invited to the event, identified the proposed quality improvement priorities for the Trust over the next three years.

- [CQC](#)

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

- [NHS Pension Scheme](#)

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to meet all employer obligations contained within the Scheme regulations.

- [Equality, diversity and human rights](#)

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

- [Sustainability](#)

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

## [Review of economy, efficiency and effectiveness](#)

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

- [Internal Audit opinion](#)

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

- [NHS Improvement review of the Trust's position](#)

The Trust has worked closely with NHS Improvement delivering the annual plan in an open and transparent manner. This work is monitored by the regulators with clear goals being achieved. There are regular meetings with the regulator and members of the Board of Directors. NHS Improvement is involved in reviewing our performance against our plan and have regular feedback on progress being made against objectives and goals set.

The Trust has delivered its Cost Improvement target for the last two years (delivering combined savings of £13.1m over 2014 to 2016) and has overachieved the target of £7m in 2016-17 by delivering £7.9m. The Trust has a clearly defined QIA process and governance to ensure CIP schemes are safe and sustainable.

The Trust has established a group to focus on further opportunities for efficiency across our services which were highlighted in the Carter report. Regular benchmarking exercises are undertaken to examine economy, efficiency and effectiveness. In addition, the Trust has significantly improved its business planning approach over the last two years to improve productivity and efficiency across the organisation and this work will continue in 2017-18.

The Trust's annual plan outlines our approach to implementation of a plan over the next two years to be a clinically and financially sustainable organisation delivering high quality services in line with NHS Improvement's objectives. The Trust will continue to work closely with NHS Improvement in an open and transparent manner and meetings and calls will be held with the regulator and members of the Board of Directors to review our performance against our plan. The Trust also works closely with the rest of the local and regional health & care system through the STP planning process and governance.

- [Financial sustainability](#)

The Trust has been proactive in the managing of its resources, although remains in a deficit position. Whilst the Trust over achieved its Cost Improvement Target, 2016-17 ended with a deficit of £6.6m, which is £1.5m favourable to the planned position of an £8.1m deficit. The key challenges included:

- the application of contractual penalties, particularly in relation to new to follow up ratios penalties;
- pressure on pay costs driven by expenditure on agency staff incurred to support additional non elective activity over an above our original plan.

During 2016-17, additional non-recurrent funding was received in support of costs associated with the delivery of seven day services. During 2016-17, 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 £13m which is now managed as a loan. The requirement for distressed funding was driven by the deficit position. Our cash management processes have had to be redeveloped and are now embedded, although the availability of funding has adversely impacted on how quickly we have been able to pay our suppliers. In the main, the Trust has been unable to adhere to the better payment practice code due to the availability of cash and the funding we are allowed to receive.

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

### **Information Governance**

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

Data quality and data security risks are also managed and controlled via the risk management system with risks to data quality and data security being continuously assessed and recorded on the ICT risk register.

The Trust reported a total of four incidents all scoring a level 2 during 2016-17. The Barnsley Clinical Commissioning Group and the Information Commissioners Office (ICO) were immediately informed and full investigations performed, this included a review of our relevant processes and making recommendations for improvement where applicable. All incidents have been concluded and closed.

The trust experienced a cyber attack on a single GP facing server ICE server responsible for results and requesting. This system was restored within three hours. Appropriate actions were implemented immediately to safeguard our infrastructure and actions put into place to ensure longer term resilience. A full plan has been put in place to minimise risk.

### **Annual Quality Report**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement 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 Governance with the full support of the Board of Directors and the Council of Governors.

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

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

Barnsley Hospital NHS Foundation Trust is committed to ensuring that patient's will experience safe, effective and high-quality care. The Trusts plan for quality improvement over 2017-18 will be delivered through agreed quality priorities and targets with clear, achievable and measurable key performance indicators, as depicted in the Trust's three year Quality Strategy. Through the implementation of the three year quality strategy the Trust will focus on the achievement of the national and local commissioning priorities together with the Trust's own quality goals and priorities.

The Trust has a process for validating the month end incomplete position where members of the data quality team validate patients on the Patient Tracking List (PTL) waiting longer than 18 weeks. The weekly incomplete position is reported via the Executive Team weekly dashboard with any issues and supporting recovery plans being escalated to the weekly Executive Team meeting and the Finance & Performance Committee monthly meeting. In 2016-17 this process was subject to internal audit review. With additional resource, it is expected that in 2017-18 the Trust will begin weekly validation for patients on the Patient Tracking List (PTL) waiting longer than 14 weeks.

### **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 ensure 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 NHS Improvement
- 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

During 2016-17 Internal Audit issued 16 reports:

- 6 reports were issued with Significant Assurance;
- 2 reports issued with split Significant/Limited Assurance;
- 6 reports were issued with Limited Assurance; and
- 2 reports were issued with no opinion.

As at the date of approval of this AGS there are five outstanding reports from 2016-17:

- Three reviews are in draft report with the Trust's responsible officers.
- Two reviews are currently in the process of being completed.

There are six reviews from the 2015-16 Audit Plan that were completed after the 2015-16 Head of Internal Audit Opinion and therefore are reported here for completeness. These are:

- Pre-employment Checks (Limited)
- Medical Staff Leave (Limited)
- Key Financial Systems (Debtors and credit control – significant, Procure to pay – significant, Accounting and Ledger Control – Limited, Asset Register – Limited, Payroll – Significant)
- Serious Incidents (Significant)
- Capital (Significant)
- Lorenzo (Significant / Limited).

No high risk issues have been identified from the reports issued in 2016-17. One high risk issue was reported in the pre-employment checks 2015-16 review which is detailed below:

- At the time of the review (April 2016) the Trust was using agencies which are not part of a Framework Contract. The Trust was not receiving any assurance or evidence that these agencies are undertaking pre-employment checks.

## Conclusion

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



Signed.....

**Dr Richard Jenkins, Chief Executive**

**Date** ..... 23 May 2017 .....

# Quality Report

(Incorporating Quality Accounts) 2016-2017

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## Part 1: Statement on quality from the Chief Executive

During a year which has seen national unprecedented pressures on the NHS, Barnsley Hospital NHS Foundation Trust has continued to see achievements in quality improvement during a time of significant challenge.

Following the development of the Trust's first three year quality strategy in 2014-15 the Trust held a Quality day in February 2017 to which internal and external stakeholders were invited to work with us to identify the quality improvement goal areas for the Trust over the next three years. This was a day of celebration where the Trust was able to share the work and improvements achieved over the past three year whilst exploring what quality improvements the Trust should focus on moving forward.

This year's Quality Account provides you with the details of our quality improvement journey over 2016-17. The Account celebrates our success but also acknowledges those areas where continued improvement is required.

During 2016-17, the Trust has continued to make progress in patient care activities and quality achievements. The Trust was awarded a prestigious Top Hospitals Award in 2016. These awards are based on the evaluation of key indicators of safety, clinical effectiveness, efficiency, patient experience, quality of care and health outcomes.

I am proud to report a number of achievements over the reporting period:

- Our focus on the sustainable reduction of our Hospital Standardised Mortality Rate (HSMR) has resulted in our HSMR being at the lowest rate for ten years.
- We have experienced another full year with zero cases of methicillin-resistant staphylococcus aureus (MRSA) Bacteraemia.
- MRSA bacteraemia and have once again ended the year below our target for Clostridium Difficile (C. difficile).
- We have significantly reduced the incidence of patient harm with a 50% reduction in incidents resulting in patient death and remain in the top 15 hospitals for incident reporting in the Acute (non specialist) Trust group.
- The Trust's level of patient satisfaction has remained high with 85% or more patients from all areas across the Trust reporting that they would recommend our hospital to their family or friends.
- We have seen a good reduction in the overall number of in-patient falls we have had in the period. This has reduced by 9% on the previous year which is all the more impressive when placed alongside a reduction of over 20% in the last three years. Specifically in relation to in-patient falls resulting in moderate harm or above, we had ten of these against a target of 20 or less during the period.

Across the Trust generally, we have invested resource in developing key roles within the nursing structures such as Trainee Nurse Associates, Assistant Practitioners and an Acute Response Team. We are keen to ensure adequate succession planning, enabling support to our leaders of the future.

We are committed to developing all of our staff and are proud to have achieved a 92.5% appraisals completion rate against a target of 90%. Alongside this, we achieved 87.7% against a 90% target for completion of mandatory training. Although we acknowledge the mandatory training target is just short of the overall target, both the appraisal and mandatory training rates are an improvement on the previous reporting period and the Trust is committed to ensuring this is a sustainable achievement year on year.

We have implemented Safety Huddles in the majority of our in-patient wards and our work continues to implement the national requirements and standards for Acute Kidney Injury (AKI) and sepsis six care pathway.

### Looking Forward to 2017-18

As Chief Executive of Barnsley Hospital NHS Foundation Trust, I firmly believe in quality being at the forefront of our agenda. With this in mind, the Trust has made progress in the development of our Clinical Strategy, which has involved a wide variety of stakeholder engagement and input. We expect this to be published in early 2017-18.

Looking forward, as a Trust we will continue to learn and develop our processes to continue this cycle of improvement during identified pressure points throughout 2017-18. As we enter into 2017-18 we do so with the full knowledge of the challenges to the quality agenda the Trust currently faces; particularly risk of failure to deliver on the Emergency Department (ED), waiting times' target, and challenges faced by the hospital following the increasing numbers of patient's requiring emergency admissions.

We will continue to support the delivery of the local Barnsley Plan, seeking a consistent approach to service provision. At a regional level, the Trust is playing a key part in the development of the Sustainable Transformation Plan (STP) which supports the delivery of consistency of care across the region.

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.



.....  
**Dr Richard Jenkins, Chief Executive**

**Date:** ..23.May.2017.....

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

### 2.1 (i) Progress made since the publication of the 2015-16 quality report (cross reference to Section 3.0; Other information)

This section of the report discusses the achievements Barnsley Hospital NHS Foundation Trust has made in meeting the quality priorities and targets we set ourselves for 2015-16. For more detailed information on where we have seen achievements and where we believe there is still work to be done the reader is referred to section three of this report. It provides detailed information about the quality of care offered by the Trust based on performance in 2016-17 against targets selected by our Board of Directors', additionally it shows year on year progress on key national indicators.

#### Our progress during 2016-17 in brief

In 2016-17 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.

#### Goal 1: Patient experience

**Priority:** Continue to embed multi-agency collaboration (or partnership working) on the development of care plans for patients with a long term condition.

#### **What we have achieved in 2016-17:**

- Continued further development of individualised care plans for patients with complex health needs and long term conditions who frequently have a need to access acute hospital services.
- Improved access to post crisis supported discharge services via Care Navigators.
- Improved collaborative working with Community Matrons and Specialist Nurses who are in regular contact with patients with long term conditions.
- Continued development of innovative approaches to delivering care to patients with long term health needs who require specialist input.



## Goal 2: Delivering consistently safe care

**Priority:** To deliver zero healthcare associated infections.

**What we have achieved in 2016-17:**

- Achieved the targets for avoidable hospital acquired C.difficile in 2016-17.
- Maintained zero cases of MRSA Bacteraemia.

**Priority:** To maintain focus on the reduction of harm to patients and maintain improvements in all aspects of patient safety.

**What we have achieved in 2016-17:**

- Continued to work towards achievement of the Sign Up to Safety harm targets for; the deteriorating patient, in-patient falls, and hospital acquired avoidable pressure ulcers.
- Implemented a teamwork / human factors training pilot.
- Developed processes to provide adult in-patients with information on admission and discharge on Venous Thromboembolism (VTE) prevention.
- Continued to develop processes to ensure a root cause analysis (RCA) of all potential Hospital Acquired Thrombosis (HAT) is undertaken.
- Continued to embed Safety Huddles across our wards and departments.



## Goal 3: Care is consistently effective

**Priority:** To ensure consistency in the provision of care provided.

**What we have achieved in 2016-17:**

- Continued to embed the Sepsis Six care pathway.
- Continued to implement the requirements of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Sepsis Report, 'Just Say Sepsis 2015'.
- Continued to implement the requirements of the NHS England Sepsis Action Plan 2015.
- Implemented the new Sepsis consensus definitions.
- Introduced a new fluid balance chart across the Trust.

- Implemented changes to improve compliance with new fluid balance chart.
- Implemented changes to improve compliance with the Acute Kidney Injury (AKI) care bundle.

**Priority:** To maintain compliance with the metrics associated with high quality stroke services.

***What we have achieved in 2016-17:***

- Continued to develop processes to improve performance in the Sentinel Stroke National Audit Programme (SSNAP).



**Goal 4: Building on capacity and capability**

**Priority:** Develop new roles as required by service need.

***What we have achieved in 2016-17:***

- Developed new roles within our Clinical Business Units (CBU's) to support quality improvements.

**Priority:** Ensure that all staff have the opportunity to access education and training appropriate to their needs.

***What we have achieved in 2016-17:***

- Achieved 87.7% compliance in the Trust's mandatory training programme.
- Achieved 92.5% compliance with staff appraisals.
- Implemented version ten of the Trust Training Plan.

## 2.1 (ii) 2017-18 Quality Priorities

The Trust's first Quality Strategy was introduced in April 2014 and helped the Trust to identify what we do well and, most importantly, how we could improve the care provided to our patients.

On 24 February 2017 the Trust held a Quality Day to which patients, staff and key stakeholders were invited to attend to help us identify the focus of the Trust's next three year Quality Strategy and in turn assist the Trust in identifying the quality priority areas for 2017-19.

The Quality Day was a day of celebration during which attendees were given the opportunity to listen to the great work undertaken by our hospital over the past three years in improving the quality of services and thus the quality of care we provide to our patients. As well as looking back at our journey of quality improvement the day also provided the Trust with the opportunity to share ideas about what our focus for on-going and new quality improvement initiatives should be over the next three year period.

As a result of the Quality Day and following on-going consideration and consultation by the Trust's Board of Directors, three main priority goal areas of quality improvement have been agreed for 2017-2020. These goals reflect those areas that our stakeholders believe we should be focussing on over the next three year period.

The priorities selected against each of the three goals reflect those areas our stakeholders have indicated they want to see improvements in.

## **Q Goal 1: Provide care that is based on the best evidence for every patient, every time.**

### ***Priority areas:***

- Reduce unnecessary variation in patient care.
- Achieve the highest level of reliability for clinical care.
- Aim to eliminate avoidable deaths.

## **Q Goal 2: Continuously seek out and reduce avoidable patient harm.**

### ***Priority areas:***

- Reduce harm from poor communication and ineffective team working.
- Reduce patient harm from the most common known causes.
- Maintain focus on eliminating avoidable patient harm.

## **Q Goal 3: To deliver good patient experience.**

### ***Priority areas:***

- Work with patients as partners in improvement.
- Enable patients to be in control of their own healthcare.
- Improve information and communication with patients.
- Use patient insight and feedback to improve experience.

## Measurement, monitoring and reporting

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

## Other Priorities for Improvement in 2017-18

### Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework enables BHNFT's commissioners to reward excellence, by linking a proportion of our income to the achievement of local quality improvement goals. Table 1.0 outlines the 2017-2018 national CQUINs, which are applicable to all NHS acute providers.

**Table 1.0 National CQUIN Indicators 2017-18**

### National CQUIN Indicators 2017-18

#### Improving staff health and wellbeing

To encourage organisations to improve their role as an employer in looking after employees' health and wellbeing.

#### Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)

To embed a systematic approach towards the prompt identification and appropriate treatment of life-threatening infections, while at the same time reducing the chance of the development of strains of bacteria that are resistant to antibiotics.

#### Improving services for people with mental health needs who present to A&E

To support hospitals to detect and treat urgent mental health needs of patients attending A&E.

#### Offering advice and guidance

To improve how General Practitioner's (GP's) access consultant advice on potential referrals to hospital care.

#### NHS e-Referrals

To encourage a move away from paper based GP referrals to consultant-led hospital care.

#### Supporting proactive and safe discharge

To improve discharges for patients across all wards within hospitals.

The Trust will monitor performance against the 2017-18 national CQUINs through the Trust's Quality and Governance Framework. Each CQUIN will be allocated to a named executive lead and a named operational lead for 2017-2018. The reporting process will continuously monitor progress against monthly and quarterly performance targets.



## **Duty of Candour**

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

In the past year the Trust has continued to implement the Duty of Candour with zero breaches in compliance.

The Quality and Governance team continues to actively track the Duty of Candour process and provide advice and support where needed to the clinical services.

Duty of Candour remains an integral part of the Trust's Passport to Management training course and an awareness raising campaign was also launched throughout the Trust during the past year to highlight its importance.

The Quality and Governance Team maintains robust systems and processes to ensure that when a Serious Incident (SI), or Never Event is reported these incidents are quickly identified, reported and escalated to the Executive Team and are managed in accordance with the requirements of the NHS England Serious Incident framework. Every SI or Never Event is investigated following the Trust's approved processes and lessons learned are addressed through the implementation of detailed action plans.

## **Patient Safety Improvement Plan.**

Sign up to Safety is a national patient safety campaign announced by the Secretary of State for Health. It launched on 24 June 2014 with the mission to strengthen patient safety in the NHS over a three year period, 2014-2017, and make it the safest healthcare system in the world. The campaign was aimed at supporting NHS organisations to listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patient's safety, helping to ensure patients get harm free care every time, everywhere.

As part of the third and final year of the Sign up to Safety campaign, in 2016-17 Barnsley Hospital continued to implement the Trust's local patient safety improvement plan aimed at reducing avoidable harm to patients.

The Trust had identified three domains to reduce harm:

- The deteriorating patient
- In-patient falls
- Pressure ulcers

To triangulate with the wider quality agenda of the Trust for 2016-17, the Sign up To Safety priorities for the year were aligned to the 2016-17 quality improvement targets. You can read more about the Trust's progress in each of these three areas in section three of this report.

### NHS Staff Survey Results

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

Two areas of focus of the survey relate to the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months and the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion. Table 2.0 depicts the Trust's most recent survey results for these two indicators and provides a comparison with the same results from 2015-16.

**Table 2.0 NHS Staff Survey Results**

	Reporting Period	Our Hospital	Average (Median) Trust	Highest Performing Trust	Lowest Performing Trust
<b>Key Finding 26</b> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	<b>2015-16</b>	24%	26%	16%	42%
	<b>2016-17</b>	23%	25%	16%	36%
<b>Key Finding 21</b> Percentage believing that trust provides equal opportunities for career progression or promotion	<b>2015-16</b>	88%	87%	96%	76%
	<b>2016-17</b>	85%	87%	95%	67%

The Trust will re-launch and re-invigorate the profile and visibility of the Diversity Champions across the Clinical Business Units and Corporate Services who can help support and listen to staff who are experiencing harassment, bullying or abuse and help them to find a resolution.

With regards to supporting staff who are aspiring to more senior roles or promotion within their career progression, the Trust launched in 2016-17 the talent management programme which offers two cohorts; Aspiring Talent and Ascending Talent. Both cohorts are open for staff to apply with support from their manager as identified at appraisal. Following a successful evaluation of the first year, the programme is now open again for nominations for a second programme to run in 2017-18.

## **CQC Ratings**

The Trust is registered with the Care Quality Commission (CQC) and internal systems exist to ensure compliance with registration requirements.

The CQC comprehensive inspection in July 2015 resulted in the Trust receiving an overall rating of 'requires improvement'. (See Appendix A). Of the 39 areas rated across the 8 domains, one area was rated as outstanding, 29 areas rated as good, nine areas that require improvement. No areas were rated as inadequate and there were two Regulation breaches; (Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 18 HSCA (RA) Regulations 2014 Staffing).

Following the Trust's announced Comprehensive Inspection in July 2015 work has continued throughout 2016-17 to embed the improvements made both before and since the Inspection including the submission of the Trust's completed action plan in May 2016, in accordance with the regulations. CQC have monitored the action plan, and continue to monitor the Trust, through on-going engagement. Progress in continued improvement and sustainability has been monitored via the 2016-17 Clinical Audit programme and through the Trust's other systems and processes of internal control and assurance.

During 2016-17 Barnsley Hospital became one of the first hospitals in the country to recognise the potential benefits of driving quality improvements through app-based healthcare technology, using Perfect Ward, an interactive app designed to undertake inspection work in a variety of healthcare settings. This innovative app-based healthcare quality monitoring and inspection tool enables staff to perform inspections via a handheld smartphone device and offers a number of advantages to traditional paper based auditing.

In October 2016 Internal Audit published its final report following a review into the arrangements the Trust put in place to respond to the CQC Inspection and to prepare for a follow up inspection. The review examined the effectiveness of controls in place and was undertaken in accordance with the Public Sector Internal Audit Standards. Significant Assurance was provided that there is a generally sound internal quality monitoring system in place to respond to the CQC's recommendations following inspection and to prepare for a future inspection.

During 2017-18 the Trust will maintain implementation of all actions taken to address the findings of the CQC Inspection of the hospital in July 2015. The Trust will continue to identify and share good and best practice and will align quality improvement work programmes with the 2017-18 audit programme to provide additional assurance and reassurance.

Barnsley Hospital NHS Foundation Trust has not been subject to a CQC inspection in 2016-17.

## 2.2 Statements of Assurance from the Board

### Information on Review of Services

During 2016-17 the Barnsley Hospital NHS Foundation Trust provided and/or sub-contracted one relevant health service for orthopaedic activity from Orthohealth.

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

The income generated by the relevant health services reviewed in 2016-17 represents 1.3% of the total income generated from the provision of relevant health services by the Barnsley Hospital NHS Foundation Trust for 2016-17.

### Information on Participation in Clinical Audits

During 2016-17, 18 national clinical audits and five national confidential enquiries covered relevant health services that Barnsley Hospital NHS Foundation Trust provides.

During that period Barnsley Hospital NHS Foundation Trust participated in 100% 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 Barnsley Hospital NHS Foundation Trust was eligible to participate in during 2016-17 are as follows. Please see table 3.0.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust participated in during 2016-17 are as follows. Please see table 3.0.

The national clinical audits and national confidential enquires that Barnsley Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2016-17, are listed in table 3.0, 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.

The reports of 19 national clinical audits were reviewed by the provider in 2016-17 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix B.

The reports of 89 local clinical audits were reviewed by the provider in 2016-17 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix C.

**Table 3.0: All national clinical audits, national confidential enquiries and audits included on the quality account programme for 2016-17.**

<b>Key: table xx</b>	
<b>Area/national audit title</b>	Includes details of the area of clinical care being reviewed and the audit/enquiry title.
<b>NCA</b>	Indicates if the project is included on the national clinical audit programme (NCAPOP).
<b>QA</b>	Indicates if the project is part of quality accounts (QA) and the allocated project number from NHS England.
<b>A1</b>	Indicates if the project is applicable to Barnsley Hospital NHS Foundation Trust.
<b>P1</b>	Indicates if Barnsley hospital participated in the project and submitted (or is currently submitting) data.
<b>% cases submitted</b>	Where data collection was completed during 2016/17, 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 are included.
<b>Data collection complete</b>	Details on the progress of data collection. Many national audits collect data on an on-going basis and publish annual reports.

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Neonatal intensive and special care (NNAP)	✓	37	✓	✓	100%	Yes
Cystic fibrosis registry	x	51	NA	NA	Reported by tertiary centre	
Diabetes (Paediatric) PNDA	✓	12	✓	✓	100%	Yes
Paediatric intensive care (PICANet)	✓	40	x	NA	-	-
Paediatric pneumonia	x	41	✓	✓	0% (as of 22/3/17)	Ongoing (deadline 30/04/17)
Case mix programme (CMP) ICNARC	x	7	✓	✓	100% (as of 21/3/17)	Ongoing
National cardiac arrest audit	x	25	✓	✓	100% (as of 4/03/17)	Ongoing
Comparative audit of blood transfusion – Audit of patient blood management in scheduled surgery	x	27	✓	✓	100%	Yes

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Adult asthma (British thoracic society)	x	2	✓	x	-	-
Endocrine and thyroid national audit	x	14	x	NA	-	-
Inflammatory bowel disease (IBD) programme	✓	17	✓	✓	100%	Yes
Diabetes audit (adults)	✓	28	✓	✓	100%	Yes
Bowel cancer (NBOCAP)	✓	5	✓	✓	100%*	Yes
Head and neck cancer audit (HANA)	✓	16	✓	✓	100%*	Yes
Lung cancer audit	✓	32	✓	✓	100%*	Ongoing
National prostate cancer audit	✓	35	✓	✓	100% (as of 21/3/17)	Ongoing

<b>Oesophago-gastric cancer (NAOGC)</b>	✓	39	✓	✓	100%	Ongoing
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<b>Area/national audit title</b>	<b>NCA</b>	<b>QA</b>	<b>A1</b>	<b>P1</b>	<b>% cases submitted</b>	<b>Data collection complete?</b>
<b>Elective surgery (National PROMs programme)</b>	x	13	✓	✓	77.3%	Ongoing
<b>National joint registry</b>	✓	31	✓	✓	93% (as of 21-3-17)	Ongoing
<b>National neurosurgery audit programme</b>	x	33	x	NA	-	-
<b>Chronic kidney disease in primary care</b>	✓	9	x	NA	-	-
<b>Renal replacement therapy (renal registry)</b>	x	45	x	NA	-	-
<b>Acute coronary syndrome or acute myocardial infarction (MINAP)</b>	✓	1	✓	✓	-	Ongoing Submission date 12-05-17
<b>Adult cardiac surgery</b>	✓	3	x	NA	-	-
<b>Cardiac rhythm management</b>	✓	6	x	NA	-	-



<b>Congenital heart disease (CHD)</b>	✓	10	×	NA	-	-
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<b>Area/national audit title</b>	<b>NCA</b>	<b>QA</b>	<b>A1</b>	<b>P1</b>	<b>% cases submitted</b>	<b>Data collection complete?</b>
<b>Coronary angioplasty/national audit of percutaneous coronary interventions (PCI)</b>	✓	11	×	NA	-	-
<b>Pulmonary hypertension</b>	×	24	×	NA	-	-
<b>National chronic obstructive pulmonary disease (COPD)</b>	✓	26	✓	✓	10 cases submitted to date	Ongoing
<b>Heart failure</b>	✓	30	✓	✓	50% (as of 4-03-17)	Ongoing submission date 12-05-17
<b>Falls and fragility fractures audit programme (FFFAP)</b>	✓	15	✓	✓	100%	Yes
<b>National audit of dementia</b>	✓	23	✓	✓	100%	Yes
<b>Prescribing observatory for Mental health (POMH-UK)</b>	×	43	×	NA	-	-

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
<b>Asthma (paediatric and adults) care in emergency departments</b>	x	4	✓	✓	100%	Yes
<b>Major trauma audit (TARN)</b>	x	19	✓	✓	68%	Ongoing
<b>Emergency laparotomy audit (NELA) (Year 3)</b>	✓	29	✓	✓	100%	Yes
<b>Severe sepsis and septic shock – care in emergency departments</b>	x	48	✓	✓	100%	Yes
<b>Nephrectomy audit</b>	x	38	x	NA	-	-
<b>Percutaneous nephrolithotomy</b>	x	42	x	NA	-	-
<b>Radical prostatectomy</b>	x	44	x	NA	-	-
<b>Stress urinary incontinence audit</b>	x	50	x	NA	-	-

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Child health clinical outcome review programme	✓	8	✓	✓	100%	Ongoing
Maternal, newborn and infant clinical outcome review programme (MBRRACE)	✓	20	✓	✓	100%	Yes
Medical and surgical clinical outcome review programme (NCEPOD)	✓	21	✓	✓	90%	Yes
Mental health clinical outcome review (NCISH)	✓	22	✗	NA	-	-
Learning disability mortality review programme (LeDeR programme)	✓	18	✗	NA	-	-
Rheumatoid and early inflammatory arthritis	✓	46	✓	✓	-	-
National ophthalmology audit	✓	34	✓	✓	100%	Yes
National vascular registry	✓	36	✗	NA	-	-
Specialist rehabilitation for patients with complex needs	✓	49	✗	NA	-	-

## Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Barnsley Hospital NHS Foundation Trust in 2016-17 that were recruited during that period to participate in research approved by a Research Ethics Committee was 838.

## Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of Barnsley Hospital NHS Foundation Trust income in 2016-17 was conditional on achieving quality improvement and innovation goals agreed between Barnsley Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2016-17 and for the following 12 month period is available electronically at <http://www.barnsleyhospital.nhs.uk/about/our-performance/business-plan/>.

The table below, (table 4.0), demonstrate CQUIN Indicators agreed with Barnsley Clinical Commissioning Group for 2016-17 and the status of activity at the end of 2016-17.

**Table 4.0 National CQUIN Indicators 2016-17**

CQUIN REF:	Description:	Value Available				
		Q1	Q2	Q3	Q4	Total
N1	Improving the health and wellbeing of NHS staff	£54,537	x	x	£218,149	£272,686
		£54,537	x	x	£218,149	£272,686
		x	x	x	£272,686	£272,686
N2	Antimicrobial Resistance	x	x	x	£409,030	£409,030
		£102,257	£102,257	£102,257	£102,257	£409,030
L1	Community Acquired Pneumonia (CAP) Care Bundle	£74,171	£74,989	£74,989	x	£218,149
		£81,806	£81,806	£81,806	£81,806	£327,224
L2	Falls	£136,343	£136,343	£136,343	£136,343	£545,373
L3	Clinical Utilisation Reviews	£136,343	£136,343	£136,343	£136,343	£503,731
Public Health England	Health Inequalities	£8,967	£8,967	£8,967	£8,967	£35,868
Specialised Commissioning	QIPP Schemes	£4,698	£4,698	£4,698	£4,698	£18,79
	Dose Banding Intravenous SACT	£783	£783	£783	£783	£3,132
	Activation of LTC Patients	£10,179	£10,179	£10,179	£10,179	£40,714
Secondary Care Dental	Orthodontic Data Collection	£20,693	x	x	x	£20,693
	Audit of Day Case Activity	£7,760	£7,760	£7,760	£7,760	£31,039
	<b>TOTAL</b>	£693,074	£561,125	£561,125	£1,607,150	£3,422,474

The monetary total for income in 2016-17 conditional upon achieving quality improvement and innovation goals is £3,422,474. The monetary total received for the associated payment in 2016-17 was £3,616,705.

### **Regulation and Compliance**

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is “registered without conditions”. The Care Quality Commission has not taken enforcement action against the Trust during 2016-17.

Barnsley Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The most recent CQC announced comprehensive inspection took place in July 2015, where the Trust received an overall rating of ‘requires improvement’. More information of this inspection can be found in section 2.1(ii), page 145, of the Quality Report.

### **Quality of Data**

Barnsley Hospital NHS Foundation Trust submitted records during 2016-17 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:

99.70% for admitted patient care  
99.91% for out-patient care and  
99.26% for accident and emergency care

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

96.67% for admitted patient care  
99.32% for out-patient care and  
96.14% for accident and emergency care.

### **Information Governance**

Barnsley Hospital NHS Foundation Trust Information Governance Assessment Report overall score for 2016-17 was 73.0% and was graded Green, Satisfactory.

### **Clinical Coding**

Barnsley Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016-17. by the Audit Commission.

## 2.3 Reporting against Core Indicators

Since 2012-13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

All trusts are required to report against these indicators using a standard format. It is important to note that whilst these indicators must be included in the Quality Accounts the most recent national data for reporting is not always available for the most recent financial year. Where this is the case the time period used has been included in the table. It is also important to note that it is not always possible for the Trust to be able to provide the national average and best and worst performers for some of the indicators due to the way the data is provided to the Trust.

**Table 5.0 Barnsley Hospital NHS Foundation trust performance against the NHS Outcomes Framework 2016-17 Indicators**

Indicator	2016-17 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2015-16 BHNFT	2014-15 BHNFT	2013-14 BHNFT
<b>SHMI value and banding July 2016 – September 2016 (latest available data)</b>	100.4	99.99	69.0	112	98.7	0.99	1.10

**Trust Assurance Statement:**

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

Work undertaken by the Trust has included:

- Implementation of an electronic NEWS system (Vital PAC).
- Introduction of new fluid balance charts and AKI bundle.
- AKI education.
- Improvement project to reduce cardiac arrests.
- Continued focus on compliance with the sepsis six care bundle.
- Implementation of a Community Acquired Pneumonia (CAP) bundle.
- Establishment of a Trust Acute Response Team; advanced nurse practitioners who support staff in the early identification and management of deteriorating patients.
- A mortality reduction action plan is in place and is monitored by the Mortality Steering Group.
- Learning from serious incidents involving deteriorating patients.
- Implementation of the revised Safe Handover of Care Policy.
- Development and delivery of human factors team training.

The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by:

- Introduction of an electronic patient escalation system (Care Flow) linked to the electronic observations system (VitalPAC). This will ensure improved escalation when patients are deteriorating.
- Repeat audit of fluid balance and AKI practice.
- Focus groups with staff to understand the barriers to effective fluid balance and AKI care.
- Continued focus on early identification and treatment of sepsis and embedding the NICE Sepsis guidance 2016 and forthcoming Sepsis Quality Standard (2017).

Indicator	2016-17 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2015-16 BHNFT	2014-15 BHNFT	2013-14 BHNFT
% of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	31.51%	27.28%	63.65%	8.74%	37.7%	36.65%	52.31%

**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: The following action takes place to improve the quality and percentage, by working closely with the Specialist Palliative Care (SPC) team to ensure data is correct. This is performed by double checking the SPC database against the coded database, any anomalies are checked within the patient records and amended where necessary.

BHNFT intends to take the following actions to improve this percentage, and so the quality of its services, by working closely with the Specialist Palliative Care (SPC) team to ensure data is updated, is correct and reflects the SPC input in the patients care. This will be performed by double checking the SPC database against the coded data and amending where necessary.

<b>Responsiveness to the personal needs of its patients during 2016-17.</b>	Data unavailable from national source at the time of completing this report.				66.4%	68.4%	68.6%
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<b>% of staff who would recommend the trust as a provider of care to their family or friends.</b>	62.0%	70.0%	85.0%	49.0%	60.0%	59.0%	64.0%
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**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: The data is obtained from the Annual Staff survey.

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by: the formation of the engagement group to ensure that the data is owned by the CBU's each CBU completes it's own action plan to address the staff survey results.

Indicator	2016-17 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2015-16 BHNFT	2014-15 BHNFT	2013-14 BHNFT
28 day readmission rates for patients aged 0 to 15 during 2016-17.	8.1%	Data unavailable. Benchmarking for readmissions is several months behind real time so no comparable data available at time of reporting.			13.8%	11.7%	11.8%
28 day readmission rates for patients aged 16 or over during 2016-17.	9.4%	Data unavailable. Benchmarking for readmissions is several months behind real time so no comparable data available at time of reporting.			8.4%	9.2%	7.3%

**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: It is apparent that the volume of patients with complex needs and with multiple comorbidities is increasing. Whilst every effort is being made to minimise the likelihood of these patients being readmitted via operational initiatives and changes to the way that we case-manage complex patients working with local health economy partners, we are yet to deliver the improvement to the extent that we seek.

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

- Working with a multi-agency, multi-disciplinary approach to case managing long length of stay, complex needs patients on a daily basis with a weekly review forum now fully established. The Trust is implementing a 'golden patient' initiative where focus on a single patient with a long or complex of stay will be the focus of the operational senior teams to support discharge. Long Length of Stay (LOS) are a key focus of our 'Perfect Week' initiative where matrons in each are holding to account lead nurses and key team members to reduce delays and manage complex discharge blocks.
- Managing frequent attenders, working with community teams and on-site frailty assessment teams, to reduce deconditioning of elderly patients with exacerbations of long term illnesses where the best patient experience can be achieved with a rapid turnaround of treatment and modification of care packages provided at home.

The Trust will continue to seek out innovative way of working in order to manage patients more effectively and with a better patient experience. 2017/18 will see the further development and integration of the Medworxx software in inpatient areas in medicine in order to support consistent patient pathway planning across local health economy (LHE) providers. The Trust has also implemented VitalPAC, a patient monitoring piece of software to improve the effectiveness of monitoring patients.

Indicator	2016-17 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2015-16 BHNFT	2014-15 BHNFT	2013-14 BHNFT
<b>In-patient Friends and Family Test (FFT) reported during 2016-17.</b>	97.6%	95.7%	data unavailable from national source at the time of completing this report	data unavailable from national source at the time of completing this report	97.0%	96.0%	95.0%

**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has maintained a high level of satisfaction as evidenced in these response rates for positive recommendation of our services and score above the national average for positive recommendation rates. The Trust uses the NHS FFT, together with other patient experience indicators, to measure overall patient satisfaction.

The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing to monitor response rates and positive recommendation rates and ensure that qualitative feedback received via the NHS FFT is used to inform service improvement.

<b>Accident &amp; Emergency Friends and Family Test (FFT) reported during 2016-17.</b>	86.8%	86.2%	data unavailable from national source at the time of completing this report	data unavailable from national source at the time of completing this report	89.0%	92.0%	93.0%
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**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: Despite significant operational pressures the Trust has seen only a marginal drop in positive recommendation rates for A&E.

The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by implementing a new electronic methodologies for the NHS FFT within the ED. It is hoped that this will increase the response rates and therefore improve access to qualitative data on the experience of patients within ED.

Indicator	2016-17 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2015-16 BHNFT	2014-15 BHNFT	2013-14 BHNFT
<b>% of admitted patients who were risk assessed for venous thromboembolism during 2016-17.</b>	88.6%	95.75%*	100%*	82.79%*	95.4%	96.1%	95.2%
<b>*latest available published data April 2016 – December 2016</b>							

**Trust Assurance Statement:**

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

The data is derived from questions about VTE risk assessment on the discharge summary (D1).

The Barnsley Hospital NHS Foundation Trust has taken/will undertake the following actions to improve this percentage, and so the quality of its services, by case note review audits of VTE risk assessment have been undertaken to check the accuracy of the data derived from the D1s and to provide assurance that 95% of patients are being risk assessed. The Thrombosis Committee meetings have been increased from every two months to monthly to provide increased focus on VTE.

VTE risk assessments will be undertaken electronically in VitalPAC from April 2017. The electronic system allows clinicians to see instantly if any patient requiring assessment has not been risk assessed and will alert staff that the risk assessment needs to be carried out. All staff who work clinically with patients will now have to undertake a VTE e-learning module.

<p><b>Rate per 100,000 bed days of cases of C.difficile infection amongst patients aged 2 or over during 2016-17.</b></p> <p><b>** rate unavailable at the time of completing this report</b></p>	<p>11 cases**</p>	<p>data unavailable from national source at the time of completing this report.</p>	<p>10.2</p>	<p>9.7</p>	<p>14.5</p>
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**Trust Assurance Statement:**

The 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. As an essential part of our quality improvement work 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.

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by undertaking root cause analysis of all cases of C.difficile, the findings of which are disseminated Trust wide. The Trust also works closely with colleagues in the Barnsley Clinical Commissioning Group (BCCG) and South West Yorkshire Partnership Foundation Trust (SWYPFT) to ensure there is shared learning. As a result of the findings from RCA's, the inpatient drug chart has been reviewed and amended to improve antimicrobial stewardship. Audits in relation to antibiotic stewardship and the care and management of patients with C. difficile are regularly undertaken and the findings have been used to improve and influence practice. All patients' toxin and antigen positive are assessed regularly by the infection prevention and control team and the clinical care reviewed. The infection prevention and control team continue to educate staff through mandatory training and informally on the care and management of patients with C.difficile.

Indicator	2016-17 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2015-16 BHNFT	2014-15 BHNFT	2013-14 BHNFT
<b>Number and rate of patient safety incidents reported during 2016-17.</b>	3306 (Rate 54.30)	4954 40.76	3620 (Rate 71.81)	2305 (Rate 21.15)	7327 (Rate 55.83)	6609 (Rate 9.61)	5339 (Rate 8.15)

**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: During the period 1 October 2015 to 31 March 2016 the Barnsley Hospital NHS Foundation Trust and a further 136 Acute Non Specialist Trusts comparison figures are taken from the NRLS organisational data reports. This compares all Acute Non Specialist Trusts per 1000 bed days. The Trust was ranked 11th in the country. In reality the national rating of Acute (non specialist) organisations reduced in size to 136 NHS Trusts. The national median for incidents being reported had increased by 2.7% which could indicate that Acute Trusts nationally were improving in their reporting. In addition to this the number of Trusts reporting over 60 incidents per 1000 bed days has increased from five Trusts to six.

During the period 1 April 2016 to 30 September 2016 the Barnsley Hospital NHS Foundation Trust and a further 136 Acute Non Specialist Trusts comparison figures are taken from the NRLS organisational data reports. This compares all Acute Non Specialist Trusts per 1000 bed days. The Trust was ranked 15th in the country.

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this number and rate, and so the quality of its services, by sharing patient incident data through Trust clinical governance processes and distributing the weekly Patient Safety Bulletin which highlights themes from incidents and shares learning from serious incidents. Bespoke incident reporting training is also provided to new starters together with incident reporting and awareness training provided as part of the Trust corporate induction.

<b>Number and rate of patient safety incidents reported during 2016-17 that resulted in severe harm or death.</b>	9 (0.1%)	0.2	1 (0.0%)	75 (1.4%)	12 (0.4%)	14 (0.3%)	12 (0.4%)
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**Trust Assurance Statement:**

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: During the periods 1 October 2015 to 31 March 2016 and 1 April 2016 to 30 September 2016 with regard to the levels of harm reported for severe and death categories the Trust was in the top quarter of hospitals for both categories which indicates that we had reported low levels of high or extreme levels of harm.

The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this percentage and number, and so the quality of its services, by ensuring grading of incidents is correct and the data reliable. The Trust will continue to analyse and share themes and lessons from incidents and serious incidents the Patient Safety Panel, the Patient Safety Bulletin and by means of discussion and monitoring via Trust Governance meetings.

**Table 6.0: Patient Reported Outcome Measures (PROMs) reporting period: April 2015 to March 2016**

	Adjusted Average Health Gain Scores											
	EQ5D Index				EQ-VAS				Condition Specific			
	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score
Groin Hernia Surgery	0.084401	0.087858	0.157388	0.021338	-0.69657	-0.80493	4.97083	-4.74623	No metric	No metric	No metric	No metric
Varicose Vein Surgery	n/a	0.09517	0.148773	0.018218	n/a	-0.4517	4.85902	-8.0714	n/a	-8.59664	-18.0196	3.05957
Hip Replacement Surgery	0.431807	0.438304	0.510117	0.320382	14.3298	12.4049	18.7153	4.95667	20.1345	21.6166	24.9728	16.8924
Knee Replacement Surgery	0.327901	0.320198	0.397955	0.198277	7.8025	6.22569	12.6294	1.50513	16.0584	16.3679	19.9198	11.9602

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

**No metric** = there is no metric currently captured for this category.

**n/a** = score not available due to low numbers.

Table 7.0: PROMS reporting period: April 2016 to September 2016

	Percentage of Patients Reporting an Improvement											
	EQ5D Index				EQ-VAS				Condition Specific			
	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score	Our Hospital	England	Highest Performing Provider Score	Lowest Performing Provider Score
<b>Groin Hernia Surgery</b>	n/a	0.089265	0.161799	0.016173	n/a	-0.1157	3.11488	-4.64603	No metric	No metric	No metric	No metric
<b>Varicose Vein Surgery</b>	n/a	0.099484	0.151918	0.01611	n/a	1.37183	5.01629	-0.78863	n/a	-8.47694	-14.5166	1.33495
<b>Hip Replacement Surgery</b>	n/a	0.448974	0.524997	0.329827	n/a	13.7327	19.514	3.94363	n/a	22.0185	25.2044	17.8378
<b>Knee Replacement Surgery</b>	0.342256	0.336978	0.430254	0.26064	8.78248	8.07544	15.0858	0.797542	17.4638	16.8772	21.3485	12.6468

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

**No metric** = there is no metric currently captured for this category.

**n/a** = score not available due to low numbers.



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

The Trust was reported as a negative outlier for 2014-15 for the metrics listed below.

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

In the provisional data for 2015-16 (2016-17 data is not yet complete enough to report robust scores); all of these positions are much improved, with only the following continuing to be an outlier.

- Hip replacement – Oxford Hip Score.

It is of note that hip and knee replacement scores are for primary procedures only – revision surgery has not been included as numbers carried out at the Trust are too small for the score adjustment calculation to be made.

**Barnsley Hospital NHS Foundation Trust has taken the following actions since 2014-15 to improve these indicators, and so the quality of its services, by:**

- Introducing local PROMs reporting at two stages – at eight weeks post-discharge and three months post-discharge.
- Replacing a home-based physiotherapy assessment with a new hospital-based hip class, which runs six 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.

## Part 3: Other information

### 3.1 Our Performance against our 2016-17 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 2016-17.

In 2016-17 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.

*In 2016-17 we said we would:*

**Continue to embed multi-agency collaboration (or partnership working) on the development of care plans for patients with a long term condition.**

Our targets were:

- To continue to further develop individualised care plans for patients with complex health needs and long term conditions who frequently have a need to access acute hospital services.
- To improve access to post crisis supported discharge services via Care Navigators.
- To improve collaborative working with Community Matrons and Specialist Nurses who are in regular contact with patients with long term conditions.
- To work to develop innovative approaches to delivering care to patients with long term health needs who require specialist input.

### Care provided to patients who have Long Term Conditions

Throughout 2016-17 the Trust has continued to work collaboratively with patients and partners to improve the care we provide to patients with long term conditions and complex health needs. During this reporting period we have seen a number of improvement initiatives in the following areas:

#### End of Life Care

The Trust has developed and implemented a district wide end of life care plan called “My Care Plan”. Work is overseen by a Clinical Steering Group and the care plan and symptom guidance has been updated in line with NICE guidance. This work has been supported by the appointment of an Amber Care Bundle facilitator to embed this and to link in with our wider advanced care planning work. Advanced multi-disciplinary communication skills training has also been delivered and a new volunteer role outline for End of Life Companions has been developed.

#### Falls Prevention

The Trust has seen improvements in the incidence of falls resulting in moderate harm or above following the introduction of a new Falls Policy which is supported by a multi-factorial falls assessment tool to ensure a consistent Trust wide approach to falls assessment and management. This work has been supported by the

appointment of a specialist nurse to lead on promoting best practice through education and training.

### **Long Term Conditions**

Work is on-going with partners on the development of multi-care provider models and pathways of care for patients with long term conditions such as diabetes and respiratory conditions.

### **Pressure Ulcer Prevention**

The Trust's Tissue Viability Team continue to improve pressure ulcer prevention and management across the Trust and have participated in the React to Red evidenced based resource and training for staff to improve the detection and management of pressure ulcers.

### **Learning Disabilities**

Through collaborative working with community teams our staff work hard to deliver sensitive and personalised care to patients with a learning disability and to their carers. This has included enhanced use of the "All About Me" patient passport. The Trust is also participating in the national Learning Disability Mortality Reviews and, moving forward, it is hoped that the learning identified from this project will drive improvements in the care of patients with a learning disability.

This work has been supported through enhanced collaborative working with Community Matrons and Specialist Nurses who are in regular contact with patients with long term conditions. This work has included the development of an in-reach service into our Acute Medical Unit to support rapid patient review and also Community Matron in-reach into our Emergency Department.

### **Post Discharge Support**

The Barnsley Right Care service continues to provide a comprehensive assessment, care brokerage and discharge support service for patients with long term conditions which has led to improvements in how patients access care and receive support post-discharge. Care Navigators, provided by the community provider contact all adult non-elective patients by telephone following discharge to offer advice, support and sign-posting to appropriate services. This may include referral for tele-health monitoring or for assistive technologies as required.

### **Dementia Care**

Improving the experience of dementia patients and their carers has been a key priority for the Trust in the past year. The Trust has supported improvements in the way we deliver care through the implementation of the Dementia Strategy 2015-2018 which has been supported by the work of the Trust's Lead Dementia Nurses. Our priorities have been to promote person centred care, improve patient/carer experience, ensure that we have appropriately trained and informed staff. Importantly we have improved the early identification of patients with dementia to ensure they are appropriately assessed and referred on to the appropriate services to support continuity of care. There have been a number of wider initiatives to

improve patient experience through the further enhancement of The Butterfly Scheme, implementation of “John’s Campaign – Stay with Me” initiative. The Trust has also obtained feedback to influence improvements in care via our carers’ feedback questionnaire.

*Data source: Local Trust data source, 2016-17.*

## Goal 2 – Delivering Consistently Safe Care

*In 2016-17 we said we would:*

**Maintain focus on eliminating avoidable hospital acquired infections.**

Our targets were:

- To improve or maintain the standards achieved for avoidable hospital acquired Clostridium Difficile in 2015-16.
- To maintain zero cases of MRSA Bacteraemia.

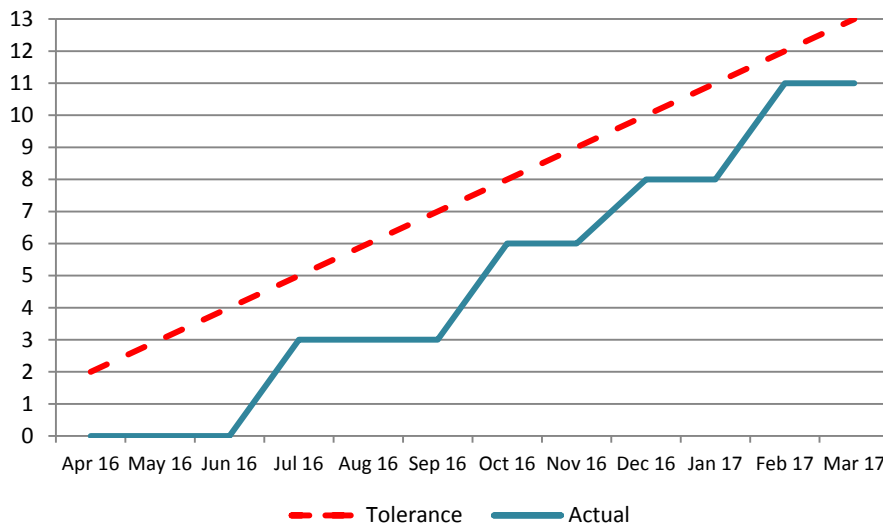
In 2004, the UK government introduced a target to reduce MRSA bloodstream infections by 50% by 2008 in all NHS acute and foundation trusts followed by a year on year reduction. Additionally, in 2004, mandatory surveillance of *C.difficile* was introduced with a year on year target to reduce *C.difficile* in 2007.

The Trust has continued to maintain and improve on the agreed targets. The number of hospital attributed cases of *C.difficile* has reduced significantly from 148 in 2005-6 to 11 in 2016-17.

The Trust has reduced MRSA Bacteraemia rates from 17 in 2005-06; to 0 in 2015-16. The target of zero cases of MRSA Bacteraemia in 2016-17 is still in place.

This exceptional achievement has been achieved through reviewing and auditing practice, surveillance and education, thorough investigation and root cause analysis of all cases and keeping abreast of new guidance and advances in practice.

**Graph 1.0: Total number of Hospital Acquired Clostridium Difficile Toxin 2016-17**



Data source: Local Trust data source, 2016-17.

*In 2016-17 we said we would:*

**Maintain focus on the reduction of harm to patients and maintain improvements in all aspects of patient safety.**

Our targets were:

- To achieve the Sign Up to Safety harm reduction targets for the deteriorating patient, in-patient falls and hospital acquired avoidable pressure ulcers.
- To ensure targeted teamwork / human factors training for Theatres and Radiology.
- To maintain focus on reducing harm from VTE by:
  - Ensuring 90% patients get VTE prevention information on admission / discharge.
  - Ensure a root cause analysis (RCA) of all potential Hospital Acquired Thrombosis (HAT).
- To implement Safety Huddles in all wards and departments.

## Sign Up to Safety Improvement Plan targets

### **Achieve the Sign Up to Safety Harm Reduction Targets for the Deteriorating Patient: Reducing Sepsis Hospital Standardised Mortality Ratio (HSMR) and Pneumonia HSMR to 100 by March 2017.**

Information such as mortality statistics, if used appropriately, can identify and assist in highlighting aspects of care that can be improved, improving clinical outcomes and in improving the care 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. Sepsis HSMR and pneumonia HSMR describe those deaths related to sepsis and pneumonia.

As a continuation of the work to reduce the HSMR value in 2015-16 the Trust has continued to see a reduction in HSMR with the rolling 12 month HSMR to January 2017 at 94.0. This is the lowest HSMR figure for the Trust during the past ten years.

Disease specific HSMR continues to be a focus for the Trust with the aim of achieving 100 or below for sepsis and pneumonia HSMR. The latest published mortality data indicates that whilst the Trust has achieved this target for pneumonia there are still improvements to be made to reduce the sepsis HSMR further. Please refer to page 182, 'compliance with the sepsis six care pathway'.

In addition to the improvement initiatives regarding improved compliance with the sepsis six care pathway the Trust is also engaged in the new *Structured Judgement Review* of mortality, the standardised methodology for reviewing case records of adult patients who have died in acute general hospitals in England and Scotland. The primary goal will be to improve healthcare quality through detailed analysis and learning from all reviewed mortality cases.

*Data source: CHKS, HSMR and local Trust clinical audit data source, 2016-17.*

### **Achieve the Sign Up to Safety Harm Reduction Targets for the Deteriorating Patient: Reducing Cardiac Arrests by 25% by March 2017.**

Many cardiac arrests are thought to be preventable as patients often have signs that they were deteriorating in the preceding hours or days before the arrest. Barnsley Hospital is now part of the National Cardiac Arrest Audit (NCAA) which provides the Trust with robust data on all cardiac arrests occurring in our hospital. Based on the information available since joining NCAA in October 2015 there were 96 cardiac arrests at the hospital during 2015-16. A 25% reduction target (72 or less cardiac arrests) was agreed for 2016-17 with a total of 69 arrests occurring throughout the year.

Work supporting this reduction will continue in 2017-18. There will be continued roll out and implementation of VitalPAC, the Acute Response Team, staff training and awareness.

*Data source: National Cardiac Arrest Audit (NCAA), 2016-17.*

## Reduction in In-patient Falls.

In-patient falls represent a significant health and social care challenge, particularly for older people. Around 30% of people aged over 65 will fall at least once a year and for people aged over 80 this figure rises to 50%. Falls are the most frequent and serious type of accident in people aged 65 and over. It is expected that 1 in 2 women and 1 in 5 men over the age of 50 will develop a fracture following a fall.

Falls in hospital are the most commonly reported patient safety incidents, with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales every year (that is over 600 a day).

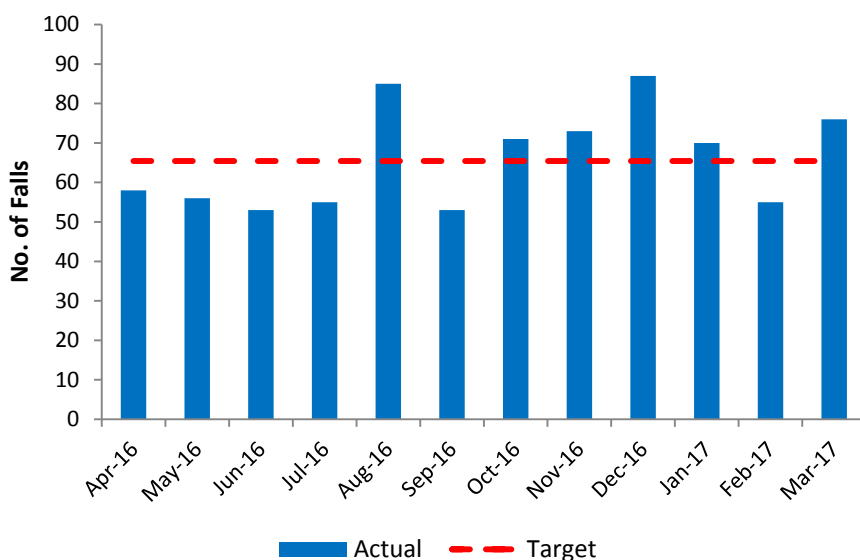
In 2013-14 Barnsley hospital reported 1031 in-patient falls and 256 repeat in-patient falls. This reduced the following year with a 20% reduction of in-patient falls (825 in-patient falls) and a 40% reduction in the number of in-patients experiencing multiple falls (154 in-patient repeat falls).

In 2015-16 the Trust reported 872 in-patient falls and 191 repeat in-patient falls.

In 2016-17 the Trust set a target to deliver a 10% reduction in the number of in-patient falls (target of 785 in-patient falls or less) and a 15% reduction in the number of falls resulting in moderate harms and above (target of 20 or less) in comparison to the previous year's data (2015-16).

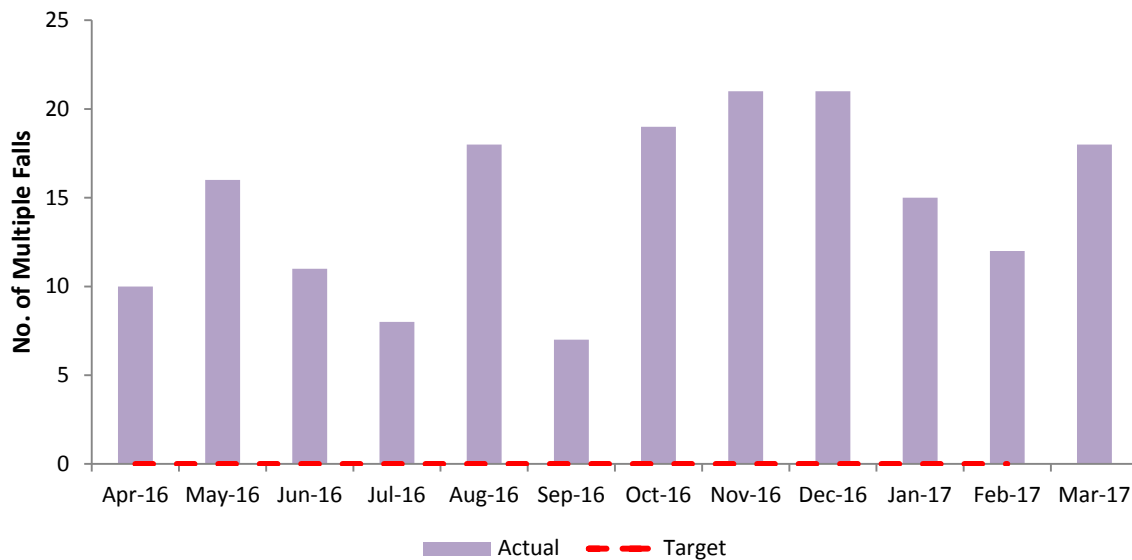
As at 31 March 2017 the Trust can report a total of 792 in-patient falls, 176 in-patient repeat falls and 10 in-patient falls resulting in moderate harm or above.

**Graph 2.0: Total number of in-patient falls 2016-17**

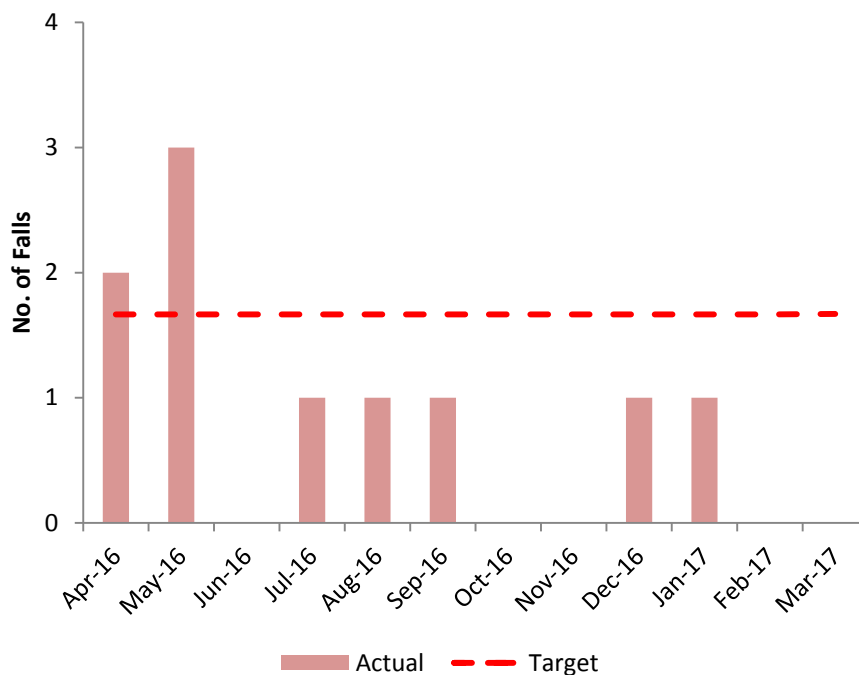




**Graph 3.0: Total number of multiple/repeat in-patient falls 2016-17**



**Graph 4.0: Total number of in-patient falls resulting in moderate harm or above 2016-17**



A number of actions have been implemented throughout the year to support the Trust's falls reduction plan:

- In April 2016 the Trust introduced bed and chair alarms. The alarm sensors do not prevent falls but support falls prevention management by alerting ward staff when a patient is moving from their bed or chair area.
- The permanent appointment of the Falls Clinical Support Sister post commenced in December 2016. This post provides regular presence on high risk ward areas of a specialist advisor. The post supports the on-going promotion and continues

to raise staff's awareness of the hospital's falls prevention initiatives. Working alongside clinical staff within the ward environment the Falls Clinical Support Sister is able to provide advice and support to staff on falls prevention issues in real life situations, supporting staff to review and develop their own practices on an on-going basis.

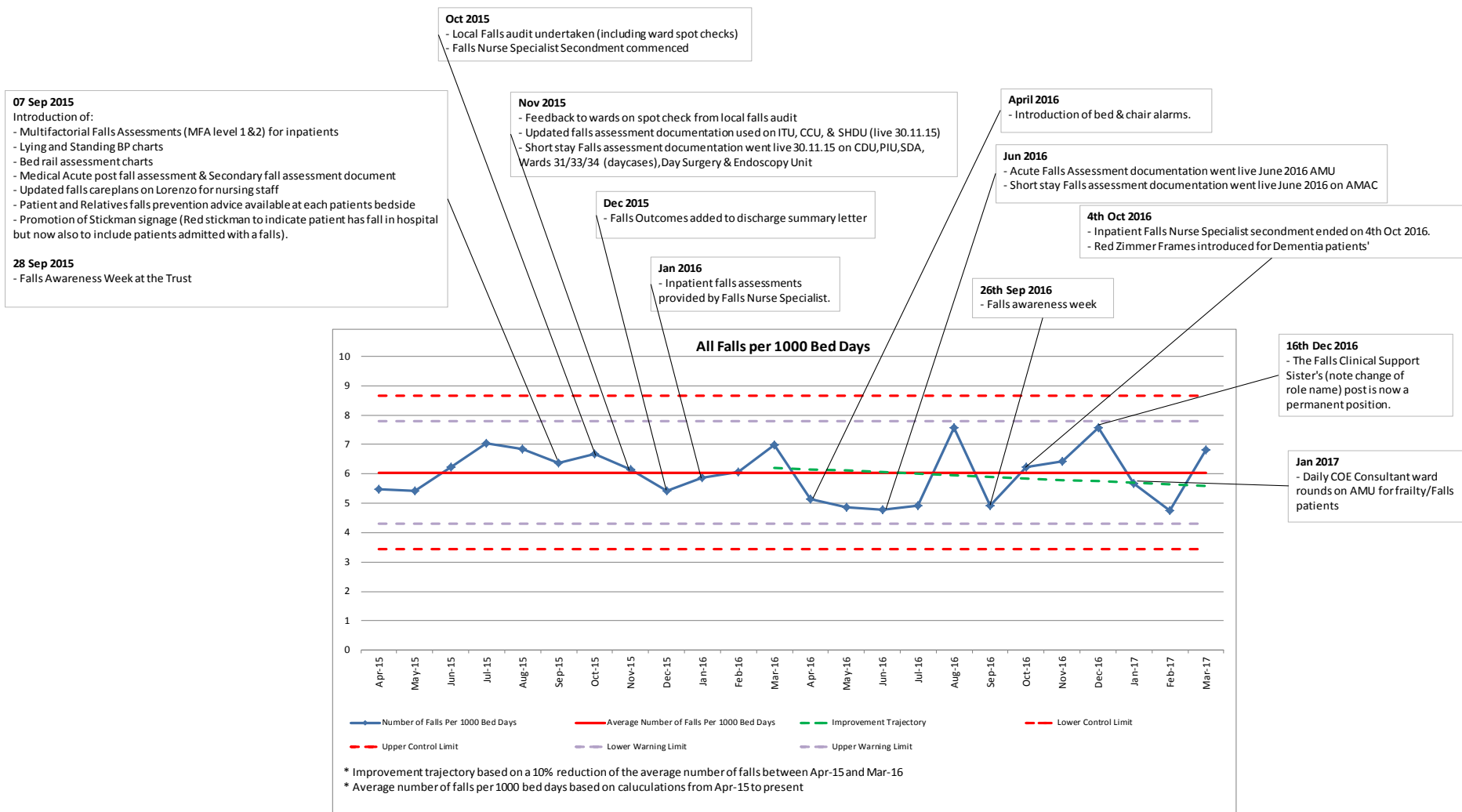
- Action plans have been completed demonstrating that the Trust is compliant with NICE Clinical Guideline 161, *Falls in Older People: Assessing Risk and Prevention*.
- A local in-patient falls audit was completed following the review of the Falls Policy and implementation of the new falls in-patient documentation in line with NICE recommendations. The audit has demonstrated improvement in a number of the national in-patient falls key performance indicator; however, further improvements are still required. Work in improving compliance will continue into 2017-18.
- The Trust has achieved its target of 50% of ward-based nursing and therapy staff having completed training by 31st December 2016. In line with the requirements of the local Falls Strategy all nursing, therapy and medical staff working on in-patient areas will undertake falls training once every two years with future targets for ward based clinical staff training:
  - 60% by 31st December 2017
  - 70% by 31st December 2018.

The statistical process control charts (SPC) on pages 177 and 178 of this report help to demonstrate the impact of the various quality improvement initiatives on the reduction of in-patient falls and in-patient falls resulting in moderate harm or above.

The National Inpatient Audit highlighted that BHNFT is below the national median average for falls resulting in moderate/severe harm or death. The Trust remains committed to ensuring a safe environment and advocates best falls prevention practices for its in-patients to reduce the risk of falls and potential injuries, so far as is reasonably practicable. In-patient falls remains one of the highest clinical risks for patient harm at our hospital and needs to remain high on the Trust's agenda.

*Data source: Local Trust data source, 2016-17.*

# SPC Chart 1.0: All in-patient falls 2016-17



## SPC Chart 2.0: Harmful falls; moderate harm or above 2016-17

**07 Sep 2015**  
Introduction of:  
 - Multifactorial Falls Assessments (MFA level 1 & 2) for inpatients  
 - Lying and Standing BP charts  
 - Bed rail assessment charts  
 - Medical Acute post fall assessment & Secondary fall assessment document  
 - Updated falls careplans on Lorenzo for nursing staff  
 - Patient and Relatives falls prevention advice available at each patients bedside  
 - Promotion of Stickman signage (Red stickman to indicate patient has fall in hospital but now also to include patients admitted with a falls).

**28 Sep 2015**  
- Falls Awareness Week at the Trust

**Oct 2015**  
 - Local Falls audit undertaken (including ward spot checks)  
 - Falls Nurse Specialist Secondment commenced

**Nov 2015**  
 - Feedback to wards on spot check from local falls audit  
 - Updated falls assessment documentation used on ITU, CCU, & SHDU (live 30.11.15)  
 - Short stay Falls assessment documentation went live 30.11.15 on CDU, PIU, SDA, Wards 31/33/34 (daycases), Day Surgery & Endoscopy Unit

**Dec 2015**  
 - Falls Outcomes added to discharge summary letter

**Jan 2016**  
 - Inpatient falls assessments provided by Falls Nurse Specialist.

**April 2016**  
 - Introduction of bed & chair alarms.

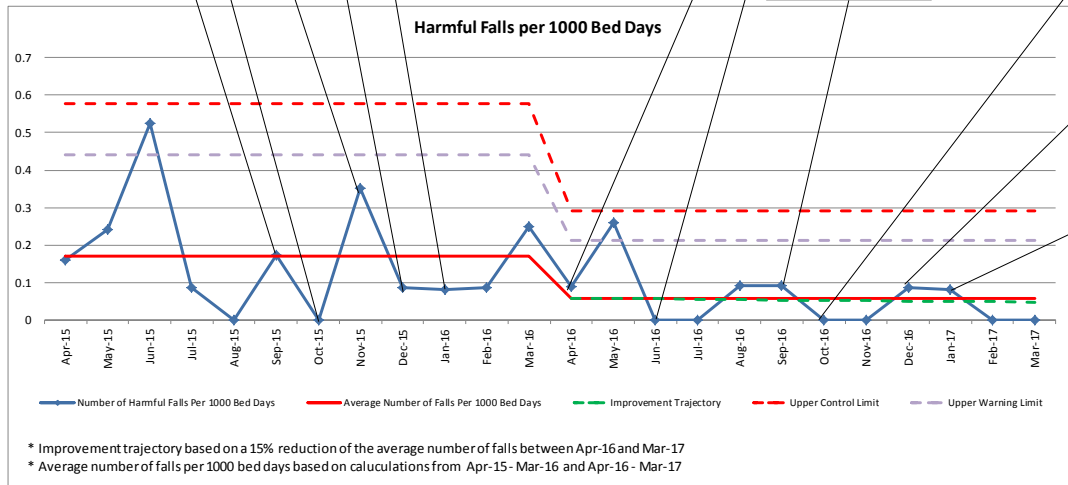
**Jun 2016**  
 - Acute Falls Assessment documentation went live June 2016 AMU  
 - Short stay Falls assessment documentation went live June 2016 on AMAC

**4th Oct 2016**  
 - Inpatient Falls Nurse Specialist secondment ended on 4th Oct 2016.  
 - Red Zimmer Frames introduced for Dementia patients'

**26th Sep 2016**  
 - Falls awareness week

**16th Dec 2016**  
 - The Falls Clinical Support Sister's (note change of role name) post is now a permanent position.

**Jan 2017**  
 - Daily COE Consultant ward rounds on AMU for frailty/Falls patients



## Hospital Acquired Avoidable Pressure Ulcers

The elimination of hospital acquired avoidable pressure ulcers is high priority for the Trust and as such, remains a key component of the Trust's quality improvement programme. The Trust priority in 2014-15 was to reduce all hospital acquired harms in relation to Pressure Ulcers; in 2015-16 the priority was to eliminate all hospital acquired grade 3 and grade 4 pressure ulcers, and in 2016-17, the priority was to maintain focus on the reduction of harm to patients and maintain improvements in all aspects of patient safety.

**Table 8.0: Pressure Ulcers, reporting period 2014-15 – 2016-17**

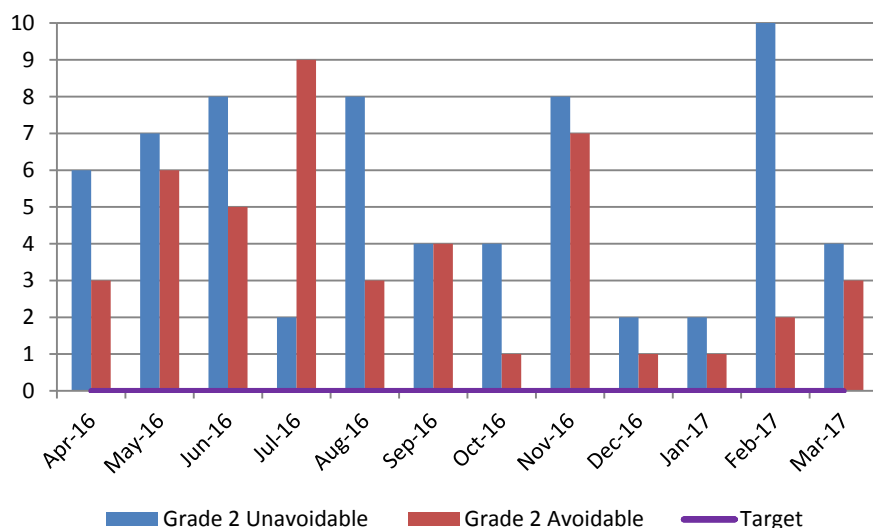
Pressure Ulcers	2014-15	2015-16	2016-17
Number of patient's developing pressure ulcers of Grade 4	0	0	1
Number of Grade 4 pressure ulcers determined avoidable	0	0	1
Number of Grade 4 pressure ulcers determined unavoidable	0	2	0
Number of patient's developing pressure ulcers of Grade 3	50	45	61
Number of Grade 3 pressure ulcers determined avoidable	14	14	23
Number of Grade 3 pressure ulcers determined unavoidable	36	31	38
Number of patient's developing pressure ulcers of Grade 2	168	79	116
Number of Grade 2 pressure ulcers determined avoidable*	N/A	N/A	46
Number of Grade 2 pressure ulcers determined unavoidable*	N/A	N/A	70

\*The Trust only started doing root cause analysis (RCA) on the Grade 2 pressure ulcers in April 2015. These were not deemed as unavoidable or avoidable until July 2015.

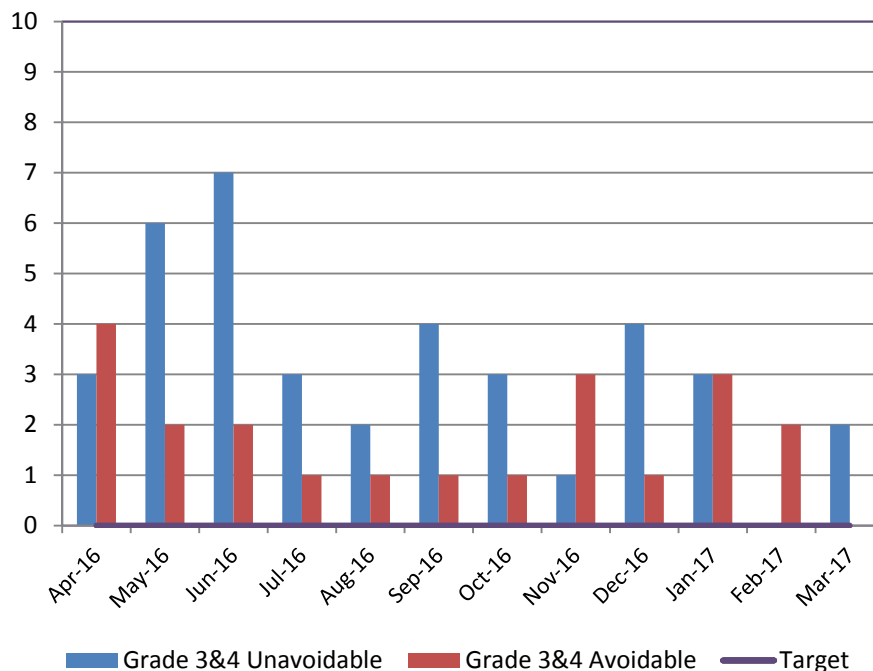
Year end figures for 2016/17 highlight that the highest number of hospital acquired grade 3 pressure ulcers have been identified on AMU; as with the grade 2 pressure ulcers, often within 72 hours of admission. Lack of risk / skin assessment or poor documentation around risk / skin assessment and pressure reducing interventions has been the main cause of the pressure ulcer being attributed to AMU. Action plans are being developed to address these issues on AMU.

Over the last two years, the hospital's two care of the elderly medical wards have undergone significant changes with regards to the way they deliver and focus on pressure ulcer prevention. Previously both wards had seen a high incidence of hospital acquired pressure ulcers attributed to them, often avoidable, and a Tissue Viability action plan was developed and implemented. Since then, the action plan has remained in place but has regularly been reviewed and updated. This, along with a commitment to training, the successful trial of repositioning clocks (which led to a Trust wide implementation), learning from RCA investigations and Tissue Viability ward rounds, has led to long periods of time without a hospital acquired pressure ulcer, despite the extremely high risk patient group.

**Graph 4.0: Total number of Grade 2 hospital acquired pressure ulcers 2016-17**



**Graph 5.0: Total number of Grade 3 and Grade hospital acquired pressure ulcers 2016-17**



A number of actions have been implemented throughout the year to support the Trust’s hospital acquired avoidable pressure ulcer reduction plan:

- React to Red (RTR) training has been delivered throughout quarters three and four of 2016-17 by the RTR Clinical Support Nurse with RTR training to be cascaded by RTR Champions from April 2017 onwards. At a recent RTR

feedback / evaluation event at the end of March 2017, BHNFT was recognised for the work they had undertaken in evaluating the RTR model in an acute Trust.

- In January 2017 a new Traffic Light Pressure Ulcer Risk Assessment tool was rolled out Trust wide. The tool is based on the traffic light model, which has been instrumental in the reduction of hospital acquired pressure ulcers at Doncaster and Bassetlaw Hospitals NHS Foundation Trust. The new process / documentation continues to become embedded in practice, with the Tissue Viability team providing on-going training and support for ward staff.
- The Senior Tissue Viability Nurse is working with the Improvement Academy and the Tissue Viability teams from Leeds and Bradford Teaching Hospitals to design and test interventions for improvements around pressure ulcer development.

*Data source: Local Trust data source, 2016-17.*

### **Targeted teamwork / human factors training**

Human factors are an emerging area of patient safety. It is a science that looks at all the things that affect humans and their behaviours and helps us to understand why errors can occur and what we can do to take account of human limitations to protect patients. Barnsley hospital decided to carry out a pilot of teamwork / human factors training on a medical and surgical ward in 2016. The pilot evaluated positively with staff and some of the tools and techniques to improve communication were transferred into practice. Following the pilot an introduction to team training is now part of clinical induction for all new staff. A weekly team training human factors session is now also available for staff to attend. A Trust Human Factors Strategy and a Guideline on Communication and Team Working has been created. This demonstrates the Trust's commitment to embedding human factors into the organisation to improve patient safety. The Trust has shared their work with the Yorkshire & Humber Improvement Academy.

*Data source: Local Trust data source, 2016-17.*

### **Maintain focus on reducing harm from VTE by ensuring 90% patients get VTE prevention information on admission / discharge**

Safety netting advice and information can protect both the patient and the healthcare professional. It can help to ensure that a patient with unresolved or worsening symptoms knows when and how to access further advice, and is an important way of preventing patient safety harms.

Adult patients being admitted for surgery are now provided with an information pack which contains a VTE leaflet and a TED stockings leaflet. Acute Medical Admissions also give out leaflets to patients on admission.

VitalPAC, a patient monitoring piece of software to improve the effectiveness of monitoring patients, was introduced into the Trust in November 2016. One of the

modules contained within VitalPAC is the VTE assessment module. This module contains a prompt to the doctor completing the VTE risk assessment – ‘has the patient received VTE prevention information?’ The Trust plans to undertake a pilot of this module on AMU in April 2017.

In 2017-18 the Trust will undertake an audit on the compliance of providing VTE prevention information on admission / discharge.

*Data source: Local Trust data source, 2016-17.*

### **Maintain focus on reducing harm from VTE by undertaking a root cause analysis (RCA) of all potential Hospital Acquired Thrombosis (HAT)**

From June 2016 patients who have had been identified as having a deep vein thrombosis or pulmonary embolism have their case notes reviewed to determine if the blood clot was hospital associated. The review looks at whether the patient had all the necessary preventative measures put in place such as risk assessment, prophylaxis (blood thinning drugs and stockings). Any learning from the reviews is shared at the Trust Thrombosis Committee and Patient Safety and Harm Group. If the review finds omissions in care then those incidents are subject to a more in depth investigation SI investigation or high level incident (HLI) investigation.

*Data source: Local Trust data source, 2016-17.*

### **Implement Safety Huddles to all wards and departments**

Barnsley Hospital is one of three hospitals (Leeds Teaching Hospitals and Scarborough Hospital) taking part in a national study funded by the Health Foundation and supported by the Yorkshire & Humber Improvement Academy to evaluate the introduction and impact of safety huddles. A safety huddle is when staff on a ward or department come together for five – ten minutes to share information about patient safety risks – for example falls. The huddle improves communication and safety culture by allowing staff to raise concerns. The majority of wards and clinical departments in the Trust are now using some form of safety huddle.

In early 2017-18 the remaining areas, AMU, Surgical High Dependency Unity (SHDU) and the Antenatal/Postnatal wards (ANPN) have plans to begin testing safety huddles. Further work will continue to ensure that safety huddles include all the essential elements of a high quality huddle.

*Data source: Local Trust data source, 2016-17.*



## Goal 3 – Delivering Consistently Effective Care

*In 2016-17 we said we would:*

### **Ensure consistency in the provision of care provided.**

Our targets were:

- To demonstrate 90% compliance with the Sepsis Six care pathway.
- To demonstrate compliance with the NCEPOD Sepsis Report, 'Just Say Sepsis 2015'.
- To demonstrate compliance with NHS England Sepsis Action Plan 2015.
- To implement the new sepsis consensus definitions.
- To introduce a new fluid balance chart across the Trust.
- To demonstrate 90% compliance with new fluid balance chart.
- To demonstrate 90% compliance with AKI bundle.

### **Demonstrate 90% compliance with the sepsis six care pathway.**

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 it is recognised this can dramatically increase the patient's chances of survival. The UK Sepsis Trust developed a sepsis care bundle of six interventions that patients with sepsis should receive. The bundle includes giving antibiotics and intravenous fluids.

Following the work in 2014-15 to implement the sepsis screening and management tool and continued focus on improvements surrounding sepsis recognition and response during 2015-16 the Trust has continued to implement systems to ensure that patients attending as an emergency admission are diagnosed and treated within antibiotics within one hour of attendance. Recording of screening for sepsis was 89% by the end of December 2016 against a local target of 90%. The Trust has continued to implement the assessment HUB in the Emergency Department (ED) supporting timely identification and treatment of patients with sepsis. The HUB ensures that all patients who present to ED will be received by a registered nurse and have an initial assessment complete within 15 minutes of arrival within the department. The new initiative means that 24 hours a day, 7 days a week, patients attending ED will be assessed and those patients diagnosed with sepsis will be treated in a timely manner.

The Sepsis CQUIN (Commissioning for Quality and Innovation) audit data for December 2016 showed a reduction in compliance for the number of patients with sepsis who receive antibiotics within the one hour target. The importance of patients receiving prescribed antibiotics within the first hour after diagnosis of sepsis has been raised with the ED consultants. Sepsis six care pathway compliance and sepsis mortality will be an on-going priority for the Trust.

*Data source: Local Trust clinical audit data source, 2016-17.*

### **Demonstrate compliance with (NCEPOD) Sepsis Report, 'Just Say Sepsis 2015' and NHS England Sepsis Action Plan.**

The NCEPOD Sepsis report highlights the process of care for patients aged 16 years or older with sepsis and takes a critical look at areas where the care of patients might have been improved.

In December 2015 NHS England published a new action plan to help support healthcare professionals to recognise and treat sepsis promptly.

The Trust has completed the self-assessment checklist of the hospital's compliance with the recommendations in the NCEPOD report and against the NHS England action plan. For the majority of recommendations and action points the Trust can demonstrate full or partial compliance. In response to the Trust's self-assessment a local action plan has been developed and is being monitored for completion and implementation via the Trust Deteriorating Patient Group and Clinical Effectiveness Group.

*Data source: Local Trust data source, 2016-17.*

### **Implement the new Sepsis consensus definitions.**

The Trust Deteriorating Patient Group has co-ordinated the implementation of the new sepsis definitions from the NICE Sepsis Guideline (2016). One of the key changes being to no longer use the systemic inflammatory response syndrome (SIRS) criteria to diagnose sepsis.

The NICE guidance has been communicated via the patient safety bulletin and has been incorporated into basic life support training. The new definitions have been incorporated into the VitalPAC electronic NEWS system and into the clerking documentation completed by medical staff on admission.

*Data source: Local Trust data source, 2016-17.*

### **Introduce a new fluid balance chart across the Trust and demonstrate 90% compliance.**

In 2015-16 the Trust appointed a Consultant Anaesthetist as the Trust Fluid and AKI lead. Led through the work of the Deteriorating Patient Group a new fluid balance chart was introduced in 2015-16. The new chart combined the fluid prescription and fluid balance chart. The combined chart also included prompts to help staff identify

and manage AKI which is a major cause of avoidable harm and is commonly linked to dehydration.

In June 2016 the Trust initiated a baseline audit of compliance with fluid balance across all adult in-patient ward areas, the results of which demonstrated that compliance with the fluid prescription and balance record required improvement.

In the same month the Trust launched the new fluid prescription and balance chart across all adult in-patient ward areas with the aim of improving fluid balance compliance. To support staff awareness a fluid balance booklet and ward education programme was also implemented. Following a period of implementation and feedback from staff a refined version of the fluid balance booklet was launched in February 2017. The Trust plan to re-audit compliance with the fluid prescription and balance chart in quarter one of 2017-18.

*Data source: Local Trust data and clinical audit data, 2016-17.*

### **Demonstrate 90% compliance with AKI bundle.**

In June 2016 a baseline audit of compliance was undertaken at a time when the new AKI bundle had only just been introduced. Although the baseline audit evaluated with only 5% of the audit sample having had the full bundle complete, overall there appeared to be good recognition of AKI with presence being documented with the healthcare records in 89% of the audit sample. Evidence of AKI screening as part of prevention was demonstrated in 72% with the medicines review and daily bloods follow-up in the subsequent 72 hours at 78% compliance. The baseline audit indicated that although the aims of the bundle were being carried out and patients were being treated appropriately, our documentation and therefore recorded compliance indicated that we were below the 90% level.

In February 2017 the Trust launched a new refined AKI bundle and fluid balance staff booklets. Indications are that staff awareness of AKI has improved with the majority of clinical staff demonstrating an understanding of the importance of AKI. A re-audit of compliance with the AKI bundle is planned for early 2017-18.

*Data source: Local Trust data, 2016-17.*

*In 2016-17 we said we would:*

**Maintain compliance with the metrics associated with high quality stroke services.**

Our target was:

- To achieve at least one performance level of improvement across each of the ten Sentinel Stroke National Audit Programme (SSNAP) domains of stroke care.

The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by measuring both the structure and processes of stroke care against evidence based standards. These standards are informed by the National Clinical Guideline for Stroke, and national and local benchmarks.

SSNAP is an audit that measures the quality of care that stroke patients receive throughout the whole care pathway up to six months post admission into hospital in England, Wales and Northern Ireland. Based on a five tier domain rating score, A – E ('A' being the highest rating score in each domain), Barnsley hospital's overall performance in the last quarter of 2015-16 was categorised in domain D.

In the first quarter of 2016-17 the Trust's overall performance significantly improved and the Trust was categorised within domain B. Unfortunately due to a number of trust-wide operational pressures in quarter two of the year we saw the overall rating fall back down to domain D.

In quarter two of the year two Stroke Physicians unfortunately left the Trust which had a significant impact on the Acute Stroke Unit. The Trust has been unable to recruit a permanent Stroke Physician but was able to a Locum Stroke Physician at the end of October 2016 which has proved to have positive outcomes. Changes have also been made to the former nursing model rotas on the Stroke Unit which has proved to have a positive impact for all stroke patients'.

The SSNAP data for quarter three of 2016-17 is due to be published in May 2017. The Trust envisages that the publication of this data will see the Trust back in a more positive position regarding performance rating. Work will continue throughout 2017-18 to maintain the improvements achieved and further develop those areas still requiring development.

*Data source: Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit National Results.*

## Goal 4 – Building Capacity and Capability

*In 2016-17 we said we would:*

**Develop new roles as required by service need.**

Our target was:

- To implement local Clinical Business Unit quality improvements.

### Building Capacity and Capability within the Medicine CBU (CBU 1)

Following feedback from a variety of sources the acute medical services focused on three distinct areas of development throughout 2016-17.

The team introduced three new roles in order to directly improve the quality of the patient experience whilst in hospital.

#### Patient Flow Co-ordinators

The importance of focused co-ordination, engagement and good verbal and written communication when formulating the CBU improvement plans was noted to be a factor in the feedback received in complaints and was highlighted in a number of incident reports.

The impact of increased length of stay is known to have an adverse effect on patients, their carers and families and is often avoidable. The bottlenecks in patient flow through the hospital can impede the Trusts' ability to provide care and access to services for the acutely ill, and so contributing to the effectiveness of a robust emergency service.

On ward 19 and 20 where care is delivered to our elderly patients, patient flow co-ordinators have now been introduced. The aim of the role is to support, facilitate and enhance the discharge of patients with complex needs.

#### Emergency Department (ED) Support Workers

Similarly the introduction of Support Workers in the busy Emergency Department was based on ensuring that the comfort and hospitality of patients was addressed and not overlooked.

Providing food and drink, assisting with toileting facilities and basic communication with relatives is linked to a more personalised care.

#### Respiratory Services Advanced Nurse Practitioner

Finally the recruitment of an advanced nurse practitioner in the respiratory services has contributed to transforming an integrated service. The local community is made up of a high number of patients living with chest and respiratory problems; the expertise of such a post holder aims to complement the quality of the service, ensure timely intervention and promote positive patient outcomes.

## **Building Capacity and Capability within the Surgical CBU (CBU 2).**

In 2016-17 the CBU set itself a priority to develop new roles as required by service need, in order to maintain and progress the quality improvement agenda within the CBU.

### **Pre-assessment Practitioners**

Four whole time equivalent members of staff have been appointed into an eighteen month training programme for trainee assistant practitioners. These individuals have successfully completed the academic and interview process required to begin the programme in April 2017.

At the end of the programme the assistant practitioners will work under the supervision of a registered nurse, to undertake a first level pre-assessment examination of patients. This will include the recording of patients' past medical history, known allergies and medication and the taking of baseline clinical observations, urinalysis, swabs and blood test. These new roles will enable registered nurses more time to focus on complex patients with high level needs.

### **Theatre Practitioners (Scrub Practitioner)**

On completion of training these practitioners will work in minor operations and will provide support roles to theatre staff within the theatre environment. This training will provide individuals with the opportunity to progress to nurse and Operating Department Practitioner (ODP) training.

The practitioners will have the required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker, enabling them to provide a high standard of quality care.

### **Urology Staff Nurses (Band 5)**

This new role has been introduced in order to strengthen the multi-disciplinary approach to urology care. These nurses will be responsible for bladder treatments, teaching self catheterisation and urodynamics. The role will facilitate the senior nurse specialists to concentrate on patients with more complex needs, nurse led clinics and leadership responsibilities.

### **Rehabilitation Assistant Intensive Care Unit (ICU)**

It is well documented that, following a period of critical illness, patients can suffer complex physical and non-physical complications. This has considerable effects on patients and their families in all aspects of life. Rehabilitation should start as early as clinically possible and include an individualised, structured rehabilitation programme.

As well as physical needs, rehabilitation should address psychological symptoms including delusional memories, anxiety, panic attacks, nightmares and depression. This health care assistant has joined the multi-disciplinary team who work together to improve outcomes for patients.

### Theatre Project Leads

These new posts will lead a number of theatre projects. This role is responsible for the management of the Day Surgery Unit and will deputise for the Theatre manager.

### Discharge Support Worker

The CBU has recently introduced a discharge support worker in surgery; this is an unregistered post. The aim of the role is to support, facilitate and enhance the timely discharge of patients, to improve patient flow.

*Data source: Local Trust data source, 2016-17.*

## **Building Capacity and Capability within the Women's, Children's and Clinical Support services CBU (CBU 3).**

CBU 3 unit is diverse and complex, and covers both inpatient and outpatient facilities and also includes the hospitals therapy and diagnostic services.

### Consultant Midwife

During 2016-17 the CBU appointed a consultant midwife. Providing clinical and professional leadership the role contributes by providing safer clinical services and an enhanced positive patient experience for all expectant mothers and families.

### Biochemical scientists

The appointment of biochemical scientists within the pathology department has contributed to the on-going quality and effectiveness of the service. This initiative is in line with the national trend for introducing innovative approaches and re-design of the traditional workforce.

### Assistive technology department

The reputation of the assistive technology department at the Trust has led to the expansion of this team across a wider geographical area, improving the lives of the more dependant and vulnerable patients with long term conditions. Throughout 2017-18 CBU 3 will be focusing on the challenges in recruiting and retaining key staff within our support and diagnostic services, especially in specialities such as dietetics.

*Data source: Local Trust data source, 2016-17.*

## Other Trust-wide roles developed in 2016-17

### Trainee Nurse Associates

This new position is a developmental role, the aim being to support qualified staff with patient care. The trainee will work their way towards progression into the post of Nursing Associate and combines both academic and work based learning.

Barnsley hospital is the lead employer partner working with Rotherham NHS Foundation Trust, Barnsley GP Federation and South West Yorkshire Partnership Foundation Trust to pilot the Trainee Nurse Associate role, with education support for the Trainee Nurse Associate being delivered by the University of Sheffield. The partnership has recruited 22 trainees of which nine are internal to the Trust.

### Acute Response Team (ART)

Providing a 24 hour service, seven days per week, this team of Advanced Nurse Practitioners, in conjunction with the medical teams, support the care of the most acutely ill patients within the hospital with the key aims of:

- Reducing the number of cardiac arrests by early intervention and prevention.
- Supporting the reduction of the Trust's mortality rates by early identification and intervention of the deteriorating patient.
- Improving patient safety and patient experience
- Supporting and optimising patient management on the ward areas for example; patients on end of life care.

### End of Life Volunteers – The Nora Newman Volunteer

The role of the End of Life Volunteer is to provide comfort and support to patients and their families or carers at their time of need.

It is not always possible for relatives or carers to be with patients when they are in hospital and sometimes patients may not have any close friends or family at all. End of Life Volunteers step in when relatives, friends or carers are unable to. Their role includes sitting with patients at the end of their life, providing companionship, listening to their needs, showing understanding and compassion and communicating concerns about the patient to the ward nursing team. End of Life Volunteers may also be called upon to help family or carers during in the difficult time as their loved one comes to the end of their life.



*In 2016-17 we said we would:*

**Ensure that all staff have the opportunity to access education and training appropriate to their needs.**

Our targets were:

- To achieve 90% compliance in the Trust's mandatory training programme.
- To achieve 90% compliance with staff appraisals.
- To implement version ten of the Trust Training Plan.

### **To achieve 90% compliance in the Trust's mandatory training programme**

In 2016-17 the Trust achieved 87.7% of staff receiving appropriate and relevant mandatory training. This is a very slight improvement on the previous year's compliance of 87.6%.

Throughout the year six monthly evaluations of the training courses have taken place the results of which have been used to inform developments of existing and future training courses and materials.

The Trust is maintaining the target of 90% compliance for mandatory training in 2017-18. On-going performance monitoring is taking place both at CBU and at corporate level.

*Data source: Local Trust data source, Workforce Information 2016-17.*

### **To achieve 90% compliance with staff appraisals**

All CBU's have achieved appraisal targets for both medical and non medical staff in 2016-17 with the Trust overall achievement being 92.5%.

*Data source: Local Trust data source, Workforce Information 2016-17.*

### **To implement version ten of the Trust Training Plan**

Version ten of the Trust Training Plan has been implemented.

During 2017-18 Barnsley hospital will work in collaboration with the other hospitals in the 'Working Together' partnership to focus on the development and implementation of version 11 of the Trust training plan.

*Data source: Local Trust data source, Workforce Information 2016-17.*

## 3.2 Other quality improvement celebrations from 2016-17

- Barnsley Hospital was named as a CHKS Top Hospitals winner. CHKS, one of the leading provider of healthcare intelligence and quality improvement services based the award on the evaluation of over 20 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.
- The Hospital's Learning Disability team won two awards in the Digital Health Design Challenge. Working alongside a digital design agency, a new 'app' was created to help improve the way the hospital cares for people with learning disabilities when they visit the hospital. The idea for the app came from the already existing 'hospital passport' which was created at the Hospital and is given to all vulnerable patients. The hospital passport helps in assisting hospital staff to look after people with learning disabilities and includes important information about the patient, likes and dislikes and any reasonable adjustments that the patient may require.
- The prestigious "Most Sustainable Public Sector Organisation" was awarded to the hospital at the 2017 Public Sector Sustainability Awards.
- In March 2017 our Emergency Department was recognised for the work undertaken by one of the ED Sisters in implementing the RTR concept in the triage area and in developing a RTR logo for the ED patient IT system.
- Staff on the gynaecology ward were awarded the 'Hero Winner' prize at the Barnsley Chronicle 'Proud of Barnsley' Awards for the care and compassion shown by staff to a patient and her family who had sadly experienced the loss of a baby.
- Barnsley Hospital was selected as a finalist in the Friends and Family Test (FFT) 2016 national awards scheme. These awards were set up to recognise NHS providers who are going above and beyond in their work to listen and engage to patients and staff.
- In February 2017 the Royal College of Nursing, Nursing Management Magazine published an article celebrating the work achieved at Barnsley in implementing Perfect Ward, the interactive app designed to undertake inspection work in a variety of healthcare settings.
- In June 2016 the seventh annual Barnsley Hospital Charity Heart Awards was held recognising the hard work and dedication of our staff and volunteers here at the hospital. Awards were made to staff from across the hospital, celebrating various achievements:

- **Individual BRILLIANT Award;** to the General & Specialist Surgery Matron for her work in developing the new patient pathway for Endoscopy that incorporates all aspects of care.
  - **Team BRILLIANT Award;** to the Surgical Decision Area (SDA) Team for their hard work and commitment to patients.
  - **Individual Outstanding Achievement Clinical;** awarded to the Consultant in Oral and Maxillofacial for his continued work in developing services including the temporal artery biopsy service and the tongue tie service for new born babies.
  - **Individual Outstanding Achievement Non-clinical;** recognising the work of a Clerical Officer who, through excellent leadership skills, implemented improvements for patients within cancer services.
  - **Innovation Award;** celebrating innovation and creative ideas that have a clear benefit for patients, family members, members of staff or the Hospital in general.
  - The Community Midwife Team Leader and the Public Health Specialist Midwife
  - were recognised for their hard work in developing information for the maternity website.
- **Partnership Working Award;** This award focused on the work of a team or individual who had worked exceptionally well with internal and external partners. The Barnsley Babies Initiative aims to advise parents and families how to ensure that their baby is sleeping safely. The partnership means that safe sleep messages are now being consistently delivered to all families in Barnsley not only by staff at Barnsley Hospital but by our partners too.
  - **Patient Safety Award;** The introduction of Patient Safety Huddles onto the Acute Stroke Unit. The huddles involve all staff and raises their awareness of healthcare risks. They allow staff to feel more confident and empowered to discuss patients at risk.
  - **Patient's Choice Award;** this award gave patients the chance to nominate a member of staff who they felt had gone above and beyond their line of duty whilst caring for them at the hospital. This award went to a team who had been nominated by a patient's daughter who praised the team for working together to provide compassionate and dignified end of life care.
  - **Team Outstanding Achievement – Clinical;** the Hip Fracture Group is a multidisciplinary team who work together to significantly improve patient outcomes. The team were nominated for frequently working above and beyond what is expected of them to ensure their patients get the best possible care. The work of the Hip Fracture Group both saves lives and improves quality of life for patients.

- **Team Outstanding Achievement Non-Clinical;** The Community Midwives Administration Clerk Team was awarded for their hard work and dedication to supporting the community midwives by managing all clerical tasks.
- **Volunteer of the Year Award;** this award recognised a dedicated volunteer who had selflessly contributed her time, energy and skills to the hospital throughout the year.

## Overview of performance in 2016-17 against the key national indicators as set out in Monitors Risk Assessment Framework 2014.

National Indicator	2014-15 BHNFT	2015-16 BHNFT	2016-17 BHNFT	National Target 2016-17
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	94.7%	94.4%	83.77%	90%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	97.7%	97.7%	97.74%	95%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway <sup>(A)</sup>	94.7%	94.2%	93.4%	92%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge <sup>(A)</sup>	96.0%	92.8%	91.2%	95%
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	87.7%	86.8%	88.6%	85%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	99.0%	98.9%	97.7%	90%
All cancers: 31-day wait for second or subsequent treatment, comprising surgery	100%	99.2%	100%	94%
All cancers: 31-day wait for second or subsequent treatment, comprising anti-cancer drug treatments	100%	100%	100%	98%
All cancers: 31-day wait for second or subsequent treatment, comprising radiotherapy	Service not provided by Trust			
All cancers: 31-day wait from diagnosis to first treatment	99.7%	98.8%	98.5%	96%
Cancer: two week wait from referral to date first seen, comprising all urgent referrals (cancer suspected)	95.8%	95.8%	94.9%	93%
Cancer: two week wait from referral to date first seen, comprising for symptomatic breast patients (cancer not initially suspected)	95.8%	92.1%	94.1%	93%
Clostridium (C.) difficile – meeting the C. difficile objective	13	13	11	13

<sup>(A)</sup> Performance indicators on which external audit is required to issue a limited assurance conclusion.

## **Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees**

### **Barnsley Healthwatch comments on BHNFT Quality Account 2016-17**

There were no comments provided by Barnsley Healthwatch.

### **Barnsley Clinical Commissioning Group comments on BHNFT Quality Account 2016-17**

BCCG has reviewed Barnsley Hospital NHS Foundation Trust 2016-2017 Quality Report and our feedback is presented below for your consideration.

The Quality Report is presented in a clear and easy to read format, includes all essential elements and covers the formal requirements for quality accounts and quality reports, based on the quality accounts legislation and Monitor's additional requirements for quality reports. The CCG is supportive of the priorities that Barnsley Hospital NHS Foundation Trust has identified for 2017/18 in addition to our feedback below.

To the best of our knowledge the report appears factually correct.

We recognise that providing safe and high-quality care to patients has always been challenging but has become more so as the volume and complexity of work has increased. We know that Clinical teams have absorbed growing pressures throughout the year. We would like to thank the Trust leadership team and staff for their continued hard work and for regularly going the extra mile to meet patient's needs. We know that recruitment and retention of staff nationally and locally remains challenging and commend the Trust for its efforts to create new roles and workforce models in an effort to meet rising demands, continue team-working and support continuity of care. We are pleased to see the significant number of achievements, external recognition and awards listed on page 192 and 193 of this report and you should be rightly proud of these achievements. Well done.

We note that the Trust has been unable to meet its own improvement trajectory for a reduction in the number of inpatient falls which remain 'stubbornly' around 6/10000 and the CCG will be monitoring the actions put in place by the Trust to manage and reduce the incidence in the year ahead. We do note that 'falls with harm' has reduced since April 2016 in line with own improvement trajectory and commend the Trust for its good work to achieve this progress.

We note the progress made in relation to the reduced number of Serious Incidents reported in the categories of 'level of severe harm/death' (National Average 0.2% and BHNFT 0.1%) and urge the Trust to continue its actions to maintain a strong

reporting culture and strengthen its capacity and capability to conduct timely, robust incident investigations that result in accurate and comprehensive reports with clear action plans and lessons learnt.

We are concerned about the rate/level of progress in implementing good practice in relation to VTE, AKI, Sepsis and CAP and consequently we welcome the Trust's focus to secure improvements in these aspects of clinical practice in the year ahead and will be closely monitoring actions/outcomes via the Clinical Quality Board.

We also note the increase in avoidable grade 4 and grade 3 Pressure Ulcers and the figure of 46 avoidable grade 2 Pressure Ulcers in 2017 and the CCG will be monitoring the actions put in place by the Trust to manage and reduce the incidence in the year ahead.

We understand the reduced performance in relation to SSNAP and will be monitoring progress of this and other national audit results and action plans in the year ahead.

We would like the Trust to keep a strong focus on supporting continuous improvement in the quality and timeliness of Discharge Summaries and would like to see greater transparency in relation to complaints.

In the year ahead, the CCG looks forward to supporting the Trust to develop and maintain a strong and sustained strategic commitment to quality improvement.

## **BHNFT Council of Governors comments on BHNFT Quality Account 2016-17**

Thank you for the opportunity to comment on the draft Quality Account for 2016/17.

The Governors confirm that the content matches our view and understanding of the quality objectives and work carried out at the Trust. The report is very comprehensive – it is a lot to take in but does reflect the hard work put in by the staff to ensure quality care is offered to patients. The format is easy to follow and the language is straightforward although it could be complicated for anyone to read who did not have a related background or interest.

It is good to see the range of staff mentioned as teamwork is a key part of the work done although at times there is not enough emphasis on the work done by staff other than nurses, but this probably falls outside of the remit of this report.

Overall it is a really good report that leaves a clear vision of the progress Barnsley has made and the further work still being progressed. The ongoing monitoring will be the key to the eventual outcomes.

## **Overview and Scrutiny Committee comments on BHNFT Quality Account 2016-17**

There were no comments received from the Overview and Scrutiny Committee.



## **Independent Auditor's Report to the Council of Governors on BHNFT Quality Account 2016-17**

We have been engaged by the Council of Governors of Barnsley Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of Barnsley Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

We refer to these national priority indicators collectively as the 'Indicators'.

### **Respective responsibilities of the directors and Practitioner**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

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 is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, 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:

- Board minutes for the period April 2016 to May 2017;
- papers relating to quality reported to the Board over the period April 2016 to May 2017;
- feedback from Commissioners dated 15 May 2017;
- feedback from Governors dated 16 May 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017;
- the national patient survey dated February 2017;
- the national staff survey dated March 2017;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 19 May 2017.

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.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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 2017, 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, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower 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 affect 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 of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non- mandated indicators which have been determined locally by Barnsley Hospital NHS Foundation Trust.

Our audit work on the financial statements of Barnsley Hospital NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Barnsley Hospital NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Barnsley Hospital NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Barnsley Hospital NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose.

Our audits of Barnsley Hospital NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Barnsley Hospital NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

### **Basis for qualified conclusion**

The indicator reporting "the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period", did not meet the six dimensions of data quality in the following respects.

- **Completeness** – prior to March 2017, the Trust did not retain sufficient detail of the monthly analysis of incomplete pathways to provide us with the assurance of the completeness of the data underpinning this indicator. As a result, we were unable select a sample of cases to validate the Trust's performance against the indicator for 2016-17. Since March 2017, the Trust is now retaining an appropriate breakdown of the monthly data.
- **Accuracy** - our testing identified issues with the accuracy of data underpinning this indicator. We identified a number of errors in recording patient pathway start dates and clock stops that were not in accordance with the relevant national guidance and requirements.

### **Qualified conclusion**

Based on the results of our procedures, with the exception of the matters reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

*Grant Thornton UK LLP*

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25 May 2017

## **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.

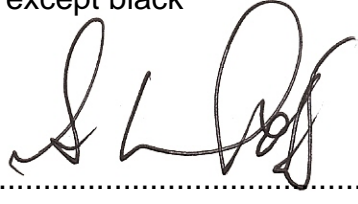
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016-17;
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to May 2017
  - papers relating to Quality reported to the Board over the period April 2016 to May 2017
  - feedback from commissioners dated 15 May 2017
  - feedback from governors dated 16 May 2017
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017.
  - the 2016 national patient survey February 2017.
  - the 2016 national staff survey March 2017.
  - the head of internal audit's annual opinion over the trust's control environment dated 19 May 2017.
- 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](http://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](http://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

NB: sign and date in any colour ink except black

23 May 2017 ..... **Date** .....  ..... **Chairman**

23 May 2017 ..... **Date** .....  ..... **Chief Executive**

## Part 4: Glossary

Acute Kidney injury (AKI)	AKI has now replaced the term acute renal failure. Clinically AKI is characterised by a rapid reduction in kidney function.
Acute Response Team	A team to cover both medical and surgical patients, with a focus on those that are deteriorating, and deliver over a 24 hour period.
Advanced nurse practitioner	A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.
All about me passport	A document developed to assist hospital staff to look after people with learning disabilities. It includes things hospital staff must know about the patient; likes and dislikes and any reasonable adjustments the patient may require.
Amber care bundle	An approach used in hospitals when clinicians are uncertain whether a patient may recover and are concerned that they may only have a few months left to live.
Antimicrobial Resistance	The ability of microbes to grow in the presence of a chemical (drug) that would normally kill them or limit their growth.
Antimicrobial Stewardship	Antimicrobial stewardship is a co-ordinated programme 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.
Assistive technology	An umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities.



Audit Commission	The Audit Commission was a statutory corporation in the United Kingdom. The Commission's primary objective was to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work.
Avoidable harm	A harm occurring to a patient which could have been prevented.
Avoidable infection	A healthcare associated infection that can be prevented.
Barnsley Right Care service	A collaboratively run programme between Barnsley Clinical Commissioning Group (CCG), Barnsley Hospital and South West Yorkshire Partnership NHS Foundation Trust, that helps people to get the treatment and care that they need without being admitted to hospital.
Biomechanical scientists	To study of the structure and function of the human body.
Board of Directors	A body of appointed members who are responsible for the day-to-day management of the hospital and is accountable for the operational delivery of services, targets and performance.
Butterfly Scheme	A scheme that provides a system of hospital care for people living with dementia.
Care Navigators	Health or social care professionals who provide a free, impartial and confidential service to patients with long term conditions.
Care plans	A document which records the outcomes from a care planning discussion, including any actions agreed. It could be a written document, an electronic document or both.
Care Quality Commission (CQC)	The independent regulator of all health and social care services in England.

Collaborations in Leadership in Applied Health Research and Care (CLAHRC)	CLAHRC is a large collaboration across South Yorkshire that brings together all the NHS organisations and our Universities.
Clinical Commissioning Group (CCG)	CCGs are groups of local GPs that are responsible for commissioning (buying) health and care services on behalf of, and in partnership with, patients and local communities.
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 three clinical units responsible for the day-to-day management and delivery of services within their area.
Clinical Coding	The translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.
Community acquired pneumonia	Pneumonia contracted by a person with little contact with the healthcare system.
Council of Governors	An elected group of local people who are responsible for helping to set the direction and shape the future of the Trust.
Datix	A web-based incident reporting and risk management software system used by the Trust.
Deep vein thrombosis (DVT)	A blood clot that develops within a deep vein in the body, usually in the leg.

Duty of Candour	A legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.
Electronic early warning system	Electronic systems to support early identification of critically ill patients.
Executive Team	Senior management at the highest level of the Trust management who have the day-to-day responsibilities of managing the hospital.
Fluid balance charts	A method for recording patients' intake and output of fluids.
General Medical Practice Code	The code of the General Practitioner (GP) Practice that the patient is registered with.
Governance structures	The systems and processes by which BHNFT, direct and control their functions, in order to achieve organisational objectives.
Governors	An elected group of 16 public and patient representatives and six staff representatives and seven partners.
Healthcare associated infections (HCAIs)	HCAIs can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections.
High level incident (HLI)	Those incidents which do not reach the threshold of a serious incident but which require a detailed and thorough investigation into the cause of the incident.
Hospital Episode Statistics	A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.

Hospital Standardised Mortality Ratios (HSMR)	The HSMR is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect. The HSMR can be a warning sign that things are going wrong.
Human factors	The scientific discipline concerned with the understanding of interactions among humans and other elements of a system.
Information Governance	The way in which the NHS handles all of its information, in particular the personal and sensitive information relating to patients and employees.
Information Governance Assessment report	The report detailing the results of the Trust's assessment of their compliance against the law and central guidance relating to information governance.
Integrated Performance Report	A single report which provides information on quality and performance data to the Board of Directors.
John's campaign	Campaigning for the right of people with dementia to be supported by their carers in hospital.
Long-term conditions	Conditions for which there is currently no cure, and which are managed with drugs and other treatment.
Lorenzo	An electronic patient record system.
Mandatory training	Statutory or compulsory training that the Trust requires its employees to undertake.
Medicines reconciliation	The process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions.
Methicillin-Resistant Staphylococcus Aureus bacteraemia cases (MRSA)	A type of bacterial infection that is resistant to a number of widely used antibiotics.
Multi-agency	Involving cooperation between several organisations.

Multidisciplinary	A multidisciplinary team is composed of members from different healthcare professions with specialised skills and expertise.
Multifactorial falls assessment (MFA)	An assessment of patient's risk of falling based on assessing multiple risk factors.
National cardiac arrest audit (NCAA)	The national clinical audit of in-hospital cardiac arrests in the UK and Ireland.
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	A set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards.
National Early Warning Score (NEWS)	The NEWS is based on a simple scoring system in which a score is allocated to physiological measurements already undertaken when patients present to, or are being monitored in hospital.
NHS England	NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.
NHS England Serious Incident Framework	A document published by NHS England which provides guidance for responding to serious incidents.
NHS Friends and Family Test (FFT)	An important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
NHS Outcomes Framework	Sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in health outcomes
NHS Staff Survey	Each year NHS Staff are offered the opportunity to give their views on the range of their experience at work.
National Reporting and	A central database of patient safety incident reports.

Learning System (NRLS)	
National Institute of Health and Care Excellence (NICE)	NICE's role is to improve outcomes for people using the NHS and other public health and social care services by developing, producing and providing a range of information in the form of various guidance documents.
Never Event	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
National early warning score (NEWS)	A standardised assessment of acute illness severity, enabling a more timely response using a common language across acute hospitals nationally. Patient's vital signs (blood pressure, pulse, respirations etc.) are routinely recorded in acute hospitals.
NHS England sepsis action plan	An action plan published by NHS England today to help support healthcare professionals to recognise and treat sepsis promptly.
NICE guidelines	National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
NICE quality standards	A concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.
Non-elective admission	An unplanned, often urgent admission (often via A&E), which occurs when a patient is admitted at the earliest possible time.
Operating Department Practitioner (ODP)	Provides a professional service within the multidisciplinary environment of a hospital's operating department.
Orthohealth	A private healthcare provider company appointed by the Trust to support the organisation in achieving the orthopaedic access targets.

Payment by Results	Payment by Results (PbR) is the payment system for treatment within the NHS in England.
Pressure Ulcers	A type of injury that breaks down the skin and underlying tissue. Caused when an area of skin is placed under pressure.
Palliative care	A multidisciplinary approach to specialised care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness, whatever the diagnosis.
Patient Reported Outcome Measures (PROMs)	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.
Prophylaxis	A measure taken to maintain health and prevent the spread of disease.
Pulmonary embolism	A blockage in the pulmonary artery, the blood vessel that carries blood from the heart to the lungs.
Quality Strategy	A Trust-wide approved document that outlines how the Trust intends to deliver our quality improvement initiatives over the next three years.
Readmission	Readmission is an episode when a patient who had been discharged from a hospital is admitted again within a specified time interval.
Root Cause Analysis (RCA)	A method of problem solving used for identifying the root causes of faults or problems.
Safety Huddles	When staff on a ward or department come together for five – ten minutes to share information about patient safety risks – for example falls.

Secondary Uses Service	The single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.
Self catheterisation	You will be taught how to insert a urinary catheter into your bladder by a health professional
Sentinal Stroke National Audit Programme (SSNAP)	The single source of stroke data in England, Wales and Northern Ireland.
Sepsis	A potentially life-threatening condition triggered by an infection.
Sepsis consensus definitions	Definitions of sepsis and septic shock
Sepsis Six Bundle/care pathway	A bundle of medical therapies designed to reduce the mortality of patients with sepsis.
Serious incident	An incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened.
Sign up To Safety Campaign	A national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.
Stakeholders	A person, group or organisation that has interest or concern in BHNFT.
Summary Hospital-level Mortality Indicator (SHMI)	An indicator which reports on mortality at trust level across the NHS in England.
Systemic inflammatory response syndrome (SIRS)	An inflammatory state affecting the whole body, frequently a response of the immune system to infection.



Tele-Health	A collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services.
Training needs analysis (TNA)	The process of identifying the gap in employee training and related training needs.
Urodynamics	Urodynamic testing or urodynamics is a study that assesses how the bladder and urethra are performing their job of storing and releasing urine.
Urology service	A surgical speciality, covering the diagnosis and treatment of disorders of the kidneys, ureters, bladder, prostate and male reproductive organs.
Venous Thromboembolism (VTE)	A collective term for both deep vein thrombosis (DVT) and pulmonary embolism (PE).
Working Together Partnership	Comprising of Barnsley Hospital NHS Foundation Trust, Chesterfield Royal Hospital NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, The Mid Yorkshire Hospitals NHS Trust, The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, and Sheffield Teaching Hospitals NHS Foundation Trust, by collaborating on a number of common issues, the partnership aims to strengthen each organisation's ability to deliver safe, sustainable and local services.
Yorkshire and Humber improvement academy	The Improvement Academy is a team of improvement scientists, patient safety experts and clinicians who are committed to working with frontline services, patients and the public to deliver quality improvement change.

## BHNFT CQC Ratings Grid

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical Care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical Care	Good	Good	Good	Good	Good	Good
Maternity & Gynaecology	Good	Good	Good	Good	Good	Good
Services for Children & Young People	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of Life	Good	Good	★ Outstanding	Good	Good	Good
Outpatients & Diagnostic Imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

## Examples of actions agreed following the review of national audit results at BHNFT.

Audit title: National Emergency Laparotomy Audit (NELA)	
<b>Reviewed by</b>	General surgery audit presentation meeting. Clinical effectiveness group.
<b>Performance</b>	The purpose of this audit is to improve the quality of care of patients undergoing emergency laparotomy surgery.  The latest report demonstrates compliance has improved from the previous year, is good in most areas and overall is above the national average.
<b>Plan</b>	The general surgery team have discussed the results and agreed an action plan to address the areas where improvement can be made. Processes have been put in place to ensure easy access is given to an online scoring tool for P-POSSUM. It is hoped this will increase compliance against this standard and improvement will be monitored on publication of the next report.
Audit title: National Hip Fracture Database (NHFD)	
<b>Reviewed by</b>	Trauma and orthopaedic clinical governance meeting. Clinical effectiveness group.
<b>Performance</b>	The purpose of this audit is to ensure that patients suffering a fracture of the hip and treated at Barnsley Hospital are given high quality treatment and care. The findings showed Barnsley Hospital is once again above the national average for the majority of standards measured. However the orthopaedic team are continually looking for ways to improve and an action plan was agreed to further enhance the care that is offered.
<b>Plan</b>	<ul style="list-style-type: none"> <li>• Pressure pathways to be introduced for all patients</li> <li>• To work with the Emergency Department to streamline the admission process</li> <li>• To work with the Clinical Business Unit management to review and assess geriatrician cover for this patient group</li> <li>• To work with theatre planning to reduce patient delays to theatre</li> </ul>

### Audit title: Three day review of antibiotics prescription and review (National CQUIN N5b)

<b>Reviewed by</b>	Medicines management committee Antimicrobial stewardship group
<b>Performance</b>	The purpose of this audit is to measure what percentage of antibiotics prescribed are subsequently reviewed within three days and have a suitable outcome e.g. continuation, change or the stopping of the antibiotic prescription. The focus of the audit supports the national drive to reduce antibiotic resistance. This audit has been completed and reported quarterly throughout 2016/17. The results have shown a steady increase in the number of reviews within three days.
<b>Plan</b>	<ul style="list-style-type: none"><li>• To promote the changes to the new drug chart ensuring the review of antibiotics is recorded in the correct place</li><li>• To promote the involvement of microbiology</li><li>• To continue to review as part of the agreed national CQUIN programme for 2017/18 and monitor accordingly</li></ul>

### Audit title: National Care of the Dying Audit

<b>Performance</b>	This audit reviews end of life care for all appropriate patients, ensuring they are offered personalised care and that privacy and dignity is maintained. Overall compliance was good and above the national average. Areas where compliance was below national average were identified and discussed by the End of Life Team and a robust action plan was compiled. The plan will be monitored by the End of Life Steering group.
<b>Reviewed by</b>	End of life care steering group. Clinical effectiveness group.
<b>Plan</b>	<ul style="list-style-type: none"><li>• Communication skills training to be delivered to senior medical and nursing staff as identified in the training plan.</li><li>• Maintain 7 day cover of the Specialist Palliative Care Team and evaluate current service offered.</li><li>• To work with services in the community to develop care pathways which will ensure patients have a individualised care plan that covers care in both the community and in the event of the patient being admitted to hospital</li><li>• A task and finish group is working with the hospital Chaplain to create plans to increase the understanding of spiritual needs</li><li>• A task and finish group is working to improve documentation of after death care delivered to the patient and their significant others.</li><li>• Staff will receive further training on the assessment of hydration and nutritional needs in the last days of life.</li></ul>

## Audit title: Sentinel Stroke National Audit Programme (SSNAP)

**Reviewed by** SSNAP steering group

**Performance** The audit reviews the care provided for patients following a stroke. Results show Barnsley Hospital provided excellent provision of Occupational therapy and Physiotherapy.

However some areas did not perform as well, which indicates that improvements can be made to patient care in the following areas: scanning patients within one hour, ensuring patients are given thromboprophylaxis within one hour, patients being admitted to a stroke unit within four hours and remaining there for the duration of their admission.

**Plan**

- To work with the Yorkshire Ambulance Service (YAS) to ensure early identification of stroke patients. This will enable faster scanning of patients by identifying stroke patients sooner.
- Establish a stroke assessment bay in the hyper acute stroke unit (HASU), which will require two beds to be protected at all times. This will ensure patients are admitted directly to a stroke unit within 4 hours and remain there.
- To ensure there is sufficient Consultant/Registrar cover to support full 7 day services. This will increase the number of patients that are given Thrombolysis within one hour.
- The Speech and Language Therapy team have submitted a business case to ensure there is sufficient staff to provide full 7 day service for patients.

### Examples of actions agreed following the review of local audit results at BHNFT.

Audit title: Continuous review of shoulder dystocia during birth	
<b>Purpose</b>	There is a high perinatal mortality and morbidity related to shoulder dystocia. Shoulder dystocia is an incident during birth, where the baby's shoulder gets stuck behind the pelvis. This has been identified as a risk for our maternity services and is a standing item on their risk register. As we cannot predict when this will happen, this continuous quarterly audit is part of the assurance checks in place which ensures the service manages this condition in line with guidelines and practises safe and effective management of it.
<b>Performance</b>	Overall, the results demonstrate excellent management of this condition. In the majority of cases, interventions are conducted in line with guidance and the interval between delivery of the baby's head and body is swift. The Trust audit demonstrates outcomes are good for mothers and babies.
<b>Reviewed by</b>	Labour ward forum Clinical effectiveness group
<b>Plan</b>	<ul style="list-style-type: none"> <li>• To raise awareness, especially in new staff, of the Trust process for reporting and documentation of this condition.</li> <li>• Lead midwives to continue to analyse any cases which warrant further review and to immediately address any training needs identified.</li> <li>• To continue to audit and report on a quarterly basis giving the Trust and our patients' assurance that this condition is well managed and that patient safety remains paramount.</li> </ul>

## Audit title: NICE Clinical Guideline No.134 anaphylaxis and referral after emergency treatment

<b>Purpose</b>	To audit and review Trust performance against the NICE guidance for; initial treatment, investigation and subsequent follow-up of children with anaphylaxis. The NICE guidance reports that appropriate follow-up reduces repeat reactions.
<b>Performance</b>	On the face of it, overall the results were poor, showing that the NICE standards are not being met. There was a risk that patients may not be receiving appropriate allergy follow up after presenting with suspected anaphylaxis. However, true case ascertainment was a challenge and in some cases we suspect that standards were being met but were not recorded. The results should be also viewed with a degree of caution as it was a very small data set over a long period of time. This does not change the fact that there may be variation in the care that young people are receiving. A full review of the individual cases included does suggest actual outcomes were not an issue.
<b>Reviewed by</b>	Children's service audit presentation meeting Clinical effectiveness group
<b>Plan</b>	During this review the processes in place were already being reviewed and made more robust. Shared pathways between Children's Services and the Emergency Department are being studied and amended where required. Essentially the aim is to ensure there is clarity about which patients need to be admitted and which should be referred as an out-patient. For those admitted the onus falls on the Paediatric department to ensure there is compliance with the NICE guidelines (for example, information for parents/carers) – this work is underway. The action plan addresses the need for a review of pathways and protocols between the two services involved.

## Audit title: Re-audit of oxygen prescription at Barnsley Hospital

### Purpose

This re-audit was to assess the impact of the revised drug chart on the quality of the Trust documentation of oxygen prescription in line with prescription standards.

The initial audit was completed in August 2016 in response to the CQC report and reproaches that Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment was not being met. The regulation states: 'Care must be provided in a safe way. The registered person must assess the risks to the health and safety of service users of receiving care or treatment and ensure the proper use of medicines'.

The CQC report identified that oxygen was given, but not prescribed in accordance with prescription guidelines and that this was in breach of regulation.

Results of the initial audit highlighted Trust wide trends where compliance was low and it was agreed, by the Medicines Management Committee, that re-audit should be undertaken following implementation of the new drug chart.

### Performance

The results from this re-audit gave assurance that compliance against standards has increased significantly. In particular, in regards to the documentation of the oxygen flow rate and starting device. In 64% of cases the most recent version of the drug chart (V13) was being used and it appears that the new section on the drug chart is starting to impact on the standards for prescription.

The results for this audit offered the Trust significant assurance against standards for the prescription of oxygen and certainly indicate that improvement has been made across the trust. However there is still some way to go and we suggest re-audit as agreed by the Medicines Management Committee.

### Reviewed by

Medicines management committee

Clinical effectiveness group

### Plan

- Further audit and review of results during 2017/18
- Results and improvements to be publicised through ward posters and the weekly patient safety bulletin
- Re-design of the children's services drug chart to bring into line with Trust documentation standards



#### Audit title: WHO Surgical Checklist

<b>Purpose</b>	The audits purpose is to reduce incidents of patient harm during the perioperative period. This is done by theatre teams consistently performing safety checks for all patients.
<b>Performance</b>	The national standard is 95%; however Barnsley Hospital aims to achieve the gold standard set at 100%. Barnsley Hospital is consistently performing in line with the national standard.
<b>Reviewed by</b>	Surgical governance meeting.
<b>Plan</b>	Monthly meetings have been implemented and all cases not fully reaching the desired standard are scrutinised by nursing staff to identify what could have been done differently and how to further improve.

#### Audit title: Availability of specialist equipment for the difficult airway

<b>Purpose</b>	A difficult airway during anaesthesia represents a significant clinical emergency. It is of vital importance that specialist equipment is available wherever anaesthesia is conducted; this ensures the anaesthetist is able to manage this situation quickly. This audit sought to find out whether Barnsley hospital is following national guidelines for the specification and availability of this equipment.
<b>Performance</b>	Results demonstrated that each area, where anaesthesia is routinely performed, did have a dedicated difficult airway trolley. However, the content, equipment and layout of these trolleys varied and not all departments had evidence that the trolleys were regularly checked.
<b>Reviewed by</b>	Anaesthetics and critical care journal club.

<b>Plan</b>	<p>The anaesthetic team discussed and agreed a number of actions to ensure that consistency was maintained across all difficult airway trolleys:</p> <ul style="list-style-type: none"> <li>• Ensure a size 10 scalpel is included on all difficult airway trolleys</li> <li>• Replace old difficult airway algorithm posters with updated versions</li> <li>• Review layout of difficult airway trolleys. To create a standard layout and content across departments</li> <li>• Review current procedure for checking content of trolleys of a regular basis</li> <li>• To ensure that the responsibility of regular checks is included as part of the roles and responsibilities of the intensive care unit technician.</li> <li>• Re-audit within 2 years and assess improvement</li> </ul>
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**Audit title: Safety and quality of management of intravenous maintenance fluid therapy in paediatric surgery**

<b>Purpose</b>	The audit was undertaken to measure the use of intravenous fluid therapy in the post operative period. Fluid management in children can be complex and must be effectively managed during the post operative period.
<b>Performance</b>	The main findings from the audit gave Barnsley Hospital limited assurance that the management of fluid therapy for paediatric surgical patients was generally poor. It also demonstrated that the systems in place for the prescribing and monitoring of fluid balance could be improved.
<b>Reviewed by</b>	General surgery audit presentation meeting
<b>Plan</b>	The key recommendation is a change in the paediatric fluid prescription and fluid balance documentation. A new proposed document has been designed (tailored to the specifics of paediatric IV fluid management) and is in line with existing IV fluid documentation found within the adult specialities in the Trust. A re-audit is planned to assess the impact of the new paperwork and to ensure that the management of these patients is safe and effective.

### Audit title: Community Acquired Pneumonia (CAP) Local CQUIN

<b>Purpose</b>	To continually improve performance against the newly introduced CAP Bundle. The bundle is in place to ensure patients with CAP are treated in line with local standards and as such are treated in an effective manner.
<b>Performance</b>	The audit identified that overall compliance with the CAP bundle was very poor and a significant drop from the baseline audit. The key factors which affected compliance were the poor recording of 'Confusion, Urea, Respiratory Rate, Systolic Blood Pressure' (CURB) score. Performance has been audited on a quarterly basis throughout 2016/17 and compliance has increased significantly, taking into account increased operational pressures in Emergency Department (ED) and the Acute Medical Unit (AMU). In May 2016 a CAP sticker was introduced into ED and AMU. The purpose of the sticker was to act both as prompt to perform the CURB score and also to record that it had been done. Another area which required improvement was the number of patients receiving antibiotics within 4 hours of attendance to ED - 94% were treated with antibiotics however only 75% received antibiotics within the 4 hour target. Training has been invested both in ED and AMU and significant improvement in compliance has been noted.
<b>Reviewed by</b>	Patient safety panel Clinical effectiveness group
<b>Plan</b>	<ul style="list-style-type: none"><li>• To continue to provide training in ED and AMU to improve compliance in this area.</li><li>• Regular updates to be included in the patient safety bulletins as a reminder to staff</li><li>• Monthly updates to be provided to clinical areas regarding compliance figures.</li></ul>

### Audit title: Joint Advisory Group (JAG): Colonoscopies

<b>Purpose</b>	Barnsley Hospital reviews all colonoscopy procedures to ensure that patients are at ease throughout and that any associated discomfort is adequately managed.
<b>Performance</b>	Levels of discomfort reported by patients during this procedure are variable and this is due to the highly subjective nature of an individual's tolerance to the procedure. However it remains our responsibility to manage this effectively and it appears there is some improvement to be made.

<b>Reviewed by</b>	Endoscopy user group.
<b>Plan</b>	Each Endoscopist will receive an individualised performance report and (where required) identified training needs and improvement targets. This will be monitored in the next audit period.

**Audit title: In-patient Falls Spot Check audit for elderly patients**

<b>Purpose</b>	This project focused on the importance of the prevention of falls. It was carried out to highlight any shortfalls of basic patient safety and assessment documentation. Results highlight training needs which can be delivered to improve patient care and safety, thereby reducing inpatient falls and reducing length of stay.
<b>Performance</b>	Comparison of local audit results on elderly wards in January 2017 with previous results is very positive. All eleven indicators have shown improvement with high compliance rates across the board. The additional findings showed this area to be above National average for performing lying and standing blood pressure, assessment of vision and performing a continence assessment. All of our patients identified at risk of falls received a cognitive assessment.
<b>Reviewed by</b>	Falls steering group.
<b>Plan</b>	To widen the scope of the Trust Falls Prevention Training, which is delivered via taught sessions and ward-based training to improve staff knowledge and compliance for falls assessment processes.

**Performance indicators on which external audit is required to issue a limited assurance conclusion**

As required by NHS Improvement the Trusts external auditors have undertaken sample testing of two performance indicators on which they have issued their limited assurance report:

**1. Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway**

- Indicator has been reported on for all relevant patients that have attended the Trust in 2016-17;
- The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;
- The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks;
- The total number of patients on an incomplete pathway at the end of the reporting period.

Reported as a percentage.

**2. Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge**

- Indicator has been reported on for all relevant patients that have attended the Trust in 2016-17;
- The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge;
- The total number of unplanned A&E attendances.

Reported as a percentage.

To the best of our knowledge, subject to any issues identified by external audit, the indicators are complete, accurate and relates to the reporting period.

# Financial Statements

## Summary of In-Year Performance

2016-17 was set to be a challenging year for the Trust in terms of managing the finances. This was in the context of the financial irregularity that was identified in the year ending 31 March 2014, at which time it was necessary to make corrections to the accounts resulting in significant adverse movement in the financial position and a significant underlying deficit.

The financial challenges continued through 2015-16 and the Trust subsequently ended 2015-16 with a deficit of £16.2m which was £5.1m adverse to the planned position of an £11.1m deficit.

From the start of 2016-17, it was evident that there were a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £7.0m was set, with a planned deficit of £8.1m. The deficit was set by NHS Improvement and is known as the Control Target.

Despite the challenges and significant pressures on the services, the Trust over achieved its Cost Improvement Target and ended 2016-17 with a deficit of £6.6m, which is £1.5m favourable to the planned position of an £8.1m deficit. The Trust received a further £1.3m national Sustainability and Transformation funding for over achieving against the Financial Plan Control Target set by NHS Improvement. Prior to receipt of the incentive funding, the Trust ended the year with a deficit of £7.9m, which is £0.2m favourable to plan. The key drivers leading to the favourable position included the strong performance of clinical income, particularly outpatients and robust cost control, especially with regards to expenditure on agency staff which was £4.1m lower than the previous financial year.

During 2016-17, 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 £13.7m which is treated as a loan. It should however be noted that the trust did not require cash support during the last four months of the year. The requirement for distressed funding is driven by the deficit position. Our cash management processes were redeveloped three years ago and have remained robust. However, in the main, the Trust has been unable to adhere to the better payment practice code due to the availability of cash.

Our overall financial management performance and assessment of the level of financial risk is measured by NHS Improvement, our regulator. This is known as the Use of Resource rating and is scored on a scale of 1-4 (a score of 4 being very poor performance and high risk and 1 representing the best performance and lowest risk). The Trust received a Use of Resource Rating of 3, throughout the financial year. This rating indicates to our regulator that the Trust still carries a level of financial risk, which is driven by our adverse liquidity position throughout the year.

## Income from Activities

The income from our core patient related activities in 2016-17, increased by 8.1% on the previous year. A summary of activity in 2016-17 compared to 2015-16 is provided in the table below:

Point of Delivery	2015-16	2016-17	% Change
Outpatients	260,028	266,065	2.27%
Elective Inpatients	4,054	4,117	1.53%
Elective Day Cases	23,369	24,932	6.27%
Non Elective Spells	36,554	34,846	-4.90%
Emergency Department Attendances	81,592	83,550	2.34%
Other Activity	2,966,507	3,112,284	4.68%

The biggest areas of activity increases relate to elective day case, outpatients and ED attendances.

Our income includes some non-recurrent funds, which we received over and above tariff payments to support delivery of hospital services on a seven day basis and also national Sustainability and Transformation Funding.

## Other Operating Income

The Trust receives other sources of income for services not directly linked to patient care activities. These include education and training and research and development, services to other NHS bodies and a range of non-clinical activities.

## Expenditure

Year on year expenditure for the Trust and its subsidiary BHSS Ltd, (our operating costs) did increase by 4.1%. This was attributable to both the pay and non pay bills. Total income also increased during the same period by 10.0%.

## 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 £7.9m, which is in an overachievement of our £7.0m target.

## Capital Expenditure

During 2016-17 the Trust had an ambitious capital programme of £18.821 million which required external financial support. The Trust did not receive additional financial support and capital expenditure was consequently restricted. As at the 31<sup>st</sup>

March 2017, a total of £5.2m had been invested. The investments are split into our main categories of spend as summarised below and include:

- Estate upgrades and backlog maintenance - £1.4m
- Information Management and Technology - £1.7m
- Medical and surgical equipment - £0.7m
- Strategic Schemes - £1.4m

### Looking Ahead to 2017-18

We start the year facing a planned deficit of £10.1m. This is deterioration on 2016/17, driven by decreases in funding linked to changes in the national tariff paid for clinical activity, a reduction in non recurrent income received to support the delivery of seven day services and an increase in the Trust's insurance premium. Delivery of the plan will be challenging and a further significant CIP programme is required together with robust cost control processes.



**Signed:** .....

**Dr. Richard Jenkins, Chief Executive**

23 May 2017

**Date:** .....



# Financial Accounts

## **Independent auditor's report to the Council of Governors of Barnsley Hospital NHS Foundation Trust**

### **Our opinion on the financial statements is unmodified**

In our opinion:

- the financial statements give a true and fair view of the financial position of Barnsley Hospital NHS Foundation Trust (the Trust) and group as at 31 March 2017 and of the Trust's and group's expenditure and income for the year then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006.

### **Emphasis of matter – Going concern**

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 1 to the financial statements concerning the group's and the Trust's ability to continue as a going concern. The Trust incurred a deficit of £6.6 million during the year ended 31 March 2017. As disclosed in note 1 to the financial statements the Trust has a planned deficit of £10.0 million for 2017-18 and has plans in place to draw down additional cash funding of £18.4 million to the end of May 2018 in the form of revenue loans via the Department of Health. As at the date of our report, these loans have not been formally confirmed. These conditions, along with the other matters explained in note 1 to the financial statements indicate the existence of a material uncertainty which may cast significant doubt about the group's and the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the group and the Trust was unable to continue as a going concern.

### **Who we are reporting to**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

### **What we have audited**

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2017 which comprise the consolidated and parent statement of comprehensive income, the consolidated and parent statement of financial position, the consolidated and parent statement of changes in taxpayers' equity, the consolidated and parent statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016-17.

### Overview of our audit approach

- Overall group materiality: £3.8 million, which represents 1.92% of the group's operating expenses;
- We performed a full-scope audit of Barnsley Hospital NHS Foundation Trust and analytical audit procedures at its components; Barnsley Hospital Charity and Barnsley Hospital Support Service Limited;
- Key audit risks were identified as:
  - Going concern material uncertainty disclosures
  - Occurrence and valuation of income from patient care activities and existence of associated receivables
  - Occurrence of other operating income and existence of associated receivables – Sustainability and Transformation Fund.

### Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address these risks in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

Audit risk	How we responded to the risk
<p><b>Going concern material uncertainty disclosures</b></p> <p>The Trust has received financial revenue support via working capital loans of £13.7 million during the 2016/17 financial year.</p> <p>The Trust incurred a £6.6 million financial deficit in delivering its services in 2016/17 and management anticipates that it may take a number of years before the Trust's income equals or exceeds its expenditure. The Trust will therefore require further cash support via revenue loans to pay its expenses in 2017/18 and 2018/19. The source and value of the loans has yet to be confirmed.</p> <p>In the prior year, the Foundation Trust Annual Reporting Manual 2015/16 did not explicitly require disclosure in the financial statements of material uncertainties that may cast significant doubt on the Trust and group's ability to continue as a going concern. In the current year, the Department of Health Group Accounting Manual 2016/17 explicitly requires these disclosures.</p> <p>Given the sensitive nature and the updated requirements specifically requiring these disclosures in the financial</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• determining whether the procedures performed by management for identifying material uncertainties that may cast significant doubt on the group's ability to continue as a going concern were appropriate;</li> <li>• assessing the appropriateness of the assumptions and judgments underpinning the cash-flow forecasts used by management to assess the existence of material uncertainties related to going concern;</li> <li>• verifying that the disclosures within the financial statements explaining the material uncertainty that casts significant doubt on the group's ability to continue as a going concern are appropriate and accurately explain the events and conditions that gave rise to the uncertainty and the assumptions and judgments made by management's in its assessment; and</li> <li>• verifying that the disclosures within the financial statements comply with the reporting requirements detailed in the Department of Health Group Accounting Manual 2016/17.</li> </ul> <p>The group's accounting policy in respect of the going concern basis of preparation is shown in note 1 to the financial statements.</p>

<b>Audit risk</b>	<b>How we responded to the risk</b>
<p>statements, we have identified this as an area of focus in our audit.</p> <p>We therefore identified the adequacy of disclosures relating to material uncertainties that may cast doubt on the group and Trust's ability to continue as a going concern in the financial statements as a significant risk requiring special audit consideration.</p>	
<p><b>Occurrence and valuation of income from patient care activities and existence of associated receivables</b></p> <p>99% of the group's income from patient care activities is derived from contracts with NHS commissioners, of which 89% is derived from contracts with the group's five main NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the group.</p> <p>The group recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in the contracts with NHS commissioners, are subject to agreement and verification of the activity completed and the amount payable by the NHS commissioners. As such, there is the risk that income is recognised for these additional services that is not subsequently agreed to by the NHS commissioners.</p> <p>We therefore identified occurrence and valuation of income from patient care activities and the existence of associated receivables as a significant risk requiring special audit consideration.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• evaluating the group's accounting policy for recognition of income from patient care activities for appropriateness;</li> <li>• gaining an understanding of the group's system for accounting for income from patient care activities and evaluating the design of the associated controls;</li> <li>• obtaining an exception report from the Department of Health (DoH) that details differences in reported income and expenditure; and receivables and payables between NHS bodies; agreeing the figures in the exception report to the group's financial records; and for differences calculated by the DoH as being in excess of £250,000, obtaining corroborating evidence to support the amount recorded in the financial statements by the group;</li> <li>• agreeing all amounts recognised as income from the five main NHS Commissioners in the financial statements to signed contracts, contract variations and invoices or supporting documentation, and associated receivables at year end to subsequent cash receipts or other supporting information;</li> <li>• agreeing, on a sample basis, for the remaining NHS Commissioner contracts, amounts recognised as income in the financial statements to signed contracts, contract variations and invoices; and associated receivables at year end to subsequent cash receipts or other supporting information.</li> </ul> <p>The group's accounting policy on recognition of income from patient care activities is shown in note 1.2 and elements of the group's income related judgements and estimates are included in note 1.19. Disclosures related to income from patient care activities are included in note 3.</p>
<p><b>Occurrence of other operating income and existence of associated receivables – Sustainability and Transformation Fund</b></p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>• evaluating the group's accounting policy for recognition of other operating income for appropriateness;</li> <li>• gaining an understanding of the group's system of accounting for other operating income and evaluating the design of the associated controls;</li> </ul>

<b>Audit risk</b>	<b>How we responded to the risk</b>
<p>13% of the group's total operating income is from other operating income sources.</p> <p>The group's other operating income includes £7.8 million of income to the Trust from the national Sustainability and Transformation Fund (the Fund).</p> <p>Eligibility for income from the Fund is determined based on the Trust meeting quarterly financial targets determined by NHS England. Income is paid quarterly in arrears, when the Government bodies (including the Department of health, HM Treasury, NHS Improvement and NHS England) verify the Trust's achievement of these financial targets.</p> <p>At the year-end, income from the Fund for the final quarter is accrued before the achievement of the financial target has been verified. As such, there is the risk that income recognised in the final quarter of the year may be misstated.</p> <p>We therefore identified the occurrence of other operating income and existence of associated receivables as a significant risk requiring special audit consideration.</p>	<ul style="list-style-type: none"> <li>• agreeing income for the first three quarters of the year from the Fund recognised in the financial statements to cash receipts;</li> <li>• assessing the validity of the income from the Fund recognised in the financial statements and the associated receivables relating to the fourth quarter;</li> <li>• agreeing the total income from the Fund (including any finance incentive, bonus payments or additional income from the final distribution) to communications from NHS Improvement; and</li> <li>• agreeing for the remaining population of other operating income, on a sample basis, amounts recognised in income in the financial statements to signed contracts and invoices; and associated receivable balances to subsequent cash receipt or other supporting information.</li> </ul> <p>The group's accounting policy on recognition of other operating income is shown in note 1.2 to the financial statements and elements of the group's income related judgements and estimates are included in note 1.19. Disclosures related to other operating income are included in note 4.</p>

## **Our application of materiality and an overview of the scope of our audit**

### Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the group financial statements as a whole to be £3.8 million, which is 1.92% of the group's operating expenses. This benchmark is considered the most appropriate because we consider users of the group's financial statements to be most interested in how it has expended its revenue and other funding.

We also determined a lower level of specific materiality for disclosures of senior manager salaries and allowances in the Remuneration Report.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £250,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

### **Overview of the scope of our audit**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's and group's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

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.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the group in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the group's business and is risk based, and in particular included:

- evaluation of the identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality;
- an interim visit to evaluate the group's internal control relevant to the audit including relevant IT systems and controls over key financial systems;
- performance of analytical audit procedures on the financial records of the Barnsley Hospital Charity and Barnsley Hospital Support Service Limited; and
- performance of audit procedures and evaluation of the consolidation process by which the components were consolidated into the group financial statements

### **Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

## Other reporting required by regulations

### **Our opinion on other matters required by the Code is unmodified**

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.

## Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the group acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or
- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

We have nothing to report in respect of the above matters except for the following:

### **Basis for Qualified Value for Money Conclusion**

Our review of the Trust's arrangements identified the following matter:

- On 6 June 2014, NHS Improvement (Monitor) issued an enforcement and discretionary notice to the Trust under section 106 of the Health and Social Care Act 2012 that detailed breaches in conditions of the Trusts licence relating to financial sustainability

- The Trust made a deficit of £6.6 million in 2016-17 and its 2017-18 and 2018-19 Plan, submitted to NHS Improvement, shows further forecast deficits of £10.1 million in 2017-18 and £9.4 million in 2018-19 respectively. The Trust will continue to need additional cash support in 2017-18 and 2018-19 to enable the Trust to settle its liabilities and remain in a positive cash position.

The actual and planned deficits are evidence of weaknesses in proper arrangements in respect of planning finances effectively to support the delivery of strategic priorities and maintain statutory functions.

### **Qualified Value for Money Conclusion**

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in November 2016, except for the effects of the matters described in the Basis for Qualified Value for Money Conclusion paragraph above, we are satisfied that, in all significant respects Barnsley Hospital NHS Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

### **Responsibilities for the financial statements and the audit**

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Account Directions included in the NHS foundation trust annual reporting manual 2016/17 and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

What we are responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

#### **Certificate**

We certify that we have completed the audit of the financial statements of Barnsley Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code.

*SE Howard*

Sarah Howard  
Partner  
for and on behalf of Grant Thornton UK LLP

No1 Whitehall Riverside  
Whitehall Road  
Leeds  
LS1 4BN

25 May 2017



## 2016/17 Trust Accounts pro-forma

### Introduction

Data entered below will be used throughout the workbook:

Trust name:	Barnsley Hospital NHS Foundation Trust
This year	2016/17
Last year	2015/16
This year ended	31 MARCH 2017
Last year ended	31 March 2016
This year beginning	1 April 2016

**FOREWORD TO THE ACCOUNTS**

**BARNSELEY HOSPITAL NHS FOUNDATION TRUST**

These accounts, for the year ended 31 March 2017, have been prepared by Barnsley Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:  .....(Chief Executive)

Name..... Dr Richard Jenkins

Date: ..... 23 May 2017

## CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2017

		Group 2016/17	Group 2015/16	Trust 2016/17	Trust 2015/16
	NOTE	£000	£000	£000	£000
Operating income from patient care activities	3	167,174	154,670	167,174	154,670
Other operating income	4	25,888	20,625	25,731	20,795
<b>Total Operating income</b>		<b>193,062</b>	<b>175,295</b>	<b>192,905</b>	<b>175,465</b>
Operating expenses	5	(197,558)	(189,745)	(197,783)	(189,945)
<b>OPERATING (DEFICIT)</b>		<b>(4,496)</b>	<b>(14,450)</b>	<b>(4,878)</b>	<b>(14,480)</b>
<b>FINANCE COSTS</b>					
Finance income		22	44	16	31
Finance expense		(1,061)	(642)	(1,061)	(642)
Public Dividend Capital dividends payable		(711)	(1,164)	(711)	(1,164)
<b>NET FINANCE COSTS</b>		<b>(1,750)</b>	<b>(1,762)</b>	<b>(1,756)</b>	<b>(1,775)</b>
(losses) of disposal of assets		(8)	(3)	(8)	(9)
Movement in fair value of investment property and other investments		28	(19)	0	0
Corporation tax (charge)	9	(12)	(7)	0	0
<b>(DEFICIT) FOR THE YEAR</b>		<b>(6,238)</b>	<b>(16,241)</b>	<b>(6,642)</b>	<b>(16,258)</b>
<b>Other comprehensive income</b>					
<b>Items that will not be reclassified to income or expenditure</b>					
Revaluation and impairments property, plant and equipment	11	3,468	3,898	3,468	3,898
<b>TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR</b>		<b>(2,770)</b>	<b>(12,343)</b>	<b>(3,174)</b>	<b>(12,360)</b>
<b>ALLOCATION OF (LOSSES) FOR THE YEAR</b>					
		2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
(a) Surplus for the year attributable to:					
(i) owners of the parent		(6,238)	(16,241)	(6,642)	(16,258)
<b>TOTAL</b>		<b>(6,238)</b>	<b>(16,241)</b>	<b>(6,642)</b>	<b>(16,258)</b>
(b) total comprehensive income for the year attributable to:					
(i) owners of the parent		(2,770)	(12,343)	(3,174)	(12,360)
<b>TOTAL</b>		<b>(2,770)</b>	<b>(12,343)</b>	<b>(3,174)</b>	<b>(12,360)</b>

For further information on Barnsley Hospital Support Services Limited and Barnsley Hospital Charity refer note 12.

## CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2017

		31 March 2017	31 March 2016	31 March 2017	31 March 2016
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
<b>NON CURRENT ASSETS</b>					
Intangible assets	10	2,695	2,287	2,692	2,280
Property, plant and equipment	11	77,581	73,916	77,529	73,840
Investments in subsidiaries	12	0	0	500	500
Other Investments		285	257	0	0
Trade and other receivables	14	965	908	965	908
<b>TOTAL NON CURRENT ASSETS</b>		<b>81,526</b>	<b>77,368</b>	<b>81,686</b>	<b>77,528</b>
<b>CURRENT ASSETS</b>					
Inventories	13	2,442	2,160	2,174	1,912
Trade and other receivables	14	12,662	8,960	12,739	9,113
Cash and cash equivalents	15	4,516	2,811	3,891	2,372
<b>Total current assets</b>		<b>19,620</b>	<b>13,931</b>	<b>18,804</b>	<b>13,397</b>
<b>CURRENT LIABILITIES</b>					
Trade and other payables	16	(22,506)	(23,431)	(22,591)	(23,394)
Borrowings	17	(180)	(448)	(180)	(448)
Provisions	19	(527)	(515)	(527)	(515)
Other liabilities		(872)	(608)	(872)	(608)
<b>Total current liabilities</b>		<b>(24,085)</b>	<b>(25,002)</b>	<b>(24,170)</b>	<b>(24,965)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>77,061</b>	<b>66,297</b>	<b>76,320</b>	<b>65,960</b>
<b>NON CURRENT LIABILITIES</b>					
Borrowings	17	(47,541)	(34,055)	(47,541)	(34,055)
Provisions	19	(459)	(411)	(459)	(411)
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>(48,000)</b>	<b>(34,466)</b>	<b>(48,000)</b>	<b>(34,466)</b>
<b>TOTAL ASSETS EMPLOYED</b>		<b>29,061</b>	<b>31,831</b>	<b>28,320</b>	<b>31,494</b>
<b>FINANCED BY:</b>					
<b>TAXPAYERS' EQUITY</b>					
Public dividend capital		46,955	46,955	46,955	46,955
Revaluation reserve	20	10,989	7,654	10,989	7,654
Income and expenditure reserve		(29,685)	(23,221)	(29,624)	(23,115)
<b>OTHERS' EQUITY</b>					
Charitable reserves	12.1	802	443	0	0
<b>TOTAL TAXPAYERS' EQUITY</b>		<b>29,061</b>	<b>31,831</b>	<b>28,320</b>	<b>31,494</b>

The financial statements on pages 1 to 39 were approved by the Board on 23 May 2017 and signed on its behalf by:

Signed: .. *R. Johns* ..... (Chief Executive)

Date: ..... 23 May 2017 .....

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Charitable Funds Reserves (Note 12)	Total taxpayers' equity
<u>2016/17</u>	£000	£000	£000	£000	£000
<b>Taxpayers' Equity at 1 April 2016</b>	46,955	7,654	(23,221)	443	31,831
<b>Total Comprehensive Income for the year</b>					
(Deficit)/Surplus for the year	0	0	(6,797)	559	(6,238)
Transfers between reserves regarding impairment for economic benefits	0	(133)	133	0	0
Revaluation and impairments property, plant and equipment	0	3,468	0	0	3,468
<b>Others' equity</b>					
Other reserve movements - charitable funds consolidation adjustments	0	0	200	(200)	0
<b>Total taxpayers' and others' equity</b>	<u>46,955</u>	<u>10,989</u>	<u>(29,685)</u>	<u>802</u>	<u>29,061</u>
<b><u>Prior year : 2015/16</u></b>					
<b>Taxpayers' Equity at 1 April 2015</b>	46,955	3,889	(7,110)	440	44,174
<b>Total Comprehensive Income for the year</b>					
(Deficit)/Surplus for the year	0	0	(16,657)	416	(16,241)
Transfers between reserves regarding impairment	0	(133)	133	0	0
Revaluation and impairments property, plant and equipment	0	3,898	0	0	3,898
<b>Others' equity</b>					
Other reserve movements - charitable funds consolidation adjustments	0	0	413	(413)	0
<b>Total taxpayers' and others' equity</b>	<u>46,955</u>	<u>7,654</u>	<u>(23,221)</u>	<u>443</u>	<u>31,831</u>

**Nature and function of classes of Taxpayers' and others' Equity**

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.  
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE) and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

-The surplus or deficit for the year is recognised in income and expenditure, together with any other gain or loss for the financial year that is not recognised in any other reserve.

- NHS charitable funds reserves - this balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are classified as restricted or unrestricted.

- a reserve adjustment is required as quantified above on consolidation of charitable funds

## CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2017

		2016/17	2015/16	2016/17	2015/16
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
<b>Cash flows from operating activities</b>					
<b>Operating (deficit)</b>		<b>(4,496)</b>	<b>(14,450)</b>	<b>(4,878)</b>	<b>(14,480)</b>
<b>Non-cash income and expenses</b>					
Depreciation and amortisation		4,630	4,113	4,602	4,085
Income recognised in respect of capital donations (cash)		(15)	(163)	(15)	(163)
Amortisation of PFI credit		(31)	(28)	(31)	(28)
(Increase) in Trade and Other Receivables		(3,616)	220	(3,538)	(19)
(Increase) in Inventories		(282)	(694)	(262)	(640)
Increase/(Decrease) in Trade and other Payables		890	1,888	679	2,030
(Decrease)/Increase in other liabilities		295	(397)	295	(397)
Increase/(decrease) in Provisions		60	(8)	60	(8)
Tax received/(paid) - deferred tax	9	(12)	(7)	0	0
NHS Charitable Funds working capital movements		21	(11)	0	0
Other movements in operating cashflows		(1)	0	0	0
<b>NET CASH (OUTFLOW) FROM OPERATING ACTIVITIES</b>		<b>(2,557)</b>	<b>(9,537)</b>	<b>(3,088)</b>	<b>(9,620)</b>
<b>Cash flows from investing activities</b>					
Interest received		16	31	16	31
Purchase of intangible assets		(986)	(964)	(986)	(964)
Purchase of Property, Plant and Equipment		(6,084)	(3,549)	(5,739)	(3,590)
Receipt of cash donations to purchase capital assets		15	163	15	163
NHS Charitable funds - net cash flows from investing activities		0	178	0	0
<b>Net cash (outflow) from investing activities</b>		<b>(7,039)</b>	<b>(4,141)</b>	<b>(6,694)</b>	<b>(4,360)</b>
<b>Cash flows from financing activities</b>					
Loans received from the Department of Health		30,834	17,172	30,834	17,172
Loans repaid to the Department of Health		(17,348)	(4,152)	(17,348)	(4,152)
Capital element of Private Finance Initiative Obligations		(268)	(236)	(268)	(236)
Interest paid		(888)	(445)	(888)	(445)
Interest element of Private Finance Initiative Obligations		(173)	(197)	(173)	(197)
PDC Dividend paid		(856)	(1,164)	(856)	(1,164)
<b>Net cash inflow/(outflow) from financing activities</b>		<b>11,301</b>	<b>10,978</b>	<b>11,301</b>	<b>10,978</b>
<b>Increase/(Decrease) in cash and cash equivalents</b>	15	<b>1,705</b>	<b>(2,700)</b>	<b>1,519</b>	<b>(3,002)</b>
<b>Cash and Cash equivalents at 1 April</b>	15	<b>2,811</b>	<b>5,511</b>	<b>2,372</b>	<b>5,374</b>
<b>Cash and Cash equivalents at 31 March</b>	15	<b>4,516</b>	<b>2,811</b>	<b>3,891</b>	<b>2,372</b>

## **Barnsley Hospital NHS Foundation Trust - Notes to the Financial Statements**

Barnsley Hospital NHS Foundation Trust ('the Trust') is a public benefit corporation authorised, in England, by Monitor in accordance with the National Health Act 2006. The trust provides healthcare mainly to the region. The address of the Trust is Gawber Road, Barnsley, S75 2EP.

### **1 Accounting policies and other information**

#### **Basis of preparation**

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual (FRM) to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

#### **Accounting convention**

The financial statements have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

#### **Going Concern Statement**

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the NHS Foundation Trust's ability to continue as a going concern. In accordance with the DH GAM 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 significant 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 £6.6 million (including £1.3 million incentive funding related to the overachievement of the financial plan) which is £1.5 million favourable to the planned position of a £8.1m deficit. The Group and Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of twelve months from the date these accounts are signed.

The Trust's planned deficit for 2017-18 is £10.1m which is based on the centrally allocated Control Target. This is supported by receipt of income for national Sustainability and Transformation Funding. Plans are in place to draw down additional cash funding of £18.4 million to the end of May 2018 in the form of revenue loans via the Department of Health, which are not yet agreed.

Having considered the material uncertainties and the Trust's financial recovery plans and the likelihood of securing additional financial funding to support the financial operations, the directors have determined that it remains appropriate to prepare these accounts on a going concern basis.

The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

#### **1.1 Consolidation**

The Trust is the corporate trustee to the NHS charitable fund titled 'Barnsley Hospital Charity' (Registered Charity number 1058037). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory financial statements are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on FRS 102.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK Financial Reporting Standard (FRS) 102) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

#### **Other Subsidiary**

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiaries for the year.

On 16 April 2012 the Trust established a wholly owned subsidiary company 'Barnsley Hospital Support Services Limited'. The investment in Barnsley Hospital Support Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. This subsidiary is prepared in accordance with FRS 102.

References to 'Group' within the financial statements refer to the results and balances of the Trust and the subsidiaries, whilst references to 'Parent' refer only to those of the 'Trust'. All references to 'Trust' are for the 'Foundation Trust'.

## 1 Accounting policies and other information ( continued )

### 1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

The Trust also received income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for the unsuccessful compensation claims and doubtful debts.

### 1.3 Expenditure on Employee Benefits

#### Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

#### Pension costs

##### NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

##### National Employment Savings Trust

National Employment Savings Trust - 'NEST' is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. As a defined contribution scheme, the Trust makes disclosures in the financial statements as required by paragraph 50 onwards of IAS 19.

### 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### 1.5 Property, Plant and Equipment

#### Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
  
- the cost of the item can be measured reliably; and
  
- individual items:
  - have a cost of at least £5,000; or
  - form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000 where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
  - form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.



## **1 Accounting policies and other information ( continued )**

### **1.5 Property Plant and Equipment (continued)**

#### **Measurement**

##### ***Valuation***

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed, by a professional valuer periodically but at least every three years. Valuations are performed more frequently where there is evidence that the carrying amounts for land and buildings may be materially different from fair value. Fair values are determined as follows:

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

- Land, non-specialised buildings and non-operational buildings - in accordance with the FT ARM, this is determined to be market value for existing use.

- Specialised buildings - depreciated replacement cost, based on providing a modern equivalent asset.

- Buildings in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as permitted by IAS 23 in respect of assets measured at fair value.

Operational equipment is held at cost less depreciation as a proxy.

##### ***Subsequent expenditure***

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for the recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

##### ***Depreciation***

Items of Property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Asset lives fall into the following ranges:

- Buildings excluding dwellings 15 to 90 years
- Plant and machinery 1 to 7 years
- Information Technology 1 to 5 years
- Furniture and Fittings 1 to 10 years

Freehold land is considered to have an infinite life and is not depreciated. An engaged Valuer (an external body to the Trust) considers that the remaining lives of the Buildings is ranged between 15 and 90 years based on individual blocks and assets within those blocks.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust respectively.

## 1 Accounting policies and other information ( continued )

### 1.5 Property Plant and Equipment (continued)

#### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

#### **Impairments**

In accordance with the DH GAM, 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 FRM, are accounted for as 'on-Statement of Financial Position' ("on SoFP"). The Trust therefore recognises the underlying assets as property, plant and equipment at their fair value. An equivalent financial liability is recognised and measured in accordance with IAS 17 (Leases). The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the implicit interest rate for the scheme. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income. PFI assets are held at fair value under IAS 16 (Property Plant and Equipment).

#### ***Contingent Rent***

An element of the annual unitary payment increase is due to cumulative indexation allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as part of the finance costs in the Statement of Comprehensive Income.

#### ***Lifecycle Replacement Costs***

For each year of the contract, an element of the unitary payment is allocated to lifecycle replacement based on the capital costs that the operator expects to incur for that year. Subsequently in each year, the actual capital cost incurred by the operator is recognised as an asset and, to the extent that the capital is funded by the unitary payment, an equivalent amount of the unitary payment is treated as a cash payment by the Trust to pay for the asset.

#### ***Depreciation***

PFI transactions are depreciated on a straight line basis over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Assets held under PFI contracts are depreciated at the rates applicable to that class of asset.

### **1.6 Intangible assets**

#### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

## 1 Accounting policies and other information ( continued )

### 1.6 Intangible assets (continued)

#### ***Internally generated intangible assets***

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

#### **Assets under construction intangible assets**

The Trust includes such expenditures as software packages and Medicine Management systems.

#### **Software**

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

#### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

#### **Amortisation**

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Software is amortized over a useful life of 1 to 5 years.

### 1.7 Revenue Government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

## **1 Accounting policies and other information ( continued )**

### **1.8 Inventories**

Inventories are valued at the lower of cost and net realisable value using the first in first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of inventories. Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

### **1.9 Financial instruments and financial liabilities**

#### **Recognition**

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

#### **De-recognition**

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired, or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

#### **Classification and Measurement**

Financial assets are categorised as 'Loans and receivables'.

Financial liabilities are classified as 'Other Financial liabilities'.

The classification depends on the nature and purpose of the financial assets and is determined at the time of the initial recognition.

#### **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

## **1 Accounting policies and other information ( continued )**

### **1.9 Financial instruments and financial liabilities (continued)**

#### **Other financial liabilities**

The Trust's financial liabilities are categorised as 'other' financial liabilities. The classification depends on the nature and purpose of the financial liability and is determined at the time of initial recognition.

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

#### **Impairment of financial assets**

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

### **1.10 Leases**

#### **Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease, and are de-recognised when the liability is discharged, cancelled or expires. Thereafter the asset is accounted for as an item of property plant and equipment. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income. Contingent rentals are recognised as an expense in the period in which they are incurred. The liability is derecognised when the liability is discharged, cancelled or expires.

The annual rental is split over the repayment of the liability and a finance cost so as to produce a constant rate of finance over the life of the lease. The finance cost for each financial year is then calculated by applying this finance rate to the opening lease liability for the financial year. The finance cost is recognised in Finance Costs in the Statement of Comprehensive Income.

## **1 Accounting policies and other information ( continued )**

### **1.10 Leases (continued)**

#### **Operating leases**

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rentals are recognised as an expense in the period in which they are incurred.

#### **Leases of land and buildings**

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

### **1.11 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of that amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

#### **Clinical negligence costs**

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. However, the Trust only recognises a provision for the net amount that it will have to pay in respect of these claims. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 23 (Page 33) but it is not recognised in the Trust's financial statements.

#### **Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### **1.12 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised in the financial statements, but are disclosed in note 23 (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 position reporting 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 on-going basis. Revisions to accounting estimates are recognised in the financial year in which the estimate is revised if the revision affects only that financial year, or in the financial year of the revision, and future financial years, if the revision affects both current and future financial years.

The estimates and judgements that have had a significant effect on the amounts recognised in the accounts are outlined below.

#### **Income estimates**

In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year. Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at twelve midnight on 31 March. The number of open spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current year.

Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However as cash is not received until future periods, when the claims have been settled, an estimation must be made as to the collectability.

#### **Expense accruals**

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

#### **Impairment of property, plant and equipment**

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites.

#### **Recoverability of receivables**

In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses

#### **Provisions**

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

#### **Plant, Property and Equipment**

The Trust undertakes a revaluation of its Land and Buildings with sufficient regularity to ensure that the values remain up to date. The process of valuing the Trusts land and buildings includes the utilisation of assumptions, including for example the nature of the assets, current market conditions and Gross Internal Area. Given the complex nature of Asset valuation the Trust seeks professional advice from its valuers, to ensure that appropriate assumptions are used in the value calculation and the assessment of useful economic asset lives.

## 1 Accounting policies and other information ( continued )

### 1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM

### 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

### 1.22 Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Trust Board.

### 1.23 Charitable fund investments

Investments are stated at market value as at the Statement of Financial Position date. The Statement of Comprehensive Income Includes the net gains and losses arising on revaluation and disposals throughout the year.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase date if later)

### 1.24 Accounting standards that have been adopted early

No new accounting standards or revisions to existing standards have been early -adopted in 2016/17.

### 1.25 Standards issued but not adopted

#### - IASB standards and IFRIC interpretations

The DH GAM does not require the following Standards and Interpretations to be applied in 2016/17. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

#### IFRS 9 Financial Instruments

Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

#### IFRS 14 Regulatory Deferral Accounts

Not yet EU Endorsed: Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

#### IFRS 15 Revenue from contracts with customers

Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.

#### IFRS 16 Leases

Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

**1 Accounting policies and other information ( continued )****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 2016/17, 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 2017, 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**

	<b>2016/17</b>	2015/16	<b>2016/17</b>	2015/16
<b>3.1 Income from activities comprises</b>	<b>Group</b>	Group	<b>Trust</b>	Trust
	<b>£000</b>	£000	<b>£000</b>	£000
Foundation Trusts	17	14	17	14
NHS Trusts	15	22	15	22
CCGs and NHS England	165,833	153,050	165,833	153,050
NHS Other	90	272	90	272
Non NHS:				
- Local Authorities	240	276	240	276
- Private Patients	14	21	14	21
- Overseas patients chargeable to patient	1	0	1	0
- NHS Injury Scheme*	915	952	915	952
- Other	49	63	49	63
	<u>167,174</u>	<u>154,670</u>	<u>167,174</u>	<u>154,670</u>

\*NHS injury scheme income is subject to a provision for doubtful debts of 22.94% ( 2015/16 18.9% ) to reflect expected rates of collection.

	<b>2016/17</b>	2015/16	<b>2016/17</b>	2015/16
<b>3.2 Analysis of income from activities</b>	<b>Group</b>	Group	<b>Trust</b>	Trust
	<b>£000</b>	£000	<b>£000</b>	£000
Inpatient - elective	26,603	23,204	26,603	23,204
Inpatient - non elective	55,235	53,589	55,235	53,589
Outpatient income	27,313	24,460	27,313	24,460
Other activity income	47,617	43,718	47,617	43,718
A & E income	9,302	8,513	9,302	8,513
Private Patient Income	14	21	14	21
Other clinical income	1,090	1,165	1,090	1,165
<b>Income from activities</b>	<u>167,174</u>	<u>154,670</u>	<u>167,174</u>	<u>154,670</u>

**Income from Commissioner Requested Services CRS and Income from non- Commissioner Requested Services (non-CRS)**

Commissioner Requested Services CRS	165,833	153,050	165,833	153,050
non- Commissioner Requested Services (non-CRS)	<u>27,229</u>	<u>22,245</u>	<u>27,072</u>	<u>22,415</u>
<b>TOTAL/comparative</b>	<u>193,062</u>	<u>175,295</u>	<u>192,905</u>	<u>175,465</u>

4. Other Operating Income	Group	Group	Trust	Trust
	2016/17	2015/16	2016/17	2015/16
	£000	£000	£000	£000
Research and Development	830	913	830	913
Education and Training	5,282	5,175	5,282	5,175
Received from NHS Charities- grant for capital acquisitions	15	161	15	161
Charitable and other contributions to expenditure	31	39	31	39
Amortisation of PFI Main scheme - deferred credit	31	28	31	28
Non-patient care services to other bodies	251	266	251	266
Sustainability and Transformation Fund income	7,874	0	7,874	0
Other income*	11,046	13,615	11,417	14,213
NHS Charitable Funds - Income	528	428	0	0
	<b>25,888</b>	<b>20,625</b>	<b>25,731</b>	<b>20,795</b>

\* Further details of 'other income' are as follows:

Car parking	1,250	1,236	1,250	1,236
Estates recharges	419	737	419	737
IT recharges	165	537	165	537
Pharmacy sales	20	2	20	2
Clinical tests	343	481	343	481
Clinical excellence awards	107	146	107	146
Property rentals	30	25	30	25
Community Paediatrics	8	0	8	0
Cytotoxic Drugs Recharge	0	908	0	908
Musculo Skeletal Services	0	173	0	173
Neurology Recharge	114	164	114	164
Occupational Health Recharge	161	157	161	157
Oncology Recharge	0	288	0	288
Renal Satellite Unit Recharge	0	142	0	142
Rotherham Ophthalmology	2,245	2,393	2,245	2,393
Voluntary Services Income	187	204	187	204
Waiting List Initiatives Clinic	0	188	0	188
Paediatric Equipment Recharge	181	169	181	169
Spectrum Recharge	388	249	388	249
Electronic Patient Records/PAS	0	945	0	945
Miscellaneous items <b>Note 1</b>	5,428	4,471	5,799	5,069
	<b>11,046</b>	<b>13,615</b>	<b>11,417</b>	<b>14,213</b>

#### 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

	Group	Group	Trust	Trust
	2016/17	2015/16	2016/17	2015/16
	£000	£000	£000	£000
Services from NHS Foundation Trusts	2,186	2,085	2,186	2,085
Services from other NHS Trusts	279	327	279	327
Services from CCGs and NHS England	21	3	21	3
Services from other NHS Bodies	164	29	164	29
Purchase of healthcare from non NHS bodies	5,038	2,565	5,038	2,565
Executive Directors' costs <b>Note 1</b>	943	861	943	861
Non Executive Directors' costs <b>Note 1</b>	115	108	115	108
Staff costs	125,989	122,717	125,989	122,717
Drugs	14,289	15,352	14,891	15,703
Supplies and services - clinical	16,187	14,761	16,187	14,761
Supplies and services - general	6,115	6,221	6,115	6,221
Establishment	2,914	2,875	2,914	2,875
Research and Development	117	310	117	310
Premises - business rates payable to local authorities	634	637	634	637
Premises	4,794	4,751	4,794	4,751
Increase in other provisions	450	430	450	430
Change in provisions discount rate	98	0	98	0
Rentals under operating leases Plant and Machinery	54	663	54	663
Increase/(decrease) in bad debt provision	82	(102)	82	(102)
Depreciation on property, plant and equipment <b>Note 2</b>	4,052	3,653	4,028	3,629
Amortisation on intangible assets	578	460	574	456
Audit services - statutory audit <b>Note 3.1</b>	68	67	61	67
Audit fees for Charitable Funds	3	6	0	0
Other auditor's remuneration - further assurance services <b>Note 3.2</b>	8	12	8	12
Clinical negligence	10,242	9,340	10,242	9,340
Legal Fees	180	266	180	266
Consultancy Costs	598	381	598	381
Internal audit costs	118	81	118	81
Car parking and security	340	267	340	267
Redundancy ( not included in employee expenses)	204	57	204	57
Hospitality	18	27	18	27
Losses, ex gratia and special payments	405	349	405	349
Other	275	186	(64)	69
	<b>197,558</b>	<b>189,745</b>	<b>197,783</b>	<b>189,945</b>

**Note 1** - As required by the Companies Act 2006, further disclosures of Directors' remuneration and other benefits are detailed in note 24 (page 36) to these accounts and further details available in the remuneration report of the Annual Report for the Trust.

**Note 2** - Depreciation of property plant and equipment are inclusive of PFI operating costs.

**Note 3.1** - Auditors' remuneration

The Board of Governors appointed Grant Thornton as external auditors following a full tender process on 1 July 2016 for the financial year commencing 1 April 2016 onwards.

The audit fee for the trust statutory audit including quality accounts review was £61,260 ( 2015/16 £65,180 ) 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 £7,530 inclusive of VAT ( 2015/16 - £ 10,176 ). The audit fee for Barnsley Hospital Charity was £3,120 ( 2015/16 - £5,515 inclusive of VAT).

**Note 3.2** - Other auditors' remuneration - further assurance services

	Group	Group	Trust	Trust
	2016/17	2015/16	2016/17	2015/16
	£000	£000	£000	£000
Quality accounts review costs	8	12	8	12
	<b>8</b>	<b>12</b>	<b>8</b>	<b>12</b>

The quality accounts review costs are inclusive of VAT.

**5. Operating expenses (continued)**

**5.1 Operating leases**

**Operating expenses include:**

<b>Payments recognised as an expense</b>	<b>Total 2016/17 £000</b>	<b>Plant and Machinery £000</b>	<b>2015/16 £000</b>
Minimum lease payments	<u>54</u>	<u>54</u>	<u>663</u>
<b>Total future minimum lease payments:</b>			
	<b>2016/17 £000</b>	<b>Plant and Machinery £000</b>	<b>2015/16 £000</b>
<b>Total future minimum lease payments</b>			
No later than one year.	62	62	663
Later than one year and no later than five years.	250	250	0
Later than five years.	<u>71</u>	<u>71</u>	<u>0</u>
	<u><b>383</b></u>	<u><b>383</b></u>	<u><b>663</b></u>

**6. Staff costs and numbers**

6.1 Staff costs	Group and Trust			Total 2015/16 £000
	Total 2016/17 £000	Permanently Employed £000	Other £000	
Salaries and wages	101,628	96,369	5,259	97,054
Social Security Costs	9,505	9,505	0	7,246
Employer contributions to NHSPA	11,418	11,418	0	10,873
Pension Cost NEST	7	0	7	6
Agency/Contract Staff	4,662	0	4,662	8,689
	<u>127,220</u>	<u>117,292</u>	<u>9,928</u>	<u>123,868</u>

In the year ended 31 March 2017, £288,133 of staff costs (wte 7) were capitalised in property, plant and equipment (for year ended 31 March 2016 £290,193 of staff costs (wte 8)).

Director and staff costs charged to operating expenses are disclosed in note 5 (page 20).

**6.2 Average monthly number of persons employed - WTEs**

	Group and Trust			2015/16 Number
	Total 2016/17 Number	Permanently Employed Number	Other Number	
Medical and dental	317	317	0	296
Administration and estates	679	679	0	645
Healthcare assistants and other support staff	222	222	0	229
Nursing, midwifery and health visiting staff	1,012	1,012	0	995
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	488	488	0	476
Agency and contract staff	47	0	47	76
Bank staff	79	0	79	73
Other	1	1	0	
Total	<u>2,846</u>	<u>2,719</u>	<u>127</u>	<u>2,790</u>

Of which there were 7 WTE engaged on capital projects in 2016/17 ( 2015/16: 8 WTE)

Within Medical and Dental staff numbers are 73.69 whole time equivalent (WTE) recharges from other NHS Trusts, at cost of £5,213,542 (73.75 WTE at a cost of £5,308,027 in 2015/16), 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 2016/17 (2015/16 figures included in brackets):

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
£0 to £10,000	0 (0)	0 (2)	0 (2)
£10,001 - £25,000	0 (0)	0 (2)	0 (2)
£25,001 - £50,000	0 (0)	0 (1)	0 (1)
£50,000 - £100,000	1 (0)	3 (0)	4 (0)
£100,001-£150,000	0 (0)	0 (1)	0 (1)
Total number of exit packages by type	<u>1 (0)</u>	<u>3 (6)</u>	<u>4 (6)</u>
Total cost £' 000s	<u>54 (0)</u>	<u>234 (185)</u>	<u>288 (185)</u>

**Exit Packages : Other (non compulsory) departure payments 2016/17**

	Payments Agreed	Total value of Agreements
	<b>Total</b>	<b>Total</b>
	<b>2016/17</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
Voluntary redundancies including early retirement contractual costs	2	150
Exit payments following employment tribunals or court orders	1	84
Total cost £' 000s	<u>3</u>	<u>234</u>

**2015/2016**

	Payments Agreed	Total value of Agreements
	<b>Total</b>	<b>Total</b>
	<b>2015/16</b>	<b>2015/16</b>
	<b>£000</b>	<b>£000</b>
Voluntary redundancies including early retirement contractual costs	1	11
Mutually agreed resignations (MARS) contractual costs	4	60
Exit payments following employment tribunals or court orders	1	114
Total cost £' 000s	<u>6</u>	<u>185</u>

**6. Staff costs and numbers (continued)**

**6.4 Retirements due to ill-health**

During the year there were 3 early retirements (3 in 2015/16) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements is £241,754 (£105,275 in 2015/16). 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 £2,000,000 ( 2015/16 - £1,000,000).



**9 Corporation tax (credit)/charge**

<b>Group</b>	<b>Group 2016/17 £000</b>	<b>Group 2015/16 £000</b>
( There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax )		
<b>Analysis of charge/(credit) during the year</b>		
<b>Current tax charge/(credit) for the year</b>		
United Kingdom corporation tax	15	0
<b>Deferred tax</b>		
Current year	<u>(3)</u>	<u>7</u>
Total deferred tax	<u>(3)</u>	<u>7</u>
Total per consolidated statement of comprehensive income	<u>12</u>	<u>7</u>

**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:

	<b>2016/17 £000</b>	<b>2015/16 £000</b>
<b>(Deficit) for the year from continuing activities.</b>	<u>(6,254)</u>	<u>(16,234)</u>
This arises solely on the activities of Barnsley Hospital Support Services Limited as the Trust's NHS Activities are not subject to corporation tax		
Effective tax charge percentage	20.00%	20.00%
Tax if effective tax rate charged on surpluses before tax	(1,251)	(3,243)
<b>Effects of</b>		
Surpluses not subject to tax	1,263	3,247
Changes in tax rates	0	0
Adjustment in respect of prior years	<u>0</u>	<u>3</u>
Tax charge for the year	<u>12</u>	<u>7</u>

The current and prior year tax charge/(credit) relates to Barnsley Hospital Support Services Limited which began trading in 2012/13.

**10. Intangible assets****GROUP 2016/17 ( Trust figures not disclosed as no material difference)**

2016/17:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2016	7,233	452	7,685
Additions purchased	753	233	986
Reclassifications	233	(233)	0
Disposals	(219)	0	(219)
<b>Gross cost at 31 March 2017</b>	<b>8,000</b>	<b>452</b>	<b>8,452</b>
Accumulated Amortisation at 1 April 2016	5,398	0	5,398
Provided during the year	578	0	578
Disposals	(219)	0	(219)
<b>Accumulated amortisation at 31 March 2016</b>	<b>5,757</b>	<b>0</b>	<b>5,757</b>
<b>Net book value</b>			
<b>- Total at 1 April 2016</b>	<b>1,835</b>	<b>452</b>	<b>2,287</b>
<b>- Total at 31 March 2017</b>	<b>2,243</b>	<b>452</b>	<b>2,695</b>
<b>Prior year 2015/16:</b>			
	<b>Software Licences £000</b>	<b>Assets under Construction £000</b>	<b>Total £000</b>
Gross cost at 1 April 2015	6,537	184	6,721
Additions purchased	446	518	964
Reclassifications	250	(250)	0
Gross cost at 31 March 2016	<b>7,233</b>	<b>452</b>	<b>7,685</b>
Accumulated amortisation at 1 April 2015	4,938	0	4,938
Provided during the year	460	0	460
<b>Accumulated amortisation at 31 March 2015</b>	<b>5,398</b>	<b>0</b>	<b>5,398</b>
<b>Net book value</b>			
<b>- Total at 1 April 2015</b>	<b>1,599</b>	<b>184</b>	<b>1,783</b>
<b>- Total at 31 March 2016</b>	<b>1,835</b>	<b>452</b>	<b>2,287</b>

**11. Property, plant and equipment**

11.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

**GROUP 2016/17 ( Trust figures not disclosed as no material difference)**

	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	3,500	59,842	221	29,840	7,047	786	101,236
Additions - purchased	0	2,829	72	666	675	0	4,242
Additions purchased from cash donations/grants	15	0	0	0	0	0	15
Reclassifications	0	0	(59)	59	0	0	0
Revaluation Note 1	0	2,033	0	0	0	0	2,033
Disposals	0	0	0	(1,615)	(58)	(177)	(1,850)
<b>At 31 March 2017</b>	<b>3,515</b>	<b>64,704</b>	<b>234</b>	<b>28,950</b>	<b>7,664</b>	<b>609</b>	<b>105,676</b>
Accumulated depreciation at 1 April 2016	0	158	0	21,963	4,491	708	27,320
Provided during the year	0	1,455	0	1,891	693	13	4,052
Revaluation Note 1	0	(1,435)	0	0	0	0	(1,435)
Disposals	0	0	0	(1,606)	(58)	(178)	(1,842)
<b>Accumulated depreciation at 31 March 2017</b>	<b>0</b>	<b>178</b>	<b>0</b>	<b>22,248</b>	<b>5,126</b>	<b>543</b>	<b>28,095</b>
<b>Net book value</b>							
- Purchased at 1 April 2016	3,500	59,209	221	7,493	2,556	78	73,057
- Government Granted as at 31 March 2016	0	194	0	31	0	0	225
- Donated at 1 April 2016	0	281	0	353	0	0	634
<b>Revised Total at 1 April 2016</b>	<b>3,500</b>	<b>59,684</b>	<b>221</b>	<b>7,877</b>	<b>2,556</b>	<b>78</b>	<b>73,916</b>
- Purchased at 31 March 2017	3,500	64,526	234	6,408	2,538	66	77,272
- Government Granted as at 31 March 2017	0	0	0	14	0	0	14
- Donated at 31 March 2017	15	0	0	280	0	0	295
<b>Total at 31 March 2017</b>	<b>3,515</b>	<b>64,526</b>	<b>234</b>	<b>6,702</b>	<b>2,538</b>	<b>66</b>	<b>77,581</b>

**Note 1**

The Trust decided that there would be no formal desk top revaluation at 31 March 2017. However, it was agreed that building indexation of 5.75% ( figure provided by the new Trust valuer) would be applied to the building assets on the main site. This increased the value by £3.5 million.

Of the totals at 31 March 2017 there were no assets valued at open market value ( As at 31st March 2016 - none ).

For on-statement of financial position PFI contracts, the NBV of assets held as at 31st March 2017 was £Nil for (31 March 2016 - £1,267,000) - refer note 18 (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 2017 and 31 March 2016.

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

**11. Property, plant and equipment (continued)**

11.1 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)**

2015/16:	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	4,100	54,855	475	29,692	5,726	785	95,633
Additions - purchased	0	1,891	516	1,762	1,157	1	5,327
Additions purchased from cash donations/grants	0	0	0	163	0	0	163
Reclassifications	0	0	(770)	606	164	0	0
Revaluation <b>Note 1</b>	(600)	3,096	0	0	0	0	2,496
Disposals	0	0	0	(2,383)	0	0	(2,383)
<b>At 31 March 2016</b>	<b>3,500</b>	<b>59,842</b>	<b>221</b>	<b>29,840</b>	<b>7,047</b>	<b>786</b>	<b>101,236</b>
Accumulated depreciation at 1 April 2015	0	155	0	22,738	3,865	691	27,449
Provided during the year	0	1,405	0	1,605	626	17	3,653
Revaluation <b>Note 1</b>	0	(1,402)	0	0	0	0	(1,402)
Disposals	0	0	0	(2,380)	0	0	(2,380)
<b>Accumulated depreciation at 31 March 2016</b>	<b>0</b>	<b>158</b>	<b>0</b>	<b>21,963</b>	<b>4,491</b>	<b>708</b>	<b>27,320</b>
<b>Net book value</b>							
- Purchased at 1 April 2015	4,100	54,225	475	6,650	1,861	94	67,405
- Government Granted as at 31 March 2015	0	194	0	55	0	0	249
- Donated at 1 April 2015	0	281	0	249	0	0	530
<b>Revised Total at 1 April 2015</b>	<b>4,100</b>	<b>54,700</b>	<b>475</b>	<b>6,954</b>	<b>1,861</b>	<b>94</b>	<b>68,184</b>
- Purchased at 31 March 2016	3,500	59,209	221	7,493	2,556	78	73,057
- Government Granted as at 31 March 2016	0	194	0	31	0	0	225
- Donated at 31 March 2016	0	281	0	353	0	0	634
<b>Total at 31 March 2016</b>	<b>3,500</b>	<b>59,684</b>	<b>221</b>	<b>7,877</b>	<b>2,556</b>	<b>78</b>	<b>73,916</b>

**Note 1**

In the year the Trust has reviewed its judgements in relation to the valuation process for land and buildings, including the assumptions used on which the valuation is based and the useful lives of the assets, leading to a change in value. Following this exercise the Trust has opted to take less prudent assumptions to the valuation and useful economic lives of the assets, following professional advice from the new valuer. A detailed valuation exercise of the Trust's estate was undertaken by the new valuer and backdated to the 1 April 2015. This exercise led to an increase in asset valuation of £4.7 million. At 31 March 2016, the new valuer carried out a desktop valuation exercise of various blocks forming the main hospital site, car park and PFI. This has indicated an overall impairment of £0.8 million, with all assets decreasing in value other than the PFI and External works assets that saw marginal increases.

Of the totals at 31 March 2016 there were no assets valued at open market value ( As at 31st March 2015 - none ).

For on-statement of financial position PFI contracts, the NBV of assets held as at 31st March 2016 was £1,267,000 for (31 March 2015 - £1,517,000) - refer note 18 (page 32) for further details.

There were no other assets held under finance leases and hire purchase contracts as at the reporting year dates of 31 March 2016 and 31 March 2015.

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

**12. 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 2017 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**

	2016/17				2015/16			
	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	528	0	0	528	428	0	0	428
- with Barnsley Hospital NHS Foundation Trust	(101)	(99)	200	0	(328)	(85)	413	0
- audit fee (payable to the external auditor)	(3)	0	0	(3)	(6)	0	0	(6)
Total operating expenditure	(104)	(99)	200	(3)	(334)	(85)	413	(6)
Incoming Resources: investment income	6	0	0	6	13	0	0	13
Net (outgoing) / incoming resources before other recognised gains and losses	430	(99)	200	531	107	(85)	413	435
Fair value movements on investment properties and other investments	28	0	0	28	(19)	0	0	(19)
Net movement in funds	458	(99)	200	559	88	(85)	413	416

**(ii) Balance Sheet**

	31 March 2017				31 March 2016			
	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
<b>Non-current assets</b>								
Other Investments	285	0	0	285	257	0	0	257
<b>Total non-current assets</b>	285	0	0	285	257	0	0	257
<b>Current assets</b>								
Trade and other receivables	9	0	(5)	4	11	0	(5)	6
Cash and cash equivalents	611	0	0	611	273	0	0	273
<b>Total current assets</b>	620	0	(5)	615	284	0	(5)	279
<b>Current liabilities</b>								
Trade and other payables	103		(18)	85	138	(40)	(26)	72
<b>Total current liabilities</b>	103	0	(18)	85	138	(40)	(26)	72
<b>Creditors: amounts falling due after more than 1 year</b>	0	0	0	0	59	(59)	0	0
<b>Net assets</b>	802	0	13	815	344	99	21	464
<b>Funds of the charity</b>								
Restricted funds:	595	0	0	595	242	0	0	242
Unrestricted income funds	207	0	0	207	102	99	0	201
<b>Total Charitable Funds</b>	802	0	0	802	344	99	0	443

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

## 12. Investments in subsidiaries (continued)

Extracts from the subsidiaries are as follows ( continued )

## (iii) Barnsley Hospital Support Services Limited

Summarised Balance Sheet	31 March 2017 £000	31 March 2016 £000
Current Assets	1204	975
Current Liabilities	<b>(821)</b>	<b>(662)</b>
<b>Total Current Net Assets</b>	<b>383</b>	<b>313</b>
Non- current assets	56	84
Non- current liabilities	0	<b>(3)</b>
<b>Total Non-Current Net Assets</b>	<b>56</b>	<b>81</b>
Provision for liabilities	0	0
<b>Net Assets</b>	<b>439</b>	<b>394</b>
<b>Gross assets</b>	<b>1,260</b>	<b>1,059</b>
Summarised Profit and Loss Account	2016/17 £000	2015/16 £000
Revenue	4,654	4,250
Expenses	<b>(4,597)</b>	<b>(4,229)</b>
Corporation Tax	<b>(12)</b>	<b>(7)</b>
Post tax profit from continuing operations	45	14
Total comprehensive income	<b>45</b>	<b>14</b>

The amounts presented above are the amounts before intercompany transactions.

**13. Inventories****13.1 Inventories comprises**

	<u>GROUP</u> 31 March 2017	<u>GROUP</u> 31 March 2016	<u>TRUST</u> 31 March 2017	<u>TRUST</u> 31 March 2016
	£000	£000	£000	£000
Raw materials and consumables	2,442	2,160	2,174	1,912
<b>TOTAL</b>	<b>2,442</b>	<b>2,160</b>	<b>2,174</b>	<b>1,912</b>

The Group and Parent held consignment stock of £897,411 not recognised in the accounts as at 31 March 2017, (£924,627 at 31 March 2016)

**13.2 Inventories recognised in expenses**

<u>GROUP AND TRUST</u>	31 March 2017	31 March 2016
	£000	£000
Inventories recognised as an expense in the year	16,320	11,199
	<u>16,320</u>	<u>11,199</u>

**14. Trade and other receivables**

	<u>GROUP</u> 31 March 2017	<u>GROUP</u> 31 March 2016	<u>TRUST</u> 31 March 2017	<u>TRUST</u> 31 March 2016
	£000	£000	£000	£000
<b>Non current assets</b>				
Other receivables	965	908	965	908
<b>Current assets</b>				
NHS receivables	7,926	5,377	7,926	5,377
Receivable due from subsidiary company	0	0	217	272
Prepayments	875	695	865	685
PDC Dividend Receivable	234	89	234	89
Value Added Tax receivable	735	396	591	267
Other receivables	3,300	2,727	3,300	2,727
NHS Charitable Funds - trade and other	4	6	18	26
Provision for impaired receivables	(412)	(330)	(412)	(330)
<b>Sub Total</b>	<b>12,662</b>	<b>8,960</b>	<b>12,739</b>	<b>9,113</b>
<b>TOTAL trade and other receivables</b>	<b>13,627</b>	<b>9,868</b>	<b>13,704</b>	<b>10,021</b>

The majority of trade and other receivables are with CCGs as commissioners for NHS patient care services and for the reporting period ended 31 March 2017 only is inclusive of a debtor with NHS England for sustainability and transformation funding. 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.

## 14. Trade and other receivables (continued)

Ageing of non impaired receivables past their due date	GROUP		TRUST	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000	£000	£000	£000
Up to 3 months	1,667	1,425	1,667	1,425
In 3 to 6 months	179	684	179	684
Over six months	839	604	839	604
	<u>2,685</u>	<u>2,713</u>	<u>2,685</u>	<u>2,713</u>
<b>Provision for impairment of receivables</b>				
	GROUP	GROUP	TRUST	TRUST
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000	£000	£000	£000
Balance at 1 April	330	432	330	432
Increase in provision	82	(102)	82	(102)
Balance at 31 March	<u>412</u>	<u>330</u>	<u>412</u>	<u>330</u>

## 15. Cash and cash equivalents

	GROUP		TRUST	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000	£000	£000	£000
At 1 April	2,811	5,837	2,372	5,700
Net change in year	1,705	(3,026)	1,519	(3,328)
At 31 March	<u>4,516</u>	<u>2,811</u>	<u>3,891</u>	<u>2,372</u>
Made up of:				
Cash at commercial banks and in hand	1,334	941	709	502
Cash with Government Banking Service	3,182	1,870	3,182	1,870
Cash and cash equivalents as in statement of financial position	<u>4,516</u>	<u>2,811</u>	<u>3,891</u>	<u>2,372</u>

The Trust and Group cash balances are held with Natwest and Lloyds Banking Group. These are considered low risk institutions.

## 16. Trade and other payables

	GROUP		TRUST	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000	£000	£000	£000
<b>Current</b>				
NHS payables	3,818	2,168	3,818	2,168
Amount due to subsidiary company	0	0	766	421
Amounts due to other related parties - revenue	1,720	1,583	1,720	1,583
Trade payables - capital	2,255	4,082	2,255	4,082
Other trade payables revenue	5,395	5,523	5,395	5,523
Social security costs	2,539	2,260	2,537	2,260
Value Added Tax payable	82	107	82	107
Deferred taxation <b>Note 1</b>	1	3	0	0
Corporation tax payable	15	0	0	0
Other payables	555	249	18	(90)
NHS Charitable Funds	85	72	5	5
Accruals	6,041	7,384	5,995	7,335
	<u>22,506</u>	<u>23,431</u>	<u>22,591</u>	<u>23,394</u>

## Note 1

	GROUP
	31 March 2017
	£000
<b>Movement in deferred tax liability/(asset)</b>	
At beginning of year	3
Charge/(credit) to the profit and loss account during the year	(2)
At end of the year	<u>1</u>



**17. Borrowings**

	<u>GROUP AND TRUST</u>	<u>GROUP AND TRUST</u>
	31 March 2017	31 March 2016
	£000	£000
<b>Current liabilities</b>		
Capital loans from Department of Health <b>Note 1</b>	180	180
Obligations under Private Finance Initiative contracts	<u>0</u>	<u>268</u>
<b>Total Other Current Liabilities</b>	<u><u>180</u></u>	<u><u>448</u></u>
<b>Non-current liabilities</b>		
Capital loans from Department of Health <b>Note 1</b>	2,165	2,346
Working capital loans from Department of Health <b>Note 2</b>	<u>45,376</u>	<u>31,709</u>
<b>Total Other Non-current Liabilities</b>	<u><u>47,541</u></u>	<u><u>34,055</u></u>

For further details of Private Finance Initiative contracts, refer note 18 (page 32).

**Note 1**

An Interim Capital Support Loan from the Secretary of State for Health which is a capital loan repayable by equal instalments of principal. Interest rate is at 1.57% and interest is payable every 6 months. The total facility and principal of this loan for £2,706,000 was drawn on 23 March 2015 the repayments are every 6 months until 18 March 2030.

**Note 2**

(i) An Interim Revenue Support Loan from the Secretary of State for Health which is an extendable maturity loan provided pending the development of recovery plan. Interest rate is at 1.5% and interest is payable every 6 months. The total facility and principal of this maturity loan for £18,509,000 was drawn on 23 March 2015 and is due to be repaid in full on 18 March 2020.

(ii) An Interim Revenue Support Loan for £8,400,000 from the Secretary of State for Health. Interest rate is 1.5% and interest is payable every 6 months the principal of £8,400,000 is due to be repaid on 18 May 2018.

(iii) As at 31.3.16 there was an Interim Revolving Working Capital Facility for £4,800,000 from the Secretary of State for Health with interest rate of 3.5% and interest payable every 6 months with the principal due to be repaid 14 April 2020. A further £12,367,000 was drawn on this facility to 30 January 2017 at which date the total principal of £17,167,000 was repaid and a single currency interim revenue facility for £17,167,000 was entered into with a final repayment date of the principal of 18 January 2020 and for which interest is payable every 6 months at the rate of 1.5%.

(iv) An Interim Revenue Support Facility Agreement for £1,300,000 from the Secretary of State for Health. Interest rate is 1.5% and interest is payable every 6 months the principal of £1,300,000 is due to be repaid on 18 November 2019.

**18. 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.

The PFI asset value is matched by a combination of the liability and the deferred income balance.

**18.1 Charges to expenditure**

The total charged in the year in respect of the service element of on-statement of financial position PFI contracts was £1,597,000 ( for year ended 31 March 2016 £1,829,000 ).

The net book value of the PFI assets are £ Nil ( as at 31 March 2016 - £1,267,000) as stated in buildings excluding dwellings Note 11.

The Trust had no PFI schemes off the Statement of Financial position.

## 19. Provisions

	<u>GROUP AND TRUST</u>		<u>GROUP AND TRUST</u>	
	31 March 2017	31 March 2016	31 March 2017	31 March 2016
	£000	£000	£000	£000
<b>Non current</b>				
Pensions relating to other staff	459	411		
<b>Total</b>	<b>459</b>	<b>411</b>		
<b>Current</b>				
Pensions relating to other staff	48	35		
Other legal claims	479	480		
<b>Total</b>	<b>527</b>	<b>515</b>		
			<b>Pensions early departure costs</b>	<b>Legal claims</b>
<b>Totals</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2016</b>	<b>926</b>	<b>446</b>	<b>480</b>	
Change in the discount rate	98	98	0	
Arising during the year	266	7	259	
Utilised during the year accruals	(244)	(44)	(200)	
Reversed during the year	(60)	0	(60)	
<b>At 31 March 2017</b>	<b>986</b>	<b>507</b>	<b>479</b>	

Expected timing of cash flows:

<b>Current : Within one year</b>	<b>527</b>	<b>48</b>	<b>479</b>
<b>Non current :</b>			
Between one and five years	189	189	0
After five years	270	270	0

The above provision does not include £89,574,219 (£80,861,010 in 2015/16) included in the accounts of the NHS Litigation Authority as at 31 March 2017 in respect of clinical negligence liabilities of the Trust.

It is not expected that any of these amounts will be reimbursed.

## 20. Revaluation Reserve

<u>GROUP AND TRUST</u>	<u>Total Revaluation Reserve</u>	<u>Revaluation Reserve Intangibles</u>	<u>Revaluation Reserve Property Plant and Equipment</u>
<u>2016/17</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
Revaluation reserve at 1 April 2016	7,654	130	7,524
Transfers between reserves regarding impairment for economic benefits	(133)	(7)	(126)
Revaluation and impairments property, plant and equipment	3,468	0	3,468
<b>Revaluation reserve at 31 March 2017</b>	<b>10,989</b>	<b>123</b>	<b>10,866</b>
<u>Prior year : 2015/16</u>			
Revaluation reserve at 1 April 2015	3,889	130	3,759
Transfers between reserves regarding impairment for economic benefits	(133)	0	(133)
Revaluation and impairments property, plant and equipment	3,898	0	3,898
<b>Revaluation reserve at 31 March 2016</b>	<b>7,654</b>	<b>130</b>	<b>7,524</b>

**21. Commitments****(i) Contractual Capital Commitments**

Commitments under capital expenditure contracts at the Statement of Financial Position date were £1,689,000 (2015/16 £757,000) for the Group and the Trust. The main individual commitment was for works on the N + 1 Generator Capacity for £1,267,000.

**(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 2017 as follows, analysed by the period during which the payment is made:

	<b>31 March 2017</b>	31 March 2016
	<b>£000</b>	£000
not later than 1 year	<b>9,646</b>	7,045
after 1 year and not later than 5 years	<b>12,380</b>	3,178
paid thereafter	<b>343</b>	869
	<b><u>22,369</u></b>	<u>11,092</u>

**22. Events after the reporting date**

There have been no events after the reporting period.

**23. Contingent Liabilities**

	<b>31 March 2017</b>	31 March 2016
	<b>£000</b>	£000
NHS Litigation Authority legal claims <b>Note 1</b>	<b>(67)</b>	(81)
Net value of contingent liability	<b><u>(67)</u></b>	<u>(81)</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.

## 24. 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.

Government Departments and their agencies are considered by HM Treasury as being related parties. During the year the Trust has had a significant number of material transactions with other NHS bodies.

In addition, the Trust has had a significant number of material transactions in the ordinary course of its business with other Government Departments and other central and local Government bodies. Most of those transactions have been with her Majesty's Revenue and Customs in respect of deduction and payment of PAYE, and Barnsley Metropolitan Borough Council in respect of payment of rates.

During the year, none of the Board Members, members of the key management staff or parties related to them have undertaken any material transactions with the Trust.

NHS Rotherham CCG held a contract with the Trust to the value of £1.374 million. During the reporting period, Ms K Firth, a non executive director of the Trust held the Governing Body position of Chief Finance Officer at NHS Rotherham CCG. As at 31 March 2017 the Trust was owed £30,000 from NHS Rotherham CCG.

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.

	31 March 2017 £000	31 March 2017 £000
	Revenue	Expenditure
Department of Health	310	0
Other DH Group bodies	186,979	17,453
Other	854	4,440
<b>Total value of transactions with related parties</b>	<b><u>188,143</u></b>	<b><u>21,893</u></b>

	31 March 2016 £000	31 March 2016 £000
	Revenue	Expenditure
Department of Health	398	2
Other DH Group bodies	168,354	18,262
Other	358	19,209
<b>Total value of transactions with related parties</b>	<b><u>169,110</u></b>	<b><u>37,473</u></b>

	31 March 2017 £000	31 March 2017 £000
	Receivables	Payables
Department of Health	256	0
Other DH Group bodies	7,915	5,835
Other	854	4,440
<b>Total balances with related parties</b>	<b><u>9,025</u></b>	<b><u>10,275</u></b>

	31 March 2016 £000	31 March 2016 £000
	Receivables	Payables
Department of Health	89	0
Other DH Group bodies	5,435	4,971
Other	469	4,062
<b>Total balances with related parties</b>	<b><u>5,993</u></b>	<b><u>9,033</u></b>

**24. 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:

	2016/17 £000	2015/16 £000
<b>Short-term employee benefits: directors remuneration</b>		
- Executive Directors	857	791
- Non Executive Directors	115	108
	<u>972</u>	<u>899</u>
<b>Post-employment benefits: Employer contribution to a pension scheme in respect of directors</b>		
- Executive Directors	<u>86</u>	<u>70</u>
<b>Aggregate of remuneration and other benefits receivable by the directors</b>	<u>1,058</u>	<u>969</u>
	<b>Number</b>	<b>Number</b>
<b>Number of Directors having benefits accruing under a defined benefit pension scheme ( all Executive Directors )</b>	<u>5</u>	<u>4</u>

**25. 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.

**26. Financial Instruments ( continued )**

	<u>GROUP</u> 31 March 2017	<u>GROUP</u> 31 March 2016	<u>TRUST</u> 31 March 2017	<u>TRUST</u> 31 March 2016
	£000	£000	£000	£000
<b>Financial Assets by category</b>				
Receivables	10,075	8,170	10,310	8,339
Cash and cash equivalents	3,905	2,538	3,891	2,372
NHS Charitable Funds - Financial assets	896	279	0	0
<b>Total</b>	<u>14,876</u>	<u>10,987</u>	<u>14,201</u>	<u>10,711</u>

Receivables comprise trade and other receivables less prepayments.

**Financial liabilities by category**

Borrowings excluding financial lease and PFI liabilities	47,721	34,235	47,721	34,235
Payables	19,785	21,099	19,972	21,134
PFI Finance lease obligations	0	268	0	268
NHS Charitable Funds - Financial liabilities	85	72	0	0
<b>Total</b>	<u>67,591</u>	<u>55,674</u>	<u>67,693</u>	<u>55,637</u>

**Maturity of financial liabilities**

In one year or less	20,051	21,619	20,153	21,582
In more than one year but not more than two years	8,580	180	8,580	180
In more than two years but not more than five years	37,516	32,250	37,516	32,250
In more than five years	1,444	1,625	1,444	1,625
<b>Total</b>	<u>67,591</u>	<u>55,674</u>	<u>67,693</u>	<u>55,637</u>

Payables comprise NHS and capital trade payables, accruals and other payables.

There is a provision for impaired receivables (refer note 14, page 31) which relates to non-financial assets, which relates to the NHS Injury Scheme Recovery.

**27. Third Party Assets**

The Trust held £Nil cash and cash equivalents at 31 March 2017 (£995 as at 31 March 2016) 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.

**28. Losses and Special Payments**

**GROUP AND TRUST**

**LOSSES:**

	<u>2016/17</u> Total number of cases Number	<u>2016/17</u> Total value of cases £000's	2015/16 Total number of cases Number	2015/16 Total value of cases £000's
1. Losses of cash due to:				
a. overpayment of salaries etc.	0	0	0	0
b. other causes	9	1		0
2. Bad debts and claims abandoned in relation to:				
a. other	599	178	783	131
3. Damage to buildings, property etc include store losses due to				
a. other	48	14	48	(20)
<b>TOTAL LOSSES</b>	<u>656</u>	<u>193</u>	<u>831</u>	<u>111</u>

**SPECIAL PAYMENTS:**

4. Ex gratia payments in respect of:				
a. loss of personal effects	12	4	24	3
b. personal injury with advice	18	56	26	55
c. other	4	2		
<b>TOTAL SPECIAL PAYMENTS</b>	<u>34</u>	<u>62</u>	<u>50</u>	<u>58</u>
<b>TOTAL LOSSES AND SPECIAL PAYMENTS</b>	<u>690</u>	<u>255</u>	<u>881</u>	<u>169</u>

## **29. Pension Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

**29. Pension Costs ( continued )**

**National Employment Savings Trust - Defined contribution scheme**

The default scheme is the NHS pension scheme, however some employees are not eligible to join and therefore to meet auto enrolment legislation an alternative pension scheme must be provided. Like most NHS providers this Trust procured the government back, defined contribution, National Employment Savings Trust ("NEST") as the alternative pension scheme. For further details refer [www.nestpensions.org.uk](http://www.nestpensions.org.uk).

Pension costs for defined contribution schemes are disclosed in Note 6.1.







If you would like this information in another language or another format, such as large print, please call 01226 432430.

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