



Annual Report and Accounts

1 April 2017 to 31 March 2018



Barnsley Hospital NHS Foundation Trust

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Performance Report

This section of the Annual Report provides information about Barnsley Hospital NHS Foundation Trust, our purpose, our objectives, our principal risks and information on our performance for the period 1 April 2017 to 31 March 2018.

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 areas served by Barnsley Metropolitan Borough Council. We occupy one site covering approximately 8.2 hectares. The hospital has about 380 beds and current annual income of £208m.

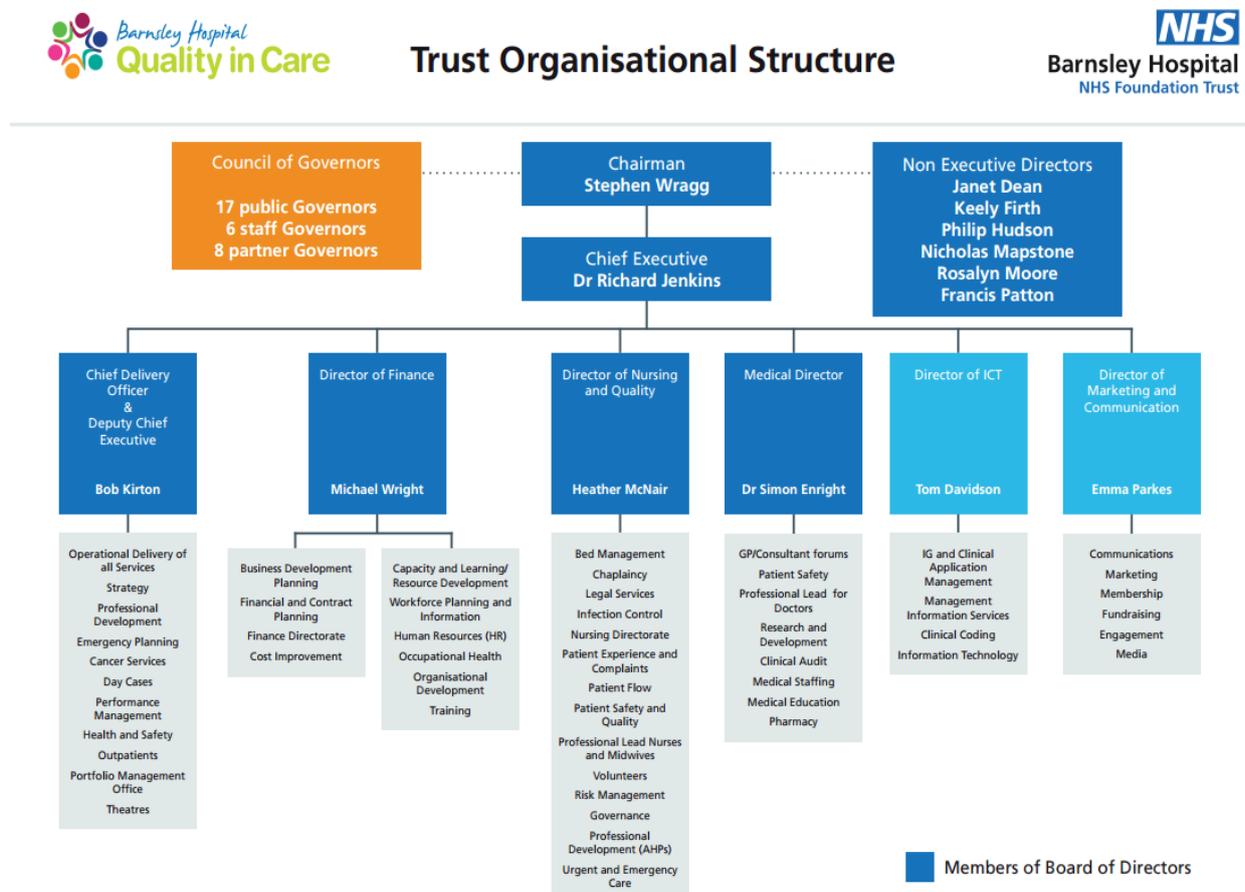
The Hospital gained Foundation Trust status in 2005 and today provides a full range of district hospital services to the local community and surrounding area. These services include emergency and intensive care, medical and surgical care, elderly care, paediatric and maternity services, along with diagnostic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

The Trust's principal commissioner is Barnsley Clinical Commissioning Group (CCG), which is responsible for commissioning health services for the population of Barnsley.

Our 3,726 employees (31 March 2018) are supported by a Health and Wellbeing team and strategy, 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.

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, an Associate Director of Nursing/Midwifery and an Associate Director of Operations, who are supported by a Matron, Clinical Lead and Service Manager together with human resources, finance and data analyst teams. The CBU operational structure in 2017-18 comprised Medicine; Surgery; and Women & Children's Services, supported by the Corporate Services Unit.

Our organisational structure chart is as follows:



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 one fifth of the total population by 2021.

Data from the 2011 Census shows 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. In 2015, Barnsley was the 39th most deprived local authority area of the 326 in England. Premature death 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 annual 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 during the reporting period:

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

Our Values:

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 2017-18 Objectives:

Our four 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 aims, each objective was assigned an executive owner with measures and a timeframe for delivery. You can read about our progress against delivering these objectives on page 34.

Aim: Patients will Experience Safe Care

- Consistency in care, seven days a week with delivery of seven day service standards/action plan
- Improve the process for learning from mortality reviews and implement the national Guidance on Learning from Deaths
- Achieve the 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 Neonatal Unit area

Aim: People will be proud to work for us

- Develop and implement a Trust Workforce plan and refresh the Workforce Strategy
- Barnsley Facilities Services implementation and integration
- Develop a strategic approach to engagement, organisational culture and organisational development 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 Staff Network Group
 - Maximising the apprenticeship levy
- Learning from concerns raised through reporting
- Delivering the outpatients' modernisation programme including a centralised outpatient service:
- Achieve our health and wellbeing targets by:
 - Ensuring flu vaccine take up
 - Developing our approach for staff health and wellbeing and reducing sickness and absence
 - Developing staff zone on new intranet site and expanding the total reward statement
 - Reducing stress through stress action plan

Aim: Performance matters

- Provide a good patient experience; improve Friends & Family Test 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 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

Aim: 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 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
- Sustainability & Transformation Plan activities delivered through the Working Together Vanguard

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, and a year of some real successes for us as an organisation.

Overall, we have delivered strong progress against our strategic objectives and set ourselves some challenging new ones for 2018-19, which you can read more about on page 16.

We are proud to be good

We are delighted that in March 2018, the Care Quality Commission (CQC) rated the Trust as 'Good' overall against a four point scale comprising the ratings of 'Inadequate', 'Requires Improvement', 'Good' and 'Outstanding'. In October, the CQC inspected four of our core service areas – Medical (including older people's care), Surgery, Services for Children and Young People and Urgent and Emergency Care services – and returned a month later as part of their new 'Well-led' inspection regime to assess our governance, processes and leadership at all levels. Changes to our rating are based on these areas of focus and therefore the remaining areas remain unchanged since our previous inspection in 2015. This move from 'Requires improvement' in 2015 to 'Good' reflects on all of our staff in the Trust and the care they provide.

There are five indicators that that CQC look at and rate each of our services on. Our ratings for these indicators and individual services are:

Ratings for Barnsley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Requires improvement ↓ Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Surgery	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Critical care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Services for children and young people	Requires improvement →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018
End of life care	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Outpatients and Diagnostic Imaging	Good Jan 2016	N/A	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016
Maternity and Gynaecology	Good Jan 2016	Good Jan	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Overall*	Requires improvement →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Although we are rated as good overall, our 'safe' indicator was rated as requires improvement. This means that during the time of the inspection, there were some things that the CQC thought we should improve on. It is helpful to get this feedback as it allows us to improve and is an opportunity for us to learn. It is important to balance this in that for the services rated as 'Requires Improvement', the CQC also found some outstanding areas of practice during their inspection. For example, in our Emergency Department, the CQC recommended we take some actions to support patient flow, which we have already done. They also commended the department for how we use our ED Dashboard to review capacity and demand and our 'nine steps' approach which they felt gives our staff autonomy to admit or discharge patients appropriately. We will be using the learning from the CQC to make improvements to our services so that we can aim for outstanding at our next inspection. We will not be inspected again until 2019 because we have been rated as 'Good' overall this time so we have the time to improve.



Service Developments

In the reporting period, we have made a number of significant service developments which include the addition of new services, the expansion of existing services and innovative ways of working.

Breathe Respiratory Service



The Barnsley REspiratory Assessment and THERapy (BREATHE) Service has been commissioned by Barnsley Clinical Commissioning Group and is delivered in a joint partnership between Barnsley Hospital NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and Barnsley Healthcare Federation. The BREATHE Service is investing in more respiratory nurses who will rotate working between Barnsley Hospital, in the community and in GP surgeries.

The Acorn Transition Unit

Essentially a therapy led environment, the transitional unit which forms an important component of the Intermediate Care Pathway within Barnsley. The Acorn Unit is a permanent facility with a client/carer centred approach to care, combined with primary care input, to focus on the rehabilitation of patients. For patients, the unit aims to provide short-term specialist care for a period of up to 14 days for people who need extra support, care and rehabilitation to avoid admission to hospital or on discharge from hospital before they go home. For staff, this means that the Trust is now able to provide a continuity of care with streamlined handover of patients from the acute bed base to the Transition Unit.

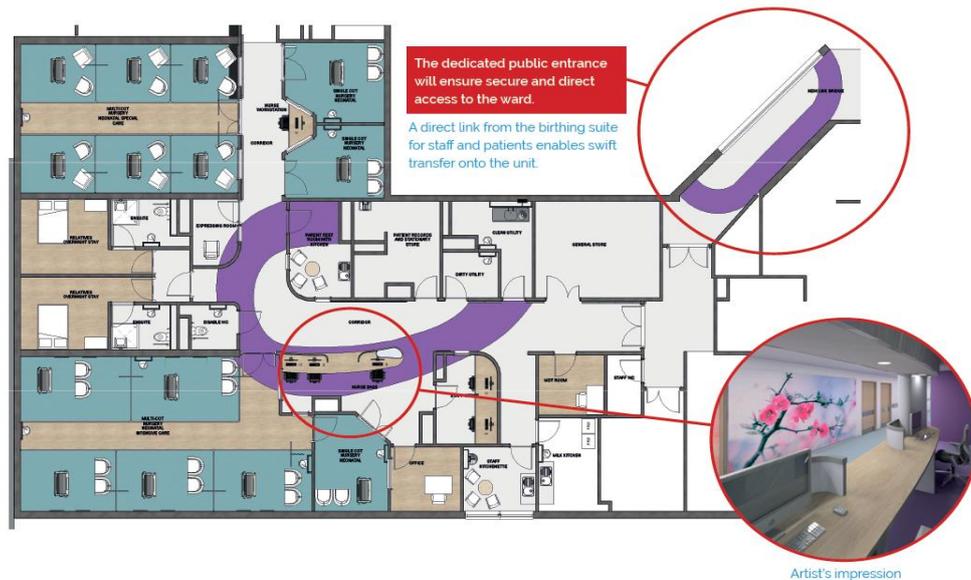
Ophthalmology Service

Following on from a successful tender bid, Barnsley Hospital was awarded the contract to provide Ophthalmology Services, which commenced on 1 February 2017. The Ophthalmology Team at Barnsley Hospital provide a wide range of services for patients with sight impairment or problems such as cataracts, glaucoma, cysts of the eye, age-related macular degeneration (AMD) and manage these conditions with the appropriate treatment. An example of some of these treatment methods would be laser surgery, cataract surgery, eye injections and other minor procedures.

Our Neonatal Unit

Within the year, work has commenced on a new state of the art neonatal unit within the hospital. The work has been made possible with the invaluable support of the Tiny Hearts appeal, which is a charitable fund administered by Barnsley Hospital Charity. The appeal aims to raise £1m to help support the relocation and development of a brand new Neonatal Unit. Thanks to the generosity and support of our local community, building work has now commenced. It is anticipated that the new unit will be ready for patients during the next financial year.

Artist impression of the new unit:



Electronic appointment letters

Since June 2017, new electronic patient letters are issued to all patients who attend our hospital as an outpatient and who have registered a mobile phone number with the hospital. This is the next step in the Trust's ambition to become paper light. Patients receive a text to their mobile phone with a secure link and 4-digit PIN. As well as their appointment date and time the letter also includes pre-assessment instructions (pre appointment instructions), essential reading and hospital information. The system is safe and secure and patients can nominate a trusted relative or carer to receive their electronic letters to their phone on the patient's behalf. In the cases of paediatric patients, the child's parent or guardian will receive the letter on their behalf. Patients not registered – or without a mobile phone – are still issued a postal letter. The new system has improved patients' experience and, as they can amend appointments with one click before being added directly into their digital calendar, has had an impact on the number of missed appointments.

Perfect Week in Barnsley

In March 2017, we launched our 'Barnsley Perfect Week' initiative with the aim of improving patient experience, quality of care and to support our staff following a very challenging winter of hard work. A core objective of Perfect Week was to enable our staff who have been covering winter escalation capacity to return to their base ward teams. The week saw us establish our services as optimally as possible, working with local partners in health and social care in order to improve patient flow. Having a well-resourced and focused week of working together also allowed us to test out new ways of working together and with our patients to improve their experience. The week was a success and the Trust intends to run this initiative again during the coming 12 months.



Operational Overview

The Trust has delivered three of the four NHS Constitution access targets all year – the 62-day cancer target, the 18-week Referral to Treatment target and the 6-week Diagnostic Standard. These targets are an important means in order that patients get timely access to treatment. The fourth target is the national four-hour access target, which is an indicator of how well organisations move patients through the system, knowing that risk increases the longer patients have to wait.

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 despite a difficult mix of challenges over winter months resulting in pressures for beds, higher acuity of patients resulting in longer length of stay which in turn increased pressure on the bed base. This pressure and challenge to achieve the 95% target was reflected nationally. From January to February, all NHS hospitals were required to cease non elective or non urgent procedures to enable the pressures to be effectively managed. The 95% target for the year was reviewed and reduced to 91% at this point.

As a Trust we have put a tremendous effort into managing our performance and continuing to provide safe and quality care for our patients during this difficult time. Our staff have worked extremely hard to help us to try and achieve this target and we are thankful to them for their continued dedication.

In 2017-18 the Trust cared for 480,753 patients (412,833 in 2016/17), saw 327,044 clinic appointments (265,374 in 2016-17) and treated 85,588 patients in the Emergency Department (83,550 in 2016-17). The increase in clinic appointments reflects the ophthalmology service operated by the Trust since February 2017.

Infection Control

In the year, we had 13 hospital acquired cases of Clostridium Difficile against a target of no more than 13. We had two MRSA bacteraemia in the period. Our target for MRSA was zero cases. The Trust has reviewed the two cases within the period, ensuring any lessons to be learnt have been shared with staff appropriately. Our wider programme of work on infection control areas such as e-coli and line infections continues to perform strongly.

Patient Safety and Quality

Patient safety remains a core priority as an organisation and we continuously strive to improve our practice. The following are some of the Trust's achievements over the reporting period. Greater detail can be found in the Quality Report.

- The Trust has continued to maintain and improve on the agreed targets for avoidable hospital acquired infections
- The adjusted Hospital Standardised Mortality Rate (HSMR) has continued to reduce significantly in the Trust including at weekends.
- There has been significant improvements in the prevention and management of hospital acquired avoidable grade 3 and grade 4 pressure ulcers over the past 12 months
- The Trust has invested in a Patient Safety & Quality Improvement team to focus on the delivery of the key safety priorities including specific focus on key conditions and pathways: Sepsis, Acute Kidney Injury (AKI), Venous thromboembolism (VTE) and reliable adherence to NICE pathways and other national guidance and best practice
- Introduction of a function to support patients and families - 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. We believe we are the first in the UK to introduce this initiative
- The Trust's level of patient satisfaction has remained high with 87.5% or more patients from all in-patient areas across the Trust reporting that they would recommend our hospital to their family or friends
- Culture has a significant influence on safety and refers to our attitudes, beliefs and behaviours around patient safety. We measured our safety culture across the Trust to deepen our understanding of staff's perception of how we manage and prioritise safety.
- A weekly Patient Safety Bulletin is issued via email to all staff within the Trust to facilitate rapid learning from incidents. This is issued from the Director of Nursing and quality and the Medical Director.

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 and the Trust's Freedom to Speak up Guardian has undertaken significant work so that our staff know there is a guardian and how they can raise concerns, with the aim of encouraging a culture where speaking up is everyday business at our hospital. Staff can speak to the Guardian about patient safety or any other issue where they feel the usual process has not been effective.

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 People Strategy is in development following significant engagement across our organisation to talk with our staff about how it feels to work at our hospital. The Trust's People and Engagement Group, consisting of representative from key areas of the Trust's corporate and operational functions, focus on key issues and themes 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. Overall our results have improved on the previous year however there remains work to do so that we continue to improve the experience of our staff working at our hospital. Further information on the Staff Survey can be found on page 76.

Barnsley Facilities Services

The Trust established Barnsley Hospital Support Services Limited (BHSS) in 2012 and began trading in January 2013 as a wholly owned subsidiary of the Trust, supporting the delivery of quality and 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.



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). BFS operates as a subsidiary to the main Trust Board and any profits are used for healthcare provided to patients by the Trust. From 1 September 2017 services offered as part of this operating company were procurement, facilities and estates functions. From February 2018, the portfolio expanded to include sterile services.

Our Trust Board firmly believes that wherever possible, we should aim to keep services locally at our hospital, serving our local population. This way of working allows the Trust to make cost savings and provide more efficient support services to the Trust. It gives us greater control of our income and expenditure and the chance to give flexibility of staff terms and conditions. Most importantly of all, it means that our services will remain locally in Barnsley, based at the hospital.

Financial Overview

In 2014, the trust identified financial irregularities and, following investigations and reviews, our regulator at the time, Monitor, issued us with three separate breaches of licence conditions relating to our hour emergency access performance, our governance and our financial performance. Whilst the first two breaches were lifted by the end of 2015, our financial breach remained. In March 2018, our new regulator, NHS Improvement (NHSI) removed our final breach of licence relating to our financial performance.

This is excellent news and is testament to our staff who have continually supported us meeting our very challenging financial targets every year for the last four years. In terms of our financial performance in year, we continue to make progress on the delivery of our turnaround plan. As a Trust we continue to achieve savings. Key features of this work on finance 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 processes and assurance to ensure that cost savings do not impact on quality
- Cost Improvement Programme Steering Group chaired by the Chief Executive.

Our financial performance in the reporting period was positive. We ended the year with a deficit position of £5.8m, which is £4.4m favourable to the planned deficit of £10.1m for the period. The key factors leading to this position included additional income from clinical activity, control of expenditure and the receipt of additional Sustainability and Transformation Funding (known as incentive and bonus funding).

Efficiency Programme

The cost improvement programme for 2017-18 was very challenging. However we have over achieved our target of £7.8m. Total savings in year were £9.3m. 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 an extensively developed and validated cost improvement plan. This includes identified savings schemes to support the delivery of our financial plan in 2018-19.

Principal Risks and Uncertainties

For 2018-19, the Trust again faces a significant financial deficit and a number of financial risks and challenges going forward. These risks are consistent between 2017-18 and 2018-19 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 sub-committee and to the Board of Directors via the Integrated Performance Report, key strategic action plans and the Board Assurance Framework. Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The Corporate Risk Register is regularly reviewed by the Executive Team and presented quarterly to the Board. The risks and associated mitigations are also reviewed by the Board Committees on a regular basis. A summary of the key risks, mitigations and impacts for the year ahead is included over the page. We will continue to manage these risks throughout 2018-19 and ensure that we again deliver our financial plan.

Area	Risk Description and Mitigation	Potential Impact
Control Target Deficit	Delivering the Control Target Deficit of £8.7m assigned to the Trust for 2018-19. Mitigation: Ensure that key costs pressures are effectively challenged and managed including control over agency staff expenditure and effective management of CIP of £8.5m	Failure to achieve the target would result in the Trust not being able to access national Sustainability and Transformation funding.
CIPs	CIPs planned for delivery do not deliver either fully or partially, or the realisation of the saving is delayed. Mitigation: The delivery of other CIP savings is advanced, either by being able to advance the delivery of an existing scheme or of a pipeline scheme. Other CIP savings over perform to plan.	Any unmitigated loss of CIP savings would be a £ for £ impact to the deficit in year.
Activity	The plan has been set jointly with the commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. Mitigation: Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen.	This would depend on the specific area of under activity and whether any resulting excess resource or costs could be removed.
Activity	Significant levels of non-elective admissions requiring additional capacity to manage the pressures at additional cost. Mitigation: Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased non-elective activity would have an impact on the ability to meet the Control Target Deficit.



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

Looking Forward to 2018-19

The Trust has come a long way since 2014/15 when our last Strategy (2014 – 2019) was developed and our teams have achieved a significant amount in that time. We have seen this Strategy set a framework for the success of the organisation and the work that has been delivered from this plan has resulted in turning the Trust around and creating a solid foundation on which we can build and maintain a sustainable organisation to provide outstanding care for our patients.

Since that time the Trust has worked closely with its staff, commissioners and partners to achieve the ambitions laid out in our five year Strategy. With this support the Trust has successfully implemented a number of key initiatives including overall improvements in quality and patient safety, sustainable stabilisation of our financial position and achievement of our Cost Improvement target three years in succession. Operational performance has been maintained and we have seen a lift of our licence breaches for the four hour target and governance. We have also grown our Barnsley elective market share significantly and repatriated Orthopaedic and Urology services. 2017 also saw us make a successful bid to deliver Ophthalmology services.

Our new Strategy, for launch in early 2018-19, has been designed to build on these excellent achievements. It has been built around the needs of our patient population while at the same time identifying the changes required of healthcare for the future as set out in the Five Year Forward View, working with our partners locally in the Integrated Care Partnership and regionally through the South Yorkshire & Bassetlaw Integrated Care System.

Although we have come a long way, there is still a lot of work to do and this plan has been created to deliver our visions, aims and objectives over the next three years. The Trust will continue to work closely with other health and social care partners within Barnsley and with regional NHS organisations on the integration of care services.

Finally, 5 July 2018 marks 70 years of the NHS in England which is a cause for celebration and we enter 2018-19 as a Trust with a 'Good' overall rating from the CQC and with a multi-disciplinary staff team ready for the year ahead.

Our Strategic Objectives for 2018-19

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 Outstanding Care

- We will deliver our Clinical Strategy (2018-21)
- We will ensure a more sustainable approach to patient flow both internally and with partners across the system
- We will deliver the Barnsley Hospital Digital Roadmap

People Will Be Proud To Work for Us

- We will deliver our People Strategy (2018-21) to ensure a sufficient, capable, motivated and sustainable workforce:
 - Talent** - Develop all leaders to influence and motivate effectively
 - Engagement** - Motivate our people to be the best that they can by living our values and creating a culture of trust
 - Quality** - Ensure we have the right people, in the right place, at the right time, doing the right things
 - Well-being** - Ensure that we create an environment where our people are physically and emotionally sustained

Partners: we will work with partners to deliver better, more integrated care

- We will work with all of our partners in Barnsley to deliver the Barnsley Plan priorities
- We will play a leading role in 'Barnsley Health and Care Together', building on existing relationships with partners
- We will continue to work with partners to ensure sustainable local services and support others to increase engagement levels with GPs locally.

Performance: we will achieve our goals sustainably

- We will work closely with all of our teams to ensure that the right support is in place
- We will deliver all of the Constitutional Standards and other agreed targets
- We will hit our financial plans and work towards a back to balance position by:
 - Cost reduction and a focus on increased efficiency and productivity including standardisation of practice and minimisation of variation
 - Exploration of further commercial opportunities through our subsidiary company and formal partnershipsExpansion of existing services and introduction of new services allowing us to reinvest in patient care.

Preparation of the Annual Report and Accounts 2017-18

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2017-18.

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 2017-18, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.



Stephen Wragg
Chairman

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

Date: 24 May 2018



Dr Richard Jenkins
Chief Executive Officer

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

Date: 24 May 2018

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 2017/18 the financial statements have been prepared on a going concern basis as we do not either intend to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

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

The Trust's performance in-year showed a deficit of £5.8m (including £4.4m incentive and bonus funding related to the overachievement of the financial plan) which is £4.4m favourable to the planned position of a £10.1m deficit. The Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

The Trust's planned deficit for 2018-19 is £8.7m which is based on the centrally allocated Control Target. This is supported by receipt of income for national Sustainability and Transformation Funding. Plans are in place to draw down additional cash funding in the form of a revenue loans via the Department of Health. During 2018-19, the Trust will need to repay a loan of £8.4m. Additional financial support will be required to facilitate this.

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:

24 May 2018

Performance Analysis

Strategic Business Review



Throughout 2017-18 we continued to focus on placing patients 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 124.

We continued to develop our services across a range of platforms. 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 Integrated Care System (ICS).

The Trust's performance is assessed externally against a range of national targets and standards. 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's Performance Management Framework is 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.

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 four hour time limit. We faced 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.

Our performance over the year was as follows:

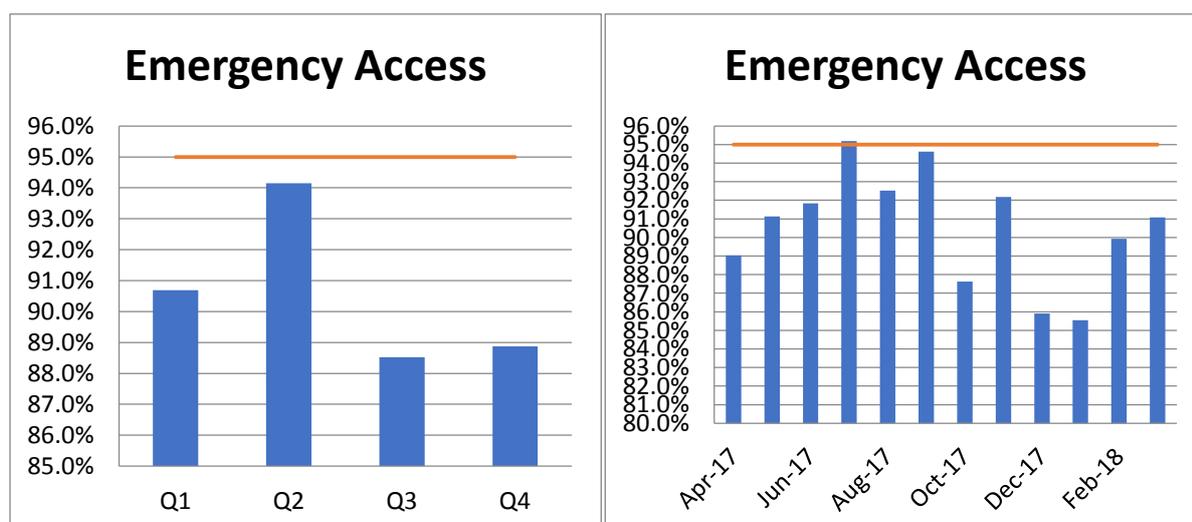
Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
90.69%	94.15%	88.52%	88.87%	91%

GP Streaming within the Emergency Department

Work commenced in year to adapt the physical space within our Emergency Department to accommodate a GP led primary care streaming service. This important piece of work helps to ensure that the Emergency department sees and treats those patients with emergency or urgent care needs, whilst people attending who need support but not as an emergency are seen and treated within the GP service.

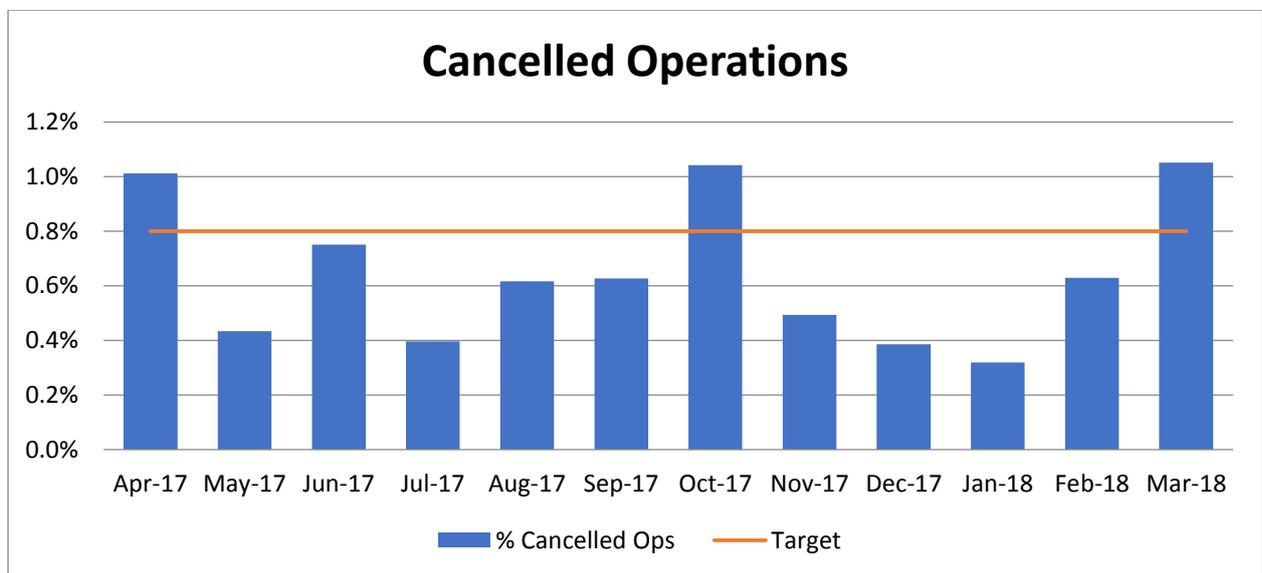
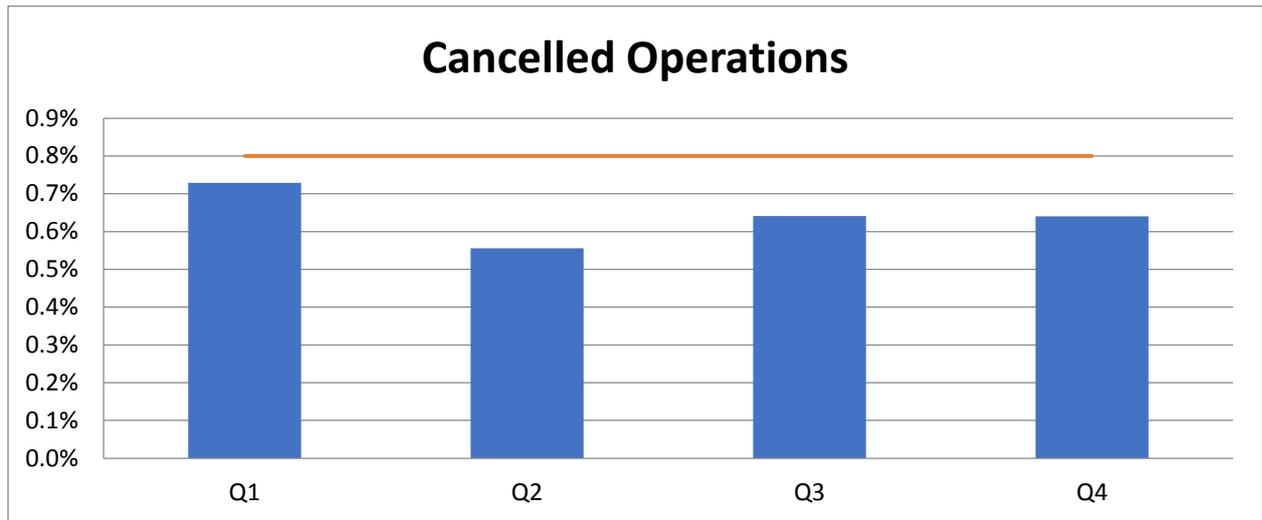
Emergency Department Attendances

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.



Cancelled Operations

The Trust recognises that the cancellation of operations is a distressing experience for our patients and we continue to work to ensure these are kept to a minimum. In the period, all non urgent and emergency operations were cancelled nationally to support the increased demand for the NHS during the winter period. Despite this, the Trust worked hard to ensure patients who were affected had their procedures and appointments re-booked in a timely manner.

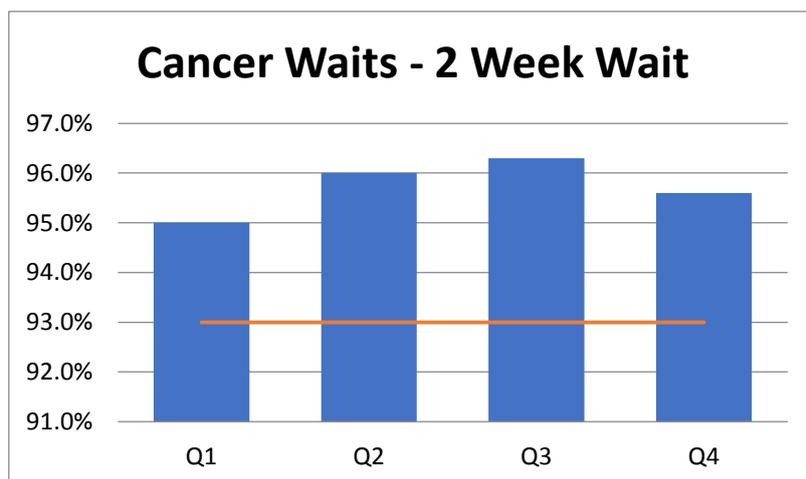
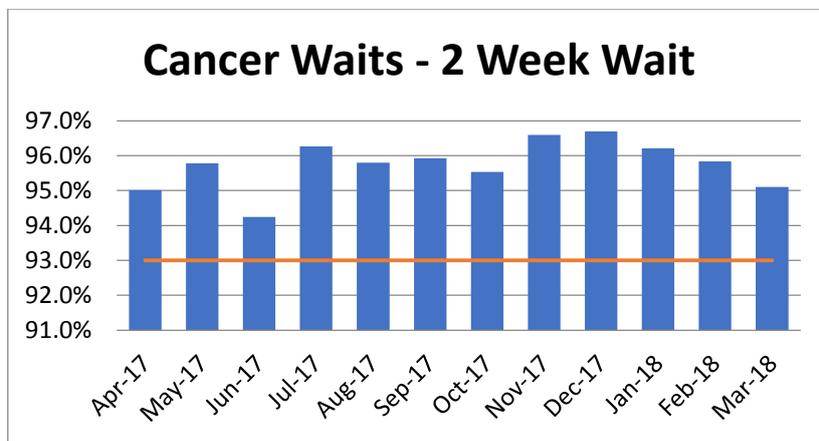


Cancer Performance

Barnsley is a cancer locality within the Yorkshire and Humber network and works closely with Sheffield Teaching Hospitals, the local cancer centre, to ensure Barnsley residents are provided with the highest standards of cancer care and treatment, in the best possible setting. Barnsley hospital provides cancer services for the following tumour groups: Breast; Colorectal; Dermatology; Gynaecology; Haematology; Head and Neck; Lung; Upper gastro intestinal; and Urology. Each of these cancers has a team of experts who attend multi-disciplinary team meetings where decisions are made regarding the care and treatment of cancer patients. There is also a dedicated Acute Oncology service providing expert input for patients admitted to the hospital as an emergency due to complications of cancer or its treatment.

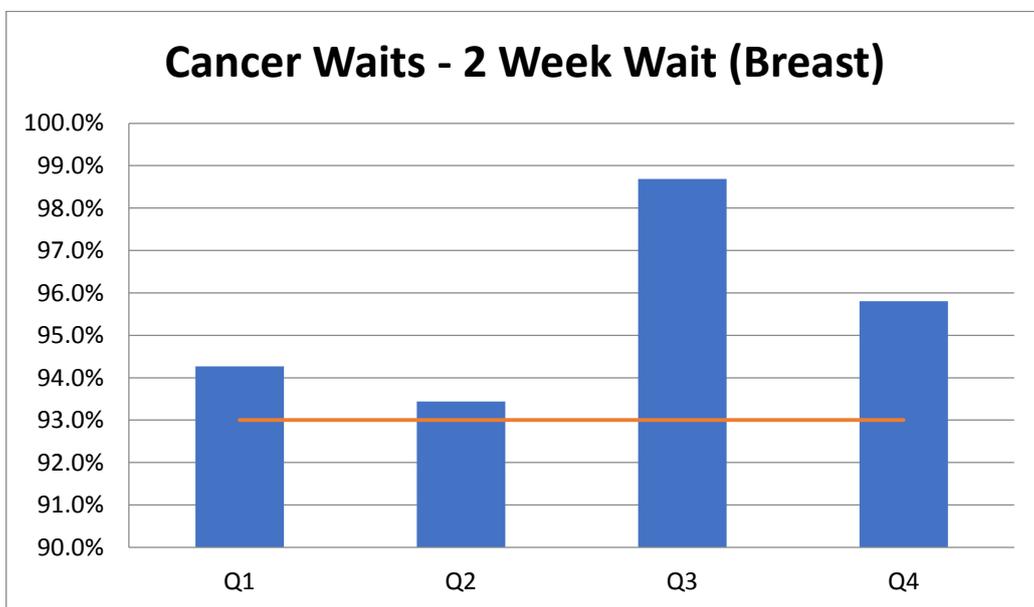
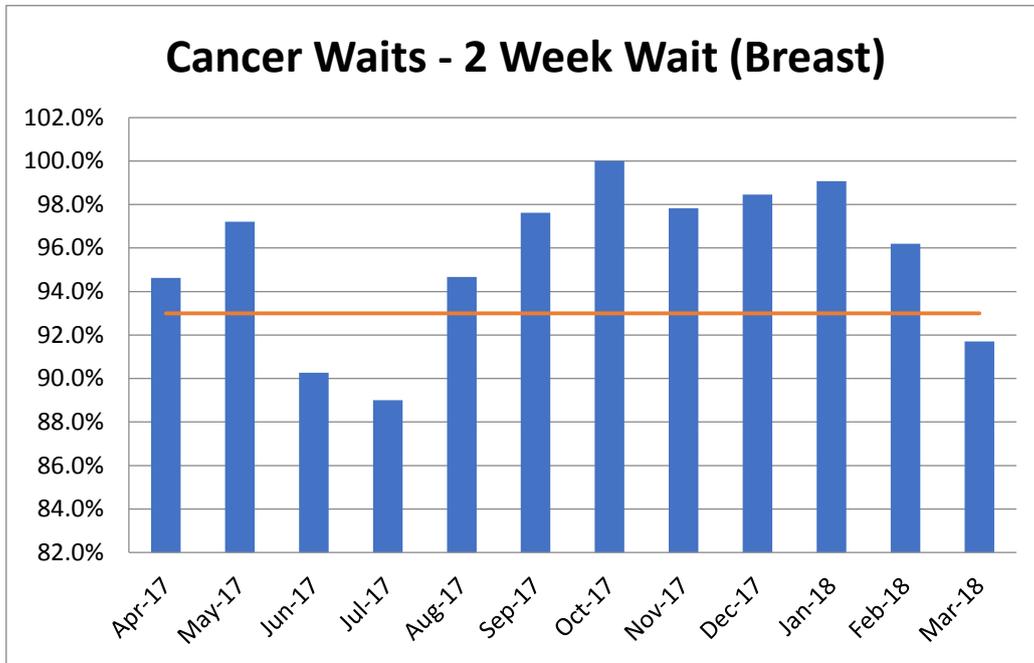
Cancer Access Target: Urgent GP referrals seen within two weeks.

The target was achieved in all quarters throughout 2017–18.



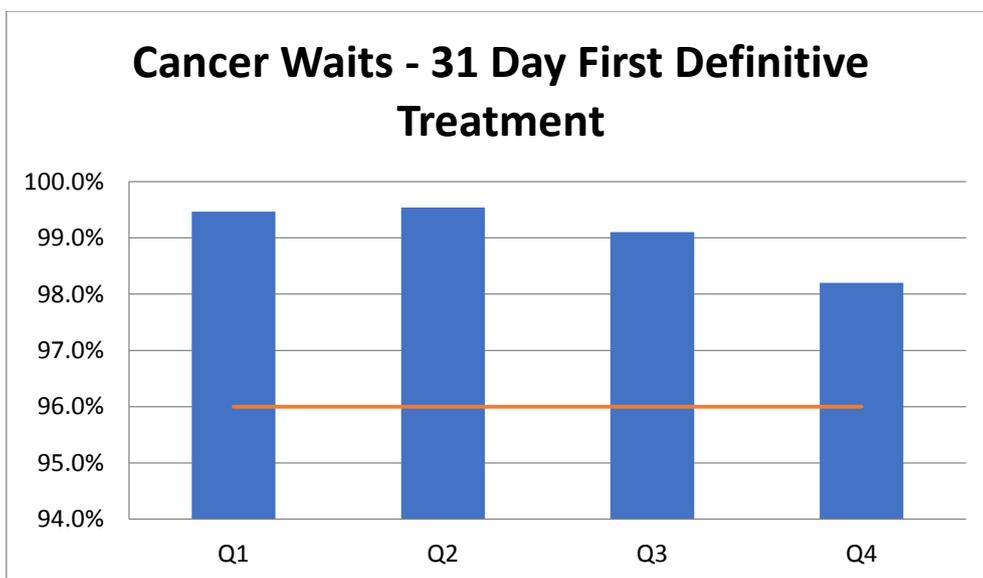
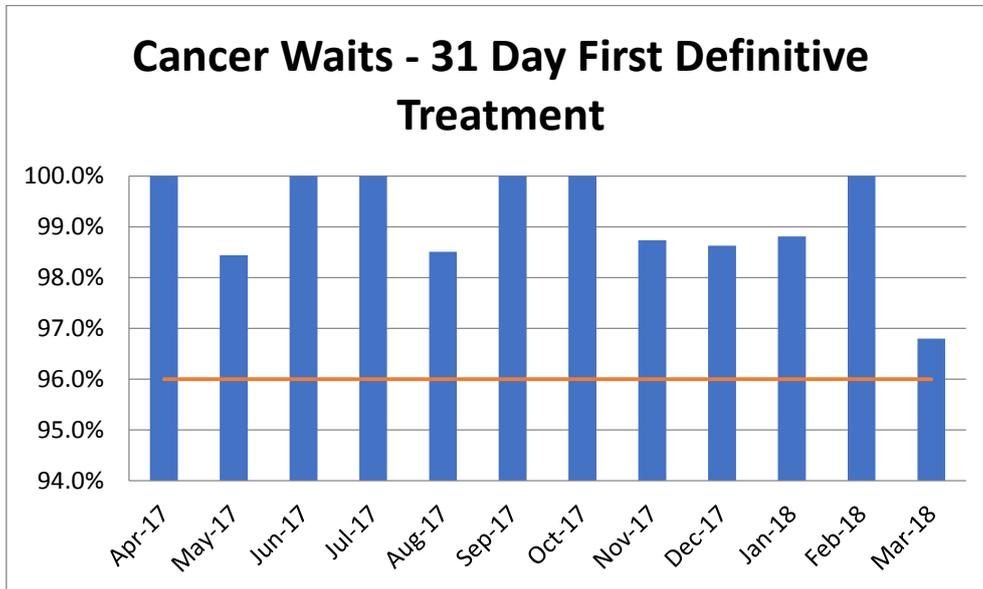
Cancer Access Target: Breast Symptomatic referrals seen within two weeks

The two week wait standard for patients with breast symptoms has been achieved within each quarter.



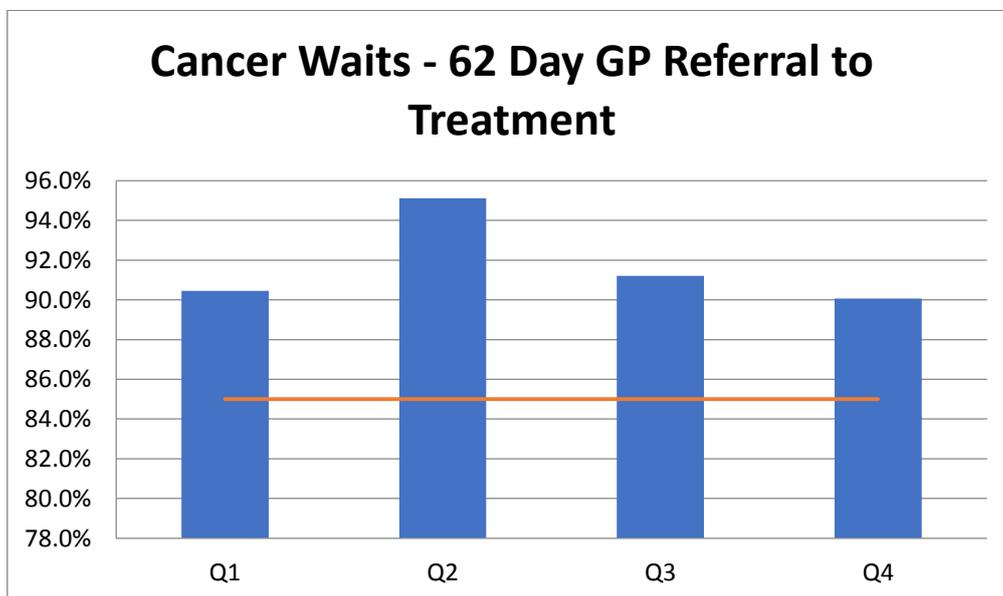
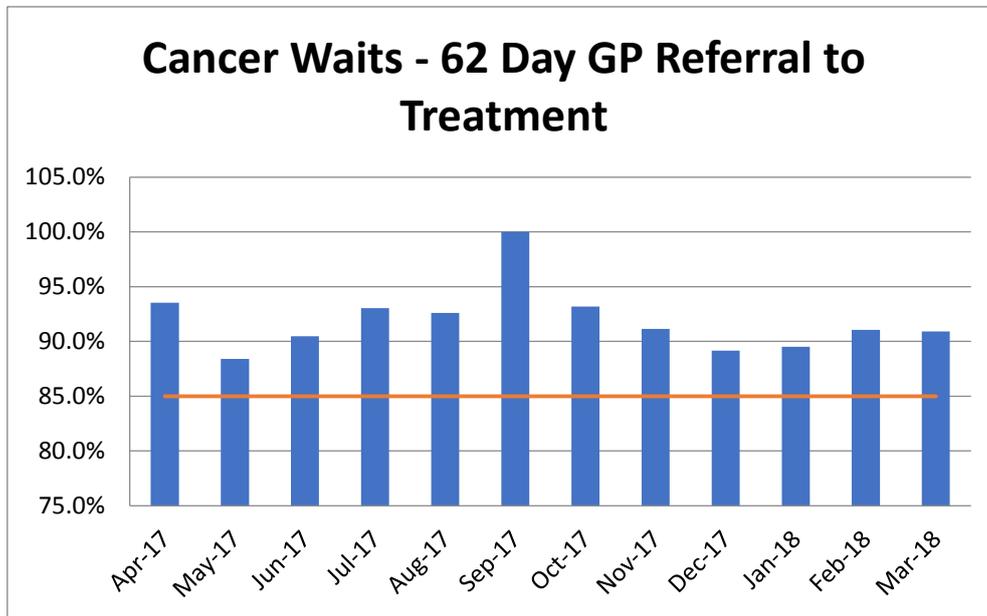
Cancer Access Target: First treatment within 31 Days

During 2017–18 we consistently achieved this target.



Cancer Access Target: treatment within 62 days of an urgent GP referral

The Trust achieved the 62-day GP referral to treatment target consistently across all quarters.



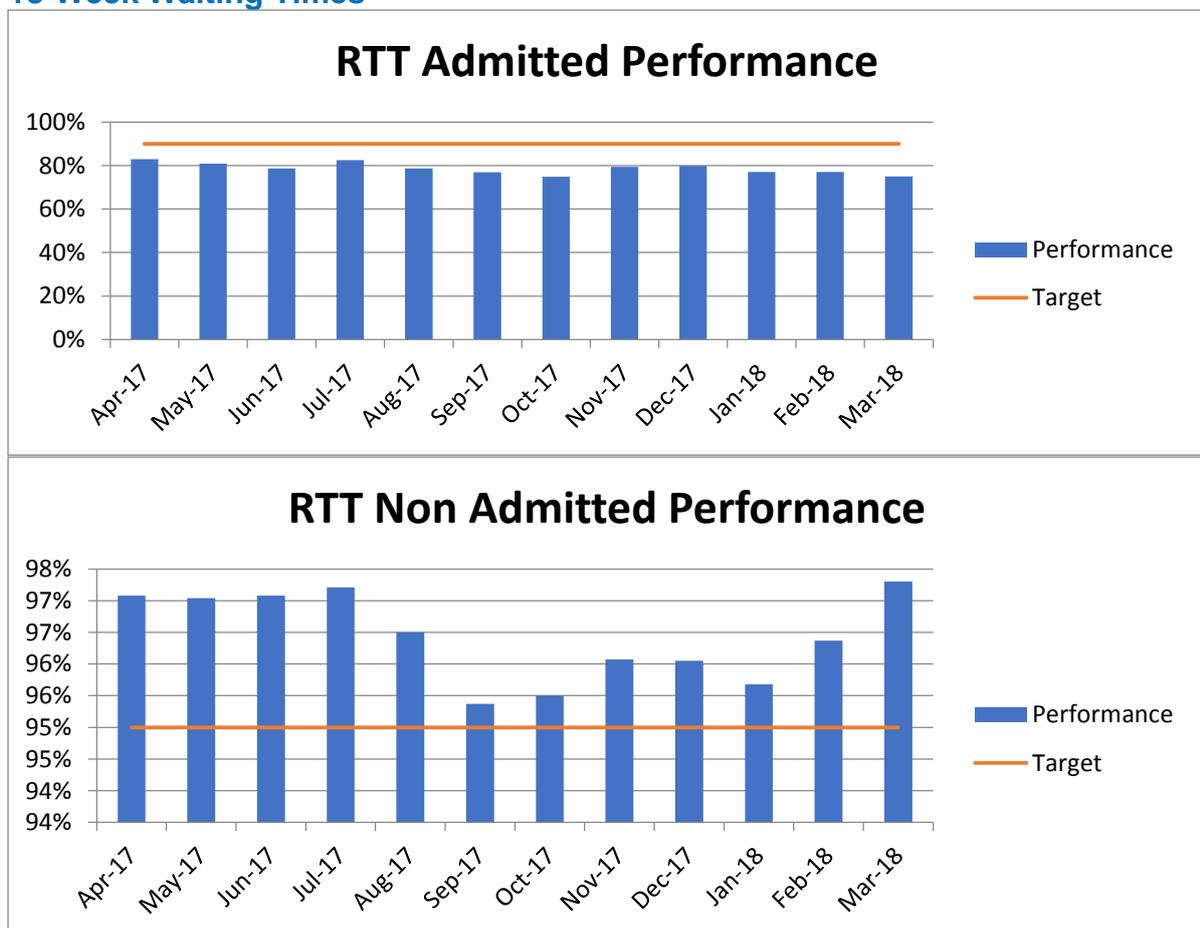
18-Week Referral to Treatment (RTT) Patient Pathway

We follow the NHS England National Referral to Treatment (RTT) standards. Our patient access policy covers all stages of the 18-week Referral to Treatment pathway from referral through to discharge back to primary care.

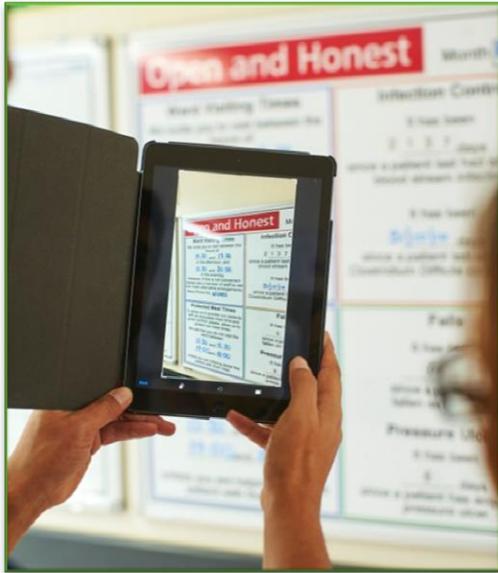
We aim to ensure our patients have a choice of appointment or admission date and they see the right professional in the minimum waiting time. Providing timely access to care is central to improving quality, both by ensuring care is received when it is most needed, and by contributing to a positive patient experience. Fair access to secondary care services improves patient flow across the whole of the NHS. Our Patient Access Policy aims to balance the requirements of providing highest quality of care whilst ensuring continuous improvement.

We ensure the management of patient access to services is transparent, fair, and equitable and managed according to clinical priority. The patient access policy applies to all administration and clinical prioritisation processes relating to patient access including outpatient, inpatient, day case and diagnostic services. It is followed by all staff at Barnsley Hospital who are responsible for referring patients, managing referrals or adding to and maintaining waiting lists for the purpose of progressing a patient through their 18-week Referral to Treatment or cancer pathway.

18-Week Waiting Times



Patient Care Activities



During 2017-18 the Trust has continued to deliver progress in patient care activities and quality achievements. The Quality Report, combined within this report on page 124 details in full our achievements in patient care activities including the Trust's performance against national and local targets, such as CQINS as agreed with local commissioners and details of other quality improvements.

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

Patient Experience, Engagement and Involvement

Our Patient Experience team consists of three elements: the Patient Advice and Complaints team, Voluntary Services and the Patient Experience team. The teams work collaboratively together to implement innovative work streams to improve the experience of patients. They manage patient feedback from local and national surveys, the NHS Friends & Family Test, and in the implementation of policies and procedures to improve the quality and experience of patients using Trust services.

The Trust works with patients and carers, key stakeholders/voluntary groups Governors and members to ensure that patient feedback is used to inform the Trust's service improvement work.

Some examples of this include:

Healthwatch – The Trust continues to work in collaboration with Healthwatch Barnsley and we aim to be responsive to any issues or patient feedback they raise with the Trust.

PLACE – Patient Led Assessment of the Care Environment – patient representatives are an integral part of our annual PLACE inspection which looks closely at the hospital environment.

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

Patient Panel - The Trust has a virtual Patient panel of patients who are interested in being involved in the work of the Trust either through specific focus groups, project work, surveys or by reviewing patient information resources. During the year our members of the panel have supported the annual Place Inspection.

Ophthalmology User Group - During the year patients have been involved in wider service improvement design work and we now have an Ophthalmology patient group meeting on a quarterly basis. Members of this group have provided valuable insight to help inform and improve the way we provide ophthalmology services.

Baseline Assessment of Engagement Activity – each the Trust maps out the engagement and involvement activity it undertakes by conducting an annual baseline assessment. This is a useful tool for staff to see what is happening in other parts of the Trust. It also captures where patients are involved in the services they use, for example patient representatives are involved at The Well's governance meeting.

Deaf Partnership Working – We have been working collaboratively with an advocacy service and deaf patients to improve the experience of deaf patients using our services.

Barnsley Maternity Voices - The group has reached almost 900 engaged group members on social media. The Trust staff are committed to working collaboratively with the local maternity voices partnership to improve the care we provide. This work will also feed into the wider 'Better Births' review and consultation across South Yorkshire and Bassetlaw for the work towards the Local Maternity System (LMS).



Barnsley Maternity Voices Group

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 94% 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.

In February 2018 95% of patients would recommend this Trust to their friends and family if they needed similar care and treatment

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 process for the development of quality assured information resources for patients, in a standardised Trust wide template. This work has been further enhanced by the development of a centralised database of all current patient information leaflets which alerts staff when leaflets require review and update.

National Inpatient Survey 2017

A total of 1,224 patients were eligible for the survey, of which 506 responded, giving a response rate of 41.3%. The response rate for the inpatient survey in 2016 was 38%. The final benchmarked position will be published by CQC later in the year.

Complaints

The Trust received 270 formal complaints during the period, which represents an increase of 11 complaints from the previous year. 100% of complaints were acknowledged within the three working day standard. Our aim is to investigate complaints promptly and efficiently and we are committed to implementing improvements and actions from the lessons we learn following the investigation and the feedback we receive. During the year 92% of the total number of complaints we received were responded to within the agreed timeframe or agreed extension with the complainant. We also saw a reduction in the number of re-opened complaints with 14% of complaints being re-opened this was an improvement on the previous year when 17% of complaints were re-opened. In many cases complainants return seeking additional information or further clarification on the information they have received in their complaint response. Moving forward the Trust is reviewing the service delivery model for complaints to improve both the quality and responsiveness for complainants.

Voluntary Services

The Voluntary Services department has a volunteer workforce of just over 300 volunteers and provides an invaluable service to enhance the experience of patients and public who attend Barnsley Hospital. Volunteers assist and support patients and visitors around the Hospital and provide a front facing service and supporting the delivery of the voluntary services tea and coffee shops within the hospital site. A number of volunteer role outlines have been developed in response to feedback. During the year volunteers have been recruited to help support patient flow through the Emergency Department and have played a key role in a new project to help provide end of life care services, working collaboratively with the Palliative Care Team to support patients and their families.

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.

Local Partnership Working

Barnsley Health and Care Together

The Trust is central to the development of an Integrated Care Organisation in Barnsley, working alongside Barnsley CCG, Barnsley Healthcare Federation, South West Yorkshire Partnership NHS Foundation Trust, Barnsley Council and local community and voluntary organisations. Together, we aim to deliver the very best care, in the right place, for our local population. We want to ensure people in Barnsley access seamless service delivery when accessing services at any given point. We are already delivering services in partnership including RightCare Barnsley, a new intermediate care service and the integrated respiratory service, BREATHE. The vision for health and care in Barnsley is: “A happy, healthy, and empowered Barnsley community; supported by a single person centred health and social care system that meets peoples care needs now and in the future.”

Key Principles include:

Breaking down boundaries	<ul style="list-style-type: none">• A joined up health and care system for Barnsley• No organisational barriers• Patients experience continuous care, with familiar faces that are connected regardless of where they are seen• People and patients supported by 'One Team', delivering without duplication
Putting people at the centre	<ul style="list-style-type: none">• A simpler, joined up health and care system to focus on how we offer services• We will move from treating patients with health problems to supporting the Barnsley community to remain healthy in the first place• We'll move from <i>“doing to and for”</i> to <i>“doing with”</i>.
Right care at the right time	<ul style="list-style-type: none">• A focus on supporting healthy independent living across our borough• Where this is not possible, we will support patients to feel equipped and skilled to care for themselves and to manage their own health and wellbeing• Making sure health and care services are available when people need them.

Barnsley Healthcare Federation

Launched in 2015, Barnsley Healthcare Federation is a not-for-profit Community Interest Company which aims to improve and enhance the way in which primary care at scale is delivered within Barnsley. The Trust has worked in partnership with the Federation during the reporting period on a number of initiatives, for example, the Federation provides a GP Streaming service within the Emergency Department (ED) at Barnsley Hospital. Working in partnership with the ED team, an initial patient assessment is made by a qualified Clinician who then directs appropriate cases to the new GP service which is located within a purpose built redesigned emergency hub within the hospital site.

Local Medical Committee (LMC)

The Local Medical Committee enables primary care medical practitioners to formally and informally interact with the Trust's clinicians and highlight issues of clinical and patient management, which through joint work could improve patient experience and outcomes. A senior consultant from the Hospital attends the committee and reports back regularly to the Trust's own medical staff committee where issues can be dealt with by the senior medical cohort, Medical Director and Chief Executive.

Local Authority Services

The Trust works closely with its local authority colleagues at Barnsley Metropolitan Borough Council (BMBC), especially in relation to safeguarding of 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 the Board, supported by the Chairman, attend the Barnsley Health and Wellbeing Board to contribute towards the future direction of services in the borough.

Regional Partnership Working

South Yorkshire and Bassetlaw Accountable Care System / Sustainability and Transformation Plan

In June 2017 the South Yorkshire & Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Accountable Care Systems (ACS) in the country. Known as Health and Care Working Together in South Yorkshire and Bassetlaw, the ACS is a partnership of 25 organisations responsible for looking after the health and care of the 1.5million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Working together the local ambition is to be better able to join up GPs and hospitals, physical and mental healthcare, social care and the NHS to give patients seamless care. Through partnership working, the ACS aims to make real and long lasting improvements to the health of local people which individuals and organisations working alone would not be able to achieve.

In July 2017 the first STP Progress Dashboard was published to mark the ACS partnership against a number of key areas. The first dashboard judged the South Yorkshire and Bassetlaw ACS to be 'outstanding'. The Dashboard will be updated and published every year and will track progress on improving a number of health and care services – from access to GP appointments, reducing the time between being diagnosed and receiving treatment for cancer, improving access to mental health and therapy services and reducing A&E waiting times across all hospitals.

In 2017-18 the governance of the ACS has been strengthened. Whilst the ACS does not replace any legal, or statutory, responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration. The ACS Oversight and Assurance Group (OAG) has been established in 2017 and is attended by chairs from clinical commissioning groups, hospital trusts and health and wellbeing boards. The OAG offers support and challenge to the ACS Collaborative Partnership Board which has continued in 2017 and is attended by chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, local authorities, umbrella voluntary action organisations, Healthwatch organisations, NHS England and other arm's length bodies.

A number of workstreams have been identified as priorities for the ACS, they are: mental health and learning disabilities; urgent and emergency care; primary and community care; cancer; maternity and children's; elective and diagnostic; and healthy lives, living well and prevention. In 2017-18 the workstreams have continued to work as networks, with key individuals from each partner organisation meeting on a regular basis to identify and develop opportunities to work together to improve health and care services. A number of schemes have commenced planning or early implementation in 2017-18 and are set for further development next year.

In 2017-18 the ACS has helped secure additional funding into South Yorkshire and Bassetlaw health and care services thanks to the Government's pledging additional funding for capital and transformation schemes. In South Yorkshire and Bassetlaw funding was secured for: Barnsley Hospital Children's Emergency Department and Assessment Unit scheme to support the rapid assessment and treatment of children.

One of the biggest programmes of work commenced in 2017-18 by the ACS was a review of all acute hospital services, looking at how current hospital services are provided and what might need to happen to continue to provide these services in the future, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards.

The Hospital Services Review Report, published in May 2018, recommends that to continue to provide high quality services across the region, hospitals must work together even more closely. The central theme is for local people to continue to get as much hospital care as possible in their local hospital. This includes a recommendation to keep all seven emergency departments in the region and to establish new networks of care and two new regional centres of excellence to support the networks – a Health and Care Institute and an Innovation Hub. The report also recommends further work is undertaken with regards to children’s and maternity services; and that overnight and weekend services for emergency gastrointestinal bleeds are consolidated.

In 2017-18 the Working Together Partnership provider Vanguard programme and the Commissioners Working Together Partnership have come together to become part of the small ACS Programme Management Office. From April 2018 the ACS will begin to operate as a Shadow ACS, which means taking on additional responsibilities from NHS England and NHS Improvement around local system performance and transformation indicators.

Other examples of regional partnership working include:

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 provides 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.

Board to Board meetings with other NHS organisations

The Trust Board holds regular ‘Board to Board’ meetings with other NHS organisations. These meetings enable the collective Boards from each organisation to share knowledge and explore options for partnership working for the benefit of patients.

Formal Consultations

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

Important Events since the Year End

There have been no significant or important events since the year end.

Details of Overseas Operations

The Trust does not have any overseas operations.

Our Strategic Aims and Objectives 2017-18

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: Partnerships 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 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.

Aim: Patients will experience safe care

In 2017–18, we set the following strategic objective and actions against this Strategic Aim. Our progress is detailed below.

Strategic Objective: Provide high quality safe care	
<p>Key Actions:</p> <p>Ensure consistency in care seven days a week with delivery of the seven day service standards/action plan</p>	<p>Evidence of Achievement:</p> <p>The results from the Autumn 2017 survey highlighted that the Trust is not achieving the recommended 90% target for Clinical Standard 2, although the Trust is performing well on Standards 5, 6 and 8. Further work, including a re-audit has taken place to review the compliance in AMU, where the vast majority of patients are admitted. The AMU management team (including medical support) has undertaken a programme of operational developments since the Autumn survey. The re-audit has shown some improvement has been made towards bridging the</p>

	gap to reach the 90% target for standard 2 and an action plan has been developed to continue the work until the standard is achieved and sustained. The team is working with NHS England Lead as part of the improvement action plan.
Improve the process for learning from mortality reviews and implement the National Guidance on Learning from Deaths.	The Policy was published and made available to the public in September 2017. The first report for inclusion in board papers was in December 2017. Data and learning points have been presented to Q&G since the beginning of Q3. Reporting to Trust board is quarterly.
Achievement of Trust's four Quality Improvement Goals	The Trust has achieved all quality improvement targets however, some only met in part. We have been unable to achieve a sustained 90% target for the Sepsis and Acute Kidney Injury (AKI) domains, and the inpatient falls resulting in moderate harm and above has increased from 2016/17. Further information can be found in the Quality Report on page 124.
Quality improvement - develop and deliver training and information which will improve capacity/capability across all staff to embed a quality improvement culture throughout the organisation	The agreed target has been met and exceeded for the staff cohorts identified for Quality Improvement training this year.
Develop and implement a Clinical Strategy for the Trust	An update of the strategy has been drafted and circulated to the Directorate Clinical Directors for comment. The Strategy is due for publication in Quarter 1 or 2018-19.
Design and deliver the new Neo-natal Unit	Design concluded and work commenced on site in January 2018. Phase 1 is due for completion in October 2018.

Looking Forward to 2018–19

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

Aim 1: Patients will Experience Outstanding Care

- We will deliver our Clinical Strategy (2018-21)
- We will ensure a more sustainable approach to patient flow both internally and with partners across the system
- We will deliver the Barnsley Hospital Digital Roadmap



Aim 2: Partnerships will be our strength

In 2017-18, we set the following strategic objective against this Strategic Aim. Our progress is detailed below.

Strategic Objective: Work with all system partners to support the delivery of the urgent care pathway and four hour access target	
Key Action	Evidence of Achievement
Achieve four hour access plan and agreed performance.	95% not achieved however the Trust finished the year end at 90.7% which was the agreed re-aligned trajectory.
Medworxx to be used at bed meetings, information reports to clinical teams, reports to CCG (Clinical Commissioning Group)	Work against this action remains on hold.
Develop an integrated urgent care model front of house by designing urgent and primary care integrated streaming of patients at front of the emergency department.	Model is in place and is beginning to realise the benefits. Estates work is nearing completion.
Cancer plan and performance - Improve cancer performance in 62 day shared pathways	February performance for 62 Day GP referrals shows the Trust achieved compliance against the target. The same was also achieved for cancer 2 week waits seeing 95.8% by February 2018. 31 day subsequent treatment saw 100% achievement throughout the year.

Strategic Objective: Ensure effective partnership working to provide sustainable health and care services for the local population.	
Barnsley plan priorities delivered via Alliance contract and shadow Barnsley Health and Care Together Board	Continued successful delivery of RightCare Barnsley. Establishment of BREATHE and the Intermediate Care service. The Trust has successfully bid for Integrated Diabetes along with the GP Federation - service started in April.
Integrated care system (ICS) activities delivered through the Working Together (WT) Vanguard	Hyper acute stroke reconfiguration is scheduled for 18/19. The hospital services review has started, all key staff are engaged in the focus areas of ED/AMU, maternity, paediatrics, gastro/endoscopy and stroke. Regular updates are being provided to Board and the final report is due May 2018.

Looking Forward to 2018-19

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

Aim 2: Performance - we will achieve our goals sustainably

- We will work closely with all of our teams to ensure that the right support is in place.
- We will deliver all of the Constitutional Standards and other agreed targets.
- We will hit our financial plans and work towards a back to balance position by:
 - Cost reduction and a focus on increased efficiency and productivity including standardisation of practice and minimisation of variation
 - Exploration of further commercial opportunities through our subsidiary company and formal partnerships
 - Expansion of existing services and introduction of new services allowing us to reinvest in patient care

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

In 2017-18, we set the following strategic objective against this Strategic Aim. Our performance is listed below.

Strategic Objective: Be the employer of choice and works towards an engaged and motivated workforce	
Develop and implement a Trust Workforce Plan and refresh the Workforce Strategy	New People Strategy is drafted. Further work on going to finalise the strategy's implementation plans. Workforce Planning Steering Group created and Terms of Reference approved. Monthly workforce KPIs in the Trust's performance report.
Develop a strategic approach to engagement, organisational culture and Organisational Development (OD) by implementing the following: <ul style="list-style-type: none"> • 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 	<p>Monthly People and Engagement Group established.</p> <p>Staff Engagement event held with staff with disabilities who reported poor work experience in the survey to inform improvements to be made. Staff Survey results published and action plans agreed. Shows improvement in experiences of BAME staff which will be reflected in next year's WRES submission.</p> <p>IIP accreditation retained.</p> <p>Currently 71 apprentices in the Trust. New apprenticeship standards and opportunities continue to be developed.</p>



<p>Achieve health and well being CQUIN: Ensure flu vaccine take up:</p> <ul style="list-style-type: none"> • Develop approach/plan for staff health and well being and reduce sickness absence • Develop staff zone on new intranet site and expand total reward statement • Reduce stress through stress action plan 	<p>Flu vaccine target achieved. End of year sickness rate is 4.3% and therefore above Trust target. New counselling EAP and mental health provision approved to help support staff and prevent or reduce sickness absence. Trends and patterns analysed at monthly reporting to identify actions to reduce sickness absence rates.</p>
<p>Barnsley Facility Services (BFS) implementation - manage impact on staff engagement and culture, manage workforce systems and process changes</p>	<p>Staff successfully transferred into BFS, supported by a comprehensive engagement and HR processes within the year.</p>

Looking Forward to 2018-19

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

People Will Be Proud To Work for Us

- We will deliver our People Strategy (2018-21) to ensure a sufficient, capable, motivated and sustainable workforce:
 - **Talent** - Develop all leaders to influence and motivate effectively
 - **Engagement** - Motivate our people to be the best that they can by living our values and creating a culture of Trust.
 - **Quality** - Ensure we have the right people, in the right place, at the right time, doing the right things.
 - **Well-being** - Ensure that we create an environment where our people are physically and emotionally sustained.



Aim 4: Performance Matters

In 2017-18, we set the following strategic objectives against this Strategic Aim. Our Performance is listed below.

Strategic Objective: Be the provider of choice for care in Barnsley and beyond	
Paperless Hospital/ICT strategy	This work was been placed on hold while the Trust is procuring a new EPR system. The contract is signed and in place. A new implementation plan has been drafted with expected approval in May 2018.
Implement E-Prescribing solution	E-prescribing now in draft with an implementation plan giving an expected delivery by late 2019. The Trust has agreed to delay this project and incorporate as part of the wider IT strategy.
Optimise and extend hybrid mail project	Radiology, Cardiology and Retinal Screening now complete.
Deliver mobile strategy	Awaiting agreement for next stages of VitalPac rollout.
Deliver Emergency Department Replacement solution	Action completed in the year.
Source external funding - opportunity to receive £5m over four years if selected as fast follower of digital exemplar programme	External funding has been received for £800K. Further bids have been submitted for a portion of an overall £75m bid and the Technology Test Bed funds bid of £7m.

Strategic Objective: we will achieve our financial plan	
Achievement of the financial plan and control total	Achieved. NHSI have lifted the Financial conditions placed on the Trust.
Delivery of the £7.8m Cost Improvement Programme (CIP) and income generation schemes	Final year end position of the Programme is £9,362,320 against a plan of £7,800,000 which has resulted in a £1,562,320 overachievement overall. Recurrent savings has also significantly improved to 67%.
Continuation of controls and actions to ensure reduction in additional spend Trust wide including agency	Nursing has exceeded the agency cap throughout the Winter months due to operational pressures and staffing of extra capacity.
Optimise the use of Service line reporting working with CBU teams and data.	Service line reporting is being utilised with plans to enhance how the Trust utilises this even further in the coming year.
BFS (BHSS) expansion to include Estates & Facilities and Procurement	All objectives complete. Reporting arrangements have been agreed and these will go direct to Board.

Implement Carter recommendations and plan	Use of Carter Metrics and Model Hospital Dashboard is improving. Carter Action Plans are in place and reviewed regularly to ensure progress is being made. NHSI will be attending the May Carter meeting to provide support and offer a review of the Trust's data to identify further opportunities and sharing potential savings opportunities from other Trusts. The Trust is engaging with the Getting It Right First Time (GIRFT) programme to support the delivery of additional Clinical Productivity opportunities.
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Looking Forward to 2018-19

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

Partners: we will work with partners to deliver better, more integrated care

- We will work with all of our partners in Barnsley to deliver the Barnsley Plan priorities
- We will play a leading role in 'Barnsley Health and Care Together', building on existing relationships with partners
- We will continue to work with partners across South Yorkshire to ensure sustainable local services and support others regionally Increase engagement levels with GPs locally



Sustainability and Carbon Reduction

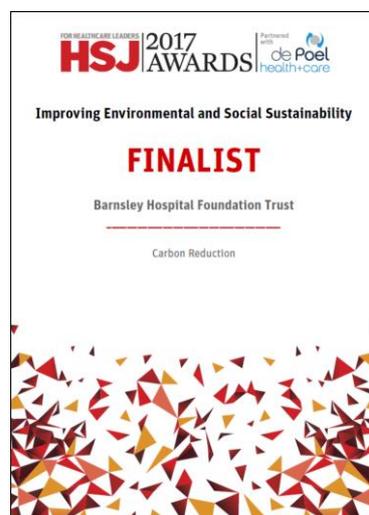


The Trust is fully committed to sustainability and reducing our carbon footprint through our Board-approved Sustainable Development Management and Action Plans' (SDMP & SDAP). We have a responsibility to consider and be accountable for our impacts to staff, patients, suppliers, the local community and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

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Awards and Achievements

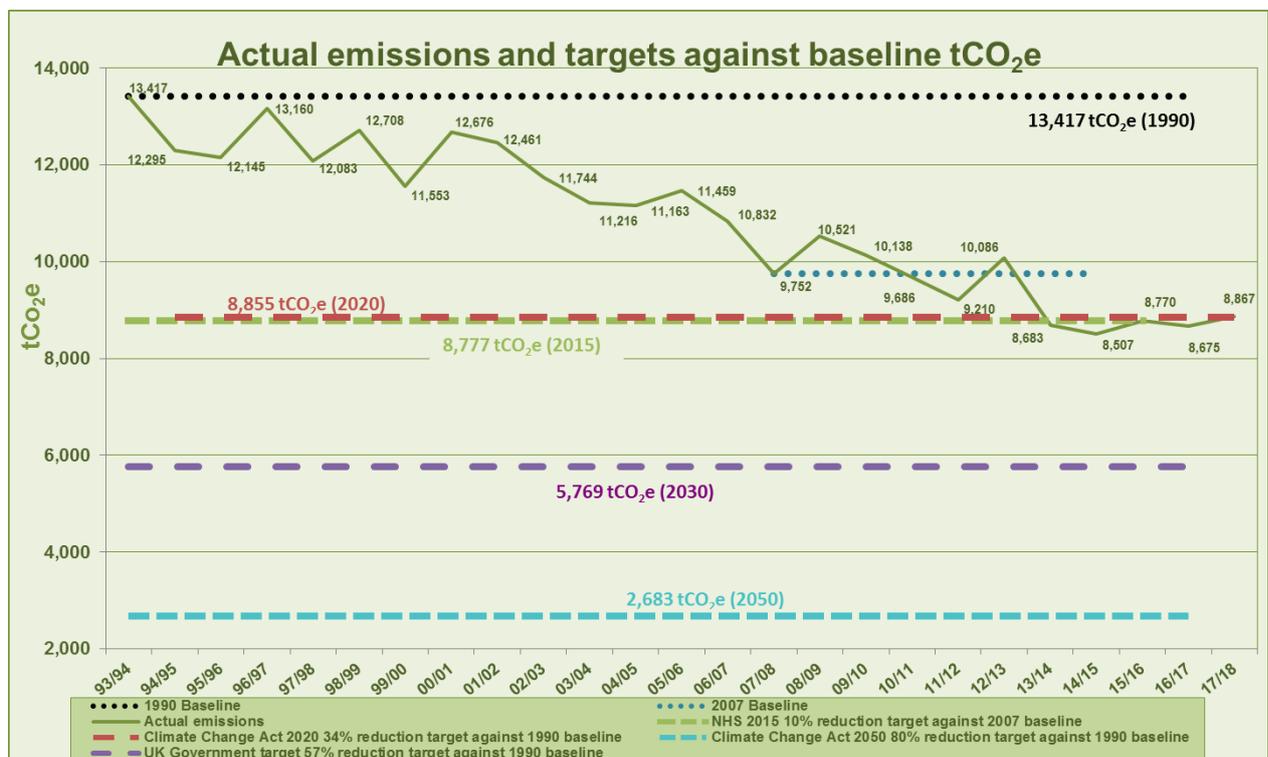
Following on from last year's success where the Trust received national recognition by winning the Public Sector Sustainability (PSS) award, finishing runner-up in the Modeshift Contribution to Sustainable Travel Award and also receiving recognition for excellence in sustainability reporting this year the Trust was a finalist at the Health Service Journalist Awards (HSJ) for Carbon Reduction.



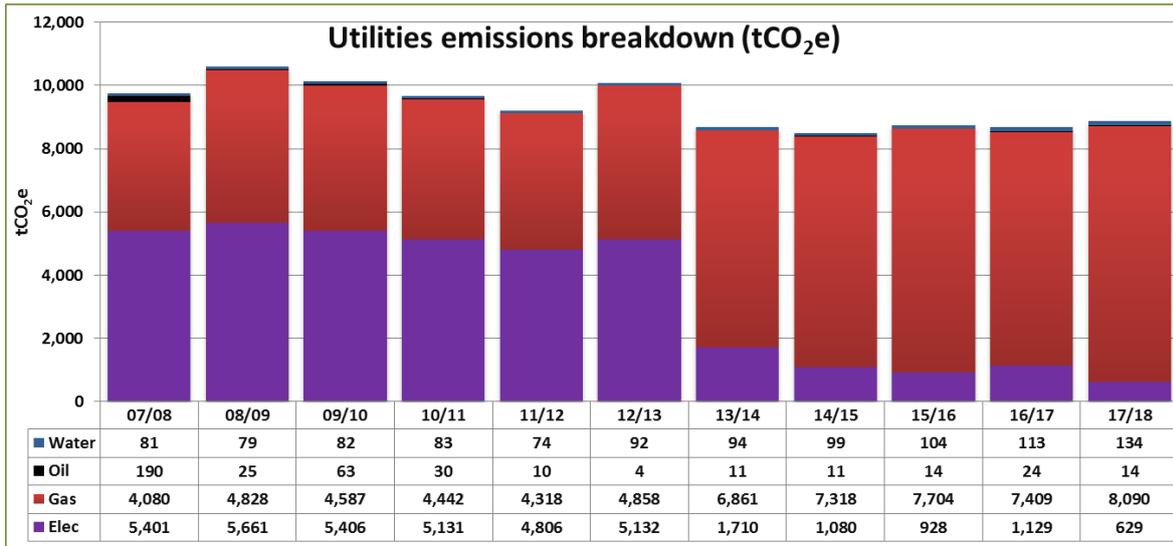
Emissions

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 (CO₂) 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% CO₂ 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 2017-18 our gross CO₂e emissions increased by 2% against the previous year as shown by the green line on the graph below. This increase means we are 11 tonnes behind the Climate Change Act 1990 target of a 34% reduction (8,855 tCO₂e target) against our 1990 baseline (13,417 tCO₂e). We expect to be back on track in the next financial year.

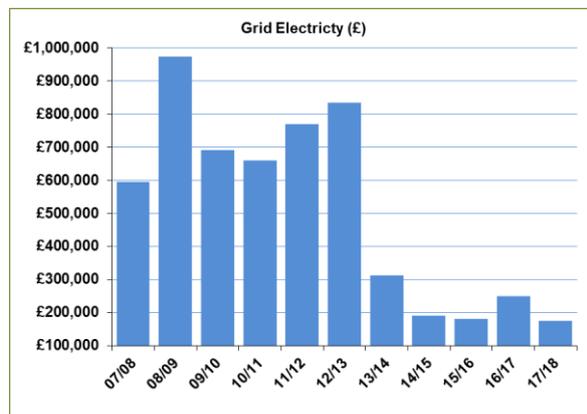
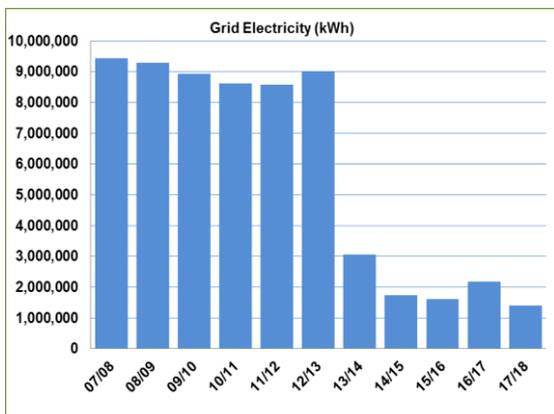


The chart overleaf shows the year on year breakdown of our CO₂e emissions by utility. The emissions breakdown reflects the changes in our utilities. The emissions changes are as follows:



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. The charts below show the overall grid electricity consumption and costs fell by 35.4% and 29.8% respectively this year. Our total spend on grid electricity has not fallen in-line with the reduction in consumption due to higher wholesale market prices. The fall in grid electricity is essentially due to higher onsite power generation from our Combined Heat and Power (CHP) plant.



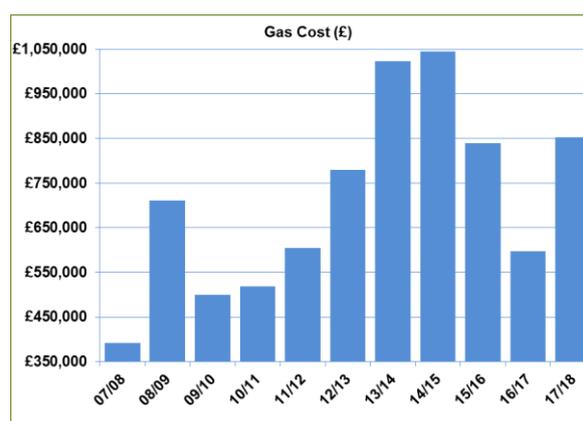
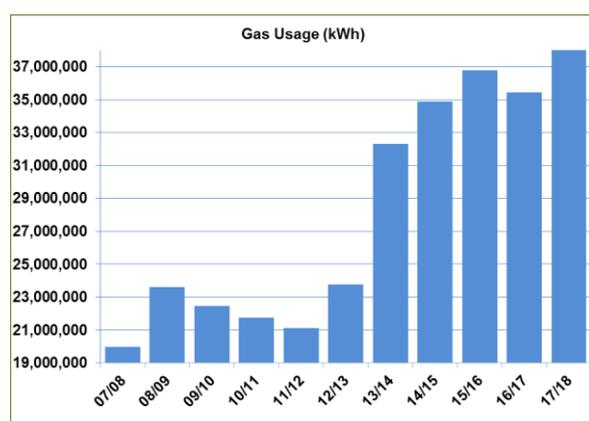
On-site Energy Generation

The majority of the Trust's electricity requirement was met through on-site generation via our Combined Heat and Power (CHP) plant. The table below shows the amount of electricity generated since 2013. In 2017-18 our CHP generated enough electricity to power 2,644 UK homes (based on OFGEM calculated usage of 3,200 kWh per annum). Our electricity generation this year has been the highest since the CHP was installed with a 13.16% increase against the previous year and meeting 81% of our sites electrical demand. The Trust's CHP also met the criteria for Good Quality CHP and benefitted from a 100% exemption against the Climate Change Levy (CCL) on gas resulting in a total cost saving of £91,773 for the year.

CHP Performance	2013-14 (10 months)	2014-15	2015-16	2016-17	2017-18
Total onsite electricity generated (kWh)	6,122,194	7,628,806	8,167,000	7,477,000	8,461,000
Total grid electricity (including tenant usage)	3,602,495	2,335,348	2,172,653	2,716,706	1,997,831
CHP generated electricity equivalent to power (homes in Barnsley)	1,913	2,384	2,552	2,337	2,644
Generated : grid imported %	62 : 38	76 : 24	79 : 21	73 : 27	81 : 19

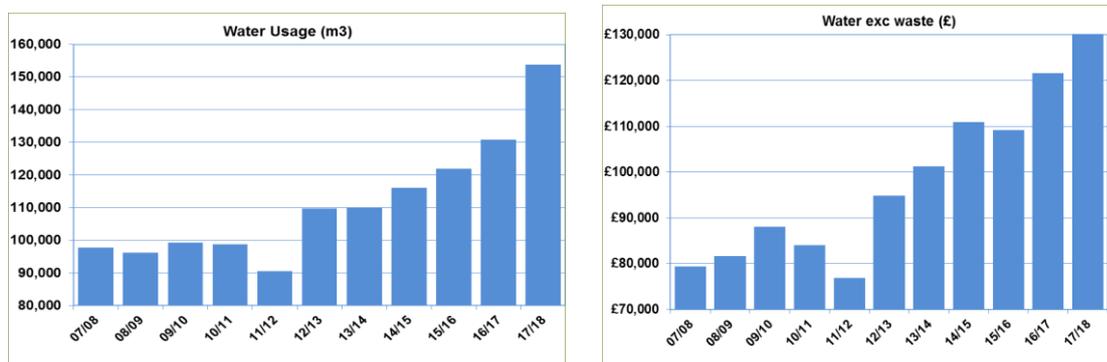
Gas

During 2017-18 gas usage increased by 7.6% against the previous year. This is largely due to the increase in onsite electricity generation and also additional heating demand during the extended winter period. The increase in gas demand has also been reflected in higher gas costs which have increased by 42.8% against the previous year; partly due to the higher consumption but mainly due to higher wholesale market costs.



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 18.7%; with costs increasing by 13.7% against the previous year. The higher usage and costs can largely be attributed to increased activity and higher flushing regime.



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

Utility*	Non financial data			Financial data	
	2016-17	2017-18	metric	2016-17	2017-18
Water consumed	123,785	146,872	m3	£125,520	£138,220
Water sewerage	102,346	120,571	m3	£142,321	£166,514
Grid electricity	2,109,620	1,411,312	kWh	£249,793	£242,743
Natural gas	35,451,832	38,158,333	kWh	£597,133	£852,574
Fuel oil	7,000	4,000	litres	£3,934	£3,290

*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 the energy fed back into the local grid. Our overall waste costs and waste volumes have increased by 4.4% and 9.2% respectively against the previous year. This is largely due to increased patient flow and tonnage cost increases.

Waste	Non financial data		Financial data (£k)	
	2016-17	2017-18	2016-17	2017-18
Absolute values for total amount of waste produced	888 tonnes	927.3 tonnes	Expenditure on waste disposal £136,138	£136,885

Pharmacy

The Trust Pharmacy continues to participate 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.

Organisational & Workforce Development

Staff engagement and buy-in is critical to help meet our environmental and sustainability targets. In 2017 we conducted two staff surveys. The first survey focussed on gauging staff opinions on how the Trust was performing on sustainability matters with the results used to help formulate an action plan to tackle areas where staff would like to see improvements. The second survey was carried out to assess demand and support for electrical vehicle charging points. The results from the survey confirmed there was a growing trend of our staff purchasing/leasing low emission vehicles. With this information the Trust made the decision to install electric vehicle charging points.

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. 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 meet the growing demand for secure bike storage new bike lockers were installed together with a public bike pump and toolkit for repairs.

Our Occupational Health team ran a series of events during the year with a focus on improving the health and wellbeing of our staff through increasing physical activity, promoting healthy eating, walking and cycling. South Yorkshire Transport Partnership Executive (SYPTPE) also held a travel surgery offering journey planning and travel advice to encourage use of local transport.

The Trust also participated in the Love to Ride Cycle September initiative with one of our members of staff winning a mountain bike.



LOVE TO RIDE

During the year the Trust made the decision to install EV charging points to support our staff in making the transition from petrol/diesel vehicles to electric and plug-in hybrid vehicles demonstrating our support to low carbon travel.

Built Environment

The Trust in conjunction with Barnsley Facilities Services continues to seek environmentally sustainable solutions as an integral part of estates maintenance, procurement and capital developments. This year we have achieved the following:

- Delivered co-location of GP and emergency services on a single footprint to enable simpler single point access for patients, reducing waiting times, travel and reducing system wide accommodation needs. No new footprint was constructed to deliver this service. Existing services were re-planned to create a more efficient footprint with a greater Weighted Activity Unit
- Installation of external LED lighting to the hospital site to improve lighting levels, reliability and reduce running costs and increase maintenance periods
- Planning and design for EV charging points for a small number of vehicles on the hospital site for roll out in 2018/19
- Approval to install a pilot low water usage toilet system in high usage areas in the hospital
- Registration of proposed Children's Assessment Unit for BREEAM assessment with target rating of 'Good'. Whilst still at bid stage, this demonstrates a commitment to measurement and delivery of sustainable development
- Completion and successful operation of two new more fuel efficient diesel generators to provide standby power generation for the whole hospital
- New Sustainability Impact Assessment was developed to assess capital investment business cases.

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 introduced a new managed print service to reduce number of onsite printers, make cost savings and minimise environmental impact. The number of daily deliveries of our supplies and clinical consumables purchased through the NHS Supply Chain have reduced from several to one everyday.

Communications

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

Our goal is to inform patients, staff and the wider public on the progress we have made in improving our environmental sustainability. Following on from the launch of our sustainability section of our website last year, our Communications Team have supported our sustainability initiatives through promoting news on our intranet, weekly bulletins, Trust magazine, global emails and team brief.

NHS Sustainability Day 2018

The Trust participated in NHS Sustainability Day again this year by inviting NHS Fleet Solutions to showcase electric vehicles and plug-in hybrids ahead of the installation of our electric vehicle charge points.

Future Priorities and Key Objectives

The key priorities for 2018-19 include:

- Installation of EV charge points
- Roll-out of coffee cup recycling in our coffee shops
- Roll-out bio-bins to reduce plastic bins use in our theatres
- Focus on reducing single use plastics
- Introducing dry mixed recycling
- Achieve the Food for Life catering standard
- Introduce food waste recycling
- Invite local SME's to showcase their services to the Trust
- Carryout a feasibility study to introduce Trust pool cars to minimise our impact on environment from car travel

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. We are also a member of the mindful employer initiative.

Our policy on recruitment and retention of employees with a disability sets out our commitment and intention to support our staff who have become disabled in the course of their employment. Staff that experience a disability are supported through training, redeployment, flexible working and continued support. Staff have also attended an engagement event to meet with the Chief Executive, Joint Associate Director of Human Resources and Organisational Development and the Equality, Diversity & Inclusion Lead. A disability staff network is being formed to improve the working experience of employees who have a disability and to assist the Trust to meet its requirements under the Equality Act.

Our Equality, Diversity Inclusion & Human Rights 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 addition of Inclusion to the policy will help foster good relations and further embed Equality & Inclusion into the Trust.

The Equality, Diversity & Inclusion 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, Diversity, Inclusion and Human Rights as well as monitoring progress.

The Equality, Diversity & Inclusion Strategy will be refreshed in May 2018. 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, Diversity & Inclusion Steering Group reflecting our public sector equality duties under the Equality Act 2010.

Diversity Champions

Diversity Champions Initiative has been re-launched. Diversity Champions are Trust staff who are self-nominated with a real passion and commitment to the Equality Diversity & Inclusion agenda. The work of the Diversity Champions continues to develop and their initiatives across the Trust demonstrates inclusive leadership in the workplace. The group of Diversity Champions encourage staff to personalise care through inclusive behaviour. The Diversity Champions attended a launch day with high quality training delivered by our Equality Partners. This included LGBT awareness, Disability awareness, Deaf awareness, Hate & Harassment training, awareness from the Freedom to Speak Up Guardian and awareness session from the Refugee Council. Additional support will be provided in future through scheduled and specific awareness training.

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. Engagement events have been offered to BAME and Eastern European Staff. A significant improvement in Staff Survey findings has been demonstrated by BAME staff.

Community Engagement

The Trust continues to engage with local community groups such as the Barnsley Together Race Equality Forum, Gender Equality Forum (GEF), DEAF Forum (DEAP) Barnsley Reach, My Barnsley Too (Disability Forum) and LGBT 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 Diversity & Inclusion Steering Group, Diversity Champions and staff mandatory training.

Equality Impact Assessments

The Trust has implemented an Equality Impact Assessment Toolkit. Managers and policy authors are able to utilise this to provide a high quality impact assessment. Additional training will be provided and on-going coaching is provided as an additional support mechanism from the Trust's Equality, Diversity & Inclusion Lead. 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

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 92% compliance rate. Equality Impact Assessment Toolkit and unconscious bias awareness is also provided.

Disabled Go and Browsealoud

The Trust has committed to inviting DisabledGo to provide access information for disabled patients and visitors. A detailed access guide provides a graphical summary of the Trust's accessibility together with highly detailed information including photographs or wards, treatment rooms and other public facing parts of the Hospital. Browsealoud software is on our public facing site. This provides a better experience for people visiting our website by adding text to speech. This is useful for people with Dyslexia, Low Literacy, English as a second language and other mild visual impairments.

Accountability Report

This section of the Annual report comprises the Directors' Report, remuneration and staff reports, the disclosures set out in the NHS Foundation Trust Code of governance, NHS Improvement's Single Oversight Framework, the statement of accounting officer's responsibilities and the Trust's Annual Governance Statement.

The Director's 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 all of their responsibilities and to be able to assure the Council of Governors.

The Board composition helps 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 a 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 unitary 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.

Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2017 to 31 March 2018 was as follows:

Chairman

- Stephen Wragg

Non-Executive Directors

- Francis Patton (Senior Independent Director)
- Janet Dean
- Rosalyn Moore
- Nick Mapstone
- Keely Firth
- Philip Hudson

Chief Executive

- Diane Wake (to 2 April 2017)
- Dr Richard Jenkins (Interim Chief Executive from 3 April 2017 to 18 June 2017. Substantive Chief Executive from 19 June 2017)

Executive Directors

- Dr Simon Enright (Interim Medical Director from 18 April 2017 to 30 November 2017, Substantive Medical Director from 1 December 2017)
- Heather McNair, Director of Nursing & Quality
- Michael Wright, Director of Finance
- Karen Kelly, Director of Operations (to 31 December 2017)
- Bob Kirton, Executive Director of Strategy and Business Development and Interim Deputy Chief Executive to 21 December 2017, Chief Delivery Officer and Deputy Chief Executive from 22 December 2017

The Management Team

Our complete management Team is made up of Executive Directors and other Directors who support the day-to-day running of the hospital. In addition to the Executive Directors, members of the management team included:

- Tom Davidson, Director of Information & Communications Technology (ICT)
- Emma Parkes, Director of Marketing & Communications
- Natalie Grosvenor, Interim Director of Human Resources & Organisational Development (from 21st August 2017 to 25th March 2018)
- Emma Lavery and Karl Hickman, Joint Associate Director of Human Resources & Organisational Development (from 1 January 2017)

In attendance

Since January 2018, a representative of Barnsley GP Healthcare Federation has been welcomed as an attendee to the Trust Board.

Board Profiles

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 year and the Register of Interests is published in public Board papers. Stephen's term runs until 31 December 2018, subject to annual review.

Francis Patton, Non Executive Director and 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 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 2018. 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).

Rosalyn Moore, Non-Executive Director



Ros joined the Trust in April 2015. She is CEO of a National Nursing Charity, an Associate Lecturer to the Open University, and is a trustee of the Association for Perioperative Practice. Ros was the Chief Nursing Officer for Scotland and Director in Scottish Government until 2014. Previous to this, she has had a wide range of positions, which include; Professional Nursing Officer at the Department of Health, National Director for Quality and Learning, Deputy Clinical Director, Head of Adult Nursing and Staff Nurse in Elderly Medicine, Paediatrics and Surgery at Pontefract and Pinderfields Hospitals. Ros has been Chair of the Trust's Quality & Governance Committee since January 2016. Her current term runs until 31 December 2020.

Nick Mapstone, Non-Executive Director



Nick joined the Trust in April 2015. Nick is the director of his own consultancy company that specialises in supporting NHS organisations. His most recent role was as programme director with East Cheshire NHS Trust. Nick is currently a specialist advisor to the Care Quality Commission, and in the past has worked with Ernst & Young and at Southend University Hospital NHS Foundation Trust.

Nick is chair of the Audit Committee and sits on the Finance & Performance Committee. His current term runs until 31 December 2020.

Janet Dean, Non-Executive Director



Janet joined the Trust in January 2016. Janet is a former Executive of Doncaster Metropolitan Borough Council and Non-Executive at Yorkshire and Humber Strategic Health Authority, a post held from 2006 to 2013. 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.

Janet is a member of the Quality & Governance and Audit Committees. Her term runs to 31 December 2018.

Keely Firth, Non-Executive Director



Keely Firth 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. A former Chief Finance Officer, Keely is also a voluntary trustee of a national charity – the Healthcare Financial Management Association.

Keely is a member of the Finance & Performance Committee and is a Non-Executive Director for BFS. Keely's term of office is until 31 December 2019.

Philip Hudson, Non-Executive Director



Philip Hudson joined the board in January 2017. He is a qualified lawyer whose expertise lies in the energy sector, previously working either for – or in conjunction with – both Powergen and Yorkshire Water. He has spent the previous 16 years working in the county and is a former Director of Corporate Affairs at Drax Group while remaining as Chairman of Trustees with the company. He is also a director of Electricity Pensions Limited, National Energy Action, and Chairman of the Board at Warm Zones CIC.

Philip is a member of the Quality & Governance and Audit Committees. Philip's term of office is until 31 December 2019.

Executive Directors

Dr Richard Jenkins, Chief Executive



Dr Richard Jenkins became CEO in June 2017 having previously been appointed as 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.

Bob Kirton, Chief Delivery Officer and Deputy Chief Executive



Bob Kirton 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 as Chief Delivery Officer in December 2017.

Dr Simon Enright, Medical Director



Simon became Medical Director in April 2017. Having performed his medical training in Leeds, Simon was a consultant in intensive care medicine and anaesthesia at Mid Yorkshire Hospitals for 20 years before joining the Trust. His wealth of experience extends to working in a number of hospitals nationwide. He has held a number of clinical management roles, starting his career some 20 years ago as clinical director of ICU services and then subsequently as CD for theatres and anaesthesia.

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.

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 and finance assurance roles.

Register of Interests

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

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

The Register of Directors' and Governors' Interests is available from the Trust Secretary 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

The Better Payment of Practice Code has a target that 95% of suppliers are paid within 30 days. 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 the reporting period were minimal.

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 114.

Financial Risk

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

Political or Charitable Donations

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

Stakeholder Relations

Information about our work with stakeholders and partnerships can be found on page 30.

Patient care

Information of patient care activities and our performance against key patient care targets can be found on page 27.

**Dr Richard Jenkins
Chief Executive**

R. Jenkins
..... **Date: 24 May 2018**



Remuneration Report

This section of the report comprises the Trust's Annual Statement on Remuneration, information on the senior managers' remuneration policy and the annual report on remuneration.

Annual Statement of 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 human resources.

The Committee met seven times in 2017-18 (please see tables on page 109 for attendance). It is chaired by the Trust Chairman and includes all of the Non-Executive Directors:

- Stephen Wragg, Chairman
- Francis Patton, Non-Executive Director
- Janet Dean, Non-Executive Director
- Keely Firth, Non-Executive Director
- Philip Hudson, Non-Executive Director
- Nick Mapstone, Non-Executive Director
- Rosalyn Moore, Non-Executive Director

The Chief Executive¹ 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.

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.

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

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

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

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

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

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

The Trust continues to take account of the national guidance issued on Very Senior Management pay with regard to any new appointments that are or potentially may be higher than that of the national salary of the Prime Minister.

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

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

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

In July 2017, the Committee approved a 1% pay uplift from 1 April 2017, reflecting the confirmed national pay deal. In July and October the Committee also reviewed and revised the pay of the senior directors, 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 64.

The annual review carried out in October also approved a restructure of the Executive Team including increased portfolios for some Executive Directors and an assessment of the salary levels for these posts: Director of Finance, Director of Nursing & Quality and Chief Delivery Officer/Deputy Chief Executive.

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

Date: 24 May 2018



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 Committee. For clarity the table below reflects the elements of the senior managers' pay as governed by the RATS Committee, The RATS Committee are 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 MS D Wake, Chief Executive	Offset by cessation of pension costs for Ms D Wake, Chief Executive (saving of c£20,000 pa)
Any particular arrangements specific to individual senior managers	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.	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.

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

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

Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2017-18 are as follows:

Director	Start Date	End Date
Stephen Wragg, Chairman	1 Jan 2009	
Dr Richard Jenkins, Chief Executive (interim to 18 June 2018, Substantive thereafter)	3 Apr 17	
Diane Wake, Chief Executive	Oct 2013	2 Apr 2017
Karen Kelly, Chief Operating Officer	15 Apr 2014	31 Dec 2017
Bob Kirton Chief Delivery Officer (Previously Executive Director of Business Development & Strategy)	22 Dec 17 (1 Sept 16)	
Heather McNair, Director of Nursing & Quality	5 Dec 2011	
Michael Wright, Director of Finance	1 Dec 2015	
Simon Enright, Medical Director (Interim to 18 April 2017, Substantive thereafter)	1 Dec 2017 (18 Apr 2017)	
Janet Dean, Non-Executive Director	1 Jan 2016	
Keely Firth, Non-Executive Director	1 Jan 2017	
Philip Hudson, Non-Executive Director	20 Jan 2017	
Nick Mapstone, Non-Executive Director	1 Apr 2015	
Rosalyn Moore, Non-Executive Director	1 Apr 2015	
Francis Patton, Non-Executive Director	1 Jan 2008	

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.

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 2018				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 ⁰¹	0-5	0	0	0-5	165-170	14,200	0-2.5	180-185
Mrs H McNair, Director of Nursing and Quality	120-125	1,400	87.5-90.0	210-215	110-115	4,700	45.0-47.5	160-165
Ms K Kelly, Director of Operations ⁰²	85-90	2,400	10.0-12.5	95-100	110-115	2,100	45.0-47.5	160-165
Dr R Jenkins, Chief Executive ⁰³	220-225	0	112.5-115.0	335-340	220-225	0	0	220-225
Mr R Kirton, Chief Delivery Officer ⁰⁶	105-110	6,800	50.0-52.5	165-170	55-60	4,000	95.0-97.5	155-160
Mr M Wright Director of Finance	125-130	0	37.5-40.0	165-170	120-125	3,300	72.5-75.0	195-200
Dr S Enright, Medical Director ⁰⁴	190.0 – 195.0	0	140.0 – 145.0	335-340	0	0	0	0
Mr S Wragg, Chairman	40-45	100		40-45	40-45	200		40-45
Mrs S Brain England OBE, Non Executive Director ⁰⁵	0	0		0	5-10	200		5-10
Mr F Patton, Non Executive Director	10-15	200		10-15	10-15	400		10-15
Ms J Dean, Non Executive Director	10-15	0		10-15	10-15	0		10-15
Ms R Moore, Non Executive Director	10-15	0		10-15	10-15	0		10-15
Mr N Mapstone, Non Executive Director	10-15	600		10-15	10-15	500		10-15
Mrs K Firth, Non Executive Director ⁰⁷	10-15	0		10-15	0-5	0		0-5
Mr P Hudson, Non Executive Director ⁰⁷	10-15	0		10-15	0-5	0		0-5

Notes to Table A

Year ended 31 March 2018

01 Ms D Wake left the Trust on 2 April 2017

02 Ms K Kelly left the Trust on 31 December 2017

03 Dr R Jenkins was appointed as Chief Executive from 3 April 2017. (In the prior year Dr Jenkins was the Trust Medical Director of which 74% of his salary was for clinical activity)

04 Dr S Enright was an Executive Director of the Trust from 18 April 2017. For the period 18 April 2017 to 30 November 2017 he was Interim Medical Director and during this period, fees were re-charged to the Trust from another NHS Trust for his services. From 1 December 2017, he was appointed as substantive Medical Director for the Trust. For the period 18 April 2017 to 31 March 2018, all fees and payroll costs are incorporated within the relevant columns of the Single Total Figure Table. Dr Enright received 78% of his salary for clinical activity during this period.

Year ended 31 March 2017

05. Mrs S Brain England left the Trust as at 30 November 2016

06. Mr R Kirton was appointed as an Executive Director from 1st September 2016

07. Mrs K Firth and Mr P Hudson were appointed from 1 January 2017

Highest Paid Director (subject to audit)

	2017/18	2016/17
Band of Highest Paid Director's total Remuneration £' 000s	220-225	220-225
Median Total £' s	23,597	24,304
Ratio	9.4	9.2

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 2017-18 was £220,000 to £225,000 (for 2016-17:£220,000 to £225,000). This was 9.4 times (2016-17 9.2 times) the median remuneration of the workforce which was £23,597 (2016-17: £24,304).

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 2018. 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 2018 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 (bands of £2500)	Real increase in pension lump sum at pension age (bands of £2500)	Total accrued pension at pension age at 31 March 2018 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5000)	Cash Equivalent Transfer Value at 1 April 2017 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Employer's Contribution to Stakeholder Pension To nearest £100
Mr M Wright, Director of Finance	2.5-5.0	0.0-2.5	15-20	25-30	205	22	228	0
Mrs H McNair, Director of Nursing and Quality	2.5-5.0	12.5-15.0	50-55	155-160	892	146	1,048	0
Ms K Kelly, Director of Operations	0.0-2.5	0.0-2.5	40-45	120-125	755	49	828	0
Dr R Jenkins, Chief Executive	5.0-7.5	7.5-10.0	60-65	155-160	955	138	1,102	0
Mr R. Kirton, Chief Delivery Officer	2.5-5.0	n/a	15-20	n/a	137	71	209	0
Dr S. Enright, Medical Director	7.5-10.0	10.0 - 12.5	45-50	125-130	751	141	907	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.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Information Relating to the Expenses of the Governors and the Directors

	Year ended 31 March 18		Year ended 31 March 17	
	Directors	Governors	Directors	Governors
Total number in office	14	28	14	34
The number receiving expenses in the reporting period	11	5	8	4
The aggregate sum of expenses paid in the reporting period	<u>£7,400</u>	<u>£300</u>	<u>£9,000</u>	<u>£200</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.

R. Jenkins

Dr Richard Jenkins
Chief Executive

..... **Date: 24 May 2018**



Staff Report

This section includes information on our workforce including breakdown of male and female staff, sickness absence, our NHS Staff Survey results and how we communicate with and engage our staff.

Our Workforce

People



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 strategy, 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 91.0% of non-medical staff have received an appraisal and 96.9% of medical staff have received an appraisal. An audit of the 2015 appraisal process provided positive feedback. Staff sickness absence has shown a slight increase in 2017-18, with the average for the year at 4.25% compared to 4.14 % in 2016-17.

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 and growing workforce of 3,726 in 2017-18 (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15, 3,337 in 2015-16, 3,522 in 2016-17), with investment in doctor and nursing posts remaining a priority.

As at 31 March 2018, our workforce can be profiled as:

Ethnic Origin	Total Staff	Total %
White British	3,357	90.1
White Other	75	2.0
Mixed	35	0.9
Asian or Asian British	157	4.2
Black or Black British	44	1.2
Chinese	9	0.2
Other Ethnic	27	0.7
Not Stated	22	0.6
Gender		
Female	2,996	80.4
Male	730	19.6
Disabled		
No	3,457	92.8
Prefer not to answer	2	0.1
Undefined	9	0.2
Not declared	107	2.8
Yes	151	4.1
Religious Belief		
Atheism	461	12.4
Buddhism	11	0.3
Christianity	2,155	57.8
Hinduism	48	1.3
Islam	88	2.4
Judaism	Less than 5	0.1
Not Disclosed	597	16.2
Other	356	9.5
Sikhism	Less than 5	0.1
Unspecified	Less than 5	0.1
Sexual Orientation		
Heterosexual	3,198	85.8
Bisexual	10	0.3
Gay	27	0.7
Lesbian	17	0.5
Not Disclosed	470	12.6
Unspecified	4	0.1
Age Band		
16 – 20	113	3.0
21 – 25	369	9.9
26 – 30	479	12.9
31 – 35	422	11.3
36 – 40	471	12.6
41 – 45	412	11.1
46 – 50	450	12.4
51 – 55	480	12.1
56 – 60	333	8.9
61 – 65	161	4.3
66+	36	0.9

The balance of male and female of our workforce at the year end for 2017-18 is shown below.

Staff Group	Female	Male	Total
Add Prof Scientific and Technic	123	43	166
Additional Clinical Services	823	96	919
Administrative and Clerical	643	154	797
Allied Health Professionals	172	30	202
Estates and Ancillary	36	67	103
Healthcare Scientists	65	34	99
Medical and Dental	133	232	365
Nursing and Midwifery Registered	1001	74	1075
Total:	2996	730	3726

The balance of male and female of our Directors and senior management team at the year end for 2017-18 is shown below.

Staff Group	Female	Male
Board of Directors (Executive and Non-Executive Directors)	4	8
Senior Management Team (excluding Executive Directors)	1	1

Information on the average of our whole time equivalent staff numbers, including those employed by BFS, is provided in the table below. The WTE figure is different to physical number of staff employed by the Trust. This is because some posts are part time or job share and so two people contribute to one WTE:

Note 4.3 Average number of employees (WTE basis)	Expected sign	A09CY01	A09CY01P	A09CY01O	A09PY01	A09PY01P	A09PY01O	Main code
		Total	Perm	Other	Total	Perm	Other	
		2017/18	2017/18	2017/18	2016/17	2016/17	2016/17	
		No.	No.	No.	No.	No.	No.	Subcode
Medical and dental	+	363	338	24	345	345		STA0370
Ambulance staff	+	0			0			STA0380
Administration and estates	+	778	768	11	682	682		STA0390
Healthcare assistants and other support staff	+	177	177		222	222		STA0400
Nursing, midwifery and health visiting staff	+	1,181	1,077	104	1,104	1,104		STA0410
Nursing, midwifery and health visiting learners	+	0			0			STA0420

Scientific, therapeutic and technical staff	+	513	509	4	495	495		STA04 30
Healthcare science staff	+	0			0			STA04 40
Social care staff	+	0			0			STA04 50
Agency and contract staff	+	0			0			STA04 60
Bank staff	+	0			0			STA04 70
Other	+	1	1		1	1		STA04 80
Total average numbers	+	3,013	2,870	143	2,849	2,849	0	STA04 90
Of which:								
Number of employees (WTE) engaged on capital projects	+	8	8		7	7		STA05 00

Staff Cost Summary

In line with the HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the staff report section of the annual report instead.

Staff costs	Group			
	Permanent £000	Other £000	2017/18 Total £000	2016/17 Total £000
Salaries and wages	104,101	5,794	109,895	101,628
Social security costs	9,527	-	9,527	9,505
Apprenticeship levy	503	-	503	-
Employer's contributions to NHS pensions	12,022	-	12,022	11,418
Pension cost - other	8	-	8	7
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	6,141	6,141	4,662
NHS charitable funds staff	-	-	-	-
Total gross staff costs	126,161	11,935	138,096	127,220
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	126,161	11,935	138,096	127,220
Of which				
Costs capitalised as part of assets	-	339	339	288

Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,001 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	2	-	2
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	2	-	2
Total resource cost (£)	£141,000	£0	£141,000

Reporting of compensation schemes - exit packages 2016/17

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,001 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	1	3	4
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	3	4
Total resource cost (£)	£54,000	£234,000	£288,000

Exit packages: other (non-compulsory) departure payments

	2017/18		2016/17	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	2	150
Mutually agreed resignations (MARS) contractual costs	-	-	-	-

Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	1	83
Non-contractual payments requiring HMT approval	-	-	-	-
Total	-	-	3	234
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Occupational Health and Wellbeing

Occupational Health and Wellbeing have continued to address 'health on work' and 'work on health' and staff of the hospital have access to our multidisciplinary team to address both physical and mental health issues. The service works pro-actively to provide knowledge and information to support staff to make informed choices to improve their physical and mental health, supporting them to remain at work with their health condition and or reduce sickness absence. The service continues to support managers and staff with the fast track system, for MSK and stress, access to physiotherapy and counselling available to support return to work.

The service held two successful Health and Wellbeing Fairs within the reporting period to support staff with advice on losing weight, keeping fit and stopping habits such as drinking or smoking in an attempt to help members of staff improve their health and wellbeing. There was also the opportunity for attendees to have wellness checks, which measure blood pressure, blood glucose and cholesterol. In addition, the service has supported a total of 32 external contracts over the last year, with an additional two for 2018-19.

Appointment Activity - April 2017 to March 2018

Activity for BHNFT	Appointments
Employment screening	1,151
Referrals	895
Reviews	1,505
Psychological support	1,435
EMDR	0
CBT	2
Physiotherapy referral	114
Physiotherapy Reviews	222
Group work	0
Hepatitis B vaccinations	106

Sickness Absence

Our sickness rate for the year was 4.2% 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.

Workforce Engagement

Workforce engagement remained a key 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.

In the year, work commenced on the development of a new People Strategy. The strategy is part of a broader piece of work that is our 'Organisational strategy'. This is our plan that sets our how we will work and what our priorities will be in the years to come.

- The purpose of the People Strategy is to shape, develop and contribute to organisational effectiveness through our people.
- It sets out a vision for Leadership and our people management goals, targets and objectives and aligns them with the Organisational strategic plan.
- This People Strategy recognises that effective governance, leadership and management of people issues takes place across the organisation and raises the profile and importance of our people, the important role they play in the organisation and how to more effectively support them to do their job and to care for our patients.
- Our People are the heart of our organisation and we need to respond to the feedback we have had and will have been given through this year's staff survey, and through other feedback, and create an improved working environment to increase morale.

Our vision is that "with a Capable, Sufficient, motivated and resilient workforce we will successfully enable more efficient and emphatic care for our patients and, by developing our people, and by always having their interests at the heart of what we do, we will create and maintain the skills and attitudes to make Barnsley an outstanding organisation. Our People Strategy will be underpinned by four pillars of work which will enable us to develop a sufficient, capable, motivated and healthy, sustainable workforce. These are Talent, Engagement, Wellbeing & Quality of policy and processes that govern how we work and how we lead people and our services. These pillars will in turn be underpinned by our approach to leadership and to how we lead change in the organisation. We will be further developing ideas around the strategy, and also the development of a framework to better govern how we live our values during 2018-19.

Appraisals

Our appraisal data confirms that 91.0% of our non medical staff have received an appraisal and 96.9% of our medical staff have received an appraisal.

Staff Communications

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

The screenshot shows the intranet homepage with a navigation bar containing 'Hospital Hub' and various icons. A search bar is located on the right. Below the navigation bar, there are several content blocks: a large banner for 'Our 2018/19 Trust Objectives' with the text 'PROUD to care' and 'We have a new set of strategic Trust objectives for the coming 12 months'; a 'Brilliant Award Winners' section with a photo of staff; logos for 'Barnsley Facilities Services' and 'Barnsley Hospital Charity'; a video player for 'Team Brief - April 2018'; and a grid of four news items: 'Small but important change to Emergency phone system' (April 16 2018), 'NHS Staff Survey 2017 Results' (March 22 2018), 'Why is sleep so important?' (April 16 2018), and 'Appraisal time is here!' (February 20 2018). A sidebar on the right contains links to 'Read Team Brief April 2018', 'Ask an anonymous question', 'Dates for Team Brief in 2018', and 'Richard's Blog: End of the Year'.

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.

BRILLIANT Staff Awards

We continue to pay tribute to our staff with the monthly BRILLIANT staff awards. Three awards are handed out each month. Two of the awards, for our Brilliant Individual and Brilliant Team, are voted for by the Chairman and Chief Executive from nominations received by staff within the hospital. The third, Public Brilliant award is compiled of nominations received by members of the public. Our award winners are celebrated each month with Board recognition, social media coverage and internally to the wider organisation.

★ ★ ★ Brilliant Award Winners ★ ★ ★



NHS Staff Survey

A full staff survey was completed in 2017, 2,877 members of staff were eligible to take the survey and 1285 members of staff completed the survey, our response rate was 44.3% close to the Picker average of 45.5%.



	2016-17	2017-18
Total number of eligible staff	2827	2877
Returned completed	1477	1285
Response rate	52.2%	44.3%
Average Picker response rate	39.9%	45.5%

Our 2017 high level results are as follows:

Key Improvements since 2016

-  Organisation treats fairly more staff involved in errors
-  More team members often meet to discuss the team's effectiveness
-  Fewer experiences of harassment, bullying and abuse have gone unreported
-  More staff are satisfied with the recognition they get for good work
-  More team members communicate closely with each other to achieve the team's objectives

Our core strengths

-  Staff given feedback about changes made in response to reported errors
-  More staff had an appraisal/KSF review
-  Team members often meet to discuss the team's effectiveness
-  Immediate managers give clear feedback
-  Staff are satisfied with their level of pay



Our views

- 62%** Would recommend the organisation for care or treatment
- 58%** Would recommend the organisation as a place to work
- 68%** Think care of patients is organisation's top priority

Issues to address

-  Staff being happy with the standard of care if a friend or relative needed treatment
-  Care of patients/service users being the organisation's top priority
-  Staff having (non-mandatory) training, learning or development in the last 12 months
-  Looking forward to going to work
-  Identifying training, learning or development needs in appraisals

44.3% staff took part in the 2017 survey resulting in a 3.71 staff engagement score.

Barnsley Hospital 
NHS Foundation Trust

KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.
Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.
Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.
 For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

The Picker Facilitated Report

When comparing the question responses year on year out of 88 questions the Trust has improved on 6 questions and worsened on 1 question.

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

2016 – 17	3
2017 – 18	6

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

2016 - 17	7
2017 – 18	1



Top Five Ranking Scores:	2017 - 18	National Average
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%

Bottom Five Ranking Scores	2017-18	National Average
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%

NHS England Report

The NHS England report clusters the NHS staff survey questions into 32 key findings. Compared to the 2016 survey the Trust has demonstrated a statistically significant positive change in three areas; Experiencing physical violence from staff; Effective team working; and Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

In 2017 the Trust demonstrated commitment to developing and improving staff engagement by launching the People and Engagement Group. CBU leads take ownership of their directorates staff survey 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.

Our response rates are provided overleaf:

Top five Ranking key finding Scores:	2017 -18	National Average
Percentage of staff experiencing discrimination at work in the last 12 months	8%	12%
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 physical violence from staff in last 12 months	1%	2%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	25%	28%
Bottom Five Ranking key finding Scores	2017 - 18	National Average
Percentage of staff / colleagues reporting most recent experience of violence	60%	66%
Percentage of staff agreeing that their role makes a difference to patients / service users	87%	90%
Staff motivation at work	3.83	3.92
Staff satisfaction with the quality of work and care they are able to deliver	3.80%	3.91%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	89%	90%
Staff Motivation at Work	2016-17	2017-18
I look forward to going to work	51%	53%
I am enthusiastic about my job	70%	71%
Time passes quickly when I am working	73%	74%
Job Design	2016-17	2017-18
I always know what my work responsibilities are	87%	86%
Feel trusted to do my job	92%	92%
I am able to do my job to a standard I am personally pleased with	78%	76%
Opportunities to Develop Potential at Work	2016-17	2017-18
There are frequent opportunities for me to show initiative in my role	72%	74%
I am able to make suggestions to improve the work of my team/department	74%	73%
I am involved in deciding on changes introduced that affect my work	51%	52%
I am able to make improvements happen in my area of work	51%	73%
I am able to meet conflicting demands on my time at work	42%	43%
I have adequate materials, supplies and equipment to do my work	56%	55%
There are enough staff at this organisation to allow me to do my job properly	32%	32%
Team members have a set of shared objectives	71%	75%
Team members often meet to discuss the team's effectiveness	59%	64%
Team members have to communicate closely with each other to achieve the team's objectives	77%	81%

Staff Job Satisfaction	2016-17	2017-18
The recognition I get for good work	48%	52%
The support I get from my immediate manager	67%	68%
Satisfied with support from colleagues	80%	80%
Satisfied with the amount of responsibility given	72%	73%
Satisfied with the opportunity to use skills	72%	73%
Satisfied with extent the organisation values my work	40%	43%
Satisfied with the level of pay	41%	36%
Satisfied with opportunities for flexible working patterns	54%	55%
Contribution to Patient Care	2016-17	2017-18
Satisfied with the quality of care I give to patient's/service users	80%	78%
I feel my role makes a different to patients/service users	89%	87%
I am able to provide the care I aspire to	65%	63%
Your Managers	2016-17	2017-18
Immediate manager encourages team working	74%	76%
Immediate manager can be counted upon to help with difficult tasks	70%	73%
Immediate manager give clear feedback on my work	63%	66%
Immediate manager asks for my opinion before making decisions that affect my work	55%	57%
Immediate manager supportive in personal crisis	74%	74%
Immediate manager take a positive interest in my health and wellbeing	66%	69%
Immediate manager values my work	69%	72%
I know who my senior managers are	80%	83%
Communication between senior management and staff is effective	37%	39%
Senior managers try to involve staff in important decisions	30%	33%
Senior managers act on staff feedback	28%	30%
Health and wellbeing	2016-17	2017-18
Organisation takes positive action on my health and well-being	31%	32%
In the last 12 months, have experienced musculoskeletal problems as a result of work activities	24%	76%
Have felt unwell as a result of work related stress in the last 12 months (2017 question changed to positive report, Not felt unwell due to work related stress)	40%	59%
In the last 3 months, have gone to work when not feeling well enough to perform duties (2017 question changed to positive reporting, in the last 3 month have not come to work when not feeling well enough to perform duties)	60%	42%
Have felt pressure from manager to come to work when not feeling well enough (2017 question changed to positive reporting, Not felt pressure from manager to come to work when not feeling well)	28%	73%
Have felt pressure from colleagues to come to work when not feeling well enough (2017 question changed to positive reporting, Not felt pressure from colleagues to work when not feeling well)	21%	77%

Have put myself under pressure to come to work when not feeling well enough (2017 question changed to positive reporting, not put myself under pressure to come to work when not feeling well)	93%	7%
Working Hours	2016-17	2017-18
Don't work any additional paid hours per week for this organisation, over and above contracted hours	36%	64%
Don't work any additional unpaid hours per week for this organisation over and above contracted hours	53%	46%
Witnessing and reporting Errors near misses and incidents	2016-17	2017-18
Witnessed errors, near misses or incidents in the last month that could have hurt staff, (2017 question changed to positive reporting, in the last month have not seen errors/ near misses /incidents that could hurt staff)	18%	82%
Witnessed errors, near misses or incidents in the last month that could have hurt patients/service users, (2017 question changed to positive reporting, in the last month have not seen errors/ near misses /incidents that could hurt patients)	26%	71%
If witnessed either I or a colleague reported.	93%	94%
Fairness and Effectiveness of Procedures for Reporting Errors, Near Misses or Incidents	2016-17	2017-18
Organisation treats staff who are involved in and error, near miss or incident fairly	46%	52%
Organisation encourages us to report errors, near misses or incidents	87%	88%
When they happen the organisation takes action to ensure they don't happen again	68%	68%
Given feedback about changes made in response the error, near miss and incident	62%	64%
Raising Concerns about Unsafe Clinical Practice	2016-17	2017-18
Staff saying if they were concerned about unsafe clinical practice they would know how to report it.	96%	97%
Staff would feel secure raising concerns about unsafe clinical practice	68%	70%
Staff confident that the organisation would address the concern	54%	54%
Experiencing and Reporting Physical Violence at Work	2016-17	2017-18
Experiencing physical violence at work from patients/service users, their relatives or other members of the public in the last 12 months		
Never	81%	82%
1 to 2 times	10%	10%
3 to 5 times	5%	4%
6 to 10 times	2%	2%
More than 10	3%	3%
Experiencing physical violence at work from managers in the last 12 months		
Never	99%	99%

1 to 2 times	1%	0%
3 to 5 times	0%	0%
6 to 10 times	0%	0%
More than 10	0%	0%
Experiencing physical violence at work from other colleagues in the last 12 months		
Never	97%	99%
1 to 2 times	2%	1%
3 to 5 times	1%	0%
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	62%	62%
Experiencing and Reporting Harassment, Bullying and Abuse at Work	2016-17	2017-18
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	74%	74%
1 to 2 times	15%	16%
3 to 5 times	6%	5%
6 to 10 times	2%	2%
More than 10	3%	3%
Experiencing harassment, bullying or abuse at work from managers in the last 12 months		
Never	87%	87%
1 to 2 times	9%	9%
3 to 5 times	2%	2%
6 to 10 times	1%	1%
More than 10	1%	1%
Experiencing harassment, bullying or abuse from other colleagues in the last 12 months		
Never	84%	84%
1 to 2 times	11%	11%
3 to 5 times	3%	3%
6 to 10 times	1%	1%
More than 10	1%	1%
If experienced harassment bullying or abuse either they or a colleague report it.	40%	44%
Equal Opportunities	2016-17	2017-18
Organisation acts fairly with career progression/promotion regardless of, ethnic background, gender, religion, sexual orientation or age.	85%	84%
Discrimination	2016-17	2017-18
Experienced discrimination from patients/service users, their relatives or other members of the public in the last 12 months, (2017 question changed to positive reporting, Not experienced	3%	74%

harassment, bullying or abuse from patients/service users, their relatives or members of the public		
Experienced discrimination from their manager/team leader or other colleagues in the last 12 months, (2017 question changed to positive reporting, not experienced bullying or abuse from managers	5%	87%
Discrimination on the grounds of ethnic background	17%	22%
Discrimination on the grounds of gender	21%	24%
Discrimination on the grounds religion	5%	5%
Discrimination on the grounds sexual orientation	2%	7%
Discrimination on the grounds disability	4%	11%
Discrimination on the grounds of age	17%	20%
Discrimination for other reasons	56%	42%
Job-relevant Training, Learning and Development	2016-17	2017-18
Having received non-mandatory training, learning or development in the last 12 months	67%	67%
Who have received the training – it has helped do the job more effectively	82%	82%
Who have received the training – it has helped stay up-to-date with professional requirements	86%	86%
Who have received the training – it has helped deliver a better patient/service user experience	81%	81%
Staff who have received mandatory training in the last 12 months	98%	99%
Appraisal	2016-17	2017-18
Staff saying they had received an appraisal or performance development review in the last 12 months	94%	93%
Appraisal helped me to improve how I do my job	21%	20%
Appraisal helped me agree clear objectives for work	33%	31%
Appraisal left me feeling that my work is valued by the organisation	27%	27%
Values and behaviours were definitely discussed as part of appraisal	37%	36%
Appraisal had identified training, learning or development needs	62%	61%
Manager definitely supported them to achieve the learning or development identified in appraisal	49%	53%
Your Organisation	2016-17	2017-18
Care of patient/service users is my organisations top priority	67%	68%
My organisation acts on concerns raised by patients/service users	68%	69%
I would recommend my organisation as a place to work	57%	58%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	62%	62%
Patient/Service User Experience Measures	2016-17	2017-18
Patient/service user experience feedback is collected within the directorate/department	91%	90%
I receive regular updates on patient/service user experience feedback in my directorate/ department	63%	66%
Feedback from patients/service users is used to make informed decisions within my directorate/department	58%	59%

Investors in People

The Trust has been accredited again as an Investors in People organisation to 2021. The Trust was assessed against nine performance indicators, facilitated by our Learning and Development Team. 170 colleagues were interviewed across the Trust volunteers, staff side and governors. We achieved in all nine categories and received 'Essential' standard which has replaced our previous 'Bronze' accreditation. The report outlined that staff feel empowered to make decisions that are appropriate to their role and that consultation and managing performance is well embedded.

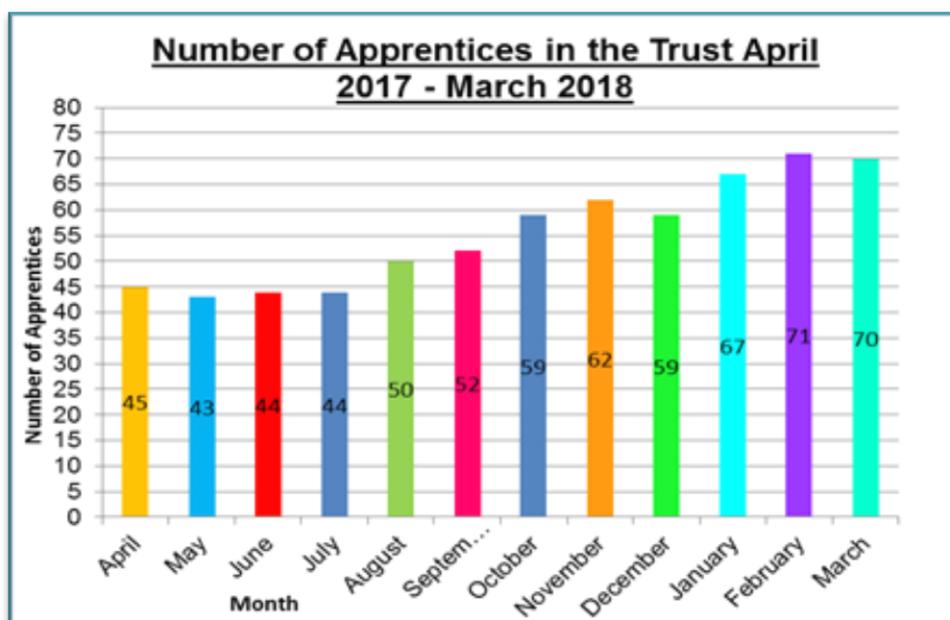


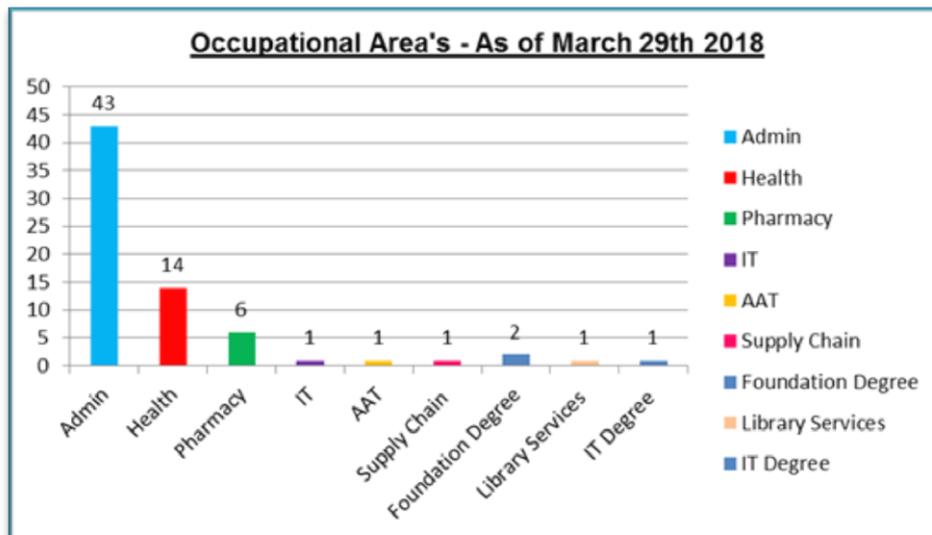
Apprenticeships at Barnsley Hospital

We have employed apprentices at Barnsley Hospital for many years and a lot of our staff, including staff in senior roles, started their career here as an apprentice or trainee. Apprentices are aged 16 or over and combine working with studying to gain skills and knowledge in a specific job. We offer a number of different apprenticeship opportunities here at the Trust and all our apprentices are an asset to the Trust. Apprentices work with experienced staff learning job-specific skills and have protected time to study during their working week. Apprentices are treated as a member of the team and help support the function or service they are working within. Hiring an apprentice enables services to grow their skills base resulting in increased output and service development.

In 2017 the apprenticeship levy was introduced, although the Trust already had an embedded apprenticeship scheme, changes in the skills funding agency funding rules enabled the Trust to expand its apprenticeship offering. In addition to this the creation of higher level and degree apprenticeships has allowed us to align with service needs to support existing staff who can access an apprenticeship.

Our breakdown of apprenticeships by month and occupation areas are illustrated below.





Talent for Care

The Trust supports Health Education Yorkshire and the Humber Talent for Care initiative, 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, learning and development have engaged with over 1,500 school aged children in the Barnsley district and have delivered a number of workshops and classroom sessions.

In 2017 the Trust welcomed its first supported intern; supported internships provide real work based experience for individuals with a physical or learning disability.



Learning and Development

Mandatory Training

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 was implemented on the 1 April 2017. All of the section 1 subjects are now aligned to the Core Skills Framework.

The Trust sets itself an ambitious target of 90% mandatory training compliance. This is higher than the national norm however we believe that 90% is an achievable stretch target.



Our overall performance against our 90% target is shown below.

Essential Training Section 1 Compliance & Appraisal Compliance												
	Training Compliance											
	Overall April 2017	Overall May 2017	Overall June 2017	Overall July 2017	Overall Aug 2017	Overall Sep 2017	Overall Oct 2017	Overall Nov 2017	Overall Dec 2017	Overall Jan 2018	Overall Feb 2018	Overall Mar 2018
Training												
Trust	88.0%	88.2%	88.5%	87.7%	87.0%	87.0%	87.1%	87.1%	86.9%	87.7%	88.1%	88.4%
Corporate Services	87.6%	87.3%	87.9%	86.0%	84.2%	84.9%	85.8%	86.1%	85.7%	87.9%	88.0%	87.3%
CBU 1 Medicine	86.4%	86.6%	86.6%	86.2%	86.3%	84.5%	83.7%	84.0%	83.6%	84.0%	84.4%	85.4%
CBU 2 Surgery	86.8%	87.2%	87.9%	88.5%	87.8%	87.6%	87.5%	87.9%	87.3%	88.2%	88.8%	89.4%
CBU 3 Women, Children & Clinical Support Services	90.8%	91.3%	91.1%	90.0%	90.0%	90.5%	90.6%	89.6%	90.1%	90.6%	91.0%	91.4%
Barnsley Facilities Services						88.2%	89.6%	92.6%	92.4%	88.8%	89.3%	89.7%
Training												
Business Security and Emergency Response	93.1%	93.2%	93.3%	92.7%	91.9%	91.6%	91.8%	92.1%	91.2%	91.1%	91.4%	91.8%
Equality & Diversity	93.2%	93.2%	93.5%	93.2%	92.2%	92.1%	92.4%	92.7%	92.6%	92.6%	92.4%	92.2%
Conflict Resolution	83.8%	83.0%	83.6%	83.7%	84.0%	83.3%	83.2%	82.8%	81.6%	82.2%	83.2%	83.2%
Infection Control Level 1	95.6%	95.6%	95.0%	93.7%	94.0%	94.5%	94.4%	95.1%	94.9%	93.6%	93.5%	94.0%
Infection Control Level 2	73.9%	73.5%	76.3%	76.6%	75.4%	74.3%	72.8%	73.9%	74.9%	77.4%	79.2%	78.8%
Safeguarding Children Level 1	85.8%	81.8%	82.1%	82.0%	85.8%	88.6%	91.0%	92.7%	92.3%	91.9%	91.7%	92.3%
Safeguarding Children Level 2	84.1%	84.3%	84.1%	84.0%	82.5%	82.4%	84.0%	84.4%	84.7%	85.0%	85.3%	83.5%
Moving & Handling Practical Patient Handling Level 1 (3-yearly)	87.9%	89.1%	90.3%	89.8%	87.0%	85.5%	85.9%	86.0%	86.1%	86.6%	86.1%	87.0%
Moving & Handling Practical Patient Handling Level 2 (3-yearly)	97.7%	97.6%	97.7%	97.1%	96.3%	94.5%	94.9%	94.5%	93.9%	94.4%	94.8%	94.4%
Moving & Handling Back Care Awareness (Once)	97.3%	97.7%	97.6%	96.9%	96.9%	96.2%	96.4%	96.5%	96.5%	96.2%	96.8%	96.7%
Safeguarding Adults Level 2	86.6%	85.4%	84.6%	83.9%	82.2%	83.9%	84.7%	85.7%	85.9%	86.5%	85.9%	85.1%
Safeguarding Adults Level 1	90.5%	89.0%	87.9%	86.3%	88.0%	90.2%	92.2%	94.1%	93.4%	92.3%	92.7%	92.0%
Fire, Health & Safety	81.3%	81.3%	81.4%	79.9%	80.8%	82.1%	82.6%	82.6%	82.4%	84.8%	84.4%	83.2%
Resuscitation Adult Basic Life Support	80.5%	81.3%	81.2%	80.4%	77.3%	77.7%	78.3%	79.6%	79.7%	82.7%	82.3%	80.7%
Resuscitation Immediate Life Support	82.9%	82.2%	78.8%	82.0%	83.3%	82.6%	77.9%	79.6%	79.9%	80.8%	82.0%	82.8%
Resuscitation Paediatric Immediate Life Support	39.2%	45.6%	50.0%	55.6%	57.6%	80.6%	76.2%	73.0%	75.0%	74.6%	70.6%	70.0%
IG Compliance	92.4%	96.1%	96.6%	92.6%	90.7%	88.0%	86.2%	82.9%	81.9%	84.0%	85.8%	92.5%

Information Governance Toolkit

The Trust achieved satisfactory compliance against the Information Governance Toolkit requirements.

Organisational Development

The Trust has a talent 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. Learning and development have continued to support assessment centres for senior recruitment. There has been an increased usage of psychometric and 360° feedback tools. Coaching capacity within the Trust has been increased this year. The Aspiring and Ascending talent programmes will continue throughout 2018/19.



Library and Resource Centre

The library and resource centre has a range of resources to support staff with their requirements, supporting clinical and non-clinical decision making through its literature searching service. The Centre has also increased the amount of training it offers in 2017/18 with increased uptake. 2017/18 also saw the role out of two new major library service offers; current awareness bulletins which provide information about up-to-date research in certain areas and the *Online Barnsley Repository* which is a database of all research articles published by Trust staff. The Centre has been successful in obtaining external funding for a full refurbishment, which is due to be completed in May 2018.

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 counter fraud measures are in place.

Expenditure on Consultancy

Please see Financial Statements and Accounts on page 218 onwards.

Exit Packages

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

Off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

	2017-18
	Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed ‘board members and/or senior officials with significant financial responsibility’ during the financial year. This figure must include both off-payroll and on-payroll engagements.	15

Note: The one off payroll arrangement above relates to a short-term secondment from another NHS Trust for the position of Medical Director in year. This post was appointed to substantively in the year.



Voluntary 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 857 requests (an increase of 271 on the previous year), for which none required a payment to the Trust.

Market Values / Fixed Assets

We re-valued our estate on 1 September 2017 to coincide with the BFS transaction and re-valued again on 31 March 2018 to make sure that our assets were valued on a material basis. The net impact of the revaluation was a decrease of £8.6m as shown in note 11 of the Accounts.

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. 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 reporting period however; this will be reviewed during 2018 -19.

Trade Union Information (Schedule 2)

Relevant Union Officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
22	18.24

Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	5
1-50%	16
51%-99%	0
100%	1

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£111,729
Provide the total pay bill	£135,636,112
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.082%

Paid Trade Union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	1.22%
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(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100

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

R. Jenkins

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Date: 24 May 2018

Governance Report

Our Approach to Governance

The Trust is managed by the Board of Directors, which is accountable to the Council of Governors. The Governors have a responsibility to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

The Governors also have a duty to represent the interests of Trust's members and the public. They 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 Chair of the Board is also the Chair of the Council and is responsible for ensuring that the Board and the Council work together effectively. The link between the two is enabled in a number of ways, 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. 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

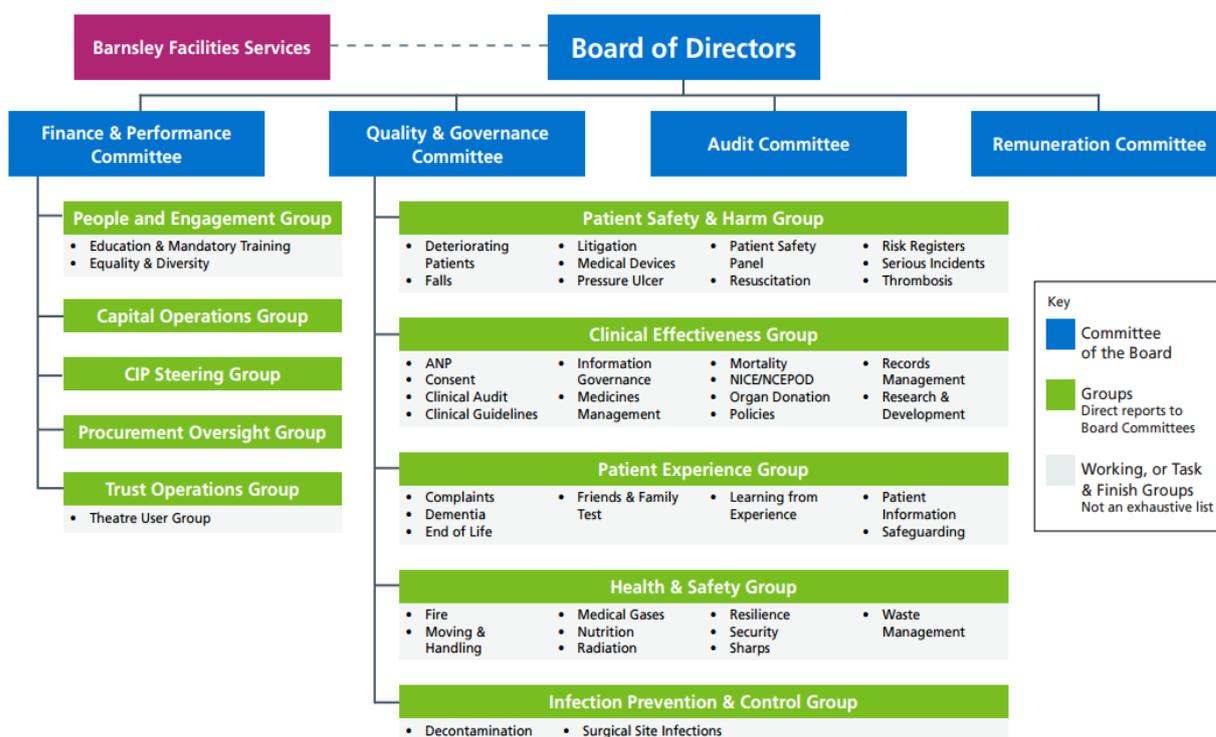
You can read more about our committee structure and the work that they undertook during the year on page 99.

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.



Trust Governance Structure



The governance structure provides a framework within which the CBUs are held to account across 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 and quality of appraisals.

In May 2014 NHS Improvement (previously known as 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 removed in January 2015, the enforcement notice relating to the governance arrangements was removed in September 2015 and in March 2018, following removal of the enforcement relating to financial arrangements, NHS Improvement have issued a Compliance Certificate as the Trust is no longer subject to any enforcement action.



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.	The Chair does regularly review and agree training and development needs with Non-Executive Directors and the Chief Executive. To date training and development needs for other Executive Directors have been reviewed and agreed between the Chief Executive and the Director and relevant matters supported by the Chair and Non-Executive Directors through the RATS Committee. Following external review, a development programme for the Board was progressed, led by the Chairman and Chief Executive. Board and individual development continues.

Disclosure Statements

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

The table overleaf 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.	101
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.	52-55 99-100
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.	101-103
	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	110-113
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.	52-55
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.	52-55
	The annual report should include a brief description of the length of appointments of the Non-Executive Directors and how they may be terminated.	52-55
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.	104
	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.	59, 104
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	54, 57

Provision	Requirement	Page
	the Council of Governors as they arise, and included in the next annual report.	
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.	108-109
	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 2017-18
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.	52
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.	52
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).	17
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.	AGS 114
C.2.2	A Trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	99
C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	N/A
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report	098



Provision	Requirement	Page
	<p>should include:</p> <ul style="list-style-type: none"> - the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; - an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and - if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A
E.1.4	Contact procedures for members who wish to communicate with Governors and/or directors should be made clearly available to members on the NHS Foundation Trust's website.	109
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face- to-face contact, surveys of members' opinions and consultations.	113
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.	108
	<p>The annual report should include:</p> <ul style="list-style-type: none"> - a brief description of the eligibility requirements for joining different membership constituencies - information on the number of members and in each constituency - a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership. 	108
	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.	57



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	33
An indication of likely future developments	7(1) (b) Schedule 7	15
An indication of any significant activities in the field of research and development	7(1) (c) Schedule 7	33
An indication of the existence of branches outside the UK	7(1) (d) Schedule 7	33
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	49-51
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	49-51
Policies applied during the financial year for the training career development and promotion of disabled employees	10(3) (c) Schedule 7	49-51
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	11, 50
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	11,75-84
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance	11(3) (c) Schedule 7	75-84
Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS foundation trust	11(3) (d) Schedule 7	75-84
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	13, 99, 114

Other disclosures as required by the NHS foundation trust annual reporting manual 2017-18

The Annual Reporting Manual for 2017-18 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	8
Service improvements following staff or patient surveys	27 -30
Improvements in patient / carer information	29
Information on complaints	29
Descriptions of significant partnerships and alliances entered into by the NHS foundation trust to facilitate the delivery of improved healthcare	30-33
Development of services involving other local services/agencies and involvement in local initiatives	8, 30-33
Slavery Act	89

Board Committees

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 above on page 54) 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 the 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 £58,920 (2016-17 £61,260 including VAT). The audit fee for the subsidiary organisation, Barnsley Facilities Services Limited, was £7,140 (2016-17 £7,530). The audit fee for Barnsley Hospital Charity was £3,120 (2016-17 £3,120) inclusive of VAT.

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

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 revaluation and associated accounting transactions for the expansion of BFS
 - Accounting for contract income recognition.
- The results of the work performed by the Trust's Local Counter Fraud Specialist.
- Assurance from the work of Quality & Governance Committee and External Audit on the Quality Account.
- Wording of the Annual Governance statement to ensure that this is consistent with matters considered by the Committee.

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

- Discussions with the Trust's 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.
- Presentations to the Council of Governors as part of the introduction process and also to report on audit findings.
- Receiving the outcomes of a survey of committee members discussing the performance of the external auditors.

Regulatory Segmentation – Single Oversight Framework

Under the Single Oversight Framework introduced in 2016, the Trust sits in segmentation 3 for 2017-18. Following the issue of the Compliance Certificate and removal of all enforcement undertakings, the Trust will move to segmentation 2.

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. The Trust remained at level 3 for the duration of the reporting period.

The Council of Governors

The Council of Governors comprises of 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. This composition enables the Trust to maintain a good ratio of public: other governors and 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).

This structure continues to enable public Governors to be elected by, and represent, 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. Page 112 highlights 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 2017-18 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 to helped to reshape and re-launch.

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 attend meetings of the Council of Governors and hold 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 2017 are identified below:

Public Governors:

Barnsley Public Constituency:

- Kathryn Armitage
- Michelle Bailey
- Andrew Bogg
- Pauline Buttlings
- Gilly Cockerline (from 1 January 2018)
- Tony Dobell
- Tony Grierson
- Alan Higgins
- Karen Kanee
- Stephen (Steve) Long
- Annie Moody – appointed as Lead Governor, from 1 January 2017



- Harshad Patel
- Carol Robb
- Alan Scattergood (from 1 January 2018)
- Robert Slater
- Trevor Smith

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

Staff Governors:

- Clinical Support: Helen Dixon
- Medical & Dental: Mr Ray Raychaudhuri
- Non Clinical Support: Colin Brotherston-Barnett
- Nursing & Midwifery: Emma Cotney and Claire Grant
- Volunteers: Tony Conway

Partner Governors:

- Barnsley College: Vacant
- 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 Hallam University – Paul Ardron
- University of Sheffield - Vacancy
- Voluntary Action Barnsley: David Brannan

Public and Staff Governors are subject to elections held annually for up to one-third of seats, at the end of their terms of up to three years office. In 2017 (for appointment/re-appointment from 1 January 2018), five seats for public Governors and four staff Governor seats were put forward for election; the elections were supported by the UK-Engage, as independent scrutineers.

While appointed by nomination rather than election, partner Governors are subject to reappointment at three year intervals. Co-opted Governors can be appointed and removed by approval of the Council of Governors at a general meeting.

The Council is an evolving and ever changing body but everyone who becomes part of it makes a valued contribution and helps to shape the future direction of the hospital.

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



Vacancies

The University of Sheffield seat and the Barnsley college seat are vacant and will be redressed at the earliest opportunity. 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 109. 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 2017, the Board repeated its annual invitation for Governors to attend one of its full meetings (hence the Directors' attendance is not recorded separately). 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 his 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 2017-18 included:

- Paul Ardron, Partner Governor
- David Brannan, Partner Governor
- Tony Dobell, Public Governor (from 1 January 2017)
- Annie Moody, Public and Lead Governor (from 1 January 2017)
- Ray Chaudhuri, Staff Governor
- Trevor Smith, Public Governor
- Stephen Wragg, Trust Chairman (*Committee Chair*)

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

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

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 2017-18 an uplift to £12,750 (from £12,500) was approved by the wider Council of Governors for the Non Executive Directors and £42,874 (from £41,625) for the Chairman. This brought the remuneration levels nearer to – but still below – national and regional averages for both Non Executive Directors and Chair. 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 & Finance Committee

This is a small group, chaired by the Lead Governor and its membership includes three other Governors and is also joined by the Trust's Chairman. In the past, the remit of this group was to control a small dedicated budget and consider funding requests to support the work of the Governors. The Committee 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 Boards support system: namely Quality & Governance and Finance & Performance. Mindful of the demands on Governors' schedules, these continue to be informal groups of the Council of Governors and are open to all Governors. They are led by a Chair and Vice-Chair, elected from the Governors.

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

In 2017-18 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.
- Challenge 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 Tony Dobell as Vice Chair. Both 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.
- 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 build on the training programme for the Governors – 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. Tony Dobell continues in his role as Audit Liaison Governor and providing assurance to the group
- 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 Tony Dobell (Public Governor).

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 sincere thanks to all staff to express their sincere appreciation and admiration 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 & Transformation Plan and development of integrated care services. 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.

Membership

Foundation Trusts are a result of the Government's drive to devolve decision making from central government to local organisations and communities. As a Foundation Trust we have the freedom to set our own goals and make our own decisions and to create our own model of governance with patients/ staff represented. The most important benefit of becoming a Foundation Trust is that it puts doctors, nurses, managers and local people around the same table to think about what is best for patients. Members of Barnsley Hospital NHS Foundation Trust play an important role in the way Barnsley Hospital is governed and our services are run. Membership is free and allows individuals to stand for election to the Council of Governors, or vote to elect representatives from a membership constituency who will represent member views on the Council of Governors.

Our membership strategy has been to continue to maintain and engage a diverse and representative membership, reflecting our local population. To ensure departing staff are not lost to the membership, exit interview forms for individuals leaving the Trust enable them to retain their membership by converting to public membership on departure.

Engaging Members

The Trust engages members via email communications through the current membership database CHKS. 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. Promotional material with key messages about the membership are across the hospital site. Targeted to key areas in the hospital where promotions can be clearly viewed by the public as well as staff. Making signing up to the membership more convenient and will encourage the public to get involved. Sign up sheets, posters and information sheets are also in the waiting areas of the majority of GP Surgery's 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 the Trust Secretary at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818. The postal address is: Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP.

As at 31 March 2018 we had 11,859 eligible members, comprising of 7,973 public members and 3,886 staff members.

Public Constituency	31 March 2018 Actual Members	31 March 2018 *Eligible Membership
Age (years)		
0-16	2	47,212
17-21	68	13,605
22+	7888	179,833
Ethnicity		
White	7,557	226,285
Mixed	17	1,630
Asian or Asian British	86	1,661
Black or Black British	20	1,221
Other	9	424
Gender		
Male	2,936	119,014
Female	5,036	121,636
Socio-economic Groupings		
AB - upper/middle class	1,672	10,216
C1 - lower middle class	2,185	19,461
C2 - skilled working class	1,922	18,746
DE – working/casual class	2,190	25,092

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



Attendance at Board of Director and Council of Governors Meetings

Board and Board Committee Meetings:

		Board of Directors		Audit Committee		Finance & Performance		Quality & Governance		RATS		NOTES
Non Executive Directors		Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	
Dean	Janet	12	11	6	5			12	9	4	1	A+B
Firth	Keely	12	11			12	10			4	3	
Hudson	Philip	12	12	6	6			12	9	4	4	
Mapstone	Nick	12	11	6	6	12	10			4	3	B
Moore	Ros	12	10	3	3			12	11	4	1	A
Patton	Francis	12	12			12	11			4	1	
Wragg	Stephen	12	12	1	1	4	3	4	5	4	4	A
<i>Shading denotes Board / Committee Chair</i>												
Executive Directors & Executive Team Members												
Davidson	Tom	12	11			12	10					C
Enright	Simon	12	10	1		12	8	12	9			
Grosvenor	Natalie	6	3			6	4	6	2	1	1	C
Jenkins	Richard	12	12	1	1	12	8			3	3	
Kelly	Karen	9	9			9	6	9	6			
Kirton	Bob	12	12			12	11					
McNair	Heather	12	11			12	8	12	11			
Parkes	Emma	12	9	1	1	12	5					C
Wright	Michael	12	11	6	5	12	11					
Lavery	Emma	5	4			12	6	5	4	4	3	C

Notes

- A Not a member of the Finance & Performance Committee but invited to attend the mid year review meeting annually
- B Mrs Dean chaired the Committee, she stepped down as chair in March 2018 and Mr Mapstone was subsequently appointed
- 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

Council of Governors Meetings - Governors (and Chair)

Staff and Partner Governors

Name		Term Of Office		Constituency	General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
		1	Expiry Date						Finance & Performance	Quality & Governance		
Staff Governors				Staff Constituency	Total Eligible	Attended	Attended	Attended	Attended	Attended	Total Eligible	Attended
Colin	Brotherston-Barnett		Dec-20	Non-Clinical Support	1	1	-	-	1			
Tony	Conway		Dec-18	Volunteers	6	5	Yes	No	7	2		
Emma	Cotney		Dec-20	Nursing & Midwifery	1	1	-	-		1		
Helen	Dixon		Dec-19	Clinical Support	6	4	Yes	No				
Claire	Grant		Dec-20	Nursing & Midwifery	1	1	-	-	1	1		
Ray	Raychaudhuri		Dec-18	Medical & Dental	6	3	No	No	2	4	2	2
Name		Term Of Office		Constituency	General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
		1	Expiry Date						Finance & Performance	Quality & Governance		
Partner Governors				Partner Constituency	Total Eligible	Attended	Attended	Attended	Attended	Attended	Total Eligible	Attended
Paul	Ardron			Sheffield Hallam University	6	3	No	Yes			2	2
David	Brannan			Voluntary Action Barnsley	6	6	No	Yes	7	4	3	3
Martin	Jackson			Joint Trade Union Committee	6	3	Yes	No	2	1		
Peter	Lleshi			Barnsley Together	5	3	No	No	2	2		
Chris	Millington			Barnsley Clinical Commissioning	6	5	Yes	Yes	7	5		
Clr Jenny	Platts			Barnsley Metropolitan Borough Council	6	5	Yes	Yes	2	2		
Lee	Pryor			Barnsley College	5	0	No	No		0		
Plus												
Stephen	Wragg		Dec-17	Chairman	6	6	Yes	Yes	6	4	3	3
<i>Chairs denoted by shading</i>												

A Partner Governors are appointed/re-appointed by their organisations at regular intervals - Lee Prior resigned from Barnsley College therefore the position is vacant
 B 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

Public Governors

Public Governors		Public Constituency	Total Eligible	Attended	Attended	Attended	Attended	Attended	Attended	Total Eligible	Attended	Attended
Kathryn	Armitage	Public Constituency	6	6	Yes	6	Yes	6	4	6	4	Attended
Michelle	Bailey	Public Constituency	6	3	No	1	No	4	4	6	4	Attended
Andrew	Bogg	Public Constituency	6	1	No	2	No	2	2	6	2	Attended
Pauline	Buttling	Public Constituency	6	5	Yes	5	Yes	3	3	6	3	Attended
Gilly	Cockerline	Public Constituency	1	1	No		No	3	3	1	3	Attended
Tony	Dobell	Public Constituency	6	5	No	6	Yes	5	3	6	5	Attended
Tony	Grierson	Public Constituency	6	6	Yes	5	Yes	4	4	6	5	Attended
Alan	Higgins	Public Constituency	6	6	Yes	7	Yes	5	5	6	7	Attended
Karen	Kanee	Public Constituency	6	5	No		No	2	2	6	5	Attended
Steve	Long	Public Constituency	6	4	No	4	No	5	5	6	4	Attended
Annie	Moody	Public Constituency	6	5	Yes	5	Yes	6	3	6	5	Attended
Harshad	Patel	Public Constituency	6	3	No	2	No	2	2	6	3	Attended
Carol	Robb	Public Constituency	6	4	Yes	4	Yes	2	2	6	4	Attended
Alan	Scattergood	Public Constituency	1	0	-		-			1	0	Attended
Robert	Slater	Public Constituency	6	5	No	5	No	5	5	6	5	Attended
Trevor	Smith	Public Constituency	6	2	No	5	No	3	3	6	2	Attended

Chairs denoted by shading

Board and Management Attendance at Governor Meetings

Name		General Meeting		Annual General Meeting	Joint Meeting With Board	Sub groups		Nominations Committee	
		Total Eligible	Attended			Finance & Performance	Quality & Governance	Total Eligible	Attended
Board and Management Attendance:									
Janet	Dean		1	Yes	Yes	0	2		
Keely	Firth		5	Yes	Yes	3			
Simon	Enright		1	Yes	Yes				
Natalie	Grosvenor		1	No	No				
Philip	Hudson		1	Yes	Yes		5		
Richard	Jenkins		4	Yes	Yes			2	2
Karen	Kelly		0	Yes	Yes				
Bob	Kirton		4	Yes	Yes	2			
Emma	Lavery		0	-	-	1		2	1
Nick	Mapstone		3	Yes	Yes	5			
Heather	McNair		1	Yes	Yes		2		
Ros	Moore		3	No	Yes		4		
Francis	Patton		1	Yes	Yes	7		2	2
Michael	Wright		1	No	Yes	1			

Annual Governance Statement (AGS)

By 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 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The overall responsibility for the management of risk lies with me as Chief Executive and Accounting Officer. I am supported in my role through the assurance committees of the Board of Directors, 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 including; health & safety, fire safety, manual handling, infection, prevention & control, safeguarding, information governance and other key components of the wider risk management framework and agenda. 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 and Learning from Deaths 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 CBU 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, the Trust has maintained governance systems that continue to promote transparency for patients and families and capture compliance in order to report on performance.

Throughout 2017-18 the Trust's *Freedom to Speak-up Guardian* has continued 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 and objectives. 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 Integrated Performance Report (IPR). 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 (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.

As in previous years, the Trust has conducted an annual self assessment against the Quality Governance Framework. This was reviewed via the Quality and Governance Committee during 2017-18 and reported to the Board of Directors. During 2017-18 self-assessment took place against NHS Improvement Well-led Governance Framework, which fully incorporates, and builds on, the Quality Governance Framework. The Quality Report, within this annual report and accounts, provides more detailed information on the Trust's Quality Improvements throughout 2017-18 and the future plans for continued improvement in 2018-19.

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. Supporting the internal Quality and Safety Assurance Visits there is a programme of announced and unannounced Quality Assurance Visits by Barnsley Clinical Commissioning Group.

In October 2017, the CQC made an unannounced inspection of four of our core service areas – Medical Care, Surgery, Services for Children and Young People and Urgent and Emergency Services – and returned a month later as part of their new 'Well-led' inspection regime to assess our governance, processes and leadership at all levels. In March 2018 the CQC published the new hospital rating of 'Good' overall, which included 'Good' for the well-led element of the inspection.

Changes to our rating are based on these areas of focus. Other areas were not inspected and therefore are unchanged since our previous inspection in 2015.

Following the Trust's CQC Inspections in October and November 2017, work has continued to embed the improvements made both before and since the Inspections including the development and on-going monitored implementation of a Trust-wide action plan address all outstanding actions required and recommended by the CQC.

- 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. A financial irregularity 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. At that point, the Trust's regulator placed the Trust in breach of licence in relation to finance. The breach of license was lifted during 2017/18 after a number of years of sound financial management.

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 IPR 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 BAF are 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 2017-18 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 2017-18. 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 2017-18 has proven challenging for the Trust due to the continued 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 2018-19 are:

- Delivering the Control Target Deficit of £8.7m assigned to the Trust for 2018-19. Failure to do so will result in the Trust not being able to access Provider Sustainability funding
 - Delivery of a Cost Improvement Programme of £8.5m
 - Cash flow management and access to distressed funding of £17.3m including the repayment of a £8.4m historic loan.
 - National pay awards
 - Non-pay inflation
 - The necessity to open escalation beds to cope with the demand from non-elective admissions which has been significantly in excess of our planned demand
- 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 gives detailed information on capacity and operational pressures. This went live January 2018. The Director of Nursing and Quality became the executive responsible for the four hour wait target in December 2017 and this, together with the development of a new post in December 2017 will further strengthen the Trust's plan in relation to the four hour wait target. The Deputy Director of Nursing for Operations reports to the Director of Nursing and Quality and will provide professional nursing leadership, expertise and advice on operational and strategic issues within the Trust with a specific focus on patient flow, the four hour wait target and discharge planning.

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 continue to deliver strong performance within South Yorkshire and will continue to work with NHS England's input in maintaining resilience.

- Cost Improvement Programmes (CIP)

The Trust has delivered £9.3m savings against the target of £7.8m for 2017-18.

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. The 2018-19 CIP challenge is £8.5m. Currently plans are in place to deliver £5.4m. The Trust is actively working on schemes to deliver the remaining £3.1m.



- **Pressure on Urgent Care Pathway and Bed Capacity**

In 2016-17 a review of bed stock was undertaken. Part of this work included the reduction of some medical beds and reconfiguration of surgical capacity. The bed reduction was predicated on pathway redesign to support patients being cared for outside of an acute setting and some changes in the wider health economy to support earlier discharge of patients.

The bed configuration review will seek to implement a flexible approach to bed availability in order to adapt bed numbers according to seasonal pressures. A work stream will review the financial impact of this model and review all in-patient bed capacity in 2018-19.

A review will also take place of the ambulatory pathway for patients and these changes will be factored in to bed stock requirements.

- **Risk Management arrangements**

Risk Management is embedded in the activity of the Trust. Risk Registers and the BAF 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 2017-18 the Trust became the seventh 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 2017-18 the Trust has worked hard to ensure that staff reporting incidents are provided with timely and meaningful 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 April 2017 the Trust published its second Quality Strategy establishing a framework around which the quality of care and services provided by Barnsley Hospital NHS Foundation Trust are monitored and against which improvements in the quality of care will be defined and implemented. There is a similar process in place for Never Events, of which there were two during 2017-18.

- **Care Quality Commission**

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.

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 three years and has over achieved the target of £7.8m in 2017-18 by delivering £9.3m. The Trust has a clearly defined Quality Impact Assessment 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 2018-19.

The Trust's annual plan outlines our approach to implementation of a plan over the next year 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 Integrated Care System 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, 2017-18 ended with a deficit of £5.8m, which is £4.4m favourable to the planned position of an £10.1m deficit. The key challenges included:

- Failure to achieve the ED four hour trajectory resulting in the loss of sustainability and transformation funding.
- Pressure on pay costs driven by expenditure on agency staff incurred to support escalation wards.

During 2017-18, 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 £11.8m 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.

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 externally reported a total of one Information Governance incident scoring a level 2 against the HSCIC Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation, during 2017-18.

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. This incident has been concluded and closed.

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 IPR.

Barnsley Hospital NHS Foundation Trust is committed to ensuring that patients will experience safe, effective and high-quality care. The Trust's plan for quality improvement over 2018-19 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, 2017 - 2020. 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 was expected that in 2017-18 the Trust will begin weekly validation for patients on the PTL waiting longer than 14 weeks, however, due to recruitment issues, the data quality team have been unable to complete this. The team are now fully established and therefore the above action should be completed by the end of Q1 2018-19.

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 2017-18 Internal Audit issued 11 reports:

- 8 reports were issued with Significant Assurance;
- 2 reports were issued with Limited Assurance; and
- 1 report was issued with no opinion.

No high risk issues have been identified from the reports issued in 2017-18. Internal audit in a consultancy role targets the areas where we think there may be things we need to review in greater detail. As a result, this can result in a report with 'limited assurance'. When this is the case, the Audit Committee and the Trust undertake the required and recommended actions.

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. This position is further endorsed by the external audit opinion which demonstrates improvement from the previous year with the lifting of 'except for' qualification in relation to value for money. We have also received an unqualified opinion from our external auditors in relation to the Quality Accounts which again is an improvement on the qualified opinion from 2017/18.

R. Jenkins

Signed.....

Dr Richard Jenkins, Chief Executive

Date 24 May 2018





Quality Report

Incorporating Quality Accounts 2017-2018



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Part 1: Statement on quality from the Chief Executive

Whilst the last year has seen national unprecedented pressures on the NHS, Barnsley Hospital NHS Foundation Trust has continued to ensure that quality, patient safety and patient experience remains at the forefront of our priorities and that we maintain our focus on quality improvement during these times of significant challenge.

In October 2017 the CQC made an unannounced inspection of four of our core service areas – Medical, Surgery, Children’s services and Urgent and Emergency Care – and returned a month later as part of their new ‘Well-led’ inspection regime to assess our governance, processes and leadership at all levels. The team of Inspectors visiting the hospital were here to establish the standards of care being provided across the four services and were looking for evidence to determine if the services provided are safe, effective, caring, responsive and well-led.

The team of inspectors recognised a significant number of areas of outstanding and good quality care at Barnsley Hospital and the Trust’s commitment and plans to secure further improvements in services provided for patients. In March 2018 the CQC published the new hospital rating and we were delighted to learn that Barnsley Hospital had been awarded a rating of ‘Good’ overall.

This fantastic achievement is testament to the hard work and commitment of our staff and the work we have done to transform our Hospital and implement actions and improvements since the last CQC Comprehensive inspection in July 2015.

This year’s Quality Account provides you with the details of our quality improvement journey over 2017-18. Once again we celebrate our achievements but also acknowledge those areas where continued improvement is required. During 2017-18 we made significant progress in achieving the key priorities of the three quality improvement goals.

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

- The Trust has continued to maintain and improve on the agreed targets for avoidable hospital acquired infections
- The adjusted Hospital Standardised Mortality Rate (HSMR) has continued to reduce significantly in the Trust including at weekends. As a continuation of the work to reduce mortality rates Trust has continued to see a reduction in HSMR with the rolling 12 months (latest data is January 2018) at 89. This is the lowest HSMR figure for the Trust during the past ten years.

- There has been significant improvements in the prevention and management of hospital acquired avoidable grade 3 and grade 4 pressure ulcers over the past 12 months
- We have seen the introduction of a new 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.
- The Trust has invested in a Patient Safety & Quality Improvement team to focus on the delivery of the key safety priorities including specific focus on key conditions and pathways: Sepsis, Acute Kidney Injury (AKI), Venous thromboembolism (VTE) and reliable adherence to NICE pathways and other national guidance and best practice
- We have successfully introduced Safety Huddles across all wards which have undergone evaluation as part of a national project led by Bradford University
- BREATHE - In collaboration with Barnsley Clinical Commissioning Group (BCCG) and South West Yorkshire Partnership Foundation Trust (SWYPFT) the Trust has developed a District wide service for patients with Chronic respiratory Disease based on admission avoidance, early supported discharge and management of long term oxygen therapy in accordance with best practice
- We have introduced a new function to support patients and families - 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. We believe we are the first in the UK to introduce this initiative
- The prestigious “Most Sustainable Public Sector Organisation” was awarded to the hospital at the 2017 Public Sector Sustainability Awards
- The Trust's level of patient satisfaction has remained high with 87.5% or more patients from all in-patient areas across the Trust reporting that they would recommend our hospital to their family or friends
- We continue to support the development of our staff and once again are proud to have achieved a 94% appraisals completion rate against a target of 90%. Alongside this, we achieved 88.4% against a 90% target for completion of mandatory training.

As Chief Executive of Barnsley Hospital NHS Foundation Trust, I firmly believe in quality being at the forefront of our agenda and this will remain as we enter into 2018-19 with the full knowledge of the challenges to the quality agenda the Trust currently faces; in particular in meeting the Four-Hour Wait access standard and ensuring the successful delivery of the financial plan for 2018-19.

I am pleased to confirm that the information contained within this Quality Account has been reviewed by the Board of Directors who confirm that it provides an accurate and fair reflection on our performance during the reporting period and provides you the reader with a transparent picture of how patient safety, patient experience and quality improvement are key to the delivery of care here at Barnsley Hospital.

Finally and behalf of the full Board of Directors, I would like to take this opportunity to thank the staff and volunteers at Barnsley Hospital for their continued dedication, support and commitment to our hospital.

R. Jenkins

Dr Richard Jenkins, Chief Executive
Date: 24 May 2018

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

2.1 (i) Progress made since the publication of the 2016-17 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 2017-18. 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 2017-18 against targets selected by our Board of Directors', additionally it shows year on year progress on key national indicators.

Our progress during 2017-18 in brief

In 2017-18 our priorities for improving quality for our patients fell within three core goal areas:

- Provide care that is based on the best evidence for every patient, every time
- Continuously seek out and reduce avoidable patient harm
- To deliver good patient experience

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

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

Priority: Reduce unnecessary variation in patient care.

What we have achieved in 2017-18:

- Continued to maintain systems and processes to ensure safe staffing levels across all clinical areas within the hospital
- Achieved three of the four priority clinical standards for seven day hospital services and on track to achieve 90% against the requirements of Clinical Standard 2: *time to first consultant review*.

Priority: Achieve the highest level of reliability for clinical care.

What we have achieved in 2017-18:

- We have increased our recognition and treatment of Acute Kidney Injury (AKI)
- We have been successful in timely identification of Sepsis in 82% of cases and timely treatment with antibiotics in 71% of cases that we audited in the last year.
- The report of the National Maternity Review, set out a clear recommendation that the NHS should roll out continuity of carer, to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. During 2017-18 Barnsley hospital has successfully implemented the key recommendations in line with the proposed timescales of the review.

Priority: Aim to eliminate avoidable deaths.

What we have achieved in 2017-18:

- Our policy for implementing Structure Judgement Reviews (SJR) was implemented at the end of September 2017. Since then we have reviewed all of our patient deaths and, where indicated, a Structured Judgement Review has taken place.
- Maintaining a focus on the reduction of our Hospital Standardised Mortality Rate (HSMR) has resulted in our HSMR being below our target of 100.

Goal 2: Continuously seek out and reduce avoidable patient harm

Priority: Reduce harm from poor communication and ineffective team working.

What we have achieved in 2017-18:

- For staff identified as requiring training we have over achieved our target with 50.65% of key staff trained for quality improvement and 37.5% of key staff for Human Factors.
- Our third Trust wide Safety Culture Review was opened to staff in March 2018. We will use the results from this to build on good practice and to develop support in the areas where staff feel that safety could be managed better.

Priority: Reduce patient harm from the most common known causes.

What we have achieved in 2017-18:

- Our target of achieving 95% or above compliance with VTE risk assessment across all adult in-patient area was accomplished in October 2017 and has been maintained at above 95% for the remainder of the year.
- We have developed our own VTE patient information leaflet that is to be provided to patients on admission and discharge.
- We continue to implement improved systems to reduce avoidable harm from unnecessary delays in diagnosis and/or treatment.

Priority: Maintain focus on eliminating avoidable patient harm.

What we have achieved in 2017-18:

- We have seen continued and significant improvements throughout 2017-18 with a clear downward trend in the number of avoidable hospital acquired grade 2 and 3 pressure ulcers.
- We have continued to introduce and embed patient safety initiatives which focus on reducing moderate harms or above as a result of in-patient falls.
- We have achieved against our nationally set target of reducing C.difficile cases in 2017-18.

Goal 3: To deliver good patient experience

Priority: Work with patients as partners in improvement.

What we have achieved in 2017-18:

- Developed our Patient Panel to work in partnership with the Trust on service delivery and improvement.
- Developed the Barnsley Maternity Voices group to almost 900 online members.

Priority: Enable patients to be in control of their own healthcare.

What we have achieved in 2017-18:

- Continued to develop new initiatives including End of Life Companions and the roll out of new ways of engaging with patients regarding spiritual needs.
- Continued our work to improve the experience of patients with a dementia diagnosis and their carers.

Priority: Improve information and communication with patients.

What we have achieved in 2017-18:

- Commenced in the development of a Trust wide database of patient information leaflets and resources for patients being cared for at Barnsley hospital.

Priority: Use patient insight and feedback to improve experience.

What we have achieved in 2017-18:

- Improved our positive recommendation rates for the NHS Friends and Family Test (FFT).
- Reduced the number of re-opened complaints within the year.

2.1 (ii) 2018-19 Quality Priorities

In 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 our progress in quality improvement in 2017-18 the three main priority goals for quality improvement will remain the same for 2018-19 reflecting those areas that our stakeholders highlighted as key priority areas for Barnsley Hospital. Our achievement against the key performance targets for each of the priority areas has been continually reviewed. It is based on these achievements that new targets for 2018-19 have been agreed.

Measurement, monitoring and reporting

All our quality improvement programmes follow a structure which monitors and measures performance. Progress is continuously monitored at both local Clinical Business Unit (CBU) level and at corporate level via the Trust's integrated performance report (IPR) 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 2018-19 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 2018-2019 national CQUINs, which are applicable to all NHS acute providers.

The Trust will monitor performance against the 2018-19 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 2018-2019. The reporting process will continuously monitor progress against monthly and quarterly performance targets.

Table 1.0 National CQUIN Indicators 2018-19

National CQUIN Indicators 2018-19

Improving staff health and wellbeing

To encourages 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.

Preventing ill health by risky behaviours – alcohol and tobacco

Seeking to deliver on the objectives set out in the NHS Five Year Forward View, particularly around the need to support healthier behaviour.

Supporting proactive and safe discharge

To improve discharges for patients across all wards within hospitals.

Care Quality Commission (CQC) Ratings

The Trust is registered with the CQC and internal systems exist to ensure compliance with registration requirements.

In October 2017, the CQC made an unannounced inspection of four of our core service areas – Medical, Surgery, Paediatrics and Urgent and Emergency Care – and returned a month later as part of their new 'Well-led' inspection regime to assess our governance, processes and leadership at all levels. In March 2018 the CQC published the new hospital rating and we were delighted to learn that Barnsley Hospital had been awarded a rating of 'Good' overall.

Changes to our rating are based on these areas of focus and therefore the remaining areas remain unchanged since our previous inspection in 2015. (See Appendix A).

We now have a detailed action plan in place to address all findings from the most recent CQC inspections which will be closely monitored for implementation and sustainability through the Trust-wide governance processes.

Achieving the four priority standards for seven day hospital services

The seven day hospital services ambition is for patients to be able to access hospital services which meet four priority standards every day of the week. Ten clinical standards have been developed aimed at ending the variation in outcomes for patients admitted to hospitals in an emergency at the weekend.

What are the four priority clinical standards?

Clinical Standard 2: *Time to first consultant review*
Clinical Standard 5: *Access to diagnostic tests*
Clinical Standard 6: *Access to consultant-directed interventions*
Clinical Standard 8: *On-going review by consultant twice daily if high dependency patients, daily for others.*

Barnsley Hospital is progressing well with achieving these standards and are on track for achieving standards 5, 6 and 8.

In autumn Barnsley Hospital participated in the NHS England seven Day Services Self Assessment Tool (7DSAT). This survey focussed on self assessment against the requirements of Clinical Standard 2: *time to first consultant review, as this remains the most challenging of the four priority standards to implement.* The seven Day Self Assessment Tool allows us to assess our current level of service provision using nationally agreed definitions and to help us to understand our local needs and requirements to deliver seven day services.

The results were published in December 2017 which demonstrated that our hospital achieved 64% compliance with the standard. Our target is to achieve 90% by April 2018. A national re-audit commenced in May 2018 however, the results of this audit were not available at the time of publishing this report.

2.2 Statements of Assurance from the Board

Information on Review of Services

During 2017-18 the Barnsley Hospital NHS Foundation Trust provided and/or sub-contracted one relevant health service for orthopaedic activity from Orthohealth. The Trust has reviewed all the data available to them on the quality of care in one of these relevant health services. The income generated by the relevant health services reviewed in 2017-18 represents 1% of the total income generated from the provision of relevant health services by Barnsley Hospital NHS Foundation Trust for 2017-18.

Information on Participation in Clinical Audits

During 2017-18, 32 national clinical audits and three national confidential enquiries covered relevant health services that Barnsley Hospital NHS Foundation Trust provides.

During that period Barnsley Hospital NHS Foundation Trust participated in 100% 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 2017-18 are as follows. Please see appendix B.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust participated in during 2017-18 are as follows. Please see appendix B.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2017-18, are listed in appendix B, 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 12 national clinical audits were reviewed by the provider in 2017-18 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix C. The reports of 59 local clinical audits were reviewed by the provider in 2017-18 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix D.

Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of Barnsley Hospital NHS Foundation Trust income in 2017-18 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 2017-18 and for the following 12 month period is available electronically at <http://www.barnsleyhospital.nhs.uk/about/our-performance/business-plan/>. The monetary total for income in 2017-18 conditional upon achieving quality improvement and innovation goals is £2,286,497. The monetary total received for the associated payment in 2017-18 was £1,993,364.

Table 2.0 - Monetary total for income in 2017-18 conditional upon achieving quality improvement and innovation goals

Goal	CQUIN Value (All Commissioners)	Total Achieved	% achievement
Improving staff health and wellbeing	£367,180	£244,836	67%
Reducing the Impact of Serious Infections	£367,180	£261,630	71%
Improving services for people with mental health needs who present to A&E	£367,180	£367,180	100%
Offering Advice and Guidance	£367,180	£367,180	100%
Supporting proactive and safe discharge	£367,180	£337,829	92%
Preventing ill health by risky behaviours – alcohol and tobacco (Year 2)	n/a	n/a	n/a
E-Referrals (Year 1)	£367,180	£367,180	100%
Medicine Management	£35,567	£35,567	100%
HIV PAMs	£47,851	£11,963	25%
Total	£2,286,497	£1,993,364	87%

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Barnsley Hospital NHS Foundation Trust in 2017-18 that were recruited during that period to participate in research approved by a Research Ethics Committee was 645.

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 2017-18.

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 inspection took place in October 2017 following by a Well-led inspection in November 2017. The Trust received an overall rating of ‘good’. More information on this inspection can be found in section 2.1(ii), page 11 of the Quality Report.

Quality of Data

Barnsley Hospital NHS Foundation Trust submitted records during 2017-18 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 *(based on available data as at the time of completing this report)*:

99.8% for admitted patient care
99.9% for out-patient care and
99.4% for accident and emergency care

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

100% for admitted patient care
100% for out-patient care and
99.3% for accident and emergency care.

Information Governance

Barnsley Hospital NHS Foundation Trust Information Governance (IG) Assessment Report overall score for 2017-18 was 73% and was graded Green, Satisfactory.

Clinical Coding

Barnsley Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017-18. The Information Governance audit undertaken covered a random sample of 200 episodes of care across the whole range of services covered by a mandatory PbR tariff. The 2018 IG audit was undertaken in January 2018. The results should not be extrapolated further than the actual sample audited. (See table 2.0):

Table 2.0 – Diagnoses and Treatment Coding

	Correct (%) 2018 IG Toolkit
Primary Diagnosis	91.0
Secondary Diagnosis	93.9
Primary Procedure	96.4
Secondary Procedure	94.9

Data Quality

Barnsley Hospital NHS Foundation Trust will be taking the following actions to improve data quality, by: The Trust has agreed for an external company to look at the quality of our data on a monthly basis following which a report is provided to the Head of Clinical Coding for validation and necessary amendments. All in-hospital deaths also undergo a process of validation and the data checked by clinicians with the lessons learnt are fed back through CBU meetings to encourage uniformity and transparency within the Trust.

Learning from Deaths

(27.1) During 2017-18 1126 of Barnsley Hospital NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

217 in the first quarter;
221 in the second quarter;
292 in the third quarter;
342 in the fourth quarter.

(27.2) By 31 March 2018, 73 case record reviews and eight investigations have been carried out in relation to 81 of the deaths included in data contained within the above paragraph.

In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 0+1 in the first quarter;
- 8+2 in the second quarter;
- 25+1 in the third quarter;
- 40+4 in the fourth quarter.

(27.3) Two representing 0.18% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- One representing 0.46% for the first quarter;
- One representing 0.45% for the second quarter;
- Zero representing 0% for the third quarter;
- Zero representing 0% for the fourth quarter.

These numbers have been estimated using the outcome of Serious Investigations reported through the Datix System.

(27.4) A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths:

- Communication issues were identified regarding radiological requests along with failure to complete timely investigations, in particular this was found following a fall, which resulted in a poor patient experience. It was found that it is imperative that falls assessments are fully completed, to minimise risks to patients.
- Once a clear pathway of care has been established, it is important that patients should be reviewed by a consultant at least once every 24hrs, unless it has been determined that this would not affect the patient's care pathway. This is in line with NHS England Seven Days Services Clinical Standards (2017). It was found that documentation of Sepsis management is much clearer when the Sepsis 6 bundle is used, as is correctly signing and dating entries. Fluid and antibiotic prescriptions should be acted upon in a timely manner to ensure best outcomes.
- Documentation of discussions with families regarding a patient who is moving towards the last stages of life showed that when this was implemented in a timely manner, the experience for the patient and family was improved. Early discussions and decisions in this situation on a plan of care can prevent unnecessary investigations, which can cause upset to the patient and their carers or relatives. Early involvement of patients, families and/or carers in discussions about the future, helps to manage expectations and improves the care experience for all concerned. A number of patients are coming to hospital to access end of life care because of lack of a documented plan in the community. However it was also seen that involvement with the community teams led to a more timely use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), which when discussed at an appropriate opportunity can aid forward planning, particularly in patients nearing the end of their life.
- Care should be taken to ensure that deterioration in an end of life patient is not monitored through investigations that will not alter or improve the patient's outcome. It was found that decisions that take into account a persons whole circumstance demonstrated consideration and compassion. Recognising 'old age' and 'frailty' as acceptable causes of death can allow kind and appropriate care in a person's final days.

(27.5) A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).

Serious incident investigations and case record reviews are shared across the Trust through patient safety bulletins and learning from death bulletins. A learning from mortality group meets to review appropriate actions that may need to be taken, including reviewing mortality statistics. General learning points from case record review's are fed back via the learning bulletin and through CBU governance meetings.

Where appropriate specific feedback is given to consultant teams, heads of departments and individuals. It is also strongly recommended that reflection on learning from deaths is included as part of the medical appraisal process.

(27.6) An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

Improvements in HSMR and in disease specific HSMR (sepsis) have fallen in the reporting period.

(27.7) Zero cases record reviews and zero investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

(27.8) Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the outcome of Serious Investigations reported through the Datix System.

(27.9) Zero representing 0% of the patient deaths during the previous reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

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 3.0 Barnsley Hospital NHS Foundation trust performance against the NHS Outcomes Framework 2017-18 Indicators

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
SHMI value and banding July 2017 – September 2017 (latest available data)	101	100	72.70	124.73	100.4	98.7	0.99

Trust Assurance Statement:

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

Implementation of the following actions has taken place:

- An alert system for any blood results that might indicate AKI
- Identification of the main causes of AKI in Barnsley Hospital NHS Foundation Trust
- A systematic approach towards identification and appropriate treatment for Sepsis
- Learning from Deaths using a Structured Judgement Review process
- Delivery of training in Human Factors and Quality Improvement
- Using Root Cause Analysis to improve systems and reduce harm.

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

- Implement the electronic recording of fluid balance
- Simplify the management of AKI actions into five or six key steps
- Include the acute response team in the management of patients with AKI
- Implement electronic screening for Sepsis
- Review disease specific mortality indicators
- Continue our understanding of any identified failures through the Structured Judgement Review process
- Continue to deliver Quality Improvement and Human Factors training to achieve a quality improvement culture.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
% of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	21.2%	30.1%	83.7%	0%	31.51%	37.7%	36.65%

Trust Assurance Statement:

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: Significant work has continued through 2017-18 to ensure there is a systematic and consistent methodology for the coding of patient deaths with the palliative care code.

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.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
Responsiveness to the personal needs of its patients during 2017-18.	Data unavailable from national source at the time of completing this report.				67.4%	66.4%	68.4%

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
% of staff who would recommend the trust as a provider of care to their family or friends.	62%	71%	86%	47%	62.0%	60.0%	59.0%

Trust Assurance Statement:

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: This data relates to one question from the annual staff survey and not the key finding

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by: all CBU's produce an action plan in relation to the staff survey findings which is monitored via the monthly performance reviews.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
28 day readmission rates for patients aged 0 to 15 during 2017-18.	8.6%	Data unavailable. Benchmarking for readmissions is several months behind real time so no comparable data available at time of reporting.			8.1%	13.8%	11.7%
28 day readmission rates for patients aged 16 or over during 2017-18.	9.4%	Data unavailable. Benchmarking for readmissions is several months behind real time so no comparable data available at time of reporting.			9.4%	8.4%	9.2%

Trust Assurance Statement:

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

- The reorganisation of intermediate care services in Barnsley during October 2017 reduced the scope of available services for Barnsley patients during a transitional period until new intermediate care services became available on the acute trust site
- Continued focus on admission avoidance, ambulatory care and length of stay efficiencies.

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

- Continually reviewing discharge processes to ensure patient safety
- Continue to develop RightCare Barnsley to ensure a multi-agency approach to delivering on-going care to patients following acute admission
- To work closely in developing a virtual ward setup as part of the 2018 reconfiguration of in-patient capacity
- To continue to develop new services focusing on chronic conditions. BREATHE service now live for respiratory patients and BIDS now live for diabetes patients.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
In-patient Friends and Family Test (FFT) reported during 2017-18.	97.0%	Data unavailable from national source at the time of completing this report.			97.6%	97.0%	96.0%

Trust Assurance Statement:

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons: The Trust has maintained positive recommendation rates across in-patient areas throughout 2017-18 and work continues to increase our response rates to the FFT.

The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by: For 2018-19 the Trust has set a target of 30% response rates for in-patient wards and greater than 10% for the emergency department.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
Accident & Emergency Friends and Family Test (FFT) reported during 2017-18.	86.0%	Data unavailable from national source at the time of completing this report.			86.8%	89.0%	92.0%

Trust Assurance Statement:

The Trust considers that this data is as described for the following reasons: The Trust has maintained positive recommendation rates for the emergency department throughout 2017-18 and work continues to increase our response rates to the FFT. Through the year the Trust has piloted different technological approaches to FFT within the emergency department with patients being able to give feedback on their experience via short message service (SMS) and instant voice messaging (IVM). The Trust intends to take the following actions to improve this indicator, and so the quality of its services, by: The SMS/IVM pilot will continue until the end of June 2018 after which new alternative in-house approaches to patient feedback will be sought.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
% of admitted patients who were risk assessed for venous thromboembolism during 2017-18.	92.82%	Data unavailable from national source at the time of completing this report.			88.6%	95.4%	96.1%

Trust Assurance Statement:

The Trust considers that this data is as described for the following reasons:

The data is taken from our electronic observations system and from our electronic patient discharge summary where questions about VTE risk Assessment are recorded. The Trust has taken/will undertake the following actions to improve this percentage, and so the quality of its services, by:

- Carrying our root cause analysis investigation on any patient who has a hospital acquired VTE
- Review any contributory factors in our assessment process and take actions to address them
- Continue to deliver VTE training on the importance of VTE assessment
- Adopt a unified approach to the process for ensuring assessment is carried out
- Continue the monthly thrombosis committee meeting to ensure governance and sustainability.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
<p>Rate per 100,000 bed days of cases of C.difficile infection amongst patients aged 2 or over during 2017-18.</p> <p>** rate unavailable at the time of completing this report</p>	** 13 cases	data unavailable from national source at the time of completing this report.			8.8	10.2	9.7

Trust Assurance Statement:

The Trust considers that this data is as described for the following reasons: Infection prevention and control (IPC) 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 Trust has taken the following actions to improve this rate, and so the quality of its services, by: The Barnsley Hospital NHS Foundation Trust has been unable to improve the rate this year. However, root cause analysis of all cases of C.difficile have been undertaken and the findings disseminated Trust wide. The Trust also worked closely with colleagues in the Barnsley Clinical Commissioning Group (BCCG) and South West Yorkshire Partnership Foundation Trust (SWYPFT) to ensure shared learning. As a result of the findings from RCA's, further work has been identified in relation to antimicrobial stewardship and will form part of the Trusts IPC objectives for 2018-19. 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	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
Number and rate of patient safety incidents reported during 2017-18. *latest data available - 1st April 2017 to 30th September 2017	3388 (Rate 54.49)*	National data no longer provided.			6902 (Rate 55.48)	7327 (Rate 55.83)	6609 (Rate 9.61)

Trust Assurance Statement:

The Trust considers that this data is as described for the following reasons:

During the period 1st April 2016 to 31st March 2017 the Barnsley Hospital NHS Foundation Trust and a further 136 Acute Non Specialist Trusts patient safety incident reporting comparison figures are taken from the National Reporting & Learning System (NRLS) organisational data reports. This compares all Acute Non Specialist Trusts per 1000 bed days. For 2016-17 the Trust was ranked 7th in the country for the reporting of incidents which is an increase from position 11 in 2015-16. Although the number of incidents reported by the Trust has decreased by 425 incident (-5%) compared to 2015-16 this could be attributed to the reduction in our bed base as part of the improvements to the Trust. During the period 1 April 2017 to 30 September 2017 there was no significant change to the Trust numbers of reporting of incidents and this was confirmed in the latest figures obtained. However the parameters of the National Reporting & Learning System (NRLS) organisational data reports were significantly changed in respect of performance against other comparable Trusts. The format of these reports has been revised to better assist NHS Trust Boards to understand and improve their organisation's patient safety culture and reporting of patient safety incidents to the NRLS. The updated report encourages organisations to compare against themselves over periods of time, rather than with other organisations which may not be comparable. The Trust has taken the following actions to improve this number and rate, and so the quality of its services, by: Looking at improvements in accessibility to the Trust incident reporting system and embracing new technological ideas. Identifying areas of low reporting and devising strategies for improvement. Changing the way we close incidents once investigated which are now closed in the Clinical Business Units so improving triangulation of reporting, learning and taking action. We continue to provide classroom training on incident reporting to current staff and new starters in the Trust in induction and other Trust courses. Bespoke training is also provided on a needs led basis.

Indicator	2017-18 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2016-17 BHNFT	2015-16 BHNFT	2014-15 BHNFT
Number and rate of patient safety incidents reported during 2017-18 that resulted in severe harm or death. *latest data available - 1st April 2017 to 30th September 2017	12 (0.12%)*	National data no longer provided.			17 (0.2%)	12 (0.4%)	14 (0.3%)

Trust Assurance Statement:

The Trust considers that this data is as described for the following reasons: During the period 1st April 2016 to 31st March 2017 the number of severe harm and death incidents increased however the Trust is still reporting low levels of severe harm and death compared to the national average.

During the period 1 April 2017 to 30 September 2017 there was a 0.9% increase on the previous six months in our reporting of severe harm or death. This is due to improving identification of these types of incidents including taking into account incidents received from other sources including complaints and litigation.

The Trust intends to take the following actions to improve this percentage and number, and so the quality of its services, by: Reducing avoidable harm as one of the Trust quality improvement key performance indicators (KPIs) for 2018-19; investing in the Patient Safety Team by creating new roles and developing the Trust Vital Pac system to include crucial assessments to reduce patient harm.

Table 4.0: Patient Reported Outcome Measures (PROMs) reporting period: April 2016 to March 2017

Procedure	EQ-5D 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	0.077	0.086	0.140	0.006	-1.853	-0.241	4.425	-6.507	n/a	n/a	n/a	n/a
Varicose Vein	n/a	0.092	0.155	0.008	n/a	0.081	6.272	-5.468	n/a	-8.248	5.941	-18.076
Hip Replacement Primary	0.393	0.445	0.537	0.310	11.931	13.434	20.150	8.523	18.978	21.799	25.068	16.427
Knee Replacement Primary	0.327	0.324	0.404	0.215	6.521	6.977	14.502	1.008	16.430	16.547	19.876	11.197

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 5.0: PROMS reporting period: April 2017 to September 2017

Procedure	EQ-5D 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	n/a	0.089	0.145	0.042	n/a	-0.132	4.247	-6.119	n/a	n/a	n/a	n/a
Varicose Vein	n/a	0.096	0.134	0.068	n/a	-0.418	2.963	-0.418	n/a	-8.894	-2.676	-8.894
Hip Replacement Primary	n/a	0.465	0.472	0.458	n/a	15.556	17.241	14.863	n/a	21.453	22.357	21.453
Knee Replacement Primary	n/a	0.328	0.368	0.289	n/a	8.401	11.593	2.704	n/a	16.869	19.465	16.594

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

As from 1st October 2017, PROMs will no longer be collected for varicose vein surgery or groin hernia repairs.

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

The Trust was reported as being within normal statistical limits for all reported metrics where sample sizes were great enough to allow for the assessment to be made.

In the provisional data for 2016-17 (2017-18 data is not yet complete enough to report robust scores), the Trust is provisionally being reported as an outlier for the following metrics.

- Hip replacement – EQ-5D Index
- Hip replacement – Oxford Hip Score

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. This is also why scores are not available for Varicose Vein Surgery, although for some years, scores have been available so this procedure has been included.

Barnsley Hospital NHS Foundation Trust has taken the following actions 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 2017-18 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 2017-18.

In 2017-18 our priorities for improving quality for our patients fell within three core goal areas of priority:

- Provide care that is based on the best evidence for every patient, every time
- Continuously seek out and reduce avoidable patient harm
- To deliver good patient experience.

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: Provide care that is based on the best evidence for every patient, every time

In 2017-18 we said we would:

Reduce unnecessary variation in patient care.

Our targets were:

- To maintain safe staffing levels across all clinical areas
- To achieve the four priority standards for 7 day hospital services.

Target: Maintain safe staffing levels across all clinical areas

Nurse staffing

We have continued to monitor nurse staffing levels on a monthly basis using the national tool with an in depth report submitted to the Quality and Governance Committee on a monthly basis detailing; staffing fill rates, vacancies and cross references staffing to harms including Clostridium Difficile, pressure ulcers and in-patient falls.

The Trust has undertaken acuity analysis across a number of areas of the trust including; adult in patient areas, the Emergency Department (ED), paediatrics and maternity services using validated tools including the Safer Nursing Care Tool (SNCT), the BEST tool (ED) and Birthrate Plus (Birthrate+). We have reviewed nurse staffing against peers using the Model Hospital and identified those areas where we are an outlier such as the Intensive Care Unit and undertaken work to understand and address this. During 2017-18 we have successfully recruited to the Emergency Department, one area that we had previously found to be difficult to recruit to.

We have invested in a number of trainees for new roles to support nursing this year which will enable us to skill mix differently in the future including; trainee assistant practitioners in pre-assessment and continence services, trainee theatre practitioners and a further ten trainee advanced nurse practitioners who will be utilised in established teams such as ED and the Acute Response Team and new areas such as the Acute Medical Unit and Surgical Assessment. Barnsley hospital was successful in the second wave, with our partnership bid to pilot the Nursing Associate role and eight trainee Nursing Associates commenced in April 2017 with education being provided by The University of Sheffield.

Medical staffing

From a Medical Staffing perspective the Trust did not have formalised targets, rather each clinical area that has junior doctors has a minimum staffing agreed by the Clinical Lead/Director dependent on area. The Trusts Medical Staffing team in conjunction with operational teams proactively manage the Junior Doctor rotas to ensure compliance with the agreed minimum requirements, moving Doctors from wards with a full complement of staff to areas which require support.

In order to be able to monitor compliance against our minimum staffing DRS Realtime was purchased in July and rolled out to Junior Doctors in August 2017. This allows anyone in the hospital to know who is expected on their wards. It also gives advance warning of any times where minimum staffing falls below the required levels. This then facilitates action to be taken. A project manager has been employed to continue to roll out of DRS Realtime to all Consultant Medical and Dental staff within the 2018-19 year.

Target: Achieving the four priority clinical standards for seven day hospital services

The seven day hospital services ambition is for patients to be able to access hospital services which meet four priority standards every day of the week. Ten clinical standards have been developed aimed at ending the variation in outcomes for patients admitted to hospitals in an emergency at the weekend.

What are the priority clinical standards?

Clinical Standard 2	Time to first consultant review
Clinical Standard 5	Access to diagnostic tests
Clinical Standard 6	Access to consultant-directed interventions
Clinical Standard 8	On-going review by consultant twice daily if high dependency patients, daily for others

Barnsley Hospital is progressing well with achieving these standards and is on track for achieving standards 5, 6 and 8. For standards 5 and 6, we have either direct access or have a formal network arrangement to provide these services seven days a week. For standard 8, we achieved 84% and therefore on track to deliver 90% by April 2018.

In autumn Barnsley Hospital participated in the NHS England seven Day Services Self Assessment Tool (7DSAT). This survey focussed on self assessment against the requirements of Clinical Standard 2: *time to first consultant review, as this remains the most challenging of the four priority standards to implement*. The seven Day Self Assessment Tool allows us to assess our current level of service provision using nationally agreed definitions and to help us to understand our local needs and requirements to deliver seven day services. A recent audit demonstrated compliance of 64% with the standard, with a further 21% of patients who were seen just outside the 14 hours. Our target is to achieve 90% by April 2018. A national re-audit commenced in May 2018 however the results of this audit were not available at the time of publishing this report.

Plans for continued improvement in 2018-19

The majority of our emergency admissions are admitted via our Acute Medical Unit (AMU), therefore it has been agreed that a focussed re-audit would be undertaken in this area, to look at how we can improve the service to deliver this standard.

Some of the actions implemented to help us achieve the standard of 90% by April 2018 are:

- The introduction of a 'dashboard'. This provides our AMU colleagues with a visual cue to monitor the number of patients that are on the ward, when they were admitted, what time they were clerked by a junior doctor and what time they are seen by a consultant
- The introduction of twice daily (Monday to Friday) huddles, which are used by the team to review the acuity of the patients, to ensure that they are all seen and treated appropriately
- The adjustment of the medical staffing rota, to allow the deployment of a second consultant to work until 22:00 on Monday to Friday.

Data source: Local Trust data source, 2017-18.

In 2017-18 we said we would:

Achieve the highest level of reliability for clinical care

Our targets were:

- To achieve 90% compliance with the Acute kidney injury (AKI) care pathway in ED and acute adults in-patient setting
- To demonstrate 90% timely identification and treatment for sepsis in ED and acute in-patient settings
- To ensure that the hospital is compliant with the Better Births review.

Acute kidney injury care pathway

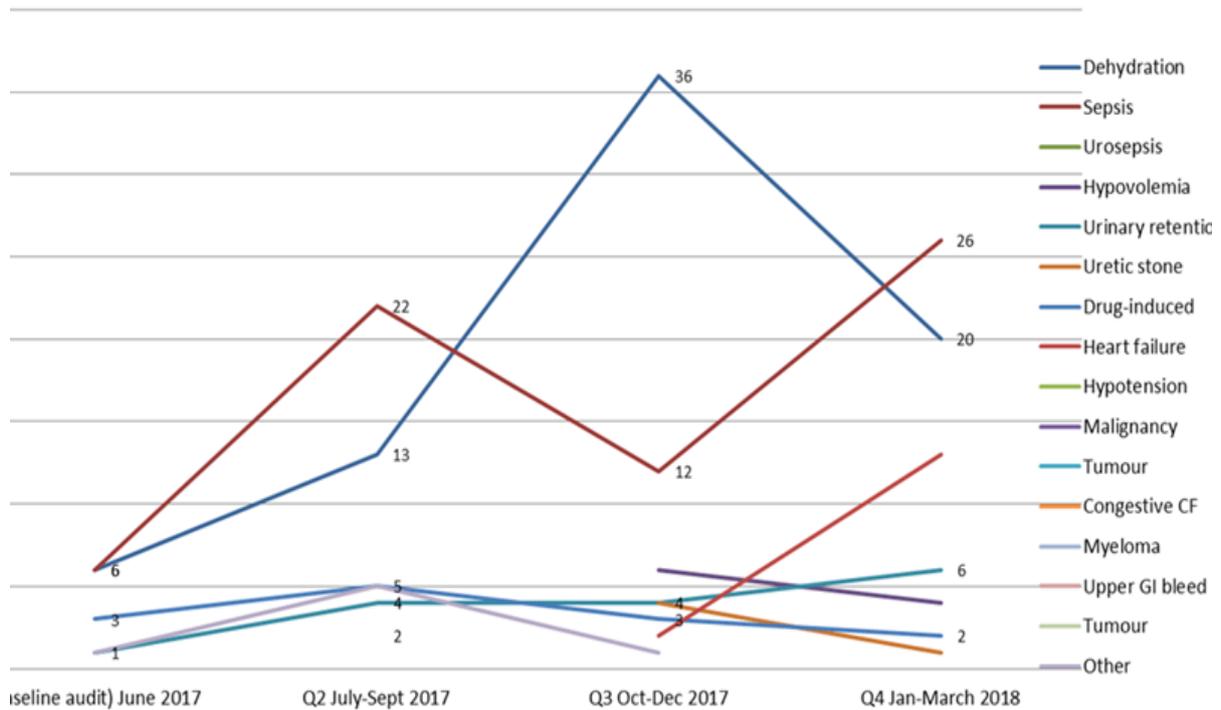
AKI is sudden damage to the kidneys that causes them not to work properly. It can range from a minor loss of kidney function to complete kidney failure requiring dialysis. It is thought that 30% of AKI cases are preventable, but many are not due to the underlying disease process responsible. Early identification and prompt management of AKI may reverse quickly the underlying problem and/or may prevent AKI severity progression, reducing risk of death and increasing the likelihood of a much better patient outcome. An aspirational target of 90% compliance with the AKI care pathway was set to get as close to the prevention of 30% of cases as possible.

Last year we implemented changes to help us accurately record fluid balance in our patients and introduced this alongside a specific AKI care pathway. This has enabled us to recognise and document AKI in 60% of AKI patients who were audited. This is an improved position for the management of patients with this complex condition. Part of the improvement was due to the development of an Alert System whereby blood results that indicate AKI may be present are flagged. This will be developed further to enable alerts to be received by our Acute Response Team so that immediate patient review can take place.

Identifying the cause of AKI is key to ensuring that interventions will make a difference. Although, it is impossible to identify the cause in all cases, we have identified the cause of AKI in 84% of our AKI patients in the Trust. The two main causes of AKI identified were Sepsis and Dehydration.

As a result of the findings we intend to implement the electronic recording (Vital Pac) of fluid balance in 2018-2019 to ensure staff know that patients are adequately drinking and that fluid balance including urine output is being monitored correctly. Also, it is envisaged that Vital Pac will allow real-time AKI alerting. It is planned that the Acute Response Team will receive these real-time alerts and will assess every new AKI patient (about 7-8 cases per day). In addition to parent team medical review, it is hoped that this action will improve early AKI recognition, AKI bundle compliance and subsequent management. The AKI bundle will be refined also to make it more user-friendly for bedside use.

Cause of AKI



Through the use of the alert system, electronic fluid balance recording and acute response team involvement we can ensure consistent AKI management. Audit of our AKI patients will remain monthly in 2018-19 to ensure we continue to learn and improve.

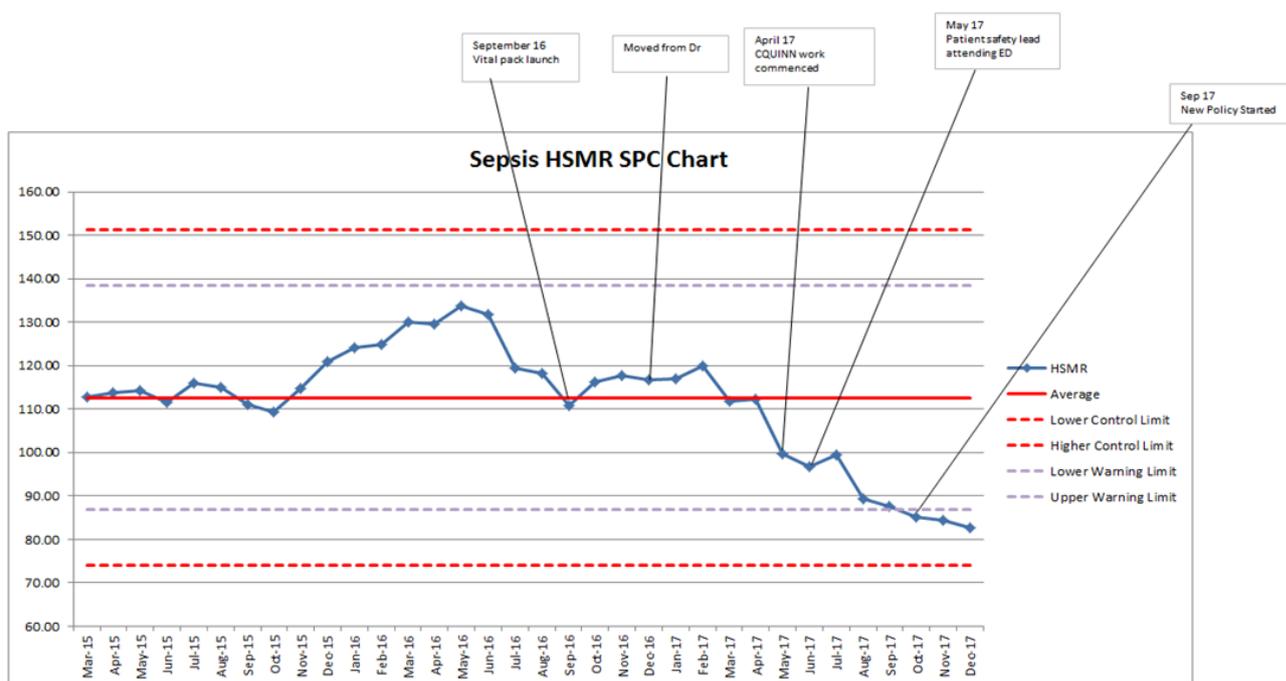
Data source: Local Trust data source, 2017-18.

Sepsis

Sepsis is the second main cause of AKI. We have looked at Specific measures to help us to identify and treat Sepsis. Our aim is 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. Our achievement with reducing deaths from Sepsis is shown in the chart overleaf.

We screen of all patients who come into the Emergency Department (ED) for Sepsis. In addition we have added a 'pop-up' to our electronic system for requesting blood tests which asks the requester 'could this be sepsis?' We audit how long it takes us from suspecting sepsis to administering antibiotics so that we can look at where we can improve our delivery of care. We have been successful in timely identification of Sepsis in 82% of cases and timely treatment with antibiotics in 71% of cases that we audited in the last year.





We are looking to further improve the management of Sepsis through the use of our electronic observations system whereby we can identify and screen patients as soon as their observations show there might be a Sepsis trigger. We will continue communication and collaboration on first administration of antibiotic and review time between medical and pharmacy staff.

Data source: Local Trust data source, 2017-18.

Better Births Review

Better Births, the report of the National Maternity Review, was first published in February 2016 setting out a clear recommendation that the NHS should roll out continuity of care, to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. The NHS England commissioned review set out wide-ranging proposals designed to make care safer and give women greater control and more choices.

The review identified a number of recommendations to be implemented by providers of maternity services by 2020:

1. **Personalised care**, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.

2. **Continuity of carer**, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.
3. **Safer care**, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
4. **Better postnatal and perinatal mental health care**, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
5. **Multi-professional working**, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
6. **Working across boundaries** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
7. **A payment system** that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.

During 2017-18 Barnsley hospital has successfully implemented the key recommendations in line with the proposed timescales of the review (a full copy of the Better Births report can be found at www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf).

The implementation of the recommendations have been achieved via multidisciplinary team working and collaboration with the Barnsley Clinical Commissioning Group, Clinical networks and South Yorkshire & Bassetlaw Local Maternity System Stakeholder to obtain funding required and achieve a standardised approach to implementation. Throughout 2018-19 the Trust will continue to implement the remainder of the recommendations in line with the timescales set out by the national review.

Data source: Local Trust data source, 2017-18.

In 2017-18 we said we would:

Aim to eliminate avoidable deaths.

Our targets were:

- To undertake Structured Judgement Reviews for all relevant deaths and implement learning to prevent future avoidable deaths
- To maintain a Hospital Standardised Mortality Ratio (HSMR) of below 100.

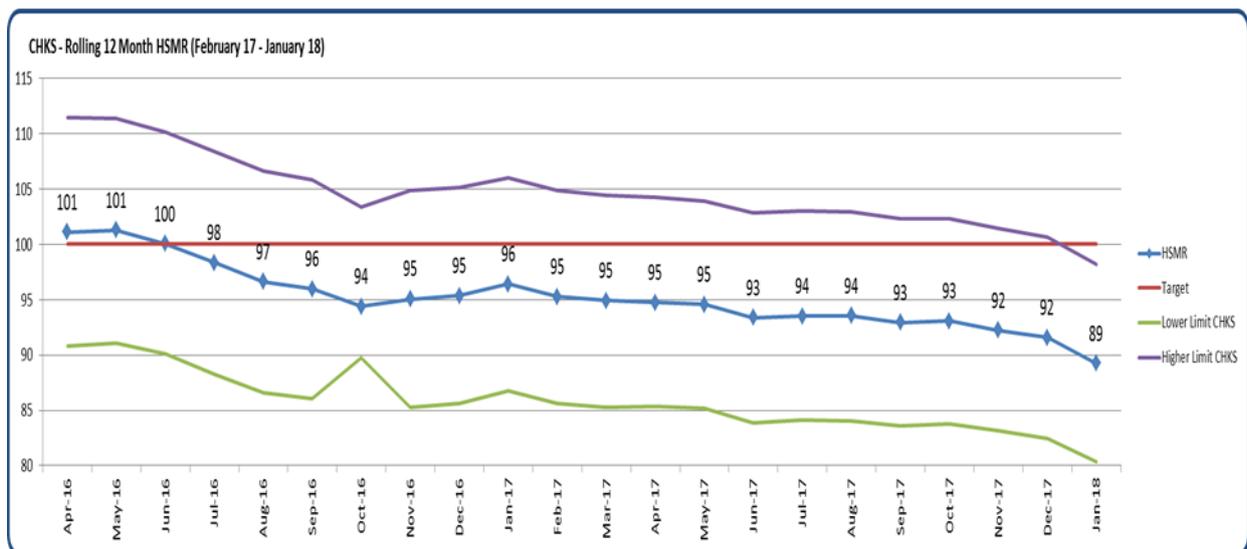
Structured Judgement Reviews

Our policy for implementing Structure Judgement Reviews was implemented at the end of September 2017. Since then we have reviewed all of our patient deaths and, where indicated, a Structured Judgement Review has taken place. General learning points and themes from Structure Judgement Reviews are fed back via a learning bulletin and through governance meetings. When indicated, specific learning and feedback is given to consultants, their teams, heads of departments and individuals. Reflection on learning from deaths is also strongly encouraged as part of our medical appraisal process.

Data source: Local Trust data source, 2017-18.

Hospital Standardised Mortality Ratio (HSMR)

Maintaining a focus on the reduction of our Hospital Standardised Mortality Rate (HSMR) has resulted in our HSMR being below our target of 100.



We plan to improve on this further by looking at disease specific mortality and to continue our understanding of any identified failures through the SJR process. In addition we are looking at how we can involve carers and relatives in the review process.

Data source: Local Trust data source, 2017-18.



Goal 2: Continuously seek out and reduce avoidable patient harm

In 2017-18 we said we would:

Reduce harm from poor communication and ineffective team working.

Our targets were:

- To provide 25% of clinical staff working directly with patients with human factors training (with a focus around team training)
- To provide 25% of key clinical staff with receive quality improvement training
- To undertake a Trust wide Safety Culture review.

Human factors and quality improvement training

In order to reduce harm we set about the development and delivery of training and information which would improve capability across key staff groups through the recognition of Human Factors, as well as provide capacity to embed a quality improvement culture through the organisation. Human Factors is about understanding and mitigating human behaviour and acknowledging human frailties in order to reduce clinical error. Quality improvement introduces concepts and models for improvement and how they can be used to improve services.

The training has been delivered on a trajectory that takes into account the three year time frame covered by the Strategic Objectives and has a year on year approach to achieving the training of 25% of key staff. We have overachieved in our first year with 50.65% for QI training and 37.5% for HF for key staff identified to receive the training. Key staff for this first year were identified through appropriate role profile, availability to access training and a willingness to be engaged in developing and maintaining a new approach to working. Training is through a combination of E-learning and face to face teaching.

As the year has progressed and in response to staff feedback, the training is now not just for clinical staff, as many of our teams include non clinical staff who are just as important to our clinical areas, for example our management information services and research and development team. We aim to continue to deliver this training in line with our strategic objectives to achieve a quality improvement culture.

Data source: Local Trust data source, 2017-18.

Trust-wide Safety Culture Review

Our Trust wide Safety Culture Review was opened to staff in March 2018. We will use the results from this to build on good practice and to develop support in the areas where staff feel that safety could be managed better.

Data source: Local Trust data source, 2017-18.

In 2017-18 we said we would:

Reduce patient harm from the most common known causes

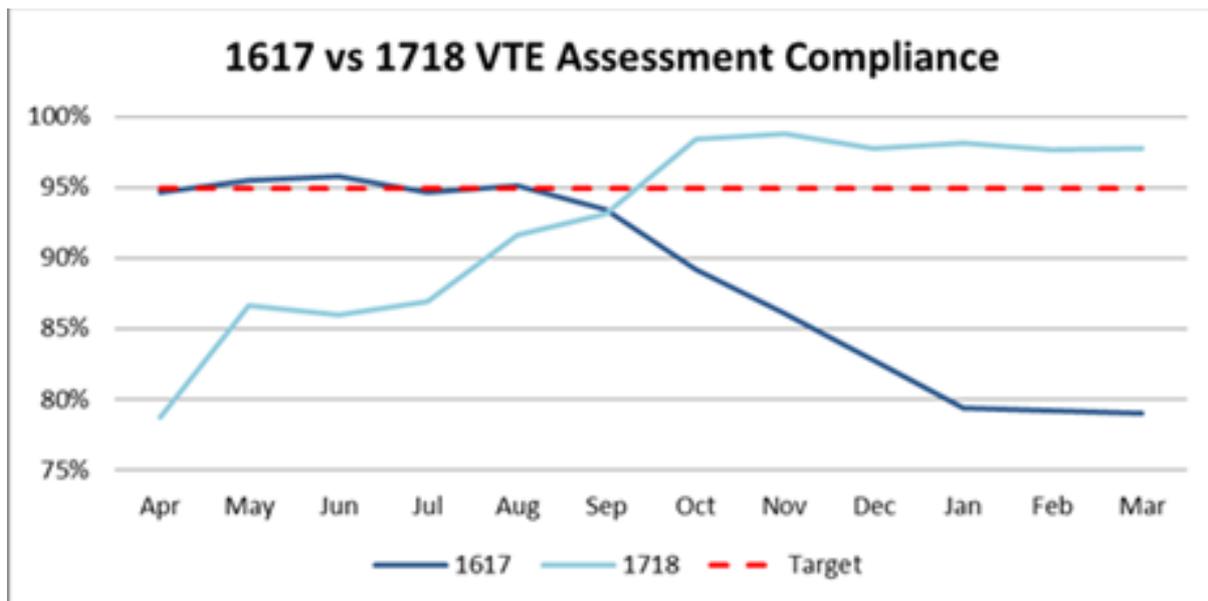
Our targets were:

- To achieve 95% or above compliance with VTE risk assessment across all adult in-patient area
- To Ensure all patients receive VTE prevention information on admission and discharge
- To implement improved systems to reduce harm from unnecessary delays in diagnosis and/or treatment.

Achieve 95% or above compliance with VTE risk assessment across all adult in-patient area

VTE is a known important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE is associated with considerable cost to the health service. The risk of developing VTE depends on the condition and/or procedure for which the patient is admitted and on any predisposing risk factors. It is therefore important to us to ensure that all appropriate patients are VTE risk assessed. Our target was achieved in October 2017 and has been maintained at above 95% since then.

Although we achieved the target on three occasions in the previous year, this time we have shown sustained improvement over a period of six months as shown in the graph overleaf.

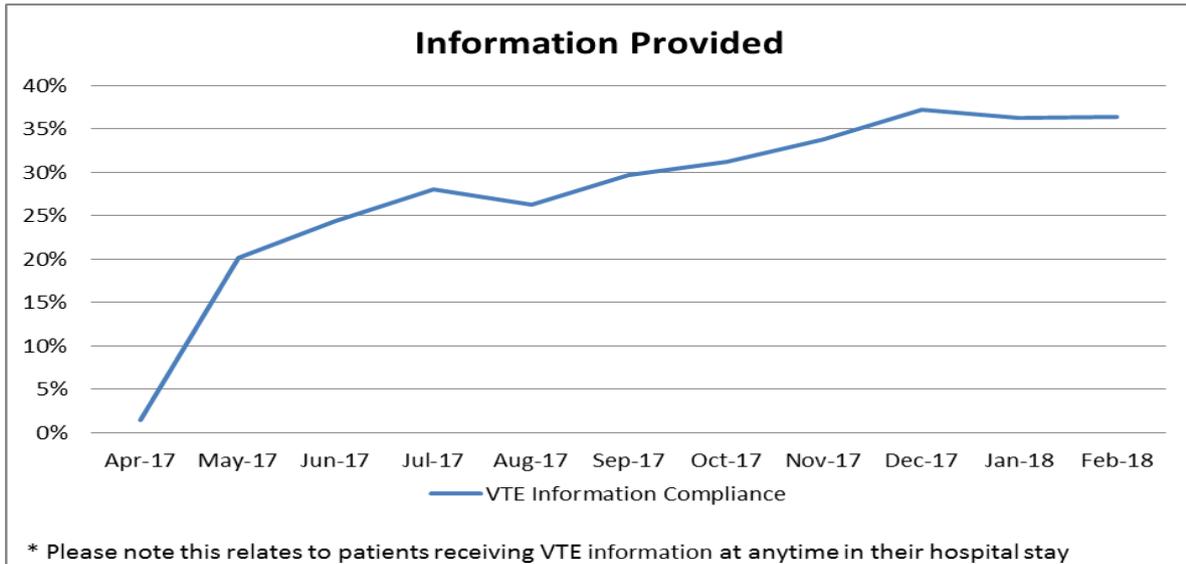


Measures to improve compliance included engagement with our teams, training and monitoring. By using past examples of where harm might have occurred, our clinical teams were able to recognise the importance of timely assessment. Opportunity to educate and train using a variety of tools along with the use of our electronic observation recording system, enabled our teams to recognise each day which patients had yet to receive an assessment. Our plan for 2018-19 is to ensure sustainability of our achievement.

Data source: Local Trust data source, 2017-18.

Ensure all patients receive VTE prevention information on admission and discharge

To continue the prevention of venous thrombosis and to support patients in making informed decisions about their care and treatment, we aspired to show that all our patients receive VTE prevention information. We recognise that although we have made improvements through the development of our VTE information leaflet, we still have work to do to ensure that it reaches all of our patients. Future developments in our electronic observation recording system mean we will know which patients have or have not received information and we plan to use this to improve our performance.



Data source: Local Trust data source, 2017-18.

Implement improved systems to reduce harm from unnecessary delays in diagnosis and/or treatment

To reduce harm from unnecessary delays in diagnosis and/or treatment a project workstream has been established, sponsored by the Medical Director and led by the Director of Information Communications Technology, to implement Integrated Clinical Environment (ICE) filing across the Trust for diagnostic test results reporting, ensuring that all investigation reports are reviewed and actioned electronically. This will ensure a consistent approach across the Trust and move away from paper based systems to communicate test results. The Trust aims to implement the Trust-wide paperless ICE filing process by 31st October 2018.

Data source: Local Trust data source, 2017-18.



In 2017-18 we said we would:

Maintain focus on eliminating avoidable patient harm

Our targets were:

- Continue to work towards eliminating hospital acquired avoidable grade 3/4 Pressure Ulcers
- Continue to work towards eliminating moderate harms or above as a result of in-patient falls
- To maintain zero cases of MRSA Bacteraemia
- Maintain focus on eliminating avoidable hospital acquired infections.

Eliminating hospital acquired avoidable grade 3/4 Pressure Ulcers

Although the Trust aim of eliminating hospital acquired avoidable grade 3 and grade 4 pressure ulcers has not been achieved, the Trust has seen some significant improvements throughout 2017-18. Comparing our performance this year with last, there has been a clear downward trend in the number of hospital acquired grade 2 and 3 pressure ulcers.

This improvement has been achieved by a number of initiatives focussing on preventing pressure ulcers, including:

- A new Pressure Ulcer Traffic Light Risk Assessment and Care Plan was rolled out Trust wide in January 2017, with a bespoke Emergency Department Traffic Light document rolled out in autumn of 2017
- The React to Red training programme was rolled out Trust wide as an acute hospital pilot, as part of an NHS England initiative
- The continued delivery of pressure ulcer prevention and management education to Trust staff by the Tissue Viability team, including as part of the Band 2 up skilling days and Trust Preceptorship programme, and specific bank nurse pressure ulcer sessions
- The Senior Tissue Viability Nurse working alongside the Yorkshire and Humber Improvement Academy in the role of Safety Huddle Coach to support staff in developing and maintaining Safety Huddles in order to promote a Trust wide safety culture
- Celebrating improvements in achieving Improvement Academy milestones, including days between pressure ulcers
- The introduction of Tissue Viability ward rounds to ensure the focus remains on preventative measures to reduce the risk of in-patients developing pressure damage
- Ward specific Tissue Viability action plans targeting high risk areas.

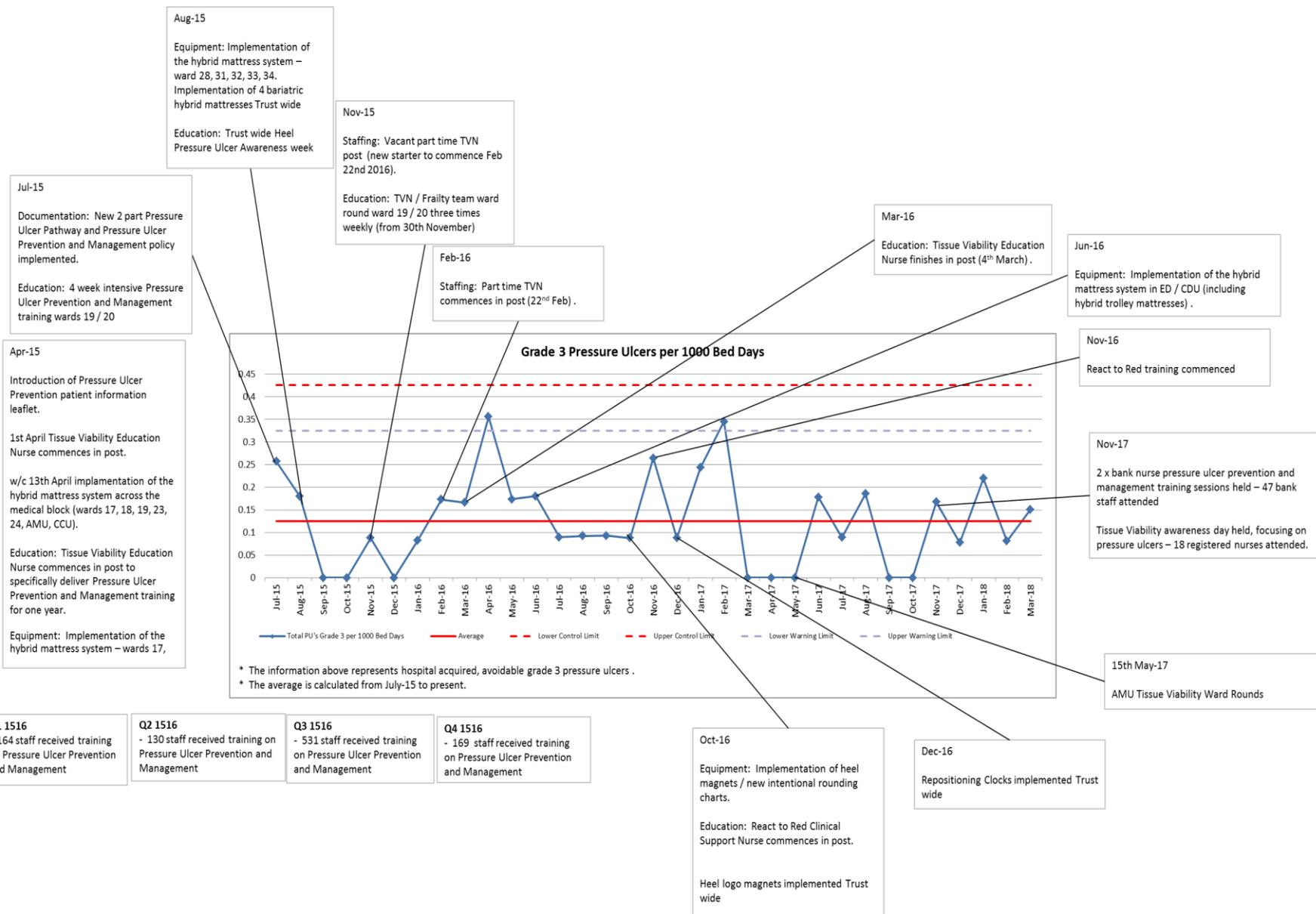
The statistical process control chart (SPC) on pages 39 of this report help to demonstrate the impact of the various quality improvement initiatives on the reduction of hospital acquired avoidable grade 3 Pressure Ulcers.

The priority for 2018-19 will be for the Trust to continue to focus on eliminating avoidable patient harm with a continued target of eliminating hospital acquired avoidable grade 3 and 4 pressure ulcers. All the initiatives detailed above will continue throughout the following year, along with:

- A review of the Theatre Care Pathway to focus on pressure ulcer prevention during the peri-operative and post-operative period, in addition to the in-patient stay
- Review of the Children's Tissue Viability pressure ulcer risk assessment, with plans to implement a risk assessment tool based on a model used in Bradford.

Data source: Local Trust data source, 2017-18.

SPC Chart 1.0: Grade 3 Pressure Ulcers 2017- 18



Q1 1516
- 164 staff received training on Pressure Ulcer Prevention and Management

Q2 1516
- 130 staff received training on Pressure Ulcer Prevention and Management

Q3 1516
- 531 staff received training on Pressure Ulcer Prevention and Management

Q4 1516
- 169 staff received training on Pressure Ulcer Prevention and Management

Eliminating moderate harms or above as a result of in-patient falls

The number of people aged 65 and over is projected to rise by over 40 per cent in the next 17 years to more than 16 million (Office for National Statistics, 2015). Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50 per cent (NICE, 2013).

During 2017-18 Barnsley hospital reported 852 in-patient falls, (792 in 2016-17). Of these, 36 resulted in moderate harm or above. This is an increase of 26 incidents from 2016-17. Achieving our target for 2017-18 has been challenging and the Trust acknowledges that this should remain a key patient safety quality improvement target for 2018-19.

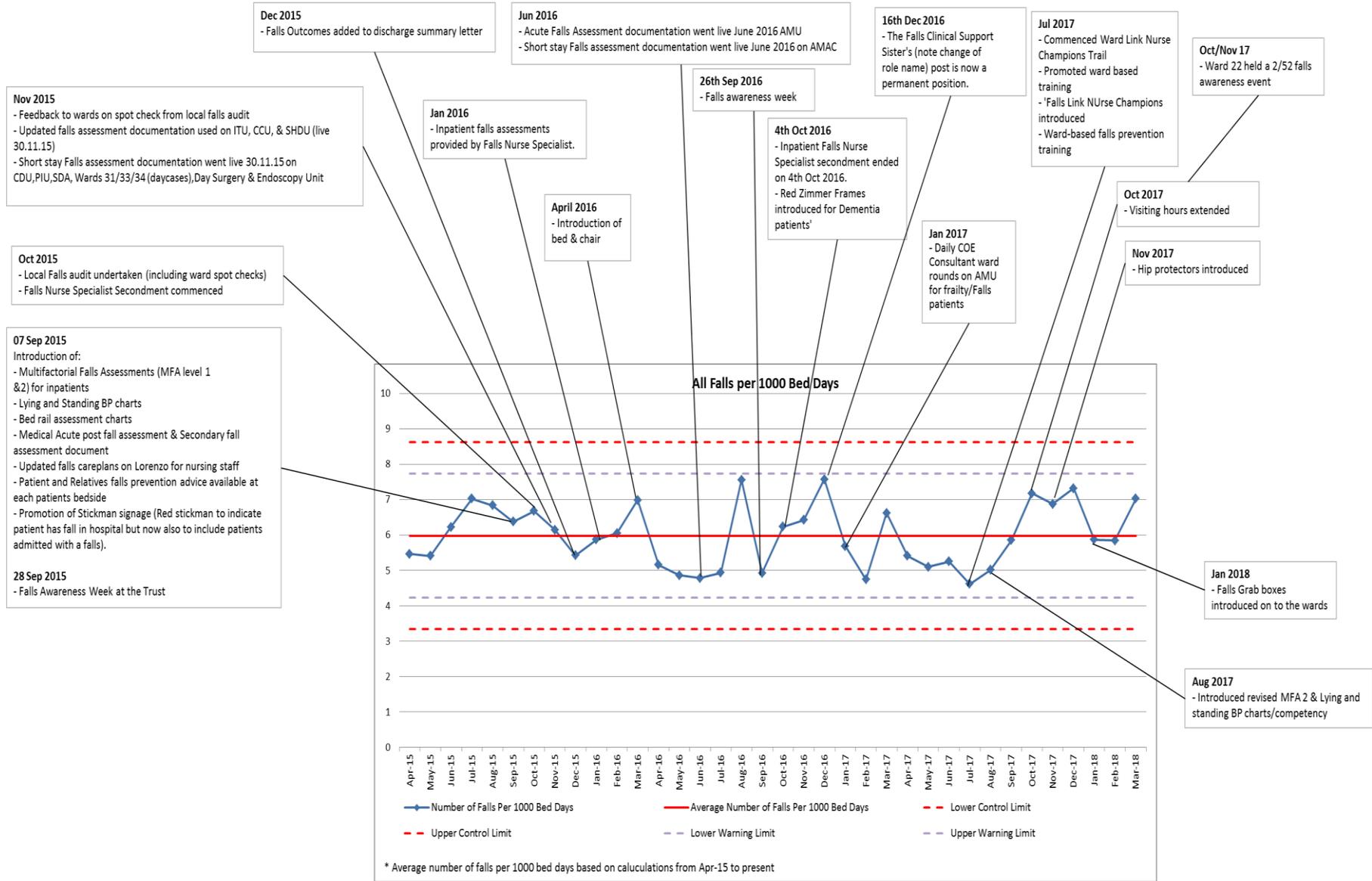
The Trust has undertaken a number of improvements during 2017-18 to assist us with achieving our target, including:

- Participating in National In-patient Falls Audit (NIFA) and the National Audit for Delirium and Dementia
- Revised Multifactorial Falls Assessment (MFA) Level 2 document, new Orthostatic Observation Charts and the introduction of staff competency assessments in line with the requirements of the 2017 Royal College of Physicians guidance on assessing a patient's sight and performing a lying and standing blood pressure
- Introduction of Falls Link Nurse Champions onto our higher risk in-patient areas, to help promote falls prevention awareness
- Introduction of new equipment including bed and chair alarm monitors and hip protectors to aid in the reduction of falls and falls related injuries.
- Implementation of a Falls Forum to review all in-patient falls incidents that result in moderate harm or above facilitating Trust-wide shared learning from avoidable falls in a timely manner
- Continued collaborative working with the Yorkshire and Humber Improvement Academy to support teams to embed safety huddles across the Trust with falls reduction remaining as one of our key aims of the 'Huddle Up for Safer Healthcare (HUSH) Programme'.

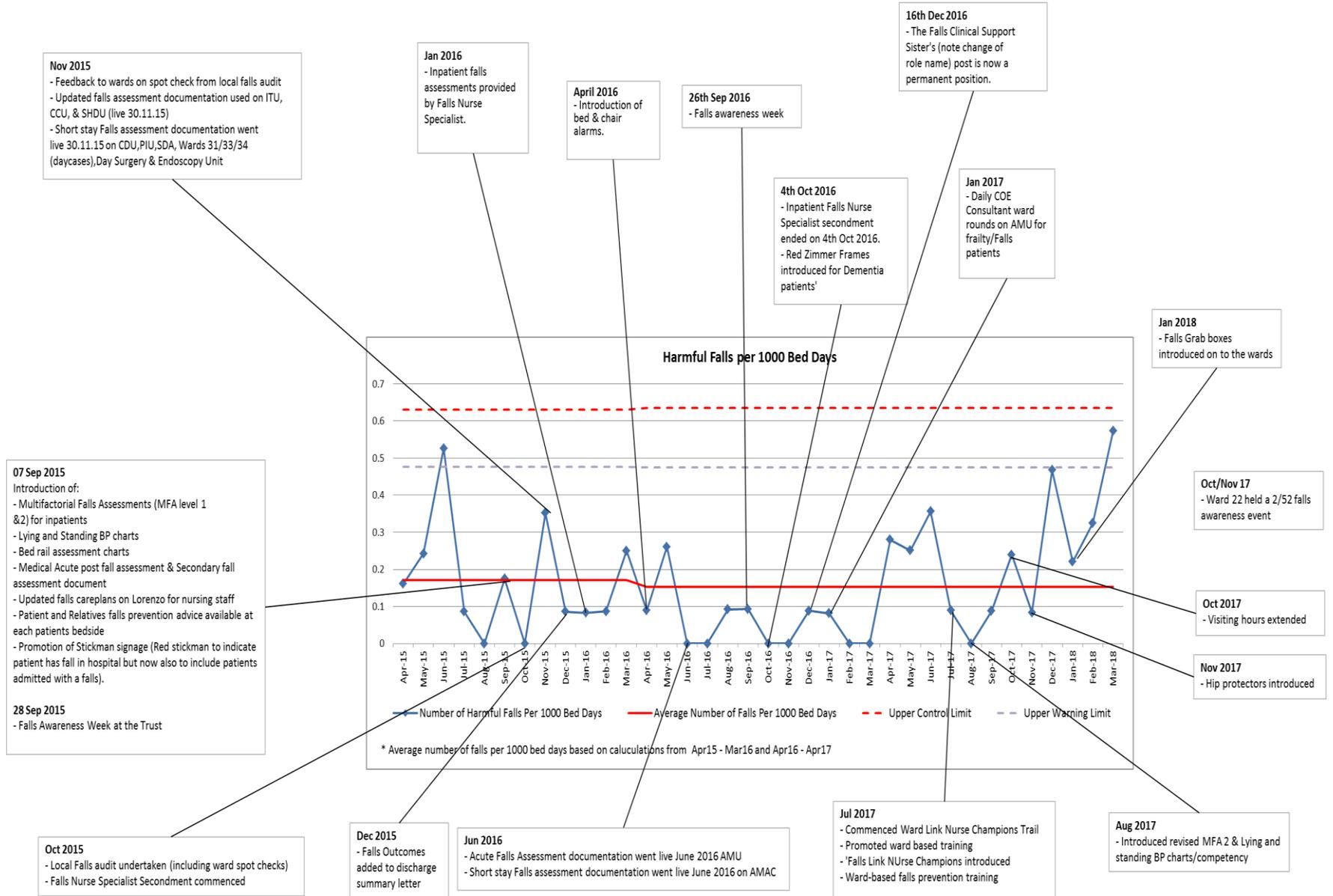
The statistical process control charts (SPC) on pages 41 and 42 of this report help to demonstrate the impact of the various quality improvement initiatives on the reduction of in-patient falls and in-patient falls resulting in moderate harm or above.

Barnsley hospital is committed to ensuring that falls prevention remains a priority for 2018-19. The improvement initiatives implemented during 2017-18 will be evaluated for their impact on falls reduction whilst we continue to identify new patient safety initiatives for sustained improvement.

SPC Chart 2.0: All in-patient falls 2017-18



**SPC Chart
3.0:
Harmful
falls;
moderate
harm or
above
2017-18**



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

Jan 2016
 - Inpatient falls assessments provided by Falls Nurse Specialist.

April 2016
 - Introduction of bed & chair alarms.

26th Sep 2016
 - Falls awareness week

4th Oct 2016
 - Inpatient Falls Nurse Specialist secondment ended on 4th Oct 2016.
 - Red Zimmer Frames introduced for Dementia patients'

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

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

Jan 2018
 - Falls Grab boxes introduced on to the wards

Oct/Nov 17
 - Ward 22 held a 2/52 falls awareness event

Oct 2017
 - Visiting hours extended

Nov 2017
 - Hip protectors introduced

Oct 2015
 - Local Falls audit undertaken (including ward spot checks)
 - Falls Nurse Specialist Secondment commenced

Dec 2015
 - Falls Outcomes added to discharge summary letter

Jun 2016
 - Acute Falls Assessment documentation went live June 2016 AMU
 - Short stay Falls assessment documentation went live June 2016 on AMAC

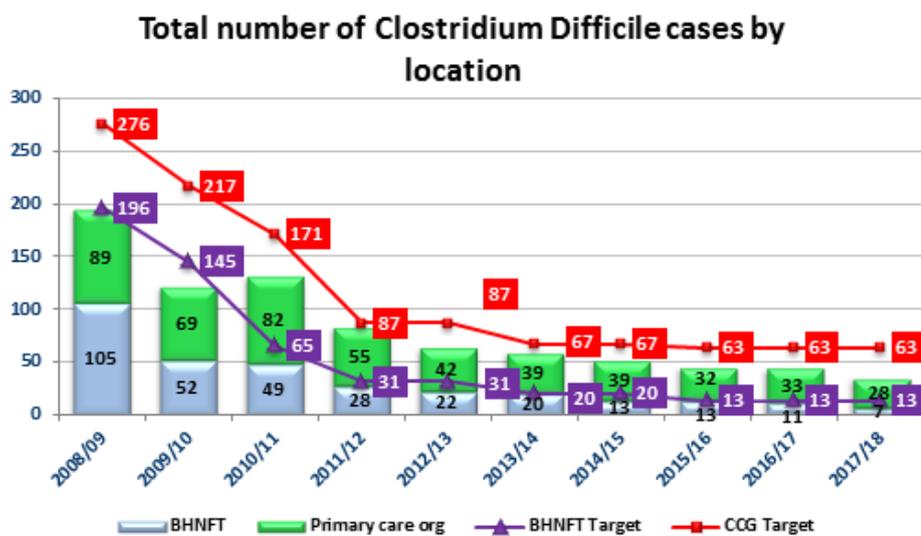
Jul 2017
 - Commenced Ward Link Nurse Champions Trail
 - Promoted ward based training
 - Falls Link Nurse Champions introduced
 - Ward-based falls prevention training

Aug 2017
 - Introduced revised MFA 2 & Lying and standing BP charts/competency

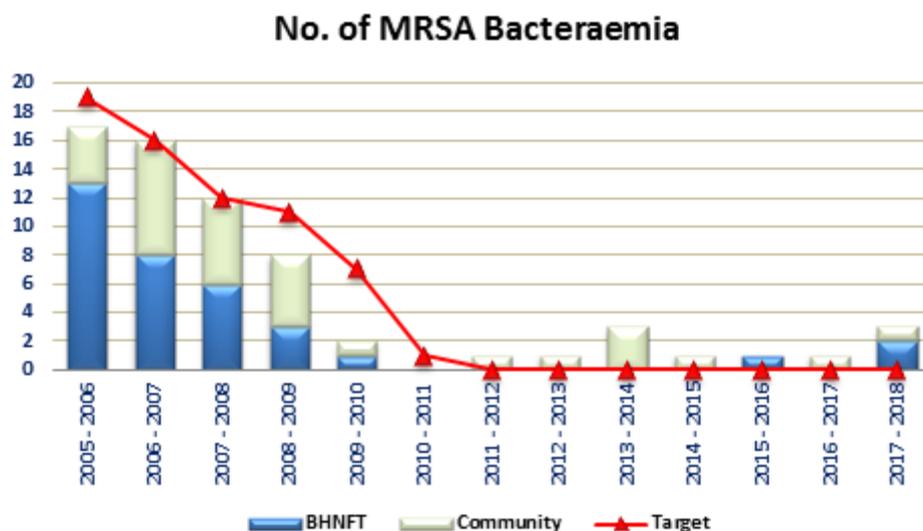
Maintain zero cases of MRSA Bacteraemia and eliminating avoidable hospital acquired infections

In 2004, the UK government introduced a target to reduce MRSA blood stream 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 *Clostridium difficile* was introduced with a year on year target to reduce C.difficile in 2007.

The number of hospital attributed cases of *C.difficile* has reduced significantly from 105 in 2008/9 to 13 in 2017-18.



The Trust has reduced MRSA bacteraemia rates from 17 in 2005/06; to zero in 2016/17 and has had a target of zero for the previous seven years. Unfortunately the Trust did have two patients identified with a hospital attributed MRSA bacteraemia in 2017-18; one of which was identified as a contaminant.



In response to this Aseptic Non Touch Technique has been revised and updated. This is a method of standardising practice to increase patient safety by reducing the risk of introducing infection into a susceptible body site during procedures such as intravenous therapy, wound care and urinary catheterisation. The insertion and on-going management of peripheral cannula is now recorded electronically; it is anticipated that this will assist in the management of devices. The evaluation of the effectiveness of these interventions will be closely monitored.

Our focus has been maintained on eliminating avoidable hospital acquired infections through reviewing and auditing practice, surveillance and education, thorough investigation and root cause analysis of all cases of MRSA bacteraemia and *C.difficile* toxin infection and more recently of MSSA and *E.coli* bacteraemia; and keeping abreast of new guidance and advances in practice. The recent appointment of an antimicrobial pharmacist will assist in identifying and addressing improvements in antimicrobial stewardship, a key factor in reducing the risk of healthcare-associated infections.

Data source: Local Trust data source, 2017-18.

Goal 3: To deliver good patient experience

In 2017-18 we said we would:

Work with patients as partners in improvement

Our targets were:

- To develop further our patient panel and wider patient and public engagement in service re-modelling e.g. ophthalmology patient & public engagement group
- Expand our maternity service user forum through social media to ensure we obtain a wider patient perspective on new developments within our maternity services.

Developing our patient panel and wider patient and public engagement

With currently 68 patients on our Patient Panel this group of local people volunteer their time and skills to work in partnership with the Trust on service delivery and improvement. We continue to engage with the local deaf partnership, with support from Leeds Involving People advocacy team to improve accessibility for deaf patients and to develop new initiatives.

These initiatives included:

- Scoping of the use of video tours
- Development of resources to support patients accessing services within our Emergency Department
- Development of resources to support patients accessing Patient Advice and Complaints team.

Data source: Local Trust data source, 2017-18.

Maternity Service User Forum

There are now almost 900 online members of the Barnsley Maternity Voices group. The group has expanded its social media presence into Twitter and Instagram. As part of the 'Better Births' review, the group will be a key voice for local families as part of the consultation plans across South Yorkshire and Bassetlaw for the work towards the Local Maternity System (LMS).

Data source: Local Trust data source, 2017-18.

In 2017-18 we said we would:

Enable patients to be in control of their own healthcare

Our targets were:

- To develop, implement, monitor and evaluate new initiatives such as End of Life companions and the roll out of new ways of engaging with patients regarding spiritual needs
- To improve compliance for Tier 1 dementia training for all staff trust-wide with a target of achieving 60% compliance for year end 2017-18
- To improve the use of the Butterfly Scheme as evidence through our carers' feedback survey measuring the percentage of patients/carers offered the Butterfly Scheme early in their hospital admission and by measuring satisfaction and reassurance levels after participating in the scheme.

End of life care and support

The role of the End of Life Volunteer, known as the Nora Newman 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. Nora Newman 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. Nora Newman Volunteers may also be called upon to help family or carers during the difficult time as their loved one comes to the end of their life.

This volunteer role is now fully implemented and we have received positive feedback from families who have accessed this service. The project will be evaluated and currently the Trust has 11 trained volunteers who offer support to patients who are on the End of Life pathway and their relatives.

The results of the End of Life Care (EOLC) national audit for acute hospitals suggested that whilst our hospital is not an outlier regarding spiritual care and higher than the national average there is still scope to implement much more. In response to this we have held focus groups, facilitated by the Non Executive Director lead for EOLC to explore further what spiritual care should look like here in Barnsley. During 2018-19 we intend to continue our work and explore the following:

- The language that we use with regard to spirituality
- How we assess spirituality within the hospital with respect to EOLC and implement this as part of My Care Plan
- Development of education and training to support staff in the delivery of spirituality.

Data source: Local Trust data source, 2017-18.

Dementia care

The Dementia Nurse Specialist continues to work collaboratively with clinical teams to improve the care provided to patients with a dementia diagnosis. The carers' feedback survey has been implemented and the survey reports on key areas such as take up of The Butterfly Scheme, application of flexible visiting, and overall patient/carer experience.

The Butterfly champions on each ward area complete an observation tool that gives information about how the Butterfly scheme is implemented and this gives insight into any training requirements for staff at ward level.

There is a programme of Trust wide dementia awareness training for all Trust staff and as at 31 March 2018 57% of staff have completed Tier 1 training and 46% of staff have completed Tier 2 training.

Work to improve the experience of patients with a dementia diagnosis and their carers will continue and is seen as a key priority for the Trust.

Data source: Local Trust data source, 2017-18.

In 2017-18 we said we would:

Improve information and communication with patients

Our targets were:

- To establishment a Trust wide database of patient information leaflets and resources with key leaflets published via the Trust's intranet and website to ensure patients are fully informed of and involved in decisions about their care.
- Develop trust-wide patient information containing key patient safety messages; ensuring that all patients admitted to our hospital are provided with this information.

Patient information and communication

In 2015 the hospital invested in EIDO Healthcare, an electronic database containing downloadable patient information resources to support informed consent to treatment decisions for clinical investigations and procedures.

To supplement this the Trust is now developing a comprehensive database of its own internally produced patient information resources. The database allows for copies of leaflets to be uploaded and it will support the regular review and updating of patient information resources. During the coming year the Patient Experience Team hope to look at new ways of making leaflets available to the general public and via our digital letters service.

Throughout 2017-18 we have remained focussed on developing trust-wide patient information containing key patient safety messages. These have included information on; pressure ulcer prevention, DVT prevention, surgical site infections, information for patients when attending for an operation; all to raise patient awareness of key patient safety indicators where clear education and awareness was needed.

Data source: Local Trust data source, 2017-18.

In 2017-18 we said we would:

Use patient insight and feedback to improve experience

Our targets were:

- To improve positive recommendation rates for the NHS FFT ensuring we achieve a target of 87.5% or more positive recommendations Trust wide
- Through the implementation of new technological approaches to patient feedback within the ED, ensure a consistent response rate of 10% or more during 2017-18
- To see a reduction in the number of re-opened complaints by the end of 2017-18 with a strong focus on driving improvement in the quality of complaint investigations
- To implement a revised patient experience in-patient questionnaire across in-patient wards to have a systematic approach to obtaining patient feedback relating to communication and clinical care.

NHS Friends & Family Test

The Friends and Family Test (FFT) is 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. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The feedback gathered through the FFT is being used in NHS organisations across the country to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference to patients and their care.

Here at Barnsley hospital positive recommendation rates for the NHS Friends and Family Test have remained high with positivity rates of 87.5% or above being achieved in all of our in-patient areas. Feedback on our FFT results is shared with wards and departments so that this can be displayed for patients and visitors to see. During the year we carried out a pilot within our Emergency Department so patients could feedback via telephones (SMS/IVM) to the NHS FFT. Moving forward we hope to develop in-house electronic solutions to help us obtain feedback from patients to this national patient experience indicator. For 2018-19 we have set ourselves a target to achieve a response rate of greater than 30% across in-patient areas and greater than 10% in ED. We aim to maintain our achievement of positivity rate of 87.5% in all areas, including ED.

Data source: Local Trust data source, 2017-18.

Complaint Performance

During the year complaint performance has improved with the year to date average for complaints closed within agreed timeframe at 92% against a target of 90%.

During the coming year we will be implementing a new approach to the investigation of complaints through the development of a centralised investigation team. This will be supported by the increased use of robust resolution plans and engagement with complainants at an early stage to agree terms of scope for each investigation.

During 2017-18 the Trust investigated 270 formal complaints and of this number 14% were re-opened because the complainants disagreed with the findings of our investigation or felt further investigation of their concerns was required. This is an improvement on the previous year's performance when 17% of complaints were re-opened.

Data source: Local Trust data source, 2017-18.

In-patient questionnaire

A revised questionnaire has been implemented across in-patient wards containing key patient experience indicator questions and providing the hospital with additional information to that gained from the NHS FFT.

The results of the questionnaires are reported on throughout the year with local results being displayed at ward level. Themes are monitored against results from national patient experience surveys and shared with CBUs for learning and improvement. In line with the NHS FFT the Trust plans to implement new in-house electronic solution approaches to the implementation of this questionnaire.

Data source: Local Trust data source, 2017-18.

Overview of performance in 2017-18 against Single Oversight Framework (SOF) indicators

National Indicator	2015-16 BHNFT	2016-17 BHNFT	2017-18 BHNFT	National Target 2017-18
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	94.4%	83.77%	78.4%	90%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	97.7%	97.74%	96.4%	95%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway [Ⓐ]	94.2%	93.4%	91.9%	92%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge [Ⓐ]	92.8%	91.2%	90.5%	95%
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	86.8%	88.6%	91.9%	85%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	98.9%	97.7%	92.3%	90%
All cancers: 31-day wait from diagnosis to first treatment	98.8%	98.5%	99.1%	96%
Cancer: two week wait from referral to date first seen, comprising all urgent referrals (cancer suspected)	95.8%	94.9%	95.7%	93%
Cancer: two week wait from referral to date first seen, comprising for symptomatic breast patients (cancer not initially suspected)	92.1%	94.1%	95.4%	93%
Maximum 6-week wait for diagnostic procedures	0.81%	0.71%	0.45%	<1%
Clostridium (C.) difficile – variance from plan	13	11	13	13

[Ⓐ] 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 2017-18

Thank you for the opportunity to review the 2017 – 2018 Quality Report (Incorporating quality Accounts)

It is good to see the use of statistical process control techniques such as Shewart type charts to help drive quality improvement in the hospital; and we would hope that this continues and that more sophisticated statistical process control techniques are deployed to assist in the driving further quality and safety improvements.

We would like to have seen more detail on the work program in relation to mental health needs on page 10 and would welcome a discussion with yourselves on these including site of your action plan.

Healthwatch Barnsley would like you to give future consideration to the inclusion of patient stories which can have a greater impact.

Barnsley Clinical Commissioning Group comments on BHNFT Quality Account 2017-18

Barnsley Clinical Commissioning Group (CCG) has reviewed Barnsley Hospital NHS Foundation Trust's 2017-18 Draft Quality Account.

Barnsley CCG are assured by the Hospital's progress to secure a rating of 'good' from CQC following their inspection in November 2017. We particularly want to note how the hospital have maintained good Infection Prevention and Control practice, the continued reduction in HSMR, the continued improvement with pressure damage prevention, compliance with Better Births recommendations and the significant improvement in VTE risk assessment which is now above compliance target of 95%. We also want to commend the Norma Newman Volunteer scheme to support patients and families at the end of life and the increasing use of video tours of departments for patients and families to access.

We noted and share the Hospital's concern that the previous improvement in reducing harm from falls has not been sustained as plan (p48) and that falls risk assessment fidelity is still a challenge (p21) and endorse the Trust's continued efforts to eliminate all avoidable factors. We continue to monitor the progress of the Hospital's work to ensure accuracy of diagnostic reports and ensuing action on them.

Whilst noting that the hospital's performance against the A&E 4 hour standard is below the 95% target this should be set against the national context of very few Hospitals achieving this and, in addition to Barnsley Hospital being one of the better performers, they are to be commended for their unstinting commitment to patient safety via mobilising additional capacity when demand increases and reviewing particular episodes when capacity to meet demand has not been sufficient to check whether harm has occurred and, as importantly, to learn from any modifiable factors to continuously improve resilience and safety.

BHNFT Council of Governors comments on BHNFT Quality Account 2017-18

Document reviewed by members of the Council of Governors with feedback provided on minor formatting and proof reading points.

One particular comment received, "I really do not think I can add anything constructive to this document. It just underlines how proud I am to be acted with our Trust, for the amazing things they achieve now, and plan for the future".

Overview and Scrutiny Committee comments on BHNFT Quality Account 2017-18

There were no comments received from the Overview and Scrutiny Committee.

Independent Auditor's Report to the Council of Governors on BHNFT Quality Account 2017-18

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 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

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 2017/18' 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 2017/18' 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 2017/18'
- 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 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' 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 2017 to May 2018
- papers relating to quality reported to the Board over the period April 2017 to May 2018
- feedback from commissioners dated 17 May 2018
- feedback from governors dated May 2018
- feedback from local Healthwatch organisations dated May 2018
- the Trust's complaints report published under regulation 18 of the Local Authority

Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2018.

- the national patient survey dated January 2018
- the national staff survey dated February 2018
- the Care Quality Commission inspection report dated 14 March 2018
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 18 May 2018.

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 (Revised) 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 2018, 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 against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report
- reading the documents.

A limited assurance engagement is smaller 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 that 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 2017/18' 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. 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

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- 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 2017/18' 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 2017/18'
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
No1 Whitehall Riverside
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Leeds
LS1 4BN
Xx May 2018



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 2017-18;
- 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 2017 to May 2018
 - papers relating to Quality reported to the Board over the period April 2017 to May 2018
 - feedback from commissioners dated 17 May 2018
 - feedback from governors dated May 2018
 - feedback from local Healthwatch organisations dated 14 May 2018
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018.
 - the 2017 national patient survey January 2018 (internal report only) and the 2017 national staff survey February 2018.
 - the head of internal audit's annual opinion over the trust's control environment dated 18 May 2018.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



Steve Wragg
Chairman

Date: 24 May 2018



Richard Jenkins
Chief Executive

Date: 24 May 2018

Part 4: Glossary

Acuity - the intensity of care required.

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.

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.

Avoidable harm - A harm occurring to a patient that 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.

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 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.

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.

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.

Deteriorating patient - an evolving, predictable and symptomatic process of worsening physiology towards critical illness.

E. coli bacteraemia - A bacteria which can cause a range of infections including urinary tract infection, cystitis (infection of the bladder), and intestinal infection. E. coli bacteraemia (blood stream infection) may be caused by primary infections spreading to the blood.

Four-Hour wait access standard - measures the point at which a patient arrives at A&E to when they are admitted, discharged or transferred elsewhere. It applies to all patients from those with life-threatening emergencies to minor ailments. Hospitals are meant to achieve the four-hour target in 95% of cases.

Fluid balance charts - A method for recording patients' intake and output of fluids.

Governance structures - The systems and processes by which BHNFT, direct and control their functions, in order to achieve organisational objectives.

Healthcare associated infections (HCAs) - HCAs 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 (HES) - 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 (IPR) - A single report which provides information on quality and performance data to the Board of Directors.

Intravenous peripheral cannula – The technique in which a cannula is placed inside a vein to provide venous access.

Intravenous Therapy - Therapy that delivers liquid substances directly into a vein.

Mandatory training - Statutory or compulsory training that the Trust requires its employees to undertake.

Methicillin-Resistant Staphylococcus Aureus bacteraemia cases (MRSA) - A type of bacterial infection that is resistant to a number of widely used antibiotics.

Methicillin-sensitive Staphylococcus Aureus (MSSA) - A type of bacteria.

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.

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 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.

National Maternity Review - Better Births the report of the National Maternity Review, was first published in February 2016 setting out a clear recommendation that the NHS should roll out continuity of care, to ensure safer care based on a relationship of mutual trust and respect between women and their midwives. The NHS England commissioned review set out wide-ranging proposals designed to make care safer and give women greater control and more choices. The review identified a number of recommendations to be implemented by providers of maternity services by 2020

NHS Digital - the national information and technology partner to the health and social care system using digital technology to transform the NHS and social care.

NHS Outcomes Framework - Sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in health outcomes

NHS Staff Survey - Each year NHS Staff are offered the opportunity to give their views on the range of their experience at work.

National Reporting and Learning System (NRLS) - A central database of patient safety incident reports.

National Institute of Health and Care Excellence (NICE) - NICE's role is to improve outcomes for people using the NHS and other public health and social care services by developing, producing and providing a range of information in the form of various guidance documents.

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.

Perinatal - Relating to the period immediately before and after birth.

Postnatal - Relating to or denoting the period after childbirth.

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 culture - The attitude, beliefs, perceptions and values that employees share in relation to safety in the workplace.

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.

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 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.

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.

Urinary catheterisation - the insertion of a catheter into a patient's bladder.

Venous Thromboembolism (VTE) - A collective term for both deep vein thrombosis (DVT) and pulmonary embolism (PE).

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	Good	Good
Medical Care (including older people's care)	Good	Good	Good	Requires improvement	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Maternity	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	Good	Good

All national clinical audits, national confidential enquiries and audits included on the quality account programme for 2017-18.

Key	
Area/national audit title	Includes details of the area of clinical care being reviewed and the audit/enquiry title.
NCA	Indicates if the project is included on the national clinical audit programme (NCAPOP).
QA	Indicates if the project is part of quality accounts (QA) and the allocated project number from NHS England
A1	Indicates if the project is applicable to Barnsley Hospital
P1	Indicates if Barnsley hospital participated in the project and submitted (or is currently submitting) data.
% cases submitted	Where data collection was completed during 2015/16, 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.
Data collection complete	Details on the progress of data collection. Many national audits collect data on an on-going basis and publish annual reports.

Area/national audit title	NC A	QA	A1	P1	% cases submitted	Data collection complete?
Peri- and Neonatal						
Neonatal intensive and special care (NNAP)	✓	47	✓	✓	100%	On-going
National maternity and perinatal audit	✓	46				
Children						
Diabetes (Paediatric) NPDA	✓	16	✓	✓		
Paediatric intensive care (PICANet)	✓	54	x	NA		
Paediatric pneumonia	x	55	✓	✓	100%	Yes
National audit of seizures and epilepsies in children and young people	x	34				
Paediatric Asthma	x	53				

Area/national audit title	NC A	QA	A1	P1	% cases submitted	Data collection complete?
Acute Care						
Case mix programme (CMP) ICNARC	x	12	✓	✓	100%	On-going
National cardiac arrest audit	✓	36	✓	✓	100%	On-going
Blood and Transplant						
Comparative audit of blood transfusion	x	39	✓	✓	100%	Yes
Serious hazards of transfusion (SHOT): UK national haemovigilance scheme	x	62			100%	On-going
Long term conditions						
Endocrine and thyroid national audit	x	18	x	NA		
Inflammatory bowel disease (IBD) programme	x	22	✓	✓	Registered but no cases submitted due to lack of resources	
Diabetes audit (adults)	✓	40	✓	✓	100%	Yes

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
UK Parkinson's audit	x	64	✓	✓	100%	Yes
Cancer						
Bowel cancer (NBOCAP)	✓	10	✓	✓	100%	Data collected and undergoing validation. To be uploaded before October 2018.
Head and neck cancer audit (HANA)	✓	21	✓	✓	100%	Data collected on paper forms to be uploaded as soon as National system available
Lung cancer audit	✓	45	✓	✓	100%	Submitted in real time by monthly upload
National prostate cancer audit	✓	60	✓	✓	100%	Submitted in real-time by monthly upload
Oesophago-gastric cancer (NAOGC)	✓	52	✓	✓	100%	Submitted in real-time by monthly upload
National audit of breast cancer in older patients	✓	29	✓	✓	-	Not currently subscribed but will be from April 2018
Elective procedures						
Elective surgery (National PROMs programme)	x	17	✓	✓	100%	On-going

Area/national audit title	NC A	QA	A1	P1	% cases submitted	Data collection complete?
National joint registry	✓	44	✓	✓	100%	On-going
National neurosurgery audit programme	x	50	x	NA		
Cardiovascular disease						
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	1	✓	✓	-	On-going – (final submission May 2018)
Adult cardiac surgery	✓	2	x	NA		
Cardiac rhythm management	✓	11	x	NA		
Non invasive ventilation – Adults	x	51	✓	NA	Not due to be audited until 2019	
Cardiovascular disease (continued)						
Congenital heart disease (CHD)	✓	14	x	NA		
Coronary angioplasty/national audit of percutaneous coronary interventions (PCI)	✓	15	x	NA		

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Adult community acquired pneumonia	x	3	✓	NA	Not due to be audited until 2019	
National chronic obstructive pulmonary disease (COPD)	✓	37	✓	✓	100%	On-going
Heart failure	30	43	✓	✓	60% (as at 08/03/18)	On-going
Pleural procedures		57			Removed from audit programme	
Older People						
Falls and fragility fractures audit programme (FFFAP)	✓	19	✓	✓	100%	Yes
National audit of dementia	✓	30	✓	✓	100%	Yes
Sentinal stroke national audit programme (SSNAP)	✓	61	✓	✓	100%	Yes
Psychological conditions						
Prescribing observatory for Mental health (POMH-UK)	x	58	x	NA		

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
National audit of anxiety and depression		28				
National audit of psychosis		32				
Emergency care						
Pain in children	x	56	✓	✓	100%	Yes
Major trauma audit (TARN)	x	24	✓	✓	95%	On-going
Emergency laparotomy audit (NELA)	✓	41	✓	✓	100%	On-going
Fractured neck of femur	x	20	✓	✓	100%	Yes
Procedural sedation in Adults	x	59	✓	✓	100%	Yes
Urology						
Nephrectomy audit	x	5	x	NA		
Percutaneous nephrolithotomy	x	6	x	NA		

Area/national audit title	NCA	QA	A1	P1	% cases submitted	Data collection complete?
Radical prostatectomy	x	7	x	NA		
Urethroplasty	x	8	x	NA		
Stress urinary incontinence audit	x	9	x	NA		
Cystectomy	x	4	x	NA		
National confidential enquiries						
Child health clinical outcome review programme	✓	13	✓	✓	83% (10/12 cases submitted)	Yes
Maternal, newborn and infant clinical outcome review programme (MBRRACE)	✓	25	✓	✓		
Medical and surgical clinical outcome review programme (NCEPOD)	✓	26	✓	✓	70% (as of 15/03/18)	On-going
Mental health clinical outcome review (NCISH)	✓	27				
Other						
Learning disability mortality review programme (LeDeR programme)	✓	23	x	NA		

Area/national audit title	NC A	QA	A1	P1	% cases submitted	Data collection complete?
Rheumatoid and early inflammatory arthritis	✓	33	✓	✓	No Audit undertaken in 2017-18 on 18/19 programme	
National ophthalmology audit	✓	48	✓	✓	100%	On-going
National vascular registry	✓	49	x	NA		
Specialist rehabilitation for patients with complex needs	✓	38	x	NA		
National end of life care		42			No Audit undertaken in 2017-18 on 18/19 programme	
Smoking cessation		63				
National bariatric surgery registry	x	35	x	NA		

Examples of actions agreed following the review of national audit results at BHNFT.

Audit title: National Emergency Laparotomy Audit (NELA) Year 3	
Reviewed by	General Surgery Clinical Audit Presentation Meeting, 30 November 2017 Clinical Effectiveness Group, 15 November 2017
Performance	The aim of the audit is to enable the improvement of the quality of care for patients undergoing emergency laparotomy through the provision of high quality comparative data from all providers of emergency laparotomies.
Plan	<ul style="list-style-type: none"> • Laparotomy bundle/pathway to be designed, implemented and embedded into practice • Business case to be developed in order to recruit additional hours to provide orthogeriatrician support to NELA patients. • Continue to present BHNFT quarterly individual hospital performance indicator reports at the General Surgery Clinical Audit Presentation Meeting. • Inform and make staff aware of the forthcoming best practice tariff (BPT) tariff which is scheduled to be introduced April 2019. • Results of the local NELA report to be presented to the general surgery and critical care/anaesthetists and care of the elderly consultant.

Audit title: National Hip Fracture Database (NHFD)	
Reviewed by	Fractured Neck of Femur Meeting, 11 October 2017 Clinical Business Unit (CBU) 2 Operational Meeting, 19 October 2017
Performance	All ten key performance indicators for patient's assessment during 2016 at Barnsley Hospital NHS Foundation Trust (BHNFT) are all above the national average. Barnsley hospital have been rated the top quartile for three of the key performance indicators within the assessment criteria. It should also be recognised that 100% of patients have received on admission an abbreviated mental test score (AMT). BHNFT are in the lowest quartile for three key performance indicators relating to the patients outcomes (documentation of the final discharge destination, discharge to original residence within 120 days and 120 day follow up).
Plan	<ul style="list-style-type: none"> • Advanced Nurse Practitioner's (ANP's) to look at the 120 day follow up. BHNFT to look at implementing this going forward to capture and report on this data to the NHFD. The data will be captured via the NHFD audit proforma • ANP's to audit patients that are admitted to the ward above 4 hours and present these findings to the hip fracture group. The data will be captured through the NHFD audit proforma • Further improvement needs to be made relating to the area, with regards to pressure ulcer prevention and data capture. • BHNFT offers 22 hours (weekly) of orthogeriatrician solely. To discuss at the hip fracture group possibility for increased orthogeriatrician support to improve compliance with the pre op medical assessment. • The surgery supervised by a consultant surgeon and anaesthetist is a new recommendation for 2016. The ANP's have recognised that this is slightly below the national average by 0.4% and the ANP's have recently incorporated a fractured neck of femur monthly meeting which is attended by multidisciplinary staff and this is to be discussed further with the relevant stakeholders in order to raise compliance.

Audit title: National audit of early inflammatory arthritis	
Reviewed by	Rheumatology sub-group, 31 May 2016
Performance	Generally the report highlights the good practice of the service. In several areas 100% compliance was achieved and the Trust's compliance rate was often higher than the national and regional scores.
Plan	<ul style="list-style-type: none"> • To ensure the treatment target is agreed with the patient at the baseline appointment. • Work with GPs on how to manage EIA within primary care. • Re-audit during 2018/2019 (as detailed on National Clinical Audit and Patient Outcomes Programme (NCAPOP) programme).

Audit title: National irritable bowel disease (IBD) - (4th round) prescription of biologics	
Reviewed by	Gastroenterology sub-group, 30 March 2017
Performance	The results show that the service provided to patients is good. Further developments to the service have been implemented since the audit was undertaken with more planned for 2016/17. The service now offers access to two Irritable Bowel Disease Nurse Specialists and an IBD Registry is to be implemented in early 2017. The registry will allow the team to locally manage biologic services and will allow the IBD team to operate a more efficient and effective service.
Plan	<ul style="list-style-type: none"> • Process for patient reported outcome measure to be formalised. • IBD register to be implemented. • Re-audit during 2018/2019 (as detailed on National Clinical Audit and Patient Outcomes Programme (NCAPOP) programme)

Audit title: British Thoracic Society (BTS) paediatric pneumonia audit	
Reviewed by	Paediatric presentation meeting, 13 June 2017
Performance	No significant variation from the national standards, local guidelines (BHNFT) mirror those of the national British Thoracic Society Guidelines. However there is some room for improvement around documentation of the respiratory examination and the appropriateness of blood tests and x-rays.
Plan	<ul style="list-style-type: none"> • To discuss the practicalities of including triggers in clerking booklet • Increase staff awareness of pneumonia guidelines by including in medical induction

Examples of actions agreed following the review of local audit results at BHNFT.

Audit title: Quarter 3 Community Acquired Pneumonia (CAP) CQUIN	
Purpose	To improve performance against the local CQUIN
Performance	The original Quarter 3 target for compliance (78%) was not fully achieved; overall compliance with the Community Acquired Pneumonia (CAP) Bundle has improved dramatically to 63%, from Quarter 2 position (13%). It is also worth noting that this improvement has been delivered in the context of increased operational pressures in Emergency Department and Acute Medical Unit. Recording of pneumonia severity score calculator (CURB-65) has improved greatly from 19% in Q2 to 69% in Q3 and the number of patients receiving antibiotics within the 4 hours target has increased to 88% (from 75% in Q2). The Q3 target for training for ED and AMU staff on the CAP bundle has had been set at 50%, the Trust achieved 53% for this quarter.
Reviewed by	Patient Safety Panel, 20 January 2017
Plan	<p>The Trust felt that the target for Quarter 4 of 90% compliance was unachievable taking into the account the current climate in Emergency Department (ED) and Acute Medical Unit (AMU) where staff are facing significant pressures to maintain safe patient flow and has proposed to the Clinical Commissioning Group (CCG) that the original Quarter 3 target of 78% is a more appropriate and achievable stretch target.</p> <p>Clinical Leads and Matrons to ensure reminders about using the CAP stickers, recording pneumonia severity score calculator (CURB-65) and ensuring a chest x ray is performed within 4 hours in all patients where CAP is suspected to be enforced at handovers. Antibiotic administration to be prioritised in all patients diagnosed with CAP</p>

Audit title: Evaluation of Warfarin Reversal Time in Warfarin Associated Intracerebral Haemorrhage

Purpose	Warfarin associated intracerebral haemorrhage is known for high in-patient mortality and poor clinical outcomes. Rapid reversal at Warfarin therapy is required to improve outcomes. The audit reviewed current practice with a view to decreasing the reversal time.
Performance	<p>There is clear variability in care for haemorrhagic stroke patients in current practice. The audit has shown that there are unacceptable significant delays to the warfarin reversal time which could worsen patient's outcomes.</p> <ul style="list-style-type: none">• 33% of patients did not receive their CT scan within 1 hour of attendance.• 47% of patients did not have their INR score reported within 1 hour.
Reviewed by	Care of the Elderly Governance Meeting, 25 May 2017
Plan	<p>To ensure CT scan is performed within 1 hour from admission in suspected Intracerebral Haemorrhage (ICH)</p> <ul style="list-style-type: none">• Develop ICH pathway• Currently if a patient attends out of hours, a discussion between the radiologist and the indicating Consultant is required prior to the scan taking place which can cause substantial delays. Discussion to take place with Lead radiologist to suggest that ICH is excluded from the protocol. <p>Ensure International Normalised Ratio (INR) result is available within 1 hour from admission</p> <ul style="list-style-type: none">• Ensure clotting samples are adequately filled and request marked urgent. This will be communicated in teaching sessions organised for Emergency Department (ED) Nurses.• Discuss the possibility of having a Rapid INR Testing device in ED.

Audit title: Baseline Audit of Fluid documentation within the Trust and assessment of documentation in those with Acute Kidney Injury (AKI)

Purpose	To assess compliance with fluid balance monitoring/AKI reporting and to measure improvements in patient care since the introduction of fluid booklets.
Performance	The project offered limited assurance. Overall fluid balance documentation monitoring and compliance of AKI bundle is currently of a poor standard. This creates a high risk that the objectives of the service will not be achieved.
Reviewed by	Deteriorating Patient Group, 20 December 2016
Plan	<ul style="list-style-type: none"> • Fluid standard operating procedure needed (this is already being undertaken prior to audit) • Clarification regarding documentation of 'unknown' (often used by nursing staff when urine output is unknown / immeasurable). Where recorded, this needs to be quantified in order to determine if patient requires escalation • Ensure fluid pumps are available within the Trust, and that they are recorded/tracked accordingly. • Develop further education packages for staff e.g. E-learning package • Launch of new fluid prescription and balance charts

Audit title: Continuous shoulder dystocia review

Purpose	To ensure compliance with national/local standards for babies born with shoulder dystocia
Performance	The number of reported shoulder dystocia has increased in January to March 2017 (9 cases) compared to 4 cases in October to December 2016. 8/9 reported cases of shoulder dystocia had a proforma present in the health record. Two proformas had information missing, (1) had no time documented for McRoberts manoeuvre (2) no baby assessment documented. One baby was identified having both arm weakness and a potential bone fracture.
Reviewed by	Labour ward forum and audit presentation, 26 May 2017

Plan	<ul style="list-style-type: none"> • To continue quarterly reviews and ensure each case is sufficiently reviewed to risk is being mitigated as fully as possible. • Details and outcome of baby with potential arm weakness/fracture to be reviewed by lead nurse on BBC to ensure any learning points are identified and shared. • Where documentation is lacking, to discuss with staff involved.
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Audit title: Review and outcomes of women using the birthing pools for delivery	
Purpose	To ensure that women, choosing to delivery in the birthing pool, are cared for in line with local guidance and to ensure that outcomes and incidents of 3rd/4th degree tears, post-partum haemorrhage, and shoulder dystocia are in line with those of a conventional vaginal delivery.
Performance	Overall the review demonstrated that there is no noticeable difference in outcomes from a water birth as opposed to a conventional vaginal delivery. Incidents of complications e.g. shoulder dystocia and post-partum haemorrhage remains associated risks of labour and cannot be fully predicted. However this review demonstrates that water deliveries in the Barnsley Birthing Centre are safe, effective, well-led and are supported by robust governance processes. However, in the absence of national guidance and benchmarks, we anticipate that further work may be undertaken locally to ensure we monitor the outcomes of our women choosing this service.
Reviewed by	Labour Ward Forum, 27 January 2017
Plan	<ul style="list-style-type: none"> • Training package to be developed to address confidence levels throughout the team offering this service. • Further work to review local outcomes, which evidence our women are being managed safely and effectively with good outcomes for mother and baby, which are in line with local dashboard targets.

Audit title: Management of 3rd/4th degree perineal tears	
Purpose	3rd/4th degree tears recently flagged red on the maternity dashboard and important updates in the management of 3rd and 4th degree perineal tears recently introduced. National and local trust guidelines have been updated. The service agreed that the need to audit clinical practice against new guidelines as crucial for patient safety.
Performance	The results demonstrate that the incidence of obstetric anal sphincter injuries at Barnsley is 1.5%, below the national incidence rate of 2.9%.
Reviewed by	Labour ward forum/audit presentation, 8 May 2017
Plan	<ul style="list-style-type: none"> • To produce a laminate list of required sutures for Obstetrical anal sphincter injuries (OASIS) repair for the theatre team • Additional fields (tick box) to be added to the partogram for warm compress and hands on/off technique • Re-educate/further training for nursing staff of correct procedure when carrying out episiotomy's • Additional field to be added on partogram for the angle of the episiotomy to be documented and PR prior to repair of any tear • Re education to all staff of better documentation particularly around patient education, repair of tear, technique and materials used • Details regarding prescription of Fybogel® (a laxative taken to treat constipation) to be included in the maternity risk newsletter.

Audit title: Oxygen Prescription	
Purpose	Oxygen prescribing needs to be legal and safe for patients however this is often missed by frontline healthcare professionals. This has been raised by Care Quality Commission (CQC). An Oxygen prescribing audit is undertaken across the Trust and will be re-audited in September 2017. Acute Medical Unit (AMU) undertook this audit in additional to the Trust Wide audit with a view to making further improvements.
Performance	The results demonstrated an improvement overall with compliance however further improvements are still required. Only 53% of oxygen was prescribed on the drug card. The doctor's signature was only documented in 53% of cases. In 14% of cases the nurse initialled the oxygen prescription at each interval to evidence that the oxygen has been given.
Reviewed by	Acute Medical Unit (AMU) Governance Meeting, 26 July 2017
Plan	Teaching sessions for all nurses and Junior doctors in AMU to take place. Oxygen prescribing will be discussed at the senior nurse's forum. The results of the audit will be discussed further at the next CBU 1 governance meeting.

Audit title: Extended thromboprophylaxis in hip fracture patients	
Purpose	The audit of practice was required following two serious incidents (SI's) relating to hip fracture patients going home without extended thromboprophylaxis
Performance	100% (59) of patients audited were prescribed thromboprophylaxis both as in-patients and upon discharge.
Reviewed by	Trauma and Orthopaedics Business and Governance Meeting, 20 December 2017
Plan	<ul style="list-style-type: none"> To continue to assess and prescribed extended thromboprophylaxis for all patients as per guidelines To change the standard operating procedure so that the clinical team remain responsible for the review and documentation of the HIT bloods Clinical team to keep on the consultant lists any patients waiting for HIT bloods, when due and review/document results.

Audit title: Readmission in Trauma and Orthopaedics (RATes)	
Purpose	A prospective multi-centre observational service evaluation assessing 30-day re-admissions following trauma and orthopaedic procedures.
Performance	On the whole Barnsley Hospital NHS Foundation Trust (BHNFT) had one of the lowest percent of readmissions within the region and it was recognised that there were none of these were related to the Orthopaedic procedure. However, it was recognised that some of the avoidable medical re-admissions were induced by the surgical procedure.
Reviewed by	Trauma and Orthopaedics Clinical Audit Presentation Meeting, 18 May 2017
Plan	<ul style="list-style-type: none"> • Careful fluid management of orthopaedic patients to prevent under/over prescribing of fluids to reduce risk of AKI, hypovolaemia and pulmonary oedema, careful correction of electrolytes • Assessment of deep vein thrombosis (DVT)/ pulmonary embolism (PE) risk for patients on admission and use of anti-embolism stockings (TEDS) thromboprophylaxis stockings where appropriate

Audit title: Omitted Medicines Audit	
Purpose	The aim of the audit is to identify missed doses of regular medication and the documented reasons for these.
Performance	<p>A total of 2117 doses were given at the time of the audit with 398 omitted (1.88% compared with the previous audit of 1.23%).</p> <p>The number of critical medicines omitted has risen from 28 to 39 with the biggest rise in antidiabetics and anticoagulants. However, there often is a clinical reason why these have been omitted for example the patient is nil by mouth for surgery.</p> <p>The number of doses where the reason is recorded as not available has dropped from 82 to 28 and the biggest reason for omitted doses was that the patient refused the dose.</p>
Reviewed by	Medicines Management Committee, 23 August 2017
Plan	<ul style="list-style-type: none"> • Failure to transfer medications with patients – Training of HCA's/Bank Staff • Ensure codes for missed dose are written and definitive notes written why doses missed.

Audit title: Audit or Re-operative intervention for postoperative breast haematoma at Barnsley Hospital NHS Foundation Trust (BHNFT)

Purpose	The National Mastectomy and Reconstruction Audit reported that mastectomy site complications occurred in 10% of women, and haematoma was the most common, affecting 8.9% of mastectomy only patients. At one of our Mortality and Morbidity (M&M) meetings the team became aware of two cases of haematoma in one single month and this prompted us to audit our breast procedures. We aim to evaluate haematoma risk factors and re-operation rate among patients undergoing breast operations in a general hospital to compare with the breast haematoma national guidelines.
Performance	The project offered the Trust significant assurance. The proportion of patients with postoperative bleeding was less than the national average. This was disproportionately higher in the mastectomy patients (5.57%) indicating that the type of procedure could be the main risk factor, the figure however, is lower when compared with the national average (5.57 v 8.80%). BHNFT rate of blood transfusion was relatively higher (31.43%) than the national average (8.9%).
Reviewed by	General Surgery Clinical Audit Presentation Meeting, 18 October 2017
Plan	<ul style="list-style-type: none">• Appropriate measures to be taken to ensure good haemostasis in mastectomy only patients• Timely and appropriate intervention to reduce blood transfusion requirements• Re-audit to measure performance in 12 months time

Audit title: Bereaved Relatives Audit 2017

Purpose	To ascertain relatives feedback regarding the care as support offered both to the deceased patient and their relatives in the last hours or days of their lives. The Trust is committed to continually improving the quality of care for people in our hospital as well as the experiences of their family and friends. The feedback received will be reviewed by the specialist palliative care and end of life care team in order to ensure learning and development of services as appropriate.
Performance	The project offered the Trust full assurance and no particular areas of improvement were noted however, it is important to remember that current work needs to be maintained to ensure good practice continues.
Reviewed by	End of Life Steering Group, 21 November 2017
Plan	<ul style="list-style-type: none">• Share the findings with ward teams and governance groups• To repeat the audit in 12 months to ensure practice continues and to increase the sample size• To utilise this audit alongside other data such as complaints, compliments, national audit and data analysis to support continued practice development

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 2017-18;
- 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 2017-18;
- 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

2017-18 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. At that point, the Trust's regulator placed the Trust in breach of licence in relation to finance. The breach of licence was lifted in March 2018 after a number of years of sound financial management.

From the start of 2017-18, it was evident that there were a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £7.8 m was set, with a planned deficit of £10.1m. 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 2017-18 with a deficit of £5.8m, which is £4.4m favourable to the planned position of a £10.1m deficit. The Trust received a further £4.3m national Sustainability and Transformation funding for over achieving against the Financial Plan Control Target set by NHS Improvement. Prior to receipt of this, the Trust ended the year with a deficit of £10.1m, which is exactly on plan. The key drivers leading to the achievement of this position included the strong performance of clinical income, particularly elective and non-elective and robust cost control.

During 2017-18, 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 £11.8m which is treated as a loan. The requirement for distressed funding is driven by the deficit position.

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 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 2017-18, increased by 7.61% on the previous year. The areas of activity where we have seen significant increases relate to outpatients, elective day cases and non-elective spells.

A summary of activity in 2017-18 compared to 2016-17 is provided in the table below:

Point of Delivery	2016-17	2017-18	% Change
Outpatients	266,065	327,044	22.92%
Elective Inpatients	4,117	3,747	-8.99%
Elective Day Cases	24,932	27,327	9.61%
Non Elective Spells	34,846	37,047	6.32%
A&E Attendances	83,550	85,588	2.44%
Other Activity	3,112,284	3,127,059	0.47%

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 BFS Ltd, (our operating costs) did increase by 8.38%. This was attributable to both the pay and non pay bills. Total income also increased during the same period by 7.72%.

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 £9.3m which is in an overachievement of our £7.8m target.

Capital Expenditure

During 2017-18 the Trust had a capital programme of £6.049m, which included £0.488m external funding known as Public Dividend Capital. As at the 31st March 2018, a total of £6.9m 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 - £1.6m
- Medical and surgical equipment - £1.4m (of which £63k was from Tiny Hearts for Ventilators)
- Strategic Schemes - £2.3m (of which £0.5m was from the Tiny Hearts appeal)

Looking Ahead to 2018-19

We start the year facing a planned deficit of £8.7m. This is clearly a more challenging plan than the £10.1m set for 2017-18. Whilst the level of sustainability and transformation funding has increased, there are a number of financial challenges that have resulted in a cost improvement plan requirement of £8.5m. Delivery of the plan will be challenging and activity levels will be a key factor in achieving the plan. There is a cash requirement of £17.4m which relates to the deficit position and the requirement to re-pay an £8.4m loan. This will be funded by loans from the Department of Health.

Financial Accounts



Independent auditor's report to the Council of Governors of Barnsley Hospital NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust (the "Trust") and its subsidiaries (the "group") for the year ended 31 March 2018 which comprise the Consolidated and Parent Statement of Comprehensive Income, the Consolidated and Parent Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers' Equity, the Trust Statement of Changes in Taxpayers' Equity, the Consolidated and Parent Statement of Cash Flows and Notes to the financial statements, including the Accounting policies and other information. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017-18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2018 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared 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 2017-2018; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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.

Material uncertainty related to going concern

We draw attention to note 1 'Going Concern Statement' in the financial statements, which indicates the Trust's performance in-year showed a deficit of £5.8 million. As disclosed in note 1 to the financial statements, the Trust has a planned deficit of £8.7m for 2018-19 and the group and Trust's cash flow forecasts have identified the need for additional financial support. Plans are in place to draw down additional cash funding of £17.3m to the end of May 2019 in the form of revenue loans via the Department of Health and Social Care. As at the date of our report, these loans are not yet agreed.

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. Our opinion is not modified in respect of this matter.

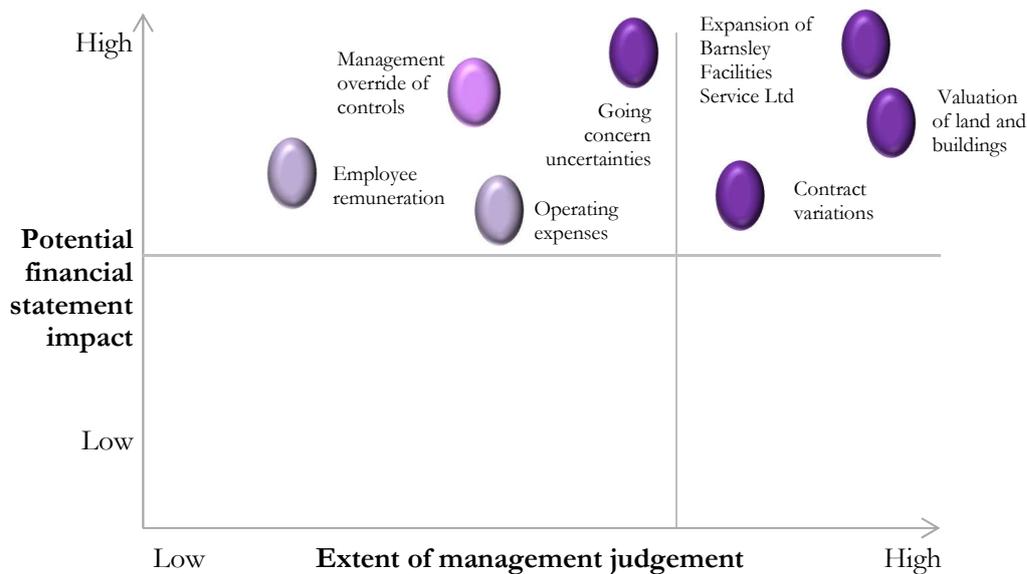


Overview of our audit approach

- Overall materiality: £3,556,000 which represents 1.8% of the group's gross operating expenses;
- Key audit matters were identified as:
 - Going Concern material uncertainties
 - Contract variations
 - Expansion of the subsidiary Barnsley Facilities Services Limited
 - Valuation of land and buildings
- We performed a full scope audit of Barnsley Hospital NHS Foundation Trust, targeted audit procedures of the subsidiary Barnsley Facilities Services Limited and analytical audit procedures of the other subsidiary - Barnsley Hospital Charity.

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to the matter described in the *Material Uncertainty Related to Going Concern* section, we have determined the matters described below to be the key audit matters to be communicated in our report.

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
<p>Risk 1 – Contract variations</p> <p>Over 86% of the group’s income is from patient care activities and contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. 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 these contracts (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners.</p> <p>We therefore identified the occurrence and accuracy of income from contract variations as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • evaluating the group’s accounting policy for recognition of income from patient care activities for appropriateness • updating our understanding of the group's system for accounting for income from contract variations and evaluating the design of the associated controls • agreeing, on a sample basis, income from contract variations to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust’s commissioners • evaluating the group’s estimates and judgments made by management on contracts in order to arrive at the income from contract variations recorded in the financial statements. <p>The group's accounting policy on income from patient care activities is shown in note 1.2 to the financial statements and related disclosures are included in note 3.</p> <p>Key observations</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> • the group’s accounting policy for recognition of operating income complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied • income from patient care activities is not materially misstated.

<p>Risk 2 – Expansion of the subsidiary Barnsley Facilities Services Limited</p> <p>During 2017-18, the Trust significantly expanded its wholly owned subsidiary company Barnsley Facilities Services Ltd (BFS) with the aim of delivering estates, facilities and procurement services to the Trust through a more focussed and commercial approach, enabling the Trust itself to focus on the delivery of clinical services.</p> <p>On 1 September 2017, approximately 160 staff TUPE transferred from the Trust to BFS, and the Trust entered into a number of agreements with BFS. Under these agreements the Trust and BFS agreed the services to be provided by BFS, the lease provisions for the estate for</p>	<p>Our audit work included but was not restricted to:</p> <ul style="list-style-type: none"> • reading the key agreements to gain an understanding of the agreements put in place for the expansion of BFS; • discussing with key group personnel, the underlying substance of the transactions and the basis of the group’s proposed accounting treatment of the arrangements; • critically assessing the economic substance of the transactions to assess the appropriateness of the accounting treatment adopted by the group in accordance with [International
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<p>the next 25 years, the licence for the use of the estate by the Trust and the funding for the up-front lease premium payable by BFS.</p> <p>These agreements give rise to a number of material accounting transactions in the Trust's financial statements for which the economic substance of the transactions needs to be considered, the transactions are eliminated upon consolidation for the group's financial statements.</p> <p>We therefore identified the accounting transactions associated with the expansion of BFS as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Financial Reporting Standards (IFRSs) and other relevant accounting guidance].</p> <p>The group's accounting policy on accounting for subsidiaries is shown in note 1.1 to the financial statements and related disclosures are included in note12.</p> <p>Key observations</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> the group's accounting policy for the expansion of BFS on 1 September 2017 complies with IFRS's and the DHSC Group Accounting Manual 2017-18 the group had accounted for the transactions appropriately in the financial statements.
<p>Risk 3 – Valuation of land and buildings</p> <p>The Trust re-values its land and buildings on a regular basis to ensure that the carrying value is not materially different from fair value This represents a significant estimate by management in the financial statements.</p> <p>The Trust commissioned a valuer to value the Trust's estate at 1 September 2017 (the date of the transfer to BFS) and also at 31 March 2018. Both valuations have been carried out on a 'net of VAT' assumption for the first time.</p> <p>Assumptions on VAT in the re-provision of buildings in the NHS is a complex area. The application of the 'net of VAT' assumption during the financial year has resulted in a reduction in the value of the estate of £11.8m on 1 September 2017, subsequently increased by £3.2m when revalued at 31 March 2018. In addition, the application of a net of VAT assumption resulted in reduced depreciation charge and reduced PDC dividend of a combined £0.4m.</p> <p>We therefore identified the valuation of land and buildings, in particular revaluations of the main hospital site, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work critically assessing key assumptions such as VAT recognition and the relevant dates at which revaluations are recognised by the Trust engaging our own VAT expert to provide us with advice on the appropriateness of the Trust's assumption on VAT recognition evaluating the competence, capabilities and objectivity of the Trust's valuation expert discussing with the Trust's valuer the basis on which the valuations were carried out and challenging the key assumptions applied testing the information used by the valuer to ensure it is complete and consistent with our understanding testing, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register evaluating the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to fair value.

	<p>The group's accounting policy on valuation of land and buildings is shown in note 1.5 to the financial statements and related disclosures are included in note 11.</p> <p>Key observations</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> the group's accounting policy for valuation of property, plant and equipment complies with the DHSC Group Accounting Manual 2017-18 and has been properly applied land and buildings are not materially misstated. However, we requested additional disclosures in note 1.19 of the financial statements to give a clearer explanation of the rationale for the Trust's decision to value its estate net of VAT following the 1 September 2017 transaction with BFS.
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Our application of 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.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	<p>£ 3,556,000 which is 1.8% of the group's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.</p> <p>Materiality for the current year is set at a lower percentage level of gross operating expenses than for the year ended 31 March 2017 (2%). This reflects our view that the expansion of the wholly owned subsidiary, Barnsley Facilities Services Limited, introduces additional risks to the audit of the group's financial statements.</p>	<p>£3,520,000 which is 1.8% of the Trust's gross operating expenses but capped at 99% of the group materiality. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.</p> <p>Materiality for the current year is set at a lower percentage level of gross operating expenses than for the year ended 31 March 2017 (2%). This reflects our view that the transfer of the Trust's estate and a number of staff to Barnsley Facilities Services Limited, introduces additional risks to the audit of the Trust's financial statements.</p>
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality

Specific materiality		The senior officer remuneration disclosure in the Remuneration Report has been identified as an area requiring specific materiality of £5,000 based on the disclosure bandings, due to its sensitive nature.
Communication of misstatements to the Audit Committee	£175,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£175,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graphs below illustrate how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Evaluation of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality and the significance of the component as a percentage of the group's total income, assets and liabilities
- Full scope audit procedures on the Barnsley Hospital NHS Foundation Trust, which represents over 99% of the total income and expenditure of the group, and over 99% of its total net assets
- Performing targeted audit procedures on Barnsley Facilities Services Limited, focusing on the balances linked to the Trust and the expansion of BFS previously discussed at risk 2, which represents less than 1% of the group's income and expenditure, and less than 1% of its total net assets
- Performing analytical audit procedures on the non-significant component, Barnsley Hospital Charity, which represents less than 1% of the group's income and expenditure, and less than 1% of its total net assets
- Gaining an understanding of and evaluating the group's internal control environment including its IT systems and controls over key financial systems

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge of the group and Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- The Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2017/18. 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.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the 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 2017/18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- 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.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

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 Accounts Directions included in the NHS foundation trust annual reporting manual 2017-18, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the group or the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the group or the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion 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 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied 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.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, 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 this criterion as that necessary for us to consider under the Code of Audit Practice 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 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - 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 of Audit Practice.

Gareth D Mills

Gareth Mills
Associate Director
for and on behalf of Grant Thornton UK LLP

No1 Whitehall Riverside
Leeds
LS1 4BN

29 May 2018

2017/18 Trust Accounts pro-forma

Introduction

Data entered below will be used throughout the workbook:

Trust name:	Barnsley Hospital NHS Foundation Trust
This year	2017/18
Last year	2016/17
This year ended	31 MARCH 2018
Last year ended	31 March 2017
This year beginning	1 April 2017

FOREWORD TO THE ACCOUNTS
BARNESLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2018, 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.

R. Jenkins

Signed:(Chief Executive)

Richard Jenkins

Name.....

24th May 2018

Date:

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2018

		Group 2017/18	Group 2016/17	Trust 2017/18	Trust 2016/17
	NOTE	£000	£000	£000	£000
Operating income from patient care activities	3	179,904	167,174	179,884	167,174
Other operating income	4	28,070	25,888	28,863	25,731
Total Operating income		<u>207,974</u>	<u>193,062</u>	<u>208,747</u>	<u>192,905</u>
Operating expenses	5	(214,122)	(197,558)	(213,785)	(197,783)
OPERATING (DEFICIT)		(6,148)	(4,496)	(5,038)	(4,878)
FINANCE COSTS					
Finance income		27	22	21	16
Finance expense	8	(798)	(1,061)	(1,491)	(1,061)
Public Dividend Capital dividends payable		(346)	(711)	(346)	(711)
NET FINANCE COSTS		(1,117)	(1,750)	(1,816)	(1,756)
Other gains/(losses)		1,070	20	1,068	(8)
Corporation tax (charge)	9	(28)	(12)	0	0
(DEFICIT) FOR THE YEAR		(6,223)	(6,238)	(5,786)	(6,642)
Other comprehensive income					
Items that will not be reclassified to income or expenditure					
Revaluation and impairments property, plant and equipment	11	(8,628)	3,468	(8,628)	3,468
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		(14,851)	(2,770)	(14,414)	(3,174)
ALLOCATION OF (LOSSES) FOR THE YEAR					
		2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
(a) Surplus for the year attributable to:					
(i) owners of the parent		(6,223)	(6,238)	(5,786)	(6,642)
TOTAL		(6,223)	(6,238)	(5,786)	(6,642)
(b) total comprehensive income for the year attributable to:					
(i) owners of the parent		(14,851)	(2,770)	(14,414)	(3,174)
TOTAL		(14,851)	(2,770)	(14,414)	(3,174)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018

		31 March 2018	31 March 2017	31 March 2018	31 March 2017
		Group	Group	Trust	Trust
	NOTE	£000	£000	£000	£000
NON CURRENT ASSETS					
Intangible assets	10	3,193	2,695	3,176	2,692
Property, plant and equipment	11	71,741	77,581	71,462	77,529
Investments in subsidiaries	12	0	0	12,350	500
Loans to subsidiaries	12	0	0	22,274	0
Other Investments		285	285	0	0
Trade and other receivables	14	1,062	965	1,062	965
TOTAL NON CURRENT ASSETS		76,281	81,526	110,324	81,686
CURRENT ASSETS					
Inventories	13	3,398	2,442	1,576	2,174
Trade and other receivables	14	18,871	12,662	19,364	12,739
Cash and cash equivalents	15	5,930	4,516	3,632	3,891
Total current assets		28,199	19,620	24,572	18,804
CURRENT LIABILITIES					
Trade and other payables	16	(28,935)	(22,506)	(25,674)	(22,591)
Borrowings	17	(8,580)	(180)	(10,588)	(180)
Provisions	19	(287)	(527)	(287)	(527)
Other liabilities		(915)	(872)	(915)	(872)
Total current liabilities		(38,717)	(24,085)	(37,464)	(24,170)
TOTAL ASSETS LESS CURRENT LIABILITIES		65,763	77,061	97,432	76,320
NON CURRENT LIABILITIES					
Borrowings	17	(50,773)	(47,541)	(82,746)	(47,541)
Provisions	19	(292)	(459)	(292)	(459)
TOTAL NON CURRENT LIABILITIES		(51,065)	(48,000)	(83,038)	(48,000)
TOTAL ASSETS EMPLOYED		14,698	29,061	14,394	28,320
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		47,443	46,955	47,443	46,955
Revaluation reserve	20	2,268	10,989	2,268	10,989
Income and expenditure reserve		(35,324)	(29,685)	(35,317)	(29,624)
OTHERS' EQUITY					
Charitable reserves	12.1	311	802	0	0
TOTAL TAXPAYERS' EQUITY		14,698	29,061	14,394	28,320

The financial statements on pages 1 to 39 were approved by the Board on 24 May 2018 and signed on its behalf by:

Signed: (Chief Executive)

Date:

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

<u>Group</u>	Public Dividend Capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Charitable Funds Reserves (Note 12)	Total taxpayers' equity
<u>2017/18</u>	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2017	46,955	10,989	(29,685)	802	29,061
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(6,433)	210	(6,223)
Transfer to retained earnings on disposal of assets	0	(93)	93	0	0
Revaluation and impairments property, plant and equipment	0	(8,628)	0	0	(8,628)
Public Dividend Capital Received	488	0	0	0	488
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	701	(701)	0
Taxpayers' Equity at 31 March 2018	<u>47,443</u>	<u>2,268</u>	<u>(35,324)</u>	<u>311</u>	<u>14,698</u>
<u>Prior year : 2016/17</u>					
Taxpayers' Equity at 1 April 2016	46,955	7,654	(23,221)	443	31,831
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(6,797)	559	(6,238)
Transfer to retained earnings on disposal of assets	0	(133)	133	0	0
Revaluation and impairments property, plant and equipment	0	3,468	0	0	3,468
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	200	(200)	0
Taxpayers' Equity at 31 March 2017	<u>46,955</u>	<u>10,989</u>	<u>(29,685)</u>	<u>802</u>	<u>29,061</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

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

<u>Trust</u>	Public Dividend Capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Total taxpayers' equity
<u>2017/18</u>	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2017	46,955	10,989	(29,624)	28,320
Total Comprehensive Income for the year				
Deficit for the year	0	0	(5,786)	(5,786)
Transfer to retained earnings on disposal of assets	0	(93)	93	0
Revaluation and impairments property, plant and equipment	0	(8,628)	0	(8,628)
Public Dividend Capital Received	488	0	0	488
Taxpayers' Equity at 31 March 2018	<u>47,443</u>	<u>2,268</u>	<u>(35,317)</u>	<u>14,394</u>
<u>Prior year : 2016/17</u>				
Taxpayers' Equity at 1 April 2016	46,955	7,654	(23,115)	31,494
Total Comprehensive Income for the year				
Deficit for the year	0	0	(6,642)	(6,642)
Transfer to retained earnings on disposal of assets	0	(133)	133	0
Revaluation and impairments property, plant and equipment	0	3,468	0	3,468
Taxpayers' Equity at 31 March 2017	<u>46,955</u>	<u>10,989</u>	<u>(29,624)</u>	<u>28,320</u>

Nature and function of classes of Taxpayers' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.

- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE) and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

-The surplus or deficit for the year is recognised in income and expenditure, together with any other gain or loss for the financial year that is not recognised in any other reserve.

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2018

	2017/18	2016/17	2017/18	2016/17
	Group	Group	Trust	Trust
NOTE	£000	£000	£000	£000
Cash flows from operating activities				
Operating (deficit)	(6,148)	(4,496)	(5,038)	(4,878)
Non-cash income and expenses				
Depreciation and amortisation	4,637	4,630	4,558	4,602
Income recognised in respect of capital donations (cash)	(563)	(15)	(563)	(15)
Amortisation of PFI credit	0	(31)	0	(31)
(Increase) in Trade and Other Receivables	(6,119)	(3,616)	(6,758)	(3,538)
(Increase)/Decrease in Inventories	(956)	(282)	598	(262)
Increase/(Decrease) in Trade and other Payables	6,251	890	1,531	679
Increase in other liabilities	43	295	43	295
(Decrease)/increase in Provisions	(407)	60	(407)	60
Corporation tax (paid)	9 (15)	(12)	0	0
NHS Charitable Funds working capital movements	(11)	15	0	0
NHS Charitable Funds: other movements in operating cash flows	6	6	0	0
Other movements in operating cashflows	34	(1)	187	0
NET CASH (OUTFLOW) FROM OPERATING ACTIVITIES	(3,248)	(2,557)	(5,849)	(3,088)
Cash flows from investing activities				
Interest received	21	16	21	16
Purchase of financial assets / investments	0	0	(34,124)	0
Proceeds from sales of intangible assets	45	0	45	0
Purchase of intangible assets	(1,297)	(986)	(1,251)	(986)
Purchase of Property, Plant and Equipment	(12,342)	(6,084)	(10,587)	(5,739)
Proceeds from sales of property and plant and equipment	6,875	0	6,875	0
Receipt of cash donations to purchase capital assets	563	15	563	15
Net cash (outflow) from investing activities	(6,135)	(7,039)	(38,458)	(6,694)
Cash flows from financing activities				
Public dividend capital received	488	0	488	0
Movement in loans from the Department of Health	11,632	13,486	11,632	13,486
Capital element of Private Finance Initiative Obligations	0	0	33,946	0
Capital element of PFI, LIFT and other service concession payments	0	(268)	0	(268)
Interest paid	(798)	(888)	(798)	(888)
Interest element of finance lease	0	0	(693)	0
Interest element of Private Finance Initiative Obligations	0	(173)	0	(173)
NHS charitable funds: net cash flows from financing activities	2	0	0	0
PDC Dividend paid	(527)	(856)	(527)	(856)
Net cash inflow/(outflow) from financing activities	10,797	11,301	44,048	11,301
(Decrease)/Increase in cash and cash equivalents	15 1,414	1,705	(259)	1,519
Cash and Cash equivalents at 1 April	15 4,516	2,811	3,891	2,372
Cash and Cash equivalents at 31 March	15 5,930	4,516	3,632	3,891

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, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected.

The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to 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 Department of Health Group Accounting Manual 2017/18 the financial statements have been prepared on a going concern basis as we do not either intend to apply to the Secretary of State for the dissolution of the NHS Foundation Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

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

The Trust's performance in-year showed a deficit of £5.7m (including £4.4m incentive and bonus funding related to the overachievement of the financial plan) which is £4.4m favourable to the planned position of a £10.1m 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 2018-19 is £8.7m 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 £17.3 million in the form of revenue loans via the Department of Health. This includes a loan repayment of £8.4m. Additional financial support will be required to facilitate this.

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.

The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

The Trust has previously been in breach of license being a financial breach. This breach was lifted on the 28th March 2018 by NHS Improvement.

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 UK Financial Reporting Standard (FRS) 102 ("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', this company changed its name to 'Barnsley Facilities Services' on 7 July 2017. The investment in Barnsley Facilities Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. This subsidiary is prepared in accordance with Financial Reporting Standard (FRS) 101 ("FRS101").

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. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

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. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and 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.

From 1 September 2017 onwards the Trust changed its accounting estimate to value its estate on a net of VAT basis (refer Note 1.19 page 16 for further details)

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 GAM, this is determined to be market value for existing use.

- Specialised buildings - depreciated replacement cost, based on providing a modern equivalent asset.

Interest on borrowings is not capitalised within fixed assets in line with the GAM.

- 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 organisation 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 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 are reversed. Reversals are recognised in operating expenditure 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. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donation and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Service concessions - Private Finance Initiative (PFI) transactions

The PFI is the catering department scheme for the provision of a kitchen and dining facility for the production of patient, staff and visitors meals. PFI transactions which meet the IFRIC 12 (Service Concession Arrangements) definition of a service concession, as interpreted by HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' ("on SoFP"). The Trust therefore recognises the underlying assets as property, plant and equipment at their fair value. An equivalent financial liability is recognised and measured in accordance with IAS 17 (Leases). The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the implicit interest rate for the scheme. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income. PFI assets are held at fair value under IAS 16 (Property Plant and Equipment).

Contingent Rent

An element of the annual unitary payment increase is due to cumulative indexation allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as part of the finance costs in the Statement of Comprehensive Income.

Lifecycle Replacement Costs

For each year of the contract, an element of the unitary payment is allocated to lifecycle replacement based on the capital costs that the operator expects to incur for that year. Subsequently in each year, the actual capital cost incurred by the operator is recognised as an asset and, to the extent that the capital is funded by the unitary payment, an equivalent amount of the unitary payment is treated as a cash payment by the Trust to pay for the asset.

Depreciation

PFI transactions are depreciated on a straight line basis over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Assets held under PFI contracts are depreciated at the rates applicable to that class of asset.

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

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 and Social Care 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.

Leases

' Determining whether an arrangement contains a lease '

At inception of an arrangement, the Trust determines whether such an arrangement is or contains a lease. This will be the case if the following two criteria are met:

- the fulfilment of the arrangement is dependent on the use of a specific asset or assets: and
- the arrangement contains the right to use of the asset(s)

At inception or on reassessment of the arrangement, the Trust separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Trust concludes for a finance lease that it is impracticable to separate the payments reliably, then an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Trust's incremental borrowing rate.

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 asset and liability are recognised at the inception of the lease. 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 so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is derecognised when the liability is discharged, cancelled or expires.

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.

Leases of land and buildings

Where this 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 by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 23 but is not recognised in the trust's accounts.

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 Resolution 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 organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

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 and Social Care (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 Facilities Services Limited that provides services to the Trust and other organisations. Any transactions between the Trust and Barnsley Facilities 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 and Social Care.

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.

The Trust has valued the estate from 1 September 2017 on a net of VAT basis. This was on the advice of the Trust's valuers following the expansion of Barnsley Facilities Services Limited and the linked transaction that took place.

The Trust has disclosed this change of accounting estimate in note 1.5 (Page 8) to the accounts. The Trust believes the assumptions and rationale for this judgement are reasonable and appropriate.

The impact the net of VAT valuation has had on key aspects on the accounts is as follows.

Reduction in PDC dividend charge - £200,000

Reduction in depreciation charge - £175,000

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 2017/18.

1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

- IASB standards and IFRIC interpretations

The following table presents a list of recently issues accounting standards and amendments which have not yet been adopted within the 'HM Treasury's Financial Reporting Manual' ["FReM"], and are therefore not applicable to the Department of Health and Social Care ["DHSC"] group accounts in 2017/18.

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 DHSC 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.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC 22 Foreign Currency Transactions and Advance Consideration

Application required for accounting periods beginning on or after 1 January 2018.

IFRIC 23 Uncertainty over Income Tax Treatments

Application required for accounting periods beginning on or after 1 January 2019.

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 2017/18, 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 2018, with the exception of audit adjustments.

Within the Group financial statements are two subsidiary entities as detailed in note 1.1 and the pages within the financial statements.

The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

3. Income from activities**3.1 Income from activities comprises**

	2017/18 Group £000	2016/17 Group £000	2017/18 Trust £000	2016/17 Trust £000
NHS England	4,698	0	4,698	0
Foundation Trusts	101	17	101	17
NHS Trusts	16	15	16	15
CCGs	173,770	165,833	173,770	165,833
NHS Other	75	90	75	90
Non NHS:				
- Local Authorities	179	240	179	240
- Private Patients	1	14	1	14
- Overseas patients chargeable to patient	59	1	59	1
- NHS Injury Scheme*	930	915	930	915
- Other	75	49	55	49
	<u>179,904</u>	<u>167,174</u>	<u>179,884</u>	<u>167,174</u>

*NHS injury scheme income is subject to a provision for doubtful debts of 22.84% (2016/17 22.94%) to reflect expected rates of collection.

3.2 Analysis of income from activities

	2017/18 Group £000	2016/17 Group £000	2017/18 Trust £000	2016/17 Trust £000
Inpatient - elective	27,682	26,603	27,682	26,603
Inpatient - non elective	59,038	55,235	59,038	55,235
Outpatient income	12,133	10,876	12,133	10,876
Other activity income	40,346	38,184	40,346	38,184
Follow up outpatient income	17,895	16,437	17,895	16,437
A & E income	10,729	9,302	10,729	9,302
High cost drugs income from commissioners	10,856	9,433	10,856	9,433
Private Patient Income	60	14	60	14
Other clinical income	1,165	1,090	1,145	1,090
Income from activities	<u>179,904</u>	<u>167,174</u>	<u>179,884</u>	<u>167,174</u>

Income from Commissioner Requested Services CRS and Income from non- Commissioner Requested Services (non-CRS)

Commissioner Requested Services CRS	178,468	165,833	178,468	165,833
non- Commissioner Requested Services (non-CRS)	29,506	27,229	30,279	27,072
TOTAL/comparative	<u>207,974</u>	<u>193,062</u>	<u>208,747</u>	<u>192,905</u>

4. Other Operating Income	Group	Group	Trust	Trust
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Research and Development	538	830	538	830
Education and Training	6,330	5,282	6,330	5,282
Received from NHS Charities- grant for capital acquisitions	563	15	563	15
Other contributions to expenditure - received from other bodies	31	31	31	31
Non-patient care services to other bodies	182	251	182	251
Sustainability and Transformation Fund income	9,073	7,874	9,073	7,874
Other income*	11,148	11,077	12,146	11,448
NHS Charitable Funds - Income	205	528	0	0
	28,070	25,888	28,863	25,731

* Further details of 'other income' are as follows:

Car parking	1,349	1,250	1,349	1,250
Amortisation of PFI Main scheme - deferred credit	0	31	0	31
Estates recharges	3,139	419	692	419
IT recharges	1,010	165	1,010	165
Dispensing charges	4,820	0	0	0
Pharmacy sales	53	20	9	20
Clinical tests	0	343	0	343
Clinical excellence awards	0	107	0	107
Property rentals	0	30	0	30
Elimination of 'other income' on consolidation of charitable funds	(701)	(200)	0	0
Miscellaneous items	1,478	8,912	9,086	9,083
	11,148	11,077	12,146	11,448

5. Operating expenses

	Group	Group	Trust	Trust
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,652	2,650	5,227	2,650
Purchase of healthcare from non NHS and non DHSC bodies	5,071	5,038	6,315	5,038
Non Executive Directors' costs Note 1	127	115	127	115
Staff and executive directors costs Note 1	137,575	126,932	135,096	126,932
Drugs costs	15,818	14,289	16,118	14,891
Supplies and services - clinical (excluding drugs costs)	18,106	16,187	17,729	16,187
Supplies and services - general Note 2	6,146	4,518	6,296	4,518
Charges to operating expenditure for PFI on-SoFP IFRIC 12 schemes Note 2	0	1,628	0	1,628
Establishment	2,966	2,914	2,929	2,914
Research and Development	53	117	53	117
Premises - business rates payable to local authorities	826	634	826	634
Premises	6,526	4,794	5,516	4,794
Increase in other provisions	183	450	183	450
Change in provisions discount rate	24	98	24	98
Rentals under operating leases Plant and Machinery	115	54	18	54
Increase/(decrease) in bad debt provision	12	82	12	82
Depreciation on property, plant and equipment	3,856	4,052	3,809	4,028
Amortisation on intangible assets	781	578	749	574
Audit services - statutory audit Note 3.1	57	68	51	61
Audit fees for Charitable Funds	3	3	0	0
Other auditor's remuneration - further assurance services Note 3.2	8	8	8	8
Clinical negligence	11,549	10,242	11,549	10,242
Legal Fees	400	180	(3)	180
Consultancy Costs	373	598	232	598
Internal audit costs	97	118	97	118
Car parking and security	354	340	360	340
Redundancy	182	204	182	204
Hospitality	(1)	18	(1)	18
Losses, ex gratia and special payments	(138)	405	(142)	405
Other	401	244	425	(95)
	<u>214,122</u>	<u>197,558</u>	<u>213,785</u>	<u>197,783</u>

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. The Executive Directors' costs for (Group and Trust £967,000) from 2016/17 have been restated in this row.

Note 2 - the 2016/17 costs have been restated to separately disclose the charges to operating expenditure for PFI on SoFP IFRIC 12 schemes for the Group and Trust of £1,628,000.

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 £58,920 (2016/17 £61,260) including VAT.

This was the fee for an audit in accordance with the Code of Audit Practice as issued by the National Audit Office. The audit fee for the subsidiary organisation, Barnsley Facilities Services Limited was £7,140 inclusive of VAT (2016/17 - £ 7,530). The audit fee for Barnsley Hospital Charity was £3120 inclusive of VAT (2016/17 - £3,120 inclusive of VAT).

Note 3.2 - Other auditors' remuneration - further assurance services

	Group	Group	Trust	Trust
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Quality accounts review costs	8	8	8	8
	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>

The quality accounts review costs are inclusive of VAT.

5. Operating expenses (continued)**5.1 Operating leases****Operating expenses include: GROUP**

	Group	Group	Trust	Trust
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Payments recognised as an expense				
Minimum lease payments	115	54	18	54

Total future minimum lease payments:

	Group	Group	Trust	Trust
	2017/18	2016/17	2017/18	2016/17
	£000	£000	£000	£000
Total future minimum lease payments				
No later than one year.	114	62	0	62
Later than one year and no later than five years.	469	250	0	250
Later than five years.	91	71	0	71
	674	383	0	383

Operating leases are all plant and equipment and are inclusive of leases for digital detectors, mammography lease agreements, GE Gamma Cameras and mobile optical clinics

6.1 Staff costs

	Group	
	Total	Total
	2017/18	2016/17
	£000	£000
Salaries and wages	109,895	101,628
Social Security Costs	9,527	9,505
Apprenticeship levy	503	0
Employer contributions to NHSPA	12,022	11,418
Pension Cost NEST	8	7
Agency/Contract Staff	6,141	4,662
Totals	138,096	127,220

In the year ended 31 March 2018, £339,324 of staff costs (wte 7.71) were capitalised in property, plant and equipment (for year ended 31 March 2017 £288,133 of staff costs (wte 7)).

Director and staff costs charged to operating expenses are disclosed in note 5 (page 20).

	Trust	
	Total	Total
	2017/18	2016/17
	£000	£000
Salaries and wages	107,857	101,628
Social Security Costs	9,353	9,505
Apprenticeship levy	503	0
Employer contributions to NHSPA	11,780	11,418
Pension Cost NEST	8	7
Agency/Contract Staff	6,116	4,662
Totals	135,617	127,220

Within Medical and Dental staff numbers are 73.89 whole time equivalents (WTE) recharges from other NHS Trusts at a cost of £5,625,000 (73.69 WTE at a cost of £5,213,542 in 2016/17) which are not processed on the Trust's payroll but which appear in the total staff costs for the Trust.

6. Staff costs and numbers (continued)**6.4 Retirements due to ill-health**

During the year there was 1 early retirement (3 in 2016/17) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of this ill-health retirement is £12,285 (£241,754 in 2016/17). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

7. 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 (2016/17 - £2,000,000).

8. Finance expense

	Group	Group	Trust	Trust
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Capital loans from the Department of Health and Social Care	(36)	(40)	(36)	(40)
Working capital loans from the Department of Health and Social Care	(761)	(848)	(761)	(848)
Finance Leases - inter group	0	0	(693)	0
Interest other	(1)	0	(1)	0
Main Finance Costs	0	(25)	0	(25)
Contingent Finance Costs	0	(148)	0	(148)
	<u>(798)</u>	<u>(1,061)</u>	<u>(1,491)</u>	<u>(1,061)</u>

9 Corporation tax (credit)/charge

Group	Group 2017/18 £000	Group 2016/17 £000
(There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax)		

Analysis of charge/(credit) during the year**Current tax charge/(credit) for the year**

United Kingdom corporation tax	26	15
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Deferred tax

Current year	<u>2</u>	<u>(3)</u>
Total deferred tax	<u>2</u>	<u>(3)</u>

Total per consolidated statement of comprehensive income	<u>28</u>	<u>12</u>
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Reconciliation of current tax charge

The credit for the year can be reconciled to the surplus per the consolidated statement of comprehensive income as follows:

	2017/18 £000	2016/17 £000
(Deficit) for the year from continuing activities.	<u>(6,195)</u>	<u>(6,254)</u>

Effective tax charge percentage	19.00%	20.00%
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Tax if effective tax rate charged on surpluses before tax	(1,177)	(1,251)
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Effects of

Surpluses not subject to tax	1,205	1,263
Changes in tax rates	0	0
Adjustment in respect of prior years	<u>0</u>	<u>0</u>
Tax charge for the year	<u>28</u>	<u>12</u>

The current and prior year tax charge/(credit) relates to the subsidiary Barnsley Facilities Services Limited.

10. Intangible assets**GROUP 2017/18 (Trust figures not disclosed as no material difference)**

2017/18:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2017	8,000	452	8,452
Additions purchased	1,280	17	1,297
Disposals	(254)	0	(254)
Gross cost at 31 March 2018	9,026	469	9,495
Accumulated Amortisation at 1 April 2017	5,757	0	5,757
Provided during the year	781	0	781
Disposals	(236)	0	(236)
Accumulated amortisation at 31 March 2018	6,302	0	6,302
Net book value			
- Total at 1 April 2017	2,243	452	2,695
- Total at 31 March 2018	2,724	469	3,193
Prior year 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)
Gross cost at 31 March 2017	8,000	452	8,452
Accumulated amortisation at 1 April 2016	5,398	0	5,398
Provided during the year	578	0	578
Disposals	(219)	0	(219)
Accumulated amortisation at 31 March 2017	5,757	0	5,757
Net book value			
- Total at 1 April 2016	1,835	452	2,287
- Total at 31 March 2017	2,243	452	2,695

11. Property, plant and equipment**11.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:****GROUP 2017/18 (All detailed 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 2017	3,515	64,704	234	28,950	7,664	609	105,676
Additions - purchased	0	3,318	94	8,192	311	0	11,915
Additions purchased from cash donations/grants	0	500	0	63	0	0	563
Revaluation Note 1	0	(10,082)	0	0	0	0	(10,082)
Reclassifications	0	0	(9)	9	0	0	0
Disposals	0	0	0	(28,790)	(17)	0	(28,807)
At 31 March 2018	3,515	58,440	319	8,424	7,958	609	79,265
Accumulated depreciation at 1 April 2017	0	178	0	22,248	5,126	543	28,095
Provided during the year	0	1,440	0	1,624	779	13	3,856
Revaluation Note 1	0	(1,454)	0	0	0	0	(1,454)
Disposals	0	0	0	(22,956)	(17)	0	(22,973)
Accumulated depreciation at 31 March 2018	0	164	0	916	5,888	556	7,524
Net book value							
- Purchased at 1 April 2017	3,500	64,526	234	6,408	2,538	66	77,272
- Government Granted as at 1 April 2017	0	0	0	14	0	0	14
- Donated at 1 April 2017	15	0	0	280	0	0	295
Revised Total at 1 April 2017	3,515	64,526	234	6,702	2,538	66	77,581
- Purchased at 31 March 2018	3,500	57,776	319	7,105	2,070	53	70,823
- Government Granted as at 31 March 2018	0	0	0	85	0	0	85
- Donated at 31 March 2018	15	500	0	318	0	0	833
Total at 31 March 2018	3,515	58,276	319	7,508	2,070	53	71,741

Note 1

The Trust agreed that a full revaluation of the Land and Buildings was required at the time its subsidiary Barnsley Facilities Services Limited was set up on 1 September 2017. This reduced the valuation by £11,800,00 due to using values net of Value Added Tax. The Trust agreed to have a formal desk top revaluation at 31 March 2018. This increased the value by £3,200,000.

Of the totals at 31 March 2018 there were no assets valued at open market value (as at 31st March 2017 - none).

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

There were no assets for on statement of financial position PFI contracts as at 31 March 2018 (as at 31 March 2017 - none).

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2018 was £34,227,522 these were land and building hospital facilities (as at 31 March 2017 - none)

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)**

2016/17:	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)
At 31 March 2017	3,515	64,704	234	28,950	7,664	609	105,676
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)
Accumulated depreciation at 31 March 2017	0	178	0	22,248	5,126	543	28,095
Net book value							
- Purchased at 1 April 2016	3,500	59,209	221	7,493	2,556	78	73,057
- Government Granted as at 1 April 2016	0	194	0	31	0	0	225
- Donated at 1 April 2016	0	281	0	353	0	0	634
Revised Total at 1 April 2016	3,500	59,684	221	7,877	2,556	78	73,916
- 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
Total at 31 March 2017	3,515	64,526	234	6,702	2,538	66	77,581

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).

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 2018 the parent holds 12,349,564 Ordinary shares of £1 each in Barnsley Facilities Services Limited.

This represents a 100% direct ownership and voting rights in Barnsley Facilities 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**

	2017/18				2016/17			
	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	205	0	0	205	528	0	0	528
- with Barnsley Hospital NHS Foundation Trust	(701)	0	701	0	(101)	(99)	200	0
- audit fee (payable to the external auditor)	(3)	0	0	(3)	(3)	0	0	(3)
Total operating expenditure	(704)	0	701	(3)	(104)	(99)	200	(3)
Incoming Resources: investment income	6	0	0	6	6	0	0	6
Net (outgoing) / incoming resources before other recognised gains and losses	(493)	0	701	208	430	(99)	200	531
Fair value movements on investment properties and other investments	2	0	0	2	28	0	0	28
Net movement in funds	(491)	0	701	210	458	(99)	200	559

(ii) Balance Sheet

	31 March 2018				31 March 2017			
	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Non-current assets								
Other Investments	285	0	0	285	285	0	0	285
Total non-current assets	285	0	0	285	285	0	0	285
Current assets								
Trade and other receivables	15	0	(5)	10	9	0	(5)	4
Cash and cash equivalents	671	0	0	671	611	0	0	611
Total current assets	686	0	(5)	681	620	0	(5)	615
Current liabilities								
Trade and other payables	660	0	(580)	80	103	0	(18)	85
Total current liabilities	660	0	(580)	80	103	0	(18)	85
Creditors: amounts falling due after more than 1 year	0	0	0	0	0	0	0	0
Net assets	311	0	575	886	802	0	13	815
Funds of the charity								
Restricted funds:	74	0	0	74	595	0	0	595
Unrestricted income funds	237	0	0	237	207	0	0	207
Total Charitable Funds	311	0	0	311	802	0	0	802

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 Facilities Services Limited

Summarised Balance Sheet	31 March 2018	31 March 2017
	£000	£000
Current Assets	43,870	1,204
Current Liabilities	(9,547)	(821)
Total Current Net Assets	34,323	383
Non- current assets	297	56
Non- current liabilities	0	0
Total Non-Current Net Assets	297	56
Provision for liabilities	(3)	0
Creditors:amounts due after more than 1 year	(22,274)	0
Net Assets	12,342	439
Gross assets	44,167	1,260
Summarised Profit and Loss Account	2017/18	2016/17
	£000	£000
Revenue	20,959	4,654
Expenses	(20,782)	(4,597)
Interest receivable	366	0
Interest payable and similar charges	(461)	0
Corporation Tax	(28)	(12)
Post tax profit from continuing operations	54	45
Total comprehensive income	54	45

The amounts presented above are the amounts before intercompany transactions.

Investments in Subsidiary Undertakings	31 March 2018	31 March 2017
	£000	£000
Shares in subsidiary undertakings	12,350	500
Loans to subsidiary undertakings > 1 year	22,274	0
	34,624	500
Loans to subsidiary undertakings < 1 year	615	
	35,239	500

The principal activity of Barnsley Facilities Limited is to provide estate management and facilities services.

13. Inventories**13.1 Inventories comprises**

	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Raw materials and consumables	3,398	2,442	1,576	2,174
TOTAL	3,398	2,442	1,576	2,174

13.2 Inventories recognised in expenses

<u>GROUP AND TRUST</u>	<u>GROUP</u>	<u>GROUP</u>	<u>TRUST</u>	<u>TRUST</u>
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Inventories recognised as an expense in the year	12,808	16,320	12,561	16,320
	12,808	16,320	12,561	16,320

14. Trade and other receivables	GROUP 31 March 2018	Financial assets	Non Financial assets	GROUP 31 March 2017	Financial assets	Non Financial assets
	£000			£000		
Current assets - Group						
NHS receivables	7,747	7,747	0	7,926	7,926	0
Accrued income	4,340	4,340	0	0	0	0
Prepayments	837	0	837	875	0	875
PDC Dividend Receivable	415	0	415	234	0	234
Value Added Tax receivable	852	0	852	735	0	735
Other receivables	5,094	4,032	1,062	3,300	2,561	739
NHS Charitable Funds - trade and other	10	0	10	4	0	4
Provision for impaired receivables	(424)	(21)	(403)	(412)	(412)	0
TOTAL current trade and other receivables	18,871	16,098	2,773	12,662	10,075	2,587
Current assets - Trust						
NHS receivables	7,993	7,993	0	7,926	7,926	0
Accrued income	4,340	4,340	0	0	0	0
Receivable due from subsidiary company	764	764	0	217	217	0
Prepayments	560	0	560	865	0	865
PDC Dividend Receivable	415	0	415	234	0	234
Value Added Tax receivable	2,118	0	2,118	591	0	591
Other receivables	2,403	1,341	1,062	3,300	2,561	739
NHS Charitable Funds - trade and other	580	580	0	18	18	0
Loan repayments from Barnsley Facilities Services Ltd (note 12)	615	615	0	0	0	0
Provision for impaired receivables	(424)	(21)	(403)	(412)	(412)	0
TOTAL current trade and other receivables	19,364	15,612	3,752	12,739	10,310	2,429
Non - current Group						
Other receivables	1,062	0	1,062	965	0	965
Total non current trade and other receivables	1,062	0	1,062	965	0	965
Non - current Trust						
Other receivables	1,062	0	1,062	965	0	965
Non current trade and other receivables (excluding loans)	1,062	0	1,062	965	0	965
Loan repayments from Barnsley Facilities Services Ltd (note 12)	22,274	22,274	0	0	0	0
Total Non Current Trade and Other Receivables	23,336	22,274	1,062	965	0	965

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 2018 only is inclusive of a debtor with NHS England for s 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 basi

14. Trade and other receivables (continued)

Ageing of non impaired receivables past their due date	GROUP	GROUP	TRUST	TRUST
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Up to 3 months	643	1,667	843	1,667
In 3 to 6 months	48	179	380	179
Over six months	894	839	894	839
	<u>1,585</u>	<u>2,685</u>	<u>2,117</u>	<u>2,685</u>
Provision for impairment of receivables	GROUP	GROUP	TRUST	TRUST
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
Balance at 1 April	412	330	412	330
Increase in provision	12	82	12	82
Balance at 31 March	<u>424</u>	<u>412</u>	<u>424</u>	<u>412</u>

15. Cash and cash equivalents

	GROUP	GROUP	TRUST	TRUST
	31 March 2018	31 March 2017	31 March 2018	31 March 2017
	£000	£000	£000	£000
At 1 April	4,516	2,811	3,891	2,372
Net change in year	1,414	1,705	(259)	1,519
Cash and cash equivalents as in statement of financial position	<u>5,930</u>	<u>4,516</u>	<u>3,632</u>	<u>3,891</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	<u>Total</u>	Financial	Financial	Non	Total	Financial	Financial	Non
	31 March 2018	liabilities	liabilities	Financial	31 March 2017	liabilities	liabilities	Financial
Current	£000	£000	£000	£000	£000	£000	£000	£000
Trade payables	4,333	4,333	0	0	10,933	10,933	0	0
Trade payables - capital	2,391	2,391	0	0	2,255	2,255	0	0
Social security costs	2,852	0	0	2,852	2,539	0	0	2,539
Value Added Tax payable	0	0	0	0	82	0	0	82
Deferred taxation	0	0	0	0	1	1	0	0
Corporation tax payable	28	0	0	28	15	0	0	15
Other payables	9,700	9,700	0	0	555	555	0	0
NHS Charitable Funds	80	0	80	0	85	0	85	0
Accruals	9,551	9,551	0	0	6,041	6,041	0	0
Total current trade and other payables	28,935	25,975	80	2,880	22,506	19,785	85	2,636

Trust	<u>Total</u>	Financial	Financial	Non	Total	Financial	Financial	Non
	31 March 2018	liabilities	liabilities	Financial	31 March 2017	liabilities	liabilities	Financial
Current	£000	£000	£000	£000	£000	£000	£000	£000
NHS payables	2,523	2,523	0	0	3,818	3,818	0	0
Amount due to subsidiary company	4,981	4,981	0	0	766	766	0	0
Amounts due to other related parties - revenue	0	0	0	0	1,720	1,720	0	0
Trade payables - capital	3,655	3,655	0	0	2,255	2,255	0	0
Other trade payables revenue	0	0	0	0	5,395	5,395	0	0
Social security costs	2,761	0	0	2,761	2,537	0	0	2,537
Value Added Tax payable	0	0	0	0	82	0	0	82
Other payables	4,797	4,797	0	0	18	18	0	0
NHS Charitable Funds	5	5	0	0	5	5	0	0
Accruals	6,952	6,952	0	0	5,995	5,995	0	0
Total current trade and other payables	25,674	22,913	0	2,761	22,591	19,972	0	2,619

17. Borrowings

	<u>Group</u>	<u>Group</u>
	31 March 2018	31 March 2017
	£000	£000
Current liabilities		
Capital loans from Department of Health and Social Care Note 1	180	180
Revenue support / working capital loans	8,400	0
Total Other Current Liabilities	<u>8,580</u>	<u>180</u>
Non-current liabilities		
Capital loans from Department of Health and Social Care Note 1	1,985	2,165
Working capital loans from Department of Health and Social Care Note 2	48,788	45,376
Total Other Non-current Liabilities	<u>50,773</u>	<u>47,541</u>
	<u>Trust</u>	<u>Trust</u>
	31 March 2018	31 March 2017
	£000	£000
Current liabilities		
Capital loans from Department of Health and Social Care Note 1	180	180
Revenue support / working capital loans	8,400	0
Obligations under Finance Leases	2,008	0
Total Other Current Liabilities	<u>10,588</u>	<u>180</u>
Non-current liabilities		
Capital loans from Department of Health and Social Care Note 1	1,985	2,165
Working capital loans from Department of Health and Social Care Note 2	48,788	45,376
Obligations under Finance Leases	31,973	0
Total Other Non-current Liabilities	<u>82,746</u>	<u>47,541</u>

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 19 November 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%. In 2017/18 further draw downs were made on this loan.
- (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.

The Trust Finance Leases have been accounted for in accordance with the DH GAM.

The £33,981,000 obligation under finance leases in the Trust arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

17.1 Finance Lease Obligations - Trust

	31 March 2018	31 March 2017
	£000	£000
Gross Lease Liabilities	<u>33,981</u>	<u>0</u>
Of which liabilities are due :		
- Not later than one year	3,147	0
- Later than one year and not later than five years	11,744	0
- Later than five years	33,041	0
Finance charges allocated to future periods	(13,951)	0
Net Lease Liabilities	<u>33,981</u>	<u>0</u>
- Not later than one year	2,008	0
- Later than one year and not later than five years	7,907	0
- Later than five years	24,066	0
	<u>33,981</u>	<u>0</u>

19. Provisions

	GROUP AND TRUST		GROUP AND TRUST	
	31 March 2018 £000	31 March 2017 £000		
Non current				
Pensions relating to other staff	292	459		
Total	292	459		
	31 March 2018 £000	31 March 2017 £000		
Current				
Pensions relating to other staff	30	48		
Other legal claims	206	479		
Other	51	0		
Total	287	527		
			Pensions early departure costs	Legal claims
				Other
Totals	£000	£000	£000	£000
At 1 April 2017	986	507	479	0
Change in the discount rate	24	24	0	0
Arising during the year	320	52	217	51
Utilised during the year accruals	(349)	(261)	(88)	0
Reversed unused during the year	(402)	0	(402)	0
At 31 March 2018	579	322	206	51
Expected timing of cash flows:				
Current : Within one year	287	30	206	51
Non current :				
Between one and five years	114	114	0	0
After five years	178	178	0	0

The above provision does not include £89,640,462 (£89,574,219 in 2016/17) included in the accounts of the NHS Litigation Authority as at 31 March 2018 in respect of clinical negligence liabilities of the Trust.

It is not expected that any of these amounts will be reimbursed.

20. Revaluation Reserve

GROUP AND TRUST	Total Revaluation Reserve	Revaluation Reserve Intangibles	Revaluation Reserve Property Plant and Equipment
<u>2017/18</u>	£000	£000	£000
Revaluation reserve at 1 April 2017	10,989	123	10,866
Transfer to I and E reserve upon asset disposal	(93)	(3)	(90)
Revaluation and impairments property, plant and equipment	(8,628)	0	(8,628)
Revaluation reserve at 31 March 2018	2,268	120	2,148
<u>Prior year : 2016/17</u>			
Revaluation reserve at 1 April 2016	7,654	130	7,524
Transfer to I and E reserve upon asset disposal	(133)	(7)	(126)
Revaluation and impairments property, plant and equipment	3,468	0	3,468
Revaluation reserve at 31 March 2017	10,989	123	10,866

21. Commitments**(i) Contractual Capital Commitments**

	<u>GROUP</u> 31 March 2018	GROUP 31 March 2017	<u>TRUST</u> 31 March 2018	TRUST 31 March 2017
	£000	£000	£000	£000
Property, plant and equipment	2,143	1,574	111	1,574
Intangible assets	<u>2,300</u>	<u>115</u>	<u>2,300</u>	<u>115</u>
	<u><u>4,443</u></u>	<u><u>1,689</u></u>	<u><u>2,411</u></u>	<u><u>1,689</u></u>

The most significant commitments for the Group were property plant and equipment works for the Hospital O Block for £1,811,000 and intangible works for the ICT system Lorenzo for £2,149,000.

(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 2018 as follows, analysed by the period during which the payment is made:

<u>GROUP</u>	31 March 2018	31 March 2017
	£000	£000
not later than 1 year	3,439	9,646
after 1 year and not later than 5 years	9,023	12,380
paid thereafter	<u>0</u>	<u>343</u>
	<u><u>12,462</u></u>	<u><u>22,369</u></u>

<u>TRUST</u>	31 March 2018	31 March 2017
	£000	£000
not later than 1 year	885	9,646
after 1 year and not later than 5 years	2,221	12,380
paid thereafter	<u>0</u>	<u>343</u>
	<u><u>3,106</u></u>	<u><u>22,369</u></u>

22. Events after the reporting date

There have been no events after the reporting period.

23. Contingent Liabilities

	31 March 2018	31 March 2017
	£000	£000
NHS Litigation Authority legal claims Note 1	<u>(75)</u>	<u>(67)</u>
Net value of contingent liability	<u><u>(75)</u></u>	<u><u>(67)</u></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. Examples of such bodies are those which commission the services of the Trust, the most significant of these is Barnsley CCG.

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 £1.669 million (2017 £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 up until 30 June 2017. As at 31 March 2018 the Trust was owed £Nil from NHS Rotherham CCG [2017 owed £30,000].

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.

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:

	2017/18 £000	2016/17 £000
Short-term employee benefits: directors remuneration		
- Executive Directors	974	857
- Non Executive Directors	127	115
	<u>1,101</u>	<u>972</u>
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive Directors	<u>122</u>	<u>86</u>
Aggregate of remuneration and other benefits receivable by the directors	<u>1,223</u>	<u>1,058</u>
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive Directors)	<u>6</u>	<u>5</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 2018	<u>GROUP</u> 31 March 2017	<u>TRUST</u> 31 March 2018	<u>TRUST</u> 31 March 2017
	£000	£000	£000	£000
Financial Assets by category				
Receivables	16,098	10,075	37,886	10,310
Cash and cash equivalents	5,259	3,905	3,632	3,891
NHS Charitable Funds - Financial assets	956	896	0	0
Total	22,313	14,876	41,518	14,201

Receivables comprise trade and other receivables less prepayments.

Financial liabilities by category

Borrowings excluding financial lease and PFI liabilities	59,353	47,721	59,353	47,721
Obligations under finance leases	0	0	33,981	0
Payables	25,975	19,785	22,913	19,972
NHS Charitable Funds - Financial liabilities	80	85	0	0
Total	85,408	67,591	116,247	67,693

Book value/ carrying value is a reasonable approximation of fair value.

Maturity of financial liabilities

In one year or less	34,635	20,051	33,501	20,153
In more than one year but not more than two years	37,156	8,580	39,234	8,580
In more than two years but not more than five years	12,353	37,516	18,182	37,516
In more than five years	1,264	1,444	25,330	1,444
Total	85,408	67,591	116,247	67,693

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 2018 (£Nil as at 31 March 2017) 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

<u>GROUP AND TRUST</u>	<u>2017/18</u> Total number of cases Number	<u>2017/18</u> Total value of cases £000's	2016/17 Total number of cases Number	2016/17 Total value of cases £000's
LOSSES:				
1. Losses of cash due to:				
a. overpayment of salaries etc.	0	0	0	0
b. other causes	4	1	9	1
2. Bad debts and claims abandoned in relation to:				
a. other	389	225	599	178
3. Damage to buildings, property etc include store losses due to				
a. other	47	8	48	14
TOTAL LOSSES	440	234	656	193
SPECIAL PAYMENTS:				
4. Ex gratia payments in respect of:				
a. loss of personal effects	18	4	12	4
b. personal injury with advice	27	62	18	56
c. other	1	4	4	2
TOTAL SPECIAL PAYMENTS	46	70	34	62
TOTAL LOSSES AND SPECIAL PAYMENTS	486	304	690	255

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. 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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. 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. The Company procured the defined contribution, National Employment Savings Trust ("NEST") as the alternative pension scheme. For further details refer www.nestpensions.org.uk.

Pension costs for defined contribution schemes are disclosed in Note 6.

**If you would like this information in
another language or another
format, such as large print, please
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