Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts

1 April 2013 to 31 March 2014

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

Contents

About Barnsley Hospital

Barnsley Hospital NHS Foundation Trust was founded on 1 January 2005 under the Health and Social Care (Community Health and Standards) Act 2003, as re-enacted in the National Health Service Act 2006 (the 2006 Act). The hospital was built in the 1970s and covers a site of 8.2 hectares. It has c.466 beds and we employ 3,272 staff (at 31 March 2014). Since becoming a Foundation Trust, we have sought to utilise the Foundation Trust regime that this brings to benefit the patients we serve.

Our Vision, Mission and Strategic Aims

During the reporting period, our **Vision** was: "Barnsley Hospital: *Providing the best healthcare for all.*"

Our **Mission** was:

- To improve the health and wellbeing of the people of Barnsley.
- To enable people to be in control of their health and wellbeing by promoting independent living.
- To make care more accessible.
- To reduce the inequalities that exist between Barnsley and the rest of England.

To support the delivery of our vision and mission, we also have strategic aims that underpin all the work we do. Individual objectives for each member of staff are linked to these themes, enabling them to see how they directly contribute. Our strategic aims for the reporting period were to:

- Provide high quality and safe services.
- Design healthcare around the needs of our patients.
- Invest in our workforce and continue to develop them to provide high quality services.
- Make the best use of our resources.
- Maintain financial viability and sustainability.

Our Services

We provide a range of acute hospital services for the people we serve. These include emergency and intensive care, medical and surgical services, elderly care, paediatric and maternity services, and diagnostic and clinical support services. We also provide a number of specialised services, such as cancer and surgical services in partnership with Sheffield Teaching Hospitals NHS Foundation Trust. We serve a population of approximately 234,400 across an area which matches the same geographical boundaries as Barnsley Metropolitan Borough Council and our main commissioner, Barnsley Clinical Commissioning Group (CCG). We work closely with a wide range of partners, including Barnsley CCG, the local authority and other private, public and voluntary sector organisations in order to deliver effective and efficient care for the people we serve.

Chairman and Chief Executive's Statement

This reporting year has seen a continuation in the pace and scale of changes within the NHS landscape. As a Foundation Trust, we faced a year with challenging financial expectations coupled with robust performance and quality targets, whilst at the same time, forecasting an increase in the number of people who would come through our Emergency Department. It was clear that 2013/14 would again be a stretching year for us as a Trust.

The challenging environment was compounded by a financial irregularity that was identified just prior to the year end in March 2014. In March 2014 we declared a Serious Incident into financial irregularities here at the Trust and commenced internal and external investigations into how our finances have been managed since 2012. During the investigation it became evident that the in-year, monthly accounts have been misstated. The necessary corrections to the accounts were made, which led to a significant adverse movement in the previously reported financial position. The Trust's performance in-year showed a deficit of £7.336m. This is taken from a deficit of £9.865m less an impairment of £2.529m.

In addition to this, we have also found it challenging to consistently meet our target to see and treat 95% of all patients within four hours and failed to do so during three quarters of the year. We reported a figure of 94.12% for the year against the target of 95%.

We reported our financial position to Monitor, our Regulator, at the earliest opportunity, and immediately instigated internal and external investigations. Monitor then formally opened their own investigations into our financial position, our performance against the 4 hour wait target and into our governance arrangements, which is about how we are run as an organisation.

Important Events since the End of the Financial Year

In May 2014, Monitor confirmed that they have found us to be in breach of our licence as a Foundation Trust and as such, by June 2014, requested a robust two-year turnaround and recovery plan detailing the actions we will take to turn our position around.

We recognise that despite the systems and processes outlined within the Governance section of this report, events at the year-end have shown that our existing governance structure has not been sufficiently robust to identify and address some risk issues relating to repeated breaches in relation to the 4 hour target and a failure in our financial governance. This is not acceptable to the Board, which has taken swift action, as follows:

- To strengthen the actions planned to redress the 4 hour breach and return to achievement against national target. We are pleased to report that we achieved the 4 hour target in March and April 2014, but we are also refreshing our

emergency pathway action plan, to ensure that the breaches do not continue or recur.

- To instigate robust internal and external investigations to identify how the deficit position has arisen, implement cost savings and develop a robust two-year turnaround plan. The plan will be subject to external review to provide further assurance.
- To progress and expand on-going work to review and revise the Trust's governance structure, mindful of the issues above subject to external support.
- Following concerns raised by the Board, the Trust referred the issues to Monitor, who commenced an investigation into the Trust. The work and plans on-going will be subject to scrutiny by Monitor and KPMG (appointed by the Trust to provide independent scrutiny) as well as the Board.

We are working hard on our plan and with the progress we have already made since the end of 2013/14, we are fully confident that that we can and will ensure that we meet our challenges. We would like to reassure patients that quality patient care remains a priority and that we are continuing to provide the same high level of care that our patients need and deserve.

Our Performance Overview

Meeting our target to see and treat 95% of all patients within four hours proved extremely difficult for us this year. Once again, we saw a continued rise in unplanned admissions, some of which was due to factors outside our control. This was not solely limited to the winter months, with surges in activity experienced throughout the year. You can read more about our work to improve our performance against this target on pages 17-18.

Faced with the continued high levels of attendances to the emergency department, we failed to meet the target in quarters one, three and four, only achieving the target in quarter two of the last year. We worked closely with Barnsley CCG to reduce the pressure on our staff and our services. We have put in place a number of initiatives to try to manage the demand and are now beginning to see the impact of some key investments.

Some of the key actions we have taken have included a new state of the art Clinical Decisions Unit and Resuscitation Unit which we opened in December; the introduction of Patient Support Assistants in our Emergency Department who help relieve pressure on our nursing and clinical staff; and the implementation of a Full Capacity Protocol during times of extreme pressure, which supports the effective flow of patients through our Hospital. Since December 2013 we have had seven day services in place in the following areas: Therapy, Pharmacy, Imaging, Social Work and we have additional private ambulance services. We have also introduced additional weekend medical staffing on our Acute Medical Unit and General Medical wards.

Looking forward, working with our CCG commissioners, the Local Authority and South Yorkshire Partnership NHS Foundation Trust, who provide community health services in Barnsley, we now have a whole health economy approach in place to meet this target in 2014/15.

Infection Control

Our performance in relation to infection control remains strong. Vigorous infection control standards mean that we were able to report that cases of Clostridium Difficile were 20 for the reporting period, which is in line with our target and that we had no cases of MRSA bacteraemia in the reporting period.

Focus on Quality

Quality has been a key priority for us this year. Our Hospital has understood and taken on board the recommendations and learning contained in the Francis Report, the Berwick Review and the Keogh Review. A comprehensive action plan is now operationalised within the Trust to ensure we continue to drive forward our quality agenda here in Barnsley. Supporting this agenda, we have also consulted widely with our staff and partners in order to create a Trust Quality Strategy.

In both October 2013 and March 2014, the Care Quality Commission (CQC) rated us as being at Band 6 on its new model for monitoring NHS acute and specialist hospitals. Band 6 is the highest point on the scale and as such places the Trust in a strong position as we move into 2014/15 and provides important recognition of the hard work and effort staff have made during the reporting period.

The Trust received no unannounced inspections from the Care Quality Commission (CQC) during 2013/14.

During the period, we have developed a Quality Strategy in consultation with staff, members of the public and key partners. This will be launched in June 2014.

Our Transformational Approach

2013/14 saw us embed the concept of placing clinical leadership at the very heart of our organisation. Supporting this, Year Two of our Transformation Programme focused on delivery and benefits realisation. This programme encouraged clinical teams to be more ambitious in their aspirations and to challenge traditional ways of working and staffing models to be more creative about where services are delivered and by whom in the future. You can read about our achievements and the positive impact for our patients on pages 23-26.

Looking Ahead to 2014/15

Whilst we must meet the operational and financial challenges we face, we are equally committed to meeting the needs of our patients and providing high quality services that lead to a first class patient experience in Barnsley. If we are to put quality and safety first, we must continue to work hard to ensure the initiatives and recovery plans we have put in place succeed.

Transformation Agenda

There have been some significant successes this year in our Transformation Programme, which are highlighted on pages 23-26. Looking ahead to 2014/15, this work will be rolled out in alignment with patient needs, ensuring that the right teams are involved, especially external partners such as GPs, community and social care teams. We have also been working with Barnsley CCG Programme Board on its own Transformation Programmes. They have identified six priority areas - Ageing Well; Cancer; Planned Care; Promoting Independence; Think Family; and Unplanned Care. Within each area, priorities and projects have been established and the CCG is working with the Trust and other partners to help deliver outcomes.

Working Together

Partnership working will be critical to ensuring sustainable local services for our local population. The Trust is part of the Working Together partnership, an initiative working to deliver high quality, efficient patient care for South Yorkshire, Mid Yorkshire and North Derbyshire. In addition to Barnsley Hospital, the partnership involves the following NHS organisations:

- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- The Rotherham NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

The work builds on earlier successes where partnering with other Trusts has already helped to improve patient care. It covers the following areas:

- **Sharing and Adopting Good Practice** - By sharing and adopting practice improvement programmes across the Trusts, new opportunities will be introduced.
- **Consistency in Care** - Exploring and then introducing new service models by pooling expertise and scarce skills will help to deliver sustainable and safe care across seven days per week and, where necessary, across 24 hours a day.
- **Specialty Collaborative Working** - The project will explore how best to configure clinical specialties across the partnership to sustain local access and offer consistent care at all times.
- **Specialised Services** - Working with NHS England commissioners will help configure specialised services across the partnership to meet the very demanding service specifications.
- **Informatics** - Patients are now moving amongst the Trusts as treatments become more specialised and it is important that the clinical teams have access to secure, shared data about their treatment. By working together the informatics work stream will take on this challenge.

Work stream teams have been established and are formulating their plans on how the Trusts can work together effectively in these areas.

Strong Partnerships

In addition to Working Together, we will continue to develop our partnership working with Barnsley CCG and the wider health economy. The NHS Barnsley CCG Commissioning Plan 2014/15 clearly sets out its intention to work closely with the Trust.

The plan builds on the collaborative approach undertaken with all partners across health and social care to encourage the introduction of new and innovative ways of working to improve the overall health of the local population; reduce the health inequalities that exist across Barnsley and improve the productivity and efficiency of the services delivered.

The Trust is also a formal, active member of the Barnsley Health and Wellbeing Board.

Pioneers in Integrated Care and Support

The Trust is an integral part of the Pioneers in Integrated Care and Support Project, launched in Barnsley and led by Barnsley Council. Barnsley is one of only 14 bids approved nationally for the Pioneer Project, intended to promote a more cohesive approach to health and social care and identify how services could be delivered more effectively in response to individuals' needs.

The Health and Wellbeing Board oversee this work, there are three programmes - Promoting Independence; Think Family; and Ageing Well.

Looking Ahead Summary

In the development of our plans, we involved our staff, Governors, partners, patients and unions. These are their ideas, shaped through discussion, exploration and fine-tuning. They have been developed to help us meet the enormous challenges ahead which include:

- Delivery of our financial recovery plan and the 2014/15 Cost Improvement Programme (CIP).
- Consistent delivery of the 4 hour wait target throughout the year and working in partnership across the health economy to manage demand.
- Implementing the recommendations from the review of our governance structure in early 2014 to ensure our governance arrangements represent best practice in this area.
- Channelling staff engagement to drive the significant service changes required to achieve both our business plan and our recovery plan and also the wider NHS reform agenda.

We face immense challenges in the year ahead and our risk assessment process is designed to identify, manage and mitigate business risks. There are examples of risks associated with achieving our business plan and what we did and are doing to manage

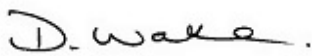
them, on pages 79-82. Additional risks not currently known to the management team and Board, or deemed to be less material, may also have an adverse effect on the business of the hospital.

We are fully confident that if we pull together as an organisation, we can and will ensure that we meet our challenges and we are confident that all our staff will work with us to achieve this.

Preparation of the Annual Report and Accounts 2013/14

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2013/14. The Accounts have been prepared under a direction issue by Monitor under the National Health Service Act 2006.

The Board of Directors consider the Annual Report and Accounts 2013/14, taken as a whole, to be fair, balanced and understandable and provide the information necessary or patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.



Stephen Wragg **Diane Wake**

Chairman **Chief Executive**

Date: 28 May 2014

The Board of Directors

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

During the year, there have been some changes in leadership of our Trust. Paul O'Connor, Chief Executive, left to take up a new position within the NHS in June 2013. David Peverelle was appointed as Interim Chief Executive from that point to October 2013, when Diane Wake, our new substantive Chief Executive joined the Trust. During the period that David Peverelle was Interim Chief Executive, Stephen Wragg, Chairman, was a full-time Chairman, reverting to part-time upon the appointment of Diane Wake.

Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2013 to 31 March 2014 was as follows:

Chairman

- Stephen Wragg

Non-Executive Directors

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

Chief Executive

- Paul O'Connor (to 9 June 2013)
- David Peverelle (interim CEO from 10 June to 27 October 2013)
- Diane Wake (from 28 October 2013)

Executive Directors

- Dr Jugnu Mahajan – Medical Director
- Janet Ashby – Director of Finance and Information (Suspended on 11 April 2014, pending the financial investigation outcome)
- Stuart Diggles, Interim Director of Finance (interim appointment from 8 April 2014)
- Heather McNair – Director of Nursing and Quality
- David Peverelle – Chief Operating Officer

- Hilary Brearley – Director of Human Resources and Organisational Development and Deputy Chief Executive (Executive appointment from 10 June to 27 October 2013, to support interim arrangements)

You can read more information about our Board of Directors on pages 100-105.

The Management Team

In addition to the Board of Directors, our Management Team is made up of Executive Directors and other Directors who support the day-to-day running of the hospital. From the period 1 April 2013 to 31 March 2014, these included:

- Paul O'Connor, Chief Executive (until June 2013)
- Janet Ashby, Director of Finance and Information
- Dr Jugnu Mahajan, Medical Director
- Heather Mcnair, Chief Nurse (until July 2013) Director of Nursing and Quality (from July 2013)
- David Peverelle, Chief Operating Officer, Interim Chief Executive (June to October 2013)
- Liz Libiszewski, Director of Quality and Performance (until July 2013)
- Hilary Brearley, Director of Human Resources and Organisational Development, Deputy Chief Executive (June to October 2013)
- Elaine Jeffers, Director of Transformation (until June 2013), Interim Chief Operating Officer (June to October 2013), Director of Transformation (November 2013 to 31 January 2014)
- Emma Parkes, Associate Director of Communications and Engagement (April 2013 until January 2014) Director of Marketing and Communications (from February 2014)
- Bob Kirton, Head of Business Change (until May 2013) Interim Director of Transformation (June 2013 to end March 2014)
- Jason Bradley, Director of Information Communication & Technology (ICT)
- Lorraine Christopher, Associate Director of Estates and Facilities.

Going Concern Statement

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

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

The Trust's performance in-year showed a deficit of £7.336m. This is taken from a deficit of £9.865m less an impairment of £2.529m. The Trust is forecasting a further significant operating deficit in 2014/15. The Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

We are putting recovery plans in place to enable the continuity of services and are seeking distress funding in the short term to ensure that liabilities can be met and services provided. The Trust will present its financial recovery plan to Monitor on the 30th June 2014, which will indicate a further deficit for 2014/15 and 2015/16 and consequent significant cash funding requirement to enable the Trust to meet its liabilities and to continue the provision of services. At the point of finalising these financial statements we note the following:

1) Whilst plans are in place these are yet to be finalised and submitted to Monitor; and

2) Our future plans to be submitted to Monitor will require significant external cash funding. Whilst an application will be made for Public Dividend Capital after our plan is submitted to Monitor, the level of funding to be received is as yet uncertain. To date the Trust has received distress funding of £3.2m, with a further £6m requested to the end of June.

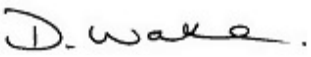
Having considered the material uncertainties and the Trust's financial recovery plans and the likelihood of securing additional financial funding to support the financial operations, the directors have determined that it remains appropriate to prepare these accounts on a going concern basis.

The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

Stephen Wragg .....
Chairman

28 May 2014

Date: .....



Diane Wake .....
Chief Executive

28 May 2014

Date: .....

Chief Operating Officer's Performance Review

Performance Overview

During 2013/14, we cared for 418,873 patients in the hospital (3,858 more than 2012/13), saw 283,659 in clinic appointments (2,848 more than 2012/13) and treated 79,681 in our Emergency Department (272 less than 2012/13).

The increased demand during the winter of 2012/13 continued into April 2013 and placed significant demands upon our unplanned care services, following an already very difficult core winter period. Unpredictable volumes and variation in times that patients attended, coupled with a rise in the number of very sick elderly and frail patients requiring admission, placed significant demands upon the hospital.

Our overall performance against national and local standards fell short of our expectations and of national requirements. We missed the national target to see and treat 95% of all patients within four hours in our Emergency Department. For the year, we achieved 94.12%. On a quarterly basis, we failed to meet the 95% target in quarters one, three and four of the last financial year.

Our results were as follows:

Period	We Achieved	National Target
Quarter 1 2013/14	93.22%	95%
Quarter 2 2013/14	95.22%	95%
Quarter 3 2013/14	94.20%	95%
Quarter 4 2013/14	94.08%	95%
Full Year 2013/14	94.12%	95%

In response to this, we have a wide range of service improvements now in place to support the increasing demands of emergency care. During the reporting period, external support and advice was secured from a national advisory body, Emergency Care Intensive Support Team (ECIST). They helped us to develop an overall action plan which has been implemented throughout the year and continues to be developed, the key essence of this is summarised below.

ECIST Action Plan

The purpose of the support sourced from ECIST was to review the working patterns of the Emergency Department, Admissions Unit and General Physicians to support the unplanned care pathways. ECIST also advised on a range of working arrangements to support the Trust in times of operating pressure and visited the hospital on three occasions through the year.

As a result we also revised and enhanced the working patterns of our clinical services to extend service cover later each day and provide a framework for 7 day working. This has been achieved through:

- Imaging Services - revising working patterns to provide a 7 day service.
- Acute Physicians working additional hours each weekday and at weekends to both support the Acute Medical Unit and the general medical wards at weekends to ensure appropriate clinical cover and to enhance discharge.
- Additional consultant and junior staff have been appointed to improve the level of cover provided on specialist wards and "in reaching" into the Acute Medical Unit.
- In the Emergency Department two major capital schemes were completed (initially funded by the former Primary Care Trust (PCT) but continued by Barnsley CCG), although delayed due to building works issues. These were the expansion of the Resuscitation Unit from three to five beds (to meet increased demand from more ill patients) and a new 10-bedded Clinical Decisions Unit (that allows patients a longer time in the Emergency Department for observations and treatments and avoid the need for full admission).
- Medical wards were reconfigured, including the opening of the Acute Medical Unit, through the combining of two general medical wards and the opening of an integrated Cardiology and Respiratory ward. This has provided enhanced service provision and continuity of care for patients.
- A surgical ward was converted to a medical ward for the winter months as an established ward, removing the need for "escalation wards", which by their nature often do not offer the best continuity of care.
- A dedicated discharge lounge was also opened to enhance patient discharge from our hospital.

All of the above schemes also formed part of our Urgent Care Transformation Programme. You can read more about this work on pages 24-25.

We received additional financial support from Barnsley CCG and national winter funds that resulted in additional staff being appointed to establish seven day working. This means that our patients are being moved appropriately through the hospital and receiving the same level of care during weekend periods. We also participated fully with health partners with the newly formed Barnsley CCG as part of the locally created Urgent Care Working Group which provided a forum for planning and co-ordination for winter pressures. We took on the responsibility for chairing a Multi Agency Operational Group to help co-ordinate the work of Health Care Partners over the winter period, especially for seven day working.

Performance against our Plans and Key Performance Indicators

National targets: We met most of our national targets during 2013/14:

We met:

- ✓ 90% patients treated within 18 weeks of referral for admitted patients.
  We achieved 96.50%

- ✓ 95% patients treated within 18 weeks of referral for non-admitted patients. **We achieved 98.10%**
- ✓ 95% patients to have a maximum waiting time of 31 days from diagnosis to treatment. **We achieved 99.62%**
- ✓ 85% of all patients to have a maximum waiting time of 62 days from urgent referral to treatment of all cancers. **We achieved 90.01%**
- ✓ 100% patients to have access to a genito-urinary medicine clinic within 48 hours of contacting the service. **We achieved 100%**
- ✓ All patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice. **Our target was less than 5% and we achieved 0%**
- ✓ 0% patients to have delayed transfer of care. **We achieved 0.24% which is within the target of less than 1%**
- ✓ 93% of symptomatic breast patients - two week wait (non cancer referrals)* **We achieved 95.18%**
- ✓ 93% of all cancer patients waited no more than two weeks for referral** **We achieved 95.15%**

*referral of any patient with breast symptoms where cancer **not** suspected
**urgent GP referral for suspected cancer to first outpatient attendance

We did not meet:

- ✘ 95% patients to be seen within 4 hours in the Emergency Department. **We achieved 94.12%**
- ✘ 100% patients to be seen within a maximum two week wait standard for rapid access chest pain clinics. **We achieved 98.39%**

Hospital Standardised Mortality Rate (HSMR) and Summary Hospital-level Mortality Indicator (SHMI)

The SHMI is an indicator which reports on mortality at Trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

The HSMR is a measurement tool where mortality data are adjusted to take account of some of the factors known to affect the underlying risk of death. The HSMR is calculated as the ratio of the actual number of deaths within 30 days of admission to hospital (irrespective of place of death) to the expected number of deaths.

We recognise that whilst our SHMI is within the expected range, our HSMR is higher than the Trust would like.

The latest available figures during the reporting period are:

- HSMR 111.8 (within confidence range of 104.8-119.1) - Rolling 12 months figure from February 2013 to January 2014.
- SHMI – 107.2 (as expected) for the period October 2012 to September 2013.

We are taking the reduction of mortality rates very seriously and have established a Mortality Steering Group to manage this. We have taken a range of actions, which we are confident will result in a reduction during the 2014/15 reporting period in the HSMR Rates. You can read more about the actions we have taken on page 31.

Infection Control

Infection prevention and control has been and will remain a high priority for the Trust and each person working in it. As an essential part of our Quality Strategy we strive to work for continuous improvement to provide a clean and safe environment to care for our patients, visitors and staff.

We have had yet another excellent year meeting all our targets for Clostridium Difficile Toxin and having no MRSA bacteraemia for our fourth year running. No major outbreaks of Gastroenteritis have been experienced and therefore no bed days were lost due to infection.

- ✓ There were no cases of MRSA Bacteremia in the year
- ✓ There were 20 cases of Clostridium Difficile against a target of 20

The focus for our infection prevention and control activities over this year have included enforcing hand hygiene and our Bare Below the Elbows Policy, continued involvement in the national Saving Lives programme, reviewing and delivering clinical care to reduce the risk of infection, auditing practices and undertaking surveillance and investigations of infection if they occur, raising awareness throughout the year with education programmes and during our infection prevention and control week.

The general environment is also being updated with new building work which helps to comply with hygiene standards and makes areas easier to clean. The Trust will remain responsive to the ever-changing threat from new infections and challenges that they bring.

Handling Complaints

The Trust received 279 formal complaints during 2013/14. This represents an increase of 34 from the previous year. 100% of complaints were acknowledged within the three working days standard. Our aim is to investigate complaints promptly and efficiently and we are committed to implementing improvements and actions from the lessons we learn from the investigation of complaints. A new integrated reporting system was implemented this year, which allows the Trust to report in greater detail on the issues that it receives. The main subject headings of the formal complaints received can be found on page 63.

Workforce Overview

The Trust continues to maintain a stable workforce (3,008 in 2011/12, 3,168 in 2012/13 and 3,272 in 2013/14), with investment in nursing posts remaining a priority. During 2013/14, we have implemented some important workforce changes as a result of a detailed review of our nursing, medical, allied health professionals (AHP) and administration workforce, and our Transformation Programme, namely 7 day working in Therapy Services, 24/7 shift patterns in Radiography, 12/7 shift patterns for Doctors in the Acute Medical Unit (AMU) and a combined appointments, call centre and switchboard service. We have also agreed plans to introduce the Hospital at Night model of working during 2014/15.

We have recruited to some new and innovative roles to help improve the experience of our acute patients from their arrival to a timely discharge. These roles have included Patient Flow Assistants in the Emergency Department and 'Pack and Go' Assistants in the Discharge Unit. We have also invested in an electronic job planning system for Consultants and Specialty Doctors. This system will enable better job planning management and regular review to assure the Trust that medical job plans are aligned to both individual and service needs.

Senior leaders, including Clinical Directors have benefitted from targeted development during 2013/14. Our bespoke leadership programme, delivered in partnership with Sheffield Hallam University, has supported senior leaders in their roles, enabling effective planning, running and monitoring of services.

Workforce engagement continues to be a priority and we have worked closely with staff to deliver changes to improve a range of things through the 'Together We Will Make it: Better' programme. The programme has delivered real service improvements for staff and patients and our staff survey results this year indicate that this programme is making a real difference. Our staff are keen to continue with this programme and we are committed to building on the progress we have made. We have maintained high levels of compliance for appraisal and training and have reviewed the appraisal process to ensure our values are fully embedded. We have also developed earlier work on defining behaviours that support our values, providing a useful tool to enable staff performance to be measured and improved.

Looking ahead to 2014/15

There is no doubt that we face immense challenges in the year ahead. Continuing to meet the growing demand for our services and deliver against our operational and financial performance targets, combined with the need to continuously improve the quality of our services and reduce costs, means that more than ever before we need to work in partnership across the wider health economy.

Monitor will hold us to account on our delivery of our recovery plan to turn our financial position around and to improve our performance on the national four-hour wait target. 2014/15 will see us delivering on this plan as a priority. To succeed, we must work with our clinicians and health care partners. Our plan for the year ahead and beyond firmly

puts them and our patients at the centre of our work. We must also ensure we continue to focus on mitigation of our risks in 2014/15, which you can read more about on pages 79-82.

David Peverelle, Chief Operating Officer D V Peverelle ……

Date 28 May 2014 ……

Strategic Business Review

Business Overview

Our five strategic aims underpinned all our work during 2013/14. This report is structured around each of our Strategic Aims, highlighting our progress against each during 2013/14. The strategic aims for the reporting period were to:

- Provide high quality and safe services
- Design healthcare around the needs of our patients
- Invest in our workforce and continue to develop them to provide high quality services
- Make the best use of our resources
- Maintain financial viability and sustainability

Our Local Health and Social Community

Barnsley faces many health challenges due to socio-economic deprivation, a growing ageing population and increasing morbidity as a result of lifestyle choices. While local life expectancy is improving, the gap between Barnsley and the rest of country is widening. There are also an above average number of people receiving disability and other benefits, impacting on the already heavy reliance on Barnsley's health and social care provision.

The major health issues facing Barnsley people include:

- Life expectancy is improving but the gap between Barnsley and the rest of the country is not narrowing
- Cancer is the major cause of premature death
- Other major causes of chronic ill health include – Stroke; high blood pressure; Diabetes; Dementia; and Chronic Obstructive Pulmonary Disease (COPD)
- The population of Barnsley is growing and is expected to increase by 13% by 2035 and the percentage of older people (age 70 plus) will grow by 63% in the same period
- The high number of people receiving disability and other benefits means that a large number of the people will continue to rely on the health and social care provision in the area
- The percentage of minority ethnic groups according to the 2011 census is 3.9%.

Transformation Programme

Our Transformation Programme was established in order to transform the way in which we deliver patient services. There were many successes, efficiencies and new ways of working introduced as part of the programme, which has focused on three core areas: Consistency in Care, Urgent Care and Planned Care. Below is a summary of the key achievements during 2013/14.

Consistency in Care Programme

The Consistency in Care Programme focused on our early journey towards meeting Sir Bruce Keogh's 7-Day Services requirements and modernising our Pharmacy and Medicines Management Services. Key successes of the Programme have included:

Seven Day Services - working with our clinical teams the Programme has:

- Established 12/7 shift pattern Consultant cover in our AMU.
- Established 12/7 shift pattern Radiology/Imaging Services.
- Piloted 12/7 shift pattern Therapy interventions (which will be established in 2014/15).
- Developed a business case for additional investment in 12/7 shift pattern Medicines Management staff and 7-day Pharmacy Services (which will be established in 2014/15).
- Introduced new ways of working such as early warning scores for the identification of early Sepsis and deteriorating health/vital signs of patients.
- Begun to introduce new hospital at night arrangements.

Our self-assessment against the ten Keogh Standards identifies that we have made significant progress to date. We now need to develop a delivery plan in 2014/15 to ensure that we meet the desired ten Standards for our patients, and those of our Commissioners, going forward.

Medicines Management - working with the Pharmacy Team, the Programme has achieved the following:

- **Pharmacy Automation Project** – Modernised our Inpatient Dispensary and Ward Box Distribution Zone by introducing two state-of-the-art dispensing robots to radically transform the Department. The Project is a joint investment between the Trust and Barnsley CCG. Key benefits include ensuring patient safety, contributing to the discharge pathway and preparing for 7-day services.
- **Pharmacy IT Project (V10)** – Introduced a seamless, continual flow of information which has improved the administration processes, such as stock management and finance/accounting. This upgrade is a platform for future changes associated with Trust-wide electronic prescribing.
- **Pharmacy QIPP Project –** The Quality, Innovation, Productivity and Prevention Project was made up of 39 separate initiatives. This has been very successful with patient-related benefits being realised along with savings on the corporate drug budget.

Urgent Care Programme

The Urgent Care Programme primarily focused on our core business of Adult Unscheduled Care and the Emergency Pathway through the Emergency Department and into the Acute Medical Unit. There was also an arm of the Programme looking at new ways of working to reduce emergency admissions from care homes and emergency

readmissions. There will continue to be a clear link and continued joint working with the Barnsley CCG Unplanned Care Board and Urgent Care Working Group.

Key successes of the Programme, working with the Medical, Nursing and Allied Health Professional teams, have included:

- **Emergency Pathway Therapy Support -** Introduction of an enhanced Therapy Service in the Emergency Department from January 2014, seven days a week.
- **Emergency Department Patient Support Assistants -** In post from December 2013 in order to help improve the patient experience and ease pressure on nursing staff.
- **Emergency Department Patient Flow Assistants -** Introduced in January 2014 to help improve the flow of patients through the Emergency Department.
- **The Acute Medical Assessment Clinic (AMU Chaired Area) -** Recruitment to both medical and nursing positions has delayed implementation, but plans are being worked up to run AMAC over limited hours in 2014/15.
- **Opening of Clinical Decision Unit and refurbished Resuscitation Unit -** These state-of-the art units have been operational since December 2013, and were officially opened by NHS England Chief Executive Sir David Nicholson in January 2014. These give extra capacity and help improve patient flow and you can read more about them on pages 33-34.
- **Discharge Unit -** Opened in August 2013 to help improve the discharge process and ease pressure on the wards. Around 20 patients a day go through the unit.

As part of the increased capacity planning during the winter period, we also introduced a range of additional services during weekends to enhance patient flow as part of the urgent care pathway. These included:

- Additional Consultant Medical staff working to provide extra dedicated cover for the Medical Wards
- Additional Pharmacy Services and ambulatory transport
- Working closely with our partners; the CCG, Social Services and intermediate care services.

These initiatives are being reviewed to evaluate their impact and we anticipate that they will continue during 2014/15 to support our continued management of demand.

Planned Care Programme

The Planned Care Programme was designed to improve the patient experience for outpatients, delivering the right care, in the right setting, at the right time and delivered by the right number of qualified and non qualified staff. Outpatient services face both significant challenges and opportunities in the next few years in order to sustain and improve the quality of care and health of people in Barnsley. To ensure that work continues, rapid improvement events have been held and these will continue into 2014/15.

Our Hospital estate is vital to the provision of Outpatient Services, therefore a comprehensive estates review will be carried out in 2014/15. There are opportunities which will be explored for working together with the Barnsley CCG Planned Care Board for co-production of service developments/improvements.

Key successes of the Programme include:

- **Managing follow-up appointments -** Pilot projects have been introduced exploring nurse-led telephone consultations and other ways of managing follow-up appointments if clinically appropriate. This will help to reduce the number of Did Not Attends (DNAs).
- **Lean Pathways Redesign-Productive Outpatient Department -** A steering group has been established to review enhanced recovery pathways.
- **Outpatient check-in kiosks -** Three kiosks were launched in December 2013. They allow patients to check themselves in, helping to reduce waiting times and ease pressure on the receptionists.
- **Rapid Improvement events -** Events have been held with Clinical Service Units (CSUs), to help identify priority areas and improve ways of working.
- Development of **new models of care** in partnership with GPs, including tele-dermatology.

Looking forward to 2014/15 the Trust's Executive Team is reviewing how we approach future changes in order to ensure that they align with the needs of patients, our internal structures and how we engage with our external partners such as GPs, the CCG, mental and community health providers and social care teams, in order to continue to improve the health of the population of Barnsley.

Working Together Partnership

The Trust is part of the Working Together partnership, an initiative working to deliver high quality, efficient patient care for South Yorkshire, Mid Yorkshire and North Derbyshire.

In addition to Barnsley Hospital, the partnership involves Chesterfield Royal Hospital NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, The Mid Yorkshire Hospitals NHS Trust, The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, and Sheffield Teaching Hospitals NHS Foundation Trust.

The work builds on earlier successes where partnering with other Trusts has already helped to improve patient care. It covers five areas: Sharing and Adopting Good Practice, Consistency in Care, Specialty Collaborative Working, Specialised Services, and Informatics. Work stream teams have been established and are formulating their plans on how the Trusts can work together effectively in these areas.

Barnsley Hospital Support Services Limited (BHSS)

Barnsley Hospital Support Services Limited (BHSS) is a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust, established as a commercial, independent

corporate entity, initially to provide a range of pharmacy services. The principal activity of BHSS Limited during the period was to provide support services to Barnsley Hospital NHS Foundation Trust.

As authorised by the Board of Directors of the Trust, the Board of BHSS comprises of one Non-Executive Director (appointed as Chair of BHSS), the Director of Finance and Information, the Director of Strategy and Business Development and the Associate Director of Estates and Facilities.

Essential Agreements between the Trust and BHSS have been developed and reviewed by the Board of BHSS. The agreements are intended to ensure that arrangements between the two organisations are appropriate, robust and transparent, enabling BHSS to operate as a legal entity in its own right but also acknowledging its role as a subsidiary of the Trust and adhering to the Board's values. Within the Accounts section of the Annual Report, the subsidiary has been consolidated into the Group according to the statutory requirements.

Principal Risks and Uncertainties

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

- Failure to achieve the A&E 4 hour national target, which impacts on our financial and operational performance and our reputation.
- Failure to manage the Winter bed capacity and our ability to manage surges in patient flow
- Failure to meet healthcare acquired infection standards, which impacts on patient safety.
- Failure to deliver our Cost Improvement Programme which impacts on the Trust's financial stability.

You can read more about risks to the Trust and how we managed them on pages 79-82 and in the Quality Account from page 125.

Looking Ahead to 2014/15

The NHS landscape has changed significantly over recent years. Commissioning arrangements have completely changed with CCGs taking the majority of commissioning decisions and the NHS marketplace itself has begun to open up to alternative healthcare providers.

To ensure that the Trust is sustainable in the new environment it must become more business-minded. In line with this, the Trust Board undertook a comprehensive review of our Vision and Strategic Aims and made some changes that reflect the future direction of travel for the organisation. These took effect from 1 April 2014 and are as follows:

Our New Vision: To be the best, integrated healthcare organisation of choice for our local communities and beyond.

Our New Strategic Aims:

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

2014/15 Strategic Objectives:

Each Strategic Aim is underpinned by supporting strategic objectives, sponsored by the Trust Director. From 1 April 2014, the Trust aims to have undertaken all staff appraisals within a three month period. The effect of this is that by the end of Quarter 1, all staff will have agreed objectives that support the delivery of the Trust's Strategic Objectives and crucially, all staff will have a line of sight to their individual impact on these.

Our strategic objectives for 2014/15 are provided in the following table:

Strategic Aim	Strategic Objectives 2014/15
Patients will experience safe care	- We will provide high quality care for patients, ensuring all our patients have a positive experience of care through us better understanding what patients want, measuring our performance and improving the way we work. We will achieve agreed milestones and targets for the Friends and Family Test (FFT). - In 2014/15 we will deliver consistently safe care: taking action to reduce harm to patients in our care and protecting the most vulnerable, including a reduction in hospital acquired harms and a 50% reduction in inpatient falls. - We will deliver consistently effective care throughout 2014/15: We will achieve improved health outcomes through delivery of safe, effective and evidence-based care. This will be delivered through agreed levels of compliance and a continuous improvement in our HSMR value. - Delivery of prioritised 7 day services in 2014/15 to support the needs of our patients increasing the availability of: medical decision makers, radiology cover, therapy support and pharmacy services. We will deliver our 7 day action plan to support us in the achievement of Keogh's 10 standards.
Partnership will be our strength	- Throughout 2014/15, we will be open and inclusive with our patients, our partners and the public and provide them with information about their care and our services. By July 2014, we will put in place systems to enable us to proactively seek the views of patients, relatives, visitors, the general public, our partners and our staff and to use this feedback to help us improve services. - During 2014/15 we will be an effective partner on the Health and Wellbeing Board, in its associated programmes and as part of the integrated pioneer team in order to improve the way we work

	and provide services with others including: - The reduction of emergency hospital activity. - Increasing capacity and access to primary care and community services. - Improving the support to individuals to manage their own long-term conditions in a community setting, through improved care coordination. - Radically transform Intermediate Care Facilities in Barnsley. - Developing universal access to information and unified care records. - Promoting independence through mental and emotional support. - In 2014/15 we will be a key partner in the Working Together programme supporting the delivery of the programme aims and outcomes including to: - Share good practice including improved procurement. - Support sustainable care quality and consistency across the region through shared resource. - Sustainable service configuration. - Deliver technology projects that enable clinicians to work across sites.
People will be proud to work for us	- We will fully implement a new CBU structure which delivers the accountability and leadership required for the Trust to deliver our two and five year plan and realise the full potential of our teams. - To recruit, retain and develop a workforce with the right people, right skills at the right time so that our patients receive safe and compassionate care. To produce a Workforce Plan by May 2014 and a resourcing plan by June 2014, which reduces our time to recruit to an average of 56 days and to deliver the Trust annual training plan by April 2015. - To proactively improve the health and wellbeing of our employees, preventing ill health and enabling employees off sick to return to work sooner and to a safe environment. We will achieve this through supportive and skilful leadership, and in conjunction with the Trust's Healthy Workplace Group so that absence levels reduce by 1%, and staff survey outcomes relating to stress improve from 3.57 to 3.64 by March 2015. - To create an engaged and motivated workforce who have their achievements recognised at all levels of the organisation, who actively support our aims and values, and understand their role in contributing to achieving them through participation in our "Together we will make it better" programmes and Join the Conversation events, as well as through good leadership and team working. This will be reflected in the staff survey outcomes for 2014 report including an improvement in the overall engagement score from 3.74 to 3.80.

Performance matters	- In 2014/15 we will improve our performance through the embedding of a new Performance Framework, supporting the achievement of operational, quality and financial targets and delivery plans. Key targets/expected performance examples including the delivery of the 4 hour target, national and local contract targets, quality indicators, financial and efficiency targets achieved service development business cases produced and implemented when approved**.** - During 2014/15 we will deliver the full benefits of investment in technology, including the launch of our electronic patient record programme in September 2014. - In 2014/15 we will optimise the use of the estate to drive efficient use of space, improve the care environment and identify cost reductions. Projects will be delivered in alignment with the agreed capital schedule and are subject to the availability of funds. - In 2014/15 we will secure the most cost effective goods and services through efficient and planned procurement activity, achieving an overall saving target of £500k. - In 2014/15 we will work with our teams to develop agreed commercial partnerships and business proposals including BHSS schemes, delivering our overall income target. - To support the achievement of the strategic objectives, the Trust has revised its appraisal system. During 2013/14, appraisals were undertaken annually, based on start dates of individuals and therefore run throughout the financial year.

Strategic Aim: Providing High Quality and Safe Services

As a Foundation Trust, Barnsley Hospital is committed to providing high quality care using evidence based pathways and clinical standards that help to achieve the best outcomes for our patients, promote their safety and give them the best experience of care while upholding their dignity and respect.

To achieve this we work in partnership with our primary and community care providers to make the most of local knowledge and expertise for the benefit of patients. This section provides information on some of our achievements during 2013/14 against this strategic aim.

Improving HSMR

The Trust is taking the reduction of mortality rates very seriously and, through the Mortality Group, has taken a range of actions to reduce the mortality rates. These have centred on the following:

- Early adoption of the **Medical Examiner System**, established by Dr Phil McAndrew, Associate Medical Director.
- **Review of Fluid and Electrolyte Codes deaths** as requested by Care Quality Commission (CQC). The Corporate Matron will take forward actions, including ensuring the correct completion of fluid balance charts.
- **Acute Cerebrovascular Disease (Stroke) audit** completed and action plan is in place.
- Completion of a successful pilot of the **National Early Warning Score (NEWS) system**. Roll-out across the Trust completed in January 2014.
- **Sepsis bundles** have been launched across the Trust, aiding clinical staff in identifying sepsis as the cause of deterioration in patients where this is suspected.
- **Pneumonia bundles** developed and implemented across the hospital from March 2014.
- **Consultant cover 12 hours a day, 7 days a week** has been in place on the Acute Medical Unit since August 2013 and senior decision making is provided from 8am to 8pm.
- The **clinical mortality review process** refined by the Head of Quality and Improvement, the Corporate Matron and the Associate Medical Director. This will improve clinicians' engagement and lessons learnt will be disseminated in the organisation throughout 2014/15.
- The Advancing Quality Alliance (AquA) undertook a '**deep dive**' into mortality at the hospital in March 2014. Actions and recommendations will be implemented in 2014/15.
- An **external independent case note review** of deaths will took place in April 2014 to provide more insight into the reasons behind the peak of deaths. The reviewer found that the standard of care at Barnsley Hospital is good and no significant system factors that account for an excess of mortality were identified.

Improving Care and Treatment of Deteriorating Patients

The Head of Patient Safety at NHS England visited Barnsley Hospital in December 2013 to see the work being done to improve the care and treatment of deteriorating patients. Michael Surkitt-Parr visited the hospital to find out more about two new initiatives – Sepsis Six and the National Early Warning Score (NEWS).

Sepsis Six involves a new system for identifying sepsis as the cause of deterioration in those patients who are showing signs of getting worse. We have changed our observation charts on all adult inpatient wards so that a screening tool for sepsis is on the front page, helping staff to identify if a patient is suffering from sepsis sooner. If sepsis is identified in a patient, staff immediately commence a series of steps represented by the acronym FABULOS – fluids, antibiotics, bloods, urine measure and fluid balance, lactate, and oxygen – the Sepsis Six.

In January, we implemented a system called the National Early Warning Score (NEWS). This simple scoring system involves new observation charts for all patients and is devised by the Royal College of Physicians to help staff to identify and respond to deteriorating patients quickly.

Michael Surkitt-Parr thanked Barnsley Hospital, saying he found the visit “immensely valuable and informative”, noting the hospital has undertaken “some great work in relation to deterioration and sepsis”.

New Virtual Ward Scheme

The Virtual Ward Scheme is designed to reduce hospital readmissions and enhance patient experience. The scheme focuses on patients who are most likely to be readmitted to hospital within 30 days of discharge. Patients are put on the scheme to ensure that they have the best possible understanding of their condition and medication. Whilst on the scheme patients can expect a Nurse to set out a care plan, through which regular contact with a Nurse is agreed to enable them to ask any questions about their condition or treatment on a daily basis.

Prior to the introduction of the scheme, our staff conducted an audit to understand why some patients were being readmitted to hospital so soon after they had left. Nurses interviewed patients and found that patients who had little knowledge about their diagnosis or medication or didn’t fully understand their condition were most likely to return to the hospital. Many patients felt that they had been given too much information to take in at one time and still had queries about their treatment.

The audit suggested that patients needed to be given the information over a longer period of time to fully understand their condition. Since the introduction of the scheme in April 2013, patients have commented in particular about how they have found it more personal. The scheme takes place for 30 days after the patient has been discharged from hospital. After this, the patient may be referred to another specialist for any extra treatment they may need.

Support for Babies with Tongue Tie

Barnsley Hospital is now providing specialist treatment to babies who struggle to breast feed due to a condition known as tongue tie, which is a membrane that extends from the underside of the tongue, in the middle, to the bottom of the inside of the mouth. A tongue tie that is interfering with breast feeding may require assessment with a view to possible treatment. Some bottle fed babies may also benefit from tongue tie release. Tongue tie treatment is carried out by carefully cutting the membrane under the tongue. It is a quick procedure and the baby will be able to feed afterwards. Sometimes there may be a small amount of bleeding, but this stops after a minute or so in most cases. Babies can be fed straight after the procedure and there is no special after-care or follow-up appointments needed. The Trust is now able to take referrals from General Practitioner (GP), Midwives, General Dental Surgeons and Pediatricians.

Midwives Recognised for Partnership Working

Our Midwives have been recognised for their work by being shortlisted for the 2014 Royal College of Midwives (RCM) Annual Midwifery Awards in The RCM Award for Partnership Working category after submitting their project titled 'The Health and Wellbeing Centre'.

Their project aim was to create a partnership between Barnsley College, Barnsley Midwifery Services and the Family Planning and Sexual Health services. The resulting Health and Wellbeing Centre, based at the College, provides a holistic service for all students of the college and includes sexual health and contraception services, smoke stop services, weight management counselling services as well as antenatal and postnatal care. The latest venture of the partnership has been to deliver parenting courses called 'Having a Baby Programme' to young parents-to-be and their families. The partnership between all agencies within the wellbeing centre was the first to be set up in the country and provides students with the availability to access all of their maternity care within the college building, minimising disruption to their learning.

'Echo' Machine Benefits Children

A new echocardiography machine, the first of its kind dedicated to the care of children at the hospital, was introduced to benefit children in June 2013. The machine is used in the Children's Outpatients department to diagnose heart conditions such as abnormal heart valves or congenital heart disease. The machine allows doctors to watch the heart beating, and to see the heart valves and other structures of the heart in detail. Early diagnosis is extremely important with heart conditions and the new machine makes a very important contribution towards helping us to achieve this for patients.

State of the Art Emergency Units

In January 2014, the Chief Executive of NHS England, Sir David Nicholson, officially opened the hospital's new Clinical Decision Unit (CDU) and refurbished Resuscitation Unit, both of which are designed to enhance emergency care.

The ten-bed CDU sits alongside the Emergency Department and provides a location for patients to be cared for and observed before they are either admitted to hospital or they are well enough to be discharged. The unit will help to ease pressure on the Emergency Department and help prevent unnecessary admissions. It has been designed to provide a calming environment, to act as a peaceful and restful place for patients to aid their recovery.

The Resuscitation Unit, in which the most seriously ill patients are treated, has been expanded from three beds to five to help manage increasing numbers of patients.

Sir David commented “This is the best Clinical Decisions Unit I have seen in the country.”

Birth Environment

Work commenced in August 2013 for the start of the refurbishment of the Women’s Block, with the Labour Ward being the first, with the aid of monies secured from the Department of Health for improving the birth environment. This meant that seven modernised, fit for purpose labour and delivery rooms, of which three have plumbed in birthing pools, became available to our patients in May 2014.

A dedicated triage area will aid the assessment and diagnosis of women with transfer to appropriate areas or home. Significantly a room has been developed for partners to stay with their wife/ partner, together with a dedicated bereavement suite where families can share precious time with their baby and family following tragic loss.

Strategic Aim: Designing Healthcare around the Needs of our Patients

We endeavour to work together with our patients and partners to design our services and pathways around the needs of patients. We also aim to make our services personal and specific to each patient. Working with patients in this way means the care and treatment they receive is seamless and as convenient as possible.

This section provides information on some of our achievements during 2013/14 against this strategic aim.

Friends and Family Test (FFT)

As part of the development of wider opportunities for patients to give feedback on their experience of care, the Trust has successfully implemented the national Friends and Family Test (FFT) initiative for adult patients in 18 wards, in our Emergency Department and for patients of our maternity services. Before patients are discharged, they are asked one simple question: "How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?" Patients are given six choices of answer, ranging from 'extremely likely' to 'extremely unlikely', and are given the chance to explain the reasons for their choice.

Adult Ward Areas:

The response from patients has been high, particularly on adult ward areas. In the first quarter of 2013/14 (April - June), the hospital achieved a net promoter score (NPS) of 71 (on a scale of -100 to 100). The score is calculated using the proportion of patients who would strongly recommend the ward or department, minus those who would not recommend it, or are indifferent. Out of a total of 2359 patients who responded to the survey, 1768 said they were 'extremely likely' to recommend the ward or department to their friends and family – a total of 75%.

Maternity Services:

The FFT initiative was extended to maternity services in October 2013. Our results show that 100% of patients are either 'likely' or 'extremely likely' to recommend the hospital's antenatal and community postnatal services, with scores of 94% for the labour ward and 96% for the postnatal ward.

Emergency Department:

Recognising that patients in different parts of the hospital are different, we have now made the FFT more convenient for patients by installing token collection boxes in the Emergency Department in February 2014.

Six boxes are mounted on to a wall in the waiting area, under the question “How likely are you to recommend this department to friends and family if they needed similar care or treatment?” Each box is labelled with answers ranging from ‘extremely likely’ to ‘extremely unlikely’. Patients are given a plastic token and are asked to ‘vote’ which box best represents their answer. If patients wish to expand on their answer they can also leave a written comment.

Self Check-in Kiosks for patients

In December 2013, we introduced state-of-the-art self check-in kiosks in the Outpatient Department to help reduce the time patients have to wait to book in for their appointment. The easy-to-use kiosks allow patients to book in for their Outpatient appointment for clinics in Medical Outpatients, Surgical Outpatients, Rheumatology, Respiratory and Ear, Nose and Throat (ENT) without having to queue to see a receptionist. The kiosks are also equipped with built-in printers, which will print off a ticket which contains the patient’s call number, appointment time and location.

The system will help to reduce the amount of time that patients have to wait to be booked in for their appointment and waiting around in the main waiting area. They will also reduce the need for patients to be escorted to their appointment by staff as the system will automatically direct patients to their area.

Mobile Midwives Initiative

We have provided 38 Community Midwives, Specialist Nurses and Senior Midwives with notebook laptops in order to improve the quality of care and increase the amount of time spent with patients. Our ‘mobile’ Midwife is now able to update patients at home instantly. Previously Midwives would have had to phone the relevant department to get test results causing a delay to the Midwife and patient. Now, our Midwives are able to access the results directly through the laptops and provide our patients with an instant result.

We estimate that approximately 2,600 hours for the whole Midwifery Service over a year will be saved as a result of the mobile devices, which means Midwives can spend more quality time with their patients. The initiative is also looking to streamline more of the Midwifery processes to improve the service Midwives provide to their patients even further. The project has been very well received by patients and midwifery staff.

Sugar Cube Café

Staff working on the Care of the Elderly Ward at the hospital have designed an innovative new way of working to support patients’ recovery. The ‘Sugar Cube Café’ concept was introduced in January 2014 and opens its doors twice a week for patients, staff and friends and relatives. The concept of the café is to help improve the overall wellbeing of patients by promoting independence, encouraging mobility and better nutrition and also social interaction by giving patients the opportunity to engage in conversations and join in activities such as bingo, dominoes and singing.

Encouraging Innovation

In September 2013, we showcased our cutting edge technology at our second annual Innovation Day. The event provided an opportunity for staff, patients and visitors to see work and ideas that are benefiting our patients both now and in the future.

The winners of this year's innovation competition were our Specialist Midwives for two ideas: Safe Sleep and Shaken Baby Talk; and fire risks and hazards assessment. For all pregnant women within Barnsley there is a Safe Sleep and Shaken Baby Talk. Specialist Midwives provide a pack with a first aid kit, sleep safe blanket and a bag. They spend time on a personalised home visit discussing factors that may increase the risk of losing a child to sudden infant death syndrome.

Specialist Midwives have also received training from South Yorkshire Fire & Rescue Vulnerable Persons' Fire Officers to enable them to complete and undertake risk assessments. The Midwives can refer families to South Yorkshire Fire & Rescue who then undertake a home safety assessment, fit free smoke alarms also offer fire retardant bedding.

Hospital Pharmacy Developments

Our Pharmacy Department plays a crucial role in the work of the hospital, ensuring that patients receive the medicines they need in an appropriate, safe and cost-effective fashion.

In March 2014, two robots revolutionised the way the hospital dispenses medicines. The robots, which make up an 'automated dispensing system', are equipped with artificial intelligence that will transform the way in which the hospital purchases, prescribes, stores, dispenses, administers and supplies its medicines.

Additional features include the ability to dispense items ready-labelled and assemble boxes of medicines ready to be delivered to wards. It also allows Pharmacists to dial in out-of-hours to request that it dispenses items via a conveyer belt into a secure location for night collection by ward staff.

Strategic Aim: Investing in our Workforce

Our greatest assets are our staff, who are often referred to as "friendly and caring" by our patients. With a workforce of over 3,000, it is essential that we act as a responsible employer, providing training and career development as well as family friendly policies to achieve a healthy work life balance.

This section provides data and information on our workforce, including sickness data, our staff survey results, learning and development, communications and staff recognition, our organisational values, our training data and our equality and diversity activity. It also highlights some of our achievements during 2013/14 against this strategic aim.

Our Apprenticeship Pledge

In October 2013, Barnsley Hospital signed up to Barnsley's Apprenticeship Pledge. The Pledge, which now has over 40 Barnsley businesses on board, is expected to provide over 500 Apprenticeship jobs for Barnsley. Organisations who pledged their support committed to a target of employing 2.5% of their work force in Apprenticeship positions by April 2014. These positions will provide individuals with work experience, on the job training and recognised qualifications.

As a large employer in the Barnsley borough we have a social responsibility to the community and apprentices are a part of that responsibility. We currently employ 59 apprentices, as of 31 March 2014, who study Clinical Healthcare and Business Administration with Barnsley College as part of their succession plans.

Celebrating Nursing and Midwifery

In November 2013, we held our first ever conference for Nurses and Midwives to celebrate the work that they do for patients. The conference, themed 'A Passion for Compassion' saw Nurses and Midwives from across the hospital sharing knowledge and ideas and learning from each other. The conference's special guest was Margaret Kitching, Director of Nursing and Quality for NHS England South Yorkshire and Bassetlaw, who gave an inspiring introductory talk on nursing and quality.

Nurses and Midwives gave presentations about innovations in their work that showed their 'passion for compassion'. Presentations covered topics as diverse as HIV testing, memory boxes, treating sepsis, using antibiotics appropriately, and the work of Advanced Nurse Practitioners in Orthopaedics. Delegates were given the opportunity to put questions to senior leaders at the hospital, including the Director of Nursing and Quality, the Head of Midwifery and the Assistant Directors of Nursing. The conference also featured a poster competition, and delegates submitted posters profiling work going on around the hospital.

Our Workforce

At 31 March 2014, we employed 3,272 members of staff.

Employee Profile Table (age profile by staff group)

Ethnic Origin	Staff	%
White British	3001	92%
White – Other	46	1%
Mixed	35	1%
Asian and Asian British	105	3%
Black and Black British	43	1%
Other Ethnic	24	1%
Not Stated	18	1%
Gender		
Male	588	18%
Female	2,684	82%
Age		
16-20	122	4%
21-30	733	22%
31-40	775	24%
41-50	887	27%
51-60	641	20%
61+	114	3%
Sexual Orientation		
Heterosexual	2697	82%
Bisexual	5	0%
Lesbian	11	0%
I do not wish to disclose my sexual orientation	538	16%
Gay	21	1%
Religious Belief		
Atheism	310	9%
Buddhism	8	0%
Christianity	2011	61%
Hinduism	33	1%
I do not wish to disclose my religion/belief	599	18%
Islam	56	2%
Judaism	Less than 5	0%
Other	251	8%
Sikhism	Less than 5	0%
Disability		
Yes	126	4%
No	2992	91%
Not Stated/Unknown	154	5%

Gender Profile Table*

Gender	Female	Male
Prof Scientific and Technical	114	33
Directors and Senior Managers*	322	186
Additional Clinical Services	711	77
Administrative and Clerical	567	125
Allied Health Professionals	131	30
Estates and Ancillary	40	63
Healthcare Scientists	58	28
Medical and Dental	100	153
Nursing and Midwifery Registered	961	79
Students	2	0
	2,684	**588**

*Includes – Managers Band 7 or above, Directors, Consultants and Clinical Directors.

Staff Survey 2013

The results of this year's staff survey are positive. Our response rate was one of the best nationally at 67%, the fourth highest nationally of all acute Trusts. An increasing number of staff have given feedback that their role makes a difference to patients and that team working is effective. The results indicate improvements in some of the areas we had identified as priority actions from the 2012 Survey, for example:

- Reduced levels of workplace stress within the Trust, although this remains slightly above national average (see table below).
- Presenteeism – to understand why staff attend work when unwell.
- Reducing incidence of violence/aggression towards staff by patients and visitors.

It has also helped identify priority areas for action in the coming year, these are:

- Staff motivation at work
- Well structured appraisal
- Support from immediate manager
- Work-related stress
- Job-relevant training

These themes fit well with our Trust-wide Organisational Development Framework and will also support the Trust achieving our ambition of gaining Bronze Standard Investor in People in 2014.

Staff Survey 2012/2013 – 2013/14: Key Comparisons

	2012 /13	2012 /13	2013 /14	2013 /14	Trust improvement/ deterioration
	Trust	Nat Av	Trust	Nat Av	
Survey response rate	67.1%	45.6%	67.2%	49%	
Top four ranking scores (2013)					
Staff receiving health and safety training in the last 12 months	93%	74%	92%	76%	1% deterioration
Effective team working	3.73	3.72	3.84	3.74	0.11 improvement
Staff experiencing discrimination at work in the last 12 months *(the lower the score the better)*	9%	11%	8%	11%	1% improvement
Staff having equality and diversity training in last 12 months	75%	55%	73%	60%	2% deterioration
Bottom four ranking scores (2013)					
Staff motivation at work	3.73	3.84	3.79	3.86	0.06 improvement
Staff having well structured appraisals in the last 12 months	32%	36%	33%	38%	1% improvement
Support from immediate managers	3.63	3.61	3.57	3.64	0.06 deterioration
Percentage of staff suffering work-related stress in last 12 months	42%	37%	39%	37%	3% improvement

Looking Ahead to 2014/15 - Future Priorities and Targets

The key priority areas arising from the 2013 staff survey are:

- Motivation/Satisfaction/Engagement
- Well Structured Appraisal
- Support from Immediate Manager
- Work-related Stress
- Job Relevant Training

These priority areas will be the focus of our 'Together We Will Make it: Better' programme for 2014/15. This year, the programme has supported two specific areas of priority from the 2012 Staff Survey, which have formed the basis of the 2013/14 programme. These are:

- **Quality of Appraisals** – to increase the quality of appraisal outcomes.
- **Motivation, satisfaction and engagement** – to increase levels of staff, motivation, job satisfaction and engagement to enable delivery of high quality and safe patient care.

‘Agents for Change’, drawn from a cross section of staff and managers, have worked together with Directors to address these issues. We have also encouraged dialogue and feedback with our staff, focusing on key organisational issues.

Engaging and Communicating with our Staff

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

We also encourage staff to use these channels, as well as routine meetings with their managers, to raise issues and put forward ideas. In October 2013, staff were asked to give their feedback on each of the mechanisms used to communicate within the organisation. Over 10% of staff responded with some positive feedback and some valuable views on how things could evolve. An example of how this feedback has directly influenced the Trust’s communications is that all communication channels now routinely ask for feedback and views from our staff.

In October the Team Brief cascade system was redesigned as a direct result of this feedback. Previously an email cascade system, the new Team Brief is now a monthly face to face briefing for our staff, led by the Chief Executive and attended by Directors. This is supported with an online Intranet version of the briefing, completed with a video of the Chief Executive delivering the key messages and a downloadable and printable version for ward areas. Regular sections each month now report on financial performance, operational performance and quality. Attendance and feedback from staff has been positive since the launch in October.

The same month saw the redesign of the weekly staff e-bulletin to include a structured approach to content. We have also taken steps to reduce the number of all-staff emails following feedback that there were too many at certain times. All messages go through the weekly e-bulletin with the exception of key messages from the Chief Executive and urgent business critical messages.

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

In January 2014, we launched monthly staff engagement sessions called ‘Join the Conversation’. These sessions are led by the Chief Executive and encourage staff to talk with us on a range of different subjects. Feedback is anonymised and fed back to the wider organisation in the form of ‘You Said, We Did’ in order to impress the fact that feedback is acted upon at the Trust.

Staff side representatives are involved in regular meetings with managers to discuss issues that affect staff and to ensure their views are taken into account in decision making.

HEART Awards

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

BRILLIANT Staff Awards

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

Long Service Awards

In October, eighty staff were congratulated for more than 1,985 years combined service to the hospital in the annual long service awards. The employees were awarded certificates by the Chairman for their dedication to the hospital for 20, 25, 30 or 35 years service. Two staff were awarded certificates for 40 years service.

Apprenticeship Scheme

During 2013/14, we continued to develop the partnership working arrangements with Barnsley College. The partnership continues to allow us to deliver apprenticeships and ensure staff can access a variety of vocational training opportunities. Our apprenticeship programme has continued to grow, particularly the Business Administration Programme where new placements in a variety of departments have emerged. In addition, we have committed to ten health apprenticeships to support the development of the nursing support staff workforce, more information on our work with apprenticeships can be found on page 38.

Our Values

Our Values are underpinned by a set of agreed behaviours outlined below. Work has taken place throughout 2013/14 to embed the values and behaviours within the hospital. This has included ensuring the new appraisal system reflects the values and requires evidence of how an individual has acted in line with the associated behaviours. In addition, our monthly BRILLIANT and annual HEART Awards both require evidence of how nominations have brought the values and behaviours to life.

Our values and behaviours are:

Value	Behaviours
Quality Service: We treat people how we would like to be treated ourselves	We will: - Show you respect, courtesy and professionalism - Treat you with kindness, compassion and dignity - Communicate with you in a clear, honest and responsible manner
Quality Care: We work together to provide the best quality care we can	We will: - Share the same goals: finding answers together - Recognise your contribution by treating you fairly and equally - Constantly learn from you, so we share and develop together
Quality Communication: We focus on your individual and diverse needs	We will: - Personalise the care we give to you - Keep you informed and involve you in decisions - Take the time to listen to you

Investors in People

We have been recognised as an Investor in People (IiP) organisation since 1996 and as such are committed to continuous improvement and to using the IiP standard to drive cultural changes and good practice. The following action plan incorporates areas of focus from our staff survey results and IiP continuous improvement action plan themes.

THEME/ ACTION	ACTION	MONITORING	OWNER	MEASURES OF SUCCESS
1. MOTIVATION/ SATISFACTION/ ENGAGEMENT To increase levels of staff motivation, job satisfaction and engagement to enable delivery of high quality and safe patient care	Monitor appraisal compliance against targets and ensure managers are communicating effectively with their staff, offer support or further training as required	Jan – Dec 2014	Learning and Development	Achievement of 90% compliance targets Interim Staff Survey 2014/15 Quality of Appraisal Questionnaire Feedback
	Continuation of Together We Will Make It: Better programme to develop solutions to address this theme in 2014/15	May 2014 – March 2015	Learning and Development Board of Directors	Staff Survey 2014 Interim Staff Survey 2014/15 FFT – Staff
	Implement training and good practice tools and techniques for line managers in delivering effective meetings	September 2014	Learning and Development Line Managers	Staff Survey 2014 Interim Staff Survey 2014/2015 FFT – Staff
	Review the expectation of leaders and managers, re-publish and remind staff about	June 2014	Learning and Development	Staff Survey 2014 Interim Staff Survey 2014/2015

	what to expect from their managers in leading, managing and developing them Deliver ward leaders' Development Programme Review and develop a Trust Leadership and Management Development Framework to ensure robust development provision to deliver role competencies Develop ownership of Trust Values and behaviour and embed in Recruitment, Performance Management and Appraisal Policies Encourage dialogue with Workforce around key issues, "Join the Conversation" Ensure staff are aware of Business Plan and Trust future direction and their contribution	 February 2014 – December 2014 June 2014 June 2014 January – December 2014 January – December 2014	 Learning and Development Ward Leaders Learning and Development Learning and Development Human Resources Learning and Development Communications and Engagement Communication and Engagement	 Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/2015 Staff Survey 2014 Staff Survey 2014 Interim Staff Survey 2014/2015 Staff Survey Results 2014 Communications Survey 2014 Staff Survey Results 2014 Interim Staff Survey 2014/2015 Investors in People Assessment 2014
2. WELL STRUCTURED APPRAISAL To increase the quality of appraisal outcomes	Continuation of Together We Will Make It: better programme to address this theme Delivering briefing and training for appraisers on new Trust appraisal process Launch new Trust Appraisal Policy and supporting documentation Increase appraisal compliance levels to 90% Launch team appraisal process to compliment one to one appraisals	January 2014 – March 2015 March – June 2014 April 2014 January 2014 – June 2014 April 2014	Learning and Development Board of Directors Learning and Development Learning and Development Learning and Development Line Managers Learning and Development	Staff Survey Results 2014 Interim Staff Survey Results 2014/15 Feedback from Quality of Appraisal Questionnaire Staff Survey Results 2014 Interim Staff Survey Results 2014/15 Feedback from Quality of Appraisal Questionnaire Staff Survey Results 2014 Interim Staff Survey Results 2014/15 Feedback from Quality of Appraisal Questionnaire Monthly compliance reports provided by Share Point Staff Survey Results 2014 Interim Staff Survey Results 2014/15

	(subject to outcome of pilot)		Line Managers	Feedback from Quality of Appraisal Questionnaire
3. SUPPORT FROM IMMEDIATE MANAGER To develop leadership and management competence at all levels in the organisation	Establish a new Together We Will Make It: Better programme to address this theme	May 2014 – March 2015	Learning and Development Board of Directors	Staff Survey Results 2014 Interim Staff Survey Results 2014/15
	Review the expectations of leaders and managers, re-publish and remind staff about what to expect from their managers in leading, managing and developing them	Dec 2013	Learning and Development	Staff Survey 2014 IiP Assessment 2014
	Review and develop a Trust Leadership and Management Development Framework to ensure robust development provision to deliver role competencies	June 2014	Learning and Development	Staff Survey 2014 IiP Assessment 2014
	Continue to deliver Platform to Transform Leadership Development Programme	August 2014	Learning and Development	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/2015
	Utilise a development centre approach to continue to develop senior leaders who have key roles in new CBUs	May/Jun 2014	Learning and Development Trust Board Human Resources	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/2015
	Deliver Ward Leaders' Leadership Programme	February 2014 – December 2014	Learning and Development Ward Leaders	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/2015
	Continue to develop first-line and middle managers, utilising accredited Chartered Management Institute Programmes accessed via the Barnsley Development Alliance	April 2014 – March 2015	Learning and Development Participants Line Managers	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/2015
	Continue to support Trust managers and leaders to access development opportunities provided via the NHS Leadership Academy	January 2014 - March 2015	Learning and Development Participants Line Managers	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/15
	Continue to deliver the	February 2014	Occupational	Return on Investment

	Wellbeing at Work, Developing Resilient Teams and Individuals Programme	- March 2015	Health Learning and Development	Evaluation
	Train a number of Trust 1-1 accredited coaches to support management and staff development work streams	May 2014 - May 2015	Learning and Development	Return on Investment Evaluation
	Embed 1-1 and team coaching skills as a key line management competency	December 2015	Learning and Development	Staff Survey 2014 Interim Staff Survey 2014/15
4. WORK RELATED STRESS To reduce levels of work related stress	Establish a new Together We Will Make It: Better programme to address this theme	May 2014 - March 2015	Learning and Development Occupational Health and Wellbeing Board of Directors	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15 IiP Assessment 2014
	'Occupational Health and Wellbeing Strategy' fully implemented.	March 2016	Occupational Health and Wellbeing	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	Occupational Health and Wellbeing to be informed of organisational change and rationale in advance.	April 2014	Human Resources	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	To continue to develop structured HR and Occupational Health and Wellbeing meetings	April 2013	Occupational Health and Wellbeing Human Resources	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	Continue to deliver the Wellbeing at Work, Developing Resilient Teams and Individuals Programme	February 2014 - March 2015	Occupational Health and Wellbeing Learning and Development	Return on Investment Evaluation May 2014 to March 2015
	Provide Trust staff with access to Health and Wellbeing Mobile Application	February 2014 - March 2015	Occupational Health and Wellbeing	Staff Survey 2014/Stress Survey 2014
	Review Healthy Work Place Group microsite	June 2014	Occupational Health and Wellbeing	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	Provide Books to be loaned through the library on coping with stress	January 2014 – March 2015	Occupational Health Learning and Development	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	Appraisal and Mandatory Training	July 2014	Healthy Workplace Group	Staff Survey 2014/Stress Survey 2014

	compliance measured against stress levels across CSUs/departments			Interim Staff Survey 2014/15
	Sickness Absence Policy being applied consistently across the Trust	March 2014	Wellbeing Stress Action Group	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	Monitor staff return to work interview compliance to ensure support provided	January 2014 - March 2015	Human Resources	Staff Survey 2014/Stress Survey 2014 Interim Staff Survey 2014/15
	Stress Management to be incorporated into Trust leadership and Management Development Framework, identified as a key area of competence	June 2014	Learning & Development	Staff Survey 2014 Interim Staff Survey 2014/15
	Integration of Values and Behaviours into Recruitment, KSF Appraisal and Performance Management Policies	June 2014	Human Resources	Staff Survey 2014 Interim Staff Survey 2014/15
	Implement Trust Workforce Engagement Strategy	January 2014 - March 2015	Communications and Engagement Learning and Development	Return on Investment Evaluation Staff Survey 2014
	Team Coaching & team building offered to CSUs/Depts	January 2014 - March 2015	Learning & Development	Staff Survey 2014 Interim Staff Survey 2014/15
5. JOB RELEVANT TRAINING To ensure Trust staff receive job relevant training, learning or development	Incorporate this theme into the existing Together We Will Make It: Better group, currently addressing quality of appraisal	May 2014 - March 2015	Learning and Development	Staff Survey 2014 Interim Staff Survey 2014/2015 IiP Assessment 2014 Monthly Mandatory And Statutory Training (MAST) compliance reports
	Trust Corporate Curriculum reviewed and re-launched as Trust Training Plan	March 2014	Learning and Development Subject Leads	Staff Survey 2014
	Continue to benchmark and develop in line with good practice Trust mandatory training provision and delivery	April 2014 - March 2015	Learning and Development Subject Leads	Return on Investment Evaluation of training Staff Survey 2014
	Review Trust			

	Mandatory training e-learning platform and develop a business case to re-provide Trust e-learning platform	December 2014	Learning and Development	Return on Investment Evaluation of training Staff Survey 2014
	Educate trainers in effective evaluation methods, reporting data and ensuring that content can demonstrate an individual and organisational impact	March 2015	Learning and Development	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/15 IiP Assessment 2014
6. REWARD AND RECOGNITION To encourage managers and staff to recognise and reward success	Encourage staff and managers to nominate colleagues for a 2014 HEART Award	May 2014	Communications and Engagement	Return on Investment Evaluation Staff Survey 2014 Interim Staff Survey 2014/15 IiP Assessment 2014
	Encourage staff and managers and patients to nominate staff for a BRILLIANT Staff or Team monthly award	Current and to continue in 2014/15	Communications and Engagement	
7. REVIEW AND EVALUATION OF TRAINING COURSES To ensure all training courses deliver against defined objectives and be cost-effective	Further develop current evaluation methods to incorporate the Return on Investment methodology, to demonstrate both cost-effectiveness and individual and organisational impact	March 2015	Learning and Development	Staff Survey 2014 IiP Assessment 2014
	Educate trainers in effective evaluation methods, reporting data and ensuring that content can demonstrate an individual and organisational impact	December 2014	Learning and Development	Staff Survey 2014 IiP Assessment 2014
	Demonstrate adherence to NHS Education and Training Standards at bronze level assessment	June 2014	Learning and Development	Staff Survey 2014

Sickness Absence Data

Overall performance over the last three years shows a trend of continual improvement, so last year's slight decline was disappointing. We have seen an increase in absence from 4.39% in 2012/13 to 4.47% in 2013/14. Sickness absence rates or previous years were 4.65 % in 2009/10; 4.46% in 2010/11; and 4.26% in 2011/12.

We recognise that there is further improvement required to bring our sickness rates down. This will be a key area of focus for us during 2014/15, during which, sickness levels will be closely monitored and managed.

Sickness Absence Data 2013/14

Staff Sickness Absence	2013/14	2012/13
Days Lost (Long-term) *	29,194	36,489
Days Lost (Short-term)	12,112	12,361
Total Days Lost	**41,306**	**48,850**
Total Staff Years	1,771	1,996
Average Working Days Lost	23.3	24.5
Total Staff Employed In Period (Headcount)	**2,891.00**	2,774
Total Staff Employed In Period with No Absence (Headcount)	1,120	778
Percentage Staff With No Sick Leave	**38.7%**	**28.0%**

Annual Sickness Rates 2013/14

	Apr-13 % Abs Rate	May-13 % Abs Rate	Jun-13 % Abs Rate	Jul-13 % Abs Rate	Aug-13 % Abs Rate	Sep-13 % Abs Rate	Oct-13 % Abs Rate	Nov-13 % Abs Rate	Dec - 14 % Abs Rate	Jan-14 % Abs Rate	Feb-14 % Abs Rate	Mar-14 % Abs Rate	Cumulative % Abs Rate (FTE)
Overall Trust Rates	**4.04**	**3.87**	**4.05**	**4.39**	**4.52**	**4.79**	**4.86**	**4.64**	**4.49**	**4.75**	**4.69**	**4.53**	**4.47%**
Clinical Support Services	4.87	4.69	4.20	5.16	6.74	7.96	8.42	7.40	6.59	6.52	6.88	6.84	6.35%
Corporate Services	2.37	2.08	2.37	1.97	2.61	3.87	5.03	4.38	2.77	3.60	2.73	2.07	2.99%
Estates & Facilities	4.51	3.79	3.56	3.85	3.37	2.58	3.12	4.27	1.99	2.64	4.14	4.99	3.57%
Cardio-Respiratory Medicine CSU	5.65	3.20	4.37	5.63	5.08	4.14	5.36	1.81	1.89	1.30	4.79	4.67	3.98%
Care of the Elderly CSU	6.83	3.44	4.84	4.69	6.19	7.19	4.49	2.86	2.31	3.67	3.14	4.05	4.46%
Emergency Medicine CSU	5.72	5.40	5.91	8.28	7.79	6.86	4.34	3.94	5.73	7.29	6.08	7.75	6.26%
General Medicine CSU	4.91	6.17	5.84	4.71	5.44	6.01	7.51	6.75	7.17	5.74	4.72	5.06	5.79%
Specialty Medicine CSU	8.05	5.68	3.85	2.47	3.84	3.30	1.21	0.44	1.56	3.89	2.93	2.54	3.24%
Critical Care CSU	5.06	2.28	1.68	1.64	0.64	1.32	1.66	3.17	3.65	3.08	2.62	3.05	2.48%
General Surgery CSU	2.89	4.09	3.99	4.32	3.35	3.11	4.64	3.78	2.83	3.56	5.32	4.88	3.87%
Head and Neck CSU	1.68	1.90	2.28	2.78	1.49	2.61	0.79	1.09	3.06	3.24	2.58	2.11	2.13%
Trauma & Orthopaedic Surgery CSU	3.99	4.74	3.30	3.91	6.14	5.52	7.27	6.50	6.15	2.60	1.07	3.14	4.57%
Children's Services CSU	2.91	5.21	5.33	6.65	3.41	4.49	4.31	4.91	7.57	7.71	5.33	4.48	5.22%
Diagnostic Imaging & Nuclear Medicine CSU	2.90	4.56	3.38	2.77	2.44	2.91	3.47	5.59	4.69	5.05	4.81	2.49	3.76%

Pathology CSU	4.85	3.60	7.31	6.49	4.38	3.24	2.23	3.16	3.81	5.37	7.23	7.76	4.91%
Therapy Services CSU	1.63	0.77	2.90	4.72	2.78	1.18	2.62	3.20	1.66	2.55	2.75	2.25	2.42%
Women's Services CSU	2.55	3.47	3.65	3.62	4.46	4.56	3.49	5.04	5.77	5.55	6.12	4.39	4.38%

Ill-Health Retirements

During the year there were three early retirements (five in 2012/13) from the Trust agreed on the grounds of ill-health. Further details on this, including the estimated additional pension liabilities of these ill-health retirements, are available in note 6.4 of the Financial Accounts.

Learning and Organisational Development

Mandatory Training and Appraisal

The Learning and Development Team have continued to work with teams to achieve high levels of compliance against mandatory training and appraisal. In addition, we have reviewed the Trust Training Plan that defines how training topics should be delivered and the frequency of training required for different job roles. We have benchmarked our mandatory training delivery and policy against national guidance and other Trusts to facilitate changes in line with good practice and have completed a major review of the appraisal process to embed national changes to pay progression for staff on national Agenda for Change pay scales, and also to embed our values and behaviours.

Workforce Engagement

We have developed a Workforce Engagement Strategy during 2013. We have also implemented an interim staff survey, the first one being delivered in October 2013. This survey has enabled us to gain feedback from staff on key priority areas identified from the 2012 Staff Survey.

Organisational Development

The Trust has an Organisational Development Framework. This provides a framework to develop the culture of the organisation where compassion, care and safety of our patients are at the centre of everything we do. During 2013 we completed a 12 month work programme to focus on developing high performing teams, developing coaching, developing leadership and change competence and developing behaviours that support our values.

- **Team Coaching -** Supported the development of three team coaches, who have now worked with a number of teams, supporting team working and development. We have also established Coachnet, an electronic tool that enables coaches to be matched to identify coaching needs in the Trust.

- **Leadership Development** - Supported a number of middle and senior leaders in the organisation to develop their leadership and management skills. This includes leaders involved in transformation and change as well as senior clinical leaders. The Trust Board has also worked with an external provider to complete a Board Effectiveness Programme.

Medical Education and Library and Resource Centre

Our Medical Education and Library and Resource Centre continued to develop during 2013/14 to ensure that learning and development for medical staff are fully and effectively supported. The Clinical Skills Training Team has been strengthened with an additional trainer.

The Library and Resource Centre continues to support learning and development and a number of innovative themed events have been delivered to encourage participation and learning by all staff. One such event was "Learning at Work Day" held in May 2013. Staff were invited to participate in a number of fun and stimulating activities designed to support and encourage engagement in learning at work.

We continued to support work experience placements for young people and works closely with departments to ensure valuable and effective placements are available. Learning and Development staff also attend local events to offer careers advice and guidance and promote NHS employment.

Support Staff Development

During 2013, we continued to develop the partnership working arrangements that exist with Barnsley College. The partnership continues to allow the Trust to deliver apprenticeships and ensure staff can access a variety of vocational training opportunities. We have also funded significant development for support staff that we employ and work collaboratively with other local Trusts to commission training and access regional funding opportunities.

Occupational Health and Wellbeing Service

The Occupational Health and Wellbeing Service has continued to work collaboratively with Sheffield, Rotherham and Doncaster Occupational Health Services, benchmarking, arranging education programmes and continuing to work on the CCG contract. We shared access to a business manager with Rotherham Occupational Health and Wellbeing Service for a six month period, who carried out projects on resources and advertising.

New contracts

We were successful at tender for the substantial contract for Berneslai Homes. We also signed Service Level Agreements with a number of local educational establishments as well as small local businesses. We now hold 39 contracts in total, which are all monitored to ensure we meet the key performance indicators via the Cohort computer system

specific for Occupational Health and Wellbeing. This also enables us to benchmark with other services.

The Occupational Health and Wellbeing Service were successful and have been accredited by Safe Effective Quality Occupational Health Service (SEQOHS). This enables our service to have verified evidence that we provide a high standard, cost-effective service.

The service continues to:

- Develop and work on the Occupational Health and Wellbeing Strategy and Business Plan.
- Work very closely with the Healthy Workplace Group, Learning and Development and Human Resources to ensure we support staff in preventing and reducing sickness absence.
- Benchmark by participating in MoHaWK the national clinical registry of Occupational Health and other external agencies such as the Faculty of Medicine (FOM) and NICE.
- Carry out both internal and external audits.
- Collate statistics via that Electronic Staff Record and Cohort to provide monthly statistics to stakeholders and to provide evidence of meeting KPIs.
- Provide reports to the Health and Safety Board and Workforce Board
- Ensure Health Surveillance is carried out appropriately for both staff and external contracts.

The Stress Group has been consistently looking at new ways to collate information and support teams in developing realistic action plans that work towards reducing a perceived stressful environment. The Health and Safety Executive questionnaire is still being utilised and will this year be sent out to all those completing the staff survey.

From the last staff stress survey carried out, the action plan has led to Occupational Health and Wellbeing working with Learning and Development to go through the procurement process to bring in an external company to run individual and management classes on resilience training, empowering staff with knowledge on how to recognise the signs and symptoms of stress, develop coping mechanisms to deal with this in self and others, how to signpost to support mechanisms and develop a healthy proactive lifestyle and work life balance.

This is supported by the work the Healthy Workplace Group carries out. In addition, a Wellbeing Application has been developed to support and motivate staff to maintain a healthy lifestyle. Further Counsellors are working within Occupational Health and Wellbeing Service to provide Counselling, Cognitive Behavioural Therapies (CBT) and Eye Movements Desensitisation and Reprocessing (EMDR).

Manual Handling Training

As requested by the Board, extra sessions have been delivered to meet training compliance levels during the reporting period.

Head Count of Training Attendance 1 April 2013 – 31 March 2014:

- Manual Handling Theory - 1685 staff trained
- Practical Patient Handling - 1861 staff trained
- e-learning – 621 staff trained

Compliance

- 88 key trainers in place who have trained 451 staff.
- 16 Managers have taken up the Risk Assessment training.
- Audit of risk assessments on-going and action plan in place. Taken to Health and Safety Board.
- Manual Handling steering group takes place on a quarterly basis (sub group of Health and Safety Board).
- Manual Handling Specialist continues to run sickness absence referral clinics for musculoskeletal referrals and at this time is the gateway for physiotherapy referrals for staff.

Looking Ahead to 2014/15

Next year Barnsley Occupational Health and Wellbeing Service aims to:

- Gain reaccreditation to Safe Effective Quality Occupational health Service (SEQOHS) accreditation and continue working to maintain and build on the current standards
- Continue to work on the action plan as part of a team in reducing stress in the workplace, enabling all staff to have a better understanding of mental health issues and how they can support themselves and others
- Meet all our KPIs so we maintain and increase our Service Level Agreements and continue to generate income.
- Continue to build our collaborative working with the local community (education, council and small businesses) as well as within the South Yorkshire Partnership.

Equality and Diversity

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

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

NHS Employers Partner Status

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

This year we have been one of the 23 national members. The benefits of Partner status are:

- **Provision of continuous improvement around equality and diversity** within their own organisation.
- **Raise the national profile of the Trust** by demonstrating through membership and good practice the Trust commitment to the Equality and Diversity agenda.
- **Raise awareness** of what constitutes sustainable, outcome-focused improvement in managing equality and diversity across the region.
- **Acting as a thermometer** by which NHS Employers can determine the key issues facing the wider NHS, so that advice and guidance is relevant and up to date.
- **Contributing to the development of emerging good practice** and providing a channel for collecting case studies from which others can learn, within the wider context of Department of Health initiatives.
- **Contributing to a broader understanding** of equality and diversity across both the NHS and the wider public sector in the context of quality, innovation, productivity and disease prevention and share with our own organisation.

Equality Delivery System (EDS2)

The Trust is committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services and its workforce. Equality and Diversity considerations are integral to our business planning and development of its services to support the diverse needs of our patients, stakeholders and staff. The EDS2 is a new national equality framework from NHS England which we have embraced as its new equality framework. The EDS2 was presented and approved at the Equality and Diversity Steering Group in April 2013.

The EDS2 was also presented at the Patient Experience Group in May 2013 with a view to establishing a separate working group to take this forward. The document will be used to help embed equality and diversity throughout the Trust and track our progress against the patient and workforce equality objectives and outcomes.

The EDS2 contains key equality objectives which are reported on a quarterly basis through our existing governance structures. The EDS2 is a tool to measure the Trust's compliance with the Equality Act 2010 and its progress towards improved equality outcomes. The EDS2 covers all aspects of equality and diversity and involves engaging with the local community, which provides assurance that we have met our desired equality outcomes.

The four overarching equality objectives are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well supported staff
4. Inclusive leadership at all levels

We track the actions required against each EDS2 objective and outcome, with a named responsible lead, expected completion date, and the evidence required to provide positive assurance and how this will be monitored. Also provision to link any gaps in assurance (where there is no/insufficient evidence that systems are in place) to a detailed action plan.

Hate Crime Initiative

The Trust is a member of the local Hate Crime Group and has been involved in the formulation of a three year strategic action plan of work. This action plan contains a key objective for all members to provide a presentational update throughout the year to the group on how their organisation has demonstrated their commitment to Hate Crime awareness raising.

In 2013/14 seven reported security incidents were considered to be racially motivated, with six of these being dealt with by the local police and no offender being identified in the other incident. The increase in reporting is as a result of the Hate Crime awareness training undertaken and clearer reporting instructions.

It has been recognised that since the introduction of the Hate Crime initiative 2011 there is a need to embed it further within the organisation. To support this, the key champion for Hate Crime is the Director of Nursing and Quality. The Trust has reviewed elements of staff mandatory training and from April 2014 Hate Crime awareness will form part of staff training. Sessions for our staff, volunteers and Governors will also be held in 2014/15.

Domestic Abuse

The Trust recognises that domestic abuse is prevalent in the local community so has developed a Domestic Abuse Policy and has established Domestic Abuse Champions.

Diversity Champions

The work of the Diversity Champions project has steadily developed over the last 12 months. A 12 month schedule of learning has been approved through the Equality and Diversity Steering Group. It has created learning sets with Diversity Champions. The outcomes have been a relevant set of awareness sessions to support staff deliver improved better health outcomes, empowered and well-engaged staff.

The schedule of work is underpinned by the four key equality objectives contained in EDS2. The Equality and Diversity Advisor has developed a Diversity Champion reporting tool to support the Champions. On a quarterly basis, all the Diversity Champions provide

an update on Diversity Champion initiatives or how they have demonstrated Equality and Diversity leadership in the workplace.

All the Diversity Champion reports are merged into one overarching report which is presented to the Equality and Diversity Steering Group for assurance. All Diversity Champions share good practice and ideas using a learning tool.

An E-Zine newsletter containing relevant local, regional and national information has been developed by the Equality and Diversity Advisor. This is circulated to all Diversity Champions on a weekly basis.

Key outcomes and highlights in Diversity Champion work have been focussed on cultural awareness. The diversity of usage of translation and face-to-face services made by non English speaking patients has been highlighted. In view of this, the Diversity Champions requested a focus on cultural awareness. Local community links have been developed over the years with the Women and Children Forum through the Equality and Diversity Advisor. This led to an invitation by one of their Chinese members to the Trust who provided a cultural awareness session. Some of the evaluations from this session were as follows:

> '*Very useful in helping understand particular cultural requests made by Chinese patients'.*
> *'Helped me to further understand aspects of the Chinese diet and links with religion and faith'*

The following training is planned in 2014/15:

- Empowered and well supported staff – Bullying and Harassment awareness, Deaf Awareness
- Improving patient access and experience – Cultural awareness
- Health inequalities and patient experience – Religion/Belief - Jehovah Witness
- Inclusive leadership at all levels – Diverse leaders
- EDS2 equality outcomes and objectives.

Strategic Aim: Making the Best Use of Resources

We serve an ageing and growing population whose health and social care needs are increasing at the same time as funding is reducing. We work with our partners to share and use resources wherever possible, to achieve maximum efficiencies. We treat more patients with better outcomes without a significant increase in our income.

This section provides information of some of our achievements during 2013/14 against this strategic aim.

Implementing Lorenzo - at the Heart of our Electronic Patient Record

One of the key achievements of 2013/14 was the decision by the Trust Board to implement an integrated Electronic Patient Record (EPR). An Electronic Patient Record can be defined as "an intuitive, integrated, consolidated view of the relevant information related to a patient's medical history and forward treatment, accessible securely from where it's needed to aid decision making and appropriate treatment."

The core system that will form the heart of Barnsley's Electronic Patient Record is called Lorenzo. During 2013/14, we have established a Change Network made up of Change Agents and Change Champions from operational areas of the Trust to ensure clinical engagement from our staff and we have also worked with them, together with our patients and our partners to make sure the new system meets our requirements. In 2014/15, our current Patient Administration System will be retired and Lorenzo will be deployed to provide support for clinical and administrative services in order to help us improve the way we work, patient safety, quality and efficiency as well as helping us to reduce our reliance on paper.

Working in Partnership

We continue to serve an ageing and growing population whose health and social care needs are increasing at the same time as funding is reducing. We work with our partners to share and use resources wherever possible, to achieve maximum efficiencies. We treat more patients with better outcomes without a significant increase in our income and making better use of the resources that we have. We recognise that we cannot provide services in isolation. We work together with other organisations to provide services locally and where complex care is needed. We are also part of strategic partnerships working across the public and private sectors, which aim to ensure we are maximising benefits for our patients.

Working Together
During the year we have been a key partner with the South Yorkshire "Working Together Programme. The programme has taken time to establish itself, however it is expected to make significant progress in 2014/15.

Partner Organisations

A brief outline of each of the partner organisations is listed below, and our existing links with it:-

- **The Rotherham NHS Foundation Trust** - We hold a long-standing concordat for partnership working with The Rotherham NHS Foundation Trust, which provides the basis for our trusts to work together on the formal partnership of our pathology services. The services have gone from strength to strength and work is underway to develop them further still. The Rotherham NHS Foundation Trust also provides Ophthalmology Services to Barnsley Hospital.

- **Sheffield Children's Hospital NHS Foundation Trust** - Sheffield Children's Hospital continues to provide a number of surgical services on an outreach basis, ensuring access for younger patients and their families is convenient and local.

- **South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)** - SWYPFT currently provide community services across Barnsley, which are commissioned by the CCG. We work in partnership with SWYPFT and the local authority to deliver a range of community based services, for example, services for end of life, older people, paediatrics and mental health services for our patients.

- **Sheffield Teaching Hospitals NHS Foundation Trust** - We also work with our main tertiary services provider, Sheffield Teaching Hospitals NHS Foundation Trust and a number of regional clinical networks to ensure the smooth provision of specialist services for Barnsley people. With support from the networks, we try to bring back more services to the town, reducing travel for patients. These include Urology, Vascular Surgery, Neurology, Oncology and a range of specialist cancer services.

- **Sheffield University** - We have a long-standing arrangement with Sheffield University for the training of medical students and is recognised as an Associate Teaching Hospital. Our Research and Development Programme has been headed by a Professor from the University of Sheffield.

- **Local Authority Services** - We work closely with local authority colleagues at Barnsley Metropolitan Borough Council (BMBC), especially in relation to safeguarding of adults and children's services.

Health and Wellbeing Board

The Trust is a full member of the newly created Health and Wellbeing Board, which is led by the Local Authority. This arrangement is not common in all Health Communities, where often only Commissioners are present at the Board. The Health and Wellbeing Board is

responsible for joint healthcare needs assessments for the Borough. This arrangement allows the Trust to have a "full voice" in considering and influencing local healthcare matters.

Other Partnership Working

Through the Chairman, the hospital participates in the local strategic partnership, One Barnsley. Linked to this, we also work with BMBC and other partners on community-wide groups to enable improvements in sustainability and communications.

One Barnsley Vision

Our objectives are linked to the delivery of priorities agreed by the One Barnsley local strategic partnership, of which the Trust is a key partner. This has a number of inter-agency priorities to ensure that together lead organisations jointly benefit local people.

Local Medical Committee

A senior Consultant from the hospital attends the committee and reports back regularly to the Trust's own medical staff committee where issues can be dealt with by the senior medical cohort, Medical Director and Chief Executive.

Formal Consultations

There were no formal consultations completed in the reporting period.

Research and Development

We have developed a reputation for healthcare research and innovation. Our research and development programmes help us to continually improve the care we provide to our patients. Nationally and internationally we play a much bigger role than our size would suggest. We are far smaller than the very large city hospitals with specialist services across the country, but we still manage to attract around £1million of research activity a year. There are 121 research projects, including clinical trials, underway. All the research is co-ordinated and managed by the Research and Development department, a team of 17 staff led by Director of Research and Development, Dr Christine Smith, whose expertise is in getting evidence into practice.

Physical Environments Study

A study within the hospital looking at how the built or physical environment impacts on older people receiving acute care is now complete. The scope of the project included Mount Vernon Hospital and residential care settings where researchers undertook an architectural evaluation of the environment. The resulting Design Guide has been presented to the Estates Team and the Care of the Elderly Team.

Educational Needs Assessment Tool (ENAT)

A team working within the Trust, which consisted of researchers, AHPs and lay representatives developed and validated the 'Educational Needs Assessment Tool' (ENAT) that can be used to assess the perceived educational needs of Rheumatoid Arthritis patients. The ENAT has currently been translated into six European languages. Our randomised controlled study of this tool, funded by the National Institute for Health Research (NIHR), is now complete and formal dissemination is underway, with several papers under review for publication. The outcome from the study will strengthen the evidence base on patient care and could lead to recommendations as to how patient education is delivered within NHS rheumatology clinics.

Advanced Nurse Practitioner Role Evaluation

A formal evaluation of the Advanced Nurse Practitioner (ANP) role within the Trust has been completed. This evaluation was the result of collaboration between the Trust, Sheffield Hallam University and the NIHR Collaboration for Leadership in Applied Health Research and Care for South Yorkshire. It asked senior team members and clinicians what a successful ANP role would look like and then gathered formal evidence from routine data, reports, staff and patients. A formal report was presented to the Trust in May 2013 and has informed the Trust's thinking on the ANP role, with planning underway to recruit a further cohort of practitioners

Patient and Family-Centred Care Programme

The Trust was one of 12 trusts participating in a King's Fund Programme, the Patient and Family Centred Care Programme, which sought to improve the experience of hospital care for patients and their families and the working lives of staff. Our chosen piece of work was to redesign the care pathway for frail elderly patients. It was collaboration between the Care of the Elderly team, the Emergency Department and PALS and externally with Yorkshire Ambulance Trust, BMBC and SWYPFT. This project is now complete and informed the Winter Care Plan including the provision of a dedicated nurse team to undertake comprehensive geriatric assessments throughout the Trust.

Closing the Gap

The Trust, in collaboration with the Bradford Institute for Health Research (BIHR) has recently been awarded an investment from the Health Foundation to undertake a patient safety initiative entitled, 'Putting the patient at the heart of patient safety: implementing a patient measure of safety in partnership with hospital volunteers'. This is part of the 'closing the gap in patient safety' programme by the Health Foundation. The competition for this award was strong but the panel saw the potential of this exciting piece of work.

We will be working in collaboration with Hull and East Yorkshire NHS Trust and Bradford Teaching Hospitals Foundation Trust. There are two components to the programme, the implementation of the intervention and evaluation. The evaluation team will involve leading academics from the Bradford Institute for Health Research (BIHR), University of Bradford, University of Leeds and the University of York.

The aim of this project is to implement the PRASE (Patient Reporting and Action for a Safe Environment) Intervention across three NHS Trusts within the Yorkshire and Humber region, and evaluate its impact upon patient safety and patient experience. PRASE is an intervention developed over the past five years by BIHR.

This exciting and innovative project will seek real-time feedback from patients on their care and it will enable wards and departments to use the gathered information to further improve the safety of patients in their areas. The project will begin in the summer of 2014 and forms part of the activities of both the Academic Health Science Network's (AHSN) Improvement Academy and the NIHR Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC YH) Evidence-based Transformation Theme.

Emergency Department Evaluation

Barnsley CCG has commissioned our R&D department to deliver an evaluation related to the 4 Hour target in ED entitled 'why do patients attend the Emergency Department?' This report will facilitate the understanding of patients' needs and knowledge; and uses a combination of routine data and qualitative approaches to more fully understand inappropriate attendances. This project is linked into the CLAHRC YH Avoiding Attendances and Admissions Theme.

We are committed to improving the quality of care we offer and making our contribution to wider health improvement through our research and you can read more about our work in this area in the Quality Account on pages 152-153.

Patient Experience and Engagement

The Patient Experience Team at Barnsley Hospital consists of three parts: Patient Advice and Liaison (PALS); Complaints and Voluntary Services. Work includes the wider patient experience engagement and improvement activities such as focus groups, patient journeys/stories and surveys.

During 2013/14, we implemented a new integrated electronic system to help improve the management of patient comments, concerns, complaints, and compliments to help us to capture what matters to patients and how we can improve our services.

Complaints

We received 279 formal complaints during 2013/14. This represents an increase of 34 from the previous year. 100% of complaints were acknowledged within the three working day standard.

Our aim is to investigate complaints promptly and efficiently and we are committed to implementing improvements and actions from the lessons we learn from the investigation of complaints. As noted previously a new integrated reporting system was implemented this year which allows us to report in greater detail on the issues that it receives. The

following table notes the main subject headings of those formal complaints received and of the contacts managed through the PALS Service.

Patient Feedback Summary

Main Subject Matter	Formal Complaints	PALS Contacts
Access, appointment, admission, discharge and transfers	31	309
Advice/Information	N/A	487
Clinical care and treatment	176	207
Communication, consent, confidentiality and interpreting	57	435
Compliments & Thanks	N/A	185
Control of infection	0	4
Equality and diversity	0	0
Falls	1	1
General support	N/A	43
Infrastructure	6	61
Medical Devices	0	2
Medical Records	2	10
Medication	5	17
Other	0	7
Patient Information	N/A	33
Patient Support	N/A	110
Security	1	11
Total	**279**	**1922**

At the time of reporting, 245 of the 279 complaints received have been investigated and responded to. Of those 245 the Trust upheld 43 (17%), with 122 (50%) being partly upheld and 80 (33%) not upheld.

Service Improvement and Learning

It is imperative that the Trust is able to learn and improve from the feedback and experiences of our service users and be able to translate that into service improvement. Some of improvements we have made in 2013/14 include:

- A competency framework for qualified staff and health care support workers is being piloted for the use of NEWS (National Early Warning Score).
- The patient experience journey of a patient with Learning Disabilities has been included in our mandatory training for all staff.
- Guidelines have been developed for the care of a patient with a Learning Disability in the acute hospital environment.
- Techniques for the gathering of patient/carer experience have been reviewed and new systems have been implemented to how this is captured.

- Junior Doctor Induction has been reviewed to include specific guidance on the escalation of patients.
- A patient's journey has been used as a teaching scenario in the Emergency Department.
- A service review is being undertaken for warfarin therapy patients.
- A new information leaflet developed for women having a lower segment caesarean section.
- Changes have been made to the processes for the recording and collection of patient's property.
- Evidence from complaints has informed the review and updating of patient pathways of care.
- Complaints have been discussed in team meetings in all areas; paying particular attention where poor communication has been the key element to the complaint.
- A number of complaints have also been presented to the Board as a 'patient's story'.

Parliamentary and Health Service Ombudsman (PHSO)

It is the role of the Parliamentary and Health Service Ombudsman (PHSO) to undertake reviews and investigations of complaints which have been referred to them. These are however, only accepted by the PHSO once a complaint has been investigated by the Trust. During this year the Trust was notified of five requests to provide information to the PHSO to support their reviews. The outcomes being;

- One complaint has been fully investigated by the PHSO who partly upheld the complaint. An action plan has been developed and is being monitored by the Trust and our commissioners.
- One complaint had a preliminary review by the PHSO who advised the complainant to seek the support of another agency.
- One complaint is currently under investigation by the PHSO and the Trust is awaiting the outcome to that investigation.
- Two complaints are currently having a preliminary review by the PHSO; once this is complete they will decide if they are to complete a full investigation.

In 2012/13, the PHSO accepted two complaints for investigation and at the time of reporting in our annual report last year the Trust was awaiting the decision from those investigations.

In this period the Trust did receive notification of those reviews; one complaint was partly upheld and the other fully upheld. Action plans have been developed for both of these complaints and are being monitored by the Trust and our commissioners. Both complaints identified concerns relating to the escalation of the deterioration of the patient. The Trust has adopted the National Early Warning Score (NEWS) as recommended by the Royal College of Physicians and a working group was used to devise a new NEWS Clinical Observation Chart that incorporates the Sepsis Recognition and Treatment Tool and NEWS.

One complaint also identified concerns about the treatment of a patient who had severe physical and learning disabilities. The Trust's Learning Disability Liaison Nurse has used the patient's story as a learning and service improvement tool in our mandatory training along with specific targeted training in wards and departments. The patient's mother has also been involved in the delivery of training for staff.

Valuable learning has been identified in both cases.

Compliments

During the year we received 185 compliments about the care and service we provide. These comments are shared with the staff teams involved and the service managers.

Patient Advice and Liaison Services (PALS)

During 2013/14, our PALS team received 1,207 concerns and worked with patients to resolve these at an early stage. In addition, 530 enquiries were received for advice, help or information. 'Have Your Say' feedback forms have been updated and we are now able to report on key themes raised. During the year 110 of our patients have completed a form and have rated Barnsley Hospital as follows:

Indicator	V Good	Good	Average	Poor	Unacceptable
Admission	52	11	6	2	3
The Hospital Ward	56	16	6	3	3
Doctors	53	14	6	3	5
Nurses	68	9	6	2	3
Leaving Hospital	53	10	4	1	7
Your Care and Treatment	60	11	0	5	6

The following actions have been taken in the reporting period to address key themes from PALS feedback:

- Introduction of integrated 'Learning from Experience' reports on patient feedback are shared with staff to ensure they have insight into the issues being raised by patients.
- Emerging trends and themes are highlighted at an early stage so that we address these promptly to prevent escalation.
- Feedback is used to inform the development of new training programmes.
- The use of patient stories as a trigger for service improvement.

Interpreting and Translation Requests

The PALS team handled 912 requests for interpreting and translation services to ensure the services and care we provide is accessible to the diverse communities which we serve.

The most commonly requested languages were as follows:

Face-to-Face	By Telephone
- Polish - British Sign Language - Latvian - Russian - Mandarin	- Polish - Russian - Mandarin - Latvian - Turkish

Improvements in Patient and Carer Information

Key themes identified by PALS during 2013/14 have included access to services, communication concerns, information on clinical care and treatment. In response to this, the PALS Team and PALS volunteers also helped to support the implementation of the self check-in kiosks in our Outpatient Reception and supported implementation of the Trust's new wayfinding and signage system.

Patient Experience, Engagement and Insight

During the year we participated in the nationally co-ordinated and mandated Patient Survey Programme and implemented a number of local opportunities for patients and the public to give feedback on their experience of care. Local opportunities include Have Your Say leaflets, which allow patients to leave anonymous feedback on wards and departments. There is also the Discharge Unit Survey, which gives patients the opportunity to leave feedback and make suggestions about the unit.

National Inpatient Survey 2013

A total of 850 patients were sent a questionnaire and 365 responded, giving a response rate of 44%. The survey highlighted many positive aspects of the patient experience from the respondents:

- 78% of respondents rated care 7+ out of 10.
- 80% said they were treated with respect and dignity.
- 77% had confidence and trust in the doctors.
- 92% felt their hospital room or was very/fairly clean.
- 88% had enough privacy when being examined or treated.

National Maternity Survey 2013

A total of 142 out of 300 maternity patients returned a completed questionnaire, giving a response rate of 48%. Key facts about the 142 inpatients who responded to the survey are:

- 48% of respondents were aged 16-29; 48% were aged 30-39 and 4% were aged 40+.
- 99% of respondents stated their ethnic background as White; 0% Mixed; 1% Asian/Asian British; 0% Black/Black British; 0% Chinese or other ethnic group.

- 97% gave birth to a single baby; 3% gave birth to twins and 0% gave birth to triplets, quads or more.
- 54% of respondents have had a previous pregnancy.
- 81% of respondents had a vaginal birth and 19% had their baby by caesarean.
- 27% were left alone by Midwives or Doctors at a time when it worried them.
- 73% gave birth at a consultant-led unit in the hospital, 24% in a birth centre or midwifery-led unit and 2% gave birth at home.
- 76% of maternity patients felt they were involved enough in decisions about their antenatal care.
- 88% of maternity patients said they were always treated with respect and dignity during their labour and birth.
- 72% of maternity patients said they were always treated with kindness and understanding in hospital after the birth.

Local Patient Surveys

In addition to the National Patient Survey programme we carry out surveys in other areas of the Trust to find out the views of patients, carers and their families. We have done this by participating in a national improvement programme called 'Open & Honest Care' which enables organisations to become more transparent and consistent in publishing safety, experience and improvement data with an overall aim of improving, care, practice and culture. Each month all wards carry out patient and staff surveys to find out more about how we care for patients and identify areas for improvement. In addition to this we have done patient experience surveys on our Discharge Unit and with the carers of patients who have dementia.

NHS Friends and Family Test (FFT)

Improving patient experience is a key national and local priority for the NHS and there is an important focus on providing patients with the opportunity to give feedback on their experience of care. The NHS Friends and Family Test has been introduced across all acute care providers as a simple, comparable test which provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of our patients. We have implemented the FFT across our inpatient wards, our Emergency Department and across maternity services. During 2013/14 12,090 patients responded to the question.

At the end of Quarter 4 (2013/14) our combined response rate to the NHS Friends & Family Test was 21% and our Net Promoter Score was 71%. The results are published and are available for the public on the NHS website at www.nhs.uk separated by in-patients, emergency department and maternity services.

Patient Led Assessment of the Care Environment (PLACE)

April 2013 saw the introduction of Patient Led Assessment of the Care Environment (PLACE), which is a new system for assessing the quality of the patient environment. PLACE replaces the previous Patient Environment Action Team (PEAT) Assessments. The assessments happen in all hospitals providing NHS care and will provide motivation

for improvement by providing a clear message from patient assessors about how the hospital environment and services might be enhanced. We achieved the following scores:

Indicator	BHNFT	National Average
Cleanliness	92.16%	95.74%
Food	89.45%	84.98%
Privacy, Dignity & Wellbeing	92.34%	88.87%
Condition, Appearance & Maintenance	85.57%	88.75%

Consultation and Engagement Activity

During the year we were involved in a number of engagement events. These included Learning Disability Week, Barnsley Together Race Equality Forum, NHS Innovation Day, an NHS partners' collaborative event and a stakeholder event to inform our quality priorities. Patient representatives have become involved in our internal quality and safety visits and environmental inspections. There have been no formal consultations within the reporting period.

Voluntary Services

Volunteers are uniquely placed to spend time with patients and the Trust recognises the significant value they add to the care we provide and their contribution towards improving patient experience. We have 251 volunteers deployed across the Trust working on inpatient wards, outpatient clinics, PALS volunteers and Patient Experience volunteers, together with volunteers who provide cover in our tea and coffee shops. We currently have 25 volunteer role outlines and are working to create new opportunities with key partners to expand volunteering opportunities.

Healthwatch Barnsley

Healthwatch Barnsley is the new consumer champion for health and social care and exists to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided locally. We have worked collaboratively with colleagues at Healthwatch since its establishment and representatives have been involved in our PLACE hospital environmental inspections. They have provided feedback on the experience of patients using maternity services and have brought forward issues raised by the wider community.

Charitable Funds – Barnsley Hospital Charity

The main purpose of the charitable funds held in trust is to apply income for charitable purposes relating to the general or any specific purposes of the Barnsley Hospital NHS Foundation Trust or to purposes relating to the Health Service. In its first year working as the rebranded Barnsley Hospital Charity, support has risen significantly for the Charity resulting in an increase in income, engagement from staff and the public and also in awareness of the Charity's existence.

During the reporting period, £165,000 was raised by Barnsley Hospital Charity to support local care for both staff and patients. The charity has raised a further £32,000 in Gifts in Kind and generated media coverage to the value of £49,800.

Notable developments in the last year have included:

- The successful creation and management of the Charity's first mass participation fundraising event – Zombie Run Barnsley. This saw over 1,000 local people engage, participate and volunteer with the Charity.
- The launch of the Light for Love initiative. A fundraising scheme which ran over the festive period.
- A significant increase in bids being submitted to the Charity Board of Trustees for funding from staff and teams across the Trust.
- Strengthened, proactively managed relationships with external organisations that support and represent the Charity and its work.
- The development of a further mass participation fundraising event – The Rainbow Run.
- Development of community fundraising for the Charity, which has seen a significant increase in the engagement of local people, groups and organisations as well as their financial support for the Charity.
- Regular local, regional and national media coverage secured for the Charity to promote events and fundraising activity.
- Significant engagement with people from across the world via the establishment of Charity social media accounts.

Charitable donors continue to be able to use the Just Giving website, a trusted method for giving money to charities. As well as this the Charity now has an online payment facility which has encouraged increased donations. Some examples of the successful bids made to the Board of Trustees of Barnsley Hospital Charity in the last year for use of the charitable funds included:

- £54,764 – Hospital Chaplain providing support for patients, visitors and staff of all faiths
- £6,000 to create an account that can be used by cancer patients to subsidise travel to Weston Park allowing them to access vital treatment.
- £2,318 on Jaxon's Gift boxes – support boxes specifically made to support young children through the bereavement process following the death of an infant sibling.
- £3,000 to fund an Electronic phlebotomy chair for ward 14 and Early Pregnancy and Gynaecology Assessment Unit, to ensure easy and accessible handling and patient positioning in cases of emergency or rhesus.
- £3,000 on the refurbishment of the waiting area for patients in the Intensive Care Unit.
- £2,000 on state of the art optiflow for the hospital's Acute Medical Unit to deliver the best possible oxygen therapy for our patients.
- £250 on Christmas presents for children who had to spend the Christmas period in the hospital.

Sustainability and Carbon Reduction

We recognise the importance to society of sustainable development and the crucial role our environmental performance has to play in achieving sustainability. We are fully committed to sustainability and reducing our carbon footprint through our Board-approved Sustainable Development Management Plan.

Our goal is to become a low carbon sustainable hospital and to achieve this we need to ensure appropriate behaviours are encouraged in our staff, patients, visitors and suppliers. Our challenge is to deliver high quality care and services in a sustainable manner.

A mission statement underpins our Sustainable Development Management Plan:

“Barnsley Hospital’s aim is to protect the environment in which we operate encouraging all sustainable measures and to distinguish Barnsley Hospital NHS Foundation Trust as a committed, environmental steward”.

The Sustainability Committee, which is chaired by the Chief Operating Officer and represented by a number of stakeholders, meets regularly to discuss issues that promote energy efficiency, reducing our carbon emissions and minimising our impact on the environment and climate change.

We are focusing our efforts in areas that offer the greatest carbon saving potential, these include: energy, transport, water consumption, waste and procurement.

Energy

Our buildings are where we work and deliver life saving treatments 24 hours a day. They are also where we consume the most amount of energy and contribute 22% of our carbon footprint. Energy is procured by Crown Commercial Services on behalf of the Trust as they are the preferred buyer for the public sector. We have benefited from their expertise, risk management and purchasing power by paying the lowest possible tariffs for energy. In addition all grid electricity supplied to us is from renewable or low carbon sources resulting in Climate Change Levy exemption.

Energy costs have fallen by 17.3% against the previous year despite increases in the cost to purchase energy from our suppliers. Our overall energy usage increased by 7.8% mainly due to the additional gas input to the CHP plant which was expected. Carbon emissions from utilities have fallen by 14.6% against the previous year due to onsite generation of electricity from cleaner fossil fuels. We are on track to meet the NHS carbon reduction target of 10% saving against its baseline year (2007/2008) by 2015 from utilities.

Water

Acute hospitals are high consumers of water due to it being used for multiple purposes including hygiene and infection control. With higher hygiene standards more water is used. Our water consumption increased by 1.2% against the previous year whilst

expenditure on the cost of water increased by 6.7% due to increases set by Yorkshire Water.

Waste

We are pleased to report domestic household waste processed by our waste contractor is recycled in an environmentally friendly manner with zero waste to landfill using state-of-the-art technologies to facilitate recovery. Any remaining waste which cannot be recovered is processed into a fine material and supplied to a local PowerStation where it is co-fired to produce electricity and fed to the National Grid. All waste electronic and electrical equipment (WEEE) is recycled through compliance schemes. All clinical waste is disposed and treated in-line with current legislation. All waste paper and cardboard is segregated on-site and recycled by our preferred contractor. Total waste arisings have fallen by 68 tonnes this financial year; this is a 6.9% reduction against the previous year. The total cost of waste disposal has increased by £17,735 or 10.7% against the previous year due to the increases set by our waste contractors.

Procurement

The environmental impact of what and how we procure and dispose of goods and services is a significant part of our activities. The decisions we take and the processes we follow can reduce the environmental effect and deliver both carbon and financial savings. Reducing the carbon associated with what and how we buy is becoming an increasing priority and greater emphasis will be placed to reduce the carbon footprint of purchased goods and services. The NHS Sustainable Development Unit estimates that 60% of the NHS' total carbon emissions come from procurement. Therefore it is important that we take action to reduce our procurement emissions.

Some of the work carried out this year includes:

- **E-tendering -** Introduction of e-tendering to reduce the amount of paper and resources utilised to complete tendering activity and bid analysis.
- **Chamber of commerce -** Working with local Chamber of Commerce and Council colleagues to access opportunities for local suppliers.
- **Bid Analysis -** Analysis of bids for large schemes such as the current Virtual Desktop Infrastructure tender, we appraise the energy consumption rates of the equipment as part of the evaluation process.
- **NHS Supply Chain -** Actively promote the use of NHS Supply Chain who provides the Trust with consolidated deliveries thus reducing the number of deliveries, vehicles and associated carbon output required to meet our demand. Where products are not available via NHS Supply Chain we are reviewing options for the use of wholesalers that will provide the same consolidation of deliveries.
- **Standardisation of Equipment -** Driving standardisation of equipment and consumables to further aggregate deliveries.
- **Collaboration -** Undertaking joint procurement activity with other NHS Trusts to reduce the duplication of activity.
- **Sustainability Weighting -** All new tenders have a minimum of a 5% evaluation weighting.

- **Printing Contract -** Awarded £200,000 printing contract to a local printer less than one mile from the Trust reducing the transportation carbon footprint.

Combined Heat and Power Quality Assurance Scheme (CHPQA)

Our 1,130 kilowatt Combined Heat and Power (CHP) plant went live in June 2013, with onsite generation providing up to 80% of our electrical requirement. Following a robust qualification process, the CHP plant has achieved "Good Quality CHP" certification through the Department of Energy and Climate Change (DECC), exempting the Trust from Climate Change Levy charges for all gas supplied to the CHP plant.

Travel Plan

We recognise our impact on the local environment and have prepared a comprehensive Travel Plan, which aims to promote sustainable transport modes for staff, patients and visitors. The primary objective of the plan is to reduce the environmental impact of travel and promote sustainable travel choices, i.e. walking, cycling, public transport and car sharing.

Sustainability Awareness through e-Learning

Work is being undertaken to produce an e-learning course to increase sustainability awareness across the Trust through introducing the basic principles of climate change and sustainability and understanding the link in a healthcare environment. The Training will help staff identify how they can contribute to reducing our utility costs and minimising the impact on the environment.

Information Technology (IT)

IT has been working to introduce Virtual Desktop Infrastructure (VDI) into the Trust. The potential sustainability impact that the current IT equipment, which cannot be upgraded to Windows 7, can be repurposed as a VDI client, thus extending the life of the PC. Eventually when the current PCs come to the end of their useful life they will be replaced with a zero client, which is a small device that simply serves to connect a monitor, mouse and keyboard to a remote server. The power requirement of a zero client is in the region of 11 watts compared with a typical PC at 350 watts, resulting in significant energy saving. At present tenders have been issued and the Trust is close to awarding the contract. This solution is expected to be in place by September 2014.

Buildings

We are committed to creating an effective and efficient estate and one which is fit for purpose through ensuring the use of available spaces is maximised with minimum operational costs. October 2013 saw the demolition of buildings solely used for accommodation purposes, which had required substantial investment to maintain and upgrade to bring them to an acceptable performance standard. In addition, our buildings that deliver patient services continue to be upgraded to improve their performance for the delivery of modern healthcare services.

Some of the work carried out this year includes:

- **Combined Heat and Power (CHP) -** The CHP plant is generating electricity equivalent to that used in 2,055 homes in Barnsley.
- **New Roof -** New roof covering with 150mm insulation installed to Z block to improve thermal comfort and minimise fabric heat losses.
- **LED Lighting -** New LED lighting installed in ward kitchens, Gynaecology and the Birthing Centre.
- **Hot Water Boilers -** New energy efficient boilers installed in ward kitchens.
- **Energy Efficient Chillers -** New chillers installed to supply the Maternity Department and main hospital theatres.
- **Windows -** Work has been on-going to replace windows to improve thermal comfort, aesthetics and minimise fabric heat losses.
- **Ventilation System -** New ventilation system has been installed in the Physiotherapy Department including heat recovery.
- **Wall Insulation -** External walls have been insulated internally with boards made from recycled materials in the Observation Ward, Gynaecology and Birthing Centre to minimise fabric heat losses.

Key Objectives for 2014/15:

- Continue to identify areas to improve energy efficiency and sustainability
- Improve the quality of data collection for effective monitoring and targeting
- Rollout sustainability awareness through e-learning
- Add sustainability content to website and intranet to increase awareness.

Summary of Key Carbon Emission Indicators:

Area		Non-financial data (applicable metric)	Non-financial data (applicable metric)		Financial data (£K)	Financial data (£K)
Year		**2012/13**	**2013/14**		**2012/13**	**2013/14**
Waste minimisation and management[1]	Absolute values for total amount of waste produced by the Trust	986 tonnes	918 tonnes	Expenditure on waste disposal	165,643	183,378
Finite resources[2]	Water	101,514 m3	102,771 m3	Water	94,886	101,211
	Electricity	8,990,138 kWh	2,938,556 kWh	Electricity	834,208	311,229
	Gas	23,771,562 kWh	32,341,576 kWh	Gas	779,686	1,022,774
	Other energy consumed (oil)	1,077 litres	3,259 litres	Other energy consumed (oil)	605	1,832

Notes:

[1] 2012-13 Annual waste costs corrected to include revenue generated from cardboard and paper.

[2] 2012-13 Annual utilities consumption and costs corrected to remove tenant usage and recharges.

Strategic Aim: Maintain Financial Viability and Sustainability

Financial Review

Summary of In-Year Performance

2013/14 was set to be a challenging year for the Trust in terms of managing the finances. This was in the context of the wider economic climate, its impact on public sector spending in general and NHS bodies in particular. The challenging environment was compounded by a financial irregularity that was identified just prior to the year end in March 2014. The irregularity was subsequently investigated and it became evident that in-year, monthly accounts have been misstated. The true financial position had been masked during the year through the treatment of non-recurrent income and deferred revenue. The necessary corrections to the accounts were made, which led to a significant adverse movement in the financial position. The Trust ended the year with a deficit of £7,336,000 before accounting for the impairment in relation to the value of the Trust's estate. This related to the demolition of residencies. This adjustment was for a value of £2.529m, which increased the overall deficit to £9.865m. This is a technical accounting adjustment that does not affect the Trust's cash flow or underlying financial position. This has been separately highlighted on the Consolidated Statement of Comprehensive Income to facilitate understanding of the trusts financial performance from activities.

Our overall financial management performance and assessment of the level of financial risk is measured by Monitor, our regulator. The assessment is based on a range of indicators. Monitor changed the indicators mid way through the financial year. The Financial Risk Rating was replaced by the Continuity of Service Rating.

The Financial Risk Rating was scored on a scale of 1-5 (a score of 1 being very poor performance and high risk and 5 representing the best performance and lowest risk). The Trust planned and reported a Financial Risk Rating of 3 through the first six months of the year, which indicates financial stability. The Continuity of Service Rating was subsequently introduced from 1 October 2013 and is scored on a scale of 1-4 (a score of 1 being very poor performance and high risk and 4 representing the best performance and lowest risk).

The Trust received a Continuity of Service Rating of 1, based on the information available in the corrected accounts. The poor rating is an indicator of our adverse liquidity position during the final quarter of the year. The table below summarises performance against the Continuity of Service Rating for 2013/14. For more information on our Monitor ratings, please see pages 121-122.

Continuity of Service Rating 2013/14 (1 October 2013 – 31 March 2014)

Continuity of Service Rating									
Metric	Weight	Definition	Rating Categories				Score	Rating
			1	2	3	4		
Liquidity ratio (days)	50%	Working capital balance * 360 / Annual operating expenses	<- -14	-14	-7	0	-37.1	1
Capital Servicing capacity (times)	50%	Revenue available for capital service / Annual debt service	< 1.25	1.25	1.75	2.5	0	1
Overall rating								**1**

The poor rating was driven by a low cash position and high creditor balance. The cash position deteriorated significantly as the year progressed. The extensive capital programme, reliance on agency staff provided at premium rates and an underlying deficit were major drains on the cash position.

There was an underlying deficit throughout the year which accelerated in the final quarter due to the failure to achieve the Cost Improvement Programme during this final quarter. Going forwards, action has been taken to ensure that the cost improvement savings are achieved recurrently from 2014/15 and that the level of budgetary control is improved.

During 2013/14, it has been evident that there is a correlation between the increasing volumes of emergency patients and the ageing population. In Barnsley, the local population aged 65 and over has increased at a rate over and above the national average. This has been a cost pressure for the Trust throughout 2013/14, as more elderly patients are admitted to hospital. However, we have worked with commissioners to secure additional funding for 2014/15, specifically ring fenced to assist with the treatment of the local aging population.

Income from Activities

The income from our core patient related activities was £147.16m in 2013/14, a 1.3% increase overall on the previous year, despite a deflation applied to tariff. This increase predominantly reflects the significant year on year increase in virtually all areas of activity (as shown in the table below).

Point of Delivery	2012/13	2013/14	%age Change
Elective inpatients	**4,371**	**4,487**	**2.65%**
Day cases	**22,925**	**24,169**	**5.43%**
Non-elective inpatients	**35,676**	**35,696**	**0.06%**
Outpatients	**275,787**	**283,659**	**2.85%**
A&E	**79,953**	**79,681**	**-0.34%**
Other	**2,717,608**	**2,767,121**	**1.82%**

The biggest areas of activity increase related to day cases which are a result of internal efficiencies, other non-PBR which predominantly relates to increases in Pathology activity

and non-elective care. There was also an increase in the number of elective inpatients when compared to 2012/13.

Our income includes some non-recurrent funds, which we received over and above tariff payments to recognise the operational pressure in the hospital with regard to responding to the increases in demand and winter pressures. Appropriately managing and controlling demand for non-elective care is a key area of work for the Trust in partnership with other key stakeholders in the community.

As in the previous year we were eligible for a payment under CQUINs (Commissioning for Quality and Innovation) where we were eligible for 2.5% of our clinical income. We slightly underachieved some of these quality targets but achieved the majority of this income.
In 2014/15 2.5% of our clinical income will again be available under CQUIN. This means we must continue our work associated with quality improvement.

Other Operating Income

The Trust receives other sources of income for services not directly linked to patient care activities. These include education and training and research and development, services to other NHS bodies and a range of non-clinical activities.

Expenditure

Year on year expenditure (our operating costs) did increase overall by 8.1% (over £13.2m more than the previous year). The vast majority of the increase was attributable to the pay bill. The number of directly employed staff members increased by 104 during 2013/14 over and above those employed in 2012/13. In addition, the impact of the high volume of agency staffing we engaged during the year had a significant financial impact. Agency costs were £7.75m during 2013/14 compared to £6.0m in 2012/13. This expenditure links to the increase in demand and operational pressure in the hospital. The biggest pressure in relation to agency expenditure was medical staffing and in particular vacancies in medicine as well as additional cover required to meet clinical demand.

Efficiency Targets

Like every NHS Trust, we are challenged to meet significant year-on-year efficiency targets. The national efficiency requirement is 4%. This requires us to look at ways of saving money by providing what we do differently. We are committed to providing best value for money but without any adverse impact on the quality of clinical care. During the year the plans to generate efficiency savings did not perform as well as expected. We achieved savings of £1.9m against our target of £6.2m. The shortfall was partially mitigated through invoking a series of cost avoidance and non-recurrent measures.

Capital Expenditure

During 2013/14 the Trust invested £19.0 million in new capital. Broadly this was split into our main five categories of spend as:

- Estate upgrades and backlog maintenance - £2.1m
- Information Management and Technology - £1.0m
- Medical and surgical equipment - £2.5m
- Strategic Schemes - £4.3m
- Deferred Schemes – £9.1m

At the end of the financial year we have revalued our estate. After obtaining an indication of the change in building indices from the District Valuer, it was decided that a full revaluation should be undertaken in compliance with Accounting Standards. This resulted in a reduction in value of £11.5m.

Looking Ahead to 2014/15

Following the identification of the financial irregularities in March 2014, we start the year facing a significant deficit. We are working with external accountants to investigate the reasons for the deficit. This work includes establishing a baseline run rate of the Trust's financial position after adjusting for the effects of non- recurrent income, release of deferred income and other measures used to mitigate the Trust's underlying financial position. We have prepared our working plans for 2014/15 and beyond based on the emerging findings from this investigation and the results of our own internal investigations. We will finalise our plans to secure a robust recovery for the Trust once we have received final results from the investigation. This will be discussed with our Commissioners prior to submission to Monitor.

We must deliver our recovery plan in 2014/15 and in subsequent years in order to turn our financial position around. This will be achieved by increased cost control and more effective management and delivery of cost improvement programmes. Our new performance management arrangements will play a key part in ensuring that our recovery process continues as planned.

Establishing the contract baseline for activity was again a key issue for us given the trend of increases and volatility we had seen in 2013/14. However there is little doubt, looking at the overall trends and the national direction of travel and policy drivers, that some elements of traditional hospital care are beginning to change.

This is partly the changes to ‘care settings’ where we have seen a shift from overnight inpatient stays to more day case activity (where patients are treated and discharged in the same day). The next stage is a shift from day case work to outpatient procedures.

The national tariffs which determine the income we receive are increasingly being designed to incentivise trusts to move in this direction. We are fully cognisant of this and we are constantly looking at the way we work to ensure it is in line with best practice guidance. Linked to these shifts are real ‘demand management’ strategies by primary care GPs where there is a drive to ensure that patients are managed appropriately and only referred for hospital care when absolutely necessary. Conversely from a preventative healthcare perspective we are seeing rises in activity linked to screening programmes as an increasing emphasis on early detection of health problems to ensure timely treatment. All of these factors impact on and are driving the development of our service plans.

The tariff for 2014/15 is 1.5% less than last year, which after accounting for inflationary pressures of 2.5% means that in real terms this is 4%. We fully expect this deflated tariff to continue as this is the stated intent to meet national efficiency requirements and our medium term plans are built up on this basis. This continues the significant efficiency challenge over the next few years and this is undoubtedly the biggest financial risk not only for 2014/15 but over the medium-term.

The Trust has worked closely with Barnsley Clinical Commissioning Group (CCG) through the year to develop a collaborative approach in understanding and meeting the needs of the local population. The CCG Commissioning Plan 2014/15 clearly sets out their intention to work closely with the Trust. The plan builds on the collaborative approach undertaken with all partners across health and social care to encourage the introduction of new and innovative ways of working to improve the overall health of the local population; reduce the health inequalities that exist across Barnsley and improve productivity and efficiency of the services delivered. Access to seven day services will be a critical initiative during 2014/15 for both the Trust and the wider health community and we are seeking funding for this.

We will further progress the Working Together programme, identifying service redesign and greater collaboration with other providers both within the borough of Barnsley but also across the acute providers of Mid Yorkshire, South Yorkshire and North Derbyshire. All provider Boards in the relevant organisations are adopting a collaborative approach. A programme management approach will be adopted and we are committed to this approach. A full programme of clinical engagement has been in place over the last year to review services and develop clinical challenge on the sustainability and viability of each service.

Principal Risks and Uncertainties

Our risk assessment process is designed to identify, manage and mitigate business risks. The table below gives examples of risks from 2013/14 associated with achieving our business plan and what we did to manage them. The risks listed do not comprise all those associated with the Trust and are not set out in any order of priority. Additional risks not currently known to the management team and Board, or deemed to be less material, may also have an adverse effect on the business of the hospital.

Risk and Impact	Mitigating Activities
Service Performance	
Targets Failure to achieve targets impacts on our financial and operational performance and our reputation	- Regular integrated performance reports to Board - Regular monitoring of activity, including divisional dashboards - Monthly review of position of CQUINs with Barnsley CCG - Comprehensive Urgent Care Pathway transformation programme
Variable high levels of unscheduled patient flow Threat to A&E quality	- Regular integrated performance reports to Board - Monthly review and performance monitoring - Patient satisfaction monitoring - Bed capacity and patient flow maintained through daily bed

indicators and available bed and staff capacity	reports - Operational bed meetings held three times per day to manage urgent care - New facilities in the Emergency Department opened to increase capacity, Discharge lounge opened, also a range of additional service improvements including "interim 7 day working" in the Trust - Surgical ward converted to Medical Ward for winter,
Achieving national stroke service standards	- Comprehensive action plan in place to deliver standards including new 7 day imaging service
Winter bed capacity Insufficient beds to manage surges in patient flow resulting in breaching of targets. Additional funding provided to the Trust for winter pressures – but "lead time to recruit staff" a risk	- Winter plan in place - Alternatives to admission in place - Integrated performance reports - Daily performance reporting and operational meetings held three times per day - Processes revised to enhance recruitment. - Trust to continue to fund essential and difficult to recruit to post at "risk" of funding being available
Clinical Quality and Governance	
European Working Time Directive (EWTD) Failure to comply with the EWTD impacts on patient safety and financial performance	- Regular audits and monthly reviews - Roll out of 'hospital at night' programme and nurse practitioner model - Out-of-hours on call arrangements reviewed across the Trust
Infection prevention and control Failure to meet healthcare acquired infection standards impacts on patient safety	- On-going publicity and awareness campaigns - Enhanced domestic cleaning contract awarded. - Deep clean programme - Included in mandatory training - Bare below elbow action plan
Data quality Insufficient data quality procedures impact on reporting	- Policy development - Monthly performance reporting
Patient safety Lack of systems to keep patients safe leads to increased incidents, complaints and litigation	- Monthly performance reporting - Quality, Safety and Effectiveness Board and Complaints Review Group analyses themes and trends - Online monitoring - Internal CQC2 Ward and Clinical areas inspections programme
Care Quality Commission registration Failure to meet CQC	- Reporting procedures and mechanisms in place - Escalation procedures in place - Quarterly performance monitoring

requirements would lead to poor quality and risk profile	
Financial Stability	
Cost improvement programme Failure to deliver cost improvement programme impacts on the Trust's financial stability	- Monthly performance monitoring - Reports to Transformation Board - Additional cost improvements identified in year to mitigate the programme shortfall
Sustainability agenda Failure to achieve legislative requirements will result in financial penalties and reputational damage	- Monthly performance monitoring - Good Corporate Citizenship registration - Sustainable development management plan - Registered with carbon reduction commitment scheme - New combined "Heat and Power" Unit commissioned.
Estate	
Failure to align estates strategy with business strategy will impact on the Trust's future	- Detailed business cases - Bi-weekly meetings to manage key capital programmes - Monthly monitoring
Workforce	
Resistance to workforce changes will impact on right skills and capacity to deliver high quality services	- Agreed establishment and staff rostering - Policies and procedures to manage vacancies, bank staff, appraisals and sickness in place - "Rolling programme" of reviewing key Human Resource Policies and Procedures underway and reported to Assurance Committees and Board of Directors
Organisational Development	
Failure to respond to challenges rising from scale and pace of NHS reform and economic situation for us and our partners	- Robust service level agreements - Strengthen and build partnership relationships - Trust full member of the South Yorkshire "Working Together Programme" Regular "Board to Board" development meetings held with the BCCG.

Risks in 2014/15

The critical risks for the Trust going forwards relate to financial sustainability, our performance against the 4 hour wait target and ensuring we have robust governance structures in place.

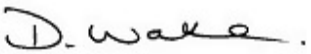
Barnsley, in common with other Trusts, is facing increasing demand and pressure on improving access and quality of services at a time when income is under pressure through reduced tariff.

For 2014/15, the Trust faces a significant deficit. Whilst it will not be possible to return to surplus by the end of 2014/15, plans are in place to ensure that financial balance is achieved over an agreed period. We have developed a detailed plan which will be closely managed to ensure that the plan is fully delivered.

In respect of the 4 hour target, we have put in place a number of key initiatives, detailed on pages 17-18 of this report and, since the start of the financial year 2014/15, have already seen significant progress, having met the target for the month of April. We must maintain this progress consistently throughout the year.

Our governance structure has been reviewed and changes will be implemented in the first quarter of 2014/15.

In addition, we must maintain our focus on reducing our HSMR as a priority in order to continue to reduce the risk of avoidable patient deaths. We also need to manage our risk in terms of workforce. The NHS is facing a collective recruitment challenge to several key positions, with a shortage nationally in available staff. We will continue to promote the hospital and Barnsley itself as an attractive place to work, whilst maintaining a focus on retention of existing staff and workforce planning.



Diane Wake .....
Chief Executive

28 May 2014

Date: .....

Governance

Our Approach to Governance

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

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

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

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

- Audit Committee
- Finance Committee
- Clinical Governance Committee
- Non-Clinical Governance and Risk Committee
- Remuneration and Terms of Service Committee

You can read more about our committee structure and the work that they undertook during 2013/14 on pages 110-115.

Our Governance Structure in 2014/15

From January 2014, we have been undertaking a review of our governance arrangements and structures. In early March 2014, the review made a number of recommendations that we should take to improve our governance as an organisation. A number of these recommendations have already been put into place, for example, the reduction of the number of Clinical Service Units from 14, down to six focused Clinical Business Units (CBUs), together with a new and robust Performance Management Framework, which we anticipate will support additional engagement between the Board and the wider organisation.

Our new approach to managing performance will provide a platform for holding our CBUs to account for a range of areas. These include delivery of quality care indicators, financial efficiency targets, adherence to budgetary controls, performance against operational targets and staffing matters such as managing and reducing sickness absence rates.

Furthermore, the review recommended changes to our Board committee structure. These changes will take place in Quarter 1 2014/15, supported by a robust Board Assurance Framework. This review of our governance supports the Monitor review into how we were run as an organisation.

Code of Governance

The Trust is compliant for 2013/14 with the majority of the provisions of the Code (as re-issued in December 2013), with the following exceptions:

- Despite the systems and processes outlined within this report, events at the year-end have shown that our existing governance structure has not been sufficiently robust to identify and address some risk issues. In 2013/14 this has resulted in repeated breaches in relation to the 4 hour A&E target and a failure in financial governance. This is not acceptable to the Board, which has taken swift action to:
    - Strengthen the actions planned to redress the 4 hour breach and return to achievement against national target. We are pleased to report that we achieved the 4 hour target in March and April 2014, but we are also refreshing our emergency pathway action plan, to ensure that the breaches do not continue or recur.
    - Instigate robust internal and external investigations to identify how the deficit position has arisen, implement cost savings and develop a robust two-year turnaround plan. The plan will be subject to external review to provide further assurance.
    - Progress and expand on-going work to review and revise the Trust's governance structure, mindful of the issues above subject to external support.
    - The Trust has been referred to Monitor for investigation and the work and plans on-going will be subject to scrutiny by Monitor and KPMG (appointed by the Trust to provide independent scrutiny) as well as the Board.
- The appointment for Non-Executive Director Francis Patton has been extended for an additional term of office beyond six years, renewable annually, with effect from 1 January 2013. This has not affected his status as an Independent Director.
- All Non-Executive and Executive Director appointments/re-appointments to the Board are subject to rigorous process. With respect to Non-Executives, the Council of Governors takes careful consideration on the Trust's strengths and the challenges ahead, the mix of skills and experience on the Board and the need for refreshing of the Board – all of which were scrutinised and supported in the above appointments.
- The Terms of Reference of all of our Board Committees are available publicly. The revised Code specifies that Governors are consulted upon the terms of reference for the Audit Committee; this will be incorporated at the next review of the Terms of Reference.

The revised Code recommends that the Chair review the training and development needs of each Director as they relate to the Board. With respect to the Executive Directors individually, this is discharged by the Chief Executive as their direct line manager, at the Chair's request. The Chief Executive's review incorporates performance and development needs in relation to the Executives' personal and operational needs and as key members of the Board. Outcomes are reported to and reviewed with the Chairman. The Chairman retains overall responsibility for the training and development needs of the Board, both individually and collectively.

The development and training of Non-Executive Directors, including the Chairman, continues to be important to the Trust, alongside other members of the Board. Development and training needs are reviewed and actioned with each individual throughout the year.

Non-Executive Directors are required to keep up-to-date with internal mandatory training requirements. In addition, they have been an integral part of the Board workshops throughout the year, which have provided development opportunities. Non-Executive Directors are encouraged to, and have attended external training, seminars and conferences to refresh and expand their knowledge and experience for the benefit of the wider Board.

The Trust continues to apply the main and supporting principles of Monitor's Code of Governance, through the actions of the Board, its committees and the Trust's standing orders, policies and procedures and through the work of the Council of Governors.

We have an integrated approach to governance. You can read more about our committee structure on pages 110-115. The Code of Governance also requests a number of particular disclosures and the table below sets out the Trust's position.

Code Ref	Summary of Requirement	Trust Position and Response
A.1.1	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the External Auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	See pages 7-12 for the Directors' statements and the Financial section on page 212 onwards for the External Auditor's statement.
A.1.2	The annual report should identify the Chairperson, the deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the Chairperson and members of the Nominations, Audit and Remuneration[8] Committees. It	See listings for Board (pages 100-105), Board Committees (pages 110-115) and the Nominations Committee (pages 94-96) and the table of meetings

	should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	on pages 106-109.
A.5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead Governor.	Pages 89-94, The Council of Governors, refer.
n/a	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors.	See table of meetings on pages 107-109.
B.1.1	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent, with reasons where necessary.	Pages 101-104, Non-Executive Appointments, refer.
B.1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS Foundation Trust.	See information on Board of Directors, pages 100-105.
n/a	The annual report should include a brief description of the length of appointments of the Non-Executive Directors, and how they may be terminated	Pages 102-104, Non-Executive Director Appointments and Non-Executive Directors.
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to Board appointments.	See pages 94-96 and 113-115 re the Nominations and Remuneration & Terms of Services Committees respectively.
n/a	The disclosure in the annual report on the work of the Nominations Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a Chair or Non-Executive Director.	See pages 94-96 and 113-115 re the Nominations and Remuneration & Terms of Services Committees respectively.
B.3.1	A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of Governors as they arise, and included in the next annual report.	See page 102, Non-Executive Directors, for the Chair's commitments. The Register of Interests lists all interests and is presented to the Council of Governors regularly.
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed Governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Pages 89-94, The Council of Governors, refer.
n/a	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of	Not exercised, but as stated on page 94 Directors

	schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. ** Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the Foundation Trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Foundation Trust's or directors' performance).* *** As inserted by section 151 (6) of the Health and Social Care Act 2012)*	frequently attend Governors' meetings.
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its Directors, including the Chairperson, has been conducted.	Page 101, Board Performance Evaluation, refers.
B.6.2	Where there has been external evaluation of the Board, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the Trust.	Pages 101, Board Performance Evaluation, refers.
C.1.1	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (AGS) (within the annual report).	Page 11, Chairman and Chief Executive's Statement refers, together with the AGS on page 198.
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	See the Annual Governance Statement on page 198.
C.2.2	A Trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Pages 110-112, Audit Committee, refer.
C.3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	Not applicable; the Governors have not rejected any recommendations of the audit committee.
C.3.9	A separate section of the annual report should describe the work of the Audit Committee in	Pages 110-112, Audit Committee, refer.

	discharging its responsibilities. The report should include: - the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; - an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and - If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the Director will retain such earnings.	Not applicable in 2013/14
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about the NHS Foundation Trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	Pages 83-84, Our Governance Structure and pages 106-109, Attendance at Meetings, refer.
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	See pages 98-100, Relations with Members.
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the NHS Foundation Trust's website and in the annual report.	Pages 98-100, Relations with Members refer.
n/a	The annual report should include: - a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; - information on the number of members and the number of members in each constituency; and - a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any	See pages 98-100, Relations with Members.

	recruitment targets for members.	

Monitor's Quality Framework (QGF)

The Quality Governance Framework (QGF) is an assessment tool for Boards to review their governance arrangements to ensure essential levels of quality and safety are met and to drive forward continuous improvement. The framework sets out ten key questions underpinning four categories of quality governance. Whilst licenced Foundation Trusts are not formally required to undertake a full QGF assessment (as it is aimed at aspirant Trusts), they are expected to set out in their annual reports how they have had regard to it in arriving at their overall evaluation of the organisation's performance, internal control and Board Assurance Framework.

In accordance with best practice and to support the development of the 2013/14 Annual Governance Statement, we undertook a self-assessment against Monitor's QGF and scoped ourselves against examples of good practice provided by Monitor as part of the Annual Reporting Manual. The Quality Governance Framework has not been rigorously monitored throughout 2013/14. This will be addressed as part of the Trust Governance review for 2014/15. Currently our status is a score of 4.0. There are two areas being declared as amber/red (rated at 1.0). These are in relation to the quality of data and information and the Board being sufficiently aware of risks to quality. The Trust has clear plans with regard to the improvement of both these areas during 2014/15.

Whistleblowing and Raising Concerns

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

The Council of Governors

In 2013 the composition of our Council of Governors was reviewed by a working group comprising Governors and Directors, led by the Lead Governor, Mr Joe Unsworth. The number of Public Governors and Partner Governors was reduced and the Public Constituency was re-formed to just two classes:

- Barnsley public, represented by 15 Governors, and
- (ii) Out of Area (rest of England & Wales) – 1 Governor.

This change to the composition for Governors in Barnsley will enable them to be elected by, and speak for, members from all areas across the borough. The partner Governors reflect the new agencies now established in the community, including Barnsley CCG and Barnsley Together; our links with education, with partners from Barnsley College and a shared seat to ensure engagement with both the University of Sheffield and Sheffield Hallam University; and continuing good relationships with other key partners, including the Local Authority, Voluntary Action Barnsley and the Joint Trade Union Committee.

Pages 107-109 highlight the number of Council of Governors' general and sub-group meetings attended by members of the Board, to enable more opportunities for listening to Governors, sharing information and responding to challenges.

The Council of Governors has continued to deal with a range of issues charged to it under legislation (e.g. appointment of the Chairman, Non-Executive Directors and external auditors) and to support the Trust in our strategic development (business plan and quality account etc.). In the year, our Governors helped to launch a new programme of internal quality and safety inspections, further information on which is provided on page 97. This is a clear example of how our Governors' input has helped to inform and shape our future direction and improve our services.

Other key actions in 2013/14 included:

- Monitoring and review of the Code of Conduct for Governors, which it introduced in 2012/13 reflecting their changing role and responsibilities of Governors.
- Undertaking the first constitutional review under the new regulatory structure (approved by the Board of Directors and Council of Governors in June 2013).
- Running a busy stand at the Penistone Show in September 2013 to promote awareness of their role and engagement with members.
- Petitioning the Board for appointment of a Membership Officer to help increase membership engagement further, participation in training, both locally and nationally.
- Continuing to meet, exchange views and share good practice with their governor colleagues at national networking events.

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

The Council of Governors continues to plan and report the views and experiences of the organisation and people they represent. As well as direct contact with their Governors, members and the public are invited to contact their Governors through engagement events, the Trust's website and intranet sites and quarterly members' newsletters. This important feedback is shared with the Board of Directors through the routes outlined about and helps to inform and shape the Trust's development. Whilst the requirement for Governors to canvass opinions from the membership and the public is being met through

this work, it will be further enhanced with the support of the Membership Officer, who was appointed in 2013/14 at the Governors' request.

The Trust values the contributions of all of its Governors – public, staff and partners. The Governors in place pre and post elections in June 2013 are identified below:

To June 2013	Post June 2013
PUBLIC GOVERNORS: **Constituency A** *Covering the electoral wards of Dodworth, Hoyland Milton, Penistone East, Penistone West and Rockingham* Bruce Leabeater -first appointed 01.01.2008 Carol Robb - first appointed 01.01.2006 Joseph (Joe) Unsworth - first appointed 01.01.2005; Lead Governor since May 2013 **Constituency B** *Covering the electoral wards of Darton East, Darton West and Old Town* Tony Alcock - first appointed 01.01.2011; resigned June 2013 Pauline Buttling - first appointed 01.01.2010 Margaret Richardson - first appointed 01.01.2013 **Constituency C** *Covering the electoral wards of Stairfoot, Central, Kingstone and Worsbrough* Tony Grierson - first appointed 01.01.2013 Bob Ramsay - first appointed 01.01.2005 **Constituency D** *Covering the electoral wards of St Helen's, North East, Cudworth, Monk Bretton and Royston* Dillon Sykes - first appointed 01.01.2012 David Thomas - first appointed	**PUBLIC GOVERNORS:** **Barnsley Public Constituency** *Covering the whole of the borough of Barnsley* Pauline Buttling - first appointed 01.01.2010 (second term to 31.12.2015) Tony Dobell - first appointed 01.01.2014 (first term to 31.12.2016) Joan Gaines - first appointed 01.01.2014 (first term to 31.12.2016) Tony Grierson - first appointed 01.01.2013 (first term to 31.12.2015) Wayne Kerr - first appointed 01.01.2005 (fourth term to 31.12.2014) Bruce Leabeater - first appointed 01.01.2008 (third term of 31.12.2016) Eric Livesey - appointed 26.06.2013, following resignation of public governor to 31.12.2013 (i.e. remainder of term) Jacky O'Brien - first appointed 01.01.2014 (first term to 31.12.2016) Bob Ramsay - first appointed 01.01.2005; died November 2013 Margaret Richardson - first appointed 01.01.2012 (first term to 31.12.2014) Carol Robb - first appointed 01.01.2006 (third term to 31.12.2014) Trevor Smith - first appointed 01.01.2010 (second term to 31.12.2015) *deputy lead Governor* Harry Spence - first appointed 01.01.2014 (first term to 31.12.2016) Dillon Sykes - first appointed 01.01.2012 (first term to 31.12.2014) David Thomas - first appointed 01.01.2005 (fourth term to 31.12.2014) Joseph (Joe) Unsworth - first appointed 01.01.2005 (fourth term to 31.12.2016) *lead Governor* Nathan Woodcock - first appointed 01.01.2013 (first term to 31.12.2015)

01.01.2005
Nathan Woodcock - first appointed 01.01.2013

Constituency E
Covering the electoral wards of Darfield, Dearne North, Dearne South and Wombwell
Wayne Kerr - first appointed 01.01.2005
Trevor Smith - first appointed 01.01.2010
Deputy Lead Governor since August 2012.

Constituency O
Covering out of area/England and Wales
A number of vacancies for public governors were carried forward (1 each in Constituencies A, C and O, and 2 each in Constituencies D and E) pending review of the composition of the Council of Governors, as reported on pages 89-90.

STAFF GOVERNORS
Covering all staff groups – clinical support, medical, non-clinical support, nursing and midwifery and volunteers

Tony Conway, Volunteers - first appointed 01.01.2013
Debby Horbury, Nursing & Midwifery - first appointed 01.01.2008
Gwyn Morritt, Nursing & Midwifery - first appointed 01.01.2012
Viv Mills, Clinical Support - first appointed 01.01.2005
Jordan Ramsey - first appointed 01.01.2013
Ray Raychaudhuri, Medical & Dental - first appointed 01.09.2010

PARTNER GOVERNORS

David Brannan - Voluntary Action Barnsley (from January 2005).

Out of Area Public Constituency
Covering the rest of England & Wales
Luke Steenson - first appointed 01.01.2014 (first term to 31.12.2016)

STAFF GOVERNORS
Covering all staff groups – clinical support, medical, non-clinical support, nursing and midwifery and volunteers

Tony Conway, Volunteers - first appointed 01.01.2013 (first term to 31.12.2015)
Debby Horbury, Nursing & Midwifery - first appointed 01.01.2008 (second term to 31.12.2013)
Gwyn Morritt, Nursing & Midwifery - first appointed 01.01.2012 (first term to 31.12.2014)
Viv Mills, Clinical Support - first appointed 01.01.2005 (fourth term to 31.12.2014; resigned December 2013
Election for Clinical Support Staff Governor underway
Jordan Ramsey - first appointed 01.01.2013 (first term to 31.12.2015)
Mr Ray Raychaudhuri, Medical & Dental - first appointed 01.09.2010
Lisa Sanderson, Nursing & Midwifery - first appointed 01.01.2014 (first term to 31.12.2016)

PARTNER GOVERNORS
Paul Ardron - Sheffield Universities, joint seat (from August 2013)
Dr Nick Balac - Barnsley Clinical Commissioning Group (from August 2013)*
David Brannan - Voluntary Action Barnsley (from January 2005)
Councillor Jenny Platts - Barnsley Metropolitan Borough Council (from October 2009)
Martin Jackson - Joint Trade Unions Committee (from January 2008)
Amie Johnson - Barnsley Together (from June 2013 to February 2014)
Peter Lleshi - Barnsley Together (from

Councillor Jenny Platts - Barnsley Metropolitan Borough Council (from October 2009). Kay Philips - Sheffield Hallam University (from June 2007, retired June 2013). Martin Jackson - Joint Trade Unions Committee (from January 2008). Cara Stacey - Barnsley College (from September 2012 to May 2013). Vacancies were held for three partner governor organisations pending review of the composition of the Council, as mentioned above. **Co-opted Governor** Eric Livesey, appointed February 2013	February 2014) Laura Neasmith - Barnsley College (from June 2013) *Dr. Balac is Chair of Barnsley Clinical Commission Group (CCG). At the end of the reporting period for 2013/14, he stepped down as nominated Partner Governor on the Council of Governors to avoid any potential conflict of interest. At the time of writing, the Trust is awaiting confirmation of a new nominee for the CCG.

Public and Staff Governors are subject to elections held annually for up to one-third of seats, at the end of their terms of up to three years office. In 2013 (for appointment from 1 January 2014), seven seats for public Governors (including the vacancy arising following the sad loss of Mr Bob Ramsay during the election process) and one staff Governor seat were put forward for election; the elections were supported by the UK-Engage, as independent scrutineers.

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

Co-opted Governors can be appointed and removed by approval of the Council of Governors at a general meeting.

Vacancies arising in year can be offered to unsuccessful candidates in the same constituencies if the vacancy arises within six months of the election.

The report includes a number of references to Mr Bob Ramsay, who sadly died in November 2013. Bob had been a public Governor since the Council was first established in January 2005. He made a huge contribution to the Council and the Trust and will be sorely missed. Our sincere condolences were extended to his family and friends.

As can be seen by the dates shown in the table below, a small number of Governors left the Council during the year, for a range of reasons - end of term of office, changed circumstances, pressure of work, new job and retirement. The Council is an evolving and ever changing entity but every one who becomes part of it makes a valued contribution and helps to shape the future direction of the hospital.

We would like to reiterate sincere thanks to Tony Alcock, Eric Livesey, Amie Johnson, Debbie Horbury, Viv Mills, Kay Phillips and Cara Stacey. It is timely to record thanks too, to all of our Governors – current and past – public, staff and partners, whose continuing support and commitment to the hospital and the improvement of services for our patients has been invaluable.

Vacancies

At the end of March 2014 there was one vacancy on the Council of Governors, for our Clinical Support Staff Governor. A By-election was held and the vacancy was filled in April 2014 with the appointment of Rachel Hewitt, Senior Physiotherapist.

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

Council of Governors and Board member attendance at Governors' meetings is noted in the table on pages 106-109. Where a Governor is unable to attend two consecutive general meetings, the tenure of office may be terminated unless the absence was due to a reasonable cause; and he/she will be able to start attending meetings of the Trust again within such a period as the wider Council of Governors considers reasonable. Directors' attendance at the Annual General Meeting is recorded separately in the table of Board Meetings and Attendance.

Council of Governors Meetings

For the joint meeting between the Council of Governors and Board of Directors in November 2013, the Board repeated its annual invitation for governors to attend one of its private meetings (hence the Directors' attendance is not recorded separately in the table on page 106). The meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year.

During the financial year 2013/14, the Governors did not exercise their power to require one or more of the Directors to attend a Council of Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Director's performance), under paragraph 10C of Schedule 7 of the NHS Act 2006.

Committees and Sub-groups

- *Nominations Committee*

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

Membership in 2013/14 included:

- Paul Ardron, Partner Governor (appointed to Committee October 2013)
- David Brannan, Partner Governor
- Bruce Leabeater, Public Governor
- Kay Phillips, Partner Governor (to June 2013, retired)
- Bob Ramsay, Public Governor (to November 2013, died)
- Ray Raychaudhuri, Staff Governor
- Trevor Smith, Public Governor (appointed to Committee February 2014)
- Joseph Unsworth, Public and Lead Governor
- Stephen Wragg, Trust Chairman (*Committee Chair*)

When the appointment, re-appointment or performance of the Chairman is under consideration by the Committee, the Chairman is excluded from the Committee's discussions.

The meetings of the Nominations Committee were supported by internal Human Resources advisors and the Secretary to the Board throughout the year. The Committee retains the right at all times to seek internal or external expert advice at any time. When considering the option to appoint an additional Non-Executive Director (with a clinical experience background), the Committee called upon an external agency to support its work at one stage, which helped to widen the scope of its search. In the event this appointment was not progressed. Further information is available on page 115.

In 2013/14 the Committee gave early consideration to the options for appointment/re-appointment to the Trust's Chair, following the end of Stephen Wragg's current term at 31 December 2014, after six years in office. Following careful consideration of current and foreseeable challenges facing the hospital and the need to weigh refreshment of the Board against stability, the Committee proposed that Mr Wragg be offered a further extension to his term of office on an exceptional basis and subject to annual renewal.

The Committee has a protocol of reviewing all impending end of terms at the beginning of each year to facilitate planning for appointments referred to open competition, the need for additional information to reach any decisions and ample time to support succession planning and handover.

During the year the Committee also took the step of recommending the Chairman's role be extended from part-to-full-time during the period between Paul O'Connor leaving the Trust and Diane Wake taking up appointment as the Trust's new Chief Executive. Stephen Wragg resumed a part-time role when Diane Wake joined the Trust in October. This arrangement proved to work extremely well, giving valuable support to the executive team who themselves had taken on additional responsibilities during the interim period.

Every year the Committee reviews the Terms and Conditions of Service for the Non-Executive Directors and the Chairman. Small increases in basic remunerations were recommended, with effect from 1 January 2014 – the first uplift in a two-year period. No other changes to the Terms and Conditions were proposed. The Committee also works closely with the Chairman (re Non-Executive Directors) and Senior Independent Director

(re the Chairman) in relation to the annual and mid-year appraisals of the Non-Executive Team.

The Chairman's appraisals are jointly led by the SID and Lead Governor, with input invited from all of the Governors and Board members as well as close review by Committee members. Outcomes from the reviews are received and further reviewed by the wider Council of Governors at General Meetings. Whilst the review processes to date have proven to be robust and effective, the Committee is mindful of the need for even more transparency and has supported proposals for a wider 360^{o} process to be utilised for the year end review (2013/14), inviting contribution from wider groups of internal and external stakeholders.

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

- *Funding and Finance Committee*

This is a small group, chaired by the Lead Governor and its membership includes three other Governors and is also joined by the Trust's Chairman. The remit of this group is to control a small dedicated budget and consider funding requests to support the work of the Governors. In 2013/14 the Committee gave its full support to the membership engagement event (Penistone Show) and this approach was fully endorsed by the wider Council of Governors.

Sub-groups

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

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

The structure of the sub-groups continues to enable the Council of Governors to develop a more proactive approach to its role. Governors hold the Non-Executive Directors and Board to account and challenge them against delivery of the identified objectives in the Trust's business plan, with updates presented to the sub-groups.

Further progress of each of the sub-groups in 2013/14 is highlighted below:

- *Patient Experience Sub-group*

The sub-group has continued to focus on issues that really matter to our patients, regularly receiving and reviewing feedback from the patients experience group, complaints, matters highlighted from Board reporting, members' comments and

Governors' own experience and observations. It helped to launch the new programme of quality and safety inspections, enabling Governors to visit ward and clinical areas, talk to patients and staff and hear first hand about their experience at the Trust and to share learning from that with the wider Council of Governors and the Board of Directors.

The Governors in this group also continued to challenge and receive assurance from the Board on the Trust's approach to the End of Life Care Pathway, nursing staffing levels and the Trust's response to the Francis Report and other national reviews.
This group monitored four strands of the Trust's Transformation Programme: urgent care, consistency in care, elective care and outpatients and reviewed progress at its bi-monthly meetings.

Jordan Ramsey took over as Chair of this sub-group in June 2013; Carol Robb has recently taken up the role as Vice Chair.

- *Staff and Environment Sub-group*

This sub-group continues to build its twin focus: on staff issues ranging from morale, issues reported to them by individual members of staff, to training and appraisal (uptake and quality); and the environment, including building works, plans for the estate, signage to help make access easier around the site. It supported introduction of the new PLACE scheme. Governors are keen to continue with some form of internal inspections as well the annual, nationally mandated, PLACE visit. It also welcomed updates on the Trust's plans for implementation of electronic patient records.

The Staff and Environment sub-group monitored three of the Transformation programme work streams: Workforce, Non-Clinical Support and IM&T and Estates.

Bob Ramsay Chaired this sub-group from its establishment until his death in November 2013, ably supported by his Vice Chair, Viv Mills, until her resignation in December. The sub-group continues its good work under the new leadership of Tony Conway and Trevor Smith as Chair and Vice Chair respectively.

- *Strategy and Performance Sub-group*

This sub-group continued to deliver its core duties and was mandated by the Council of Governors to lead on a number of mechanisms to help the Governors to deliver some of their key responsibilities:

- Holding the Non-Executive Directors and the Board to account for delivering our business plan each year, by ensuring the business plan objectives are assigned to and monitored by each of the sub-groups and that the Board responds to any questions on same.
- Ensuring Governors have opportunity to provide input to the Trust's future planning.
- Ensuring Governors have the opportunity to provide input to the Trust's Quality Accounts and helping to draft the Governors' comment on the Quality Report, as required annually.

The sub-group has also continued is scrutiny of a number of Board reports regularly, including HSMR, supporting the Board's drive to improve the hospital's position, the quarterly submissions to Monitor (focusing on the Trust's governance and financial risk ratings), and an overview of the monthly integrated performance report.

The sub-group has been led by David Brannan as Chair and Pauline Buttling as Vice Chair throughout the year.
Additionally the sub-group Chairs, together with the Lead Governor and staff from the Communications team comprise the Editorial Board for the Members' newsletter. This gives the Governors more opportunity to contribute to the newsletter and engage with the members they represent.

Working Groups

It should be noted that ad hoc working groups are also established as and when required. This year there were two: one to lead on the planning and delivery of the membership event held at the Penistone Show in September 2013 and one to lead on and complete the review of the Constitution. Both groups were open to all Governors and also supported by the Chairman and Secretary to the Board.

Terms of Office

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

Governor Expenses

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

Relations with Members

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

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

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

- be employed by the Trust with a permanent contract or have worked at the hospital for at least 12 months or on a series of short-term contracts which total more than

12 months. Becoming a staff member is automatic, with a choice to opt out if they wish. Volunteers are included within the staff constituency and contracted staff have the chance to opt in; or

- live within the Barnsley Metropolitan Borough; or
- live in any other area of England and Wales (our 'out of area' public constituency).

Membership Breakdown 2013/14

As at 31 March 2014, we had 12,488 eligible members comprising of 9,052 public members and 3,436 staff members. At year end of 2013/14, public membership levels had decreased by 1% and staff membership levels had increased by 2% compared to 2012/13 year end data.

The table below sets out the movements in membership as at 1 April 2013 to 31 March 2014.

	At 1 April 2013	New members	Members leaving	At 31 March 2014
Public Constituency	9,268	843	1,059	9,052
Staff Constituency	3,317	413	294	3,436

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

Public Constituency	31 March 2014 Actual Members	31 March 2014 *Eligible Membership
Age (years)		
0-16	8	8,521
17-21	68	12,184
22+	8,972	202,156
Unknown	4	
Ethnicity		
White	8,729	218,148
Mixed	13	1,571
Asian or Asian British	18	1,589
Black or Black British	56	1,145
Other	7	408
Unknown	229	0
Gender		
Male	3,451	110,761
Female	5,595	112,100
Unknown	6	0
Socio-economic Groupings		
AB - upper/middle class	405	23,741

C1 - lower middle class	3,277	38,724
C2 - skilled working class	1,451	32,287
DE – working/casual class	3,799	72,347
Unknown	120	55,762

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

Our membership strategy has been to continue to focus on maintaining and engaging a diverse and representative membership, reflecting our local population. This focus was one of the key drivers behind the attendance at the Penistone Show in September 2013 and engagement of a Membership Officer, to explore how this can be developed further. To support this new role, the Trust's database is now externally managed by a specialist data management organisation, giving greater scrutiny to its content. Additionally the Chief Executive launched a monthly column in the local newspaper in 2014, reaching existing and potential new members.

In 2013/14, public members continued to receive quarterly editions of the members' newsletter, Barnsley Hospital News. As mentioned earlier, Governors play a vital role on the Editorial Board to ensure that the newsletter includes news, comments and responses to issues that their members have told them they want to know about.

Staff members were kept informed through routine internal communications, including the launch of a refreshed team brief system, revised weekly bulletin (also shared with Governors) and the introduction of a Chief Executive Blog. The website is also well used and in the year all staff were given access to social media sites such as Twitter and Facebook, opening up further channels for communication.

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

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

The Board of Directors

The Board of Directors is responsible for setting and driving forward the strategic direction of Barnsley Hospital. In 2013/14 the Board comprised six Non-Executive Directors (including the Chairman) and five Executive Directors. The skills and strengths provided by the Non-Executive and Executive Directors throughout the year continued to ensure that the Trust benefited from a good, well-balanced Board. The balance is reviewed throughout the year as well as whenever any Director-level vacancies, Executive or Non-Executive, arise.

Board Performance Evaluation

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

As reported previously, whilst the Board's performance has thus been evaluated throughout the year, it has also looked more closely as its own effectiveness, to guard against complacency and keep pace with new ways of working.

In 2013/14 the Board continued the evaluation and development process started in 2012/13, supported by the Real World Group, building on the early work of the previous year, focusing on competence of the Board in their role, engagement and effectiveness in working together as a team. The Real World Group has no other connection to the Trust.

The following were the Executive and Non-Executive Directors for the year 2013/14:

Chairman	Stephen Wragg
Non-Executive Directors	Linda Christon Francis Patton (Deputy Chairman and Senior Independent Director) Paul Spinks Sir Stephen Houghton CBE Suzy Brain England OBE
Chief Executive	Paul O'Connor (to 09 June 2013) David Peverelle (interim CEO 10 June to 27 October 2013) Diane Wake (from 28 October 2013)
Medical Director	Dr Jugnu Mahajan
Director of Finance and Information	Janet Ashby (Suspended on 11 April 2014, pending the outcome of financial investigations)
Interim Director of Finance	Stuart Diggles (interim appointment from 8 April 2014)
Director of Nursing and Quality	Heather McNair
Chief Operating Officer	David Peverelle
Deputy Chief Executive	Hilary Brearley (interim Executive Director from 10 June to 27 October 2013)

Non-Executive Director Appointments

Non-Executive Directors are usually appointed for a term of up to three years by the Council of Governors, based on a recommendation from the Nominations Committee. Paul Spinks was appointed for an extended period (up to three years and four months). All of the Non-Executive Directors retained their status as independent directors.

The Nominations Committee is a formal committee of the Council of Governors and comprises the Chairman, three Public Governors, two Partner Governors and a Staff Governor to consider and make recommendations to the Council of Governors for the appointment and terms of service of Non-Executive Directors, including the Chairman. See pages 94-96 for further details.

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

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

Non-Executive Directors

- *Stephen Wragg, Chairman*

Stephen was appointed as Chairman in January 2009. He is a self-employed Management Consultant, before which he was Technical Director at W2Networking, where he was responsible for customer technical solutions, customer service and satisfaction and the development of a commercial data centre strategy. From 2001 to 2007 he was Head of Information and Communications Technology (ICT) at Business Link South Yorkshire and Head of ICT at Barnsley and Doncaster TEC from 1997 to 2001. Prior to his appointment Stephen was a Non-Executive Director of NHS Barnsley; a position he held since April 2006.

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

Stephen became a full-time Chairman from June to October 2014 to support the Trust during the recruitment of a substantive Chief Executive, Diane Wake, in October 2014. Stephen's current term runs until 31 December 2017.

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

Francis Patton joined the Board in January 2008. He has spent the last 20 years working in the pub retailing sector in areas such as operational management, customer services, marketing, public relations, purchasing, investor relations, communications, human resources, learning and development and recruitment. He holds a number of Non-Executive roles and teaches part time at Leeds Metropolitan University. He is the Deputy Chairman and, since January 2012, Senior Independent Director (SID). He also chairs the Trust's Non-Clinical Governance and Risk Committee. Francis's term of office has been extended for a further period up to December 2016.

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

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

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

- *Linda Christon, Non-Executive Director*

Linda Christon joined the Board in January 2010 and is a former Regional Director of the Commission for Social Care Inspection, the body which regulated social care prior to the Care Quality Commission. She has a Law degree and a Masters degree in Business Administration. She has had a varied career in housing and social care and has experience of working across health and social care partnerships. Linda is the Non-Executive lead for Emergency Planning and Sustainability and is the Chair of the Clinical Governance Committee and also a member of the Audit Committee. She is also a Board member of St Leger Homes in Doncaster. Her current term of office runs until December 2015.

- *Sir Stephen Houghton CBE, Non-Executive Director*

Sir Stephen Houghton CBE joined the Board in 2012. He is leader of Barnsley Metropolitan Borough Council, a post he has held for 14 years. He brings extensive knowledge of local government and public sector accountability, as well as a strong understanding of Barnsley and its health issues. Sir Steve is also chair of the Barnsley Local Strategic Partnership, the Health and Wellbeing Board, Special Interest Group of Municipal Authorities and a former board member and deputy chair of Yorkshire Forward. He was honoured with a Knighthood in 2013. Sir Stephen was appointed on 1 January 2012 until 31 December 2014 and subsequently reappointed to 2017.

- *Paul Spinks, Non-Executive Director*

Paul Spinks re-joined the Board as a Non-Executive Director in September 2012. He is Chair of the Audit Committee and a member of the Finance Committee. He is a qualified Chartered Accountant working for a firm of accountants, where he specialises in audit of public sector bodies, particularly in the NHS and Local Government. Paul is a member of the Public Sector Audit Committee at the ICAEW and the Public Audit Forum Working Group on Whole of Government Accounts. Paul's appointment is until 31 December 2015**.**

Executive Directors

- *Paul O'Connor, Chief Executive (to 9 June 2013)*

Paul O'Connor started as Chief Executive in March 2011, having held the position on an interim basis from June 2010. He has previously held Chief Executive roles in hospitals in London and Birmingham and also led the QIPP (Quality, Innovation, Performance and Prevention) Programme for NHS North West before joining Barnsley Hospital NHS Foundation Trust. Paul left the Trust to take up a new appointment as Chief Executive for Sherwood Forest Hospitals NHS Foundation Trust.

- *Diane Wake, Chief Executive (from 28 October 2013)*

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

- *Janet Ashby, Director of Finance and Information*

Janet Ashby joined the Board as Director of Finance and Information in August 2012, having been the Deputy Director for two years. Her extensive 25-year background in financial management includes senior and Finance Director roles within the Virgin Group, Arcadia Group and KPMG. As well as working at board level for ten years, Janet has also run her own consultancy. She initially came to Barnsley Hospital in 2008 to improve and develop our financial systems and in 2010 took up the post of Deputy Director, working with the team to produce the annual financial plan and manage the overall financial position.

- *Stuart Diggles, Interim Director of Finance (interim appointment from 8 April 2014)*

Stuart trained as a Chartered Accountant, qualifying and gaining membership to the Institute of Chartered Accountants in England and Wales in December 1994. Over the last 20 years Stuart has worked in a number of commercial enterprises in a range of

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

- *Dr Jugnu Mahajan, Medical Director*

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

- *Heather McNair, Director of Nursing and Quality*

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

- *David Peverelle, Chief Operating Officer*

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

Register of Interests

There are no company Directorships held by the Directors or Governors where companies are likely to do business or are seeking to do business with the Trust, other than those highlighted in the related party note in the financial statements. Where there are Directorships with companies the Trust may do business with, we have mechanisms to ensure there is no direct conflict of interest and those Directors would not be involved.

The Register of Directors' and Governors' Interests is available from Carol Dudley, the Secretary to the Board at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 435000.

Attendance at Board of Director and Council of Governors Meetings

Board and Board Committee Meetings:

			Board of Directors		Audit Committee		Clinical Governance Committee (CGC)		Finance Committee		Non Clinical Governance & Risk Committee		Remuneration & Terms of Service Committee (RATS)	
			Total Eligible	*Total Attended*	*Total Eligible*	*Total Attended*	*Total Eligible*	*Total Attended*	*Total Eligible*	*Total Attended*	*Total Eligible*	*Total Attended*	*Total Eligible*	*Total Attended*
Brain England	Suzy	Non-Executive Director	12	11	6	6	6	6					7	6
Christon	Linda	Non-Executive Director	12	11	6	5	6	5					7	7
Houghton	Stephen	Non-Executive Director	12	11							6	5	7	5
Patton	Francis	Non-Executive Director	12	12							6	6	7	6
Spinks	Paul	Non-Executive Director	12	12	6	6			5	5			7	7
Wragg	Stephen	Chairman	12	12				1	5	5	6	1	7	7
														Shading denotes Committee Chair.
Ashby	Janet	Director of Finance & Information	12	11	6	5			5	4	6	4		
Brearley	Hilary	Interim Deputy CEO	5	5							6	4		
Mahajan	Jugnu	Medical Director	12	10			6	6	5	5				
Mcnair	Heather	Director of Nursing & Quality	12	11			6	5			6	3		
O'Connor	Paul	Chief Executive	3	3	1	1			1	0			1	1
Peverelle	David	Chief Operating Officer/interim CE	12	12			6	3	5	3	6	2	2	2
Wake	Diane	Chief Executive	5	5					2	2			1	1
													CEO attendance by	
													Lead Governor attended 2 meetings by invitation	

Council of Governors Meetings - Governors (and Chair)

Name		Term of office			Note	Constituency	General Meetings		Annual General Meeting	Joint meeting with Board	Sub Groups			Nominations Committee [8]	
		1st appointed	Expiry date	Term			Total eligible	Attended	Attended	Attended	Patients' Experience Total = 6 Attended	Staff & Environment Total = 5 Attended	Strategy & Performance Total = 6 Attended	Total eligible	Attended
Public Governors					1	**Public Constituency**									
Tony	Alcock	Jan-11	Dec-13	1st	Resigned see also note 1	Public Constituency B	2	1	N/a	N/a	1				
Pauline	Buttling	Jan-12	Dec-15	2nd		Barnsley Public Constituency	7	6	Yes		1	1	4		
Tony	Dobell	Jan-14	Dec-16	1st		Barnsley Public Constituency	1	1	N/a	N/a	2	1	2		
Joan	Gaines	Jan-14	Dec-16	1st		Barnsley Public Constituency	1	1	N/a	N/a	1	2	1		
Tony	Grierson	Jan-13	Dec-15	1st		Barnsley Public Constituency	7	6	Yes		4	4	4		
Wayne	Kerr	Jan-05	Dec-14	4th	2	Barnsley Public Constituency	7	0	No				2		
Bruce	Leabeater	Jan-08	Dec-16	3rd		Barnsley Public Constituency	7	6	Yes	Yes	3	1	4	8	6
Eric	Livesey	Jun-13	Dec-13		3	Barnsley Public Constituency	4	2	No				1		
Jacky	O'Brien	Jan-13	Dec-16	1st		Barnsley Public Constituency	1	0	N/a			2	1		
Bob	Ramsay	Jan-05	Nov-13	4th	Died	Barnsley Public Constituency	5	3	Yes	N/a	4	2	3		
Margaret	Richardson	Jan-12	Dec-14	1st		Barnsley Public Constituency	7	5	No		4	5	6	4	3
Carol	Robb	Jan-06	Dec-14	3rd		Barnsley Public Constituency	7	7	Yes	Yes	3	5	5		
Trevor	Smith	Sep-10	Dec-15	2nd		Barnsley Public Constituency	7	6	No	Yes	3	2	5	2	1
Harry	Spence	Jan-14	Dec-16	1st		Barnsley Public Constituency	1	1	N/a	N/a			2		
Luke	Steenson	Jan-14	Dec-16	1st		Public Constituency O - Out of area (rest of England & Wales)	1	1	N/a	N/a					
Dillon	Sykes	Jan-12	Dec-14	1st		Barnsley Public Constituency	7	6	No		1		3		
David	Thomas	Jan-05	Dec-14	4th		Barnsley Public Constituency	7	5	Yes				1		
Joseph	Unsworth (Lead Governor)	Jan-05	Dec-16	5th		Barnsley Public Constituency	7	6	Yes	Yes	6	4	6	8	8
Nathan	Woodcock	Jan-13	Dec-15	1st		Barnsley Public Constituency	7	2	No		1				

Chairs denoted by shading

Name		Term of office			Note	Constituency	General Meetings		Annual General Meeting	Joint meeting with Board	Sub Groups			Nominations Committee	
		1st appointed	Expiry date	Term			Total eligible	Attended	Attended	Attended	Patients' Experience Total = 6 Attended	Staff & Environment Total = 5 Attended	Strategy & Performance Total = 6 Attended	Total eligible	Attended
Staff Governors						**Staff Constituency**									
Mr Ray	Raychaudhuri	Sep-10	Dec-15	2nd		Medical & Dental	7	6	No	Yes	3		2	8	7
Viv	Mills	Jan-05	Nov-13	4th	Resigned see also note 5	Clinical Support	6	3	No			2			
Debby	Horbury	Jan-08	Dec-13	2nd		Nursing & Midwifery	6	2	No			1			
Gwyn	Morritt	Jan-12	Dec-14	1st		Nursing & Midwifery	7	4	No	Yes	2	2	1		
Lisa	Sanderson	Jan-14	Dec-16	1st		Nursing & Midwifery	1	1	N/a	N/a	1				
Jordan	Ramsey	Jan-13	Dec-15	1st		Non Clinical Support	7	5	Yes		5	3	5		
Tony	Conway	Jan-13	Dec-15	1st		Volunteers	7	7	Yes		6	3	5		

Name		Term of office			Note	Constituency	General Meetings		Annual General Meeting	Joint meeting with Board	Sub Groups			Nominations Committee [8]	
		1st appointed	Expiry date	Term			Total eligible	Attended	Attended	Attended	Patients' Experience Total = 6 Attended	Staff & Environment Total = 5 Attended	Strategy & Performance Total = 6 Attended	Total eligible	Attended
Partner Governors						**Partner Organisation**									
Paul	Adron	Aug-13			1b	Sheffield Universities (joint seat	4	2	Yes	Yes				5	5
Dr Nick	Balac	Aug-13			7	NHS Barnsley	4	1	Yes						
David	Brannan	Jan-05				Voluntary Action Barnsley	7	7	Yes	Yes	5	5	5	8	7
Martin	Jackson	Jan-08				Joint Trade Unions Committee	7	2	Yes			3			
Kay	Phillips	Jan-07	Jun-13		Retired see also note 1b	Sheffield Hallam University	2	1	N/A	N/A				1	1
Cllr Jenny	Platts	Oct-09				Barnsley MBC	7	5	Yes	Yes	4				
Cara	Stacey	Sep-12	May-13		Left organisation	Barnsley College	1	1	N/A	N/A	1				
Laura	Neasmith	Jun-13				Barnsley College	6	4	No						
Amy	Johnson	Jun-13	Dec-13		Left organisation	Barnsley Together	5	3	No						
Peter	Lleshi	Feb-14				Barnsley Together	0	0	N/a	N/a	1				
Plus															
Wragg	Stephen	Jan-09	Dec-14	2nd	4	Chairman	7	7	Yes	Yes	4	4	4	8	8
							Chairs denoted by shading								

Name			General Meetings		Annual General Meeting	Joint meeting with Board	Sub Groups			Nominations Committee	
			Attended				Patients & Access Total = 6	Staff & Environment Total = 5	Strategy & Performance Total = 6	Total eligible	Attended
Board and Management Team attendance:											
Janet	Ashby			4	Yes						
Suzy	Brain England			1	Yes						
Linda	Christon			1	Yes		3				
Sir Stephen	Houghton				Yes						
Jugnu	Mahajan			2	Yes		2		1		
Heather	Mcnair			1	Yes						
Paul	O'Connor			1	N/a						
Francis	Patton				Yes					2	2
Emma	Parkes			3	Yes						
David	Peverelle			3	Yes				1		
Paul	Spinks				Yes						
Diane	Wake			2	N/a						

Notes:

1: Public Governors within Barnsley and appointed before January 2014 originally represented Public Constituencies A-E, subsumed by the transition to the wider Barnsley Public Constituency in July 2013 (see pages 89-93 for more information on constituencies and change to the Constitution).
1b; this became a shared seat between Sheffield Hallam University and the University of Sheffield, with the Constitutional changes in July 2013.
2: Appointed to 4th term to December 2014, per prevailing Constitution at time of election.
3: Mr Livesey was co-opted to the Council in February 2013 and appointed to an elected position from June 2013 for the remainder of Mr Alcock's term of office following his resignation.
The table records his attendance as both co-opted and appointed Governor.
4: As noted on page 95, Mr Wragg's appointment has been extended for a third term of office, up to three years (subject to annual review and renewal).
5: By-election was convened as soon as possible in 2014 and Ms Rachel Hewitt subsequently appointed as Staff Governor for Clinical Support Constituency (wef 1 May 2014).
6: Whilst appointed by nomination rather than election, Partner Governors are subject to re-appointment/nomination at 3 year intervals
7: Dr Balac has since stepped down as Nominated Governor for Barnsley Clinical Commissioning Group (April 2014); at the time of writing details of the CCG's new nominee are awaited.
8. Re the Nominations Committee, Mr Wragg did not attend meetings relating to his own appraisal or terms & conditions, nor the terms & conditions of the Non-Executive Directors. On such occasions Mr Unsworth assumed the Chair, as Lead Governor.
9. It is acknowledged that some Governors cannot attend every meeting due to other commitments and/or health issues. On the rare occasions that they have not explained their absence for two consecutive meetings, it is challenged (with the support of the wider Council of Governors) and support offered where appropriate to facilitate their return to the Council and/or, if necessary, to terminate their appointment. No such instances arose in 2011/12.
10. Sub-group meetings are an open forum for Governors. As well as regular attendees, several governors attend on a more ad hoc basis and are welcome to do so.

Integrated Governance – Committees of the Board

Governance is about making sure the Board of Directors is well informed and assured that the right systems and processes are in place. In 2013/14, the Trust did this through five committees which report to the Board. The Committees were monitored through the Trust's audit processes and regular reports from each were presented to the Board.

Some of the actions taken in 2013/14 included:

- Assessed our compliance with the revised Monitor Code of Governance.
- Assessed our compliance with Monitor Quality Governance Framework.
- Embedded and established revised integrated governance arrangements.
- Developed arrangements to support the proposed new CBUs.
- Procured and implemented a new incident reporting and complaints management system (DATIX), which is easier for staff to use and is able to provide improved management reports.

Audit Committee

The Audit Committee reviews and provides assurance to the Board of Directors on the Trust's overall governance, risk management and internal control procedures. This includes arrangements for preparation of Annual Accounts and Annual Report, the Board Assurance Framework and the Annual Governance Statement.

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

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

Membership of the Committee in 2013/14 comprised the following Non-Executive Directors:

- Paul Spinks
- Linda Christon
- Suzy Brain England OBE

The Committee includes at least one member with recent and relevant financial experience (see outline of Non-Executives' skills above) and is supported at every meeting by the Trust's Director of Finance and Information.

As stated on page 121, the Directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements.

The Trust's Internal Audit function is provided by 360 Assure. 360 Assurance is a not for profit organisation with healthcare sector expertise, experience and specialist knowledge to deliver a wide range of assurances. Following a successful merger during 2013, the agency now provides their services to South Yorkshire and the East Midlands. The agency is hosted by Leicestershire Partnership NHS Trust.

The agency adheres to the Public Sector Internal Audit Standards and are currently working with BHP Chartered Accountants to undertake an external assessment in line with the requirements of these standards. This will support and demonstrate compliance against the quality standards and provide their clients with assurance over the quality of services.

A separate annual report will be provided shortly from 360 Assurance for 2013/14 to report on performance over the year.

360 Assurance perform their work against an internal audit plan with progress reports and key findings reported through regular progress reports presented to the Audit Committee and a final Annual report with their Head of internal Audit Opinion. They also monitor progress on implementing agreed actions arising from previous internal audit reviews and report this to the Audit Committee through a Tracker Report presented to the Audit Committee.

PricewaterhouseCoopers LLP (PwC) were re-appointed following a formal re-tender exercise during 2010-11 for a three year period commencing 1 April 2011 with an option on a further two year extension. The Trust has exercised this option to continue the external audit appointment for a further year to cover the period to 31 March 2015.

The audit fee for the statutory audit was £70,776 (2012/13 £51,244) including VAT. This was the fee for an audit in accordance with the Audit Code issued by Monitor in March 2011.

The audit fee for the subsidiary organisation, Barnsley Hospital Support Services Limited was £7,800 inclusive of VAT (2012/13 - £5,400). The audit fee for Barnsley Hospital Charity was £4,458 (2012/13 £4,321) inclusive of VAT.

All work commissioned from the external auditors is subject to the authorisation of the Audit Committee to ensure that the Auditor's objectivity and independence is safeguarded. Any additional work proposed outside of the external Auditor's core function is presented to the Council of Governors for consideration and approval. No additional services have been provided during 2013/14.

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

- The results of internal audit work over the year as summarised in their annual Head of Internal Audit Opinion
- The results of external audit and in particular

    - Evidence and disclosures related to the Trust's financial position and going concern status
    - Treatment of property valuation
    - Accounting for deferred income
- The results of the work performed by the trust Local counter Fraud Specialist
- Assurance from the work of Clinical Governance Committee and External Audit on the Quality Account
- Wording of the Annual Governance statement to ensure that this is consistent with matters considered by the Committee.

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

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

Finance Committee

The Finance Committee ensures that the financial plans of the Trust are realistic and open and all financial risks have been identified and mitigated. In addition, the Committee provides assurance on financial reporting to the Board and an overview of Treasury Management issues. It reviews financial plans and issues, approves reports to Monitor, approves the development of financial reporting consistent with the Foundation Trust's financial regime, oversees the development and implementation of the financial information systems' strategy and approves financial policies. The Committee is chaired by a Non-Executive Director, Stephen Wragg, with its membership drawn from both the Executive and Non-Executive Directors.

In 2013/14 membership comprised:

- Dr Jugnu Mahajan, Medical Director
- David Peverelle, Chief Operating Officer
- Paul Spinks, Non-Executive Director
- Paul O'Connor, Chief Executive (to 9 June 2013)
- Diane Wake, Chief Executive (from 28 October 2013)
- Stephen Wragg, Chairman (and Committee Chair*)*

Governance Committees

Both the Clinical Governance Committee and the Non-clinical Governance and Risk Committee are chaired by Non-Executive Directors and include Executive and Non-Executive Directors amongst their members to enable them to seek and obtain the information, actions and assurances they need to be able to report upwards to the Board.

Between them, these two Committees ensure that the structures, processes and policies and procedures are in place to provide a framework to support a hospital environment in which excellent clinical and non-clinical care flourishes. It also ensures that any risk issues are identified, managed and escalated appropriately and that actions are taken.

The Committees are supported by the Chief Executive[1] and other Directors in attendance by invitation to ensure access to information and advice relevant to its discussions quickly and efficiently, in addition to access to external support and advice if required.

Clinical Governance Committee

Members:

- Suzy Brain England OBE, Non-Executive Director
- Linda Christon, Non-Executive Director (*Committee Chair*)
- Heather Mcnair, Director of Nursing and Quality
- Elizabeth Libiszewski, Director of Quality and Performance (to July 2013)
- Dr Jugnu Mahajan, Medical Director
- David Peverelle, Chief Operating Officer

Non-Clinical Governance and Risk Committee

Members:

- Sir Stephen Houghton CBE, Non-Executive Director
- Francis Patton, Non-Executive Director *(Committee Chair)*
- David Peverelle, Chief Operating Officer
- Janet Ashby, Director of Finance and Information
- Elizabeth Libiszewski, Director of Quality and Performance (to July 2013)

This Committee also has a broader membership to include a diverse range of staff from across the Trust, who bring a wealth of professional knowledge and experience to the meetings. Further members include (but are not limited to):

- Chief Information Officer
- Director of Human Resources and Organisational Development
- Associate Director of Estates and Facilities

The Remuneration and Terms of Service Committee (RATS)

The Remuneration and Terms of Service Committee (RATS) is responsible for the appointment of the Chief Executive and, together with the Chief Executive, other executive members of the Board of Directors. It reviews and recommends the terms and conditions of service for the Executive Directors and other Directors and senior managers not subject to the 'Agenda for Change' conditions and reviews the performance of these staff annually. The Committee's recommendations are reported to

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

the Board of Directors. The Committee is able to call upon internal and external human resources advice as required.

The Committee met seven times in 2013/14. Its membership comprised all of the Non-Executive Directors, including the Chairman, who also chairs the committee:

- Stephen Wragg, Chairman
- Suzy Brain England OBE, Non-Executive Director
- Linda Christon, Non-Executive Director
- Francis Patton, Non-Executive Director
- Sir Stephen Houghton CBE, Non-Executive Director
- Paul Spinks, Non-Executive Director

Attendances are shown on the table of Board and committee meetings on page 106.

The Committee is supported by the Chief Executive[2] and Director of Human Resources and Organisational Development, in attendance by invitation to ensure the Committee has access to information and advice relevant to its discussions quickly and efficiently and the Secretary to the Board.

The Committee also has access to external support and advice if required and has secured external support for specific executive appointments during the period. Harvey Nash, have assisted the RATS Committee with the appointment of the Trust Chief Executive Officer in October 2013, and the Nominations Committee with the search and selection process for an additional Non-Executive Director in January 2014. Harvey Nash were selected to provide the support for the RATS Committee by competitive tender for the original assignment, and based on that process, to support the later project. This ensured that the advice provided was objective, and from an independent source. The fees for the two assignments were £24,000 and £1,200 (including VAT) respectively.

The Trust does not currently have a policy statement on the remuneration of senior managers, but does have an agreed salary scale for Directors which is overseen by the Remuneration and Terms of Service Committee. Our Standing Financial Instructions state that the committee will make such recommendations to the Board on the remuneration and terms of service of Executive Directors (and other senior employees) to ensure that they are fairly rewarded for their individual contribution to the Trust, having proper regard to the Trust's financial circumstances and performance and to the provisions of any national arrangements for such staff, where appropriate.

Executive Directors of the Trust have defined annual objectives agreed with the Chief Executive. The Committee receives a report of their performance annually. The Directors do not receive performance-related bonuses. The Directors do receive expenses in line with the Trust's Standing Financial Instructions and the Trust's Travel Policy.

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

[2] Except where discussions relate to the appointment or appraisal of the Chief Executive

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

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

Salary and Pension Entitlements of Senior Managers

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

Remuneration Report

Salary and Pension Entitlements of Senior Mangers

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

A) Single Total Figure Table:

Name and Title	Year ended 31 March 2014				Prior Year			
	Salary and fees	Taxable Benefits	Pension related Benefits	Total	Salary and fees	Taxable Benefits	Pension related Benefits	Total
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000
Ms D Wake, Chief Executive [1]	**60-65**	**0**	**0-2.5**	**60-65**	0.0-5.0	0	**0.0-2.5**	0.0-5.0
Dr J Mahajan, Medical Director [7]	**155-160**	**0**	**75.0-77.5**	**230-235**	170-175	0	**0.0-2.5**	170-175
Mrs H McNair, Director of Nursing & Quality	**100-105**	**900**	**45.0-47.5**	**145-150**	95-100	500	**112.5-115.0**	210-215
Mr P O' Connor, Chief Executive [2, 8]	**25-30**	**0**	**32.5-35.0**	**60-65**	145-150	0	**62.5-65.0**	210-215
Mr D Peverelle, Chief Operating Officer [3]	**110-115**	300	**182.5-185.0**	**295-300**	95-100	0	**17.5-20.0**	110-115
Ms H Brearley [4]	**35-40**	0	**12.5-15.0**	**50-55**	0	0	**0.0-2.5**	0
Ms J Ashby, Director of Finance and Informatio	**100-105**	800	**30.0-32.5**	**130-135**	30-35	0	**10.0-12.5**	40-45
Mr S Wragg, Chairman [5]	**65-70**	**900**		**65-70**	35-40	400		35-40
Mrs L Christon, Non Executive Director	**10-15**	**0**		**10-15**	10-15	0		10-15
Mr P Spinks, Non Executive Director [10]	**10-15**	**0**		**10-15**	5-10	0		5-10
Mrs S Brain England OBE, Non Executive Dire	**10-15**	**1,600**		**10-15**	10-15	1,400		10-15
Sir Stephen Houghton CBE, Non Executive Dir	**10-15**	**0**		**10-15**	10-15	0		10-15
Mr F Patton, Non Executive Director	**10-15**	**800**		**10-15**	10-15	1,000		10-15

Notes:

Year ended 31 March 2014:

1. Ms D Wake was appointed as Chief Executive on 28 October 2013.
2. At the Board's direction, Mr O'Connor was appointed as a Non-Executive Director of Medipex in February 2012. There was no remuneration attached to the role in 2013/14, 2012/13 or in 2011/12 and any future remuneration or fees that might become payable would be for the Trust's receipt, not Mr O'Connor. Mr O'Connor left the Trust on 9 June 2013.
3. Mr D Peverelle served as Interim Chief Executive from 10 June 2013 to 27 October 2013.
4. Ms H Brearley served as Acting Deputy Chief Executive from 10 June 2013 to 27 October 2013.
5. Mr Wragg served as full-time Chairman from 1 May 2013, reverting to part-time from 11 November 2013.
6. Ms J Ashby also received £4,050 via consultancy fees from 01 April 2013 to 07 April 2013.

Year ended 31 March 2013:

7. Dr J Mahajan - other remuneration consists of £24,444.36 additional programmed activities and £23,335 retrospective arrears. Dr Mahajan also receives an additional payment from the Nottingham Clinical Commissioning Group (NCCG) for her role as secondary care governor with the NCCG. In 2012/13 this amounted to £2,500 (appointed from September 2012.
8. At the Board's direction, Mr O'Connor was appointed as a Non-Executive Director of Medipex in February 2012. There was no remuneration attached to the role in 2012/13 nor in 2011/12 and any future remuneration or fees that might become payable would be for the Trust's receipt, not Mr O'Connor. It was announced in April 2013 that Mr O'Connor was to resign from the Trust.
9. Ms J Ashby was appointed as Director of Finance and Information from August 2012 and was remunerated via consultancy fees of £58,200.00 until 3 December 2012. Ms J Ashby also received £34,425 via consultancy fees from 01 August 2012 to 31 March 2013. The table disclosure above details payroll costs for the period 3 December 2012 to 31 March 2013 for salary costs as Director of Finance and Information.
10. Mr P Spinks commenced as a Non-Executive Director on 1 September 2012.

Highest Paid Director

	2013/14		2012/13
Band of Highest Paid Director's total Remuneration £' 000s	150-155		145-150
Median Total £' s	22,903		22,412
Ratio	6.6		6.7

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the Trust in the financial year 2013/14 was £150,000 to £155,000. This was 6.6 times the median remuneration of the workforce which was £22,903.

Total remuneration includes salary, non consolidated performance-related pay (£Nil), benefits in kind (£ Nil) as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Remuneration includes the staff on the Trust payroll together with agency staff and staff which the Trust has contracts for which are relevant to the calculation. These contracts are with the organisations Initial Healthcare and Chubb.

On certain agency invoices used in the calculation, it is not possible to identify the agency commission. In such cases a 25% deduction has been made from the agency bill as the assumed agency commission, since this should be excluded from the calculation. A review was undertaken of charges incurred of agency staff in the last week of the financial year to identify a representative assessment of such costs as at the reporting end date of 31 March 2014.

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

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

The mid-point of the banded remuneration of the highest paid director (see paragraph 5.2.6), whether or not this is the Accounting Officer or Chief Executive, and the ratio between this and the median remuneration of the reporting entity's staff. The calculation is based on the full-time equivalent staff of the reporting entity at the reporting period end date of 31 March 2013 on an annualised basis. For departments, the calculation should exclude arm's length bodies within the consolidation boundary. Entities shall disclose information explaining the calculation, including causes of significant variances where applicable. Further guidance is provided on the Manual's dedicated website '.

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

Salary and Pension Entitlements of Senior Managers

B) Pension Benefits

Name and title	Real increase in pension and related lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2014 (bands of £5000)	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5000)	Total accrued pension and related lump sum at age 60 at 31 March 2014 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 1 April 2013 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension nearest £100
Mr P O' Connor, Chief Executive	15.0 - 17.5	50.0-55.0	150.0-155.0	200.0-205.0	1,054	902	25	0
Mr D Peverelle, Chief Operating Officer	30.0 - 32.5	50.0-55.0	150.0-155.0	200.0-205.0	1,178	940	217	0
Dr J Mahajan, Medical Director	12.5-15.0	30.0-35.0	95.0-100.0	130.0-135.0	657	562	82	0
Mrs H Mcnair, Director of Nursing & Quality	7.5-10.0	35.0-40.0	115.0-120.0	150.0-155.0	685	618	53	0
Ms H Brearley	0.0-2.5	15.0-20.0	0.0-5.0	15.0-20.0	217	184	11	0
Ms J Ashby, Director of Finance & Information	0.0-2.5	0.0-5.0	0.0-5.0	0.0-5.0	24	6	18	0

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

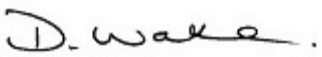
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made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

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

Information Relating to the Expenses of the Governors and the Directors

	Year ended 31 March 14		Year ended 31 March 13	
	Directors	Governors	Directors	Governors
Total number in office - (Note 1)	13	35	13	35
The number receiving expenses in the reporting period	6	4	8	3
The aggregate sum of expenses paid in the reporting period	£7,400	£400	£5,100	£600

Note 1 - after June 2013 Governor numbers reduced to 29, see pages 89-90 for further details. Governors may claim expenses and other reasonable expenses incurred on Trust business at 40p per mile in line with national guidance. They are not remunerated by the Trust in any other way.



Diane Wake .....
Chief Executive

28 May 2014

Date: .....

Other Disclosures

Freedom of Information

The Trust continues to meet its duties under the Freedom of Information Act, meeting requests for information from the public, politicians and the media. The majority of these requests are received by email and are responded to electronically within the 20 working day deadline. We continues to provide the information, where it exists, free of charge if the information can be gathered at a reasonable cost. In the financial year 2013/14, we received a total of 500 requests (an increase of 181 on last year), for which none required to make a payment.

Market Values / Fixed Assets

At the end of the financial year we have revalued our estate. After obtaining an indication of the change in building indices from the District Valuer, it was decided that a full revaluation should be undertaken. This resulted in a reduction in value of £11.5m.

Political or Charitable Donations

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

Provision of Goods and Services

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

Post Balance Sheet Events

On 8th May 2014, the Trust was found to be in significant breach of its license by Monitor, the Foundation Trust regulator. This breach related to a failure of the Trust's corporate governance arrangements and financial management and a breach of the Accident and Emergency 4 hour maximum waiting time target ("the A&E target") for the fifth quarter in the last six quarters.

Branches outside the UK

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

Financial Risk

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

Disclosure to Auditors

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

The accounts have been prepared under a direction issued by Monitor and recorded in the accounting officer's statement later in this report. The Directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements.

A Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above, and:

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

Monitor Ratings

In October 2013 Monitor changed its risk rating system under the Compliance Framework from a Green/Amber/Red rating for governance, and from a financial risk rating (FRR) of 1-5, where 1 = Poor and 5 = Excellent, to introduce the new Risk Assessment Framework. Under the new framework, risks are assessed against two factors: Governance and Continuity of Services.

There are three categories to the new Governance rating applicable to all NHS Foundation Trusts:

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

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

Our Monitor ratings at the end of 2013/14 were 'narrative' for Governance and a Continuity of Service risk rating (CoSRR) of 1.

As stated in this report, robust actions are being progressed to address this situation. Further details of the risk assessment framework and Foundation Trust ratings can be seen at Monitor's website **http://www.monitor-nhsft.gov.uk/**

Table of Analysis 2013/14:

Risk Rating:	Annual Plan 2013/14	Quarter 1 2013/14	Quarter 2 2013/14	Quarter 3 2013/14	Quarter 4 2013/14
Under the Compliance Framework					
Financial Risk	3	3	3		
Governance	Green	Amber/ Red	Green		
Under the Risk Assessment Framework					
Continuity of Service				4	1
Governance				Green	Narrative

Table of Analysis 2012/13:

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Financial	3	3	3	3	3
Governance	Green	Green	Green	Amber-Green	Amber-Green

In 2013/14 the Trust breached the national target for seeing 95% of patients in A&E in less than four hours in Quarters 1, 3 and 4. The 2012/13 report also reflects breaches of this target in quarters 3 and 4. Robust actions are being taken to address this situation, both internally and working with community partners. More information on this is available on pages 17-18. We also breached the trajectory for Clostridium Difficile in Quarter 3 but finished the year at target, with another year on year reduction against a challenging target. The Trust met all other national targets and indicators in year.

In the first quarter of 2014/15, Monitor served an enforcement notice against the Trust relating to both its financial and governance position. As explained elsewhere in this report, the Board of Directors and staff throughout the hospital are working hard to address this situation and return the Trust to compliance as quickly as possible. It should be stressed that safe services have been and will be maintained at all times.

Health and Safety

We take an active approach to ensure compliance with current health and safety and fire legislation. We undertake mandatory training for staff on an annual basis and all new starters receive induction training. Regular reports of all non-clinical incidents and training are discussed at the Health and Safety Committee on a quarterly basis and the reports go to the Non-Clinical Governance and Risk Committee. We were inspected in March 2013 by the Health and Safety Executive and are regularly inspected for fire safety by South Yorkshire Fire and Rescue Service. No enforcement action was taken against the Trust during the year.

Countering Fraud

Barnsley Hospital fully subscribes to mandatory requirements on countering fraud and corruption across the NHS and is committed to the elimination of fraud within the Trust. Where fraud is proven, it is investigated and we ensure that wrongdoers are appropriately dealt with and steps are taken to recover any assets lost due to fraud. We have a nominated Local Counter Fraud Specialist responsible for carrying out a range of activities that are overseen by the Audit Committee. Fraud risk assessments are undertaken throughout the year and used to inform counter fraud work. Where fraud is identified or suspected it is formally investigated in accordance with the Trust's Fraud Policy and Response Plan.

During the reporting year, activity in the counter fraud arena has concentrated on informing and involving staff to raise fraud awareness and deter fraudulent activity. There is understanding and support throughout the Trust to raising awareness of staff, contractors and users of the organisation's services to the threat of fraud and to ensuring robust counter fraud measures are in place.

Better Payment Practice Code

As in previous years, the Trust continues to adhere to the better payment practice code wherever possible. However, the recent financial position at the Trust has adversely impacted on compliance during the latter stages of the year.

Cost Allocation and Charging Requirements

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

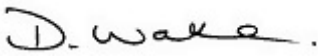
Serious Incidents

Serious incidents and 'never events' are taken very seriously. When a serious incident or never event is identified it is escalated to a Director. It is then thoroughly investigated by an internal independent review team. A report and action plan is completed. The action plan is monitored by the Strategic Risk Group on a monthly basis.

Serious Incidents are now reported to Board on a monthly basis. Staff log an incident on the Incident Reporting system or notify a Director or Senior Manager. Any incident involving severe harm or death, or that is risk rated red due to other concerns, are escalated via an Escalation Form to the Strategic Risk Group, with the Medical Director and Director of Nursing and Quality providing Executive Leadership. A rapid assessment/investigation takes place subject to which a serious incident is agreed and logged on the National Strategic Executive Information System (STEIS) Database following which a detailed investigation takes place. The serious incident process is monitored internally by the Strategic Risk Group and externally by the CCG.

The Trust had a total of 66 serious incidents and no never events during 2013/14. The criteria for Serious Incidents (issued under national guidance) from April 2013 specifically

included Grade 3 & 4 pressure ulcers. 28 of the 66 serious incidents reported in 2013/14 were hospital acquired pressure ulcer Serious Incidents.



Diane Wake .....
Chief Executive

28 May 2014

Date: .....

Barnsley Hospital NHS
NHS Foundation Trust

Quality Report

(Incorporating Quality Accounts)

2013-2014

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Part 1: Statement on Quality from the Chief Executive

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

By focusing on these beliefs, we believe that we can achieve our vision of being "the best, integrated healthcare organisation of choice for our local communities and beyond."

Whilst this is the fifth year of reporting by the hospital through the annual Quality Account, this is my first year reporting as Chief Executive of this hospital. My hope is that through reading this year's Quality Report and Quality Account you will share my sense of achievement with regard to the progress our hospital has made during 2013/14 in putting quality at the very top of the agenda and ensuring that quality is at the forefront of all we do here at Barnsley.

I would like to take this opportunity to share with you some of our greatest quality achievements during 2013/14. We have continued to achieve high ratings from our two major regulators, Monitor and the Care Quality Commission (CQC) with Barnsley Hospital being placed in Band 6 of the CQC's intelligence monitoring. This commitment to meeting the challenges of delivering quality underpins our quality objectives and priorities for 2013/14.

Throughout last year we made significant progress and improvements on the quality and safety of our services in 2012/13. It is during last year that we held our very first Quality Strategy Day where together, our patients, volunteers, carers, staff and our external partners worked through what they believed to be the quality priorities for our hospital and ultimately what would steer us through our journey of quality improvement over the next three years.

Last year witnessed the hospital travel on its successful journey of continuing to reduce our infection rates. Once again we are delighted to report that we have experienced another year with zero Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia cases, and have reduced our number of cases for Clostridium Difficile infection (Clostridium Difficile).

Our hospital saw the opening of the hospital's new renovated Resuscitation Unit and new Clinical Decision Unit. Both units were officially opened in January 2014 by Sir David Nicholson KCB CBE, the Chief Executive of NHS England, who during his visit said that Barnsley now had the best resuscitation and clinical decision unit he had seen in the country.

Our Emergency Department (ED) also introduced new automated dispensing cabinets which facilitates timely access to medication, supports our efforts in reducing prescribing errors and efficiently monitors medication use.

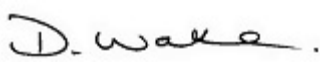
Whilst we met most of the national targets during 2013/14, the winter of 2012/13 continued into April 2013 and placed significant continuing demands upon the Trust's unplanned care services following an already very difficult core winter period. Overall this resulted in a continuing rise in the number of very sick elderly and frail patients.

Unpredictable volumes, and variation in times that patients attended, has placed significant corresponding demands upon the hospital. The Trust's overall performance against national and local standards fell short of our expectations. We missed the target to see and treat 95.0% (94.12% for the year) of all patients within four hours in our Emergency Department. We failed to meet the 95.0% target in quarters one, three and four of the last financial year. As a result of the breach, Monitor has advised of its intention to place the Trust into special measures.

In response to this, the Trust has a wide range of service improvements now in place to support the increasing demands of emergency care. We also acknowledge that there is still work to be done in areas such as pressure ulcer prevention and caring for patients with dementia but as you will read within this report, these along with a number of other priorities, are areas we will be focussing on in the coming year.

Our staff members have enthusiastically participated in raising the importance of quality and I acknowledge the great contribution and achievement they have made. We have seen significant progress in a number of areas of quality improvement but there is still much more to achieve. I believe the improvements accomplished last year will drive us on further in the coming year.

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



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Diane Wake

Chief Executive

Date: 28 May 2014

Part 2: Priorities for Improvement and Statements of assurance from The Board

2.1 (i) Progress made since the publication of the 2012/13 quality report (cross reference to Section 3.0; Other information)

This section of the report discusses succinctly the hospital's progress made since the publication of the 2012/13 quality report and highlights in brief our progress against the quality priorities agreed for 2013/14.

For more detailed information on what we achieved well and where we have identified room for on-going improvement the reader is referred to Part 3.0 of this report.

Part 3.0 of this report provides detailed information with regards to an overview of the quality of care offered by the Trust, based on performance in 2013/14 against indicators selected by the Board. It explains the underlying reason for selection of the 2013/14 priorities and evidences the hospital's performance against the targets set.

Our progress during 2013/14 in brief

In 2013/14 our priorities for improving quality for our patients fell within three core domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Against each of the core domains, three priorities were identified.

Key:


Goal achieved


Close to achieving our goal


Improvement required to achieve our goal

Priority 1: Patient Safety

It was agreed that for 2013/14 the three priorities aligned to patient safety would be in relation to the reduction of pressure ulcers, reduction in medication errors and a reduction in planned transfers from critical care unit after 8pm at night.

We have achieved the following outcomes in relation to each of these priorities;

i. Pressure ulcers

What our aim was:
Zero tolerance to hospital-acquired grade 3 and grade 4 pressure ulcers.

What our goal was:
Zero hospital-acquired preventable pressure ulcers in 2013/14.

Our achievement at the end of 2013/14:
Improvement required to achieve our goal

In 2013/14 our hospital saw an increase in the number of Grade 3 hospital-acquired pressure ulcers. The criteria for Serious Incidents (issued under national guidance) from April 2013 specifically included Grade 3 and 4 pressure ulcers. The Trust has recorded 37 pressure ulcer Serious Incidents in 2013/14. Please refer to Part 3.0 of this report for further detailed information on how we plan to address this.

ii. Medication errors

What our aim was:
To make drug treatment as safe as possible.

What our goal was:
To reduce the number of adverse outcomes associated with medication errors.

Our achievement at the end of 2013/14:
Goal achieved

Whilst we have seen an increase of 147 reported medication related incidents during 2013/14 the hospital has seen a reduction in the number of adverse outcomes associated with medication errors. Of the 333 reported medication related incidents during 2013/14, 14 had adverse related outcomes.

iii. Planned transfers from critical care unit after 8pm at night

What our aim was:
Planned transfers to be allocated a bed as a priority within four hours of decision to transfer, ideally before 5pm to support a robust senior medical handover.

What our goal was:
To reduce the number of planned transfers to another ward from the hospital's Critical Care Unit after 8pm at night and for all planned transfers to be allocated a bed as a priority within four hours of decision to transfer, ideally before 5pm to support a robust senior medical handover.

Our achievement at the end of 2013/14:
Improvement required to achieve our goal

2013/14 saw no decrease in the number of planned transfers to another ward from the hospital's Critical Care Unit after 8pm at night. Please refer to Part 3.0 of this report for further detailed information on how we plan to address this.

Priority 2: Clinical Effectiveness

It was agreed that for 2013/14 the three priorities aligned to clinical effectiveness would be in relation to the reduction in length of stay, timely discharges for patients with low risk illnesses and a reduction in re-admission rates.

We have achieved the following outcomes in relation to each of these priorities;

i. Reduction in length of stay

What our aim was:
To reduce the average length of hospital stay for urgent care patients over 65 years of age.

What our goal was:
To reduce its average length of stay for urgent care patients over 65 years of age to 7.4 days.

Our achievement at the end of 2013/14:
Goal achieved

We have successfully achieved our goal with an average length of stay of 7.2 days for urgent care patients over 65 years of age.

ii. Timely discharges for patients with low risk illnesses

What our aim was:
To reduce the number of admissions for patients with low risk illnesses in order to improve patient care and improve the effectiveness and efficiency of bed usage.

What our goal was:
To increase the number of patients discharged within 24 hours across three of the identified ambulatory care conditions, specifically; cellulitis, deep vein thrombosis and low risk chest pain.

Our achievement at the end of 2013/14:
Goal achieved

Last year saw an increase in the number of patients discharged within 24 hours across all three of the identified ambulatory care conditions, specifically; cellulitis, deep vein thrombosis and low risk chest pain.

iii. Reduce re-admission rates

What our aim was:
To reduce the number of patients readmitted to hospital within two days of discharge.

What our goal was:
To reduce the number of patients readmitted to hospital within two days of discharge to 940.

Our achievement at the end of 2013/14:
Close to achieving our goal

In 2013/14 there were 1,084 patients readmitted to hospital within two days of discharge. This is 144 patients readmitted to hospital within two days of discharge more than we had hoped for. Please refer to section 3.0 of this report for further detailed information on how we plan to address this.

Priority 3: Patient Experience

It was agreed that for 2013/14 the three priorities aligned to patient experience would be in relation to supporting inpatients with learning disabilities, implementing "Last Days of Life Care Pathway" training and dementia care.

We have achieved the following outcomes in relation to each of these priorities;

i. Inpatients with learning disabilities

What our aim was:
All hospital inpatients with learning disabilities will be seen by someone with specialist learning disabilities skills as soon as practicable following their admission.

What our goal was:
All hospital inpatients with learning disabilities will be seen by someone with specialist learning disabilities skills within two days of admission and be offered an "All About Me" Passport.

Our achievement at the end of 2013/14:
Improvement required to achieve our goal

Please refer to Part 3.0 of this report for further detailed information on how we plan to address this.

ii. "Last Days of Life Care Pathway" training

What our aim was:
The Palliative Care team will increase the number of staff trained on the "Last Days of Life Care Pathway"

What our goal was:
To train 30% of front line qualified nursing staff in 2013/14 and 50% by 2015.

Our achievement at the end of 2013/14:
Goal achieved

Last year we saw 37.0% of front line qualified nursing staff trained on the "Last Days of Life Care Pathway"

iii. Dementia care

What our aim was:
Ensure that patients over 75 years of age are assessed for signs of dementia.

What our goal was:
Ensure that 90% of patients over 75 years of age are assessed for signs of dementia.

Our achievement at the end of 2013/14:
Improvement required to achieve our goal

Despite on-going work throughout 2013/14 the hospital has been unable to achieve this goal. Please refer to Part 3.0 of this report for further detailed information on how we plan to address this.

2.1 (ii) Our Priorities for Improvement in 2014/15

This section of our report describes the agreed areas for improvement in the quality of care we intend to provide in 2014/15.

During our consultation exercises with patients, staff and our stakeholders' four main priority goals of quality improvement have been chosen for the next 12 months. The four quality goals and the associated quality priorities are described on the following pages.

In order to develop our quality goals and priorities for 2014/15 we consulted widely with patients, carers, the public, our Governors, our volunteers, our staff and our partners. To ensure the quality agenda received the focus it deserved the organisation held a 'Quality Strategy Day'. Together we identified and analysed what quality meant to us as individuals and ultimately what quality meant to our organisation.

We identified those areas that we knew we delivered well on and highlighted those areas where collectively we believed there was room for improvement. We reviewed our current performance against a range of quality standards, including the quality priorities selected by the organisation for 2013/14, and agreed specific goals and targets which we would take forward and implement in 2014/15.

Throughout the entire decision-making process around our quality goals and priorities for 2014/15 we have consulted, we have discussed and we have listened. We believe those priorities selected reflect the aims and objectives of all those who attended the quality strategy day and all those for whom they were representing.

Goal 1 – Patient Experience; Ensure We Deliver Patient- Centered Care

Why this is a quality goal

Delivering patient and family-centred care is a key priority for our organisation and we will continue to develop systems to enable patients to give feedback on their experience of care and to use this to influence and improve our services. Our clear aim is to provide high-quality safe care for patients and to ensure they have a positive experience of care. We will do this through implementation of our Nursing Strategy, Compassion in Practice and our Improving Patient Experience Strategy. There will be a strong focus on consistency of care and on the delivery of patient and family-centred care. We will ensure that staff are supported and trained to deliver excellent patient-centred care and they respect patients' values, preferences and expressed needs.

What our priorities are in relation to this goal

Priority 1: To identify key patient experience metrics which will drive improvement in the way we deliver care

How we will do this: We will implement improvements to our complaint investigation processes ensuring that actions and lessons learnt from complaints are integrated into the governance structures of our Clinical Business Units (CBUs) and lead to improvements in service delivery. In 2014/15 we will also implement a public telephone helpline for the escalation of clinical concerns which will contribute to ensuring we improve the quality of care for all patients and reduce all potential harm.

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

How we will do this: We will undertake case findings for at least 90.0% of patients 75 years and over admitted as an emergency for more than 72 hours; ensuring that, where patients are identified as potentially having dementia or delirium, at least 90.0% are appropriately assessed; and ensuring that, where appropriate, patients with dementia are referred on to specialist services.

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

How we will do this: In 2014/15 we will ensure a wider roll out of patient experience questionnaires through the expansion of Open & Honest Care, ensuring openness and transparency on the reporting of harms or injury to patients.

How we will measure progress across our three priorities

Throughout 2014/15 we will measure progress against these priorities and measure the effectiveness of these improvements through close performance management across CBU governance structures and through on-going reporting via the Patient Experience Board and the hospital's Quality Monitoring Committee.

Goal 2 – Delivering Consistently Safe Care

Why this is a quality goal

Delivering consistently safe care means taking action to reduce harm to patients in our care and protecting the most vulnerable. It means ensuring that the workforce receives the right education and training in preparation for the delivery of competent and skilful intervention. We are committed to ensuring that service users are cared for in surroundings which are clean, by caring and competent staff. This organisation wants to eliminate hospital-acquired infections, medication errors, venous thromboembolisms (VTEs), inpatient falls, pressure ulcers and other examples of harm which can occur within a healthcare setting.

What our priorities are in relation to this goal

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

The NHS Safety Thermometer will be used across our organisation to allow us to measure and implement a reduction in harm to our patients. The NHS Safety Thermometer will support our frontline staff in measuring how safe the services they provide are and how effective locally implemented improvements are. Our local data will support us to demonstrate and monitor our improvement at both a local and national level.

How we will do this: During 2014/15 we want to see a reduction in hospital acquired harms in relation to VTEs, Falls, CAUTIs and Pressure Ulcers with the aim of achieving the national average for harm-free care against all areas. Each area will be monitored separately.

Priority 2: To reduce inpatient falls

Falls in the elderly patients within our hospitals are a common and very serious problem facing us all. It is said that there are over 250,000 falls reported each year by hospitals in England posing significant individual and organisational consequences for all involved. The scale of harm as a result of these incidents is making falls in hospitals an important concern for all; patients, carers, providers, and commissioners of NHS care.

How we will do this: In 2013/14 there were 1030 reported inpatient falls. During 2014/15 our hospital wants to see this number being reduced by at least 50.0%.

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

Clinical records are the most basic and yet the most important of clinical tools. Clinical records provide the healthcare provider with the information they require to ensure that the patient receives the best optimal care at all times. They are the tool that provides us with a clear and accurate account of the care and treatment provided to our patients and

the tool we rely on for the permanent record of individual considerations and the reasons for clinical decisions.

Effective and accurate clinical note keeping standards are an essential component in ensuring that each patient's needs are assessed appropriately and that plans of care are agreed and implemented accordingly.

How we will do this: By April 2015 we will be able to demonstrate 75.0% compliance with clinical note keeping standard audits.

How we will measure progress across our three priorities

In order to know whether we have been successful in achieving our priorities, the Trust will report progress through our Quality Monitoring Committee in the monthly Safety and Quality Report. Information and data will also be monitored at local clinical specialty level and at CBU level to ensure lessons are learnt, improvements to care are identified and implemented and best practice is shared.

Goal 3 – Delivering Consistently Effective Care

Why this is a quality goal

Improving outcomes and effectiveness means saving lives, improving the quality of life for our patients, speeding up their recovery and reducing readmissions. The Trust will achieve the improved health outcomes through delivery of safe, effective and evidence-based care.

What our priorities are in relation to this goal

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

It is important that Trusts make the best use of hospital mortality statistics to support them in improving their understanding of how patient care is being delivered. Information such as mortality statistics if used appropriately can identify and assist in highlighting aspects of care that can be improved, to improve clinical outcomes and to improve the experience for patients and their families.

The Hospital Standardised Mortality Ratio (HSMR) is a measure which, if used properly, will do just this. HSMR helps us to monitor mortality rates at our hospital and helps us identify opportunities for improvement in patient care. HSMR can be simply described as the number of actual deaths occurring in a hospital compared to the number of deaths that could be expected to happen in the same hospital.

How we will do this: Our rolling 12 month HSMR value in December 2013 is 112. We aim to reduce this rate further to 105.0 by January 2015 and 100.0 by January 2016.

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

In August 2013 the Trust began a pilot to implement the National Early Warning Score (NEWS). The pilot initiated the implementation of NEWS in the Emergency Department

and the Acute Medical Unit (AMU). Following completion of the pilot, it was agreed to implement NEWS across the organisation in January 2014 for all adult patients together with the formulation of an escalation pathway which reflects national and local requirements. During 2014/15 the NEWS and Sepsis Champions are to be reorganised to Patient Safety Champions, with a view to supporting the on-going implementation of initiatives such as NEWS.

How we will do this: We implemented NEWS across the organisation in January 2014. By April 2015 we aim to demonstrate 95.0% compliance with the implementation of NEWS in the adult patient.

Priority 3: To improve sepsis recognition and response

During 2013/14 a new adult observation chart was developed within our hospital which included the new Sepsis Screening and Management Tool. This became formally adopted for implementation across the Trust in August 2013. Sepsis Champions were identified in all adult in-patient areas; predominately nursing staff, these champions were tasked with educating staff in the underlying concepts relating to sepsis. A FABULOS (Fluids, Antibiotics, Blood Cultures, Urine, Lactate, Oxygen, Sepsis Six) was developed and is now used as part of the audit work to identify patients with sepsis and compliance with receiving all elements of Sepsis Six within the recommended one hour from recognition of sepsis.

In the latter part of 2013/14 an audit of compliance with the Sepsis Screening and Management Tool was undertaken and the hospital has agreed that there is still room for improvement with regards to its rigorous implementation.

How we will do this: For 2014/15 the Sepsis Recognition and Management Tool will be re-launched across the Trust with a multifaceted approach to educating staff in the use of the tool. By April 2015, we aim to demonstrate 95.0% compliance with the implementation of the Sepsis Screening and Management Tool.

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

In November 2013 the Government published its formal response to the Francis Report in which it accepted 281 of the 290 recommendations made by Robert Francis QC. One of the recommendations coming out of this response was that every trust must undertake retrospective case note reviews of patient deaths, according to a consistent methodology, to further encourage learning from adverse events.

How we will do this: From April 2014, we implemented a formal process for reviewing all in-hospital deaths in a consistent and timely manner. By April 2015 we aim to demonstrate that 95.0% of all in-hospital deaths are being formally reviewed within 15 working days of the death occurring.

How we will measure progress across our four priorities

We will use Summary Hospital-level Mortality Indicator (SHMI) and HSMR to measure progress in our reductions of in-hospital deaths. We will also build on learning from best practice examples to improve the quality of health outcomes for our patients. There is a

commitment to continuous improvement and challenge to ensure that there is appropriate modification of key indicators of care and that reflection on the results of audits and enquires is embedded throughout the Trust.

Our quality improvement and performance dashboards will continue to be used to assist us in understanding the quality of care we are providing and monitor our performance against these priorities. Progress in performance will be reported through our Quality Monitoring committee and ultimately to the Board of Directors through the performance dashboard.

Goal 4 – Building Capacity and Capability

Why this is a quality goal

Improving outcomes and effectiveness means saving lives, improving the quality of life for our patients, speeding up their recovery and reducing readmissions. We will achieve the improved health outcomes through delivery of safe, effective and evidence-based care.

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

It is essential that we attract and recruit the right people with not only the required knowledge, skills and competencies to carry out the work they are employed to do, but also that they demonstrate that they have the right attitude and behaviours towards delivery of high quality, compassionate patient centred care, which underpins our agreed values and behaviours.

We have identified dedicated resource in order to create new and innovative resourcing strategies and recruitment campaigns to optimise our chances of successful recruitment outcomes. This includes the introduction of a values-based recruitment and selection process for all appointments which is planned to commence in June 2014. As a starting point to this work, the Trust has already referenced in all job descriptions, our employees' duty to adhere to the National Institute for Health and Care Excellence (NICE) quality standard for patient experience and to our values and behaviours framework. This will be evidenced and assessed for all employees as part of the annual appraisal process.

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

All patients and their families should experience care which is safe and which ensures dignity and comfort are maintained at all times. Care should be delivered by staff that have the right skills and qualities to care. It is no longer acceptable for a hospital to fail to address concerns relating to the shortage of skilled staff. We are committed to ensuring that we have the right people, with the right skills, in the right place at the right time.

How we will do this: We have developed and approved a detailed action plan against the expectations of the Chief Nursing Officers in England report, *'How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing,*

midwifery and care staffing capacity and capability.' This action plan will be implemented throughout 2014/15 by our hospital and in doing so will ensure we are delivering the safe and effective care expected by all patients and their families.

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

As a result of serious failings in a number of NHS organisations, including Mid-Staffordshire NHS Foundation Trust and Winterbourne View, an independent review into Health Care Assistants (HCAs) and support workers in the NHS and social care was commissioned by the Secretary of State. This was to become known as the *Cavendish Review*. One of the key recommendations to come out of this review was that a new national certificate for healthcare assistants and social care support workers will be introduced in an attempt to drive up standards.

How we will do this: We have signed up to the Calderdale Framework, which is a transformational tool used to improve the way people work.

The Framework will support our hospital in providing a clear and systematic method of reviewing skill mix roles and service design and will also lead us to the development of a detailed competency methodology.

How we will measure progress across our three priorities

We will monitor the number of appraisals undertaken to ensure that all staff have appropriate objectives aligned to Trust objectives, values and behaviours. Skill mix of nursing will be monitored and reported to the Board of Directors on a six monthly basis. A record of training undertaken by all staff will be held and areas for improvement identified. The staff survey will be used as a measure to identify improvement. Our progress in implementing the expectations from the Chief Nursing Officers in England report and in implementing the Calderdale Framework will be closely monitored by our Board of Directors.

Other Priorities for Improvement in 2014/15

The Commissioning for Quality and Innovation (CQUIN) Framework enables the hospital's commissioners to reward excellence, by linking a proportion of our income to the achievement of local quality improvement goals. Tables 1.0 outlines the 2014/15 National CQUINs, which are applicable to all NHS acute providers. Table 2.0 outlines BHNFT local CQUIN indicators for 2014/15.

Table 1.0 National CQUIN Indicators 2014/15

CQUIN Indicators
Friends and Family Test (FFT)
Improvement against the NHS Safety Thermometer, particularly pressure ulcers
Improving dementia and delirium care, including sustained improvement in (FAIR) Finding people with dementia, Assessing and Investigating their symptoms and Referring for support

Table 2.0 BHNFT Local CQUIN Indicators 2014/15

CQUIN Indicators
High Impact Actions: To improve pressure ulcer management and prevention to reduce deterioration
To ensure appropriate antimicrobial stewardship is in place in order to help reduce healthcare associated infections
Improve the care experience and health outcomes of inpatients with Learning Disabilities in acute care settings
To improve the quality and timeliness of clinical communications between secondary care and other agencies
To support the move to 7 day services in line with clinical standards set out by Sir Bruce Keogh

We will monitor performance against the 2014/15 local and national CQUINS through the monthly CQUIN Performance Monitoring Forum. Each CQUIN will be allocated a named Executive lead and a named operational lead for 2014/15. The forum will continuously monitor progress against monthly and quarterly performance targets. Progress will be reported through the Trust's Quality Monitoring Committees and any concerns with regard to progress will be escalated to the Board of Directors through our quality and governance structures.

2.2 Statements of Assurance from the Board

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

- Income conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body we have entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework.
- The monetary total for the amount of income in 2013/14 conditional upon achieving quality improvement and innovation goals, and a monetary total for the associated payments in 2012/13.

2.2(i) Information on Review of Services

During 2013/14 the Trust sub-contracted a single provider, “One Health”. We have reviewed all the data available on the quality of care in this relevant health service. The income generated by this relevant health service reviewed in 2013/14 represents 0.017 per cent of the total income generated from the provision of relevant health services by the Trust for 2013/14.

2.2(ii) Information on Participation in Clinical Audits

During 2013/14 19 national clinical audits and four national confidential enquiries covered relevant health services that we provide. During that period, we participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that we were eligible to participate in during 2013/14 are as follows. Please see Figure (Fig) 1.0.

The 2013/14 Clinical Audit Programme was developed to ensure that the Trust completed all mandatory audits identified for inclusion into the programme, for example national clinical audit involvement for Quality Accounts, CNST and NHSLA requirements, evidence for CQC outcomes and compliance with NICE guidance and Quality Standards. The mandatory programme also included other projects deemed appropriate which were set and agreed at a local level. For example the Baby Friendly Initiative and audits required for the Joint Advisory Group on gastrointestinal endoscopy (JAG) accreditation.

Additional to the programme several local trust-wide audits were undertaken:

- The Trust commenced a sepsis screening pathway called the Sepsis Six pathway. It is a set of six simple and effective management points for junior healthcare workers to work through and deliver to the patient within one hour of the recognition of sepsis. A review of compliance with the ‘Sepsis Six Pathway’ was undertaken which resulted in a re-launch of the sepsis six and the introduction of ‘sepsis six’ boxes onto all clinical areas.
- An audit of medical handover in the Orthopaedic and Women’s department took place at the request of the Deanery.
- An audit of fluid balance charts was undertaken as a pre-curser to the issue of the NICE guidance on IV Fluid therapy in adults in hospital (Dec 13). This has led to the redesign of the fluid balance with a guideline for use across the trust.
- Nursing indicators were introduced and clinical audit were instrumental in the automation of data input and reporting.

The 2014/15 Clinical Audit Programme is currently in draft format ready for completion and ratification when the planned Clinical Business Units are in place.

Fig 1.0- Information on participation in National Clinical Audits and National Confidential Enquiries

Key:
Lilac **=** audits not on the previous year's list (2012-13)
Blue = audits which may or may not collect data during the year (2013/14)

	Area/national audit title		A[3]	P[4]	% cases submitted	Comments/actions/reporting details	NCAPOP
Peri and Neonatal							
49	Maternal, infant and newborn clinical outcome review programme	MBRRACE-UK	Y	Y	100%	Data entered by bereavement midwives.	Yes
31	Neonatal intensive and special care	NNAP	Y	Y	100%	Quarterly and annual reports are received and action plan developed.	Yes
Children							
13	Diabetes (Paediatric)	PNDA	Y	Y	100%	Annual report due to be received March 2014. A local action will be developed based on these results.	Yes
16	Epilepsy 12 audit (Childhood Epilepsy)		Y	Y	100%	Final part of data collection underway.	Yes
22	Moderate or severe asthma in children (care provided in emergency departments)		Y	Y		Data currently being collected for the audit – closing date 31/03/14	No
35	Paediatric asthma		Y	N	NA	Did not participate	No
36	Paediatric intensive care	PICANet	N	NA	NA	Undertaken at specialist paediatric hospitals. Not applicable to BHNFT.	Yes
48	Child health programme	CHR-UK	N	NA	NA	None of BHNFT patients were applicable during the data collection period.	Yes
10	Congenital heart disease (Paediatric cardiac surgery)	CHD	N	NA	NA	Paediatric cardiac surgery is not undertaken at BHNFT.	Yes

[3] Applicable to BHNFT
[4] Participated in

Area/national audit title			A[3]	P[4]	% cases submitted	Comments/actions/reporting details	NCAPOP
	Paediatric bronchiectasis		Y	N	NA	Did not participate	No
Acute Care							
3	Adult community acquired pneumonia		Removed 02/04/2013				No
4	Adult critical care (Case Mix Programme)	ICNARC CMP	Y	Y	100%	Annual reports are received and action plans developed.	No
15	Emergency use of oxygen		Y	N	NA	Do not participate	No
28	National emergency laparotomy audit	NELA	Y	Y		Data collection commenced January 2014 and due to run for 12 months.	Yes
32	Non-invasive ventilation – adults		Removed 02/04/2013				No
26	National Cardiac Arrest Audit	NCAA					No
Blood and Transplant							
27	National comparative audit of blood transfusion		Y	Y			No
Long term conditions							
6	Bronchiectasis		Removed 02/04/2013				No
9	Chronic Obstructive Pulmonary Disease	COPD	Y	Y		To commence 01/02/14	Yes
12	Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	ANDA	Y	Y	100%	NDA – data submitted 24/01/14 NADIA – The hospital level results of the 2013 audit will be published in March 2014, and the national results published in June 2014.	Yes
20	Inflammatory bowel disease	IBD	Y	Y	100%	In-patient Ulcerative colitis	Yes
			Y	Y	100%	Organisational	
			Y	Y		Prescription and management of Biologics. Data currently being collected.	
47	National review of asthma deaths	NRAD	Removed for 13/14				No

Area/national audit title			A[3]	P[4]	% cases submitted	Comments/actions/reporting details	NCAPOP
Cancer							
5	Bowel cancer	NBOCAP					Yes
18	Head and neck oncology	DAHNO					Yes
21	Lung cancer	NLCA					Yes
33	Oesophago-gastric cancer	NAOGC					Yes
39	Prostate cancer		Removed for 13/14				Yes
Elective procedures							
14	Elective surgery (National PROMs Programme)		Y	Y	81.7%	The post operative questionnaire is sent to the patient up to 6 months post surgery. This produces a delay, therefore the statistics for any given year are not usually finalised until the August in the following calendar year. For example, the 2012/13 statistics won't be finalised until August 2014.	No
29	National Joint Registry	NJR	Y	Y	100%	All hospital statistics are now shared publicly in their annual reports	Yes
11	Coronary angioplasty		N	NA	NA		Yes
2	Adult cardiac surgery audit	ACS	N	NA	NA		Yes
30	National Vascular Registry, including CIA and elements of NVD	NVR	N	NA	NA		Yes
Renal disease							
8	Chronic kidney disease in primary care		Removed for 13/14				Yes
41	Renal replacement therapy (Renal Registry)		N	NA	NA		No

Area/national audit title			A[3]	P[4]	% cases submitted	Comments/actions/reporting details	NCAPOP
Cardiovascular disease							
1	Acute coronary syndrome or Acute myocardial infarction	MINAP	Y	Y	100%	On-going data collection – annual report published	Yes
7	Cardiac arrhythmia	HRM	Y	Y	100%	On-going data collection – annual report published	Yes
19	Heart failure	HF	Y	Y	100%	On-going data collection – annual report published	Yes
40	Pulmonary hypertension		Y	NA	NA	Patients transferred to Sheffield for treatment	No
Trauma							
45	Severe trauma (Trauma Audit & Research Network)	TARN	Y	Y	100%	On-going data collection – annual report published	No
Older People							
23	National audit of dementia audit	NAD	Removed for 13/14				Yes
17	Falls and Fragility Fractures Audit Programme, includes National Hip Fracture Database (NHFD)	FFFAP	Y	Y	NHFD – 100%	National audit of Inpatient falls – pilot stage only, awaiting further communication regarding start date National Hip fracture database – Annual reports are received and action plans developed.	Yes
43	Sentinel Stroke National Audit Programme (SSNAP), includes SINAP	SSNAP	Y	Y	100%	On-going data collection – annual report published	Yes
Psychological conditions							
24	National audit of schizophrenia	NAS	N	NA	NA		Yes
38	Prescribing Observatory for Mental Health (POMH-UK) (Prescribing in mental health services)	POMH-UK	N	NA	NA		No
51	Mental Health programme: National Confidential Inquiry into Suicide and Homicide for	NCISH	N	NA	NA		Yes

Area/national audit title			A[3]	P[4]	% cases submitted	Comments/actions/reporting details	NCAPOP
	people with Mental Illness (NCISH)						
Other							
25	National Audit of Seizure Management (NASH)	NASH	Y	Y	100%	Awaiting national report	No
34	Ophthalmology		Removed for 13/14				Yes
37	Paracetamol overdose (care provided in emergency department)		Y	Y		Data currently being collected for the audit – closing date 31/03/14	No
42	Rheumatoid and early inflammatory arthritis		Y	Y		Data currently being collected for the audit	Yes
44	Severe sepsis & septic shock		Y	Y		Data currently being collected for the audit – closing date 31/03/14	No
46	Specialist rehabilitation for patients with complex needs		Removed for 13/14				Yes
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)							
	Lower Limb Amputation	NCEPOD	Y	Y		Study is still open	Yes
	Tracheostomy Care	NCEPOD	Y	Y	100%	Organisational questionnaire not returned	Yes
	Subarachnoid Haemorrhage	NCEPOD	Y	Y	100%		Yes
	Alcohol-Related Liver Disease	NCEPOD	Y	Y	67%	2/3 questionnaires completed and returned. Organisational questionnaire returned	Yes

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

The national clinical audits and national confidential enquiries that we participated in during 2013/14 are as follows: Please see Fig. 1.0. The national clinical audits and national confidential enquires that we participated in, and for which data collection was completed during 2013/14, are listed below in Fig. 1.0 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 15 national clinical audits were reviewed by the provider in 2013/14 and we intend to take the following actions to improve the quality of healthcare provided, see examples below:

Sentinel Stroke National Audit Programme (SSNAP)

The SSNAP clinical audit provides quarterly reports of how the Trust is adhering to the standards set by the Royal College. Once this report is received the summary is distributed to the Stroke Team, a meeting is arranged to discuss the findings and an action plan is compiled.

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

- Ambulance times from initial call to attending ED to be discussed with Ambulance service. Meeting arranged to discuss the accuracy of times.
- Further work to be undertaken regarding admission times to the Stroke Unit as the team felt that this should be a higher percentage than what was published. An audit has been included on the 2014/15 ED audit programme to review admissions from ED to the Stroke Unit.
- Report discussed with Speech and Language Team (SALT) with a view to improving assessment times. Temporary staffing measures are in place which has increased staffing levels within the SALT team.
- Lead Nurse to email reminder to all band 5 & 6 nursing staff regarding patients with Palliative care needs.
- Lead Nurse to email reminder to all band 5 & 6 nursing staff regarding prompt timeliness of swallow screening times.
- An audit to assess if appropriate imaging has been undertaken within the specified times has been included 2014/15 audit programme with a planned start date 1 April 2014.

National Hip Fracture database (NHFD)

The local results from the National Hip fracture database national audit for 2012/2013 were summarised and presented at Quality Safety Improvement and Effectiveness Board (QSIEB) in October 2013.

The summary report included a breakdown of the standards and a comparison of how Barnsley's results compare with the standards as well as with other trusts in the Yorkshire and Humber region. Explanations are provided within the report for areas where Barnsley shows poor compliance to the standards.

The following recommendations and actions were identified from the 2013/14 results:

To minimise delays to theatre above 36 hours

- Advanced Nurse Practitioners (ANPs) to continue to drive forward and advocate for hip fracture patients to be listed on protected trauma list as priority within 36 hours.
- Hip fractures to be prioritised in trauma meeting.
- Utilisation of elderly trauma guidelines to minimize delays to theatre.
- Delays to theatre to be identified and reasons for delay to be documented.

To ensure escalation of missed Best Practice Tariff cases

- To discuss in Best Practice Tariff in Clinical Business Unit (CBU) meetings.
- To ensure multidisciplinary team (MDT) proactively prioritise hip fracture patients in trauma meeting.
- Utilisation of trauma lists for fractured neck of femur (NOF) patients.
- To commence weekly bulletins to be sent out to CBU to monitor weekly tariff misses and keep a 'quality' focus for improvement.

To ensure accurate recording and inputting of NHFD data and analysis of morbidity and mortality

- ANPs to continue to collect data and capture accurate data for every hip fracture patient.
- Retrospective audit of notes to ensure accuracy of recording. Retrospective review of notes to be undertaken by lead nurses to ensure accuracy of data inputting on NHFD audit form.
- Liaison with audit department to ensure all data is captured for patients admitted.
- Clinical audit to cross reference with monthly list from information department.
- ANPs to check the potential hip fractures identified from the information department list.
- Clinical audit and ANPs to supply accurate information for facilities audit
- Current mortality and morbidity reviews are being undertaken by Consultant Ortho-geriatrician.

To minimise the numbers of hospital acquired grade 2 pressure ulcers

- Ensure continued reporting of development of grade 2 pressure ulcers via DATIX.
- Ensure education and proactive nursing care for pressure ulcer prevention.
- Identify champions to promote good practice and disseminate knowledge.

To reduce the numbers of patients that are in A&E above 4 hours

- Nursing staff to document the accurate time the patient came to the wards.
- Improve accurate recording of admission to ward. Lead nurses have been emailed regarding accurate recording on time patients are admitted to the ward.
- Ensure hip fracture pathway is followed to streamline admission from A&E.
- Carry out retrospective audit of delays to look for themes/causes of delay.

The reports of 77 local clinical audits were reviewed by the provider in 2013/14 and we intend to take the following actions to improve the quality of healthcare provided.

Some Examples of Actions Taken from Local Audits

Neonatal Intensive Care (NIC) – Timely simple discharge: Commissioning for Quality and Innovation (CQUIN) 2013/14

The aim of this audit was to assess the baseline compliance for the 'timely simple discharge' section of the Neonatal Intensive Care CQUIN before commencing.

The audit showed that out of the nine babies who met the inclusion criteria only one could have been discharged at or before 35+6 weeks gestation, meaning we would have achieved 11.0% compliance. This is significantly less than the 60.0% compliance required to achieve the CQUIN. Even though we would not have achieved the 60.0%, the reasons for the other 8 babies not meeting the criteria were justifiable.

From this audit actions have been put in place to improve compliance which includes the introduction of a new discharge process which will prompt doctors to consider the CQUIN requirements when reviewing patients for discharge.

Re-audit of Termination of Pregnancy (TOP)

The aim of the audit was to ensure compliance in line with the HSA requirements, the internal TOP pathway process and the Royal College Guideline 'Care of the Women requesting induced abortion' November 2011. The audit was initiated following an inspection by the Care Quality Commission (CQC) in November 2012.

The initial audit results highlighted a need to improve documentation on the HSA1 forms prior to the procedure. The re-audit undertaken this year demonstrated an increase in compliance and significant improvements in completing the documentation.

Trust-wide audit of fluid balance charts

The audit was undertaken to measure adherence to the guidance for the completion of fluid balance charts, to raise compliance with policy and procedure in completion of fluid balance charts and to identify and reduce any potential clinical risk to patients.

A total of 233 fluid balance charts from 62 patients were reviewed across 14 wards during November 2013. Compliance with recording patient demographics and dating the fluid balance charts was good but a number of issues were highlighted around the measuring and totalling of the fluid intake and outputs. The audit also highlighted that some staff were unclear about the process of initiating and stopping fluid balance and that there was a lack of consistency regarding the measuring of quantities.

An action plan was developed based upon the findings of the audit and this included the development of a Trust-wide fluid balance policy that includes a guidance document for the assessment and escalation of hydration needs. The policy and guidance will also be used to construct a staff training package and develop a hydration assessment chart. Compliance with the new Trust-wide policy will also be monitored on a regular basis by a monthly spot-check audit of fluid balance and hydration charts.

Audit of the peripherally inserted central catheters (PICC Line) service

In May 2010, two clinicians at Barnsley Hospital recognised the need and benefit of having a peripherally inserted central catheters (PICCs) service. These devices are long slender catheters that are inserted into the peripheral vein (usually in the arm) and terminate in a

large vein in the chest. They can be inserted at the bedside with minimal cost and are relatively non-invasive. These devices are beneficial for a number of reasons. They allow the patient to be cannulated just once, rather than a number of times. This enables patients to have prolonged antibiotic therapy (usually at home), chemotherapy and total parenteral nutrition. There is also a reduced infection risk associated with the device.

In August 2013, an audit of the PICC line service was carried out for all patients who had been referred to the service. The aim of the audit was to measure the effectiveness and efficiency of the new PICC line service. 193 PICC devices were successfully inserted during this time period. The patients were referred from a number of specialities predominately for long term intravenous antibiotics. The PICC device, either by allowing inpatients to be discharged early or the PICC being inserted in an outpatients setting, allowed a large number of patients to receive their treatment in the community. The PICC devices audited in this period saved 2630 bed days, this equates to an estimated £644,350 saving if each patient was treated at home.

The audit demonstrated a need for better surveillance of PICC lines once placed and as a result of the audit a Staff Nurse has now been employed to assist better patient referral, pathway and establish the Outpatients Antimicrobial Team.

Stroke Mortality Audit

The audit was initiated following Dr Foster data indicating that stroke mortality was high here at the hospital between May 2012 and April 2013. An audit of all stroke-related deaths during this period was undertaken. The main findings from the audit was that fewer patients with Atrial Fibrillation (AF) were on anticoagulation prior to stroke, the cohort of patients had multiple co-morbidities and a substantial number of patients were transferred to the Stoke Unit after a considerable delay. The findings of the audit were presented to the Trust's Stroke Mortality Group and an action plan was compiled by the Stroke team and will be monitored by our Quality Monitoring Committee until fully implemented.

Abbreviated Mental Test (AMT) on the Acute Medical Unit

The audit was undertaken to ascertain the use of the Abbreviated Mental Test on appropriate patients on the Acute Medical Unit (AMU). The British Geriatric Society recommends that all older patients admitted to hospital are screened for delirium using a tool such as the Abbreviated Mental Test (AMT). The main findings of the audit were that there were a significant number of patients who did not have an AMT assessment. The audit also highlighted an error on the clerking proforma which has now been rectified. To improve compliance the team has introduced monthly spot-check audits to ensure 100% compliance with the British Geriatric Society's recommendations and are also in the process of implementing a training package for medical staff involved in the AMU clerking about the importance of AMT assessments.

Audit of safe handover of care in Women's services

A Deanery visit report, March 2013 and action plan against: "GMC Domain 1 – patient safety: handover" stated that handover arrangements were inconsistent and an audit was requested.

Handover of care has been identified as one of the most important procedures in medicine and has been the focus of the many reviews. For the purpose of this audit a number of key documents were used for reference and influenced the direction and elements of the guidelines to be reviewed. The audit was completed in four phases: observation of handover, quality of documentation, consultation with staff and a review of induction procedures.

Results indicated that although handover is an integrated part of the induction process, there is perhaps some further work required to embed this. Therefore changes to the induction process and dissemination of information regarding handover are currently being updated.

Since the last audit there has been a substantial improvement in some elements of documentation surrounding handover. However, in some areas, there is still a need for significant improvement and therefore a spot-check audit will be undertaken.

Trends shown in the Trust-wide Health Records audit-below par legibility and poor recording of patient demographics-are mirrored in these results.

Engagement with clinical staff was key to this review. Actions identified as necessary to address issues raised as part of this project have been discussed and incorporated into the 10 point action plan.

Audit of emergency caesarean sections

All obstetric units undertake caesarean sections. Each unit requires an approved system to manage emergency and urgent caesarean sections to improve care and maintain safety standards.

The plan to perform an emergency caesarean section is agreed by the registrar and the consultant on-call, based on clinical need. The grading of the emergency is confirmed once the decision is made.

This audit reviews all 'emergency' (NICE Category 1) caesarean sections and measures compliance against the standard for 'decision to delivery' timings. The decision to delivery timing for emergency sections is ≤30minutes. Results for the last three completed audits show results between 87%-90%.

On-going review of the structure of this audit now sees cases that exceed 30 minutes being discussed by a multi-disciplinary team (MDT) including; consultant obstetricians and anaesthetists, senior midwifes and, where possible a member of the theatre team. Reasons for breaches may include; difficult surgery due to scar tissue, a high body mass index (BMI) or difficulties with anaesthetics (e.g. difficulty siting due to high BMI). 100% of breaches are discussed within the MDT meeting.

Further amendments to this audit have since been made to incorporate reviewing outcomes for both mother and child.

2.2(iii) Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 617 (118% of target).

Our research and development programmes supports us to continually improve the care we provide to our patients. We can report that at the end of 2013/14 there are 121 research projects, including clinical trials underway. Some of the project highlights include:

Patient Safety: '**Putting the patient at the heart of patient safety: implementing a patient measure of safety in partnership with hospital volunteers'**. This work will commence in the Summer of 2014. This project will be badged as a Collaborations for Leadership in

Applied Health Research and Care (CLAHRC) project, linked to the Transforming Services Theme. This means that the Trust is associated with grant income to CLAHRC of approx. £0.5m, and that all of our activities within this project will count towards our match commitment.

ED evaluation project. This project is linked to the CLAHRC Avoiding Admissions Theme.

Diabetes pathways across Barnsley. This work will develop a broader study of both quantitative and qualitative research that will provide Barnsley Clinical Commissioning Group (CCG) with comprehensive, reliable and robust information to assist in the review of diabetes provision across the wider Barnsley district.

All of these projects along with all of the other projects and initiatives which our Research and Development department are involved in provide good examples of how the department are contributing towards the effective delivery of both our plan and the CLAHRC. We believe that our investment in research will support us in delivering quality care. Further information on the work of our research and development department can be found in our Annual Report.

2.2(iv) Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of our income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework.

Table 3.0 demonstrates CQUIN Indicators agreed with Barnsley CCG for 2013/14 and the status of activity at the end of 2013/14.

Table 3.0: CQUIN Payment and Risk Summary 2013/14

		CQUIN	Q1 Actual	Q2 Actual	Q3 Submitted	Q4 Estimated	Value of Indicator
Pre_CQUINS							No value. Requirements to qualify for CQUINs confirmed
	1	Intraoperative Fluid Management	Achieved	Achieved	Achieved	Achieved	
	2	Digital First	Partial	Partial	Partial	Partial	
	3	Support Carers of People with Dementia	Achieved	Achieved	Achieved	Achieved	
National CQUINs	**Friends and Family Test**						
	1.1	Friends and Family Test - Phased expansion	N/A	N/A	Achieved	Achieved	£47,473
	1.2	Friends and Family Test - Increased Response Rate	Achieved	N/A	N/A	Achieved	£63,297
	1.3	F&F Test - Improved Performance on the Staff F&F Test	N/A	N/A	N/A	Achieved	£47,473
	NHS Safety Thermometer						
	2.1	NHS Safety Thermometer - Data Collection	Achieved	Achieved	Achieved	Achieved	£79,121
	2.2	NHS Safety Thermometer - Improvement	N/A	Achieved	N/A	Achieved	£79,121
	Dementia						
	3.1	Dementia - Find, Assess, Investigate and Refer	N/A	N/A	Not Achieved	Not Achieved	£94,945
	3.2	Dementia - Clinical Leadership	N/A	N/A	N/A	Achieved	£15,824
	3.3	Dementia - Supporting Carers of People with Deme	N/A	Achieved	N/A	Achieved	£47,473
	Venous Thromboembolism (VTE						
	4.1	VTE Risk Assessment	Achieved	Achieved	Achieved	Achieved	£79,121
	4.2	VTE Root Cause Analyses	Achieved	Achieved	Achieved	Achieved	£79,121
Local CCG CQUINs	**Outpatient Communication (25% weighting)**						
	5.1	Improvements in Timeliness and Quality	N/A	Achieved	Achieved	Achieved	£316,484
	5.2	Inclusion of full dataset	N/A	Achieved	Achieved	Achieved	£316,484
	Discharge Communication (25% weighting)						
	6.1	Assurance of Timeliness	N/A	Not Achieved	Not Achieved	Not Achieved	£221,539
	6.2	Inclusion of full dataset	N/A	Not Achieved	Achieved	Achieved	£221,539
	6.3	Timeliness of subsequent letter	N/A	Achieved	Achieved	Achieved	£189,891
	Medication Care Planning (20% weighting)						
	7.1	Training material and roll out programme signed off	N/A	N/A	Achieved	N/A	£202,550
	7.2	Roll out of training programme to identified wards	N/A	N/A	Achieved	Achieved	£303,825
	Respiratory (15% weighting)						
	8.1	COPD Inpatient Care Bundle	N/A	Achieved	N/A	Achieved	£379,781
	Patient Experience* (15% weighting)						
	9.1	Question 32 Improvement	N/A	N/A	N/A	Partial	£126,594
		Question 34 Improvement	N/A	N/A	N/A	Partial	£126,594
		Question 56 Improvement	N/A	N/A	N/A	Partial	£126,594
SCG	**Neonatal Intensive Care**						
		NIC Dashboard	Achieved	Achieved	Achieved	Achieved	£7,164
		NIC - Timely and Simple Discharge	Achieved	Achieved	Achieved	Achieved	£46,978

Achieved	£84,744	£600,350	£799,208	£1,229,626	£ 2,713,928
Not Achieved	£19,780	£147,693	£121,319	£216,264	£ 505,056
Total	£104,525	£748,043	£920,527	£1,445,890	£3,218,984

%age Achieved	84.31%

The monetary total for income in 2013/14, conditional upon achieving quality improvement and innovation goals, is £3,218,984 and we are expecting to achieve £2,713,923 or 84.31%. In 2012/13 the CQUINs scheme was worth £3,238,282 and we achieved 81.0% of this income (£2,623,008).

2.2(v) Regulation and Compliance

We are required to register with the CQC and its current registration status is active registration, without conditions.

The CQC has not taken enforcement action against BHNFT during 2013/14.

We have not participated in any special reviews or investigations by the CQC during the reporting period.

2.2(vi) Quality of Data

We submitted records during April 2013 to February 2014 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data (up to and including end of February 2014. Data for March 2014 was unavailable from the Health and Social Care Information Centre (HSCIC) at the time of completing this report).

The percentage of records in the published data:

— which included the patient's valid NHS number was:
99.8% for admitted patient care;
99.9% for out-patient care; and
99.2% for accident and emergency care.

— which included the patient's valid General Medical Practice Code was:
100% for admitted patient care;
100% for out-patient care; and
99.9% for accident and emergency care.

2.2(vii) Information Governance (IG)

The Trust's Information Governance Assessment Report overall score for 2013/14 was 81.0% and was graded Green-Satisfactory compliance.

Going into 2014/15, and in support of version 12 of the IG Toolkit the Information Governance department will be undertaking a review of the governance structure around IG as a whole with a view to supporting IG Toolkit leads in maintaining and improving, where possible, upon current standards.

2.2(viii) Clinical Coding

The accuracy of coding is a fundamental indicator of the accuracy of the patient records.

The Trust was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the audit commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were as follows; (see table 4.0)

Table 4.0 Diagnoses and Treatment Coding

	Correct (%) 2013 (IG Toolkit)	Correct (%) 2014 (IG Toolkit)
Primary Diagnosis	**97.0**	**94.5**
Secondary Diagnosis	**91.0**	**95.3**
Primary Procedures	**93.4**	**95.5**
Secondary Procedures	**93.7**	**93.3**

The Information Governance (IG) audit undertaken covered a random sample of 200 episodes of care across the whole range of services covered by a mandatory PbR tariff. The Trust just missed out on level 3 compliance by 0.5%. BHNFT was also subject to a payment by results (PbR) clinical coding audit at the request of the audit commission.

This was performed by Capita in February 2014. Whilst the Trust is still awaiting the report, initial findings were as follows; (see table 5.0)

Table 5.0 PbR Clinical Coding Audit

	Correct (%) 2013 (PbR)	Correct (%) 2014 (PbR)
Primary Diagnosis	**95.0**	**92.5**
Secondary Diagnosis	**94.0**	**89.6**
Primary Procedures	**91.0**	**88.9**
Secondary Procedures	**96.0**	**78.9**

The areas audited were Paediatric Medicine and Cardiac Disorders with complications. The percentages for primary and secondary procedures are lower than previous audits due to the specialties selected to be audited and the lack of procedures undertaken in these areas. In total there were only 41 procedures recorded; 24 primary and 17 secondary.

We will be taking the following actions to improve data quality:

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

2.3 Reporting against Core Indicators

The Department of Health have asked in our Quality Account that we share information on a core set of indicators. All trusts are required to report against these indicators using a standard format.

The following data is made available to National Health Service trusts or NHS Foundation Trusts by the Health and Social Care Information Centre. In all benchmarks we have used the latest data available from the centre.

2.3(i) Mortality (cross reference to Section 3.1; priority 1)

Summary Hospital-level Mortality Indicator (SHMI)

This section reports the value and banding of the summary hospital-level mortality indicator (SHMI) for the trust for the reporting period: (see table 6.0)

Table 6.0 SHMI Value

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012/13	103.6	100.0	65.2	117.0
2013/14 NA July 2012 – June 2013	106.9	100.0	62.6	115.6

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

We consider that this data is as described for the following reasons:

Barnsley Hospital NHS Foundation Trust has consistently had HSMR and SHMI ratios above 100. However, our SHMI for 2013/14 has remained in the 'as expected' range. This doesn't, by itself, infer that a higher number avoidable deaths are occurring or sub-optimal care is being delivered.

Our Mortality Steering Group does however use data from these indicators, to target clinical areas for review, investigation and further improvement. An example of this would be the Clinical Classification Software (CCS) diagnosis group Fluid & Electrolyte disorders. This diagnosis group had a high HSMR during 2012/13. This area was investigated very thoroughly by the Associate Medical Director and although no avoidable deaths were identified, it was identified that the completion of the Fluid Balance chart could be improved, throughout the hospital. A programme of implementation on this has been led by the Deputy Director of Nursing.

We intend to take the following actions to improve this indicator, and so the quality of its services, by:

1. Mortality Reviews

Patient deaths are being reviewed within CBUs however, there has not been a standardised approach to this throughout the hospital to date. our revised Mortality Review Process will ensure that the review of all patient deaths is standardised throughout. There will be a clear review structure that meets the duty of candour and ensures the process is open and transparent. Any lessons that can be learnt will be shared throughout the Trust, with action plans developed as required.

A *Mortality Case Note Review* will be performed by the Consultant responsible for the patient's care, within 15 working days of death. The Mortality Review Group, which meets on a weekly basis, will review all mortality case note reviews. Where there is any cause for concern relating to the patients' death, the death will be referred for a '*Clinical Business Unit Multi-disciplinary Mortality Review'*. The *Clinical Business Unit (CBU) Multi-disciplinary Mortality Review* will be conducted by the consultant responsible for the patient's care and the Lead Nurse from the ward/clinical area where the patient died. This will be completed within 15 working days of referral from the Mortality Review Group. This review will be presented to the CBU by the Consultant and Lead Nurse. Lessons learnt from the mortality review will be shared across the CBU.

The Mortality Steering Group will review all *Mortality Case Note Reviews* and *Clinical Business Unit (CBU) Multi-disciplinary Mortality Reviews*. Any lessons learnt from the mortality reviews will be shared by exception reporting to the hospital's quality monitoring committee.

2. The deteriorating patient

2.1 National Early Warning Score (NEWS)

Following completion of a pilot of the National Early Warning Score (NEWS), it was decided in January 2014 to implement NEWS across our hospital for all adult patients. An escalation pathway was formulated to reflect national and local requirements. This has been incorporated into the 'Recognising and responding to the Acutely Ill Adult Patient: Including Sepsis Recognition and Treatment' documentation.

In order to ascertain that we have implemented NEWS effectively, a clinical audit is to be undertaken at the end of April 2014. This will be a retrospective audit of healthcare records

from discharged patients and will include records of deceased patients. The outcome of this audit will be communicated through the quality and governance structures of the organisation. The outcomes of the audit will direct and focus further efforts in ensuring good levels of implementation and compliance. There will be an additional audit, the timeframe for which will be determined by the outcome of this initial audit.

We have a target to demonstrate 95.0% compliance with the implementation of NEWS by April 2015. Whilst this target has been set there is still an expectation that we will see a continuous increase in compliance throughout the year. Compliance will be identified through re-audits and the results of these will be reported accordingly.

2.2 Sepsis Recognition and Management Tool incorporating Sepsis Six Care Bundle

The adult observation chart which incorporates NEWS and the associated Escalation Pathway, also includes the Sepsis Screening and Management Tool.

A number of patients who deteriorate in the acute hospital setting have an infection and develop sepsis. Sepsis is a recognised and under-identified cause of deterioration in adult patients in acute hospital settings. The Sepsis Six Care Bundle has been demonstrated to reduce mortality from sepsis.

All patients identified as having sepsis should be commenced on the Sepsis Six bundle of care within one hour of recognition.

A pilot audit completed in February 2014 demonstrated further implementation of this care bundle was required. Patient Safety Champions from both the nursing and medical teams are to be nominated in clinical areas to support the implementation of initiatives such as NEWS and the Sepsis Recognition and Management Tool.

We have a target to demonstrate 95.0% compliance with the implementation of Sepsis Six Care Bundle by April 2015. Whilst this target has been set there is still an expectation that we will see a continuous increase in compliance throughout the year.

2.3 Community Acquired Pneumonia Care Bundle

During March 2014 the Pneumonia Care Bundle has been implemented in ED and AMU. This was to be subject to clinical audit in early 2014/15. Feedback of the audit will be reported to the Mortality Steering Group where a process of continuous audit will be monitored and actions to improve levels of compliance will be agreed.

2.3(ii) Palliative Care

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period: (see table 7.0).

Table 7.0 Percentage Of Patient Deaths With Palliative Care Coded At Either Diagnosis Or Specialty Level

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012/13	15.6%	19.9%	44.0%	0.1%
2013/14	17.1%	20.3%	44.1%	0.0%

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

Significant work has taken place during 2013/14 to ensure there is a systematic and consistent methodology for the coding of patient deaths with the palliative care code.

The Trust has taken the following actions to improve this percentage and so the quality of its services, by:

Implementing a system whereby the clinical coding manager meets with the specialist palliative care team on a monthly basis to discuss any outstanding issues surrounding the recording of specialist palliative care. There is a systematic monthly review by the coding department and coding manager of all patients who have received either advice or actual support from the specialist palliative care team to ensure that the palliative care code has been received by all relevant patients.

2.3(iii) Patient Reported Outcome Measures (PROMS)

PROMS are a series of measures recorded by patient's pre and post operatively that measure how their quality of life and health outcomes have improved following their surgery. We report PROMS measures scores for: (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.

Data reported below is issued as "provisional", with 2012/13 expected to be finalised in August 2014 and 2013/14 expected to be finalised in August 2015. As such, it is still subject to change. (See tables 8.0 & 9.0)

Table 8.0 PROMS reporting period: April 2012 to March 2013

	Measure								
	EQ-5D			**EQ-VAS**			**Condition Specific**		
	Our Hospital	**Highest Performing Trust Score**	**Lowest Performing Trust Score**	**Our Hospital**	**Highest Performing Trust Score**	**Lowest Performing Trust Score**	**Our Hospital**	**Highest Performing Trust Score**	**Lowest Performing Trust Score**
Groin Hernia Surgery	0.081	0.157	0.015	-1.615	4.004	-4.944	N/A	N/A	N/A
Varicose Vein Surgery	0.059	0.175	0.023	2.49	3.934	-6.005	-15.871	-15.918	5.141
Hip Replacement Primary	0.393	0.543	0.319	9.067	19.063	4.172	18.358	24.684	17.214
Hip Replacement Revision	N/A	0.35	0.164	N/A	11.208	2.401	N/A	15.622	8.477
Knee Replacement Primary	0.298	0.409	0.195	5.392	15.583	-2.378	14.556	20.37	12.464
Knee Replacement Revision	N/A	0.369	0.194	N/A	12.68	-1.112	N/A	16.124	6.733

Table 9.0 PROMS reporting period: April 2013 to September 2013

	Measure								
	EQ-5D			EQ-VAS			Condition Specific		
	Our Hospital	Highest Performing Trust Score	Lowest Performing Trust Score	Our Hospital	Highest Performing Trust Score	Lowest Performing Trust Score	Our Hospital	Highest Performing Trust Score	Lowest Performing Trust Score
Groin Hernia Surgery	0.101	0.138	0.019	-1.659	3.471	-5.962	N/A	N/A	N/A
Varicose Vein Surgery	N/A	0.094	0.058	N/A	1.125	-1.781	N/A	-10.52	-9.736
Hip Replacement Primary	N/A	0.545	0.373	N/A	21.014	5.263	N/A	25.442	18.342
Hip Replacement Revision	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Knee Replacement Primary	0.276	0.429	0.264	5.208	14.021	2.284	N/A	20.093	14.318
Knee Replacement Revision	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Where N/A is noted this indicates that data is not available. This can be for one of the following reasons:-

Data is not collected. In the case of groin hernia surgery, there is no condition specific element to the data capture (The condition specific question sets are all well established and have been used for research purposes for a number of years. The national PROMs collection is the first time their use has been mandated. There is no such accepted question set for Groin Hernia Repair, therefore there is no third section for this condition).

Statistical relevance. The data is subject to a case mix adjustment to enable comparisons between organisations. Much of the data for the 2013/14 period is too small to allow the adjustment to be made.

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

There has been a significant change in the reporting methodology for hip and knee replacement surgery since the last publication of the Quality Accounts. Revision surgery is now reported distinctly from primary surgery. Whilst this does little to affect the scores of our trust (revision surgery is carried out, but only in relatively small numbers), it does however significantly affect the national averages and consequently, the confidence limits on which organisations are judged to be an outlier.

The areas in which our hospital is identified as a negative outlier for the 2012/13 data are:

- Hip replacement primary condition specific
- Knee replacement primary condition specific

We have taken the following actions to improve this data, and so the quality of its services, by:

Implementing a detailed action plan. In following the design and implementation of an action plan, outcomes for both of these metrics at our trust have improved since the inception of the

national PROMs programme in 2009/10.

2.3(iv) Re-admissions (2013/14, local data, no benchmarking)

This section reports the percentage of patients aged - (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period. Data for 2012/13 and 2013/14 was unavailable from the HSCIC Clinical Indicators team and as such we are unable to provide benchmarking information for the purpose of the 2013/14 Quality Report. (See table 10.0)

Table 10.0 Re-admissions of patients aged (i) 0 to 15; and (ii) 16 or over

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012/13	8.25%	data unavailable from national source	data unavailable from national source	data unavailable from national source
2013/14	8.47%	data unavailable from national source	data unavailable from national source	data unavailable from national source

Data source: Local data source; PAS download

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

We have undertaken joint clinical audits with Barnsley CCG to review readmissions to determine whether these were avoidable. Although the formal analysis of the latest audit is not yet complete, the raw data would suggest a reduction in the number of avoidable readmissions when compared to the previous audit.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

A further piece of work will be undertaken to review these avoidable readmissions to look at lessons learned and identify actions which need to be taken.

2.3(v) Patient Experience

This section reports our responsiveness to the personal needs of its patients during the reporting period. This data is taken from the National Inpatient Survey. The comparison of the highest and lowest performing Acute Hospital Trusts is within the South Yorkshire and Bassetlaw region (see table 11.0).

National average data for 2012/13 and 2013/14 was unavailable from the CQC Published National In-Patient Survey Results, 2013 and as such we are unable to provide benchmarking information for the purpose of the 2013/14 Quality Report.

Table 11.0 National Inpatient Survey 2013

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012/13	6.72%	data unavailable from CQC	8.6%	5.7%
2013/14	6.86%	data unavailable from CQC	8.6%	5.4%

Data source: CQC Published National In-Patient Survey Results, 2013

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

Our position is drawn from a composite of five key patient experience questions from the national inpatient survey identified as an indicator of overall patient experience and the Trust was pleased to note an increase on the scores from the previous year.

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

We are now conducting monthly patient experience questionnaires on inpatient wards which include the above questions and we are benchmarking this data against the national data to draw comparisons. As part of a wider action plan to effect improvements in patient experience, the Trust has developed a training package to support improved communication with patients in decisions about their care and has implemented new opportunities for patient feedback through implementation of the NHS Friends & Family Test (FFT) and wider feedback opportunities.

2.3(vi) Staff Survey

This section reports the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. The purpose of the NHS Staff Survey is to establish the opinions of staff in relation to the effectiveness of agreed national HR policies, in the context of each individual NHS Trust.

It is the Department of Health's independent assessment of individual Trusts' performance against 28 key findings. The Trust's survey was undertaken by the Picker Institute between September and December 2013.

512 staff at the Trust participated in the survey. This is a response rate of 67.0%, which places us in the highest 20.0% of Acute Trusts in England and matches with the response rate of 67.0% in the 2012 survey. This response rate is the highest of any acute trust using Picker Institute as their staff survey provider.

Specifically in relation to the question within the survey *"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"* the results are as follows: (see table 12.0)

Table 12.0 Staff Survey 2013

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012	64.43%	64.51%	94.20%	35.34%
2013	64.44%	67.11%	93.92%	39.57%

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

More staff are saying their role makes a difference to patients – our score is 92.0% and is only 3.0% less than the best 2013 score for Acute Trusts.

More staff are saying team working is effective – our score is 3.84/5.00 and the national average for Acute Trusts is 3.74/5.00, placing us is in the best 20.0%.

Overall staff engagement score indicates our Trust is no better or worse than the average Acute Trust.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

Most notably we are extending our *Together We Will Make It: Better* programme, which is a dynamic staff-led Organisational Development intervention. This brings together diverse representation from different staff groups, as well as trade union representatives, who drive change by inviting feedback from the entire workforce and implement solutions in collaboration with Director sponsors. Progress reports will be submitted to the Board of Directors periodically and a summary of programme achievements presentation will take place in February 2015.

Each month our Chief Executive has been hosting a *Join the Conversation* event on a specific topic area which relates to themes which have emerged from this survey. Staff are invited to attend these sessions to feedback their views; highlight issues and to ask our Chief Executive and Director colleagues the questions which mean the most to them. Outputs from these sessions are communicated to the workforce in a "*You Said/We Did"* format to capture issues and to demonstrate the necessary actions are being undertaken.

2.3(vii) Venous Thromboembolism (VTE) (cross reference to Section 3.1; priority 2)

This section reports the percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period. Data for 2012/13 and 2013/14 was unavailable from the HSCIC Clinical Indicators team and as such we are unable to provide benchmarking information for the purpose of the 2013/14 Quality Report. (See table 13.0).

Table 13.0 VTE

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012/13	92.77%	data unavailable from national source	data unavailable from national source	data unavailable from national source
2013/14	95.22%	data unavailable from national source	data unavailable from national source	data unavailable from national source

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

During 2013/14 there has been focused effort in ensuring that patients who were admitted to hospital during the reporting period were appropriately risk-assessed for venous thromboembolism.

We have taken the following actions to improve this percentage, and so the quality of its services, by:

Ensuring the continuous monitoring of all venous thromboembolism risk assessments and by implementing relevant actions to improve performance as necessary. Throughout 2013/14 we have implemented a number of changes in practice to support our improvement in performance against this indicator. Consultant ward rounds have supported the monitoring of completed venous thromboembolism risk assessments and have undoubtedly contributed towards our improvements against this indicator. Our increase in performance against this indicator has been supported by on-going training and development of junior doctors together with quarterly and on-going audit and monitoring programmes.

In 2014/15 we will continue with the implementation of training and awareness-raising amongst its staff. Compliance will be proactively managed through audit and on-going monitoring. 2014/15 will see the appointment of a VTE Lead Nurse. This post will champion our efforts and on-going initiatives to ensure that every patient who is admitted to hospital continues to be risk-assessed for venous thromboembolism.

2.3(viii) Clostridium Difficile (Clostridium Difficile) (cross reference to Section 3.1; priority 1)

This section reports the rate per 100,000 bed days of cases of Clostridium Difficile infection reported within the trust amongst patients aged two or over during the reporting period. Data for 2013/14 was unavailable from the HSCIC Clinical Indicators team and as such we are unable to provide benchmarking information for the purpose of the 2013/14 Quality Report. (See table 14.0).

Table 14.0 Clostridium Difficile

Reporting Period	Our Hospital	National Average	Highest Performing Trust Score	Lowest Performing Trust Score
2012/13	14.6 (22 cases)	17.3	30.6	0.0
2013/14	14.5 (20 cases)	data unavailable from national source	data unavailable from national source	data unavailable from national source

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

The highest and lowest figures should be read with the understanding that different types of trusts are grouped together when reporting on the above figures e.g. teaching hospitals/non teaching hospitals/specialist centres/children's hospitals etc. Our trust achieved a reduction of two cases in 2013/14 from the previous year.

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

Having in place a robust infection prevention and control service and Infection Prevention Control Team (IPCT). The team with other trust colleagues has an annual programme of activities and actions to prevent and control all infections with a specific Clostridium Difficile focus. The early identification of either antigen or toxin allows us to promptly isolate and to treat the condition appropriately including reviewing current medication, especially antibiotics and protein pump inhibitors. Each positive patient is seen daily by the IPCT and their condition and progress monitored closely. The number of positive toxin cases is frequently reported to all clinical teams and are included in our performance and assurance systems as well as being included in Board reports and Team Brief.

Each case of Clostridium Difficile receives a thorough root case analysis (RCA) which is completed jointly between Matrons, Lead Nurses and the IPCT. The outcomes of all RCAs are discussed as part of a multi-disciplinary team (MDT) meeting where any lessons learnt are identified and disseminated appropriately throughout the hospital. All RCAs receive detailed review both internally and externally, including a full detailed review by Public Health and Barnsley CCG.
The IPCT undertake environmental inspections, surveillance and on going audits including the adherence to policies and procedures.

2.3(ix) Patient Safety Incidents (cross reference to Section 3.1; priority 1)

This section reports the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. Our performance is compared against 28 hospitals listed nationally within the Small Acute Hospital Category. (See table 15.0)

Table 15.0 Patient Safety Incident Reporting Period: 1st April 2012 – 31st March 2013

	Our Hospital	National Average (Small Acute Trusts)	Highest Performing Trust Score (Small Acute Trusts)	Lowest Performing Trust Score (Small Acute Trusts)
Incidents per 100 bed days	5.5%	3.6%	17.5%	4.1%
Incidents resulting in severe harm	0.5%	0.6%	0.0%	3.1%
Incidents resulting in death	0.6%	0.2	0.0%	1.4%

The comparison figures in this chart are taken from the National Patient Safety Agency's organisation patient safety report 1 October 2012 – 31 March 2013; comparing all small acute organisations.

Table 16.0 Patient Safety Incident Reporting Period 1 April 2013 – 30 September 2013

(Information was released on 29/04/14 by the National Reporting and Learning System (NRLS) pertaining to data up to, and including, 30/09/13. This is this most recent comparative data released by NRLS and therefore the most recent comparative data for the purpose of the 2013/14 Quality Report).

	Our Hospital	National Average (Small Acute Trusts)	Highest Performing Trust Score (Small Acute Trusts)	Lowest Performing Trust Score (Small Acute Trusts)
Incidents per 100 bed days	7.99%	8.13%	17.1%	3.89%
Incidents resulting in severe harm	0.34%	12.43%	42.0%	0.0%
Incidents resulting in death	0.1%	2.46%	9.0%	0.0%

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

There are 28 trusts listed nationally within the Small Acute Hospital category. Our hospital is 7th in the cohort for the number of incidents reported, which is a good result. The result per 100 bed days placed the hospital 14th, (mid-table). This is a significant improvement for the Trust during the six month period we are able to report on.

The Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

The implementation of a new electronic incident reporting system in April 2013 has supported an increase in the reporting of patient safety incidents across the Trust. The hospital's next

steps for improvement are outlined in section 3.1(i) Priority 1: Patient Safety; To Increase ‘harm free’ care, of this report.

Part 3: Other Information (Cross reference to section 2.1 (ii); Progress made since the publication of the 2012/13 quality report)

3.1 Our Performance against our 2013/14 Priorities for Improvement

This section of the report discusses our progress against the priorities we set ourselves for 2013/14.

In 2013/14 our priorities for improving quality for our patients fell within three core domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Our priorities for improving the quality of services we offer were identified for 2013/14 by the hospital's Quality Safety Improvement and Effectiveness Board (QSIEB) and Strategic Risk Group (SRG). These Committees had a wide clinical and managerial representation. The proposals were then presented to both the hospital's Clinical Governance Committee and the Council of Governors before they were finally authorised by the Board of Directors.

For each of the priorities identified the hospital defined three indicators or measures in order to effectively monitor progress and success.

The priorities for improvement developed for 2013/14 were influenced by issues raised within the Trust during the year by key stakeholders; by our staff and outside our organisation. Furthermore, patient surveys and complaints received in 2012/13 were pivotal in influencing the priorities for 2013/14 and in assisting us to set quality standards to improve patient experience and the standard of services delivered.

3.1(i) Priority 1: Patient Safety; To Increase 'harm free' care

Pressure Ulcers

Building on the patients' experience in 2012/13 the prevention of pressure ulcers was moved to a safety priority for 2013/14. Our aim was to have a 'zero tolerance' to hospital-acquired, preventable grade 3 and grade 4 pressure ulcers.

A pressure ulcer is damage that occurs on the skin and underlying tissue. A grade 3 or grade 4 is a more severe or serious pressure ulcer. Pressure ulcers are a major source of morbidity in hospital care settings. Without proper treatment and care patients will have an extended period of debilitation requiring increased length of hospital stay and additional care.

In 2012/13 we reported 14 grade 3 or 4 pressure ulcers. The aim was to reduce this to zero hospital-acquired, preventable pressure ulcers in 2013/14.

Aim: Zero tolerance to hospital-acquired grade 3 and grade 4 pressure ulcers.

Goal: Zero hospital-acquired, preventable pressure ulcers in 2013/14.

Outcome: Improvement required to achieve our goal

Table 17.0 Grade 3 And 4 Hospital Acquired Pressure Ulcers

	2012/13	2013/14
Grade 3	13	37
Grade 4	1	0
Total	14	37

Data source: Data source: Local data from RCAs and DATIX

In 2013/14 our hospital saw an increase in the number of reported Grade 3 hospital-acquired pressure ulcers. In April 2013 the hospital implemented DATIX, our new electronic incident reporting system. Together with training and work to raise the importance of reporting all adverse incidents, the Trust saw a significant rise in the overall level of incident reporting throughout 2013/14.Part of the work to raise the awareness of incident reporting included work to ensure that all pressure ulcers are reported in a timely manner. We believe the increase in the number of reported Grade 3 hospital-acquired pressure ulcers has been significantly influenced by this.

Our next steps for 2014/15:

Prevention, Education and Training
During 2013/14 all our high risk ward areas purchased Aderma Heel Gel Pads, along with heel protection devices and foam cushions as an aid to pressure redistribution. The Lead Tissue Viability Nurse is working alongside Procurement to ensure the Aderma product is on the ward top-up system to ensure immediate availability to all at-risk patients and to develop a business plan to purchase further dynamic mattresses to be used as standard on all our high risk ward areas. Throughout 2014/15 there will be a focus across the hospital on the prevention of pressure damage through education, training, guidance and documentation.

Documentation
New pressure damage Grading Charts have been developed by the Tissue Viability team in line with the EPUAP (European Pressure Ulcer Advisory Panel) grading system and these have been disseminated Trust-wide to aid staff in early and accurate identification of pressure damage. An audit programme will be developed in 2014/15 to ensure that staff are appropriately identifying and grading all pressure damage. New documentation and guidance has also been developed by the Tissue Viability Team around risk assessment and preventative care. Following an initial pilot this will be implemented trust-wide.

Monitoring / Investigation
Continued monitoring of pressure ulcer incidence will take place, as will Root Cause Analysis and Serious Incident investigation of every hospital-acquired grade 3 and 4 pressure ulcer. Recommendations will be made and action plans formulated. Themes and trends will be analysed and reported through the governance structures on a quarterly basis to ensure trust wide learning and improvement.

Medication Errors

The hospital recognised that mistakes can occur in the prescribing, dispensing or administration of medicines.

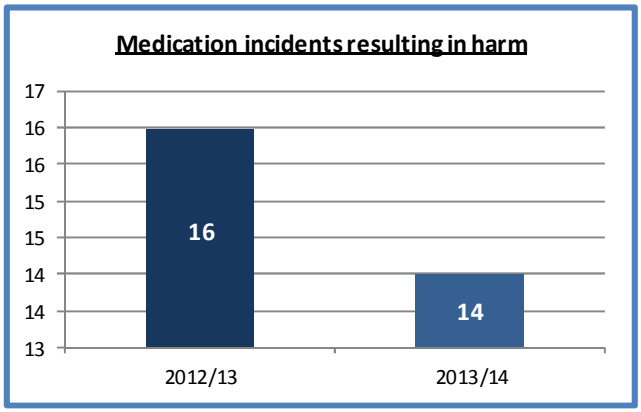
The consequences can be serious for patients, their family and friends, and for the health professionals involved. For 2013/14 the Trust therefore declared a commitment to making drug treatment as safe as possible.

Aim: To make drug treatment as safe as possible

Goal: To reduce the number of adverse outcomes associated with medication errors

Outcome: Goal achieved

Chart 1.0 Medication Errors



Data source: Local data from DATIX

During 2012/13 there were 186 medication incidents reported compared to a total of 333 during 2013/14. Of the 333 reported medication incidents only 14 resulted in an adverse outcome. The number of harm incidents has remained very similar to the previous year but in the context of the improvement in incident reporting, this is a much smaller proportion and is therefore seen as an overall positive result for the year.

We have seen a significant increase in the overall number of medication incidents and near misses being reported during last year. This is a positive sign and indicative of increased awareness in reporting. There have also been improvements made to the analysis and information provided to the Medicines Management Committee to assist with better learning and improvement. The main finding has been around the number of missed or delayed administration of medication and this is being addressed across the ward areas.

Our next steps for 2014/15:

We recognise the key role technology plays in addressing some of the human factors involved in medication errors. We have invested in a new Incident Reporting System which alerts both the Chief Pharmacist, and the Lead Governance Pharmacist, to all incidents and near-misses involving medication. The Lead Governance Pharmacist investigates all medication incidents and near miss incidents to identify process and system vulnerabilities contributing to any such incidents. The Medicines Management Committee receives a report documenting all medication incidents, and their investigation, from the Risk Management Department as a standing item on the Committee's meetings. We are investing in a comprehensive Inpatient Pharmacy Automation system (pharmacy robot) to replace manual processes (picking, labelling and dispensing) with fully automated processes. The Pharmacy Automation system is scheduled to go live in the first quarter of 2014.

The Medicines Management Committee will continue to focus on the safety use and security of medicines in all wards and departments of the hospital and this focus is reflected in the Medicines Management Clinical Audit programme.

Planned Transfers from Critical Care Unit after 8pm at night

Critical care provides higher levels of care for patients who are acutely/critically ill. Critical care departments provide much higher levels of clinical staff to patient ratios, to deal with the more intensive needs of this patient group.

As patients start recovering from the acute or critical phase of their illness they will be assessed to see if they can be cared for on a routine ward. This process often happens at the start of the day. However, transfers are often delayed until later in the day which often results in a less than satisfactory senior medical staff handover of their care needs.

A number of studies have shown that patients who are transferred to another ward from critical care units at night are at a higher risk of harm. Critical care facilities are a limited resource in all hospitals and consequently in emergency situations the most well patients may need to be transferred to another ward earlier than normal to accommodate a much sicker patient; this indicator will not address this situation. However it will address planned transfers in a more structured way to provide this step down in care intensity. The Trust therefore agreed that for 2013/14 the aim would be for planned transfers to be allocated a bed as a priority within four hours of decision to transfer, ideally before 5pm to support a robust senior medical handover. Improvements were to be measured in actual numbers and average time to discharge for planned discharges.

Aim: Planned transfers to be allocated a bed as a priority within four hours of decision to transfer, ideally before 5pm to support a robust senior medical handover.

Goal: To reduce the number of planned transfers to another ward from the hospital's Critical Care Unit after 8pm at night and for all planned transfers to be allocated a bed as a priority within four hours of decision to transfer, ideally before 5pm to support a robust senior medical handover.

Outcome: Improvement required to achieve our goal.

Table 18.0 Planned Transfers from Critical Care Unit (CCU)

Reporting period	Number of admissions	Out of hours discharges to another ward
01/04/12 – 31/03/13	428	20
01/04/13 – 31/03/14	430	22

Data source: Presented from data collected as part of the North Trent Critical Care network programme.

The data presented above relates to all planned transfers between the hours of 22:00hrs and 06:59hrs. Data on the number of planned transfers between the hours of 20:00hrs and 22:00hrs has not been made available. In addition, the hospital is unable to provide data regarding the allocation of beds within the 4 hour decision to transfer target.

Our next steps for 2014/15:

We still require all planned transfers to be allocated a bed as a priority within four hours of decision to transfer and where possible for this to occur before 17:00hrs to support a robust senior medical handover. This indicator will continue to be monitored by the hospital as part of the wider focus on eliminating all out of hour transfers.

Other Patient Safety Priorities for 2013/14

Serious Incidents and Never Events (cross reference to Section 2.3; patient safety incidents)

Serious incidents and 'never events' are taken very seriously. When a serious incident or never event is identified it is escalated to a Director. It is then thoroughly investigated by an internal independent review team. A report and action plan is completed. The action plan is monitored by the Strategic Risk Group. In 2012/13 the Trust reported on a total of 38 serious incidents, which included four 'never events'.

In 2013/14 the Trust agreed to aim to reduce the number of serious incidents and never events occurring within the Trust.

Aim: by improving the quality of care being provided across the care services within the Trust to reduce the likelihood of things going wrong and serious incidents and 'never events' occurring.

Goal: To reduce the number of reported serious incidents and 'never events' with the Trust during 2013/14.

Outcome: Close to achieving our goal
Data source: Local data from DATIX

We are delighted to report that there have been no 'never events' in 2013/14. Serious Incidents have however risen from 38 in 2012/13 to 66 in 2013/14, a significant deterioration against plan. An explanation is provided below:

The criteria for Serious Incidents (issued under national guidance) from April 2013 specifically included Grade 3 & 4 pressure ulcers. The Trust has recorded 37 pressure ulcer Serious Incidents in 2013/14. With these excluded, the Trust has made a minor improvement on its Serious Incident numbers.

Our next steps for 2014/15:

We want to continue with our aim to reduce the number of hospital acquired pressure ulcers for which there is a separate agenda and action plan. In general terms, following the training on serious incident investigation which was undertaken in December 2013 by 30 senior members of our workforce, we are determined to improve the quality of its investigations and report writing in relation to all serious incidents but more importantly we are committed to improving our learning from all events.

Incident Reporting (cross reference to Section 2.2; patient safety incidents)

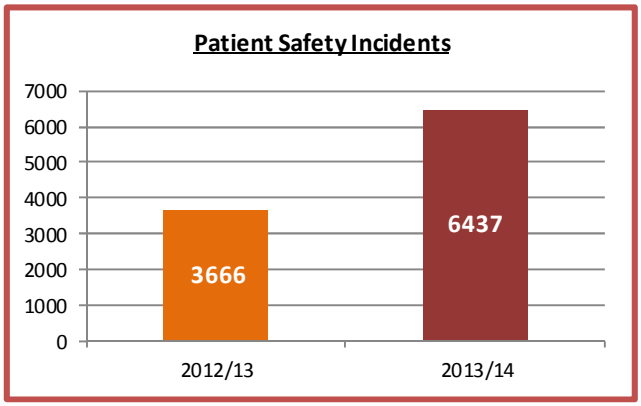
We made a commitment to implement a new incident reporting system in the hospital in April 2013 to make the reporting of all incidents much easier. Research suggests that a high level of patient incident reporting is a mark of a 'high reliability' organisation with a stronger safety culture, as learning from incidents is crucial to reducing harm when patients have, or could have been harmed (near miss).

Aim: Encourage increased reporting and learning in order to reduce adverse outcomes and harm to our patients.

Goal: To increase the level of adverse incident reporting by the end of 2013/14 and our reporting levels to be comparable with the rate of reporting in similar small acute hospitals and in accordance with the National Reporting and Learning Systems (NRLS).

Outcome: Goal achieved

Chart 2.0 Patient Safety Incidents



Data source: Local data from DATIX

On 2 April 2013 we implemented DATIX, a new electronic incident reporting system, within the trust to replace our original electronic system. The total number of patient incidents (clinical incident) that have been reported within the first year of the new system is 6437 compared with the total for the previous year of 3666. This is an increase of 2771.

The new system was supported by a training and awareness programme and has delivered its objective. There are still improvements to be made as the system matures particularly around timeliness of reporting, and ensuring that incidents involving harm are correctly and consistently graded. We are addressing this issue by providing more training and educational resources and working with staff across the organisation to promote accurate and timely reporting.

Our next steps for 2014/15:

These are specifically included within our three year Quality Strategy and reflect the key findings from our thematic analysis of incidents which are patient falls, tissue viability and early warning scores (recognition of the deteriorating patient). There are also a variety of complex infrastructure incidents such as (staffing, capacity, demand, resources).
These frequent low impact events have an adverse effect on the quality and compassion of the care provided and the Risk Management Team is keen to carry out a number of 'deep dives' in 2014/15 to better understand the factors involved.

Hospital Standard Mortality Ratio (HSMR) (cross reference to Section 2.3; SHMI indicator)

HSMR can be described as the actual number of deaths occurring in a hospital compared to those deaths that could be expected to happen. In 2012/13 the hospital's figure was running slightly above similar-sized hospitals in the area. An action plan was developed to address this and the Trust established a target for 2013/14 to reduce this rate further to 100 by October 2014.

Aim: To reduce the number of in hospital avoidable deaths.

Goal: To reduce the HSMR value to 100 by October 2014.

Outcome: Improvement required to achieve our goal

Chart 3.0 Barnsley Hospital Rolling 12 Month HSMR; Source: Healthcare Evaluation Data (HED)

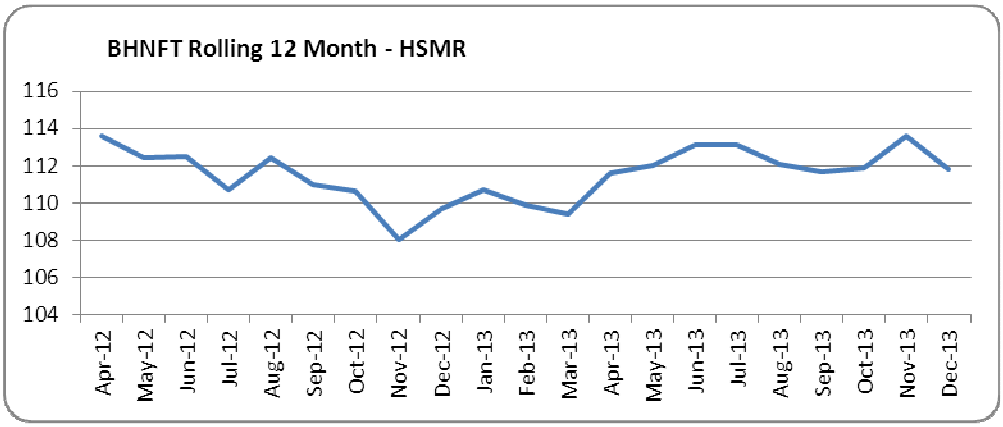
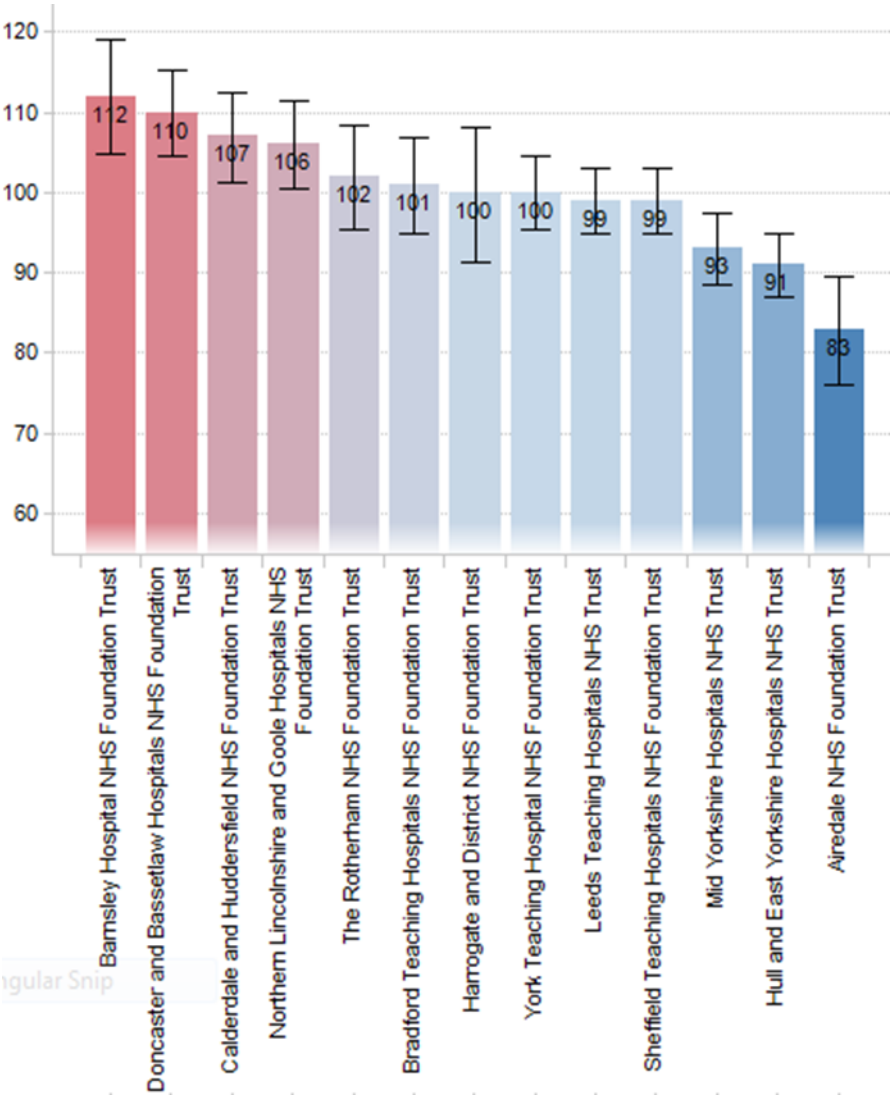


Chart 4.0 HSMRs 2012/13, Yorks & Humber Non Specialist Provider Trusts; Source: Healthcare Evaluation Data (HED)



In delivering our quality goals and priorities we are aware that our main risk to quality relates to the hospital's HSMR value. Since 2012/13 our HSMR value has been running above those of similar-sized hospitals in the area and it is recognised that the pace of improvement of the HSMR value must be enhanced. Over the past 12 months the hospital has implemented a number of actions to address this and continues to implement further actions to improve this rate and to meet the targets as set out in the 2014/15 quality priorities. The main areas of focus have been:

- Early adoption of Medical Examiner System established by Associate Medical Director.
- Full detailed review of Fluid and Electrolyte Codes deaths.
- Acute Cerebrovascular Disease (Stroke) audit completed and action plan.
- National Early Warning Scores (NEWS) roll out.
- Sepsis Six Bundles to be implemented trust-wide.
- Consultant cover on Acute Medical Unit (AMU), 12 hours 7 days a week.
- Pneumonia Care Bundles to be implemented trust-wide.
- Implementation of clinical mortality review.
- Deep dive into Mortality led by Advancing Quality Alliance (AquA).

Our next steps for 2014/15:

Please refer to section 2.3 *'Mortality'* of this report where we explain the actions we intend to take during the coming year to improve this indicator.

Preventing and Reducing Infection (cross reference to Section 2.3; Clostridium Difficile)

This has been a national priority in hospitals since 2009, with challenging year on year improvement targets being set. The aim has been to:

1) Eliminate the incidence of MRSA bacteraemia infections, and
2) To reduce the variation of Clostridium Difficile infections across all hospitals by 2014.

We have performed well in meeting the challenge introducing a number of improvements throughout the hospital in order to deliver a year on year reduction in actual cases. We reduced our MRSA bacteraemia incidence to zero by 2010 and for 2013/14 we aimed to continue with these improvements.

Aim: To eliminate the incidence of MRSA bacteraemia infections and reduce the variation of Clostridium Difficile infections.

Goal: To have zero MRSA bacteraemia incidences and to meet the target for 20 reported cases of Clostridium Difficile infections in 2013/14.

Outcome: Goal achieved

Table 19.0 Clostridium Difficile and MRSA Infections 2013/14

	Cumulative target	Cumulative actual
Clostridium Difficile 2012/13	31	22
MRSA 2012/13	0	0
Clostridium Difficile 2013/14	20	20
MRSA 2013/14	0	0

Data source: Local data, Microbiology (Winpass system)

Our next steps for 2014/15:

Our hospital is proud of the work we have undertaken to achieve these great results. We now want to ensure measures are taken in the coming year to sustain the improvements made and seek further reductions in preventing and reducing infection throughout our hospital.

3.1(ii) Priority 2: Clinical Effectiveness: To improve patient outcomes by improving our effectiveness across three different areas

Reduction in Length of Stay

National studies indicate elderly patients develop more complications the longer their stay in hospital. For 2013/14, to establish an improvement target the hospital assessed its own performance which evidenced the average length of stay for this group of patients to be 8.4 days. We benchmarked this performance against our peer group (small acute trusts) and established that the best performance in this peer group was indicating a 7-day length of stay. We therefore agreed to aim for a reduction in the average length of stay for urgent care patients over 65 years of age by one day.

Aim: To reduce the average length of hospital stay for urgent care patients over 65 years of age.

Goal: To reduce its average length of stay for urgent care patients over 65 years of age to 7.4 days.

Outcome: Goal achieved.

Table 20.0

Average length of hospital stay (LOS) for urgent care patients over 65 years of age, 2013/13 and 2013/14		
	2012/13	**2013/14**
Spells	11,147	11,460
Average LOS	8.0	7.2

Data source: Local data (from PAS download) urgent care spells based on discharge date and POD.

Our next steps for 2014/15:

Work is on-going to further reduce length of stay for urgent care patients over 65 years with improved discharge planning, 7 day a week therapy services and social care input, the

introduction and implementation of ambulatory care pathways, and the implementation of a new Frailty Service that in reaches into ED and the Clinical Decision Unit.

Timely Discharges for Patients with Low Risk Illnesses

A number of conditions have been identified and incentivised to be treated without the need for hospital admission. These conditions are referred to as Ambulatory Care Conditions, specifically; cellulitis, deep vein thrombosis and low risk chest pain. At the beginning of 2013/14 we were still in the process of developing a Clinical Decisions Unit. This unit, located adjacent to the Emergency Department, opened for use in December 2013 with the aim of facilitating caring for these kinds of patients in a day care setting without the need for admission to the main hospital. It was agreed that during 2013/14, in order to measure the success and effectiveness of this facility, we will measure the number of patients cared for as a day case/without admission, against all these ambulatory care conditions and with particular focus on the three conditions identified above.

Aim: To reduce the number of admissions for patients with low risk illnesses in order to improve patient care and improve the effectiveness and efficiency of bed usage.

Goal: To increase the number of patients discharged within 24 hours across three of the identified ambulatory care conditions, specifically; cellulitis, deep vein thrombosis and low risk chest pain.

Outcome: Goal achieved

Table 21.0

Patients discharged within 24 hours across three ambulatory care conditions 2012/13 – 2013/14		
Condition	**2012/13**	**2013/14**
Cellulitis	136	173
Deep Vein Thrombosis	300	303
Low Risk Chest Pain	1581	1598

Data source: Local data (from PAS download)

Our next steps for 2014/15:

Additional actions are being identified to increase the discharge of patients within 24 hours across ambulatory care sensitive conditions including cellulitis, deep vein thrombosis and low risk chest pain. In the coming year the Acute Medical Unit (AMU) will open up a chaired area that will facilitate the management of ambulatory care sensitive conditions, supported by pathways. Barnsley CCG has been actively working on the deep vein thrombosis pathway in conjunction with us and we are actively participating in the national Ambulatory Emergency Care Programme.

Reduce Re-admission Rates

This indicator was established to ensure that we are delivering effective patient discharges, that patients are in fact ready for discharge and that any continuing care needs have been fully addressed when patients leave our care.

In order to set the target for this indicator in 2013/14, the 2012/13 year end performance was used to provide the base line. In 2012/13 the Trust had 1044 patient re-admissions within two

days of discharge. For 2013/14 the aim was to reduce this number of re-admissions by 10.0%.

Aim: To reduce the number of patients re-admitted to hospital within two days of discharge.

Goal: To reduce the number of patients re-admitted to hospital within two days of discharge to 940.

Outcome: Close to achieving our goal

Table 22.0

Days to re-admission 2012/13 – 2013/14					
	0	**1**	**2**	**Total**	**Target**
2012/13	110	489	445	1044	
2013/14	96	484	433	1084	940

Data source: Local data (from PAS download)

We have undertaken joint clinical audits with the BCCG to review re-admissions to determine whether these were avoidable. Although the formal analysis of the latest audit is not yet complete, the raw data would suggest a reduction in the number of avoidable re-admissions when compared to the previous audit.

Calculated as a percentage instead of raw numbers, 2012/13 saw 1.59% of discharges re-admitted within two days. A 10.0% reduction would set a target of 1.43% for 2013/14. Year to date, 2013/14 actually has a rate of 1.68% of discharges re-admitted within two days.

Our next steps for 2014/15:

A further piece of work will be undertaken to review these avoidable re-admissions to look at lessons learned and identify actions which need to be taken.

Other Clinical Effectiveness Priorities for 2013/14

Venous Thromboembolism (VTE) (cross reference to Section 2.3; VTE)

The House of Commons Health Committee reported in 2005 that an estimated 25,000 people in the UK die from preventable hospital-acquired venous thromboembolism (VTE). National guidelines were therefore introduced in order that all patients admitted to hospital are risk-assessed for VTE and proactive treatment is provided to patients assessed as high risk.

In 2011/12 and 2012/13 we delivered the 90% target for risk assessing all patients and providing the appropriate treatment. Patients who are re-admitted to hospital within 90 days or suffer a fatality because of suffering from a VTE are fully investigated by identified medical leads, to understand the cause of the VTE and disseminate any learning to prevent further recurrence. It was agreed that the focus on this priority would continue into 2013/14 as a national CQUIN priority with an increased target of 95.0%.

Aim: To reduce the incidence of preventable hospital-acquired venous thromboembolism (VTE)

Goal: To undertake a VTE risk assessment in 95.0% of all adult inpatients on admission to hospital.

Outcome: Close to achieving our goal

Table 23.0

VTE risk assessments carried out 2012/13 & 2013/14				
Month	**2012/13**	**2012/13 Target**	**2013/14**	**2013/14 Target**
April	91.47%	90.0%	94.02%	95.0%
May	92.09%	90.0%	94.59%	95.0%
June	92.49%	90.0%	94.09%	95.0%
July	92.34%	90.0%	95.08%	95.0%
August	92.21%	90.0%	95.05%	95.0%
September	92.71%	90.0%	95.09%	95.0%
October	92.88%	90.0%	95.48%	95.0%
November	93.76%	90.0%	95.27%	95.0%
December	93.14%	90.0%	95.85%	95.0%
January	93.70%	90.0%	96.43%	95.0%
February	92.80%	90.0%	96.21%	95.0%
March	93.62%	90.0%	95.45%	95.0%

Data source: Local data (Discharge summaries)

Throughout 2013/14 we have implemented a number of changes in practice to support our improvement in performance against this indicator. Consultant ward rounds have supported the monitoring of completed venous thromboembolism risk assessments and have undoubtedly contributed towards our improvements against this indicator. Our increase in performance against this indicator has been supported by on-going training and development of junior doctors together with quarterly and on-going audit and monitoring programmes.

Our next steps for 2014/15 are:

Please refer to section 2.3 'VTE' of this report where we explain the actions we intend to take during the coming year to improve this indicator.

NHS Safety Thermometer (cross reference to Section 2.1; 2014/15 CQUINs table 2.0 & Section 2.2; 2013/14 CQUINs table 3.0)

The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing patient care. In 2012/13 the NHS Safety Thermometer measured four clinical conditions – venous thromboembolism, urinary tract infection, pressure ulcers and patient falls. The hospital implemented this national measurement system and aimed to deliver a high level of harm-free care.

Aim: To continually improve the quality of information collected over 2013/14.

Goal: To collect data on three elements of the NHS Safety Thermometer; pressure ulcers, inpatient falls and urinary tract infections in patients with a catheter.

Outcome: Goal achieved.
Data source: Local data monthly point prevalence audit

Work has been undertaken along with Management Information to ensure that all areas are aware of the data collection requirement. This ensures that data is now completed and submitted within the required timescales leading to better data quality.

Our next steps for 2014/15:

We will use the data available to us to ensure that improvement initiatives are reducing harm as described in the hospital's goal for 2014/15; delivering consistently safe care.

3.1(iii) Priority 3: Patient Experience: To improve patient experience across three targeted pathways

Inpatient with Learning Disabilities

In 2012 we appointed a specialist nurse to support our patients with learning disabilities. During 2012/13 the in-year focus was to:

- Increase learning disability training for all staff;
- Work with residential homes to identify and support patients that may require admission to hospital; and
- Develop "All About Me" Passports for existing patients across the wider health community to provide seamless adjustments when this patient group requires a hospital admission.
- It is with these initiatives in mind that the Trust agreed on the 2013/14 quality improvement priority.

Aim: All hospital inpatients with Learning Disabilities will be seen by someone with specialist learning disabilities skills as soon as practicable following their admission.

Goal: All hospital inpatients with Learning Disabilities will be seen by someone with specialist learning disabilities skills within two days of admission and be offered an "All About Me" Passport.

Outcome: Improvement required to achieve our goal

Table 24.0

Hospital inpatients with Learning Disabilities Seen within 2 Days of Admission 2013/14		
Reporting period	**Number of inpatients with LD**	**Number of inpatients with LD seen within 2 days of admission**
Quarter 1	30	24
Quarter 2	10	9
Quarter 3	46	37
Quarter 4	38	33

Data source: Local data source; Adult LD Team

Data was not available in 2012/13 and therefore for the purpose of this quality priority the Trust is unable to provide historical data. The data presented in the above table represents

the information made available to the Adult LD team during 2013/14 on the number of inpatients with LD. From 1 April 2014 data will now be made available from the Patient Administration System (PAS). Using PAS to look back retrospectively at the actual number of people with LD to be admitted as an inpatient during 2013/14 we have identified 307 in-patient admissions.

Our next steps for 2014/15:

We will ensure that all people with a diagnosed learning disability, as identified by the Barnsley Learning Disability Register, are identifiable and continue to receive timely and appropriate care and treatment by someone with specialist learning disabilities skills. We will ensure the identification and implementation of a system of recording to effectively monitor the reasonable adjustments made for Learning Disability Patients accessing services.

People with learning disabilities experience worse health and experience worth healthcare compared to those without learning disabilities. The Confidential Enquiry into Premature Deaths of People with Learning Disabilities (March 2013) highlighted the quality and effectiveness of health and social care for people with Learning Disability needs to improve as men with learning disabilities die on average 13 years earlier than the general population and women with learning disabilities die 20 years earlier.

As in the case of all other NHS organisations, the Trust is legally required to make reasonable adjustments to reduce or remove physical or other barriers to provide additional support if required. Adjustments can include:

- Larger print
- Easier to understand words, pictures and symbols
- Clear and easy-to-understand information and signs
- More time to explain and listen
- A different place to wait
- Involvement of carers, but discussion with the patient
- Use of simple, non-complex language
- Familiarisation visits; adjustments to visiting time

Through a focused approach of monitoring, assessing, and making reasonable adjustments for patients with identified learning disabilities improved health outcomes can be achieved. As a result of reasonable adjustments and training a clear contribution to reduced lengths of stay, re-admissions and improved patient experience will be achieved.

“Last Days of Life Care Pathway” Training

With regards to our quality improvement plans for 2013/14, our Governors told us that they wanted to see a patient experience initiative that focussed on care of the dying. Based on the fact that at the beginning of 2013/14 the hospital had low numbers of staff trained on the specialised element of this care delivery, the decision was made to train 30.0% of front line qualified nursing staff in 2013/14 in the “Last Days of Life Care Pathway” and to increase this to 50.0% of our front line qualified nursing staff by 2015.

Aim: The Palliative Care Team will increase the number of staff trained on the “Last Days of Life Care Pathway”

Goal: To train 30.0% of front line qualified nursing staff in 2013/14 and 50.0% by 2015

Outcome: Goal achieved

During 2013/14 an e-learning package was developed to train staff about the "Last Days of Life Care Pathway". This has been utilised along with the face to face training and we are pleased to report that at the end of last year we have exceeded the set goal. At the end of last year 37.0% of front line qualified staff had received training in the "Last Days of Life Care Pathway". (*Data source: Local Electronic Staff Records (ESR))*

Our next steps for 2014/15:

Following the national review of the Liverpool Care Pathway and the subsequent recommendations, we are currently working across all health providers to develop a patient-centred care plan that will replace the Last Days of Life Pathway. This will be implemented by the 14 July 2014 therefore training will be developed as part of the implementation plan to ensure that all members of staff caring for patients in the last days of their life are trained regarding the new requirements.

Dementia Care (cross reference to Section 2.1; 2014/15 CQUINs table 2.0 & Section 2.2; 2013/14 CQUINs table 3.0)

It is reported that approximately 750,000 people in the UK have dementia and this number is expected to double in the next thirty years.

The Government is committed to improving the care and experience of people with dementia and their carers. The aim is to transform dementia services to achieve better carer awareness, early diagnosis and high quality treatment at every stage and in every setting, with a greater focus on local delivery of quality outcomes and local accountability for achieving them.

With this in mind it was the Trust's agreement to include this priority in our quality improvement plans for 2013/14.

Aim: Ensure that patients over 75 years of age are assessed for signs of dementia.

Goal: Ensure that 90.0% of patients over 75 years of age are assessed for signs of dementia.

Outcome: Improvement required to achieve our goal.

Table 25.0

Patients Over 75 Years of age Assessed for Signs of Dementia 2012/13 & 2013/14			
Month	**2012/13**	**2013/14**	**Target**
April	55.3%	72.4%	90.0%
May	57.3%	81.1%	90.0%
June	59.7%	77.5%	90.0%
July	69.0%	76.9%	90.0%
August	68.2%	78.1%	90.0%
September	69.2%	75.9%	90.0%
October	70.3%	79.4%	90.0%
November	75.1%	73.1%	90.0%
December	72.5%	69.4%	90.0%

January	71.5%	75.1%	90.0%
February	70.1%	79.3%	90.0%
March	76.9%	86.3%	90.0%

Data source: Local data (Discharge summaries)

Whilst there have been numerous initiatives undertaken throughout 2013/14 to improve the hospitals performance against this goal, performance still falls below that which is required. The section below outlines the hospital's plans for 2014/15 to improve our performance.

Our next steps for 2014/15:
Following initial work to improve data capture, work will continue to examine how this can be improved. Compliance will be proactively managed through audit and on-going monitoring. There will be continued used of automated reminders to ensure that patients requiring an Abbreviated Mental Test (AMT) have this completed at the earliest opportunity and there are imminent plans to roll out newly developed documentation to support the assessment of patients.

3.2 Overview of our performance in 2013/14 against the key national indicators as set out in Monitor's Risk Assessment Framework 2013.

National Indicator	2011/12	2012/13	2013/14	National Target 2013/14
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	95.4%	96.4%	96.7%	90.0%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	98.0%	98.2%	98.1%	95.0%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	95.9%	97.8%	97.2%	92.0%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95.6%	95.0%	*94.12%	95.0%
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	95.5%	85%	90.2%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	94.9%	90.0%	99.0%	90.0%
All cancers: 31-day wait for second or subsequent treatment, comprising surgery	100%	98.0%	100%	94.0%
All cancers: 31-day wait for second or subsequent treatment, comprising anti-cancer drug treatments	100%	94.0%	100%	98.0%
All cancers: 31-day wait for second or subsequent treatment, comprising radiotherapy	Service not provided by BHNFT			94.0%
All cancers: 31-day wait from diagnosis to first treatment	99.0%	96.0%	100%	96.0%
Cancer: two week wait from referral to date first seen, comprising all urgent referrals (cancer suspected)	96.5%	93.0%	95.2%	93.0%

Cancer: two week wait from referral to date first seen, comprising for symptomatic breast patients (cancer not initially suspected)	94.3%	93.0%	95.2%	93.0%
Clostridium (C.) Difficile – meeting the Clostridium Difficile objective	28	22	20	20

***Our next steps for 2014/15:**

Our overall performance against national and local standards fell short of our expectations. We missed the target to see and treat 95.0% (94.12% for the year) of all patients within four hours in our Emergency Department. We failed to meet the 95% target in quarters one, three and four of the last financial year.

In response to this, the Trust has a wide range of service improvements now in place to support the increasing demands of emergency care. During the reporting period, external support and advice was secured from a national advisory body; Emergency Care Intensive Support Team (ECIST). They helped the Trust develop an overall action plan which has been implemented throughout the year and continues to be developed.

Annex 1: Statements from Commissioners, local Healthwatch Organisations and Overview and Scrutiny Committees

Barnsley Healthwatch comments on the Trust Quality Account 2013/14

No comments received.

Barnsley Clinical Commissioning Group comments on the Trust Quality Account 2013/14

Thank you for sending through the Trust's draft Quality Account 2013/14 for our comments.

The account was presented to our Quality and Patient Safety Committee on Thursday 24 April where members discussed the various sections contained within the account.

The CCG welcomes the report which gives an overview of the work and initiatives undertaken throughout the year in relation to key areas. We did though feel that in some areas the Trust had "under sold" themselves in representing some of the patient safety developments and quality improvements that have taken place during the year, for example the monitoring of pressure ulcers and work relating to the deteriorating patient.

From our discussions we have the following comments which we hope you will find helpful: -

1. We acknowledge that some of the data was missing; however we understand the reasons for this and look forward to receiving the completed version.
2. The report in some areas was difficult to read due to the structure utilised (see point below) and at times the absence of plain English.
3. There was no mention on page 16 (now page 7 on final version of the report)* of links to the Serious Incident process although this is discussed further on in the document.
4. We compliment you on the work you have undertaken in relation to patient safety, in particular the responsiveness to our requests for rigour within the Serious Incident process and the improvements made in the investigations.
5. We also acknowledge that the SI figures within the report have since been updated with year-end information.
6. We would also like to commend the Trust for the work on pressure sores and the improved quality of the investigation reports undertaken by the Tissue Viability service. However as we have previously discussed there is still work that the Trust needs to undertake in relation to the assessment of patients in A&E and AMU, consistent use of the Waterlow score and improved communication at handovers.
7. In relation to page 20, section 2.2(i) no information is available, are you intending to feed back on the readmission audit which was undertaken in 2013?
8. We assume that you will be including the results from Internal Audit.
9. We acknowledge your participation in the national clinical audit and confidential enquiries and look forward to seeing the results.
10. In relation to the Trust's stated plans for 2014/15, the CCG endorses the priorities in particular: goal 1 priority 1 – implementation of a public telephone helpline for the escalation of clinical concerns, goal 2 priority 1 – falls, and goal 3 priority 1 – HSMR.
11. We welcome the work to capture accurate data for every hip fracture and acknowledge the link to the AquA review as part of on-going work within the Trust in relation to mortality. Commissioners will be focusing their attention on this during 2014/15.

12. In relation to the PbR data presented page 35 (now page 36 on final version of the report)*, it would be good to compare this data with national comparators and benchmarking to give a clearer understanding of performance.
13. Page 43 (now page 45 on final version of the report)* (VTE) – It is difficult to assess when there is no data. We are aware that the Committee has been reviewed and recommendations made. There are still concerns regarding the interpretation of what constitutes a Serious Incident in relation to this clinical condition. We look forward to improved reporting in 2014/15.
14. Page 16 (now page 51 on final version of the report)* – positive signs of reporting medication errors.
15. We would like to compliment you on the work undertaken in relation to outcomes from the Friends & Family Test and most particularly the recent increase in response rates achieved in A&E.
16. We appreciate that the document reviewed is a draft, however we would have liked to have seen more information regarding the delivery of the A&E target as this was critical during 2013/14 and will continue to be of high priority for the CCG in the coming year.
17. Infection control – whilst acknowledging the achievement of the 2013/14 trajectory this remains a high priority and services will need to remain vigilant.
18. We were pleased to see the focus on Dementia and look forward to seeing the results of the CQUIN.
19. We note that further work is required in relation to Learning Disabilities and hope that work will continue to be progressed within the coming year.

In light of the recent developments in relation to the Trust's financial situation, the CCG acknowledges that the year ahead will be challenging and is committed to working with you to ensure that a safe and high quality service continues to be delivered to patients within Barnsley.

We hope the above comments are useful and look forward to working with you over the next year 2014/15.

Explanation of changes made to the final quality account after receipt of the statements referred to above

- In response to comment 1, all relevant and available data has been included within the final Quality Report.
- In response to comment 2, a full review of the Quality Report was undertaken by the Clinical Governance Committee.
- In response to comment 3, an explanation regarding the reporting of grade 3 pressure ulcers in line with Serious Incidents has been included to the relevant section.
- In response to comment 5, the end of year SI figures have been updated accordingly.
- In response to comment 13, all relevant and available data has been included within the final Quality Report.
- In response to comment 16, an explanation regarding the hospital's delivery of the A&E target has been included.

*Please note that these statements have been reproduced exactly as they were received by the Trust. Therefore, page numbers refer to the version seen by the Clinical Commissioning Group, and not the page numbers in this final document, which also contains the Annual Report and Financial Accounts and therefore has different page numbers.

Trust Council of Governors comments on BHNFT Quality Account 2013/14

The Governors welcome this comprehensive quality report reflecting the priority given by BHNFT to patient safety and quality of service. As the Chief Executive writes, BHNFT takes pride in ensuring that the patient is at the heart of everything we do.

Overall we believe the report gives a fair and balanced account of the Trust's actions in year with respect to maintaining and improving quality and safety of services for patients. Good progress has been achieved across most of the priorities identified for 2013/14 and the Governors note that work will continue on those not fully achieved at the year end. Highlights for us include the Trust's splendid record of Infection Prevention & Control with a further year of zero cases of MRSA and another year on year reduction in C.Difficile. Governors also welcomed and support the continuing roll out of the Friends and Family Test, work to make the hospital's services more accessible to patients (e.g. introduction of the self-check in for outpatients and new signage throughout the Trust); achievement of over 80% of the year's CQUINs and the impact of the new complaints and compliments reporting system, making it easier for patients and staff to raise issues and helping the Trust to learn from their feedback and improve services further.

Governors were also pleased to see the increased focus on pressure ulcers in 2013/14. Recently we have learned of the procurement of more equipment and review of training across the Trust to support this work and are glad to see it will be carried forward into 2014/15.

It was disappointing to see the repeated A&E breaches for the <4 hours target, which impacts on patients' experience when coming into hospital through the Emergency Department. Governors have frequently been updated on the huge efforts across the Trust and the work with partner organisations to achieve the A&E targets and appreciate that the Trust has recently made significant inroads into this community-wide challenge. This work has included the opening of the Clinical Decisions Unit and introduction of longer hours for some services and senior staffing cover. The Trust has since achieved the 95% target for both March and April 2014 and the Governors hope this will set the trend for this year. The pace of progress on reduction of HSMR has been frustrating but Governors have appreciated the frequent training and explanations around this complex indicator and what it means in terms of minimising the risk of avoidable deaths. We have been assured, through Governors' and Board meetings, that the robust actions being taken forward will ensure delivery of the targeted reduction to 105 by January 2015.

Looking at this year, the Governors support the goals and priorities proposed and, in particular, will monitor progress against Priority 1 under Goal 2 - reduction of hospital acquired harms in relation to VTEs, Falls, CAUTIS and pressure ulcers. We will also be interested in outcomes from the work around capacity and capability, helping to ensure the Trust builds on the skills and commitment of its valued staff in every area – front line and behind the scenes. Another key aspect for everyone mindful of the potential impact amongst their own families and friends, is the Trust's plans to expand and improve its dementia and delirium care.

Governors' involvement in the recently introduced internal Quality & Safety visits and the regular PLACE inspections is invaluable to us and will help us to observe progress throughout the year and challenge where necessary. The Quality Strategy Day was attended by a number of Governors as well as staff and external partners, and this well attended first event was very successful in demonstrating and developing the approach of BHNFT to quality

This response is not exhaustive. We are aware that the Trust is doing exemplary work in many areas and has a number of issues for further improvement too. We appreciate the many opportunities we have to be advised about the Trust's progress, to ask questions of the Board and to feedback questions and comments from the members we represent from across Barnsley and neighbouring areas and will continue to use these to maintain our focus on quality and safe services in Barnsley Hospital.

Explanation of changes made to the final quality account after receipt of the statements referred to above

No changes required.

Overview and Scrutiny Committee comments on the Trust Quality Account 2013/14

Thank you for sharing the draft version of Barnsley Hospital NHS Foundation Trust's Quality Account. I can confirm that as Chair of Barnsley's Overview and Scrutiny Committee, I have no comments to make.

Explanation of changes made to the final quality account after receipt of the statements referred to above.

No changes required.

Annex 2: 2013/14 Limited Assurance report on the content of the quality reports and mandated performance indicators 2013/14

Independent Auditors' Limited Assurance Report to the Council of Governors of Barnsley Hospital NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Barnsley Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Barnsley Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 in the Quality Report that have been subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	***Specified indicators criteria*** (exact page number where criteria can be found)
Number of Clostridium difficile (C. difficile) infections	*Please refer to Appendix 2 of the Quality Report*
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	*Please refer to Appendix 2 of the Quality Report*

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "*Detailed requirements for quality reports 2013/14*" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "*Detailed requirements for quality reports 2013/14*";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2013/14 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2013 to March 2014;
- Papers relating to Quality reported to the Board over the period April 2013 to March 2014;
- Feedback from the Commissioners, Barnsley CCG dated 7 May 2014;
- Feedback from Governors dated 14 May 2014;
- Feedback from local Healthwatch organisations, Barnsley Metropolitan Borough Council dated 13 May 2014;

- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated October 2013;
- The *latest* patient survey dated February 2014;
- The *latest* staff survey, presented to the Non Clinical Governance and Risk Committee 14 March 2014;
- Care Quality Commission quality and risk profiles dated 31 July 2013;
- Intelligent Monitoring Reports dated October 2013 and 13 March 2014; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 12 May 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Barnsley Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Barnsley Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Barnsley Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2013/14";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Barnsley Hospital NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2014,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "*Detailed requirements for quality reports 2013/14*";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "*2013/14 Detailed guidance for external assurance on quality reports*".

PricewaterhouseCoopers

PricewaterhouseCoopers LLP
Chartered Accountants
Leeds
Date: 28/5/14

The maintenance and integrity of Barnsley Hospital NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Annex 3: Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2013/14*;
- the content of the quality report is not inconsistent with internal and external sources of information including:

    - Board minutes and papers for the period April 2013 to June 2014
    - papers relating to Quality reported to the Board over the period April 2013 to June 2014
    - feedback from commissioners dated 07 May 2014.
    - feedback from Governors dated 14 May 2014.
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated (annual results incorporated into the annual report in May 2014)
    - 2013 National Patient Survey 08 April 2014
    - 2013 National Staff Survey 25 February 2014
    - the head of internal audit's annual opinion over the Trust's control environment dated 17 April 2014.
    - CQC Monitoring and Intelligence Reports dated October 2013 and March 2014.

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board.

NB: sign and date in any colour ink except black

Chairman..... **Date** 28 May 2014

Chief Executive..... **Date** 28 May 2014

Appendix 1

Glossary

Term	Description
Adverse Event	Untoward medical occurrences or incidents.
Board of Directors	A body of appointed members who are responsible for the day-to-day management of the hospital and is accountable for the operational delivery of services, targets and performance.
Clinical Commissioning Group	Clinical Commissioning Groups are groups of local GPs that are responsible for commissioning (buying) health and care services on behalf of and in partnership with patients and local communities.
Clostridium Difficile	A type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital.
Clinical Governance Committee	A board of directors who meet to ensure the hospital responds to the clinical issues raised in national/local reports, patient surveys, serious untoward incidents, clinical incidents and inquests.
Clinical Business Unit	A collection of 6 clinical units responsible for the day-to-day management and delivery of services within their area.
Council of Governors	An elected group of local people who are responsible for helping to set the direction and shape the future of the hospital based on member's views.
Dynamic Mattresses	A pressure relieving mattress powered by a control unit to regularly change the surface under a person's body.
Governors	An elected group of 16 public and patient representatives and six staff representatives and seven partners.
Methicillin-Resistant Staphylococcus Aureus bacteraemia cases (MRSA)	A type of bacterial infection that is resistant to a number of widely used antibiotics
Pressure Ulcers	A type of injury that breaks down the skin and underlying tissue. Cause when an area of skin is placed under pressure.
Quality Monitoring Committee	A Committee responsible for monitoring operational actions, to reduce patient safety and quality risks.

Term	Description
Quality Safety Improvement and Effectiveness Board (QSIEB)	A sub-committee of the Clinical Governance Committee responsible for monitoring operational actions, to reduce patient safety and quality risks, operational up until 31 March 2014 (replaced from 1 April 2014 by the Quality Monitoring Committee).
Sepsis	A potentially life-threatening condition triggered by an infection.
Tissue Viability	The preservation of tissue and complex and chronic wound management, such as the treatment for pressure ulcers.
Zero Tolerance grade 3 and grade 4 pressure ulcers	Nil incidents of severe pressure ulcers (full thickness tissue (skin) loss)

Appendix 2

Performance indicators on which external audit is required to issue a limited assurance conclusion

As required by Monitor, Price Waterhouse Cooper, (PWC), have undertaken sample testing of two performance indicators on which they have issued their limited assurance report:

1. Clostridium Difficile Infections

PWC confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- Infections relate to patients aged two year old or more;
- A positive laboratory test result for Clostridium Difficile recognised as a case according to the Trust's diagnostic;
- Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken; and
- The Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).

2. 62 day Cancer Wait

PWC confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report.

- The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant;
- The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait);
- The clock start date is defined as the date that the referral is received by the Trust; and
- The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice.

In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

Statement of Accounting Officer's Responsibilities

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

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

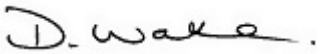
Under the NHS Act 2006, Monitor has directed Barnsley Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state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

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

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

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable 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*.



Diane Wake .....
Chief Executive

Date: 28 May 2014

Annual Governance Statement (AGS)

By Diane Wake, Chief Executive

1. Scope of responsibility

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

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 risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnsley Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The overall responsibility for the management of risk lies with myself as Chief Executive and Accounting Officer. I am supported in my role through the assurance committees of the Board of Directors under the chairmanship of a Non-Executive Director, with appropriate membership or input from members of the Executive team. Responsibility for leading the management of risk throughout the Trust has been delegated to the Director of Nursing and Quality who is supported by a Head of Quality and Clinical Governance.

The Trust's overall risk is managed through a separate clinical and non-clinical risk committee structure each chaired by separate Non-Executive Director reporting directly to the Board.

Serious incidents are escalated to the Strategic Risk Group which meets weekly. Headed by the Director of Nursing and Quality, membership of the

group includes the Medical Director, Head of Quality and Clinical Governance and the Risk Manager.

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

In April 2013 the Trust implemented a new governance and risk reporting system, (DATIX), which has supported the improvement of the triangulation of data and information pertaining to clinical/non clinical incidents, complaints, litigation and patient experience.

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

Risk management training is provided through the induction programme for new staff and thereafter through the annual mandatory training programme.

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

4. The Risk and Control Framework

Committee Structure

There are currently five sub-committees of the Board

- Audit Committee
- Finance Committee
- Clinical Governance and Risk Committee
- Non-Clinical Governance and Risk Committee
- Remuneration and Terms of Conditions of Service

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

A review of the committee structures was commissioned in January 2014 and the recommendations from this review will be implemented in June 2014.

Audit Committee

This comprises of Non Executive Directors (NEDs) and is chaired by Mr Paul Spinks. The other non executives are Suzy Brain England and Linda Christon.

The Audit Committee meets on a bi-monthly basis and is attended by both the Trust's Internal and External Auditors in addition to the Chief Executive and Director of Finance. The Committee reviews audit plans which have been agreed by management with Internal and External Auditors. The audit plans focus assurance activity on the areas it deems to be of the highest priority.

During 2013/14 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit. The NEDs have raised concerns that there were shortcomings with the monitoring of the Board Assurance Framework (BAF).

Opinion indicates that there were shortcomings with the monitoring of the Board Assurance Framework, as explained below.

Finance Committee

Membership composed of Mr Paul Spinks (NED), Director of Finance, Medical Director, Chief Operating Officer, Chief Executive and chaired by Mr Stephen Wragg, Chairman. From June 2014 this committee will be chaired by Francis Patton, Non-Executive Director who is also the Senior Independent NED. The full board is invited by the Finance Committee to a mid-year review. The Finance Committee meets on a monthly basis and reports to the Board of Directors.

Clinical Governance and Risk Committee

Clinical Governance Committee chaired by Linda Christon Non-Executive Director, Suzy Brain-England, Non-Executive Director deputy chair. Executive Directors - Director of Nursing and Quality, Chief Operating Officer, Medical Director and the Head of Quality and Clinical Governance.

Non Clinical Governance & Risk Committee

Chaired by Francis Patton, Non-Executive Director, Sir Steve Houghton, deputy chair, Executive Directors, Chief Operating Officer, Director of Finance and Associate Director of Estates and Facilities.

Remuneration & Terms of Service Committee

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

5. The Board Assurance Framework

The Board Assurance Framework is a process designed to monitor the major risk to delivery to the strategic priorities of the organisation. The Board receives assurance from this framework that these risks are mitigated and where possible reduced.

The Board Assurance Framework (BAF) was in place during 2013/14 and was utilised by the key committees however it was recognised in July 2013 that there were improvements required to the content and scope of the BAF. The Trust has recently appointed an Associate Director of Corporate Affairs to revise and put in place a revised Board Assurance Framework. The Internal Audit opinion for the year is of limited assurance reflecting the weakness in the current composition of the Board Assurance Framework. This situation will be rectified in June 2014.

6. External Board Governance Review

In addition the Trust has commenced an external Board Governance Review. This will include a review of the effectiveness of the Board, including a "capacity and capability" assessment. In addition the financial governance arrangements will be reviewed. This review will commence in June 2014.

7. Quality Governance Framework

During 2013/14 the Trust has undertaken a preliminary self-assessment of Monitor's Quality Governance Framework. The findings from this assessment will form the workplan for the revised Clinical Governance structure. The key elements of the quality governance arrangements are:

- The Trust's Risk and Governance Strategy
- The Trust's Quality Strategy
- The Trust's Quality Accounts (reported quarterly to Board of Directors) and regular performance reports which enable the regular tracking of progress against quality goals by Board of Directors. These include all national, regional and local indicators as well as national priorities.
- Quality and Safety report containing the Trust's quality goals which is communicated across the Trust.
- National Patient and Staff Surveys
- Use of risk registers across all areas of the Trust at all levels.
- Members of the Board of Directors provide challenge to the quality governance processes through receipt of reports relating to quality governance which are standing items on the Board of Directors meetings.
- Robust incident reporting mechanisms: Trust staff members' confidence in reporting harm and errors was evidenced by the increase in incident reporting over 2013/14.
- Monitoring of key quality improvement initiatives such as the NHS Safety Thermometer; Pressure Ulcers, Management of the Deteriorating Patient (which includes National Early Warning Score and Sepsis Six Care Bundle) and the reporting of these successes through the Trust's internal communication mechanisms.
- Self-assessment and submission of returns against the Connecting for Health
- Information Governance Toolkit

8. Compliance with Monitor Licence

In 2013/14 the Trust continued to monitor compliance with its Provider Licence on the same basis as it had reviewed compliance with the Terms of Authorisation issued previously. Key tenets to this included monthly report on performance to the Board of Directors, regular review of key issues through the Board's governance committees (primarily the Finance, Audit, Clinical Governance and Non Clinical Governance & Risk Committees), and annual review against the Code of Governance and Quality Governance Framework. Throughout the year the work of the governance committees was linked to, but not solely dependent on, the Board Assurance Framework, and they escalate any concerns to the Board and also serve as a means by which requests could be made for further scrutiny of identified issues on behalf of the Board. In year the Board also instigated actions to review and improve the governance systems across the organisation and these will be completed early in 2014/15.

In March 2014 the Board raised concerns to Monitor regarding significant financial issues and at the same time initiated a series of internal and external investigations. Additionally, at the year end the Trust was in breach of one activity indicator – for A&E <4 hours, failing the target for five of the last six quarters..

In May Monitor served a draft enforcement notice relating to the Trust's governance and financial arrangements and the A&E breach. As stated elsewhere in the annual report, the Trust is working hard to address these issues, with a turnaround plan due to be completed by the end of June.

9. Care Quality Commission Compliance

The Trust is registered with the Care Quality Commission (CQC) and has a process of self assessment across all Clinical Service Units. The Trust is currently assessed by the CQC in Band 6 Risk Rating (6 being the lowest risk rating 1 being the highest) for the two published quarters of last year. Within the Trust a process of unannounced Quality and Safety Assurance Visits have been introduced across the Trust during 2013/14 to prepare the Trust for such visits and ensure compliance with required standards.

The visits are undertaken by five reviewers and aim to provide the Trust with a level of assurance regarding quality and patient safety. Following each visit local action plans are developed together with an overarching corporate action plan. Completion of all action plans are monitored through the Quality and Governance team. Any areas of concern are risk assessed and applied where necessary to the local and corporate risk registers.

Within the Trust all of the CQC Essential Standards of Quality and Safety have an identified lead and it is their responsibility to provide compliance evidence and evaluation to the Clinical Governance Committee.

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

10. Information Governance

Information governance risks are managed as an integral part of the described risk management process and are assessed using the national Information Governance Toolkit. The associated risk register is updated with any identified information risks. Data quality and data security risks are also managed and controlled via the risk management system.

11. The Major Risks Facing the Trust:

- Financial sustainability
  The Trust is working closely with Monitor and external consultants KPMG on the construction of a 2-year turnaround plan. To deliver this there is an efficiency programme with revised on-going performance management, increased accountability and reporting, closer engagement with staff and key stakeholders and progress oversight by relevant Board Committees.

- Meeting the 4-hour A&E target
  The Trust has breached compliance for the 4-hour target for five out of six quarters. The Trust has developed a comprehensive action plan to delivery sustainability operational performance. The Emergency Care Intensive Support Team (ECIST) is supporting the Trust again during 2014/15 to provide additional advice and support to improve further key elements of the pathway.

- Governance arrangements
  The Trust is in transition from 14 Clinical Service Units to 6 Clinical Business Units. This has been put in place to strengthen the Governance and Performance Management arrangements at the Trust. The planned increased General Management capacity of the organisation will support the structure and critical appointments will come on line in June 2014.

  The Trust committee structure is under review and recommendations from this review will be implemented during June 2014.

- Cost Improvement Programmes (CIPs)
  The delivery of the CIP programme for 2014/15 is integral to the turnaround plan which is currently being developed and supported by KPMG. The CIP plan will be managed through the Performance Management Framework with Executive Directors being held to account for each component of the CIP scheduled. Each scheme has a comprehensive project initiation document and has been quality impact assessed (QIA).

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

- Hospital Standardised Mortality Rate (HSMR)
  We recognise that whilst our SHMI is within the expected range, our HSMR is higher than expected. A recent deep dive by Advancing Quality Alliance (AquA) in April 2014 has identified further actions for the Trust to implement.

  We are taking the reduction of mortality rates very seriously and have established a Mortality Group to manage this. They have taken a range of actions, which we are confident will result in a reduction during the 2014/15 reporting period in the HSMR Rates.

- Infection Prevention and Control
  Infection Prevention and Control will be managed and mitigated by continued investment and a detailed annual work programme supported by the specialist Infection Prevention and Control Team led by the Director of Infection Prevention and Control under the executive lead of the Director of Nursing & Quality. The Trust faces a considerable challenge in meeting the target cases for C.Difficile for 2014-15.

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

- Working Together Programme
  This initiative is the collaboration of the Acute providers and Commissioners across South Yorkshire, Wakefield and Chesterfield, reviewing opportunities for improved efficiency and effectiveness of service provision and potentially service reconfiguration. This initiative has been in place and supported externally for 18 months and its ability to take out the cost required for the organisation is a significant risk of not achieving the objectives set.

12. Engagement with Stakeholders

There are well established and effective arrangements in place for working with key public stakeholders across the local health economy, see below:

- NHS Barnsley Clinical Commissioning Group
- NHS England
- Yorkshire Ambulance Service
- South Yorkshire Police
- South Yorkshire Fire and Rescue Services
- Neighbouring Trusts in South Yorkshire and North Derbyshire
- Barnsley Metropolitan Borough Council
- One Barnsley Programme
- Barnsley Health and Wellbeing Board
- Barnsley Health and Community Scrutiny Committees
- Healthwatch (formerly LINk)
- Universities: Sheffield, Sheffield Hallam University, Huddersfield & Leeds
- Barnsley College
- The Working Together Programme
- Established Clinical Networks

Wherever possible and appropriate, the Trust works closely with stakeholders to manage identified risks which affect them or which they can mitigate.

13. NHS Pension Scheme

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

14. Equality, Diversity and Human Rights

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

15. Sustainability

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. These risk assessments and delivery plans are not based on UKCIP 2009 weather projects but have instead been created in line with national guidance.

16. Economy, efficiency and effectiveness

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

Financial plans are approved by the Board of Directors, supported by the Finance Committee. An Annual Plan is submitted to Monitor, reflecting finance and governance (including both service and quality aspects), each of which is ascribed a risk rating by Monitor. The plan incorporates projections for the following two years which facilitates forward planning in the Trust.

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

Establish and effectively implement systems and/or processes to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively and for effective financial decision making, management control.

As a consequence external audit have qualified their opinion of the Trust on arrangements for securing economy, efficiency and effectiveness in its use of resources for the year end 31st March 2014 (please see section 17 below for actions taken).

The Internal Audit opinion for the year is of limited assurance reflecting the weakness in the current composition of the Board Assurance Framework.

17. Monitor Review of the Trust's Position

Due to the concerns raised by the Trust regarding the financial irregularities Monitor has issued a letter to the Trust which states the following:

> "The Licensee has reported a financial deficit of £7.546m in 2013/14 and a current forecast deficit of up to £13.5m in 2014/15. The Licensee and its Board became aware of this only in March 2014 following receipt of whistleblowing allegations raising concerns of financial irregularities. The Licensee's financial systems and governance processes did not ensure that the Licensee's deteriorating financial position was identified, or reported to the Board, in an appropriate and timely manner.
>
> The Licensee's cash position has deteriorated over 2013/14 and the Licensee has an immediate cash funding requirement in Q1 2014/15.

These matters demonstrate a failure of the Licensee's corporate governance arrangements and financial management, in particular but not limited to failures to:

(i) apply systems and standards of corporate governance and financial management which provide reasonable safeguard against the risk of the Licensee being unable to carry on as a going concern; and
(ii) establish and effectively implement systems and/or processes to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively and for effective financial decision-making, management and control.

In addition to the identified financial deficit the Board has also failed to address its A&E performance satisfactorily and sustainably over the last 18 months. Again this demonstrates a failure of the Trust's governance arrangements."

The Board agrees with this finding and has put the following arrangements in place.

<u>Financial sustainability</u>

- The Trust was proactive and informed Monitor immediately it became aware of financial irregularity

- KPMG were immediately engaged to undertake both a financial and forensic investigation into the circumstances of this

- Monitor were engaged immediately and contributed to the scope of both investigations

- An interim Finance Director was appointed within 10 working days of the incident occurring

- The Trust has kept Monitor up to date at all stages of the investigation and has had regular dialogue in an open and transparent way.

- The turnaround plan is being developed with the support of KPMG and is due to be completed by 30th June 2014. The Trust has committed to delivery of this plan and will, as specified, keep Monitor informed of the outcomes and actions it has progressed.

- The Trust has commissioned from Deloitte a Board Governance Review looking at capacity and capability of the Board. The scope of this has been shared with you; the latest version was sent to you on 16th May 2014.

- Recommendations of the investigative review are well progressed. The Chief Executive had already initiated a number of key changes since her appointment at the end of October 2013. These include a new clinical

business unit structure, an external governance review of committee structure, performance management framework, organisational strategy development with Deloitte and head hunting of a director of operations to address operational issues such as the 4 hour target.

A&E

- The Trust has an urgent care action plan that has been refreshed; input from ECIST to review this will take place in June 2014. However since March 2014 the Trust has continuously delivered the 4 hour target and, following the arrival of the new director of operations. This will continue to be delivered.

- The new performance management framework will hold to account the clinical business units across the whole breadth of performance indicators, including A&E. Meetings to support this are monthly and the first one to review month 1 performance across the CBUs is at the end of May 2014.

- An emergency care action plan to achieve compliance will be produced and submitted to Monitor. The Board will re-engage the Emergency Care Intensive Support Team (ECIST) to assist with this.

18. Annual Quality Account and Quality Strategy

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*. The formulation of the Trust's Quality Report has been led by the Director of Nursing and Quality and the Head of Quality and Clinical Governance with the full support of the Board of Directors and the Council of Governors. The process commenced in November 2013, with discussion and consultation with the Board, Directors, and Governors and completed its formulation at a Quality Strategy Workshop day on 31st January 2014 which included all key internal and external stakeholders. The result was an identification of the Trusts quality goals and priorities. The Trust's quality metrics were defined and through on-going consultation have become refined ready for delivery in 2014/15. The Trust's Quality Strategy comprises of a number of Trust-wide quality goals, to address the four quality themes of patient safety, clinical effectiveness, patient experience and building capacity and capability. The Trust's priorities for 2013/14 were to:

- Increase harm free care
- Improve patient experience across a number of targeted pathways
- To improve outcomes to patients by improving effectiveness.

The performance targets for 2013/14 have been monitored both at local Clinical Service Unit level and at Corporate Level. The Trust's performance against these quality targets is tracked through the Integrated Performance Report which is discussed at the Board of Director's monthly meeting. This in turn is supported by a comprehensive quality dashboard which is used as a clear performance measure by the Trust's commissioners. The Trust's Quality, Safety Improvement and Effectiveness Board review a Trust wide Quality and Safety Assurance Report on a monthly basis providing the basis for reporting of assurances to the Clinical Governance Committee and the Non Clinical Governance and Risk Committee.

The Trust's Annual Quality Report is prepared to ensure that it presents a balanced view of the risks to quality governance that has faced the Trust throughout the year. To deliver this perspective and understanding the Board of Directors and the Council of Governors receive regular reports and quality dashboard reports to track quality performance and the risk to achieving quality objectives are openly discussed at both Board and Council of Governors meetings.

The Board of Directors, Governors and NHS Barnsley Clinical Commissioning Group are all asked to assess the final Quality Report to ensure that the content of the report on the Quality Account is consistent with the views and experience throughout the year. These comments are included in the report verbatim and the review occurs before final approval by the Board of Directors.

19. Review of effectiveness

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

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

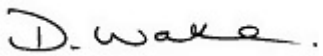
I have drawn on the content of the Quality Report incorporated within the Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. My review is also informed by:

- The Head of Internal Audit's opinion and reports by Internal Audit, who work to a risk-based annual plan with topics that cover governance and risk management, service delivery and performance, financial management and control, human resources, operational and other reviews
- Opinion and reports from our external auditors
- Financial accounts and systems of internal control
- In-year submissions against performance to Monitor
- Department of Health performance requirements/indicators
- Full compliance with the Care Quality Commission essential standards for quality and safety for all regulated activities across all locations
- Information governance assurance framework including the Information Governance Toolkit
- Results of national patient and staff surveys
- Investigation reports and action plans following serious incidents
- Council of Governors reports and Clinical audit reports
- As outlined earlier within this Statement, significant gaps in assurance have been identified with regard to Finance, A&E and Governance. Additional gaps in control have also been identified the following areas:
- An internal audit of CQC compliance identified a number of assurance control weaknesses relating to the assurance of delivery against the CQC's Essential Standards. The systems and processes have been revised and all actions on the action plan have been implemented accordingly.
- An internal audit examined the Trust's Risk Management Process. As part of this review the Trust's Risk and Governance Strategy was reviewed and reported to be a comprehensive document. Recommendations were however made with regard to the management of the risk registers in the Trust. All action points have been completed.
- An internal audit review of the Trust's process for training in the taking of Consent identified gaps in assurance relating to the delegation of consent. The Trust has reviewed all its internal processes for the management of risks associated with the taking of consent and have implemented a new procedure to address all identified gaps in assurance.
- A review of the Trust's process for implementing NICE Guidance identified gaps in assurance pertaining to the timely completion of action plans where relevant. The actions agreed following this review have been implemented and local internal monitoring of compliance with the implementation of NICE Guidance will continue throughout 2014/15.
- The Board proactively seeks support in commissioning reviews, support and external assessments in order to improve its overall performance. Recently the Trust have reviewed the recommendations

arising from the Francis Enquiry, Keogh Review and Berwick Report and identified key areas where plans have been put in place to further improve quality of care, through a number of work streams that address relevant recommendations.

20. Conclusion

As Accounting Officer, based on the processes that have been outlined above, the Trust has identified a number of control weaknesses which have been supported by the findings of Monitor (the Trust being placed into breach of license), limited assurance opinion from Internal Audit and Qualified opinion from PwC (external auditors) in relation to arrangements for securing economy, efficiency and effectiveness. We take these findings very seriously and are working with key stakeholders to ensure that management and governance arrangements are in place that are sufficiently robust to address these issues to ensure the long term sustainability of the Trust both financially and clinically. Further detail of these findings and our control process are detailed within the Annual Governance Statement (AGS) above.



Signed……

Chief Executive

28 May 2014

Date:……..

Financial Statements

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

Report on the financial statements

Our opinion

In our opinion the financial statements, defined below:

- give a true and fair view, of the state of the group's and of the parent NHS Foundation Trust's affairs as at 31 March 2014 and of the group's and parent NHS Foundation Trust's income and expenditure and group's and parent NHS Foundation Trust's cash flows for the year then ended to 31 March 2014; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

This opinion is to be read in the context of what we say in the remainder of this report.

Emphasis of Matter – Going Concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of disclosures made in note 1 (Accounting Policies) and note 26 to the financial statements concerning the Trust's ability to continue as a going concern. The Trust is currently developing plans for the continuity of its services. It anticipates that it will receive external financial support to ensure that it is able to meet its liabilities and provide ongoing healthcare services. However, the extent and nature of any financial support, including whether such support will be forthcoming or sufficient is not yet known. Therefore it is not clear at present how the continuity of the Trust's services will be achieved. These conditions, together with the other matters explained in notes 1 and note 26 to the financial statements, indicate the existence of material uncertainty, which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust was unable to continue as a going concern.

What we have audited

The group financial statements and parent NHS Foundation Trust financial statements (the "financial statements"), which are prepared by Barnsley Hospital NHS Foundation Trust, comprise:

- the group and parent NHS Foundation Trust Statement of Financial Position as at 31 March 2014;
- the group and parent NHS Foundation Trust Statement of Comprehensive Income for the year then ended;
- the group and parent NHS Foundation Trust Statement of Cash Flows for the then ended;
- the group and parent NHS Foundation Trust Statement of Changes in Taxpayers' Equity for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2013/14 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

In applying the financial reporting framework, the directors have made a number of subjective judgements, for example in respect of significant accounting estimates. In making such estimates, they have made assumptions and considered future events.

What an audit of financial statements involves

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)"). An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the group's and the parent NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

Other matters on which we are required to report by exception

The Audit Code for NHS Foundation Trusts requires us to report where we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

On the 8 April 2014 Monitor opened an investigation following financial and governance concerns arising as a result of an unplanned deficit in 2013/14 of £7.5m (unaudited) resulting in an Continuity of Services Risk Rating of one, a forecast deficit in 2014/15 and the fifth breach in the last six quarters of the 4 hour A&E target. On the 8th May 2014, Monitor concluded its investigation concluding that the Trust are in breach of its license conditions, relating to the Financial position and A&E targets as noted above.

In view of Monitor's investigation and findings, in our opinion Barnsley Hospital NHS Foundation Trust have not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2014.

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or whether risks are satisfactorily addressed by internal controls; or
- we have qualified, on any aspect, our opinion on the Quality Report.

Responsibilities for the financial statements and the audit

Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Barnsley Hospital NHS Foundation Trust in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Qualified Certificate

Monitor has concluded that Barnsley Hospital NHS Foundation Trust failed to comply with the duty to operate effectively, economically and efficiently and the contravention and failures were significant. We have therefore concluded that, in our opinion, the Trust did not have in place adequate arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2014.

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
28 May 2014

(a) The maintenance and integrity of the Barnsley Hospital NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

(b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

2013/14 Trust Accounts pro-forma

Introduction

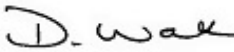
Data entered below will be used throughout the workbook:

Trust name:	Barnsley Hospital NHS Foundation Trust
This year	2013/14
Last year	2012/13
This year ended	31 MARCH 2014
Last year ended	31 March 2013
This year beginning	1 April 2013

FOREWORD TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

Barnsley Hospital NHS Foundation Trust ("Trust") is required to “keep accounts in such form as Monitor (The Independent Regulator for NHS Foundation Trusts) may with the approval of Treasury direct" (Paragraph 24 (1) Schedule 7 of the National Health Service Act 2006 ("the 2006 Act")). The Trust is required to “prepare in respect of each financial year annual accounts in such form as Monitor may with the approval of the Treasury direct” (Paragraph 25 (1) Schedule 7 to the 2006 Act). In preparing their annual accounts, the Trust must comply with any directions given by Monitor, with the approval of the Treasury, as to the methods and principles according to which the accounts are to be prepared and the information to be given in the accounts (Paragraph 25 (2) Schedule 7 to the 2006 Act).

Signed:  .....(Chief Executive)

Diane Wake

Name.....

28 May 2014

Date: .....

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2014

	NOTE	**Group 2013/14**	Group 2012/13 * Restated	**Trust 2013/14**	Trust 2012/13 * Restated
		£000	£000	**£000**	£000
Operating income	3-4	**169,730**	167,641	**169,569**	167,664
Operating expenses	5	**(175,121)**	(164,218)	**(174,863)**	(164,168)
Impairment	5&14	**(2,529)**	0	**(2,529)**	0
OPERATING (DEFICIT)/SURPLUS		**(7,920)**	3,423	**(7,823)**	3,496
FINANCE COSTS					
Finance income	10	**47**	177	**30**	177
Finance expense	11	**(208)**	(231)	**(208)**	(231)
Public Dividend Capital dividends payable		**(1,864)**	(1,966)	**(1,864)**	(1,966)
NET FINANCE COSTS		**(2,025)**	(2,020)	**(2,042)**	(2,020)
Movement in fair value of investment property and other investments		**9**	36	**0**	0
Corporation tax (charge)/credit	12	**(13)**	9	**0**	0
(DEFICIT)/SURPLUS FOR THE YEAR		**(9,949)**	1,448	**(9,865)**	1,476
Other comprehensive income					
Gain/result from transfer by absorption from demising bodies		**1**	0	**1**	0
Revaluation losses and impairment losses property, plant and equipment	14	**(8,976)**	(2,548)	**(8,976)**	(2,548)
Other reserve movements					
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		**(18,924)**	(1,100)	**(18,840)**	(1,072)

* Restated due to change of accounting policy - further details are disclosed in Note 1.1

STATEMENT OF FINANCIAL POSITIONS AS AT 31 MARCH 2014

	NOTE	31 March 2014 Group £000	31 March 2013 Group £000	1 April 2012 Group * Restated £000	31 March 2014 Trust £000	31 March 2013 Trust £000
NON CURRENT ASSETS						
Intangible assets	13	**1,484**	1,010	1,351	**1,469**	991
Property, plant and equipment	14	**70,543**	69,884	66,514	**70,420**	69,737
Investments in subsidiaries	15.1	**0**	0	0	**500**	500
Other Investments	15.2	**514**	508	474	**0**	0
Trade and other receivables	17	**730**	678	567	**730**	678
TOTAL NON CURRENT ASSETS		**73,271**	72,080	68,906	**73,119**	71,906
CURRENT ASSETS						
Inventories	16	**1,568**	1,788	1,667	**1,379**	1,629
Trade and other receivables	17	**6,936**	5,122	7,564	**6,882**	5,267
Cash and cash equivalents	18	**2,821**	17,300	18,641	**2,527**	16,735
Total current assets		**11,325**	24,210	27,872	**10,788**	23,631
CURRENT LIABILITIES						
Trade and other payables	19	**(26,206)**	(13,417)	(14,025)	**(26,044)**	(13,275)
Borrowings	20	**(181)**	(251)	(129)	**(181)**	(251)
Provisions	23	**(669)**	(1,545)	(1,789)	**(669)**	(1,545)
Other liabilities	21	**(545)**	(5,176)	(4,338)	**(545)**	(5,176)
Total current liabilities		**(27,601)**	(20,389)	(20,281)	**(27,439)**	(20,247)
TOTAL ASSETS LESS CURRENT LIABILITIES		**56,995**	75,901	76,497	**56,468**	75,290
NON CURRENT LIABILITIES						
Borrowings	20	**(529)**	(639)	(639)	**(529)**	(639)
Provisions	23	**(297)**	(235)	(257)	**(297)**	(235)
Other liabilities	21	**0**	(682)	(207)	**0**	(682)
TOTAL NON CURRENT LIABILITIES		**(826)**	(1,556)	(1,103)	**(826)**	(1,556)
TOTAL ASSETS EMPLOYED		**56,169**	74,345	75,394	**55,642**	73,734
FINANCED BY:						
TAXPAYERS' EQUITY						
Public dividend capital		**46,603**	45,855	45,855	**46,603**	45,855
Revaluation reserve	24	**4,271**	15,830	18,427	**4,271**	15,830
Income and expenditure reserve		**4,690**	11,942	10,524	**4,768**	12,049
OTHERS' EQUITY						
Charitable reserves		**605**	718	588	**0**	0
TOTAL TAXPAYERS' EQUITY		**56,169**	74,345	75,394	**55,642**	73,734

* Restated due to change of accounting policy - further details are disclosed in Note 1.1

The financial statements on pages 1 to 39 were approved by the Board on 27 May 2014 and signed on its behalf by:

Signed: D. Wake ..... (Chief Executive)

Date: 28 May 2014

GROUP CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY - restated

	Public Dividend Capital	Revaluation reserve (Note 24 and below)	Income and expenditure reserve	NHS Charitable Funds Reserves Restated (Note 15)	Total taxpayers' equity
2013/14	**£000**	**£000**	**£000**	**£000**	**£000**
Taxpayers' Equity at 1 April 2013	45,855	15,830	11,891	718	**74,294**
*** Prior year adjustment**	0	0	51	0	**51**
Taxpayers' Equity at 1 April 2013 restated	45,855	15,830	11,942	718	**74,345**
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(10,152)	203	**(9,949)**
Transfer by Modified absorption: results/gains on 1 April transfers from demising bodies	0	0	1	0	**1**
Transfers between reserves regarding impairment	0	(2,529)	2,529	0	**0**
Revaluation loss and impairment loss property, plant and equipment	0	(8,976)	0	0	**(8,976)**
Transfers to the income and expenditure reserve in respect of assets disposed of	0	(54)	54	0	**0**
Public Dividend Capital Received	748	0	0	0	**748**
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	316	(316)	**0**
Total taxpayers' and others' equity	**46,603**	**4,271**	**4,690**	**605**	**56,169**
Prior year : 2012/13					
Taxpayers' Equity at 1 April 2012 as originally stated	45,855	18,427	10,524	0	**74,806**
*** Prior year adjustment**	0	0	0	588	**588**
Taxpayers' Equity at 1 April 2012 restated	45,855	18,427	10,524	588	**75,394**
Total Comprehensive Income for the year					
Surplus for the year	0	0	600	848	**1,448**
Revaluation loss and impairment loss property, plant and equipment	0	(2,548)	0	0	**(2,548)**
Transfers to the income and expenditure reserve in respect of assets disposed of	0	(49)	49	0	**0**
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	718	(718)	**0**
Total taxpayers' and others' equity	**45,855**	**15,830**	**11,891**	**718**	**74,294**

Nature and function of classes of Taxpayers' and others' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE)and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

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

- a reserve adjustment is required as quantified above on consolidation of charitable funds

* Restated due to change of accounting policy - further details are disclosed in Note 1.1

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation reserve (Note 24 and below)	Income and expenditure reserve	Total taxpayers' equity
2013/14	**£000**	**£000**	**£000**	**£000**
Taxpayers' Equity at 1 April 2013	45,855	15,830	12,049	**73,734**
Total Comprehensive Income for the year				
Result/deficit for the year	0	0	(9,865)	**(9,865)**
Transfer by Modified absorption: Results/gains on 1 April transfers from demising bodies	0	0	1	**1**
Transfers between reserves regarding impairment	0	(2,529)	2,529	**0**
Revaluation loss and impairment loss property, plant and equipment	0	(8,976)	0	**(8,976)**
Transfers to the income and expenditure reserve in respect of assets disposed of	0	(54)	54	**0**
Public Dividend Capital Received	748	0	0	**748**
Taxpayers' Equity at 31 March 2014	**46,603**	**4,271**	**4,768**	**55,642**
Prior year : 2012/13				
Taxpayers' Equity at 1 April 2012	45,855	18,427	10,524	**74,806**
Total Comprehensive Income for the year				
Result/surplus for the year	0	0	1,476	**1,476**
Revaluation loss and impairment loss property, plant and equipment	0	(2,548)	0	**(2,548)**
Transfers to the income and expenditure reserve in respect of assets disposed of	0	(49)	49	**0**
Other reserve movements - charitable funds consolidation adjustments	0	0	0	**0**
Taxpayers' Equity at 31 March 2013	**45,855**	**15,830**	**12,049**	**73,734**

Nature and function of classes of Taxpayers' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE)and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

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

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2014

	NOTE	2013/14 Group £000	2012/13 Group * Restated £000	2013/14 Trust £000	2012/13 Trust £000
Cash flows from operating activities					
Operating (deficit)/surplus		**(7,920)**	3,423	**(7,823)**	3,496
Non-cash income and expenses					
Depreciation and amortisation		**6,371**	6,098	**6,343**	6,098
Impairments	14	**2,529**	141	**2,529**	141
Reversal of impairments		**0**	(197)	**0**	(197)
Result/Gain on disposal		**0**	1	**0**	1
PDC Dividends accrued and not paid or received		**0**	88	**0**	88
Amortisation of PFI credit		**(29)**	(29)	**(29)**	(29)
(Increase)/Decrease in Trade and Other Receivables		**(1,517)**	2,294	**(1,324)**	2,175
Decrease/(increase) in Inventories		**220**	(121)	**250**	38
Increase/(Decrease) in Trade and other Payables		**10,691**	(477)	**10,602**	(526)
(Decrease)/Increase in other liabilities		**(5,284)**	1,313	**(5,284)**	1,313
(Increase)/Decrease in Provisions		**(814)**	(266)	**(814)**	(266)
Tax (paid)/received - deferred tax	12	**(13)**	9	**0**	0
NHS Charitable Funds working capital movements		**26**	(43)	**0**	0
Other movements in operating cashflows		**0**	0	**0**	0
NET CASH INFLOW FROM OPERATING ACTIVITIES		**4,260**	12,234	**4,450**	12,332
Cash flows from investing activities					
Interest received	10	**30**	177	**30**	177
Purchase of financial assets		**0**	0	**0**	0
Purchase of intangible assets		**(1,055)**	(273)	**(254)**	(254)
Purchase of Property, Plant and Equipment		**(15,781)**	(11,347)	**(16,498)**	(11,200)
NHS Charitable funds - net cash flows from investing activities		**3**	2	**0**	0
Acquisition of subsidiary	15.1	**0**	0	**0**	(500)
Net cash outflow from investing activities		**(16,803)**	(11,441)	**(16,722)**	(11,777)
Cash flows from financing activities					
Public dividend capital received		**748**	0	**748**	0
Capital element of Private Finance Initiative Obligations		**(180)**	151	**(180)**	151
Interest element of Private Finance Initiative Obligations		**(208)**	(231)	**(208)**	(231)
PDC Dividend paid		**(2,296)**	(2,054)	**(2,296)**	(2,054)
Net cash outflow from financing activities		**(1,936)**	(2,134)	**(1,936)**	(2,134)
Decrease in cash and cash equivalents	18	**(14,479)**	(1,341)	**(14,208)**	(1,579)
Cash and Cash equivalents at 1 April	18	**17,300**	18,641	**16,735**	18,314
Cash and Cash equivalents at 31 March	18	**2,821**	17,300	**2,527**	16,735

Barnsley Hospital NHS Foundation Trust - Notes to the Financial Statements

Barnsley Hospital NHS Foundation Trust (‘ the Trust’) is a public benefit corporation authorised, in England, by Monitor in accordance with the National Health Act 2006. The trust provides healthcare mainly to the region. The address of the Trust is Gawber Road, Barnsley, S75 2EP

1 Accounting policies and other information

Going Concern Statement

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

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

The Trust incurred an operating deficit in the year of £7,336,000 (£9,865,000 deficit adjusted for the impact of a £2.529m impairment and is forecasting a further significant operating deficit in 2014/15. The Trust’s operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

We are putting recovery plans in place to enable the continuity of services and are seeking distress funding in the short term to ensure that liabilities can be met and services provided. The Trust will present its financial recovery plan to Monitor on the 30th June 2014, which will indicate a further deficit for 2014/15 and 2015/16 and consequent significant cash funding requirement to enable the Trust to meet its liabilities and to continue the provision of services. At the point of finalising these financial statements we note the following:

1. Whilst plans are in place these are yet to be finalised and submitted to Monitor; and

2 Our future plans to be submitted to Monitor will require significant external cash funding. Whilst an application will be made for Public Dividend Capital after our plan is submitted to Monitor, the level of funding to be received is as yet uncertain. To date the Trust has received distress funding of £3.2m, with a further £6m requested to the end of June.

Having considered the material uncertainties and the Trust’s financial recovery plans and the likelihood of securing additional financial funding to support the financial operations, the directors have determined that it remains appropriate to prepare these accounts on a going concern basis.

The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2013/14 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury’s Financial Reporting Manual ("HM Treasury's FReM") to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the financial statements.

The financial statements have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

The financial statements have been prepared in accordance with EU endorsed International Financial Reporting Standards and IFRICs.

1.1 Consolidation

The Trust is the corporate trustee to the NHS charitable fund titled 'Barnsley Hospital Charity' (Registered Charity number 1058037). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

Where subsidiaries’ accounting policies are not aligned with those of the trust (including where they report under UK GAAP) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

Prior to 2013/14, the FT ARM permitted the Trust not to consolidate the charitable fund. From 2013/14, the Trust has consolidated the charitable fund and has applied this as a change in accounting policy.

The charitable fund’s statutory financial statements are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Generally Accepted Accounting Principles (UK GAAP).

Other Subsidiary

Subsidiary entities are those over which the trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiaries for the year.

On 16 April 2012 the Trust established a wholly owned subsidiary company ' Barnsley Hospital Support Services Limited '. The investment in Barnsley Hospital Support Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust.

References to 'Group' within the financial statements refer to the results and balances of the Trust and the subsidiaries, whilst references to 'Parent' refer only to those of the ' Trust'. All references to 'Trust' are for the ' Foundation Trust'.

1 Accounting policies and other information (continued)

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of income for the Trust is from commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following year, that income is deferred.

The Trust also received income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for the unsuccessful compensation claims and doubtful debts.

1.3 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contibution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust

National Employment Savings Trust - ' NEST' is a defined contibution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. As a defined contribution scheme, the Trust makes disclosures in the financial statements as required by paragraph 50 onwards of IAS 19.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- individual items:

o have a cost of at least £5,000; or

o form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000 where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

o form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed, by a professional valuer periodically but at least every three years. Valuations are performed more frequently where there is evidence that the carrying amounts for land and buildings may be materially different from fair value. Fair values are determined as follows:

- Land, non-specialised buildings and non-operational buildings - in accordance with the FT ARM, this is determined to be market value for existing use.

- Specialised buildings - depreciated replacement cost, based on providing a modern equivalent asset.

- Buildings in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as permitted by IAS 23 in respect of assets measured at fair value.

Operational equipment is held at cost less depreciation as a proxy.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for the recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of Property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Asset lives fall into the following ranges:

- Buildings excluding dwellings 20 to 80 years
- Dwellings 20 to 80 years
- Plant and machinery 1 to 15 years
- Transport Equipment 1 to 7 years
- Information Technology 1 to 5 years
- Furniture and Fittings 1 to 10 years

Freehold land is considered to have an infinite life and is not depreciated. The District Valuer (an external body to the Trust) considers that the remaining lives of the Buildings and Dwellings is 32 years.

Property, plant and equipment which has been reclassified as ‘Held for Sale’ ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust respectively.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt.The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donation and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Service concessions - Private Finance Initiative (PFI) transactions

The PFI is the catering department scheme for the provision of a kitchen and dining facility for the production of patient, staff and visitors meals. PFI transactions which meet the IFRIC 12 (Service Concession Arrangements) definition of a service concession, as interpreted by HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' ("on SoFP"). The Trust therefore recognises the underlying assets as property, plant and equipment at their fair value. An equivalent financial liability is recognised and measured in accordance with IAS 17 (Leases). The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the implicit interest rate for the scheme. The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income. PFI assets are held at fair value under IAS 16 (Property Plant and Equipment).

Contingent Rent

An element of the annual unitary payment increase is due to cumulative indexation allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as part of the finance costs in the Statement of Comprehensive Income.

Lifecycle Replacement Costs

For each year of the contract, an element of the unitary payment is allocated to lifecycle replacement based on the capital costs that the operator expects to incur for that year. Subsequently in each year, the actual capital cost incurred by the operator is recognised as an asset and, to the extent that the capital is funded by the unitary payment, an equivalent amount of the unitary payment is treated as a cash payment by the Trust to pay for the asset.

Depreciation

PFI transactions are depreciated on a straight line basis over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Assets held under PFI contracts are depreciated at the rates applicable to that class of asset.

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

1 Accounting policies and other information (continued)

1.6 Intangible assets (continued)

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Assets under construction intangible assets

The Trust includes such expenditures as software packages and Medicine Management systems.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations and impairments of intangible assets are recognised and accounted for in the same manner as that for property, plant and equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or ‘fair value less costs to sell’.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Software is amortized over a useful life of 1 to 5 years.

1.7 Revenue Government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1 Accounting policies and other information (continued)

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value using the first in first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of inventories. Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

1.9 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired, or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial assets are categorised as 'Loans and receivables'.

Financial liabilities are classified as 'Other Financial liabilities'.

The classification depends on the nature and purpose of the financial assets and is determined at the time of the initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

1 Accounting policies and other information (continued)

1.9 Financial instruments and financial liabilities (continued)

Other financial liabilities

The Trust's financial liabilities are categorised as 'other' financial liabilities. The classification depends on the nature and purpose of the financial liability and is determined at the time of initial recognition.

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset’s carrying amount and the present value of the revised future cash flows discounted at the asset’s original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. Thereafter the asset is accounted for as an item of property plant and equipment. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income. Contingent rentals are recognised as an expense in the period in which they are incurred. The liability is derecognised when the liability is discharged, cancelled or expires.

The annual rental is split over the repayment of the liability and a finance cost so as to produce a constant rate of finance over the life of the lease. The finance cost for each financial year is then calculated by applying this finance rate to the opening lease liability for the financial year. The finance cost is recognised in Finance Costs in the Statement of Comprehensive Income.

1 Accounting policies and other information (continued)

1.10 Leases (continued)

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.11 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of that amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. However , the Trust only recognises a provision for the net amount that it will have to pay in respect of these claims. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 23 (Page 33) but it is not recognised in the Trust's financial statements.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any ‘excesses’ payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

· Contingent liabilities are not recognised in the financial statements, but are disclosed in note 27 (page 34) , unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1 Accounting policies and other information (continued)

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend.

The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Funds (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) for 2013/14 only net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and (iv) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual financial statements.

The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the financial statements.

1.14 Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable value added tax is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input value added tax is recoverable, the amounts are stated net of value added tax.

The Trust established a wholly owned subsidiary Barnsley Hospital Support Services Limited that provides outpatient pharmacy dispensing services. Any transactions between the Trust and Barnsley Hospital Support Services Limited include value added tax where applicable.

1.15 Corporation Tax

The Finance Act 2004 amended S519A Income and Corporation Taxes Act 1998 to provide power to HM Treasury to make certain non-core activities of NHS Foundation Trusts potentially subject to corporation tax.

NHS Foundation Trusts may also incur corporation tax through NHS charitable funds or subsidiary organisations which are consolidated into their financial statements.

Corporation tax expense recognised in these financial statements represents the sum of the tax currently payable and deferred tax.

Current tax is the expected tax payable on the taxable surpluses generated during the year, using rates enacted or substantively enacted at the statement of financial position date, and any adjustments to tax payable in respect of previous years.

Deferred tax is provided, using the liability method, on all temporary differences at the statement of financial period date between the tax bases of assets and liabilities and their carrying amounts for the financial reporting purposes.

Deferred tax assets are recognised to the extent that it is probable that taxable profits will be available against which deductible temporary differences can be utilised. The carrying amount of deferred tax assets is reviewed at each Statement of Financial Position date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered. Deferred tax assets and liabilities are not discounted.

1 Accounting policies and other information (continued)

1.16 Cash and cash equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

1.17 Critical accounting judgements, estimates and assumptions

The preparation of financial statements in conformity with IFRS requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Although these estimates are based on management's reasonable knowledge of the amount, event or actions, actual results ultimately may differ from those estimates. In preparing these financial statements the Trust applied judgements and estimates in relation to the valuation of property and the timing of income recognition. There were no other critical accounting judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.20 Accounting standards that have been adopted early

No new accounting standards or revisions to existing standards have been early -adopted in 2013/14.

1.21 Standards issued but not adopted

- IASB standards and IFRIC interpretations

The following accounting standards and interpretations have been issued but not yet adopted as outlined in the Foundation Trust Annual Reporting Manual for 2013/14 (FT ARM). The Trust cannot adopt new standards unless they have been adopted in the FT ARM issued by Monitor. The FT ARM generally does not adopt a new standard or interpretation until it is endorsed by the European Union. In some cases the accounting standards may be interpreted in the FT ARM and therefore may not be adopted in their original form.

IAS 1, 'Financial statement presentation' regarding other comprehensive income.

The main change resulting from these amendments is a requirement for entities to group items presented in 'other comprehensive income' (OCI) on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). The amendments do not address which items are presented in OCI. Effective date of 2013/14 but not yet adopted by the EU.

IFRS 13 'Fair value measurement'

This standard aims to improve consistency and reduce complexity by providing a precise definition of fair value and a single source of fair value measurement and disclosure requirements for use across IFRSs. Effective date of 2013/14 but not yet adopted by the EU.

IFRS 9, 'Financial instruments'

IFRS 9 was issued in November 2009 and October 2012. It replaces the parts of IAS 39 that relate to the classification and measurement of financial instruments. IFRS 9 requires financial assets to be classified into two measurement categories: those measured as at fair value and those measured at amortised cost. The basis of classification depends on the entity's business model and the contractual cash flow characteristics of the financial asset. Standard has not yet been adopted by the EU.

1 Accounting policies and other information (continued)

1.21 Standard issued but not adopted (continued)

IFRS 10, 'Consolidated financial statements'

The standard builds on existing principals by identifying the concept of control as the determining factor in whether an entity should be included within the consolidated financial statements of the parent company. The standard provides additional guidance to assist in the determination of control where this is difficult. The EU adopted effective date is 2014/15.

IFRS 11, 'Joint arrangements'

IFRS 11 is a more realistic reflection of joint arrangements by focusing on the rights and obligations of the parties to the arrangement rather than its legal form. There are two types of joint arrangement: joint operations and joint ventures. Joint operations arise where a joint operator has rights to the assets and obligations relating to the arrangement and therefore financial statements for its share of assets, liabilities, revenue, and expenses. Joint ventures arise where the joint venture has rights to the net assets of the arrangement and therefore equity financial statements for its interest. Proportional consolidation of joint ventures is no longer allowed. The EU- adopted effective date is 2014/15.

IFRS 12, 'Disclosures of interests in other entities'

This standard includes the disclosure requirements for all forms of interests in other entities, including joint arrangements, associates, special purpose vehicles and other off balance sheet vehicles. The EU - adopted effective date is 2014/15.

IAS 27 (revised 2011), 'Separate financial statements'

This standard includes the requirements relating to separate financial statements. The EU- adopted effective date is 2014/15.

IAS 28 (revised 2011), 'Associates and joint ventures
This standard includes the requirements for associates and joint ventures that have to be equity accounted following the issue of IFRS 11. The EU- adopted effective date is 2014/15.

Amendment to IAS 32, 'Financial instruments: Presentation'

These amendments are to the application guidance in IAS 32 and clarify some of the requirements for offsetting financial assets and financial liabilities on the balance sheet. Effective from 2014/15.

Amendment to IFRS 7, 'Financial instruments: Disclosures'

This amendment includes new disclosures to facilitate comparison between those entities that prepare IFRS financial statements to those that prepare financial statements in accordance with US GAAP. Effective date of 2013/14 but not yet adopted by the EU.

IPSAS 32 - Service Concession Arrangement
This standard is applicable for periods beginning on or after 1 January 2014 but as it is not an IFRS standard it will have to be endorsed by HM Treasury as part of the HM Treasury FReM before it is adopted.

2. Operating segments

All of the Trust's activities are in the provision of healthcare, which is an aggregate of all the individual specialty components included therein, and the large majority of the healthcare services provided occur at the one geographical main site. Similarly, the large majority of the Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature. On this basis one segment of 'Healthcare' is deemed appropriate.

The operating results of the Trust are reviewed monthly by the Trust's chief operating decision maker which is the overall Trust Board and which includes non - executive directors. For 2013/14, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process.

Within the Group financial statements are two subsidiary entities as detailed in note 1.1 and the pages below. The figures of these entities are not sufficiently material to require separate segmental reporting.

The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

3. Income from activities

3.1 Income from activities comprises	**2013/14 Group £000**	2012/13 Group £000	**2013/14 Trust £000**	2012/13 Trust £000
Foundation Trusts	**46**	0	**46**	0
NHS Trusts	**22**	0	**22**	0
CCGs and NHS England	**144,798**	0	**144,798**	0
Primary Care Trusts	**0**	144,019	**0**	144,019
NHS Other	**21**	0	**21**	0
Non NHS:				
- Local Authorities	**1,250**	0	**1,250**	0
- Private Patients	**9**	6	**9**	6
- NHS Injury Scheme*	**994**	1,040	**994**	1,040
- Other **	**24**	246	**24**	246
	147,164	145,311	**147,164**	145,311

*NHS injury scheme income is subject to a provision for doubtful debts of 15.8% (2012/13 12.6%) to reflect expected rates of collection.

** Analysis of Income from activities: Non-NHS Other

Other government departments and agencies	**0**	17	**0**	17
Other	**24**	229	**24**	229
	24	246	**24**	246

3.2 Analysis of income from activities	**2013/14**	2012/13	**2013/14**	2012/13
	£000	£000	**£000**	£000
Inpatient - elective	**25,578**	25,164	**25,578**	25,164
Inpatient - non elective	**49,101**	52,603	**49,101**	52,603
Outpatient income	**24,903**	26,856	**24,903**	26,856
Other activity income	**40,393**	32,967	**40,393**	32,967
A & E income	**7,180**	7,715	**7,180**	7,715
Private Patient Income	**9**	6	**9**	6
Income from activities	**147,164**	145,311	**147,164**	145,311

Income from Commissioner Requested Services CRS and Income from non- Commissioner Requested Services (non-CRS)

Commissioner Requested Services CRS	**144,798**	144,019	**144,798**	144,019
non- Commissioner Requested Services (non-CRS)	**24,932**	23,622	**24,771**	23,645
TOTAL/comparative	**169,730**	167,641	**169,569**	167,664

4. Other Operating Income	**Group**	Group	**Trust**	Trust
	2013/14	2012/13 Restated	**2013/14**	2012/13
	£000	£000	**£000**	£000
Research and Development	**955**	1,256	**955**	1256
Education and Training	**4,224**	4,034	**4224**	4034
Received from NHS Charities- grant for capital acquisitions	**0**	0	**0**	593
Charitable and other contributions to expenditure	**35**	29	**35**	29
Amortisation of PFI Main scheme - deferred credit	**29**	29	**29**	29
Non-patient care services to other bodies	**704**	900	**704**	900
Reversal of impairments of property plant and equipment	**0**	197	**0**	197
Other income*	**16,438**	13,937	**16,458**	14,183
Income in respect of staff costs	**0**	1,132	**0**	1,132
NHS Charitable Funds - Income	**181**	816	**0**	0
	22,566	22,330	**22,405**	22,353

* Further details of 'other income' are as follows:

Car parking	**934**	850	**934**	850
Estates recharges	**123**	131	**123**	131
IT recharges	**371**	1,205	**371**	1205
Pharmacy sales	**8**	5	**8**	5
Staff accommodation rentals	**173**	182	**173**	182
Clinical tests	**228**	345	**228**	345
Property rentals	**96**	113	**96**	113
Community Paediatrics	**113**	5	**113**	5
Cytotoxic Drugs Recharge	**560**	689	**560**	689
Musculo Skeletal Services	**153**	150	**153**	150
Neurology Recharge	**143**	167	**143**	167
Occupational Health Recharge	**146**	137	**146**	137
Oncology Recharge	**206**	206	**206**	206
Renal Satellite Unit Recharge	**142**	142	**142**	142
Rotherham Ophthalmology	**2,472**	2,250	**2472**	2250
Voluntary Services Income	**217**	210	**217**	210
Waiting List Initiatives Clinic	**144**	296	**144**	296
Funding to Support the Wider Development of A & E	**226**	2,317	**226**	2,317
Transformation	**715**	807	**715**	807
Miscellaneous items **Note 1**	**9,268**	3,730	**9,288**	3,976
	16,438	13,937	**16,458**	14,183

Note 1 - Miscellaneous items consists of various items of ' Other Operating Income ' including Radiology Tests, Medical Physics, Chemistry Recharges and Complex Needs, together with other Miscellaneous items.

5. Operating expenses

5.1 Operating expenses comprise:

	Group	Group Restated	**Trust**	Trust
	2013/14	2012/13	**2013/14**	2012/13
	£000	£000	**£000**	£000
Services from NHS Foundation Trusts	**1,741**	1,685	**1,741**	1,685
Services from other NHS Trusts	**168**	81	**168**	81
Services from PCTs	**0**	9	**0**	9
Services from CCGs and NHS England	**(35)**	0	**(35)**	0
Services from other NHS Bodies	**3**	7	**3**	7
Purchase of healthcare from non NHS bodies	**1,650**	937	**1,650**	937
Executive Directors' costs **Note 1**	**745**	725	**745**	725
Non Executive Directors' costs **Note 1**	**133**	100	**133**	100
Staff costs	**114,942**	110,802	**114,942**	110,802
Drugs	**11,337**	9,866	**11,337**	9,866
Supplies and services - clinical	**14,297**	12,781	**14,297**	12,781
Supplies and services - general	**6,557**	7,016	**6,557**	7,113
Establishment	**3,083**	2,340	**3,083**	2,340
Research and Development	**178**	299	**178**	299
Premises	**5,749**	3,827	**5,749**	3,793
Rentals under operating leases Plant and Machinery	**668**	668	**668**	668
Rental under operating leases Other	**0**	0	**0**	0
Increase in bad debt provision	**50**	138	**50**	138
Depreciation on property, plant and equipment **Note 2**	**5,917**	5,484	**5,893**	5,484
Amortisation on intangible assets	**454**	614	**450**	614
Impairments on property plant and equipment	**2,529**	141	**2,529**	141
Audit services - statutory audit **Note 3.1**	**76**	52	**80**	52
Audit fees for Charitable Funds	**4**	4	**0**	0
Other auditor's remuneration - further assurance services **Note 3.2**	**10**	10	**10**	10
Clinical negligence	**5,214**	4,239	**5,214**	4,239
Loss on disposal of other property, plant and equipment	**0**	1	**0**	1
Legal Fees	**243**	310	**243**	310
Consultancy Costs	**380**	426	**380**	352
Losses, ex gratia and special payments	**321**	317	**321**	317
Other	**1,236**	1,339	**1,006**	1,304
	177,650	164,218	**177,392**	164,168

Note 1 - As required by the Companies Act 2006, further disclosures of Directors' remuneration and other benefits are detailed in note 29 (page 35) to these accounts and further details available in the remuneration report of the Annual Report for the Trust in which the highest paid director can be identified.

Note 2 - Depreciation of property plant and equipment are inclusive of PFI operating costs.

Note 3.1 - Auditor's remuneration

The Board of Governors appointed PricewaterhouseCoopers LLP (PWC) as external auditors of the Trust for the 5 year period commencing 1 April 2007, and re-appointed for the 3 year period, with the option to extend for a further two years commencing 1 April 2011. The audit fee for the statutory audit was £70,776 (2012/13 £51,244) including VAT. This was the fee for an audit in accordance with the Audit Code issued by Monitor in March 2011. The audit fee for the subsidiary organisation, Barnsley Hospital Support Services Limited was £7,800 inclusive of VAT (2012/13 - £ 5,400). The audit fee for Barnsley Hospital Charity was £4,458 (2012/13 - £4,321) inclusive of VAT.

Note 3.2 - Other auditor's remuneration - further assurance services

	Group	Group	**Trust**	Trust
	2013/14	2012/13	**2013/14**	2012/13
	£000	£000	**£000**	£000
Quality accounts review costs in line with the audit code	**10**	10	**10**	10
	10	10	**10**	10

The quality accounts review costs are inclusive of value added tax.

5. Operating expenses (continued)

5.2 Operating leases

5.2/1 Operating expenses include:

Payments recognised as an expense	**Total 2013/14 £000**	**Plant and Machinery £000**	**Other £000**	2012/13 £000
Minimum lease payments	**668**	**662**	**6**	668

5.2/2 Total future minimum lease payments

Total future minimum lease payments	**2013/14 £000**	**Plant and Machinery £000**	**Other £000**	2012/13 £000
No later than one year.	**663**	**663**	**0**	663
Later than one year and no later than five years.	**1,325**	**1,325**	**0**	1,992
Later than five years.	**0**	**0**	**0**	0
	1,988	**1,988**	**0**	2,655

The Trust has various operating leases, which include arrangements for lease cars and other equipment.

The most significant operating lease arrangement is for a managed service, Siemens Pathology Analyser which is due to expire in March 2017.

6. Staff costs and numbers

6.1 Staff costs

Group and Trust

	Total 2013/14	**Permanently Employed**	**Other**	2012/13
	£000	**£000**	**£000**	£000
Salaries and wages	**91,243**	91,243	0	89,620
Social Security Costs	**6,444**	6,444	0	6,202
Employer contributions to NHSPA	**10,223**	10,223	0	9,683
Pension Cost NEST	**2**	2	0	0
Agency/Contract Staff	**7,775**	0	7,775	6,022
	115,687	**107,912**	**7,775**	111,527

In the year ended 31 March 2014, £Nil of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2013 - £Nil).

Director and staff costs charged to operating expenses are disclosed in note 5.1 (page 20).

6.2 Average monthly number of persons employed - WTEs

Group and Trust

	Total 2013/14	**Permanently Employed**	**Other**	2012/13
	Number	**Number**	**Number**	Number
Medical and dental	**292**	292	0	285
Administration and estates	**591**	591	0	552
Healthcare assistants and other support staff	**223**	223	0	214
Nursing, midwifery and health visiting staff	**999**	999	0	975
Nursing, midwifery and health visiting learners	**0**	0	0	9
Scientific, therapeutic and technical staff	**443**	443	0	437
Agency and contract staff	**65**	0	65	48
Bank staff **Note 1**	**90**	0	90	93
Total	**2,703**	**2,548**	**155**	2,613

Within Medical and Dental staff numbers are 76.93 whole time equivalent (WTE) recharges from other NHS Trusts, at cost of £5,287,385 (79 WTE at a cost of £5,393,514 in 2012/13), which are not processed on the Trust's payroll, but which appear in the total staff costs for the Trust.

Note 1 Bank staff numbers were not disclosed in 2012/13

6.3 Exit Packages

The following exit packages occurred in 2013/14 (2012/13 figures included in brackets);

	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
Exit package cost band						
£10,001 - £25,000	**0**	(0)	0	(3)	0	(3)
£25,001 - £50,000	**0**	(0)	0	(1)	0	(1)
£150,001-£200,000	**1**	(0)	0	(0)	1	(0)
Total number of exit packages by type	**1**	**(0)**	**0**	**(4)**	**1**	**(4)**
Total cost £' 000s	**180**	**(0)**	**0**	**(71)**	**180**	**(71)**

6. Staff costs and numbers (continued)

6.4 Retirements due to ill-health

During the year there were 3 early retirements (5 in 2012/13) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £125,943 (£224,548 in 2012/13). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

7. The Late Payment of Commercial Debts (Interest) Act 1998

There was no late payment of commercial debt interest.

8. Limitation on auditors' liability

The limitation on the auditors' liability with regards to the audit of the financial statements, as per the engagement letter is £1,000,000 (2012/13 - £1,000,000).

9. Loss on Disposal of property plant and equipment

Group and Trust	**Group 2013/14 £000**	Group 2012/13 £000	Trust **2013/14 £000**	Trust 2012/13 £000
Result on disposal of other property plant and equipment	0	(1)	0	(1)
	0	(1)	**0**	(1)

10. Finance Income

Group and Trust	**Group 2013/14 £000**	Group 2012/13 Restated £000	**Trust 2013/14 £000**	Trust 2012/13 £000
Interest on bank accounts	**30**	163	**30**	163
NHS Charitable funds: investment income	**17**	0	**0**	0
Other	**0**	14	**0**	14
Interest on loans and receivables	**47**	177	**30**	177

11. Finance expense

Group and Trust	**2013/14 £000**	2012/13 £000
Finance Costs in PFI obligations		
Main Finance Costs	**(84)**	(117)
Contingent Finance Costs	**(124)**	(114)
	(208)	(231)

12 Corporation tax charge/(credit)

Group	Group 2013/14 £000	Group 2012/13 £000
(There are no figures or disclosures for the Trust for Note 12, since the Trust's NHS activities are not subject to corporation tax)		
a. Analysis of charge/(credit) during the year		
Current tax charge/(credit) for the year		
United Kingdom corporation tax	**0**	0
Deferred tax		
Current year	**13**	(9)
Total deferred tax	**13**	(9)
Total per consolidated statement of comprehensive income	**13**	(9)

Reconciliation of current tax charge

The credit for the year can be reconciled to the surplus per the consolidated statement of comprehensive income as follows:

	2013/14 £000	2012/13 £000
(Deficit)/surplus for the year from continuing activities.	**(9,936)**	1,439
This arises solely on the activities of Barnsley Hospital Support Services Limited as the Trust's NHS Activities are not subject to corporation tax		
Effective tax charge percentage	**23.00%**	24.00%
Tax if effective tax rate charged on surpluses before tax	**(2,287)**	337
Effects of		
Surpluses not subject to tax	**1,740**	(354)
Changes in tax rates	**(1)**	0
Non-deductible expenses	**4**	8
Tax charge/(credit) for the year	**(544)**	(9)

The current and prior year tax charge/(credit) relates to Barnsley Hospital Support Services Limited which began trading in 2012/13.

b. Factors effecting future tax charges

The Finance Act 2013, which was substantively enacted in July 2013, included provisions to reduce the rate of UK corporation tax to 21% with effect from 1 April 2014 and 20% with effect from 1 April 2015. Deferred taxation is measured at the tax rates that are expected to apply in the periods in which the timing differences are expected to reverse, based on tax rates and laws that have been enacted or substantively enacted at the balance sheet date. Accordingly, deferred tax balances have been revalued to the lower rate of 20% in these accounts.

13. Intangible assets

GROUP 2013/14 (Trust figures not disclosed as no material difference)

2013/14:	Software Licences	Assets under Construction	Total
	£000	£000	£000
Gross cost at 1 April 2013	4,870	57	4,927
Additions purchased	842	86	928
Reclassifications	143	(143)	0
Gross cost at 31 March 2014	**5,855**	**0**	**5,855**
Accumulated Amortisation at 1 April 2013	3,917	0	3,917
Provided during the year	454	0	454
Accumulated amortisation at 31 March 2014	**4,371**	**0**	**4,371**
Net book value			
- Purchased at 1 April 2013	928	57	985
- Donated at 1 April 2013	25	0	25
- Total at 1 April 2013	**953**	**57**	**1,010**
- Purchased at 31 March 2014	1,475	0	1,475
- Donated at 31 March 2014	9	0	9
- Total at 31 March 2014	**1,484**	**0**	**1,484**

Prior year 2012/13:	Software Licences	Assets under Construction	Total
	£000	£000	£000
Gross cost at 1 April 2012	4,919	0	4,919
Additions purchased	216	57	273
Disposals	(265)	0	(265)
Gross cost at 31 March 2013	**4,870**	**57**	**4,927**
Accumulated amortisation at 1 April 2012	3,568	0	3,568
Provided during the year	614	0	614
Disposals	(265)	0	(265)
Accumulated amortisation at 31 March 2013	**3,917**	**0**	**3,917**
Net book value			
- Purchased at 1 April 2012	1,339	0	1,339
- Donated at 1 April 2012	12	0	12
- Total at 1 April 2012	**1,351**	**0**	**1,351**
- Purchased at 31 March 2013	928	57	985
- Donated at 31 March 2013	25	0	25
- Total at 31 March 2013	**953**	**57**	**1,010**

14. Property, plant and equipment

14.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

GROUP 2013/14 (Trust figures not disclosed as no material difference)

	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2013	4,100	54,928	3,651	25,847	70	3,875	785	93,256
Additions - purchased	0	7,616	6,971	3,122	0	372	0	18,081
Impairments **Note 1**	0	(2,529)	0	0	0	0	0	(2,529)
Reclassifications	0	6,353	(7,290)	469	0	468	0	0
Revaluation **Note 2**	0	(11,991)	0	0	0	0	0	(11,991)
Disposals	0	0	0	(908)	0	0	0	(908)
At 31 March 2014	**4,100**	**54,377**	**3,332**	**28,530**	**70**	**4,715**	**785**	**95,909**
Accumulated depreciation at 1 April 2013	0	149	0	19,873	30	2,705	615	23,372
Provided during the year	0	3,018	0	2,328	10	517	44	5,917
Revaluation **Note 1**	0	(3,015)	0	0	0	0	0	(3,015)
Disposals	0	0	0	(908)	0	0	0	(908)
Accumulated depreciation at 31 March 2014	**0**	**152**	**0**	**21,293**	**40**	**3,222**	**659**	**25,366**
Net book value								
- Purchased at 1 April 2013	4,100	54,040	3,651	5,247	0	1,151	113	68,302
- Government Granted as at 31 March 2013	0	302	0	248	40	11	0	601
- Donated at 1 April 2013	0	437	0	479	0	8	57	981
Revised Total at 1 April 2013	**4,100**	**54,779**	**3,651**	**5,974**	**40**	**1,170**	**170**	**69,884**
- Purchased at 31 March 2014	4,100	53,688	3,332	6,858	0	1,493	126	69,597
- Government Granted as at 31 March 2014	0	219	0	80	30	0	0	329
- Donated at 31 March 2014	0	318	0	299	0	0	0	617
Total at 31 March 2014	**4,100**	**54,225**	**3,332**	**7,237**	**30**	**1,493**	**126**	**70,543**

Note 1

Impairment cost of £2,528,557 was a consequence of the Trust decision to reduce the hospital footprint which resulted in a lower valuation.

Note 2

Effective date of revaluation was 31 March 2014 and the revaluation was completed by an independent valuer (being the District Valuation Office). Valuations have been undertaken having regard to International Financial Reporting Standards as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and the requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards. Revaluation model set out on IAS 16 has been used to value the capital assets to fair value. Fair value is defined as the amount for which the asset could be exchanged between knowledgeable, willing parties in an arms length transaction. The fair value of land and buildings is usually determined from market-based evidence by appraisal undertaken by professionally qualified valuers. Existing Use Value was used for Land and Depreciation Replacement Cost for buildings and externals. Land has been valued assuming the benefit of planning permission for development for a use, or range of uses, prevailing to the vicinity of the site. The buildings as qualified as specialized operational assets, and therefore fall to be assessed using the Depreciated Replacement Cost approach, have been valued on a modern equivalent asset basis.

Of the totals at 31 March 2014 there were no assets valued at open market value (As at 31st March 2013 - none)

For on-statement of financial position PFI contracts, the NBV of assets held as at 31st March 2014 was £1,494,000 for (31 March 2013 - £1,446,000) - refer note 22 (page 32) for further details
There were no other assets held under finance leases and hire purchase contracts as at the reporting year dates of 31 March 2014 and 31 March 2013.

Buildings excluding dwellings' and 'Dwellings' were recatergorised as at 1.4.13 to 'Buildings and Dwellings' to give a more meaningful classification

14. Property, plant and equipment (continued)

14.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements: (continued)

GROUP (Trust figures not disclosed as no material difference)

2012/13:	**Land**	**Buildings excluding dwellings**	**Dwellings**	**Assets under construction and payments on account**	**Plant and Machinery**	**Transport Equipment**	**Information Technology**	**Furniture and fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Cost or valuation at 1 April 2012	4,100	54,930	747	560	23,524	70	3,873	728	88,532
Additions - purchased	0	5,327	0	3,234	2,325	0	29	57	10,972
Additions - donated	0	0	0	374	0	0	0	0	374
Additions - government granted	0	0	0	0	1	0	0	0	1
Reclassifications	0	0	0	(517)	374	0	143	0	0
Revaluation **Note 1**	0	(6,006)	(70)	0	0	0	0	0	(6,076)
Disposals	0	0	0	0	(377)	0	(170)	0	(547)
At 31 March 2013	**4,100**	**54,251**	**677**	**3,651**	**25,847**	**70**	**3,875**	**785**	**93,256**
Accumulated depreciation at 1 April 2012	0	937	0	0	18,121	20	2,368	572	22,018
Provided during the year	0	2,760	36	0	2,128	10	507	43	5,484
Impairments	0	141	0	0	0	0	0	0	141
Reversal of impairments	0	(197)	0	0	0	0	0	0	(197)
Revaluation **Note 1**	0	(3,492)	(36)	0	0	0	0	0	(3,528)
Disposals	0	0	0	0	(376)	0	(170)	0	(546)
Accumulated depreciation at 31 March 2013	**0**	**149**	**0**	**0**	**19,873**	**30**	**2,705**	**615**	**23,372**
Net book value									
- Purchased at 1 April 2012	4,100	53,498	747	560	5,339	50	1,505	156	65,955
- Donated at 1 April 2012	0	495	0	0	64	0	0	0	559
Revised Total at 1 April 2012	**4,100**	**53,993**	**747**	**560**	**5,403**	**50**	**1,505**	**156**	**66,514**
- Purchased at 31 March 2013	4,100	53,363	677	3,651	5,247	0	1,151	113	68,302
- Government Granted as at 31 March 2013	0	302	0	0	248	40	11	0	601
- Donated at 31 March 2013	0	437	0	0	479	0	8	57	981
Total at 31 March 2013	**4,100**	**54,102**	**677**	**3,651**	**5,974**	**40**	**1,170**	**170**	**69,884**
Analysis of Property, plant and equipment, net book value									
- Protected assets at 31 March 2013	2,898	50,515	0	0	0	0	0	0	53,413
- Unprotected assets at 31 March 2013	1,202	3,587	677	3,651	5,974	40	1,170	170	16,471
- Total at 31 March 2013	**4,100**	**54,102**	**677**	**3,651**	**5,974**	**40**	**1,170**	**170**	**69,884**

Note 1

Effective date of revaluation was 31 March 2013 and the revaluation was completed by an independent valuer (being the District Valuation Office). Valuations have been undertaken having regard to International Financial Reporting Standards as applied to the United Kingdom public sector and in accordance with HM Treasury guidance, International Valuation Standards and the requirements of the Royal Institution of Chartered Surveyors (RICS) Valuation Standards. Revaluation model set out on IAS 16 has been used to value the capital assets to fair value. Fair value is defined as the amount for which the asset could be exchanged between knowledgeable, willing parties in an arms length transaction. The fair value of land and buildings is usually determined from market-based evidence by appraisal undertaken by professionally qualified valuers. Existing Use Value was used for Land and Depreciation Replacement Cost for buildings and externals. Land has been valued assuming the benefit of planning permission for development for a use, or range of uses, prevailing to the vicinity of the site. The buildings as qualified as specialized operational assets, and therefore fall to be assessed using the Depreciated Replacement Cost approach, have been valued on a modern equivalent asset basis.

15. Investments

15.1 Investments in subsidiaries

The trust is the Corporate Trustee for the NHS Charity, Barnsley Hospital Charity, registered charity number 1058037 refer note 1.1 (Page 6).

The parent purchased 500,000 Ordinary shares of £1 each in 2012/13 for Barnsley Hospital Support Services Limited.

This represents a 100% direct ownership in Barnsley Hospital Support Services Limited, which is incorporated in England and Wales.
This subsidiary company is included in the consolidation.

Extracts from the subsidiaries are as follows:

(i) From Charitable Funds

Statement of Financial Activities

	31 March 2014				31 March 2013			
	Charitable Fund accounts	**Accounting Policy adjustments**	**Consolidation adjustments**	**Charitable Fund numbers for consolidation**	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	**£000s**	**£000s**	**£000s**	£000s	£000s	£000s	£000s
Incoming Resources: excluding investment income	**181**	**0**	**0**	**181**	816	0	0	816
- with Barnsley Hospital NHS Foundation Trust	**(409)**	**93**	**316**	**0**	(959)	220	739	0
- audit fee (payable to the external auditor)	**(4)**	**0**	**0**	**(4)**	(4)	0	0	(4)
Total operating expenditure	**(413)**	**93**	**316**	**(4)**	(963)	220	739	(4)
Incoming Resources: investment income	**17**	**0**	**0**	**17**	21	0	(21)	0
Net (outgoing) / incoming resources before other recognised gains and losses	**(215)**	**93**	**316**	**194**	(126)	220	718	812
Fair value movements on investment properties and other investments	**9**	**0**	**0**	**9**	36	0	0	36
Net movement in funds	**(206)**	**93**	**316**	**203**	(90)	220	718	848

(ii) Balance Sheet

	31 March 2014				31 March 2013				1 April 2012			
	Charitable Fund accounts	**Accounting Policy adjustments**	**Consolidation adjustments**	**Charitable Fund numbers for consolidation**	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation	Charitable Fund accounts	Accounting Policy adjustments	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	**£000s**	**£000s**	**£000s**	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Non-current assets												
Other Investments	**514**	**0**	**0**	**514**	508	0	0	508	474	0	0	474
Total non-current assets	**514**	**0**	**0**	**514**	508	0	0	508	474	0	0	474
Current assets												
Trade and other receivables	**11**	**0**	**0**	**11**	5	0	0	5	11	0	0	11
Cash and cash equivalents	**207**	**0**	**0**	**207**	329	0	0	329	327	0	0	327
Total current assets	**218**	**0**	**0**	**218**	334	0	0	334	338	0	0	338
Current liabilities												
Trade and other payables	**440**	**(313)**	**(19)**	**108**	344	(220)	(31)	93	224	0	0	224
Total current liabilities	**440**	**(313)**	**(19)**	**108**	344	(220)	(31)	93	224	0	0	224
Net assets	**292**	**313**	**19**	**624**	498	220	31	749	588	0	0	588
Funds of the charity												
Restricted funds:	**111**	**0**	**0**	**111**	66	0	0	66	39	0	0	39
Unrestricted income funds	**181**	**313**	**0**	**494**	432	220	0	652	549	0	0	549
Total Charitable Funds	**292**	**313**	**0**	**605**	498	220	0	718	588	0	0	588

There are no endowment funds. Explanations of funds can be found within the Annual Report and Accounts for
Barnsley Hospital Charity available on the Charity Commission website www. charitycommission.gov.uk
The Trust financial statements do not contain any such funds.

15. Investments (continued)

15.1 Investments in subsidiaries (continued)

Extracts from the subsidiaries are as follows (continued)

(iii) Barnsley Hospital Support Services Limited

Summarised Balance Sheet	**2013/14**	2012/13
	£000	£000
Current Assets	**608**	615
Current Liabilities	**(319)**	**(388)**
Total Current Net Assets	**289**	227
Non- current assets	**138**	166
Non- current liabilities	**0**	0
Total Non-Current Net Assets	**138**	166
Provision for liabilities	**(5)**	**0**
Net Assets	**422**	**393**

Summarised Profit and Loss Account	**2013/14**	2012/13
	£000	£000
Revenue	**2,118**	259
Expenses	**(2,076)**	**(375)**
Corporation Tax	**(13)**	**9**
Post tax profit from continuing operations	**29**	**(107)**
Total comprehensive income	**29**	**(107)**

The amounts presented above are the amounts before intercompany transactions.

15.2 OTHER INVESTMENTS

There are no Other Investments held by the Trust

Other Investments arise in the Group Accounts on the consolidation of the Charitable Fund subsidiary which represents the managed fund.

Movements on investment are as follows	**Group 2013/14 £' 000**	**Group 2012/13 £' 000 Restated**
Carrying value at beginning of year	**508**	**474**
Acquisitions in year - other	**69**	33
Movement in fair value - revaluation	**9**	36
Disposal	**(72)**	**(35)**
Carrying value at end of year	**514**	**508**

16. Inventories

16.1 Inventories comprises

	GROUP 31 March 2014	GROUP 31 March 2013	**TRUST 31 March 2014**	TRUST 31 March 2013
	£000	£000	**£000**	£000
Raw materials and consumables	**1,568**	1,788	**1,379**	1,629
TOTAL	**1,568**	1,788	**1,379**	1,629

The Group and Parent held consignment stock of £653,141 not recognised in the accounts as at 31 March 2014, (£810,000 at 31 March 2013)

16.2 Inventories recognised in expenses

GROUP AND TRUST	**31 March 2014**	31 March 2013
	£000	£000
Inventories recognised as an expense in the year	**10,570**	10,674
Write down of inventories (including losses)	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
	10,570	10,674

17. Trade and other receivables	**GROUP 31 March 2014**	GROUP 31 March 2013 Restated	**TRUST 31 March 2014**	TRUST 31 March 2013
Non current assets	**£000**	£000	**£000**	£000
Other receivables	**730**	678	**730**	678
Current assets				
NHS receivables	**4,333**	3,464	**4,333**	3,464
Receivable due from subsidiary company	**0**	0	**33**	187
Other receivable with related party - revenue	**0**	0	**0**	0
Prepayments	**400**	450	**400**	450
PDC Dividend Receivable	**342**	0	**342**	0
Value Added Tax receivable	**399**	304	**314**	245
Other receivables	**1,819**	1,208	**1,809**	1,208
Deferred tax asset (refer note 19)	**0**	9	0	0
NHS Charitable Funds - trade and other	**11**	5	**19**	31
Provision for impaired receivables	**(368)**	(318)	**(368)**	(318)
Sub Total	**6,936**	5,122	**6,882**	5,267
TOTAL trade and other receivables	**7,666**	5,800	**7,612**	5,945

The majority of trade and other receivables are with CCGs as commissioners for NHS patient care services. Credit rating is not applied to other receivables, however all receivables are reviewed during the year and provisions for potential impairments are made on an invoice by invoice basis.

17. Trade and other receivables (continued)

Ageing of non impaired receivables past their due date	**GROUP 31 March 2014**	GROUP 31 March 2013	**TRUST 31 March 2014**	TRUST 31 March 2013
	£000	£000	**£000**	£000
Up to 3 months	**1,275**	1,089	**299**	1,089
In 3 to 6 months	**180**	23	**71**	23
Over six months	**257**	25	**209**	25
	1,712	1,137	**579**	1,137

Provision for impairment of receivables	**GROUP 31 March 2014**	GROUP 31 March 2013	**TRUST 31 March 2014**	TRUST 31 March 2013
	£000	£000	**£000**	£000
Balance at 1 April	**318**	146	**318**	146
Increase in provision	**50**	138	**50**	138
Amount utilised	**0**	34	**0**	34
Balance at 31 March	**368**	318	**368**	318

18. Cash and cash equivalents	**GROUP 31 March 2014**	GROUP 31 March 2013 Restated	GROUP 1 April 2012 Restated	**TRUST 31 March 2014**	TRUST 31 March 2013
	£000	£000	£000	**£000**	£000
At 1 April	**17,300**	18,641	17,923	**16,735**	18,314
Net change in year	**(14,479)**	(1,341)	718	**(14,208)**	(1,579)
At 31 March	**2,821**	17,300	18,641	**2,527**	16,735
Made up of:					
Cash at commercial banks and in hand	**447**	697	419	**154**	132
Cash with Government Banking Service	**2,374**	16,603	18,222	**2,373**	16,603
Cash and cash equivalents as in statement of financial position	**2,821**	17,300	18,641	**2,527**	16,735

The Trust has a working capital facility with a commercial bank for £11,500,000 (As at 31 March 2013 - £11,500,000) - refer note 1.1 (page 6) for further details.

19. Trade and other payables	**GROUP 31 March 2014**	GROUP 31 March 2013 Restated	**TRUST 31 March 2014**	TRUST 31 March 2013
	£000	£000	**£000**	£000
Current				
NHS payables	**3,091**	1,376	**3,091**	1,376
Amount due to subsidiary company	**0**	0	**237**	153
Amounts due to other related parties - revenue	**1,442**	1,267	**1,442**	1,267
PDC dividend payable	**0**	90	**0**	90
Trade payables - capital	**4,961**	2,788	**4,961**	2,788
Value Added Tax payable	**32**	74	**32**	24
Deferred taxation **Note 1**	**4**	0	**0**	0
Other payables **Note 2**	**11,344**	3,595	**11,048**	3,500
NHS Charitable Funds	**108**	93	**0**	0
Accruals	**5,224**	4,134	**5,233**	4,077
	26,206	13,417	**26,044**	13,275

Note 1	**GROUP 31 March 2014**	**GROUP 31 March 2013**
Movement in deferred tax (asset)/liability	**£000**	**£000**
At beginning of year	(9)	0
Charge/(credit) to the profit and loss account during the year	13	(9)
At end of the year	**4**	**(9)**

The deferred tax balance is entirely within the subsidiary Barnsley Hospital Support Services Limited. The net deferred tax liability recognised in the year totalling £4,000 (in the year ended 31 March 2013 an asset of £8,622 see note 17 above) consisted of a liability in respect of accelerated capital allowances of £8,171 (in the year ended 31 March 2013 - £11,298) and an asset on trading losses of £3,495 (in the year ended 31 March 2013 - £19,920). There were no unrecognised deferred tax assets or liabilities in the year.

Note 2 For Group and Parent, Other payables balance as at 31 March 2014 includes NHS Supply Chain and other non NHS creditor balances and £2,107,792 tax and social security costs (as at 31 March 2013 - £2,129,000).

20. Borrowings

	GROUP AND TRUST	GROUP AND TRUST
	31 March 2014	31 March 2013
	£000	£000
Current liabilities		
Obligations under Private Finance Initiative contracts	**181**	251
Total Other Current Liabilities	**181**	251
Non-current liabilities		
Obligations under Private Finance Initiative contracts	**529**	639
Total Other Non-current Liabilities	**529**	639

For further details of Private Finance Initiative contracts, refer note 22 (page 32).

21. Other liabilities	**GROUP AND TRUST**	GROUP AND TRUST
	31 March 2014	31 March 2013
	£000	£000
Current liabilities		
Deferred income	**723**	5,279
Deferred PFI credits	**(178)**	(103)
Total Other Current Liabilities	**545**	5,176
Non-current liabilities		
Deferred income	**0**	682
Total Other Non-current Liabilities	**0**	682

22. Private Finance Initiative contracts

The Trust had one PFI scheme on-Statement of Financial Position. The arrangement of the PFI is the Catering Department scheme for the provision of a kitchen and dining facility for the production of patient, staff and and visitors meals.

The contract had a start date of 2 January 2002 and an end date of 1 January 2017. The annual uplift of the scheme is based on RPI.

22.1 Total obligations for on-statement of financial position ("on SoFP") PFI contracts due:

Gross PFI liabilities	**GROUP AND TRUST**	GROUP AND TRUST
	31 March 2014	31 March 2013
	£000	£000
Minimum lease payments		
of which liabilities are due:		
- not later than one year;	**230**	242
- later than one year, not later than five years	**615**	868
	845	1,110
- Less : interest element	**(135)**	(220)
	710	890

The PFI asset value is matched by a combination of the liability and the deferred income balance.

22.2 Charges to expenditure

The total charged in the year in respect of the service element of on-statement of financial position PFI contracts was £2,176,000 (for year ended 31 March 2013 £2,058,000).
Deferred income of £29,000 was credited to income during the year (for year ended 31 March 2013 £29,000) and the balance remaining at the year end is £88,437 (for the year ended 31 March 2013 £ 117,437).

22.3 The Trust is committed to make the following payments for on SoFP PFI obligations during the next year in which the commitment expires:

Gross PFI liabilities	**31 March 2014**	31 March 2013
	£000	£000
of which liabilities are due:		
- not later than one year;	**181**	180
- later than one year and not later than five years;	**529**	710
	710	890

The Trust had no PFI schemes off the Statement of Financial position.

23. Provisions for liabilities and charges

	GROUP AND TRUST	GROUP AND TRUST
	31 March 2014 £000	31 March 2013 £000
Non current		
Pensions relating to other staff	**297**	235
Total	**297**	235

	31 March 2014 £000	31 March 2013 £000
Current		
Pensions relating to other staff	**25**	38
Other legal claims	**170**	159
Other	**474**	1,348
Total	**669**	1,545

	Totals	**Pensions relating to other staff**	**Legal claims**	**Other**
	£000	**£000**	**£000**	**£000**
At 1 April 2013	**1,780**	**273**	**159**	**1,348**
Arising during the year	**282**	**70**	**195**	**17**
Utilised during the year accruals	**(268)**	**(21)**	**(171)**	**(76)**
Reversed during the year	**(828)**	**0**	**(13)**	**(815)**
At 31 March 2014	**966**	**322**	**170**	**474**
Expected timing of cashflows:				
Current : Within one year	**669**	**25**	**170**	**474**
Non current :				
Between one and five years	**167**	**167**	**0**	**0**
After five years	**130**	**130**	**0**	**0**

Other Provisions include £387,502 On Call and £86,337 Agenda for change.

The above provision does not include £48,125,558 (£42,630,242 in 2012/13) included in the accounts of the NHS Litigation Authority as at 31 March 2014 in respect of clinical negligence liabilities of the Trust.

It is not expected that any of these amounts will be reimbursed.

24. Revaluation Reserve

GROUP AND TRUST	**Total Revaluation Reserve**	**Revaluation Reserve Intangibles**	**Revaluation Reserve Property Plant and Equipment**
2013/14	**£000**	**£000**	**£000**
Revaluation reserve at 1 April 2013	**15,830**	**130**	**15,700**
Transfer to Income and Expenditure Reserve re assets disposed of	**(54)**	**0**	**(54)**
Transfer to I and E reserve for Impairment	**(2,529)**	**0**	**(2,529)**
Revaluation (losses)/results and impairment losses property, plant and equipment	**(8,976)**	**0**	**(8,976)**
Revaluation reserve at 31 March 2014	**4,271**	**130**	**4,141**
Prior year : 2012/13			
Revaluation reserve at 1 April 2012	18,427	137	18,290
Transfer to Income and Expenditure Reserve re assets disposed of	(49)	(7)	(42)
Revaluation (losses)/results and impairment losses property, plant and equipment	(2,548)	0	(2,548)
Revaluation reserve at 31 March 2013	15,830	130	15,700

25. Commitments

(i) Contractual Capital Commitments

Commitments under capital expenditure contracts at the Statement of Financial Position date were £1,115,000 (2012/13 £5,621,000) for the Group and the Trust. The main capital schemes were:

Property, Plant and Equipment - total £1,105,000 (2012/13 £5,468,000)
* £9,000 - Electrical Testing
* £18,000 - Pharmacy Robot - Inpatients
* £2,000 - Automated Dispensing Cabinets
* £40,000 - Replace Theatre Chiller Plant
* £5,000 - OT Kitchen
* £7,,000 - Urgent Care
* £613,000 - O Block
* £196,000 - Maternity Birthing Unit
* £7,000 - Hospital Contact Centre
* £31,000 - Kitchens AB/KL Block
* £48,000 - Automated Dispensing Cabinets (AMU)
* £129,000 - Medical and Surgical Equipment

Intangible Assets - total £10,000 (2012/13 £153,000)
* £6,000 - Digital Dictation
* £4,000 - Automated Dispensing Cabinets

(ii) Other Financial Commitments

The Trust is committed to making payments under non-cancellable executory contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2014 as follows, analysed by the period during which the payment is made:

	31 March 2014	31 March 2013
	£000	£000
not later than 1 year	**9,521**	6,995
after 1 year and not later than 5 years	**15,696**	10,382
paid thereafter	**44**	0
	25,261	**17,377**

26. Events after the reporting date

On the 8th May 2014, the Trust was found to be in signifciant breach of its license by Monitor, the foundation trust regulator. The breach related to a failure of the Trust's corporate governance arrangements and financial management and a breach of the Accident and Emergency 4 hour maximum waiting time target (the ' A&E target') for the fifth quarter in the last six quarters.

27. Contingent Liabilities

	31 March 2014	31 March 2013
	£000	£000
Gross value	**(104)**	(59)
Amounts recoverable	**0**	0
Net value of contingent liability	**(104)**	(59)

Contingent liabilities represent excess payments not provided for on legal cases been dealt with by the NHSLA, on the Trust's behalf, and are primarily in respect of employer's liability. Due to the nature of the amounts and timing of the cashflows it would be impractical to estimate the value and the timings of the amounts and cash flows.

28. Prudential Borrowing Limit

The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required

29. Related Party Transactions

Barnsley Hospital NHS Foundation Trust is a public benefit corporation which was established by the granting of authorisation by the Independent Regulator for NHS Foundation Trusts, Monitor.

Barnsley Hospital NHS Foundation Trust is inherently still part of the NHS family and the majority of all income is received from Department of Health bodies. Details of this income can be found at notes 3 (page 18) and note 4 (page 19).

During the year ended 31st March 2014, Barnsley Hospital NHS Foundation Trust did not have any material transactions with members of the Board nor with key management personnel and senior managers who are considered to be related parties.

During the year ended 31st March 2014, Barnsley Hospital NHS Foundation Trust had a significant number of transactions with entities which are considered to be related parties, material transactions are as listed below. No outstanding balances are secured and will be settled in the normal course of debt collection.

	Income		**Expenditure**	
Whole of Government Accounts ("WGA") Related Parties	**2013/14 £000**	2012/13 £000	**2013/14 £000**	2012/13 £000
Sheffield Teaching Hospitals NHS Foundation Trust	**2,091**	2,049	**5,089**	5,255
The Rotherham NHS Foundation Trust	**3,918**	3,759	**303**	279
Bradford District Care NHS Trust	**416**	406	**0**	0
Doncaster PCT	**0**	357	**0**	0
Yorkshire and The Humber Strategic Health Authority	**0**	4,205	**0**	94
NHS Litigation Authority	**0**	0	**5,214**	4,239
NHS Barnsley	**0**	138,744	**0**	31
NHS Kirklees	**0**	4,123	**0**	0
NHS Rotherham	**0**	1,601	**0**	0
NHS Wakefield District	**0**	4,924	**0**	0
Department of Health	**362**	161	**0**	0
Sheffield PCT	**0**	862	**0**	0
Doncaster And Bassetlaw NHS Foundation Trust	**20**	31	**534**	457
Sheffield Childrens Hospital NHS Foundation Trust	**116**	115	**1,048**	982
Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust	**9**	4	**0**	116
Barnsley Metropolitan Borough Council	**1,224**	225	**639**	627
NHS Blood and Transport	**44**	14	**825**	778
South West Yorkshire Partnership NHS Foundation Trust	**867**	2,436	**534**	432
National Insurance Fund	**0**	0	**0**	6,202
NHS Pension Scheme	**0**	0	**0**	9,683
NHS Barnsley CCG	**124,834**	0	**0**	0
NHS Doncaster CCG	**383**	0	**0**	0
NHS Greater Huddersfield CCG	**3,305**	0	**0**	0
NHS Rotherham CCG	**1,109**	0	**0**	0
NHS Sheffield CCG	**673**	0	**0**	0
NHS Wakefield CCG	**4,126**	0	**0**	0
Health Education England	**4,240**	0	**21**	0
NHS England	**15,811**	0	**(35)**	0
Yorkshire Ambulance Service NHS Trust	**1**	1	**1**	1
Other	**1,081**	992	**503**	380
Total	**164,630**	**165,009**	**14,676**	**29,556**
Non - WGA Related Parties				
Barnsley Premier Leisure Trading	**0**	0	**1**	0
AMS Consultancy (UK) Limited	**0**	0	**3**	93
Darton College	**2**	3	**0**	0
Medipex	**0**	1	**0**	0
	2	**4**	**4**	**93**

	Amounts due from related party		**Amounts due to related party**	
WGA Related Parties	**31 March 2014 £000**	31 March 2013 £000	**31 March 2014 £000**	31 March 2013 £000
Sheffield Teaching Hospitals NHS Foundation Trust	**399**	634	**1,882**	918
The Rotherham NHS Foundation Trust	**766**	1,360	**168**	24
Bradford District Care NHS Trust	**47**	27	0	0
Doncaster PCT	**0**	0	0	38
Yorkshire and The Humber Strategic Health Authority	**0**	68	0	0
NHS Litigation Authority	**0**	0	**2**	1
NHS Barnsley	**0**	630	0	4
NHS Kirklees	**0**	36	0	0
NHS Rotherham	**0**	23	0	0
NHS Wakefield District	**0**	64	0	0
Department of Health	**280**	0	0	0
Department of Health (PDC Dividend)	**342**	0	0	90
Sheffield PCT	**0**	0	0	39
Doncaster And Bassetlaw NHS Foundation Trust	**0**	5	**229**	97
Sheffield Childrens Hospital NHS Foundation Trust	**5**	5	**396**	186
Rotherham Doncaster And South Humber Mental Health NHS Foundation Trust	**7**	2	0	0
Barnsley Metropolitan Borough Council	**61**	13	0	2
NHS Blood and Transport	**0**	6	**197**	0
South West Yorkshire Partnership NHS Foundation Trust	**141**	391	**254**	136
HM Revenue & Customs	**0**	304	**1,046**	1,158
National Insurance Fund	**0**	0	**1,061**	1,048
NHS Pension Scheme	**0**	0	**1,436**	1,264
NHS Barnsley CCG	**2,298**	0	0	0
NHS Doncaster CCG	**0**	0	0	0
NHS Greater Huddersfield CCG	**0**	0	**155**	0
NHS Rotherham CCG	**0**	0	**72**	0
NHS Sheffield CCG	**0**	0	**64**	0
NHS Wakefield CCG	**0**	0	**316**	0
Health Education England	**7**	0	**8**	0
NHS England	**189**	0	0	0
Yorkshire Ambulance Service NHS Trust	**0**	0	0	1
Other	**1,351**	213	**286**	120
Total	**5,893**	3,781	**7,572**	5,126
Non - WGA Related Parties				
AMS Consultancy (UK) Limited	**0**	0	**0**	6
Darton College	**0**	1	**0**	0
Medipex	**0**	0	**0**	8
	0	1	**0**	14

Barnsley Hospital NHS Foundation Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the Board. The audited accounts of the Funds Held on Trust will be made available separately.

Transactions between the subsidiary members of the Group are not required to be disclosed as these transactions are fully eliminated on consolidation.

29. Related Party Transactions (continued)

The Trust considers its key management personnel to be the same as the Senior Managers who are defined as the Executive and Non- Executive Directors of the Trust.

The total of key management personnel compensation is as follows:

	2013/14	2012/13
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive Directors	674	656
- Non Executive Directors	133	100
	807	756
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive Directors	**71**	69
Aggregate of remuneration and other benefits receivable by the directors	**878**	825
	Number	**Number**
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive Directors)	**6**	6

30. Financial Instruments

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissiong groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally with the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit Risk

Exposure to risk -The majority of the Trust's income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non-NHS customers form only a small proportion of total income and the majority of those customers are organisations that are unlikely to cease trading in the short term or default on payments (e.g. councils, universities, etc).

Managing risk -To manage credit risk, the Trust has documented debt collection procedures that ensures its finance staff are adequately trained and resourced. Potential payment defaulters are identified at an early stage and appropriate action is taken on a timely basis.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds according to it treasury management policy. The Trust is not, therefore, exposed to significant liquidity risks in relation to maturity of the financial instruments.

Interest Rate Risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Barnsley Hospital NHS Foundation Trust is not, therefore, exposed to significant interest-rate risk.

30. Financial Instruments (continued)

	GROUP 31 March 2014	GROUP 31 March 2013 Restated	**TRUST 31 March 2014**	TRUST 31 March 2013
Financial Assets by category	**£000**	£000	**£000**	£000
Receivables	**6,183**	4,125	**6,140**	4,125
Cash and cash equivalents	**2,614**	16,971	**2,527**	16,971
NHS Charitable Funds - Financial assets	**218**	334	**0**	0
Total	**9,015**	21,430	**8,667**	21,096

Receivables comprise trade and other receivables less prepayments.

Financial liabilities by category

Payables	**23,991**	11,195	**23,937**	11,195
PFI Finance lease obligations	**710**	890	**710**	890
NHS Charitable Funds - Financial liabilities	**108**	93	**0**	0
Total	**24,809**	12,178	**24,647**	12,085

Payables comprise NHS and capital trade payables, accruals and other payables.

There is a provision for impaired receivables (refer note 17, page 30) which relates to non-financial assets, which relates to the NHS Injury Scheme Recovery.

31. Third Party Assets

The Trust held £Nil cash and cash equivalents at 31 March 2014 (£Nil as at 31 March 2013) which relates to monies by the Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the held accounts.

32. Intra-Government and Other Balances

	Current receivables	**Non-current receivables**	**Current payables**	**Non-current payables**
	£000	**£000**	**£000**	**£000**
Balances with other Central Government Bodies	**1,126**	**0**	**3,772**	**0**
Balances with NHS Trusts and Foundation Trusts	**4,675**	**0**	**3,800**	**0**
Balances with Local Government	**92**	**0**	**0**	**0**
Balances with bodies external to government	**1,043**	**730**	**18,634**	**826**
At 31 March 2014	**6,936**	**730**	**26,206**	**826**

	Current receivables	Non-current receivables	Current payables	Non-current payables
	£000	£000	£000	£000
Balances with other Central Government Bodies	1,177	0	3,470	0
Balances with NHS Trusts and Foundation Trusts	3,464	0	1,656	0
Balances with Local Government	22	0	2	0
Balances with bodies external to government	459	678	8,332	1,649
At 31 March 2013	5,122	678	13,460	1,649

33. Losses and Special Payments

GROUP AND TRUST	**2013/14**	**2013/14**	2012/13	2012/13
LOSSES:	**Total number of cases**	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000's**	Number	£000's
1. Losses of cash due to:				
a. overpayment of salaries etc.	**0**	**0**	1	1
b. other causes	**3**	**0**	1	0
2. Bad debts and claims abandoned in relation to:				
a. other	**1,180**	**158**	1,622	141
3. Damage to buildings, property etc include store losses due to				
a. other	**13**	**(6)**	14	4
TOTAL LOSSES *	**1,196**	**152**	1,638	146
SPECIAL PAYMENTS:				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**17**	**4**	26	5
b. personal injury with advice	**43**	**139**	61	92
c. other negligence and injury	**0**	**0**	2	4
TOTAL SPECIAL PAYMENTS *	**60**	**143**	89	101
TOTAL LOSSES AND SPECIAL PAYMENTS *	**1,256**	**295**	1,727	247

34. Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarila assessment for the previous accounting period in conjunction with updated membership data and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on the valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

34. Pension Costs (continued)

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year using the Consumer Price Index.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC’s run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

National Employment Savings Trust - Defined contribution scheme

The default scheme is the NHS pension scheme, however some employees are not eligible to join and therefore to meet auto enrolment legislation an alternative pension scheme must be provided. Like most NHS providers this Trust procured the government back, defined contribution, National Employment Savings Trust ("NEST") as the alternative pension scheme. For further details refer www.nestpensions.org.uk.

Pension costs for defined contribution schemes are disclosed in Note 6.1.

If you would like this information in another language or another format, such as large print, please call 01226 432430.

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