

# Your Hospital



# Your Hospital

Barnsley Hospital **NHS**  
NHS Foundation Trust

Annual Report & Summary  
Financial Statements



## Annual Report

& Summary Financial Statements 2005/2006

A SUMMARY OF 'YOUR HOSPITAL' CAN BE PRODUCED IN LARGE PRINT, BRAILLE OR IN OTHER LANGUAGES ON REQUEST.



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New surgical admissions unit



Look inside!

**Patients**

at the centre of everything we do

**Improving**

clinical care and standards of service

**Excellent integration**

of health and social care

**Strong**

links with other organisations

**Developing**

our workforce

**Improving**

our organisational performance

**Meet**

the Governing Council and Board of Directors

£8 million medical imaging department has now reached completion

**Our vision for Barnsley Hospital is one where our patients are at the centre of our thinking and planning of services.**

Foundation News...

Driven by research and consultation with our patients, staff and representatives from the wider community, our plans focus on ensuring that our patients will continue to choose our hospital as their first choice for care and services.



**Medical Physics**  
Department in finals again

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*Our patients are at the centre of everything we do*

*Our patients are at the centre of everything we do*



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Presented to Parliament pursuant to Schedule 1, paragraph 25(4) of the Health and Social Care (Community Health and Standards) Act 2003.

Our patients are at the centre of everything we do

Despite the year April 2005 to March 2006 being most challenging, this report confirms our success with meeting waiting times and exacting standard of care and efficiency targets essential to providing a successful hospital service. The report also confirms that we have achieved year-end accounts closing position in balance. These factors are recognised by the Board as significant achievements by the staff at the hospital at every level that have worked tirelessly to meet our targets for service provision whilst ensuring that we maintain a sound financial position.

We started the year three months into transition as a Foundation Trust hospital, one of only 25, so authorised at the time. We were awarded Foundation Trust status in recognition of our record as a hospital with a sound financial base and a reputation for providing successful patient care services over a number of years. In April 2005 the Board looked forward to a period of continuing success and the opportunity to further develop the hospital for the benefit of both Barnsley residents and those from bordering health communities.

Foundation Trust status brings with it many opportunities.

We have been fortunate to recruit approximately twelve thousand service users as Members of Barnsley Hospital NHS Foundation Trust. We have received considerable benefit from elected and appointed Governors who take an active part in providing guidance for the future strategy and direction of the hospital. We have been recognised nationally as a hospital that provides excellent services to its patients. We have the opportunity to expand and develop new services.

Targets set for delivering patient care have extensively been met. However, the Board has had to accept that due to the limited funds available to commission patient's services from our hospital, our ambition to expand our range of services, as a Foundation Trust hospital has not been developed as we had hoped. In future years we hope to encourage an ever-growing number of patients to come to Barnsley Hospital to receive treatment and care as their hospital of choice and our success with this target will provide the further investment opportunity that we need.

It follows that the continuation and further development of our hospital as a fully equipped district hospital providing core general services and specialist services requires that we expand the number of patients we see and treat. In addition to expanding the number of our patients we need to ensure that the patient care we provide is available when, how and where patients choose. This report provides an indication of the level of commitment available from our hospital to meet the challenge of providing excellent patient services across all specialities.

Barnsley Primary Care Trust (PCT) is the commissioner of the majority of patient care provided by the hospital. The continued support for the hospital from Barnsley PCT is essential to our continued success as a district general hospital. I would therefore wish to record the importance that the Board places upon the success of our work in partnership with Barnsley PCT, as a commissioner, in the best interest of the Barnsley community.

The year 2006 to 2007 will be no less challenging than that featured here. I along with all my colleagues on the Board know that with the level of support that we have come to expect from our patients and our staff, Barnsley Hospital will continue to provide the quality and range of services that patients who use our hospital deserve.

I should like to take this opportunity to thank all those who have worked for the hospital over the past year for their contribution to the continued success of Barnsley Hospital NHS Foundation Trust.

*Gordon Firth*

Gordon Firth, Chairman



Jan Sobieraj, Chief Executive and Gordon Firth, Chairman



The Trust experienced a year of transition and significant change during 2005/06. It was our first full financial year as an NHS Foundation Trust (FT) and we used the period to accelerate the pace of change within the organisation in order to improve our service to patients. In addition to our new FT status, other influences have been the Healthcare Commission standards, Patient Choice agendas and new financial and pay systems. The focus of our work this year has been about improving the health care experience of our patients and increasing the focus of the organisation on improving efficiency. We have made significant progress in achieving those aims and approach 2006/07 in a strong position to face the challenges of the future.

The Trust ended the year with a balanced financial position, delivered a challenging annual business plan and achieved all of its key aims. Despite high levels of activity, waiting times have reduced further and emergency care systems have improved to shorten unnecessary delays. This is in the context of a difficult financial settlement with Barnsley PCT and during a period of significant organisational change. Implementation of Agenda for Change, a new national pay scheme, provided an opportunity to review our workforce in light of the need to operate in a Patient Choice environment and an ongoing process of workforce reconfiguration started in 2005/06. In spite of this the independent staff survey results remained very positive and our turnover and sickness rates remain low.

2005/06 saw an increased focus on the needs of our patients and we developed a strong theme of work around understanding their needs better and those of local GPs. This contributed to the achievement of receiving more activity from non-Barnsley GPs and we saw an increase in referral levels overall on the previous year. This work will continue into 2006/07 with a work plan influenced by our Governors and agreed with local GP leaders.

The Trust invested a further £6 million on capital during 2005/06. This was largely spent on the complete redesign of our imaging department, with an improved patient environment, state of the art equipment and new ways of working. We also invested in a new radiology IT system that supports improved quality through a more efficient reporting, communication and storage system and ward improvements were also made across the hospital.

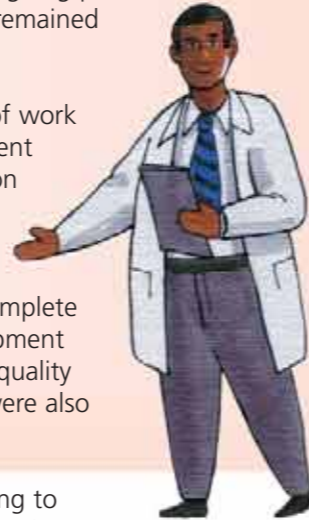
Our clinical services continue to improve, with access times decreasing and clinical quality continuing to improve. Our orthopaedic and elderly care services were recognised by the Institute of Innovation and Improvement during 2005/06 as exemplar sites of good practice and staff from those specialties are involved in national work to drive up quality and standards. The service improvement work will continue into 2006/07 with investment in seven service transformation programmes, progress towards the NHS Litigation Authority and Healthcare Commission standards and a heightened focus on patient safety.

Our first year as a FT has seen rapid development of the role of Governors and, through them, our work with members. The Governing Council is fast maturing and has already made considerable contribution to the strategic direction of the hospital. The work of the Governors provides support in key areas - including the future of the hospital, delivering an improved environment and the interface with patients and carers.

Acknowledging the challenges facing the organisation in the future was considered as part of the update to the Trust's Service Development Strategy. The revised strategy focuses the Trust's efforts on developing sustainable local services through the improvement of quality and efficiency and the further development of partnership arrangements with other organisations.

The current contract position of Barnsley PCT indicate that their intention is to disinvest in local acute services in order to develop primary care based alternatives. This together with the many national changes clearly creates a challenging environment for the Trust going forward and we are responding to this situation by carrying out an option appraisal of possible future service configuration models over the summer, with a decision by the Board of Directors by the end of 2006. In spite of this difficult financial situation the Trust faces the future with a confidence built on its past history of delivery, its strong relationship with the local community and its ability to adapt to changing circumstances.

Jan Sobieraj, Chief Executive



# Operating and financial review Introduction

Barnsley Hospital NHS Foundation Trust was founded on January 1 2005 under the Health and Social Care (Community Health and Standards) Act 2003.

This annual report for 2005/2006 looks at our developments and performance throughout the year, reflecting on all aspects of our first full year as an NHS Foundation Trust.

We take this opportunity to report developments in our services and how - throughout a challenging year - we have continued to put patients at the centre of everything we do at a time when there have been many changes to the way the NHS works.

At the start of 2006, patients were given more choice about where they are treated. This, together with a new payment system - a national scheme which means our income is based on the number of patients we see and treat - meant some significant challenges for us.

Our strategic plan recognises that if we are to continue improving and developing our services we need to meet these challenges while at the same time developing opportunities for the treatment of our patients.

As an NHS Foundation Trust we now have greater flexibility to meet the needs of our patients and GPs and our goal has been to not only meet those needs, but to surpass them.

Our vision for Barnsley Hospital is one where our patients are at the centre of our thinking and planning of services.

Driven by research and consultation with our patients, staff and representatives from the wider community, our plans focus on ensuring that our patients will continue to choose our hospital as their first choice for care and services.

Our strategic vision has six key themes and we have referred to these headings to illustrate our performance in these areas throughout the year.

## Did you know?

Between October 2004 and September 2005 we recorded just 15 cases of MRSA, compared with 19 cases in the same period for 2003/04 and 20 cases in 2002/03.



Online bookings come directly through to the team in outpatients.

## Did you know?

More than £11,000 was donated to Barnsley Hospital by the Friends of Barnsley Hospital last year. The funds - which come from a variety of sources such as the staff lottery, fundraising days and collection tins in the tea bars and coffee shop - are used to bring improvements for patients and staff.

# Patients are at the centre

**Patients at the Centre** is our focus on meeting the needs of our patients. By understanding what patients want, we're able to tailor our services to reflect this.

## Deep-cleaning our wards

A rolling programme of deep-cleaning wards got underway in the first part of last year.

The scheme was designed to ensure all wards went through a rigorous cleaning process and, where needed, new flooring, ceilings, windows, lights and doors were provided.

An inspection team - which includes health and safety, infection control and estates staff, ward and department managers - examines each ward to agree what needs to be done.

Just some of the improvements that have been made to the wards are:

- Ward redecoration
- Toilet and bathroom fittings replaced
- All rooms thoroughly cleaned
- Flooring cleaned, repaired and replaced where required
- Colour co-ordinated curtains provided with Velcro fastenings for more privacy and dignity for patients
- Doors repaired or replaced
- New fire-retardant fabrics provided that are also easier to clean

Estates manager, Mick Bailey, said: "The scheme is transforming the wards and hugely improving the environment and safety for patients and staff.

"We know our patients worry about infection control and we hope this scheme ensures our commitment to ensuring a first-rate environment is delivered.

"We believe that our low infection rates result from the importance we place on a clean environment."

## Online bookings for hospital clinics

Receiving a date and time for their hospital appointment while in a GP surgery is now a reality for most patients coming to Barnsley Hospital for routine appointments.

"The majority of our services can now be directly booked online from GP surgeries," says our general manager for outpatients, Gill Waddington.

"We're still reviewing some paper referrals from GP practices that aren't online but more and more come through via the new 'choose and book' system."

The choose and book system means patients get a choice of hospital and clinic appointment time while they are still at the GP surgery and discussing further treatment that is needed.

New ways of working

Understanding the experience of our patients brought about new ways of working at the hospital.

Our staff introduced new ideas for providing care and treatment in several areas.

Lead nurse Ann O'Brien and her team on ward 34 created a dedicated unit for patients undergoing planned orthopaedic surgery.



Lead nurse Ann O'Brien with patient Terence Oldham on ward 34, a dedicated unit for patients undergoing planned orthopaedic surgery.

The result was a significant reduction in the length of stay for patients to an average of 4.8 days, below the national average.

Ann says: "Before, we cared for both patients who needed emergency orthopaedic care and those who were coming in for planned surgery in the same area.

"By creating the dedicated unit for patients undergoing surgery we've brought down the average length of stay and reduced the risk of infection."

Our new discharge lounge provides patients with a dedicated place where nursing staff are on hand to help with any last minute worries. They can also relax and wait prior to leaving the hospital in a calm and comfortable environment.

Case manager, Liz Ward - who looks after the patients' discharge process - says the new lounge offers continuous quality care right to the moment patients leave hospital.

She said: "Going home can be an anxious time and the new lounge has been designed to make leaving hospital as smooth and stress free as possible for patients."

Sharon Morris, senior staff nurse on the discharge lounge, says patients really appreciate the new way of working.

"Where before patients had to wait either on the ward or, if they were going home by ambulance, in the ambulance station, they now have a specially designed area in which to wait in until relatives can pick them up or until the ambulance is ready.

"It's not just about being comfortable as this process gives us the chance to talk through exactly what patients should do after they leave our care. We have the time to explain about medication and how to look after themselves and we also offer relatives post hospital care information."

Did you know?



We held a series of workshops with our staff throughout the year to help develop and implement their ideas about how we are able to improve the way we work.

Patients praise endoscopy unit

A survey to find out what patients thought about the hospital's consent process resulted in a vote of confidence from patients for our endoscopy unit.

Dr Ash Soliman, consultant gastroenterologist, said: "We sent the survey out so we could discover how to improve our patient consent forms and we got some really useful feedback. Additional comments and suggestions we received from our patients were appreciated."

Of the 1,000 patients that took part in the survey, more than 200 added their appreciation of the care and service they received.

Dr Soliman added: "It's good to know we're on the right track but we're not complacent. We know we can do better and we will continue to improve care and services for our patients."

Awards spotlight for staff

The awards spotlight fell on the hospital at the 2005 northern finals of the health and social care awards.

After transforming emergency medical care and streamlining patient services, consultant in acute medicine Dr Richard Shepherd was nominated for Hospital Doctor of the Year.

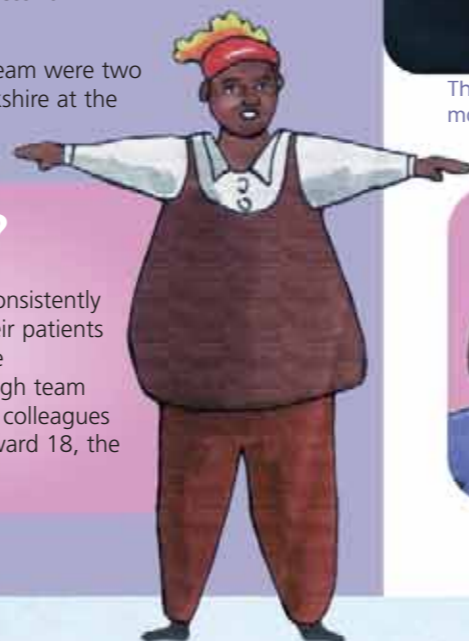
His work to develop a service which benefits patients, families, hospital staff and GPs, with the help of teamwork across the hospital, means some patients can now have all their tests and a discharge plan in as little as six hours.

Joining Dr Shepherd at the northern finals was the hospital's retinal screening team who earned their place after developing one of the country's first mobile eye screening services for diabetes patients.

Dr Shepherd and the retinal screening team were two of only six nominations from South Yorkshire at the northern finals.

Did you know?

Our accident and emergency team consistently saw and treated 98% or more of their patients within four hours from arriving in the department. This was achieved through team working in the department and with colleagues around the hospital, particularly on ward 18, the medical assessment unit.

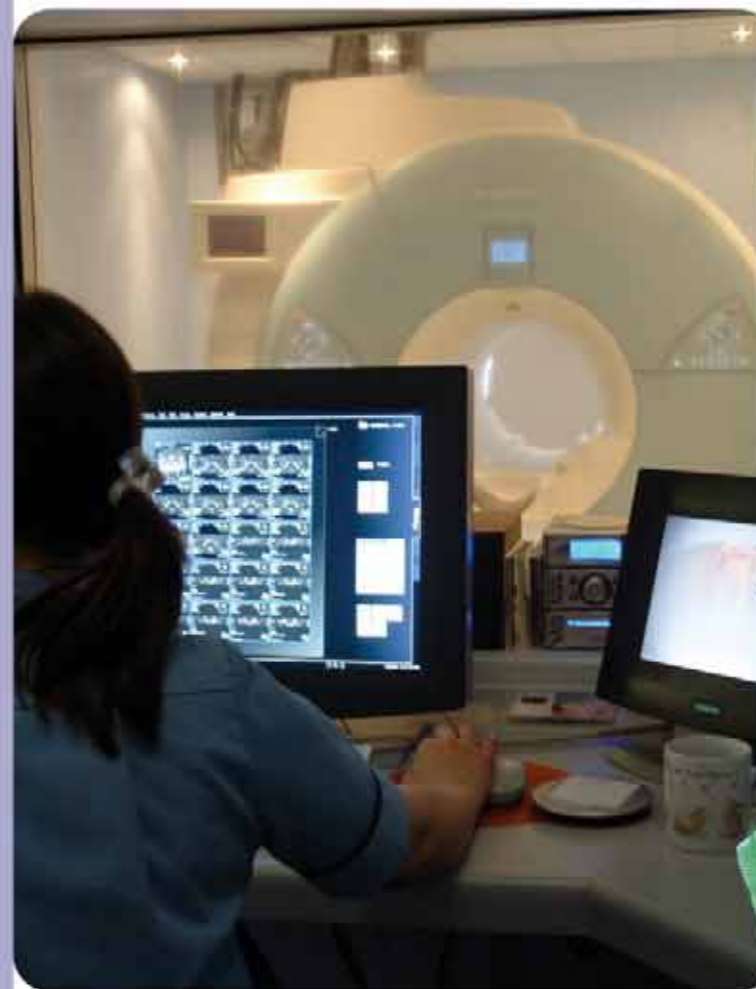


£8 million medical imaging department

After two years of intensive work, our £8 million medical imaging department reached completion.

The scheme, which started in 2004, has transformed the department into one of the most modern in the country.

General manager for medical imaging, Lynda Cunliffe, said: "The difference is tremendous. It's taken two years and there has been a lot of disruption for our patients and staff but without a doubt the new department houses hi-tech equipment in a modern environment."



The new department houses hi-tech equipment in a modern environment.

Did you know?

One year after the arrival of an MRI scanner at the hospital, we've seen 2,000 patients who otherwise would have had to wait or be referred elsewhere for the hi-tech scans.



Open day

Hundreds of Foundation Trust members took advantage of our invitation to take a look behind the scenes in November.

From fun in the plaster room to a treasure hunt tour around departments, mini health checks to clean hands tests - our visitors did it all.

The feedback we had was really positive.

One mum who came along said: "I came along with my six-year-old daughter and parents, thinking we'd be here for an hour or two. Five hours later we walked out after a very informative and enjoyable visit."

Another visitor said: "It was really interesting and very enjoyable."

Visitors also had the chance to see inside an operating theatre as well as have a hearing test in audiology.

Head of audiology, Liza Smeeton, said: "It was a really successful day. I gave 41 hearing tests - that's more than I personally do in a month normally! Our visitors were impressed not just with the department but the whole hospital."

Chief executive, Jan Sobieraj, said: "The day was hugely successful. Talking to some of our visitors on the day it was clear they were thoroughly enjoying a look round departments in their local hospital.

"The event was always about raising our profile in the local community but it had many more benefits - from children asking what qualifications they needed in order to work in a hospital - to giving our future patients confidence that they would be treated by qualified staff in a safe and clean hospital if they chose to come to us."



Did you know?

Free healthchecks were on offer in the community in August. The health MOT session - which included measuring blood pressure, heart rate, body fat and blood sugar levels - took place in Hoyland.

Did you know?

All patients whose operations were cancelled last year were admitted for surgery within the national standard of 28 days. The number of operations cancelled for non-clinical reasons was less than 1 per cent of all operations.



**Improving Clinical Care and Standards of Service** is our focus on providing the safest and most cost effective services so that our patients get the best possible outcome in their care and treatment.

## Glowing report for day surgery

An independent report - put together as part of a national study by the Healthcare Commission - showed the hospital's day surgery unit was doing well in areas of patient privacy, patient information and patient care - including cleanliness, quality of approach and facilities for patients.

It also had one of the lowest rates of cancelled procedures and unplanned overnight stays.



A patient undergoes a procedure in the hospital's day surgery unit.

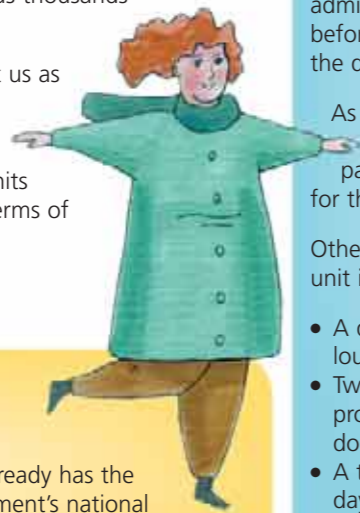
General manager for day surgery and critical care, Vicky Harrison, said: "It's good to learn we're doing so well on our day surgery unit."

One area of not such good news concerned the numbers of patients not attending for treatment they had arranged.

Vicky added: "When patients don't turn up for their planned surgery it creates problems for us as we have already allocated time in theatre, which if not used costs us thousands of pounds in wasted resources."

"Patients have a responsibility to contact us as soon as possible if they can't make their planned surgical appointments."

The report looked at how day surgery units across the country were performing in terms of patient experience.



## Did you know?

Barnsley Hospital's day surgery unit already has the prestigious Chartermark - the government's national standard for excellence in customer care, awarded to the unit in 2002. It is applying for re-accreditation in 2006.

## Clean hands campaign

The hospital launched a clean hands campaign which encourages patients, staff and visitors to improve hand hygiene.

The campaign was launched by our nursing and medical directors, Juliette Greenwood and David Hicks when they joined hundreds of staff who signed a clean hands pledge, now mounted in the hospital's main entrance.

Senior specialist infection control nurse, Denise Potter, said: "Our clean your hands campaign is about helping patients, staff and visitors to understand how easily infections can be spread and also raising awareness of what they can do to help prevent infection."

"Good handwashing practice is the best way to prevent infection and we want everyone to use the alcohol hand gel that we have made available at the entrance to the wards on their way in and out."

The hand gel is also now available at every bedside, making it easy for staff to ensure that their hands are clean before treating patients.

## Did you know?

We introduced photo ID badges for all staff last year. All staff now wear photo ID which also displays their name, job title, department and badge issue date.

## New surgical admissions unit

Our new day care suite and surgical admissions unit opened in July.

The £338,000 transformation introduced a whole new way of working and reduces the amount of time patients spend in hospital while at the same time improving the quality of service they receive.

General manager for day surgery, Vicky Harrison, said: "All the changes that we made were designed to improve the quality of care for our patients."

"More patients are benefiting from a streamlined service in a modern, comfortable environment. We now ask our patients to come in for admission just a few hours before surgery rather than the day before."

As part of the design, a day lounge was created for patients while they prepare for their surgery.

Other features of the new unit include:

- A dedicated discharge lounge
- Two confidentiality rooms providing a private area for doctors and patients
- A tailor-made pre-operative day lounge
- Eight day surgery beds
- Eight surgical admissions beds



Consultant surgeon Mr Shiwani talks with a patient before their surgery.

## Did you know?

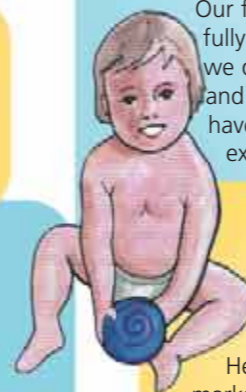
Last year, we had no patients waiting more than three months for their first outpatient appointment and none waited more than six months for their treatment following diagnosis. The waiting time for GP referrals for all specialties is now, on average, six weeks. This is two weeks less than last year.

## Annual health checks

The Healthcare Commission (HC) introduced a new kind of star rating for the NHS last year, known as the annual health check.

The new health check looks at more detail than the previous star system and is made up of core and developmental standards which fit into seven categories: safety, clinical cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health.

Our final declaration to the HC in April 2006 said we were fully compliant against 22 of the 24 standards. The standards we didn't fully meet included planning and delivering care and challenging discrimination and promoting equality. We have action plans in place for both these standards and expect to be fully compliant by September 2006.



## Did you know?

Barnsley Hospital was considered one of the safest in the region according to an independent report by the Healthcare Commission last year. We were awarded top marks for keeping wards and equipment safe for patients. The hospital was also judged to be one of top performing 40 hospitals in the country, according to a survey by the medical performance consultancy, CHKS.

## New surgery for hip patients

A new procedure - known as minimal invasive hip surgery - has resulted in hospital patient stays half of what they used to be and significantly faster recovery.

When Frank Rogers, aged 71, had the surgery he was up and about the next day after his operation.

He said: "I was really surprised at how quickly I was up on my feet. Since my operation I haven't felt any pain at all. It's been marvellous."

Consultant orthopaedic surgeon, Mr Qusay Al-Daddah, said: "The average hospital stay is around five days, although some patients have gone home after two days."

"This new type of surgery is much better for the patients because their recovery and rehabilitation is so much faster. They also feel less pain, have a much shorter hospital stay and the likelihood of complications is much less."

The only restriction on the technique is that this type of surgery can only be performed on patients who have a body mass index of less than 30.

## Did you know?

Emergency spillage kits designed to be used in case of floods and chemical spillages were installed on all ward landings last year.

## Did you know?

We introduced an updated nutritional screening tool last year. Patient dietary needs can now be screened on admission using a computerised screening system.

## Maternity services accolade

Our maternity services were recognised as one of the top 13 in the country by Dr Foster\*.



One-day-old Bethany Moore gets ready for her first bath on the maternity ward.

The accolade - announced in the national Times newspaper - is the latest in a line of praise for the department that was also given a positive write-up in the Yorkshire Post by a journalist who had used the services.

Dr Foster measures all maternity services around the country to establish:

- Admissions on every day of the week
- A births to midwife ratio below 33
- A dedicated obstetric anaesthetic service
- Accommodation for partners
- Breast feeding guidance beyond 28 days
- 24-hour breast feeding telephone support



\* Dr Foster is an independent organisation that provides information on the quality and availability of health services.

## Did you know?

We introduced electronic locks on some of our wards last year. Wards 17, 18 and the coronary care unit were fitted with the new locks to ensure optimum security and safety for patients, visitors and staff.

## Extra capital funding

More than £600,000 in extra funding came to the hospital last year.

The money, which is additional capital investment, was secured through bids put together by staff across the hospital.

The funding included:

- £500,000 to support the women's and children's business case (this is a project to redevelop both services into one area of the hospital)
- £134,000 for genito-urinary medicine to upgrade the clinic and improve the patient environment
- £15,000 towards a cancer tracking system - to enable the cancer team to track cancer patients once they are referred, helping us to meet new cancer standards

Director of finance, Jeremy Loeb, said: "The funding added to the £1 million already received to support the new picture archiving system (see Improving Organisational Performance) and the £1.7 million to complete the refurbishment of the medical imaging department (see Patients at the Centre). Overall, our capital budget for the year was £6 million."

**Excellent Integration of Health and Social Care** is our focus on making sure the services our patients receive are co-ordinated. Even though some parts of the services are provided by different organisations - such as the Barnsley Primary Care Trust, social services or the ambulance service - our aim is to make sure care and treatment is provided efficiently.

*Monitoring heart failure patients in the home*

Researchers at the hospital launched the trial of an innovative telehealth service to monitor the health of 40 chronic heart failure patients in their homes.

It is a scheme helping people stay in their own homes and it also responds to the growing need for better management of patients with long term conditions.

Patients use a hand-held device in their home to provide information on their health and quality of life. Medical details such as blood pressure and weight are also recorded on a daily basis. This data is then analysed by the chronic heart failure team and, where they have concerns, patients are telephoned and advice given or medication changed where needed.

If further contact is needed, one of the team from the joint hospital and primary care trust team visits the patient's home.

This process is designed to reduce hospital admissions, enable earlier hospital discharge and provide an improved and more personalised service for patients.

Consultant cardiologist, Dr Basil Saeed, said: "This research is potentially very valuable and is a complement to the heart failure services which we have been working on for the last three years."

If the 12-month pilot study proves successful the aim is to bring this method of care into general use.

Professor Mark Hawley who heads up the medical physics department where the research is being led, said: "We believe these systems could provide improved ways of offering patient led services and are excited by their potential."

"This study will enable us to understand any benefits to patients and health care providers as we look to manage the increasing challenge of an ageing population and subsequent rise in those with long-term conditions."



A hospital patient uses a home monitoring device for congestive heart failure. Data from the device is sent through to specialist nurses at the hospital.

Did you know?

99% of patients were seen in our rapid access chest pain clinic within two weeks of being referred by their GP.

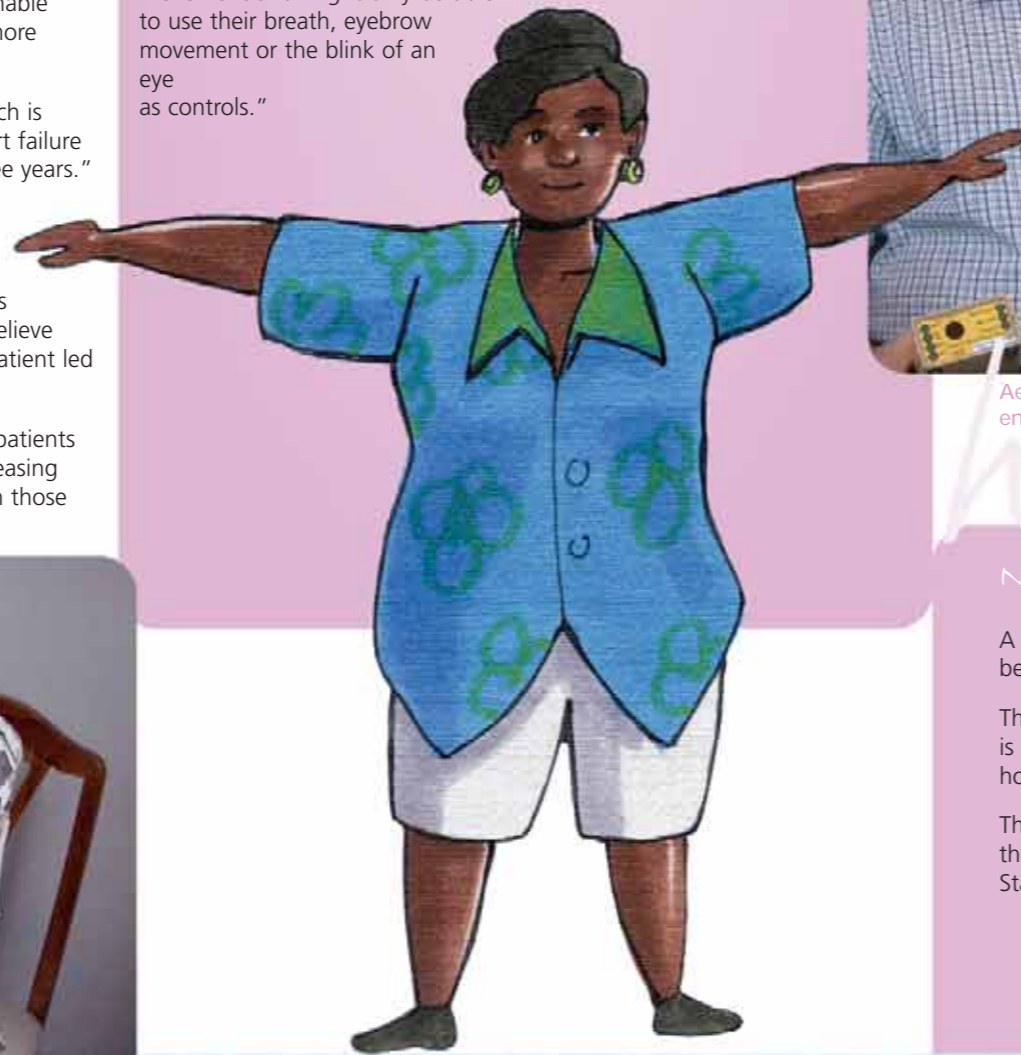
*Team in finals again*

Two staff members from the medical physics department at the hospital made it through to the finals of a regional NHS innovation award for the second year in a row - this time for their development of a pioneering device which helps disabled people in their own homes.

Senior clinical scientist, Aejaz Zahid and chief technician, Graham Newiss were singled out for their device which enables very disabled people to use a computer.

Their invention means people who have conditions such as Motor Neurone disease, muscular dystrophy, cerebral palsy or are severely disabled as the result of an accident can now access and use a computer.

Aejaz said: "The device is designed for people who have very limited movement and might only be able to use their breath, eyebrow movement or the blink of an eye as controls."



Aejaz and Graham with their device which enables very disabled people to use a computer.

*Nutrition and older people*

A £500,000 research project which could impact on the well-being of elderly people throughout the country is underway.

The study is looking at the nutritional needs of older people and is being led by Dr Salah Gariballa, consultant physician at the hospital and a senior lecturer at Sheffield University.

The three-year project is being carried out in collaboration with the University of Sheffield and is funded by the Food Standards Agency.

Did you know?

Researchers from the hospital have presented their research at many international conferences and published more than 50 papers in international journals.

*Work to improve breastfeeding rates*

Breastfeeding rates in Barnsley are half the national rate and falling.

The midwifery team at the hospital - led by acting head of midwifery Sue Gibson - spans the community as well as the hospital and has been working hard to improve awareness of the benefits of breastfeeding.

Says Sue: "We've developed several initiatives, all of which seem to be proving to be a success with new mums and our staff."

"We now have breastfeeding support on the labour ward where volunteers are available to talk to the mums if they want. Our volunteers - who are mums themselves - can offer advice and support in the home as well."

"More recently, we've set up monthly parent education evenings where new parents come along to a talk, have a look round the unit and generally take the opportunity to ask any questions."



New mum Lynn Moore with her one-day-old daughter, Bethany with student midwife Jess Horbury on the maternity unit.



**Strong Links with Other Organisations** is our focus on working with other organisations to provide services locally and where more complex care is needed, making sure that it is provided seamlessly between Barnsley and other hospitals.

**Link cemented with Sheffield Children's Hospital**

Barnsley children and young people are to receive more specialist treatment closer to their home thanks to a link up between Barnsley Hospital and Sheffield Children's NHS Trust.

Sheffield Children's already provide some children's services on site, including endocrinology and metabolic services.

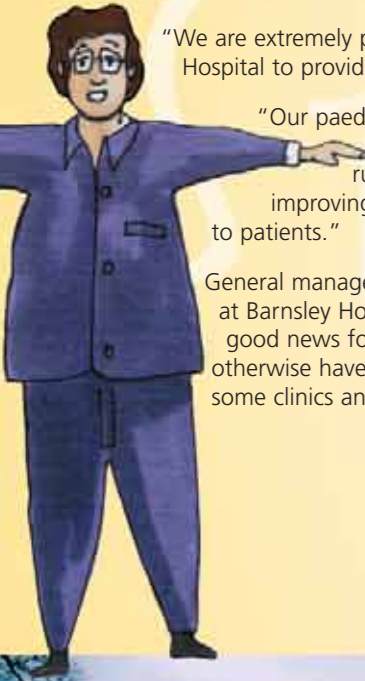
The move will mean extra children's services in gastroenterology and more children's surgery in Barnsley.

Chief executive at Sheffield Children's, Chris Sharratt, said: "We are forging stronger links with local hospitals to enable us to provide more of our specialist clinics at their sites. This will mean that it is much easier for patients to receive this specialist treatment closer to home."

"We are extremely pleased to be working with Barnsley Hospital to provide services in their town."

"Our paediatric specialists will still be based at Sheffield Children's Hospital but will run regular sessions in Barnsley improving the services both hospitals offer to patients."

General manager for women's and children's services at Barnsley Hospital, Sandi Carman, said: "This is good news for local families who might otherwise have to travel to Sheffield for some clinics and surgery."



**Did you know?**

We saw 100% of patients who were referred urgently to us by their GP because they had a suspected cancer within the national two week guideline. We also met the standard of starting treatment for all patients who had a cancer diagnosis within 31 days. 95% of patients who were urgently referred had their first treatment within 62 days of their referral.

**Relationship with other hospitals gains strength**

Earlier in the year, links were forged with Rotherham's microbiology department to help with clinical advice in relation to microbiology issues.

Chief executive at Barnsley, Jan Sobieraj, said: "We're delighted to have reached this agreement with Rotherham Hospital as it means we can now take forward other mutually beneficial collaborations, such as linking our pathology departments to provide a more efficient service."

Locum associate specialist Dr Wijitha Weerakoon from Rotherham Hospital joined our team to help in the microbiology department to ensure we had adequate specialist cover.

We have also been exploring the possibility of greater partnership working with our information technology department as well.

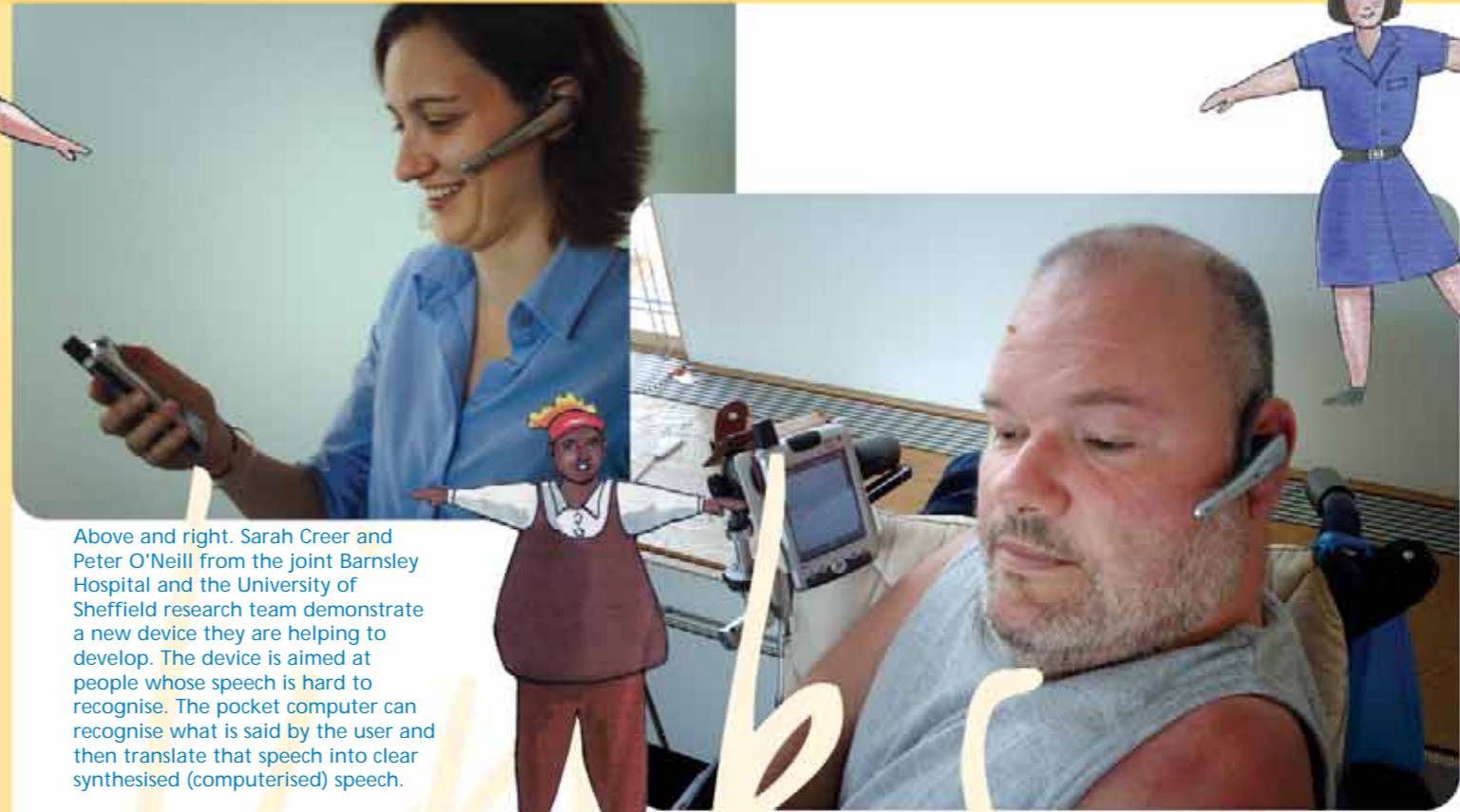


**Did you know?**

In conjunction with Sheffield Teaching Hospitals, diabetes consultant Dr Hugh Jones is leading a European-wide project to study ways of reducing the impact of diabetes.

Sheffield Children's Hospital

Working in partnership with other hospitals is bringing benefits to Barnsley patients.



Above and right. Sarah Creer and Peter O'Neill from the joint Barnsley Hospital and the University of Sheffield research team demonstrate a new device they are helping to develop. The device is aimed at people whose speech is hard to recognise. The pocket computer can recognise what is said by the user and then translate that speech into clear synthesised (computerised) speech.

**Building relationships with GPs**

Work to build stronger links with GPs resulted in some new initiatives.

Doctors, senior managers and the hospital's patient choice team visited Barnsley's GP practices to get a better understanding of what we do well and what areas of our services we need to improve.

Patient choice manager, Gareth Robinson, said: "We received a lot of constructive feedback which we've used to change the way we operate - such as direct access for certain follow-up appointments and speedier reporting on diagnostic tests."

As well as acting on feedback, the patient choice team set up a GP helpline, launched a bi-monthly newsletter and provided a single point of contact for any GP-related issue. We also developed links with neighbouring primary care trusts to promote our services resulting in referrals from South Huddersfield and South Wakefield.

**Did you know?**

As a 450-bed associate teaching and research hospital affiliated to the University of Sheffield, we provide a range of high quality acute hospital services. Our services range from accident and emergency to maternity, general and specialist surgery to critical care, medicine, elderly people's services, medical imaging and more.

**Research team takes on assistive technologies projects**

Two major projects to develop assistive technologies for disabled and older people are taking place in Barnsley.

With a combined £1.5 million in funding, both projects are being run in collaboration with academic and private sector partners.

The first project - which is looking at developing a home-controlled device for severely disabled people to help them live at home - started in February and is in partnership with assistive technology manufacturers Toby Churchill Limited, speech technology company Xovox Communications Limited, intellectual property experts Medipex and the University of Sheffield.

And the second - which aims to develop a system for older people to keep them safer in their homes by monitoring their activity around the home - is in conjunction with assistive technology company Tunstall Group Limited, Medipex and the University of Sheffield.

Director of research and development, Professor Mark Hawley, who is leading the projects, said: "We're delighted to have attracted the funding for these projects. We believe it further establishes the hospital as a leading international centre in research and development in these areas, and will lead to greater independence and quality of life for vulnerable people in our local area."

**Did you know?**

Approximately 95% of our income comes from services commissioned by Barnsley Primary Care Trust (PCT).



**Developing Our Workforce** is our focus on having the right number of people with the right number of skills to deliver the services that our patients need - as well as aiming to be an attractive employer.

## New doctors for Barnsley

Four new doctors in newly created posts joined us in our first full year as a Foundation Trust.

Dr Elizabeth Kidney was appointed as consultant in accident and emergency. She joins us from Leeds Teaching Hospitals.

Two new consultants joined our anaesthetic team early in 2006. Dr Timothy Moll, and Dr Kenneth Inweregbu came to us from Leeds Teaching Hospitals.

And Dr Elizabeth Higgs joined our paediatric team in March as their 5th consultant. Dr Higgs previously worked at Bradford Teaching Hospitals.

## Staff awards scheme

A scheme which awards staff for their outstanding contribution to patient care was launched in the summer.

Winners - as judged by a panel which includes the chief executive, a non-executive director, hospital governor, human resources director and staff side representative - of both the individual and team categories receive awards of £500 and £2,500 to improve services for patients.

To win, staff must explain how their service is making a difference to patients by meeting various criteria.

Winners have included:

- Kathryn Osbyrne, intensive care training and development co-ordinator for her work helping to bridge barriers for students on placement
- Children's community nursing team for their work with very poorly and dying children in their homes
- Carol Smith, patient service manager for her work to ensure patients are always at the centre in all the medical wards she oversees
- Feeding team for children with complex feeding problems for their work in this area
- Sarah Stables, midwife, for her work setting up a website aimed at helping increase the awareness of breast feeding
- Barnsley Hospital Broadcasting, the hospital's radio station team for its work to improve patients' well-being while in hospital

Winners of the Chairman's Awards - an accolade which recognises staff dedication and personal commitment - were announced in September. The individual award went to Roisin Gent, matron for accident and emergency and the team award went to the 'choose and book' team - a team of staff who have been instrumental in setting up an online appointment booking system (see Patients at the Centre). The lifetime achievement award went to Lesley Bamford, senior sister and Angie Clark, matron for orthopaedic services.



The first individual winner Kath Osbyrne with her staff awards certificate.

## Did you know?

We appointed a work life balance advisor last year. Lorraine Whitworth, who was previously our childcare co-ordinator now provides support for staff with caring responsibilities and acts as an advisor to managers to staff on flexible working options.

## Reducing workforce costs

A financially challenging year meant the Trust needed to reduce workforce costs by £750,000.

While the Trust Board of Directors was always aware its first year as a Foundation Trust would present significant challenges there were numerous added cost pressures which worsened the picture. These included rising energy costs, the impact of payment by results and patient choice, reduced income from Barnsley Primary Care Trust and not achieving projected activity.

Joint efforts by managers and staff representatives did however keep job losses to a minimum and resulted in much lower than expected redundancies.

From around 100 'at risk' posts the number of staff issued with redundancy notices was minimised. Seven management and administrative posts were lost due to redundancies but no nursing posts.



## Did you know?

We successfully passed our annual review to continue using the 'positive about disabled people' symbol. This means we have a range of policies and mechanisms in place which are aimed at helping staff who are disabled.

## Improving working lives

Our bid to achieve the Improving Working Lives practice plus status in the Spring of 2006 narrowly missed accreditation.

In five of the seven areas - human resources and management, flexible working, healthy workplace, training and development, flexible retirement, childcare and support for carers - we achieved the standard.

However, we didn't quite achieve the standard with the two areas, equality and diversity and staff involvement and communication.

Director of human resources, Susan Tyler, said: "This was obviously disappointing news for us but we are already working with staff side colleagues and preparing an action plan to work towards meeting the standards to achieve the full award later in 2006."

## Did you know?

Chief executive, Jan Sobieraj held 'chief exec online' sessions in the year - giving staff a chance to ask questions direct on the internet while he answered them live.



Chief executive Jan Sobieraj with his PA, Susan Bond at a 'chief exec online' session.

## Positive results from staff survey

Staff are still very positive about working at Barnsley Hospital according to the results of the latest independent staff survey.

The annual survey - conducted in the winter - asked staff what it was like to work at the hospital and in many areas we were rated highly.

In 9 out of 28 areas, we scored higher than the national average. Offering flexible working opportunities, support from work colleagues and agreed personal development plans were just three of the areas where we outperformed other trusts.

Director of human resources, Susan Tyler, said: "Although staff recognise it has been a difficult year with the pace of change, there were many positives in the responses.

"There were a few areas where we fell under the national average - including the perception of effective action towards violence and aggression, fairness and effectiveness of reporting incidents and the quality of job design.

"We have already started work to address these areas and we're also looking at opportunities to reassess how information is disseminated and review the practice of 'feedback' to all levels of staff."

## Did you know?

We were awarded top marks for our European Computer Driving Licence (ECDL) standards following an audit by the British Computer Society.

## Agenda for Change

Almost 90 per cent of non-medical staff adopted new pay and conditions by the end of the year.

The new package - called Agenda for Change - applies to all staff except senior managers, doctors and dentists.

Work to develop staff through knowledge and skills frameworks has already started.

Management lead for Agenda for Change implementation,

Mark Caldicott, said: "One of the real benefits of the work we've been doing on Agenda for Change and developing knowledge and skills frameworks has been the close partnership working with the trade unions and professional associations, helping to create a model approach for working together on wider organisational change and development."



## Did you know?

We're part of a programme called 'Ambition Health' - a scheme which aims to get long-term unemployed people back to work. We're also part of a scheme that encourages young people to learn more about health and well-being - as part of the Department for Education and Skills' Aim higher campaign.





**Improving Our Organisational Performance** continually looks at what we do and how we can improve using new technology or different ways of working. Our aim is to maximise value for money.

**Energy efficiency**

National recognition for ongoing work to improve energy efficiency was given to the hospital in the summer.

This is the third time we've received the energy efficiency accreditation from the Energy Institute. We were also ranked as the most cost effective trust when it comes to energy compared with similar sized hospitals.

Estates manager, Rob Rennison - who helped to launch the Trust's first energy awareness campaign earlier in the year - said: "Being one of only a handful of trusts to achieve this level of energy efficiency is fantastic. The standards are high and not only did we keep our accreditation but we achieved much better scores than last time."

Barnsley Hospital was one of just 12 trusts across the country to receive the energy accreditation from the Energy Institute which is run by the Carbon Trust.



Barnsley Hospital was one of 12 Trusts across the country to receive the energy accreditation from the Energy Institute.

**New printing service**

Keeping patient information up-to-date, easier ordering for staff and cost-savings were behind the decision to transfer the Trust's printing to an outside supplier.

Supplies manager, Neil McConville said: "The new system will benefit everyone. It means greater control over documents and easier access when it comes to amending and updating."

"Ultimately, each department will have a set of documents they can access through the hospital's intranet and order the printing of them electronically."

The new service - which has been set up in conjunction with the South Yorkshire Supplies Management Confederation - is set to save the Trust around £20,000.



**Did you know?**

We've been installing more CCTV cameras inside and around the hospital to make it a safer place for patients, visitors and staff.

**New emails for staff**

Work to connect our staff to a national secure email network has been ongoing throughout the year.

At the same time it will ensure all our staff have access to email.

The new system - which uses nhs.net, a national secure network - will give everyone access and when up and running Barnsley hospital staff will be the first in the country to use the national network for email.



and they'll be easily accessible for health care professionals.

"X-rays and scan results will be instantly available on a ward or in a clinic, dramatically cutting down waiting times."

Barnsley was the first in the region to go live with the new national system at the end of the financial year.



Consultant radiologist Dr Phillip McAndrew with the new system.

**Did you know?**

A new recycling officer at the hospital is helping to make substantial savings. Mark Wilson took up his post last year and is in charge of paper and cardboard recycling as well as re-housing used office furniture.

**Digital x-rays**

With the help of a million pounds of computer equipment and digital imaging technology, health care professionals at the hospital are now able to look at patient x-rays and scans on-line instead of under a light box.

The change - which marks the end of conventional x-ray film and the start of a new hi-tech digital era in imaging technology - has significant benefits for patients as well as hospital staff.

Director of information, communication and technology, Ian Atkinson, said: "This new way of working is truly transformational - not just for doctors and nurses but for patients too."

"It means for the first time that all images from patient x-rays and scans will be digital - so we can look at them on computer screens

**Did you know?**

A new computerised accounts and supplies ordering system was installed at the hospital last year. Ordering and receiving goods, as well as payment for them, is now much more streamlined.

**Emergency plans**

Staff from across the hospital came together to test the Trust's emergency plans in a day-and-a-half tabletop exercise in February.

Director of clinical services, David Peverelle, said: "The exercise tested our operational response, casualty and hospital management as well as other aspects such as environmental pollution, staff welfare and short and long term hospital needs."

The exercise - which was run with the help of independent agency, Emergo - is used as a training and exercise tool for decision making in complex emergencies in planning and managing the response to a major incident.

Mr Peverelle added: "On the whole we did well and demonstrated effective team working. The exercise raised one or two questions about some aspects of our plan but these were largely minor and we'll be refining our major incident plan to reflect these."

**Did you know?**

We introduced a new way of working at the start of the financial year called 'payment by results' which means our funding now depends on the number of patients we see.

**Handling complaints**

There were 223 formal complaints made to the Trust last year.

All were acknowledged within two working days and 95 per cent received formal replies within 20 working days.

Informal complaints - those which were resolved by the PALS (Patient Advice and Liaison Service) team without the need to use the formal complaints process totalled 1,008.

As a result of the feedback from complaints we've already put action plans in place to make improvements to services.

We are:

- Introducing discharge co-ordinators for our medical wards
- Setting up a forum to improve the care and support of patients with dementia and their carers
- Improving our pain assessment and pain control procedures in our accident and emergency department
- Introducing new ways of working in our appointments centre to reduce response times
- Improving care plans for children's surgery
- Developing an action plan to improve the care and treatment of patients with head injuries

We've also improved patient information. We have:

- Created a new leaflet for parents taking children home from our accident and emergency department
- Based on feedback, improved our leaflet for total abdominal hysterectomies
- Developed a new leaflet to explain all about newborn thyroid screening tests
- Improved our guidelines on bleeding in early pregnancy and retained placentas

**Financial overview**

**Financial overview**

In its first full year as a Foundation Trust, the hospital successfully managed the introduction of the new national method for funding clinical activity known as Payment by Results. Under this method the hospital receives a national tariff for each type of patient consultation or treatment. In previous years, the hospital could reliably forecast the total income for the year ahead. Under the new method, income has fluctuated on a monthly basis according to the number of patients treated.

The hospital took the decision at the start of the year to invest in additional medical staff as part of a plan to offer services to a wider population. This plan was successful and in conjunction with additional income from our main commissioner, Barnsley Primary Care Trust, we were able to break-even.

However, this result was only achieved through stringent cost control measures which included, regrettably, a reduction in 35 posts. Whilst this was the first significant workforce reduction in the hospital's history the overall workforce numbers continued to increase. Particular cost pressures were experienced on energy and the funding of the new pay structure.

A capital investment programme of over £6m supported:

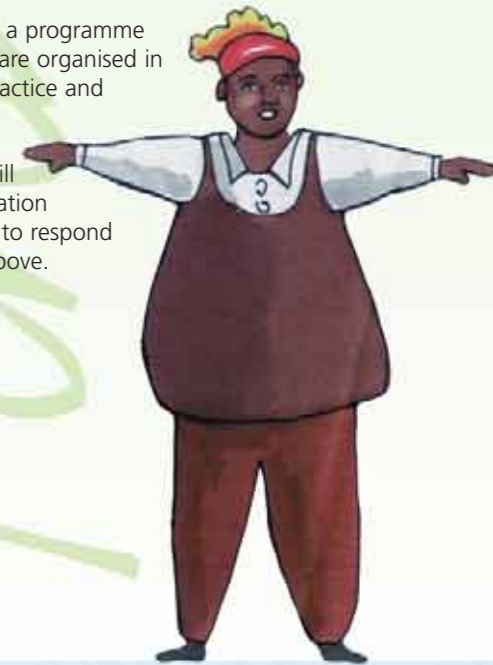
- the completion of the refurbished imaging department in conjunction with the installation of one of the first picture archiving systems to enable medical staff to view diagnostics images throughout the Trust
- implementation of a new laminar theatre for orthopaedic operations
- refurbishment of wards
- replacement of medical and surgical equipment
- a plant and machinery replacement programme

Looking to financial prospects for next year and beyond, the Trust faces a number of pressures caused by the following factors:

- plans by our main commissioners to reduce hospital referrals by developing primary care based services
- a slow down in the growth in national funding to the NHS from 2008/09
- a reduction in national tariffs to drive best practice into service delivery

The Trust has embarked on a programme to ensure that our services are organised in a manner reflecting best practice and which is patient centred.

Our estate strategy will be finalised in June and this will recommend a site configuration which will enable the Trust to respond to the pressures outlined above.



## The Trust's future plans

Our long-term vision is set out in our service development strategy and our short-term plans for the next year form our business plan. Detailed copies of both are available from Susan Bond, personal assistant to the chief executive. Contact details are at the front of the annual report.

## Our vision

Changes to the way the NHS works combined with our foundation trust status puts us in a unique position. While we face many challenges, we also have opportunities to provide the best care possible to our patients.

Patients can now choose the hospital at which they are treated and the new payment regime - called tariff or payment by results - means our income is based on the number of patients we see and treat.

Barnsley Primary Care Trust intends to reduce referrals to hospitals and provide more home and community based care for patients. While this provides for a challenge to hospitals, it also creates an opportunity to expand the traditional boundaries of hospital care and develop services in the community that were once only available in hospital.

And as we enter our second full year as an NHS foundation trust, we are benefiting from the involvement and work of our governors and members. We believe our success hinges on continued contribution and support from local people to develop the health care services that are needed in Barnsley.

## The year ahead

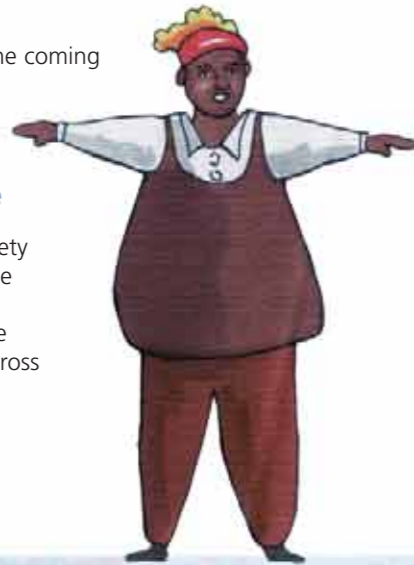
### Our commitment

We've built on our six strategic aims - which feature throughout this annual report - and revised them for 2006/07 to make sure we continue to be a successful hospital, one of the best in the country.

Some of our priorities for the coming year are:

### Providing high quality, low risk care

- We'll drive up patient safety standards through a range of initiatives
- We'll meet the Healthcare Commission standards across the Trust



- Our human resources team will develop and put in place a leadership strategy
- We'll make progress to the highest standards of avoidance of clinical negligence (known as CNST level 3) in our surgical, medical, women's and children's, dermatology, medical imaging and corporate services
- We'll meet national cancer standards - including treating patients within 31 days from their diagnosis and treating them within 62 days of their referral
- We'll meet national waiting standards in outpatient and inpatient appointments, cancelled operations, delayed transfers of care, MRSA levels, accident and emergency waits, access to chest pain clinics and thrombolysis (blood-clotting treatment)
- We're aiming to recruit new consultants in orthopaedics and general surgery

### Improving efficiency

- We'll take forward major projects to totally transform the way we work - looking specifically at medical imaging, estates, outpatients, administration, the use of theatres, patient lengths of stay and pathology
- We'll start the first phase of redesigning our outpatient department
- We'll improve car parking and look at redesigning our residences
- We'll put a new electronic staff record system in place
- We'll increase the amount of day surgery we do
- We'll work with staff and their representatives to develop a workforce strategy - matching our workforce against future service needs
- We'll continue to take forward technological solutions such as online patient booking and digital imaging systems

commitment



## Achieving success in a choice environment

- We'll continue to ask our patients what they think about our services and act on their feedback
- We'll work with our governors to develop a brand for the hospital
- We'll continue to develop and build our relationships with GPs, meeting their needs and acting on their feedback - in particular we'll focus on improving our imaging reporting times, introduce an integrated dermatology service, develop a handbook for GPs and improve the quality of patient discharge information
- We'll support patients from outside Barnsley who want to choose us for their hospital care and treatment

## Create new income opportunities

- We'll explore the possibilities of developing our training and development arm
- We'll take forward our plans to develop an assistive technology and telecare centre, further enhancing our growing international reputation
- We'll look into developing a long-term oxygen therapy service

## Working in partnerships

- We'll continue to work closely with Sheffield Children's NHS Trust and look at ways of bringing more children's services to Barnsley
- We'll further develop our links with Rotherham Hospital NHS Foundation Trust and explore the possibility of a pathology service partnership
- We'll continue to work with Sheffield Teaching Hospitals NHS Foundation Trust to look at what other services we can provide together in Barnsley

## Making a social contribution

- We'll look into the possibility of developing a health and innovation campus in Barnsley
- We'll develop a public health strategy
- We'll launch an option appraisal looking at the benefits of integrated care



As an NHS Foundation Trust, Barnsley Hospital is accountable to the Governing Council which represents the views of members.

The Governing Council includes 20 public and patient governors elected by members of the Foundation Trust. It also has six staff governors elected by hospital staff. They are joined by nine nominated representatives from our partner organisations.

During our first full year as an NHS Foundation Trust, our governors continued to develop their awareness of how the hospital works and to take forward their governance role.

The Governing Council considered the strategic development of the hospital through their work in five sub groups.

Their progress in each sub-group is highlighted below:

The **access and patient interface** group initially focussed on work needed for the Healthcare Commission's annual healthcheck and are now concentrating on contact with voluntary groups. They have also been supporting patient and public involvement at the Trust.

The **hospital's environment** group continued to develop links with a range of groups across the trust (such as smoking cessation and the Patient Environment Action Team, PEAT) and have been taking part in PEAT inspections (which contribute to the Trust's annual healthcheck score).

The **hospital's future** group has largely been concentrating on working with young people. They joined forces with Barnsley Youth Council and Connexions to host a live band and disco event to help find out what young people thought about health issues. Through their discussions with young people, they are looking at the health care needs of young people.

The **healthy lifestyles** group set up links with Barnsley Primary Care Trust's Fit for the Future campaign and took a lead on governors' involvement in the hospital's open day. They have also been working with the future group on young people's thoughts and ideas.

The **staff and workforce** group has mainly been looking into setting up a support group involving patients and student staff to offer communication and interpersonal skills training for medical, nursing and other health care staff who have significant face-to-face contact with patients.

As a result of their work throughout the year, the Governing Council made two major proposals to the Board of Directors, in addition to many other suggestions. The major proposals were:

Hospital supported youth unit - to provide a drop-in centre for young people, preferably based in the town centre and



providing a range of health services and advice, from sexual health to drug addiction, common ailments and treatments.

**Training and support group** - training patients to train staff who have regular contact with patients with a view to improving communication and interpersonal skills, enabling students to develop diagnoses using a more holistic view of patients.

The Governing Council is made up as follows:

## Constituency A

Covering the electoral wards of Dodworth, Hoyland Milton, Penistone East and Rockingham.  
 Cecil Horsfield reappointed 1 January 2006 for three years  
 Stephen Sampson\* appointed until 31 December 2005  
 Carol Robb appointed January 2006 for three years  
 Joseph Unsworth appointed until 31 December 2007  
 Jeanette Worsfold appointed until 31 December 2006

## Constituency B

Covering the electoral wards of Darton East, Darton West and Old Town:  
 Sue Carter appointed until 31 December 2006  
 Lesley Cotton\* reappointed 1 January 2006 for three years  
 Sue Mellor appointed until 31 December 2007

## Constituency C

Covering the electoral wards of Stairfoot, Central, Kingstone and Worsbrough:  
 Valerie Atkinson appointed until 31 December 2007  
 Sharon Hodgson appointed until 31 December 2006  
 Bob Ramsay\* reappointed 1 January 2006 for three years

## Constituency D

Covering the electoral wards of St Helen's, North East, Cudworth, Monk Bretton and Royston:  
 (Dr) Sheikh Amin appointed until 31 December 2007  
 Jan Anderson appointed until 31 December 2006  
 Pauline Brown appointed until 31 December 2006  
 Mavis Micklethwaite appointed until 31 December 2007  
 David Thomas\* reappointed 1 January 2006 for three years

## Constituency E

Covering the electoral wards of Darfield, Dearne North, Dearne South and Wombwell:  
 John Cale appointed until 31 December 2006  
 John Davies\* until 31 December 2005  
 Brian Whitaker appointed 1 January 2006 for three years  
 Denis Gent appointed until 31 December 2007  
 Wayne Kerr appointed until 31 December 2006

## Out of area/patient governor

Covering people who live outside the borough and who have attended the hospital as a patient or their carer since 1 October 2001:

Bill Joice - appointed until 31 December 2007

## Staff governors

Covering all staff groups (clinical support, medical, non clinical support, nursing and volunteers):

Viv Mills* - clinical support	reappointed 1 January 2006 for three years
(Dr) Jon Maskill - medical and dental	appointed until 31 December 2007
Matthew Ward - non clinical support	appointed until 31 December 2006
Sharon Hardy* - nursing & midwifery	appointed until 31 December 2005
Andy Mills - nursing and midwifery	appointed 1 January 2006 for three years
Carol Smith - nursing and midwifery	appointed until 31 December 2007
Darren Holmes - volunteers	appointed until 31 December 2006

## Nominated governors

Councillor John (Inky) Thompson	Barnsley Metropolitan Borough Council
Carrie Neville	Barnsley Participation Process
Kathy Bostwick	Barnsley Primary Care Trust
Clare Archer (representative)	Barnsley Youth Council
Professor Linda Laing	Sheffield Hallam University
Geoff Dalton	South Yorkshire Ambulance Service NHS Trust

Sue White	South Yorkshire Strategic Health Authority
Professor Nigel Bax	University of Sheffield
David Brannan	Voluntary Action Barnsley

The terms of office of the public, patient and staff governors in the first elections were determined by the independent appointing officer. In our second elections - held during November and December 2005 - governors whose term of office was one year were up for re-election. All new terms of office are now for three years.

\* Governors who were up for re-election during 2005/06

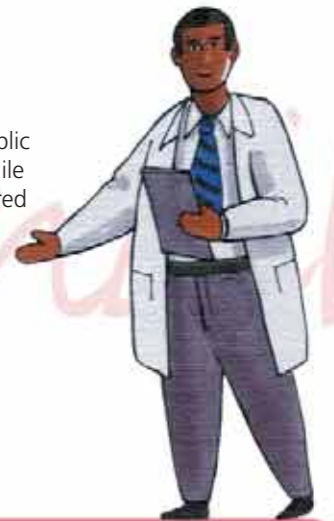
## Register of interests

The register of governors' interests is available from Carol Dudley, the secretary to the Board at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley, S75 2EP. Tel: 01226 777090.

There are no company directorships held by governors where companies are likely to do business or are seeking to do business with the Trust.

## Expenses

Governors may claim expenses at public transport rate for travel at 23p per mile and other reasonable expenses incurred on Trust business. Otherwise they are not remunerated.



The Trust is managed by full-time executive and part-time non-executive directors. Together they make up the Trust Board of Directors.



When we became an NHS Foundation Trust in January 2005, the non-executive directors moved directly to the Board of Directors. Their appointments were for either the unexpired period of their terms of office or 12 months, whichever was the longer.

Future appointment of non-executive directors will be by the Governing Council. The removal of a non-executive director requires the approval of three-quarters of the Governing Council.

Our directors are appointed through open competition in accordance with the Trust's recruitment and selection policies and procedures. The Board of Directors is responsible for the operational management of the hospital and, with input from the Governing Council, it also sets the strategic direction of the Trust.

### Chairman: Gordon Firth (a)

Gordon joined the Trust as chairman in November 1998. A Fellow of the Royal Institution of Chartered Surveyors, he is the managing partner of a Barnsley-based construction consultancy firm and a director of a development company. He has also served as a non-executive director of Barnsley Health Authority. Gordon also chairs the Governing Council.

His appointment is until 31 December 2008.

### Non executive directors:

#### Anne Arnold (b)

Anne joined the Trust in December 2004. She has extensive experience working with the NHS as a senior manager and more recently as a management consultant. Anne is an MBA graduate and qualified accountant. She took up the post of chairman of the Audit Committee on 1 April 2005.

She is appointed until 31 October 2006.



#### Frank Johnston (c)

Frank joined the Trust in February 2002 as a non executive director. He is a barrister-at-law, non practising, with a legal, public and voluntary sector background. Locally, Frank is vice chairman of the corporation of Barnsley College, a co-opted member Barnsley Metropolitan Borough Council's audit committee, a member of the Independent Education Appeals Tribunal and Cawthorne Parish Clerk.

Nationally, he is a member of the Monitoring and Verification Board of the government's National Training Strategy for Town and Parish Councils and the Chief Verifier for the Certificate in Local Council Administration, the professional qualification for town and parish clerks.

He is the Trust's Governance Committee chairman. His appointment is until 31 December 2007.

#### Pat Newman (d)

Pat has been involved in community development for many years as a chair of Governors at Royston High School, chair of the Lifelong Learning Project in Royston and as a board member of Royston and Carlton Community Partnership and North Barnsley Partnership.

Pat's Board responsibilities cover the integration of health and social care and women's and children's services. She is also chair of the Improving Working Lives steering group. She is appointed until 31 December 2007.

#### Robb Walker (e)

A former senior banker, Robb is currently deputy chairman of the Trust's Board of Directors. He has increasing involvement in the financial aspects of the Foundation Trust and is the chair of the Finance Committee. He also is involved in our care of the elderly services. He chairs the Macmillan Cancer Relief Barnsley Appeal and is chairman of a cancer support group based in Leeds.

His appointment is until 31 December 2006.

#### David Walton (f)

David is a chartered engineer and Fellow of the Institute of Mining and Metallurgical Engineers. He had extensive management experience with British Coal before he retired and has served as a local magistrate for 18 years.

He retired from the Trust in December 2005.

#### Chief executive: Jan Sobieraj (g)

Jan took up his role as chief executive in January 2001, previously having held the same position at an NHS trust in Lincolnshire. Earlier posts in the NHS include director and deputy director of Trusts in Bassetlaw and Leicester.

In addition to his health service experience he has also held a number of senior general management positions in housing and the private sector.

#### Executive directors:

#### David Hicks, medical director (h)

David took up his role as medical director in 2002, having been associate medical director since 1997.

He has been a consultant in genito-urinary medicine at the Trust and the Royal Hallamshire Hospital since 1983. David is also a Fellow of the Royal College of Obstetricians and Gynaecologists.

#### Juliette Greenwood, nursing director (i)

Juliette joined the Trust in January 2005. In her 25-year career in the NHS she has held a variety of roles in nursing and management. Her specific areas of interest are leadership development, multi-professional team development and new ways of working which are linked to advancing practice, nurse education and the patient's experience. Juliette is a practitioner panellist for the Nursing and Midwifery Council and also a Quality Assurance Agency reviewer.

#### Sally Light, director of strategy and service development (j)

Sally joined the Trust in 2002 from the Modernisation Agency where she worked for two years as service improvement manager. Prior to that she held a senior management position with Manchester Health Authority and has worked in the NHS since 1979.

#### Jeremy Loeb, director of finance (k)

Jeremy was appointed director of finance in August 1999. He joined the Trust from the Northern General Hospital in Sheffield where he was the deputy director of finance.

A chartered accountant, Jeremy has considerable experience in both the public and private sectors.

#### Register of interests

The register of directors' interests is available from Carol Dudley, the secretary to the board at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley, S75 2EP. Tel 01226 777090.

There are no company directorships held by directors where companies are likely to do business or are seeking to do business with the Trust.

In line with our membership strategy, we maintained our membership numbers at around 12,500 during the year.

To become a member, you must either:

- Be employed by the Trust with a permanent contract or have worked at the hospital for at least 12 months or on a series of short-term contracts which total more than 12 months. Becoming a staff member is automatic, with a choice to opt out if they wish. Volunteers are included within the staff constituency and contracted staff have the option to opt in
- Live within the Barnsley Metropolitan Borough - which is broken into five constituencies
- Or have been a patient or their carer at the hospital since October 2001

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

Our membership at the end of the year breaks down as:

#### Public

Constituency A	2,228
Constituency B	1,572
Constituency C	1,840
Constituency D	2,224
Constituency E	1,369
Constituency O	437

#### Staff

Clinical support	441
Medical	241
Non clinical support	764
Nursing	1,252
Volunteers	234

Details of the constituency boundaries can be found in the section on governors.

#### Maintaining our membership

Maintaining and engaging a diverse and representative membership which reflects our local population was our goal throughout the last year.

As well as engaging hundreds of members at our open day (see story in patients at the centre), we also sent out quarterly editions of FTi, the public members' newsletter, our annual report and through internal communications talked to staff members. Our website continues to be a focus for all members.

Membership is still split evenly across the constituencies, largely mirroring the overall constituency populations. Ethnic minority membership is still slightly lower than the census data and work is ongoing to increase membership numbers. There was a loss of just over 200 members in the public constituencies (these were mostly deaths) and towards the end of the year we had a targeted recruitment drive to increase numbers back to the 12,500 mark. Initiatives included a targeted personal letter to constituency E members (where membership has been slightly lower than elsewhere), recruitment via our governors and through FTi and face-to-face contact, awareness raising of the hospital's Foundation Trust status and what that means - resulting in new members.

Through the Governing Council's continued work with Barnsley Youth Council a specially arranged event took place at a local nightclub during the day for young people to find out what they thought about health issues and also to increase membership in the 14-19 age group. We now have 242 members who are 14-19 years old.



As a public benefit corporation, Barnsley Hospital NHS Foundation Trust discloses the following about its activities and policies:

## Communicating with staff

Throughout the year we used all our usual channels of communication with staff - intranet, email, monthly team briefings, newsletter, special bulletins, development sessions, director walk rounds covering every area and department and chief executive lunchtime sessions with staff - to inform staff about issues relevant to them and how their work and ideas could have an impact on the Trust's performance. We also introduced new ways of communicating with and listening to our staff last year, including a chief executive live online chat session and email and telephone question system.

And as well as these regular channels of communication, staff side representatives are also involved in regular meetings with managers and discuss issues which affect staff interests.

We consulted with staff during October and early November on posts which were put at risk as part of an organisational review to look at how we might improve services while delivering savings (see 'Developing our Workforce').

## Disabled employees and equal opportunities

The Trust has an equal opportunities policy statement and meets the disability symbol criteria. Advice to managers who are responsible for employing staff is provided by our human resources department and all appointing managers are trained in the equal opportunities issue. We also use the disability 'two ticks' symbol in all our advertisements and our application forms seek to identify people who have disabilities and their special requirements. Where disabled people meet the essential skills requirements for a job and are interviewed, we undertake workplace risk assessments and, where appropriate, adapt the workplace before appointment.

Our sickness absence policy and redeployment processes ensure that the organisation makes every effort to make sure employees can stay in employment if they become disabled.

Every member of staff has an annual appraisal and a personal development plan helping with training, career development and promotion.

## Health and safety

63% of staff had their health and safety training updated last year and 29 managers took part in three-day health and safety management courses.

Manual handling incidents reduced throughout the year - from 21 in the first quarter, 14 in the second, 11 in the third and 7 in the fourth.

There were 175 reports of violence and abuse, 90 medical sharps injuries, 908 slips, trips and falls and seven minor fire incidents.

We also had two visits from the Health and Safety Executive to look at slips, trips and falls - and there were no adverse reports.

## Occupational health

There were 421 referrals to the occupational health team from Barnsley Hospital staff.

As well as their involvement in policies, procedures and training, the team also developed new contract agreements with Barnsley Hospice and staff support.

## Did you know?

We are reviewing all our health and safety policies to make sure they meet new legislation (such as the new working at height regulations and control of noise at work regulations passed in 2005).



## Countering fraud and corruption

The Trust has a detailed fraud and corruption policy and response plan, covering the Board's policy, the roles and responsibilities of staff at the hospital, how the Trust responds in the event of fraud allegations and guidance for staff.

In the last year there were no reported cases of fraud at the hospital.

## Payment practice

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Our performance in this area last year was:

Number of bills paid:	24,120
Number of bills paid in 30 days:	23,202
% of bills paid in 30 days:	96%

There was no interest paid under the Late Commercial Debt Payments Act during the year.

## Public consultations

There were no public consultations in the last year.

## Public and patient involvement

Listening to and acting on our patients' views is a part of the way we work.

Involvement ranges from active and formal participation in groups to service level - such as our labour suite forum where we listen to the views of new mums to make sure we're continually developing in line with their needs - to national independent surveys as well as keeping our patients and the public advised of the latest developments at the hospital and feedback from their governors through a quarterly newsletter, FTi, which goes to members.

In addition, last year our matrons launched patient surveys on the wards, the results of which are monitored monthly.

## Management costs

Management costs for the year were £5,206,816 and these have been calculated in accordance with the Department of Health's definitions.

## External auditor

The external auditor was John Prentice, District Auditor, who is nominated to post by the Audit Commission. The auditors are appointed by the Governing Council.

The audit services cost £110,833 including VAT for the year.

## Going concern

After making enquiries, the directors have a reasonable expectation that Barnsley Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing the accounts.

# Remuneration report

## Remuneration report

The remuneration committee is responsible for approving the remuneration and contractual arrangements of executive directors.

## Membership 2005/2006

Chairman	Mr G E Firth
Non executive directors	Ms A Arnold Mr F Johnston Mrs P Newman Mr R Walker
Chief executive	Mr J Sobieraj
Secretary (in attendance)	Mrs S Tyler

The Trust has no policy statement on the remuneration of senior managers\* but its standing financial instructions state that the Remuneration Committee will make such recommendations to the Board on the remuneration and terms of service of executive directors (and other senior employees) to ensure that they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's financial circumstances and performance and to the provisions of any national arrangements for such staff, where appropriate.

Executive directors of the Trust have defined annual objectives agreed with the chief executive. A report on their performance is received by the remuneration committee annually. The performance of directors is not linked to pay.

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. All executive directors covered by this report hold appointments which are permanent until they reach the normal retiring age.

Non executive directors are appointed by the nominations committee, a sub-group of the Governing 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.

No significant awards were made to past senior managers during 2005/2006.

The salary and allowances of senior managers are included in note 5.3 in the annual accounts.

\* Senior managers are defined as the Executive and Non Executive directors of the Trust.

Signed

Chief executive

Date 13 June 2006

# Statement of accounting officer's responsibilities

The Health and Social Care (Community Health and Standards) Act 2003 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of 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 Accounting Officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the Health and Social Care (Community Health and Standards) Act 2003, Monitor has directed Barnsley Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Barnsley Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Financial 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 Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; 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 him/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.

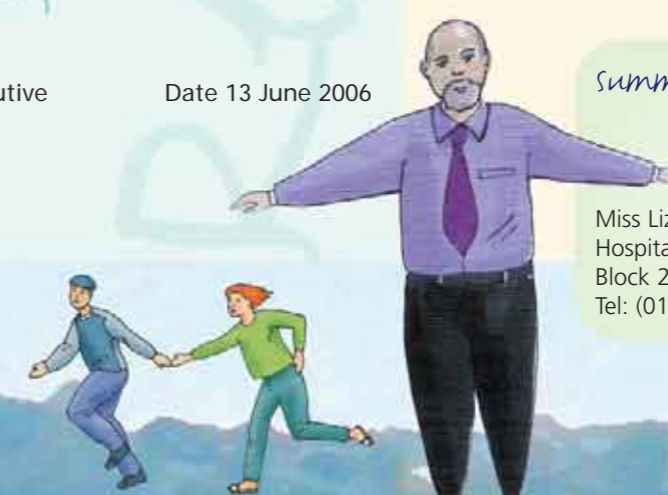
Signed

Chief executive

Date 13 June 2006

## Summary of Accounts

The following financial statements are a summary of the financial accounts which are available in full, at no charge, from Miss Liz Hindley, Financial Accountant at Barnsley Hospital NHS Foundation Trust, Finance Department, Block 2, Gawber Road, Barnsley, S75 2EP Tel: (01226) 777747.



*Independent Auditor's Report to the Governing Council of Barnsley Hospital NHS Foundation Trust on the Summary Financial Statements.*

I have examined the summary financial statements set out on pages 26 to 30.

This report is made solely to the Governing Council of Barnsley Hospital NHS Foundation Trust as a body in accordance with paragraph 24(5) of Schedule 1 of the Health and Social Care (Community Health and Standards) Act 2003. My work was undertaken so that I might state to the Governing Council those matters I am required to state to it in an auditor's report and for no other purpose. In those circumstances, to the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for the audit report or for the opinions I form.

*Respective responsibilities of directors and auditor*

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

*Basis of opinion*

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

*Opinion*

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

Signed 

John Prentice  
Engagement Lead  
Officer of the Audit Commission  
Littlemoor House  
Littlemoor  
Eckington  
Sheffield  
S21 4EF

Date: 7 August 2006

The summary financial statements were approved by the Board of Directors on 13 June 2006.



Date: 13 June 2006

**Statement on internal control**

*1. Scope of responsibility*

The Board is accountable for internal control. As Accounting Officer, and Chief Executive of the Board, I have responsibility for maintaining a sound system of internal control that supports the achievements of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accounting Officer Memorandum.

The Trust's assurance framework has been informed by partnership working across the healthcare region and locally including:

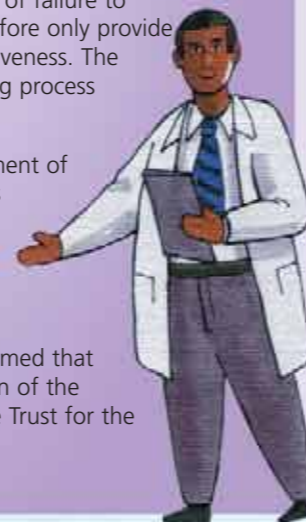
- Regular reporting to Monitor including governance and risk management submissions as required
- Scrutiny by Monitor as part of the authorisation process for NHS Foundation Trust status
- Consulting with the local community and engaging with a growing membership of the Trust
- Submission of the Draft and Final Declaration to the Healthcare Commission in response to its Standards for Better Health Annual Health Check
- Undertaking consultation with the Barnsley PCT, local Overview Scrutiny Commission, SHA, Governing Council and Patient Participation Initiative (PPI) Forum on the Annual Health Check declaration and also on other areas of interest
- Development of the Governing Council for the Trust and collaborative working relationship between the Board of Directors and the Governing Council
- South Yorkshire Strategic Health Authority Chief Executive forum
- Partnership of Acute Trust Chief Executive meetings (PATCH) from North Trent/South Yorkshire Regions
- Chief Executive membership of North Trent Commissioners (NORCOM)
- Working with other local health and social care service providers, primarily the Barnsley Primary Care Trust to develop a strategic vision for services

*2. 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 risks 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 ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

From the first year of development, it was confirmed that the system of internal control, with the exception of the Board Assurance Framework, was in place in the Trust for the



**Statement on internal control**

whole year ended 31 March 2004. The implementation of the Board Assurance Framework was completed in March 2004 and consequently the system of internal control, inclusive of the Board Assurance Framework, was in place by 31 March 2004.

The system of internal control has been maintained and in place in the Trust and up to the date of approval of the Annual Report and Accounts for 2005/06.

*3. Capacity to handle risk*

The overall responsibility for the management of risk lies with the Chief Executive as accountable officer.

The Executive Directors are responsible, collectively, for the Trust's system of internal control and management. This responsibility is executed through sub-groups of the Trust Board under the Chairmanship of a Non-executive Director:

- Governance Committee
- Finance Committee
- Audit Committee

These Committees are required to ensure that whole hospital systems necessary to quality assure clinical care and organisational effectiveness at the Trust are in place and the organisation is developing and delivering its stated goals and agreed action plans.

The risk management strategy also sets out an effective risk management system and supporting risk management procedures including:

- Adoption of the Risk Management Standard (AS/NZS 4360:1999)
- A qualitative risk assessment matrix and guidance
- Prioritisation process for risk treatments and escalation of management action
- Cognisance of relevant legal requirements
- Definition for acceptable levels of risk
- Development of risk registers at corporate and departmental level
- Risk Groups operating within each Clinical Management Team and Departments with a cross section of staff representation

Such processes form an integral part of the systems to ensure the investigation of underlying causes, and to learn from events to assure safe high quality care which is constantly improving.

*4. The risk control framework*

Specific responsibilities outlined in the Trust's Risk Management Strategy (last reviewed in December 2005) are incorporated into the Trust's committee structures that support the Governance Committee and provide the framework for risk control:

- |  |                  |
|--|------------------|
| • Clinical Risk                        | Nursing Director |
| • Wider Controls Assurance             | Finance Director |
| • Clinical Performance & Effectiveness | Medical Director |
| • Standards for Better Health          | Nursing Director |
| • Health & Safety                      | Nursing Director |
| • Financial Governance                 | Finance Director |

This strategy, structure and committee arrangements has been subject to a detailed review process by the Governance Committee that commenced in December 2005. The review plans to restructure and refocus the Risk Management, Governance and assurance strategy through the core standards of the Healthcare

Commission and to better meet the business environment within which the Foundation Trust operates.

Risk Management continues to be embedded into the culture of the Trust's organisation through its routine clinical management teams and departmental arrangements. Local risk management strategies are developed and supported by local Risk Groups.

Risks that cannot be effectively controlled at a local management level are escalated in accordance with the process for prioritised management action.

Stakeholders are engaged in the risk management process in a variety of ways:

*Staff*

- Consultation and election of staff representatives to the Governing Council
- Management and staff representation on corporate risk management groups and specialist groups advising on specific areas of risk
- Designated roles of risk facilitator and risk co-ordinator within each area
- Statutory and mandatory induction and training programmes
- Team brief
- Clinical management team specific reviews of incidents, complaints and claims

*Patients and Public*

- Consultation and election of partnership organisation and constituency representatives to the Governing Council
- Wider representation on the Review Group for Complaints and procedures including the Independent Complaints and Advice Service (ICAS), Barnsley PPI Forum, South Yorkshire Ambulance Service and Social Services
- PALS Services
- Development of Modern Matrons and patient questionnaires
- Patient Participation Group
- Patient Forums
- Patient representative to the Governance Committee

Work undertaken to support the risk management process this year has included:

- Performance of a live test of the Major Accident Plan in February 2006
- A root and branch review of the Governance arrangements, policy procedures and risk management processes commencing in December 2005 and including roles, responsibilities of committee structures
- Establishment of a Health and Safety Governance Committee
- Detailed reviews, action planning and audit checks in response to the Healthcare Commission Standards for Better Health and declaration against the Standards
- Consultation with Barnsley Overview & Scrutiny Committee, Barnsley PPI Forum and Barnsley PCT regarding the Health Care Commission Declaration
- Purchase of a performance management software tool for the monitoring and collation of evidence for the Healthcare Commission process
- Rationalisation of bed usage and workforce reprofiling to address cost pressures
- Appointment of a Patient Safety Lead for project management of the Trust's compliance process with the NHSLA's Risk Management standards



- An approved Assurance Framework relating to the Trust's objectives and identifying the principal risks in meeting those objectives. This process is supported by progress against the Business plan objectives reported to the Senior Management Team quarterly and Board Assurance Framework reporting to the Governance Committee
- Action plans to ensure that effective systems of internal control are in place and that appropriate internal or external assurances are obtained for potential areas of significant risk
- Developing internal Service Level Agreements (SLAs) and monitoring process with clinical specialties including a risk profile
- Establishment of a Finance Committee as a sub group of the Board of Directors to supplement the assurance framework and closely monitor the financial impact of the Trust's business status and new NHS funding arrangements
- Development of a Financial Risk Register
- Performing a self assessment exercise as part of the Trust's report to Monitor in respect of Governance, Financial Management and Mandatory Services
- Increasing the scope of monitoring by the Performance Management Group
- Further developing clinical and financial audit programmes for risk monitoring

The Assurance Framework and governance process has identified gaps in control and assurance requiring action plans to provide additional control measures:

Action Plans have been developed in the following areas:

- Improvement to the care pathway for the management of head injury patients
- Introduction of a revised process for managing new NICE guidelines
- Variations in the application of risk management policy and procedures

Progress against the prescribed actions will be closely monitored by individual Directors, the Performance Management Group where appropriate benchmarks are set, the Governance Committee and the Board of Directors.

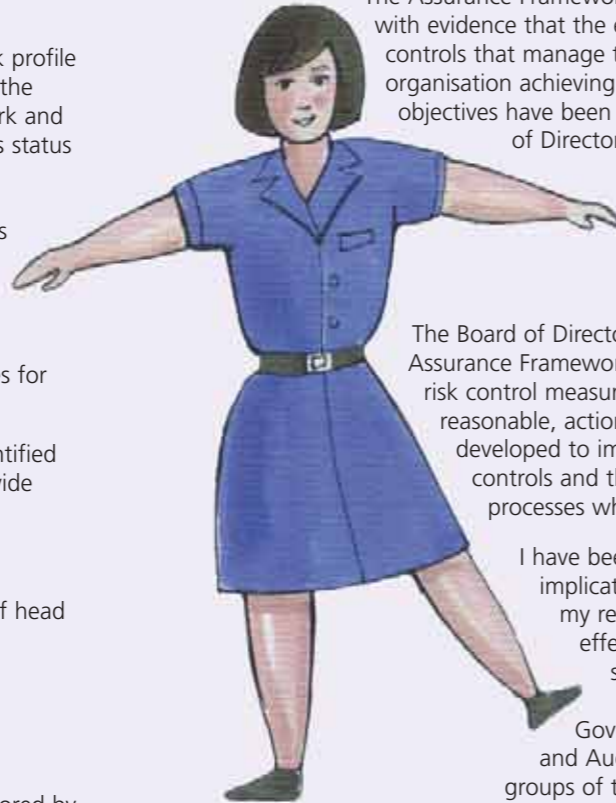
## 5. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors within the organisation who have the responsibility for the development and maintenance of the system of internal control provide me with assurance.

My review is also informed by external risk management assessments undertaken during the year or within external specified timescales if longer by:

- NHS Litigation Authority
- CNST (Clinical Negligence Scheme for Trusts) standards compliance - Level 2 General Hospital in March 2005
- CNST standards compliance - Level 1 Maternity Services in March 2006 pending final report from NHS Litigation Authority

- RPST (Risk pooling Scheme) standards compliance (Level 1) for non-clinical risk management in December 2002
- Healthcare Commission Standards for Better Health self assessment exercise and year end Declaration
- Performance rating by the Healthcare Commission Annual Health Check
- Health & Safety Executive assessments and compliance



The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. The Board of Directors has monitored delivery of the 2005/2006 business plan throughout the year.

The Board of Directors has approved the Assurance Framework confirming that the risk control measures in place are reasonable, action plans have been developed to improve upon the controls and the assurance processes where appropriate.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governance Committee and Audit Committee as sub groups of the Board of Directors and also the Internal Auditor's Report and opinion.

The Trust recognises the need for continuous improvement to the robustness of its systems of control and assurance and the monitoring of its risk register and assurance framework to ensure they identify the changing impact and likelihood of risk and effectively support the achievement of business objectives.

Signed *Jan Sobieraj*

Chief executive

Date 13 June 2006



## Summary financial statements for the year ended 31 March 2006

### INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2006

	2005/06 £000	3 months to 31st March 2005 £000	
Income from activities	101,044 <b>a</b>	24,778	<b>a</b> Mainly income from Barnsley Primary Care Trust and neighbouring PCTs
Other operating income	14,669	3,854	
Less operating expenses	(113,562) <b>b</b>	(28,120)	<b>b</b> Includes salaries, equipment, drugs etc.
Loss on disposal of fixed assets	(69)	0	
<b>Surplus before net financing costs</b>	<b>2,082</b>	<b>512</b>	
Interest receivable	245	45	
Interest payable	-	-	
<b>Surplus for the year</b>	<b>2,327</b>	<b>557</b>	
Less dividends payable on public capital	(2,324) <b>c</b>	(552)	<b>c</b> Payments to Government for funds made available to the Trust to pay for hospital buildings and medical technology
<b>Retained surplus for the year</b>	<b>3</b>	<b>5</b>	

### BALANCE SHEET AS AT 31 MARCH 2006

Fixed assets	68,789 <b>d</b>	67,663	<b>d</b> The value of the Trust's land, buildings and equipment
Current assets:			
Stock	1,307	1,340	<b>e</b> Monies owed to the Trust
Debtors	5,453 <b>e</b>	4,774	
Cash	2,824	3,186	
Creditors	(8,087) <b>f</b>	(9,769)	<b>f</b> Monies owed by the Trust
<b>Total assets less current liabilities</b>	<b>70,286</b>	<b>67,194</b>	
Creditors due after more than one year	(765)	(683)	
Provisions for liabilities and charges	(1,518) <b>g</b>	(1,499)	<b>g</b> This includes £801k for agenda for change
<b>Total assets employed</b>	<b>68,003</b>	<b>65,012</b>	
Financed by:			
Capital Reserves	45,810	42,068	
	22,193	22,944	
<b>Total taxpayers' equity</b>	<b>68,003</b>	<b>65,012</b>	

### CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2006

Net cash inflow from operating activities	4,267	5,660	
Returns on investments and servicing of finance	245	45	
Net cash outflow from capital expenditure	(6,392) <b>h</b>	(2,612)	<b>h</b> Purchase of hospital equipment and building works
Dividends paid	(2,324)	(1,103)	
<b>Net cash (outflow)/inflow before financing</b>	<b>(4,204)</b>	<b>1,990</b>	
<b>FINANCING</b>			
Public dividend capital received	3,742	364	
Other capital receipts	100	700	
<b>Increase/(decrease) in cash</b>	<b>(362)</b>	<b>3,054</b>	



## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2006

	2005/06 £000	3 months to 31st March 2005 £000
Surplus for the year before dividend payments	2,327	557
Fixed asset impairment (losses)/gains	(852)	88
Surplus (deficit) on fixed asset revaluations	152	(920)
Increase in the donated and government grant reserves	44	707
<b>Total recognised gains for the financial year</b>	<b>1,671</b>	<b>432</b>
Prior period adjustment - government grant		<b>(699)</b>
<b>Total recognised gains and (losses) for the financial year</b>	<b>1,671</b>	<b>(267)</b>

### NOTES TO THE ACCOUNTS - YEAR ENDED 31 MARCH 2006

#### 1. SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Real increase in pension and related lump sum at age 60 (bands of £2,500) £000	Total accrued pension and related lump sum at age 60 at 31 Mar 06 (bands of £2,500) £000	Cash equivalent transfer value at 31 March 06 £000	Cash equivalent transfer value at 1 April 05 £000	Real increase in cash equivalent transfer value £000
<b>Mr D Hicks</b> Medical Director	95-100	50-55	7.5-10.0	240.0-242.5	1067	1004	38
<b>Mr J Sobieraj</b> Chief Executive	105-110	0	7.5-10.0	142.0-145.0	520	476	32
<b>Mr J Loeb</b> Director of Finance	75-80	0	5.0-7.5	82.5-85.0	318	288	23
<b>Ms S Light</b> Director of Strategy & Service Improvement	65-70	0	2.5-5.0	70.0-72.5	245	220	19
<b>Mrs J Greenwood</b> Director of Nursing	65-70	0	5.0-7.5	75.0-77.5	237	213	19
<b>Mr G E Firth</b> Chairman	20-25	0	N/A	N/A	N/A	N/A	N/A
<b>Mr R Walker</b> Non-Executive	5-10	0	N/A	N/A	N/A	N/A	N/A
<b>Mr D A Walton*</b> Non-Executive	0-5	0	N/A	N/A	N/A	N/A	N/A
<b>Mrs P Newman</b> Non-Executive	5-10	0	N/A	N/A	N/A	N/A	N/A
<b>Mr F Johnston</b> Non-Executive	5-10	0	N/A	N/A	N/A	N/A	N/A
<b>Miss A Arnold</b> Non-Executive	5-10	0	N/A	N/A	N/A	N/A	N/A

\* Left 31st December 2005



Thank you cards from patients and relatives on our maternity ward.

