PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Annual Report and Accounts

1 April 2018 - 31 March 2019

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts

1 April 2018 to 31 March 2019

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Performance Report

About Barnsley Hospital

Barnsley Hospital NHS Foundation Trust is a district general hospital built in the 1970s and serving a population of approximately a quarter of a million people within the areas served by Barnsley Metropolitan Borough Council. We occupy one site covering approximately 8.2 hectares. The hospital has about 380 beds and current annual income of £227m.

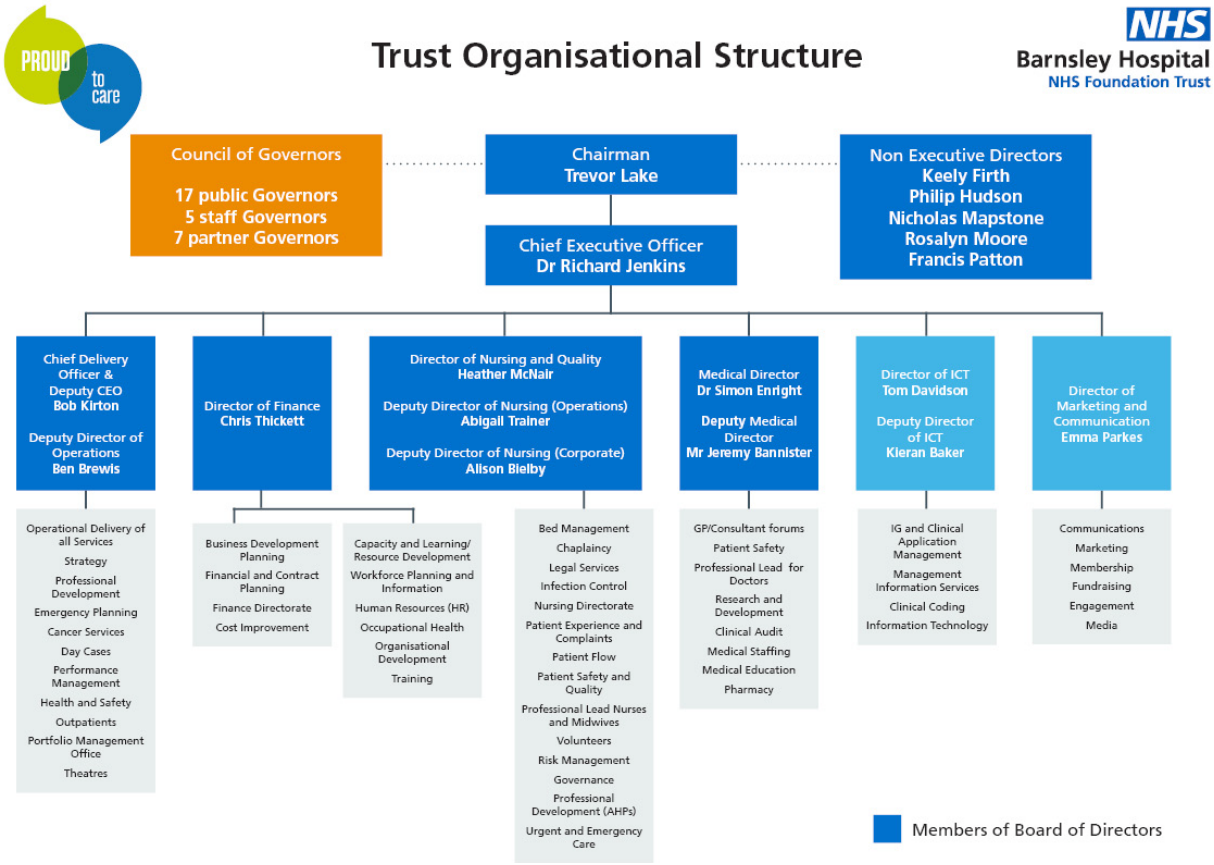
The Hospital gained Foundation Trust status in 2005 and today provides a full range of district hospital services to the local community and surrounding area. These services include emergency and intensive care, medical and surgical care, elderly care, paediatric and maternity services, along with diagnostic and clinical support. The Trust provides a number of specialised services, such as cancer and surgical services in partnership with other NHS organisations. The Trust also provides national assistive technology services. Barnsley Assistive Technology is a nationally recognised specialised service that works with other professionals in local teams to provide electronic assistive technology. The service works with a wide range of electronic assistive technologies and with a wide range of individuals with severe disabilities.

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

Our 3,879 whole time equivalent employees (31 March 2019) are supported by a Health and Wellbeing team and strategy. The team look after the physical health and emotional wellbeing of staff, as well as a dedicated learning and development programme and a fully equipped Education Centre.

There are three Clinical Business Units (CBUs) and a Corporate Services Unit. Each CBU is led by a team made up of a Clinical Director, an Associate Director of Nursing/Midwifery and an Associate Director of Operations, who are supported by a Matron, Clinical Lead and Service Manager together with human resources, finance and data analyst teams. The CBU operational structure in 2018-19 comprised Medicine; Surgery & Critical Care; and Women’s Children‘s and Clinical Support Services, supported by the Corporate Services Unit.

Our Organisational Structure



Our Local Health and Social Community

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

Data from the 2011 Census shows 97.9% of the Barnsley resident population were from a white ethnic background, 0.7% of mixed group, 0.7% Asian or Asian British, 0.5% were Black/ African/Caribbean or Black British with 0.2% other. The health of people in Barnsley is affected by local deprivation, which is higher than the England average. In 2015, Barnsley was the 39th most deprived local authority area of the 326 in England. Premature death from chronic diseases such as cancer, cardiovascular disease and lung disease is strongly linked to deprivation.

Our Vision, Values and Strategic Aims

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

Our Vision:

To provide outstanding, integrated care

Our Values:

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

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

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

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

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

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

In 2019, we launched a behaviours and competencies framework for staff to further embed our values.

Our Values & Behaviours

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Value

Treat people how we would like to be treated ourselves.

Behaviours...

Respect, courtesy, professionalism.

Kindness, compassion and dignity.

Clear, honest and responsible communication.

What we like to see...

We are friendly, smile, say hello, introduce ourselves and make people feel comfortable. We are role models of appropriate attitudes and behaviours.

We are caring and compassionate, show empathy and understanding and treat others as we'd like to be treated. We respect people's dignity and display a high level of integrity.

We are patient, calm and reassuring, and offer advice and encouragement when others need help. We avoid jargon and terminology.

We are professional and courteous in our email exchanges. We will ensure our emails convey a clear message.

What we don't like to see...

No eye contact, no introductions, ignoring people and making people feel uncomfortable. Staff using mobile phones within patient areas for personal reasons.

Rude, abrupt, shouting and aggressive behaviours. Taking part in, or condoning bullying behaviours.

Leaving people feeling anxious, excluding people, bluntness, belittling or rudeness. Emails that are impolite, don't have a clear message, or are written in a way that could potentially offend or be misunderstood.

Value

We work together to provide the best quality care.

Behaviours...

Share the same goal.

Treat people fairly and equally.

Share and develop together.

What we like to see...

We take the time to listen to people's questions, ideas and opinions and respond to these. We have individual and team objectives.

We recognise and value everyone's skills, and thank people for their contributions.

We ask permission before acting, and protect people's privacy and dignity. We celebrate success.

What we don't like to see...

Dismissive or undermining behaviour which excludes people. Setting unrealistic goals.

Not appreciating or valuing people's input, and blaming and criticising others. Not applying policies fairly.

Being disrespectful, humiliating others and not offering space or privacy.

Value

We focus on your individual and diverse needs.

Behaviours...

Personalise care.

Involve you in decisions.

Listen to you.

What we like to see...

We share information, keep people informed and clearly explain to help people understand. We are considerate and attentive to people's needs.

We are accountable and treat everyone fairly and consistently. We respect everyone's contribution.

We are open and honest, involve people and seek out and offer constructive feedback to others. We build effective relationships.

What we don't like to see...

Not explaining or sharing information, leaving people not knowing what's happening next or the reasons why.

Being unfair, inconsistent and talking and acting inappropriately.

Making assumptions, jumping to conclusions. Avoiding or ignoring giving and receiving feedback.

Our Strategic Aims and 2018-19 Objectives

Our four strategic aims drive everything that we do and are the focus of the strategy and business plan. Each strategic aim is underpinned by a series of specific, measurable, achievable, realistic and timely (SMART) annual objectives, which are led by the Executive Team. You can read more about our progress against delivering these objectives on page 39.

Aim: Patients will Experience Safe Care

- We will deliver our Clinical Strategy 2018-19.
- We will ensure a more sustainable approach to patient flow both internally and with partners across the system.
- We will deliver the Barnsley Hospital Digital Roadmap.

Aim: People will be proud to work for us

We will deliver our People Strategy (2018-21) to ensure a sufficient, capable, motivated and sustainable workforce:

- Talent – Develop leaders to influence and motivate effectively
- Engagement – Motivate our people to be the best that they can be by living our values and creating a culture of trust.
- Quality – Ensure we have the right people, in the right place, at the right time, doing the right things.
- Wellbeing – ensure that we create an environment where our people are physically and emotionally sustained.

Aim: Performance matters

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

Aim: Partnerships will be our strength

We will work with all of our partners to deliver better, more integrated care:

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

Performance Overview

Chairman and Chief Executive's Statement

Excellence in Operational Performance

At Barnsley Hospital, performance matters. As a Trust, we are proud of our excellent track record of delivering strong performance as part of providing high quality and safe services for our patients. Consistent and timely access to appropriate services improves patient outcomes and provides a good indicator of how well a hospital is working. This forms a large part of the dedication of our clinical and operational teams and our commitment to continually improving is something we are incredibly proud of.

A clear demonstration of this commitment is our excellent access to services in four key NHS Constitutional standards where Barnsley Hospital provided access consistently in the top 10% of NHS services nationally:

- Emergency Department 4 hour access
- 18 week referral to treatment for elective care
- 62 day referral to treatment for cancer patients
- Access to diagnostic services with 6 weeks of referral

In 2018-19 the Trust cared for 67,369 inpatients, saw people 335,733 in our clinic appointments and treated 96,864 Emergency Department attendances.

Service Developments

In October 2018, we opened our brand new Neonatal Unit. The new unit is part of Barnsley Hospital's wider refurbishment of the oldest part of the hospital estate built in 1973. The new Neonatal Unit has 14 cots in total: two intensive care, three high dependency and nine special care. The intensive care space has increased, allowing staff to bring mothers straight from delivery to visit their new born. Completion of the £2.8 million project has all been made possible by the hospital charity's Tiny Hearts Appeal which was launched in 2014 to raise £1million. Hundreds of local fundraisers and supporters have taken the cause to their hearts and held many sponsored activities from wing walks to bike rides to raise money. The new unit has a team of 34 nurses, six healthcare assistants and two housekeeping staff, who all work closely with a medical team. There are also dieticians, physiotherapists, speech and language therapists, and pharmacists.

Integrated Services in Barnsley

2018-19 saw much closer working with our partners across the health and social care system in Barnsley to integrate clinical services to benefit patients.

The Barnsley Integrated Diabetes Service (BIDS) and BREATHE services are now operational and are continually developing to offer a collaborative approach to the care of diabetes and chronic obstructive pulmonary disease (COPD) patients, bringing together primary care with acute and community care colleagues to deliver care closer to home with an increased focus on prevention and hospital admission avoidance.

Staff Survey and Engagement

We're really pleased with our progress and the positive steps we are taking to make everyone's experience of working at Barnsley Hospital the best it can it be. This is the second year in a row that we have seen improvements in our survey findings. We know there are still some things we can improve on with you but your feedback has told us we are going in the right direction.

Our results show some real improvements in how it feels to work at our hospital since our 2017 survey and we are making progress towards our aspiration that Barnsley hospital should be an outstanding place to work, for everyone. However, the survey shows that for some people the experience of working here is not always as good as we would want it to be. So whilst this is a positive survey for us in the main, we know there is further work to do and we will be spending more time understanding this over coming months.

The survey is split into nine core themes. We were as good as, or better than average, across all NHS trusts nationally for each theme, these being:

- Quality of Care
- Equality, Diversity and Inclusion
- Health and Wellbeing
- Safety Culture
- Morale
- Quality of appraisals
- Safe Environment (which includes violence, bullying and harassment)
- Staff Engagement
- Immediate Managers

Our key headline results form those who responded to the survey are:

What staff think about the Trust

- 75% of staff agree patient care is our top priority
- 60% of survey questions were scored more positively by staff this year
- 63% of staff recommend Barnsley Hospital as a place to work
- 68% of staff would be happy to have a friend or relative come here

Key improvements since last year

- Care of patients is the organisation's top priority
- Staff are able to provide the care they aspire to
- If a friend or relative needed treatment, staff would be happy with the standard of care we provide
- Staff are satisfied with their level of pay
- Staff are able to meet conflicting demands on their time during work

Our core strengths

- Staff are given feedback about changes made in response to reported errors
- Staff have had an appraisal in the last 12 months
- Staff have not experienced harassment, bullying or abuse from patients/public
- Staff not work additional unpaid hours

Areas where we aspire to do better

- Had training, learning or development in the last 12 months
- Reporting of harassment, bullying or abuse
- Disability: organisation made adequate, adjustment(s) to enable me to carry out work

Supporting our work to engage with our staff, our new Team brief questions process, which enables anyone within the Trust to ask an anonymous question and be guaranteed an answer. Over the year, 303 anonymous Team Brief questions were both asked, and answered.

Our Commitment to Quality and Patient Safety

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

- The Trust has continued to maintain and improve on the agreed targets for avoidable hospital acquired infections.

- National changes to how mortality is counted resulted in us starting the year with an increase our previously recorded HSRM figures. The adjusted Hospital Standardised Mortality Rate (HSMR) has reduced in the latter period and the Trust has implemented a Learning from Deaths system to continually improve the care we deliver.

- There have been significant improvements in the prevention and management of hospital acquired avoidable grade 3 and grade 4 pressure ulcers and all pressure ulcer incidents are reviewed in detail using root cause analysis methodology.

- The Trust has been building capacity in a Patient Safety & Quality Improvement team to tackle key safety issues through the appointment of key clinical leads for Venous Thromboembolism, National Early Warning Scores, Mortality and Sepsis.

- The Trust has continued to maintain its high compliance with ensuring patients are assessed for their risk of thromboembolism at over 95% and is achieving the national targets for Sepsis screening.

- The Trust's level of patient satisfaction has remained high with 87.5% or more patients from all in-patient areas across the Trust reporting that they would recommend our hospital to their family or friends.

- To ensure a culture of continuous improvement around patient safety key staff are completing Quality Improvement training and Human Factors (Ergonomics) training is part of induction for all new staff.

- A weekly Patient Safety Bulletin is issued via email to all staff within the Trust to facilitate rapid learning from incidents. This is issued from the Director of Nursing and Quality and the Medical Director.

Infection Control

In the year, we had 15 hospital acquired cases of Clostridium difficile against a target of no more than 13. We had zero MRSA bacteraemia within the period against a target of 0. The Trust has reviewed all cases to ensure any learning has been shared appropriately with the relevant staff. Our wider programme of work on infection control on areas such as e-coli and line infections continues to operate well.

Whistleblowing and Raising Concerns

We remain committed to creating a culture where staff feel comfortable and empowered to raise concerns in the knowledge that this will be taken seriously. It is essential for patient safety and continual improvement that staff are free to speak up and raise concerns. There are many ways in which staff can raise concerns. We have a clear and available whistleblowing policy which informs staff of all the formal ways in which to raise a concern. Informally, staff have the opportunity to raise questions anonymously or otherwise at the monthly question and answer section of the Chief Executive's Team Brief. Our Freedom to Speak Up Guardian has undertaken a significant amount of work in this area, encouraging a culture where speaking up is welcomed in the hospital.

Barnsley Facilities Services (BFS)

BFS operates as a wholly owned subsidiary of the Trust, supporting the delivery of quality and financial benefits through procurement efficiencies, the creation of new non-traditional income streams by the better use of existing assets and the innovation and development of new products or services.

Barnsley Facilities Services

Our Trust Board firmly believes that wherever possible, we should aim to keep services locally at our hospital, serving our local population. This way of working allows the Trust to provide excellent facilities services to the Trust and explore potential commercial opportunities more widely. Profits generated by BFS are used for healthcare provided to patients by the Trust. Services offered as part of this operating company are procurement, facilities and estates functions, sterile services and domiciliary services. Most importantly of all, it means that our services remain locally in Barnsley, based at the hospital. As of 31 March 2019, BFS employed a workforce of 416.

Research and Development (R&D)

Barnsley Hospital's R&D Department provides a comprehensive advice and support service encompassing all aspects of research project management from initial idea, applying for funding, costing and contracts, risk assessment, regulatory approvals, Trust approval, data management through to dissemination of results. The R&D team comprises a Clinical Director, Head of Research and Development, Research Governance, Heath Services Research, Clinical Team led by a Lead Research Sister.

Examples of trials undertaken include:

A clinical trial of continuous positive airway pressure (CPAP) to improve lung function for patients who have abdominal surgery

Over 300 million patients undergo surgery worldwide each year with reported mortality of 1 - 4%. Morbidity and mortality are most frequent amongst high-risk patients who undergo major abdominal surgery. Respiratory complications, in particular pneumonia, are amongst the most frequent and severe. However, standard treatments, like physiotherapy or supplemental oxygen, often fail to prevent these. Preliminary research suggests that prophylactic continuous positive airways pressure (CPAP) can reduce the risk of respiratory complications after major surgery. However, without evidence from a large clinical effectiveness trial, CPAP has not been introduced into routine care. This trial aims to determine whether early postoperative CPAP reduces the incidence of respiratory complications and improves one-year survival following major intraperitoneal surgery.

Bridging the Age Gap in Breast Cancer: Improving outcomes for older women

This study is trying to address this problem and gather detailed information about how older women with breast cancer are treated and how well they do. The study is also trying to understand how doctors, nurses and patients discuss treatment options and make decisions about treatment. It is hoped that the results will help support doctors, nurses and patients make treatment decisions in the future.

Research – Irritable Bowel Syndrome (IBS) Registry

By informing and involving people in IBS research we hope to better understand the condition and to develop and assess new treatments. The register will hold the contact information of adults interested in hearing about and taking part in IBS research.

Financial Overview

The Trust began the 2018-19 year with a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £8.5m was set, with a planned deficit of £8.8m.

During the year the plans performed well and the Trust over achieved its Cost Improvement Target and ended 2018-19 with a deficit of 4.4m, which is £4.4m favourable to the planned position of an £8.8m deficit.

The key drivers leading to the achievement of this position included the strong performance of clinical income, particularly non-elective, the delivery of a well managed cost improvement plan and robust cost control.

Principal Financial Risks and Uncertainties for 2019-20

For 2019-20, the Trust again faces a financial deficit and a number of financial risks and challenges. These risks are identified on the Trust's Corporate Risk Register and are actively reviewed on a regular basis by the Trust Board and Board Committees. Our risk management process is designed to identify, manage and mitigate business risks. Each risk has an identified director and management lead.

Risks are managed through the risk management and risk register process and reported to the Executive Team and to the relevant Board sub-committee and to the Board of Directors via the Integrated Performance Report, key strategic action plans and the Board Assurance Framework. Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The Corporate Risk Register is regularly reviewed by the Executive Team and presented quarterly to the Board. The risks and associated mitigations are also reviewed by the Board Committees on a regular basis.

A summary of the key financial risks, mitigations and impacts for the year ahead is included over the page. We will continue to manage these risks throughout 2019-20 and ensure that we again deliver our financial plan.

Area	Financial Risk Description and Mitigation	Potential Impact
Control total deficit	Delivering the breakeven control target assigned to the Trust for 2019-20. Mitigation: Ensure that key cost pressures are effectively challenged and managed including control over agency staff expenditure and effective management of CIP programme of £6.74m.	Failure to achieve the target would result in the Trust not being able to access national Provider Sustainability Funding or the Financial Recovery Fund

Cost Improvement Programme (CIP)	CIPs planned for delivery to not either fully or partially deliver or the realisation of the saving is delayed. **Mitigation:** The delivery of other CIP savings is advanced, either by being able to advance the delivery of an existing scheme or of a pipeline scheme. Other CIP savings over perform to plan.	Any unmitigated loss of CIP savings would be a £ for £ impact to the deficit in year.
Activity	The plan has been set jointly with the commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. **Mitigation:** Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen.	This would depend on the specific area of under activity and whether any resulting excess resource or costs could be removed.
Activity	Significant levels of non-elective admissions requiring additional capacity to manage the pressures at additional cost. **Mitigation:** Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased non-elective activity would have an impact on the ability to meet the Control Target Deficit
Inflation on non-pay costs	Inflationary increases on non-pay costs have been assumed in the plan; any increases beyond these would increase the Trust's cost base. **Mitigation:** Procurement to work with suppliers and source new suppliers to remove cost increases, alternative products to be sourced, usage levels to be reduced when possible.	Any cost increases due to inflation beyond the assumptions made within plan assumptions would be a £ for £ impact to the deficit.
Supplier payments	The cash flow and hence statement of position assumes the continued management of supplier payments. There could be pressure to reduce creditor days which would have an impact on the cash position and funding requirements. **Mitigation:** The senior finance team maintain the weekly review of cash payments and follow the same cash management processes as the prior year.	Any reduction to payables would have an adverse impact on cash available to maintain services.

Looking forward to 2019-20

From a financial perspective, we start the year facing a planned break even position with a cost improvement plan requirement of £6.74m.

Delivery of the plan will be challenging and activity levels will be a key factor in achieving the plan. There is a requirement to re-pay existing loans totalling £45m. This will be funded by loans from the Department of Health.

Operationally we start the year in a good position to enable our continued delivery of mandated targets and quality standards.

Our Strategic Objectives for 2019-20 and Beyond

Strategic objectives have been established for the year 2019-20.

We retain our focus on quality and safety, combined with sustained high performance operationally, partnership working and ensuring that our staff, who underpin our performance, remain committed and proud to work for Barnsley Hospital.

You can read more about these on the following page.

Trust Objectives 2019/20

Our Vision

To provide outstanding, integrated care

PROUD to care

Patients: will experience outstanding care

We will continue delivery of our Quality Strategy 2017-20 and goals:

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

We will continue delivery of our Clinical Strategy (2018-21)

We will work to improve patient experience, productivity and efficiency through delivery of our Outpatient Programme

We will continue to improve patient flow internally and across the system

We will work to deliver the objectives set out in the NHS Long Term Plan

We will deliver the Barnsley Hospital Digital Roadmap and use technology to improve patient experience and communications

We will continue to improve our cancer services

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

We will play a leading role in integrating care in Barnsley, building on existing relationships with key partners in 2019-20 to meet the needs of the whole person

We will work to build on existing partnerships to sustain current services and introduce new care pathways for the people of Barnsley

We will continue to work with partners across the South Yorkshire and Bassetlaw Integrated Care System to ensure sustainable local services and support others regionally

We will lead the Urgent and Emergency Care Hosted Network for the Integrated Care System

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People: will be proud to work for us

We will continue delivery of our People Strategy (2018-21) to ensure a sufficient, capable, motivated and sustainable workforce:

- **Talent** Develop all leaders to influence and motivate effectively
- **Engagement** Motivate our people to be the best that they can by living our values and creating a culture of trust
- **Quality** Ensure we have the right people, in the right place, at the right time, doing the right things
- **Well-being** Ensure that we create an environment where our people are physically and emotionally sustained

Performance: we will achieve our goals sustainably

We will ensure our CBU teams have the right support in place to successfully lead our services and achieve our goals sustainably

We will deliver all of our Constitutional standards and other agreed targets

We will deliver our financial plans and work towards a back to balance position by:

- Cost reduction and a focus on increased efficiency and productivity, including standardisation of practice and minimisation of variation
- Improving front line staff awareness of their impact on the Trust's financial position and sustainability as an organisation
- Expansion of existing services and introduction of new services allowing us to reinvest in patient care

Our Values

- Treat people how we would like to be treated ourselves
- We work together to provide the best quality care
- We focus on your individual and diverse needs

Preparation of the Annual Report and Accounts 2018-19

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2018-19.

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

The Annual Report and Accounts have been prepared on a Group basis.

The Board of Directors consider the Annual Report and Accounts 2018-19, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.

Trevor Lake

Chairman

Date: 23 May 2019

Dr Richard Jenkins

Chief Executive

Date: 23 May 2019

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the NHS Foundation Trust's ability to continue as a going concern. In accordance with the Department of Health Group Accounting Manual 2018-19 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 £4.4m (including £14.6m incentive and bonus funding related to the overachievement of the financial plan) which is £4.4m favourable to the original planned position of an £8.8m deficit. The Group and Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

The Trust has a planned breakeven position for 2019-20 which is based on the centrally allocated Control Target. This is supported by receipt of income from the national Financial Recovery Fund and Provider Sustainability Fund. The Trust is not planning to draw down additional cash funding in the form of revenue loans via the Department of Health and Social Care for 2019-20. Loan Repayments are due in year of £45m; however, as in previous years these are anticipated to be deferred to a subsequent year by the Department of Health and Social Care.

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.

Trevor Lake, Chairman

Dr Richard Jenkins, Chief Executive

Date: 23 May 2019

Performance Analysis

Strategic Business Review

Performance Overview

Continually improving our strong clinical and operational performance is at the heart of all that we do in Barnsley. During the reporting period, the Trust committed to several large scale change projects to ensure the hospital was prepared for the busy period associated with winter. The objective of this work was to be able to consistently deliver timely patient access against all NHS constitutional standards, including during our busiest months.

We are proud to have delivered excellent patient access against each of the nationally mandated standards in Emergency Care, 18 week treatment for elective care, 62 day treatment for cancer care and 6 week access to diagnostic services.

Our 'Ready Together' program of work started in January 2018 and has made improvements across the whole patient pathway to ensure patients who attend the hospital are seen and receive the treatment they need in a seamless and timely manner. Some of those changes include new models of care in frailty, short stay medical care and the addition of flexible inpatient capacity to enable rapid access to additional beds during times of pressure.

Some key workforce redesign initiatives introduced new site matrons as part of the revised patient flow team and the launch of the NHS Professionals internal staff bank to support the workforce more effectively and to reduce the cost of agency staffing.

The Trust engaged in the redesign of local services with the objective of integrating with other local providers of primary and community care.

Our Barnsley Integrated Diabetes Service (BIDS) and Barnsley Respiratory Assessment and Therapy services (BREATHE) have transformed the care offered patients with long-term conditions of diabetes and chronic obstructive pulmonary disease. This approach offers a new service delivered closer to home for patients with a reduced emphasis on attending hospital appointments. There is an increased focus on partnering with primary care, with patient appointments delivered in local GP practices.

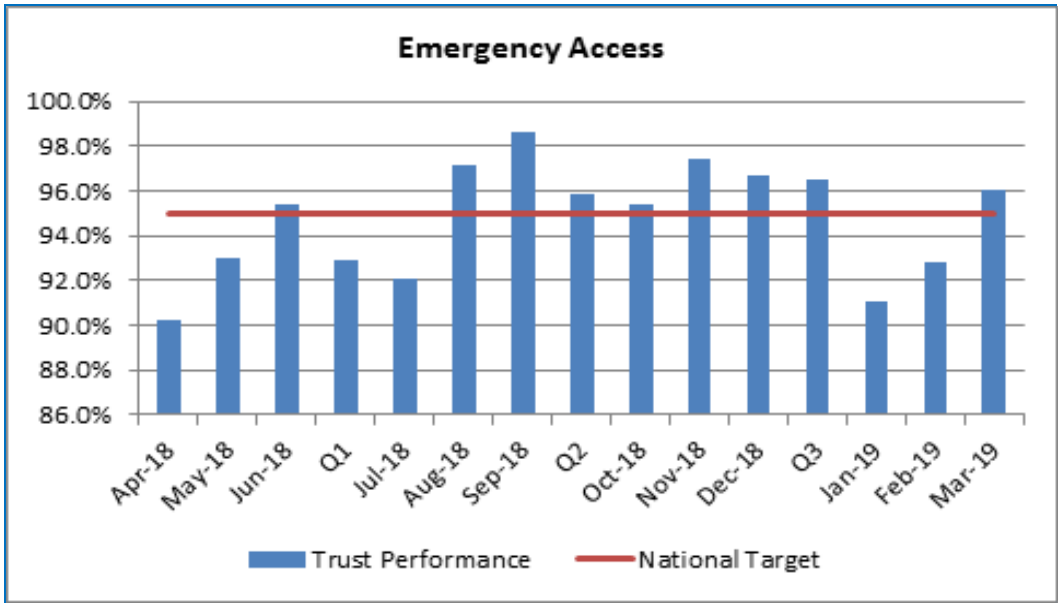
We have also continued to develop our primary care offer as part of our urgent care setup. This service runs 12 hours a day, seeing up to 40 patients per day with a presenting condition cared for by a GP based adjacent to the Emergency Department (ED). This service will continue to develop with the next phase seeking to integrate GP out of hours services on site, adjacent to ED.

Emergency Care

The 4 hour emergency access standard was successfully delivered in March at 96% with the overall position for the year at 94.6%.

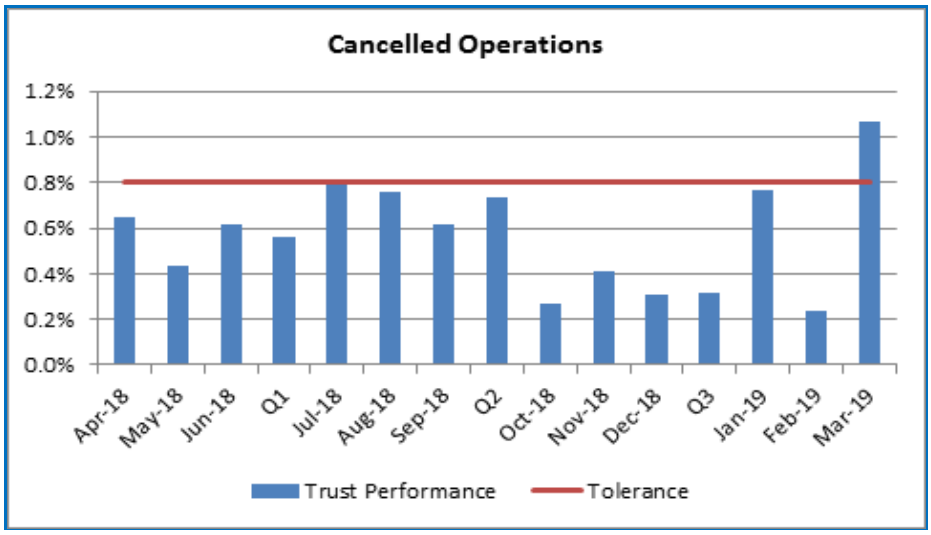
This achievement placed Barnsley as one of the best performing Trusts nationally, offering our patients some of the lowest waits for urgent care, nationally.

In addition, the attainment of this position has enabled access to additional funding in order to maintain the investments in additional capacity and additional workforce initiatives so that we can continue to deliver our urgent and emergency care services in a sustainable way, ensuring our patients and our staff have the best possible experience during our busiest months.



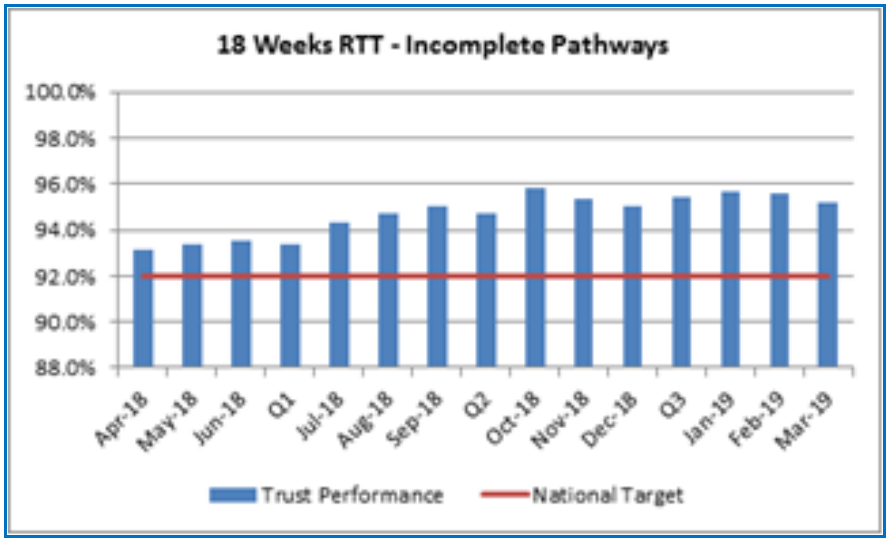
Cancelled Operations

The number of cancelled operations in 2018-19 was very low. Our standard of less that 0.8% of operations being cancelled was met across all four quarters with only one month above expected levels. This is a key indicator in providing timely access and a great experience for our patients.



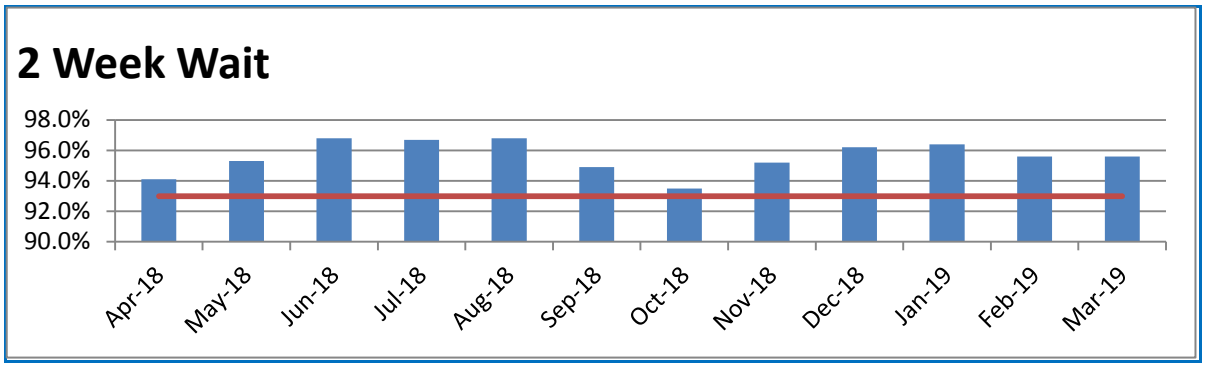
18-Week Referral to Treatment (RTT) Patient Pathway

The RTT waiting time standard was achieved every month during 2018-19. Performance improved in the latter part of the year with more than 95% of patients treated within 18 weeks for each of the final six months. This standard demonstrates an effective approach to ensuring our patients access initial assessment, diagnostic tests and then definitive treatment in a timely manner. Over the year as a whole, Barnsley Hospital was the third highest performing trust in the country.



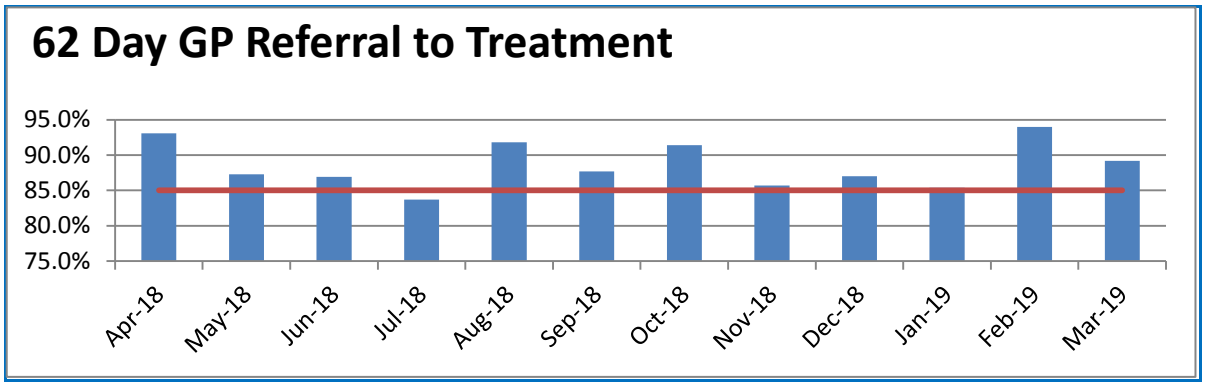
Cancer Access Target: Urgent GP referrals seen within two weeks

The Target was achieved consistently throughout 2018-19 with Barnsley adopting national best practice in the implementation of timed pathways for patients with a suspected cancer diagnosis.

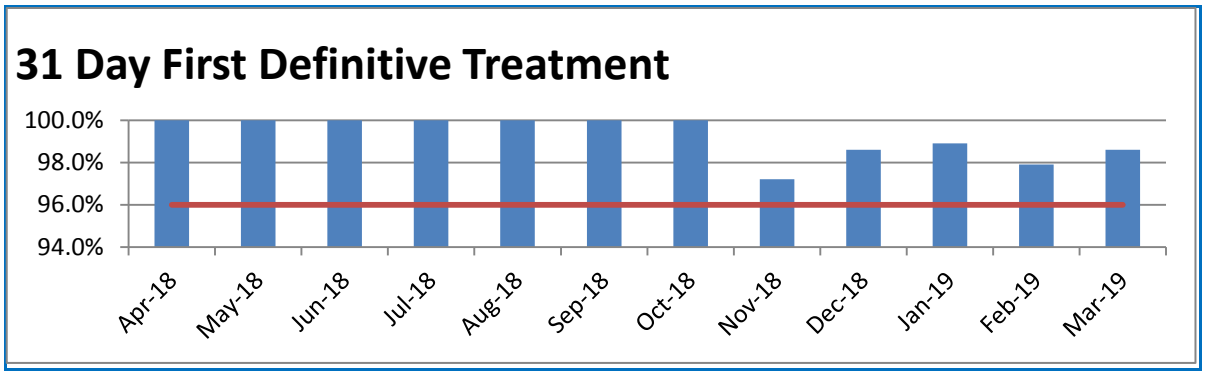


Cancer Access Target: Treatment within 62 days of an urgent referral

The Trust achieved excellent timely access against the 62 day standard demonstrating effective coordination of complex patient pathways in reaching treatment for cancer.



Cancer Access Target: First treatment within 31 days



Patient Care Activities

During 2018-19 the Trust has continued to deliver progress in patient care activities and quality achievements. The Quality Report on page 153 details in full our achievements in patient care activities including the Trust's performance against national and local targets, as agreed with local commissioners and details of other quality improvements.

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

Patient Experience, Engagement and Involvement

During the year a number of projects have been progressed to improve the experience of patients accessing Trust services. The Patient Experience Team initiatives include:

- A service engagement/involvement resource has been developed and shared with Trust staff to support them in proactively engaging with patients and service users. Detailed thematic reports on patient feedback for key service areas have been developed to inform wider service improvement work in areas such as maternity, paediatrics, ophthalmology and out patient services.

- The Trust has advanced plans for the implementation of a new Paediatric Assessment Unit and patient experience feedback has been used to influence the service planning stage and the CBU will increase the level of engagement with patients and service users over the coming year.

- The Butterfly Scheme provides a system of hospital care for people living with dementia. Work has continued to improve access to scheme for patients with dementia and their carers and the Dementia Nurse specialist has continued to promote the carers' feedback questionnaire. The questionnaire provides information on how early we offer the Butterfly Scheme to patients following hospital admission. The Trust delivers dementia awareness training to all staff and she has supported collaborative working to improve the assessment and care of patients who are diagnosed with dementia.

- Patient stories continued to be delivered at the beginning of each Trust Board meeting to provide insight into individual patient's experience of care and we try to use these stories as a trigger for wider service improvement. The stories have covered a wide range of themes from care on the Intensive Treatment Unit, falls prevention, tissue viability management, perinatal mental health and therapy services. Some of the individuals who present their story to Trust board go on to join the Trust's Patient Panel.

- Engagement and involvement – the operational teams within the Trust have continued to work collaboratively with service users in service improvement work. Examples of this include the Barnsley Maternity Voices partnership.

- Patient information resources are being developed to provide patients with information on hospital services and important patient safety messages.

NHS Friends and Family Test (FFT)

The NHS FFT is a national patient experience indicator of patient satisfaction with NHS services, used by both patients and NHS regulators. At Barnsley Hospital we use this, alongside other patient experience feedback from surveys and complaints and concerns, to gain valuable insight into the experience of our patients.

The NHS FFT is reported on nationally in terms of positive recommendation rates and response rates. In 2018-19 overall 24,905 patients responded to the NHS FFT with a 97% positive recommendation rate for the quality of care received. The NHS FFT is currently under review by NHS England and when this report is published the Trust will review its local implementation approach.

National Inpatient Survey

Each year the Trust participates in the National Patient Experience Survey of hospital inpatients which is co-ordinated by the Care Quality Commission and is used as overall indicator of patient satisfaction with the NHS. A total of 1250 patients were invited to complete the survey and we had a 41% response rate. Of this number:

- 86% of patients rated their experience as 7/10 or more.
- 99% felt they were treated with respect or dignity
- 98% had confidence and trust in the doctors treating them

Final published results for all NHS Trusts in England will be published via the Care Quality Commission (CQC) website in the summer of 2019.

Complaints

During 2018-19 the Trust handled 293 formal complaints, a slight increase on the previous year's total of 270. One hundred percent of complaints were acknowledged within three working days in line with the national standards.

93% of complaint cases were closed within the agreed timeframe or extension and 76% of the complaints we received were upheld or partly upheld.

In addition to formal complaints our Patient Advice & Complaints Team handled a total of 2,332 concerns and general enquiries.

In 2018 the Trust implemented a new approach to the investigation of complaints and appointed a team of Complaint Investigators who work collaboratively with operational staff to respond to complaints. The revised service model has improved the quality and timeliness of complaint investigations.

Voluntary Services

The Trust currently has 264 volunteers actively involved in supporting patients and staff across the Trust. Our volunteers are deployed in wards, outpatient clinics, coffee shop, in meet and greet roles and we have our long standing Patient Advice Volunteers. Some volunteers work off site at The Well, Cancer Support Centre.

During the year we have implemented a number of new initiatives aimed to improve the experience of patients and also to increase volunteering opportunities for younger people who may wish to seek future careers in the NHS. These include:

- Norah Newman End of Life volunteers who are closely trained and supported by our End of Life team and nursing staff. These volunteers offer support to patients and families at end of life by sitting with patients, relieving family members for short periods of time and giving general support at this time.

- A pilot of nutritional support volunteers on our care for the elderly ward. Volunteers undertook specialist training to undertake this role and it has been well received by patients, relatives and staff and we are now planning to implement this on more wards across the hospital.

- Young Volunteers' Project – During the year we established this project to support younger people who wanted short term placements to help provide insight into work within the NHS and we designed a 10 week placement programme whereby young volunteers are mentored by older more experienced volunteers. This provides individuals with the much needed practical work experience and insight into what it is like to work in the NHS. Some of the volunteers move on to progress careers within the Trust.

Moving forward we hope to continue to expand our volunteer base and roll out more widely some of the new initiatives introduced in the past year.

Stakeholder Relations

Local Partnership and Intrgreated Working

Barnsley Health and Care Together

The vision for health and care in Barnsley is: “a happy, healthy, and empowered Barnsley community; supported by a single person centred health and social care system that meets peoples care needs now and in the future”

The Trust is central to the development of an integrated approach to the delivery of care within Barnsley, working alongside Barnsley Clinical Commissioning Group (CCG), Barnsley Healthcare Federation, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Barnsley Metropolitan Borough Council (BMBC) and local community and voluntary organisations. Together, we aim to deliver the very best care, in the right place, for our local population.

We want to ensure people in Barnsley access seamless service delivery when accessing services at any given point. We are already delivering services in partnership including RightCare Barnsley which is an intermediate care service and the integrated respiratory service, BREATHE.

Integrated Care Partnership Board:

Strategic level group chaired by BHNFT Chair with agenda covering strategic direction, alignment with national and ICS priorities.

Integrated Care Delivery Group:

Chaired at Director level with Director level input from patient groups, BHNFT, SWYPFT, BMBC, CCG and Barnsley Healthcare Federation in attendance, the group oversees the senior partnership agenda. This group is an assurance group managing progress on key services delivered in partnership across the Barnsley system.

Other key areas of progress have included the development of neighbourhood working in the Dearne, which has seen significant progress in tailoring services specifically to the smaller population 40,0000 in the Dearne locality. The group will oversee this model being rolled out across all 6 neighbourhoods across all of Barnsley which will be aligned to the delivery of Primary Care Networks, devolving resource, decision making and clinical leadership to focus much more directly on the needs of neighbourhood populations.

This group leads partnership working on other key priorities in Health and Social Care such as the redesign of Cardiovascular Disease services, led by Public Health colleagues, the redesign of clinical models for Stroke care from Hyper-Acute services across the region to Stroke Rehab supported in primary and community care. The group also oversees a focus on Population Health Management, using a data driven approach tailored to meet the diverse needs of the Barnsley population.

Alliance Management Team:

Chaired at Senior Operational level and delivering the clinical, operational, performance and contractual management of already integrated services. Key successes include the continual development of Rightcare Barnsley which will now be supporting care homes with a roll out of telehealth support during 2019. Other services include Frailty, Barnsley Integrated Diabetes Service (BIDS) and BREATHE with a near future focus on falls and osteoporosis.

Barnsley Healthcare Federation

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

Local Authority Services

The Trust works closely with its local authority colleagues at BMBC, particularly in relation to safeguarding of adult and children‘s services. Our Chief Executive attends BMBC‘s Overview and Scrutiny Committee (OSC), on request, to discuss services, issues and proposed developments in the health community and, along with the Chairman of the Trust, participates in the local strategic partnership. Linked to this, we also work with BMBC and other partners on community-wide groups to enable improvements in sustainability and communications.

Health and Wellbeing Board

Members of the Board, supported by the Chairman, attend the Barnsley Health and Wellbeing Board to contribute towards the future direction of services in the borough.

Local Medical Committee (LMC)

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

Regional Partnership Working

South Yorkshire and Bassetlaw Integrated Care System (ICS)

In June 2017 the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Integrated Care Systems (ICS) in the country. It is a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. More information about the ICS can be found on the ICS website: https://www.healthandcaretogethersyb.co.uk

ICS partners join forces where it makes sense to do so and where it makes a positive difference to patients, staff and the public. The aim is to break down organisational barriers so that it can wrap support, care and services around people as individuals and positively change lives.

Whilst the ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration.

The ICS Oversight and Assurance Group (OAG) is attended by chairs from clinical commissioning groups, hospital trusts and health and wellbeing boards. The OAG offers support and challenge to the ICS Collaborative Partnership Board which has continued in 2018-19 and is attended by chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, local authorities, umbrella voluntary action organisations, Healthwatch organisations, NHS England and other arm's length bodies. CCGs are also currently reviewing their terms of reference for the Joint Committee Clinical Commissioning Groups with announcements regarding future working expected to be announced in the coming year.

A number of workstreams have been identified as priorities for the ICS, they are: mental health and learning disabilities; urgent and emergency care; primary and community care; cancer; maternity and children's; elective and diagnostic; and population health management. In 2018-19 the workstreams have continued to work as networks, with key individuals from each partner organisation meeting on a regular basis to identify and develop opportunities to work together to improve health and care services.

In November 2017 the Treasury committed £3.5 billon of capital funding nationally for the period between 2017-18 and 2022-2023 largely to support STP/ ICS transformation schemes which will help to bring real benefits to patients including those across South Yorkshire and Bassetlaw. £10m had previously been set aside to support expansion of hyper-acute stroke services at Sheffield Teaching Hospitals and in February 2019 work began on the building of a £4.9m scanner facility at Doncaster and Bassetlaw Hospitals NHS Foundation Trust. Following capital funding being received, plans have been put forward co-locate and bring about close functional working of the Children's Assessment and Paediatrics Emergency Department.

The ICS commissioned independent review of hospital services concluded in 2018. The review looked at how hospital services are provided and what needs to happen to future proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards.

Recommendations from the review, which were published in a report (including an easy read version) in May 2018, proposed that to continue providing high quality services, hospitals in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield must work together even more closely in a variety of different ways. This included ways for the hospitals to work together better with the development of hosted networks. It also included transforming the way we use our workforce, to make the best use of the staff we have at the moment, and to ensure that people receive care as close to their own homes as possible. The report can be found here: https://bit.ly/2Xgrmoi

Following publication of the Independent report the Integrated Care System produced the Strategic Outline Case, which was accepted by all partners in August 2018. Since then modelling has taken place and hosted networks have been established.

Some of the South Yorkshire and Bassetlaw system achievements in 2018-19 have included:

- Be Cancer SAFE social movement campaign creating over 12,000 cancer champions in the five Places; raising awareness of signs and symptoms and encouraging conversations within communities
- 1,300 additional patients accessing support through the Living With and Beyond Cancer programme.
- Meeting the 18-week waiting times target for elective and diagnostics across South Yorkshire and Bassetlaw
- Improvements to the emergency out of hours ophthalmology service across the region to support a sustainable 7-day service
- Becoming a national exemplar on reducing out of area placements in adult mental health services

- Involvement in the national trial 'Working Win' which supports people with long term physical or mental health conditions into work, with over 2000 people already accessing the trial
- Social prescribing support has been extended to mental health services
- Mental health liaison services have been put in place in Rotherham and Sheffield Emergency Departments
- Extended GP access at evenings and weekends has been available for 100% of patients since 1 October 2018
- 21 clinical pharmacists - who are able to prescribe - have joined the workforce and are now working in general practice
- Establishing and developing 36 primary care networks covering 100% of the population, ensuring more joined up services at a local level
- A South Yorkshire and Bassetlaw Workforce and Training Hub has been established - recruiting local people into the NHS and helping them develop
- Reducing extended length of stay and delayed transfers of care (helping patients get home quicker when they are medically fit for discharge)
- Implementation of NHS 111 online, including direct booking and clinical assessment service
- Completed procurement for Integrated Urgent Care
- Saved £4.3m by working with NHS organisations across South Yorkshire and Bassetlaw to procure some surgical supplies as a group
- Set up and launched the first AHP Council in the country where a broad range of Allied Health Professionals, including physiotherapists, dieticians and paramedics, come together to develop new ways of supporting health and care
- Gathered the views of over 14,000 people to help inform next steps for prescribing over the counter medicines
- Introduced 135 trainee nurse associates into health and care services in Doncaster and Sheffield to undertake more routine tasks while better utilising the time of registered nurses in focusing on patients with more complex needs
- Set up five "hosted networks" for the hospital services covered in the Hospital Services Review, with each one of our South Yorkshire and Bassetlaw acute trusts taking the lead for an individual service, co-ordinating it's running and supporting the future planning in closer collaboration with partners.
- 825 non-clinical members of staff are now working as Care Navigators across the system, freeing up GP appointments by signposting patients to different services that might be more beneficial to them so they get the quickest and best care that is appropriate for their needs
- Hospitals across the region have joined forces in a region-wide approach to support people to quit smoking. The initiative could see as much as a 40% reduction in smoking related deaths in two years.

In addition to the work within the South Yorkshire and Bassetlaw Integrated Care System, the Trust works in partnership with the following organisations across the region:

Sheffield University

Barnsley Hospital has a long standing arrangement with the University for the training of medical students and is recognised as an Associate Teaching Hospital. Our work in research and development and our research and development programme has been headed by a Professor from the University of Sheffield's Department for the Elderly.

Sheffield Children's Hospital NHS Foundation Trust

Sheffield Children's Hospital provides a number of surgical services on an outreach basis, ensuring access for younger patients and families is convenient and local.

Sheffield Teaching Hospitals NHS Foundation Trust

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

Board to Board meetings with other NHS organisations

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

Formal Consultations

The Trust has not held any formal consultations in the reporting period.

Important Events since the Year End

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

Details of Overseas Operations

The Trust does not have any overseas operations.

Strategic Aims and Objectives 2018-19

Our four strategic aims underpinned our work during the year and each strategic aim was supported by a number of objectives. All our objectives relate to one of our strategic aims; the Four Ps. These refer to Patients, Partnership, People and Performance:

Aim 1: Patients will experience safe care
Aim 2: People will be proud to work for us
Aim 3: Performance Matters
Aim 4: Partnerships will be our strength

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

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

Our staff have an important role to play in the delivery of these objectives and our annual appraisal process helps to ensure that individual objectives are aligned to our strategic objectives.

This section of the report is structured around each of our Strategic Aims, highlighting our progress against each objective in 2018-19. Our performance is detailed in the following pages.

Aim 1: Patients will experience safe care

Objective	Actions/KPIs/ Milestones	Evidence of Achievement
Delivery of the Quality Strategy and goals for 2018/19: Goal 1- Provide care that is based on the best evidence for every patient, every time	• Achieve the 2018/19 targets aligned to each of the quality priorities • Deliver the Trust's agreed quality improvement targets • Monthly reporting on key performance indicators through the IPR to Q&G • Quarterly reporting on progress via appropriate governance committees	All quality priorities have been achieved with the exception of three; **To maintain a Hospital Standardised Mortality Ratio (HSMR) of below 100:** Maintaining a focus on the reduction of our HSMR has resulted in our HSMR being close to our target of 100. To maintain improvement we will continue with our learning and governance processes through the learning from the Mortality Group. The group meets to review appropriate actions that may need to be taken, including reviewing mortality statistics.

Goal 2 - Continuously seek out and reduce avoidable patient harm Goal 3 – To deliver good patient experience	• FFT Response Rate of >30% for inpatients and >10% for ED • Maintain FFT positivity rate of 87.5% across all areas • Bi-monthly reporting on progress of FFT via PEG and monthly reporting on achievement to Q&G via IPR	**Eliminating avoidable hospital acquired infections:** 15 cases of C.difficile against a nationally set target of 12 **Increase response rates for FFT; ED (>10%):** Unable to achieve the increase response rate of 10% or more within the emergency department which in turn has had an impact on us achieving the 87.5% target for recommendation rates. The Trust has already commenced considerations of alternative approaches for the implementation of NHS FFT in the ED in 2019-20.
Delivery of the Clinical Strategy in 2018/19	• Approval of the Clinical Strategy • Launch of the Clinical Strategy • Quarterly progress updates	We continue to monitor against the broad objectives identified in the Clinical Strategy, which were: • Outpatients • Inpatients • Frailty Services • Community Care • Safer Care • Flow / Bed Management • Theatres & Critical Care • GIRFT • Partnerships with Other Trusts We are progressing against a number of key actions in each of the above strands and have shown improvements in a number of areas.
Delivery of the Urgent & Emergency Care Plan to support improved patient flow and sustained delivery of the emergency care target through 2018/19	• Development and implementation of a flexible bed base model to meet seasonal variation in demand • Development of a short stay model that supports overall patient flow • Review of the core teams that support patient flow • Development of new models for discharge team planning and the management of stranded and long stay patients • Development of a new GP referral/admission model	Elements of this objective have been delayed and will continue into 2019-20. A flexible bed base model to meet seasonal variation in demand and a short stay model embedded in practice. Following the successful recruitment of a Discharge and Patient flow Matron, approval has been given to expand on the site management roles and responsibilities. A virtual advice model for patients in care homes who require a GP appointment is now live with three care homes from the Dearne, there is a plan in place to roll out to another 23 care homes in 2019-20. Patient Flow workstreams have been re-launched to standardise ward processes and introduce digital solutions such as Pro Ward and Care Flow. A full roll out of Pro Ward will be in place in Medicine before Winter 2019.

	• Standardisation of ward round practices • Implementation of a new IT solution for live bed status reports	The other workstreams will cover: • Therapy assessments • Portering and a transfer team • Phlebotomy services • Education around discharge • Review of case managers and the services they provide
Delivery of the new Neonatal Unit Development in 2018/19	• New unit completed • Provision of a dedicated secure entrance directly adjacent and with a direct link to the birthing suite for swift transfer between wards	Neonatal unit is complete, ahead of schedule and now fully operational.
Development and delivery of the Trust's Cancer Strategy in 2018/19	• Strategy developed, agreed and signed off • Strategy delivery commenced	Work continues with external partners in developing a Business Case for external funding options in support of developing a Cancer Strategy. This process has now formally entered a feasibility study in partnership with external support and will support delivery of this objective in 2019-20.
Development of a new model for the Children's Assessment Unit and the Paediatric ED in 2018-19	• Full business case developed • Scheme commences following approval	Notification from NHSI received advising the Business Case has been approved by the Department of Health and Social Care (DHSC). Formal notification and Memorandum Of Understanding still outstanding but expected April 2019.
Delivery of Phase 2 of the Out-Patients Modernisation Programme in 2018/19 to improve productivity and patient experience within the Outpatient Department	• Programme Plan developed, agreed and signed off	An outline plan on a page was discussed at the Executive Team where it was agreed for the programme to continue working up the scope and identify workstreams.
Delivery of agreed projects for 2018/19 as per the Barnsley Hospital Digital Roadmap	• Delivery of IT projects to support the paperless agenda • Continue work towards digitisation of paper records and processes to support the ICS and allowing transfer of information to other organisations	The Medway Electronic Patient Record (EPR) project has commenced. E-prescribing funding bid is awaiting approval outcome from NHSI.

Secure ICS Capital Prioritisation funds to support capital developments across the Trust	Development of robust business cases for: - Provision of an integrated and co-located assessment service for adult patients aligned to the ED - New Critical Care facility to provide an adequate number of high dependency beds and integrate ICU and SHDU facilities - Provide a new build Chemotherapy Unit into a Cancer Hub - Completion of full Business Case for CAU	Notification from NHSI received, indicating that DHSC have approved the funding for the Children's Assessment Unit and Paediatric ED development. Formal notification outstanding. Work continues with external partners in developing a Business Case for external funding for a Cancer Hub including expanded outpatient chemotherapy facility. This process has now formally entered a feasibility study in partnership with external support.

Aim 2: People will be proud to work for us

Objectives	Actions/KPIs/ Milestones	Quarter 4 Progress Update
Commence delivery of the People Strategy in 2018/19 to ensure a sufficient, capable, motivated and sustainable workforce. Key themes are: • Engagement • Quality • Organisational Culture • Organisational Development • Health and Wellbeing • Talent • Workforce Planning	• Launch the People Strategy • Monitor progress on a quarterly basis at the Finance & Performance Committee • Develop a strategic approach to engagement, organisational culture, wellbeing, talent and quality which promotes effective leadership of change, values and organisational development • Continue to engage our local community and equality forum partners to promote the Trust as an employer of choice and to improve patient and staff experience	People Strategy launched end of August 2018. A new leadership and values behavioural framework was launched across the Trust. Engagement with partners across Barnsley has continued. The Trust is currently looking into joining Barnsley Council Carers Forum as part of our development of the Carers Charter, launched at the All Inclusive conference held in February 2019. Also launched at the conference were the LGBT+ Rainbow Badge scheme and the AccessAble website to improve experience and access for patients and visitors with disabilities The flu vaccine campaign ran Oct - Dec 2018 with the target of 75% take up for clinical staff achieved.

	• Retain our Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation • Develop robust workforce plans for all CBUs	CBU workforce planning data and narrative highlights have been embedded within the CBU business plan submissions in February 2019.
Address areas of concern highlighted in the staff survey	• Develop improvement plans for identified areas of concern • Overall engagement score to be above national average in staff survey	In response to the last staff survey results a further LGBT+ staff engagement event was held. The second bi monthly Pulse Check survey ran in March 2019 using staff engagement core questions to calculate staff engagement scores NHS Staff survey report was received in February 2019 and overall the report shows a positive improvement on the previous year with 8 out of 10 themes better than average and 2 out of 10 themes the same as average across all NHS Acute Trusts.
Focus on improving the health and well being of or our staff	• Achieve the H&WB target • Enable staff to access training and development to achieve mandatory and statutory training • Achieve MAST targets • Support the appraisal process, talent management programmes and apprenticeship roles • Retain our Investors in People accreditation	The target was partly achieved by meeting the flu vaccine take up target. A Health and Wellbeing Fair was held on 24 January 2019 which has evaluated really well with a further fair planned in July 2019. Mandatory and Statutory Training (MAST) completion was 90.3% in March 2019 therefore achieving it's against a target of 90%. Work continues to an automated training compliance report to be made available through IRIS to enable easier access to up to date information to track and monitor on going progress. A new simplified electronic appraisal record via an e-form has been launched. Investors in People accreditation has been retained.

Aim 3: Performance Matters

Objectives	Actions/KPIs/ Milestones	Quarter 4 Progress Update
Play a leading role in Barnsley Health & Care Together in 2018/19, building on existing relationships with key partners	• Continue delivery of partnership services through the Barnsley Alliance including RightCare Barnsley, Breathe and Intermediate Care • Start delivery of the new integrated diabetes service in partnership with the GP Fed • Work with partners on the three agreed priorities for 18/19: Cardiovascular disease, Frailty and Neighbourhoods • Continue to support public health priorities working with all Barnsley agencies on the Barnsley Plan including smoking cessation and alcohol/tobacco control and appoint a Public Health Consultant	Integrated services continue to be delivered successfully. The Integrated Diabetes service is on track to meet set key performance indicators. The following have been handed over as business as usual: • Joint multi disciplinary team clinics across primary care – this milestone was due to be achieved at end of Q4, this has however been delayed due to changes to the MDT GPs clinics. The individual GP clinic requests have changed and they are looking at alternative methods of support • Seamless pathway for patients – this will be complete once the clinics are aligned. • Up skilling of primary care staff – this forms part of a two year training programme that commenced April 2018 Work continues with partners across the three agreed priorities. The CVD programme has progressed, with BHNFT leading the co-development of an action plan for the health system, on-going work to better support primary care and develop integrated health pathways, and a further prioritisation of and investment in prevention for patients and staff at the Trust. Reducing harm from tobacco is the initial focus for prevention, with BHNFT being the first hospital with plans to launch the QUIT campaign on 31 May 2019. Neighbourhoods – An action plan to deliver benefits in all 6 agreed localities including North, North East, Central, Dearne, South and Penistone will be developed in 2019-20. The Frailty Working Groups have been reconvened to support the work to embed the Frailty Unit and work towards the vision of a 7 day service. Work is underway to review the patient documentation utilised on the Frailty Unit, this includes developing a Frailty Assessment Proforma along with implementing a FACT criteria (Frail, Ambulatory, Clinically Stable, Time to call) that will support staff to identify appropriate patients and refer these to the Frailty Unit.

Work with partners on delivery of: Digital Roadmap Barnsley Estates Strategy Barnsley Engagement Approach	• Jointly agreed Project Plan and deliverables for Digital Roadmap • Review Barnsley Estates Strategy	The Digital Roadmap Business Case is being planned for approval at all Barnsley place organisations to determine route forwards in June 2019. A Barnsley Place Workshop with all stakeholders is planned for May 2019. The 2017-22 Estates Strategy Draft is now completed; a full update of the Strategy is now to be undertaken in 2019-20 with the Trust to incorporate changes/prioritisation of strategy capital schemes.
Work with partners across South Yorkshire to ensure sustainable local services and support others regionally in 2018/19.	• Engage with the Hospital Services Review as a partner in the ICS • Work with other Providers and Commissioners to identify ways to improve local care delivery in line with HSR recommendations • Work with partners to deliver Integrated Care System priorities and actions	The Trust has been selected to be the host for Urgent and Emergency Care (UEC) network. There are three levels of hosted network. At this level (Level 1), the host will be involved in the Standardisation of clinical protocols, taking on workforce functions and facilitating innovation. Work is on-going, in conjunction with the ICS team, to establish the governance framework and work programme for each of the hosts and recruit into the Clinical and Managerial roles required to deliver its function.
Continue the BRILS Pathology Partnership with The Rotherham NHS Foundation Trust	• Procurement of a new managed service contract embedded in the South Yorkshire Pathology Cluster	Following Trust Board agreement and approval to extend the current contract to 2022 the replacement/upgrade of equipment has now been agreed, as part of the direct award. Location of equipment has also been agreed and an implementation plan is currently being formulated. This will allow the Trust to take part in the wider ICS procurement. A market engagement event was in held in March 2019 by the regional procurement group. Blood Sciences Services Business Case is in development for additional staff, to be presented to Executive Team. ICS outline Business Case in development with a deadline of July 2019.

Aim 4: Partnerships will be our strength

Objectives	Actions/KPIs/ Milestones	Quarter 4 Progress Update
Achieve our financial plan and control total for 2018/19	• Delivery of the 2018/19 Cost Improvement Programme target of £8.5m • Delivery of the Carter Action Plan • Improved activity capture and clinical coding	The Trust has achieved a year end deficit position of £4.464m, which is £4.355m favourable to plan. Year End CIP savings for 18/19 were £9.994m, £1.495m ahead of target with overachievement against this seen from Month 11 onwards. The latest Model Hospital opportunity data is being reviewed by CBUs to develop relevant actions and responses. It is recognised further work is required in 2019/20 to further progress this resource intensive work. Coding and activity capture has improved by utilising the services of external agencies throughout the year, along with internal changes to coding practice. These improvements have resulted in an increased income of above £2.5m.
Focus on increased efficiency and productivity	• Action plans in place for each service aligned with the National Get It Right First Time (GIRFT) Programme Plan • Continue reduction in agency/locum spend • Continue increase in market share for elective services (Target 75%)	A GIRFT framework to support timely progress and delivery of recommendations has been signed off. Feedback from the regional GIRFT team has been positive towards this and the governance arrangements embedded for the programme. The rolling programme of update and baseline presentations continues with 4 more specialties (Urology, ENT, Dentistry and Obs and Gynae) scheduled for Q1 2019-20. The regional GIRFT team attended CEG in January 2019 and were complimentary to the update provided by Ophthalmology and the progress made since the service was taken over by The Trust. Action plans have been put in place and improvements progressed against metrics identified. A number of new GIRFT work streams have started in Q4 including Breast, Cardiology and Surgical Site Infection. The Trust has been chosen to provide further details of the good practice described by Urology as part of the national deep dive visits, the service are in the process of providing further information which will be shared across the NHS.

		Locum medical agency spend has reduced from £907,456 for Quarter 1 to £325,211 for Quarter 4 of 2018/19. Market share information for Elective (Inc. day case) to December 2018 shows 82.3% share of the Barnsley market, this has remained almost static since the last reviewed position at October.
Ensure teams are aware of the Trust Objectives and performance targets by June 2018	• Branding and publication of Trust Objectives • Briefings with teams and key stakeholders • Link to staff appraisals to ensure all staff are aware of the Trust's Strategy and Objectives • On-going objectives/business plan development	Branding, publication, briefing with teams/key stakeholders and links to appraisals were all completed with a Trust Objectives update presented to Governors early August 2018. Trust objectives and performance targets continue to be discussed monthly at CBU performance reviews and report through key governance committees. Development of the 2019-20 Trust Objectives was completed at Board in March 2019.
Work closely with CBU teams in 2018/19 to ensure they have the right support in place, understand the Performance Framework and reporting arrangements from "Ward to Board"	• Embed CBU Triumvirate approach across the Trust • Refresh of the Integrated Performance Report and Framework • Development sessions in place for CBU teams	All CBU structures have been updated and the Integrated Performance Report is now embedded and reported monthly through Trust governance committees. CBU development workshops have run throughout the year. In Q4 Business Planning Director challenge sessions and a 2019-20 Trust Objectives development session were held to communicate, develop and challenge plans.

Looking Forward to 2019-20

Our objectives for 2019-20 are as follows:

Patients will Experience Outstanding Care

- We will continue delivery of our Quality Strategy (2017-20) and goals:
  - Provide care that is based on the best evidence for every patient, every time
  - Continuously seek out and reduce avoidable patient harm
  - Deliver good patient experience
- We will continue delivery of our Clinical Strategy (2018-21)
- We will work to improve patient experience, productivity and efficiency through delivery of our Out-Patient Programme
- We will continue to improve patient flow internally and across the system
- We will work to deliver the objectives set out in the NHS Long Term Plan
- We will deliver the Barnsley Hospital Digital Roadmap and use technology to improve patient experience and communications
- We will continue to improve our cancer services

People will be Proud to Work for Us

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

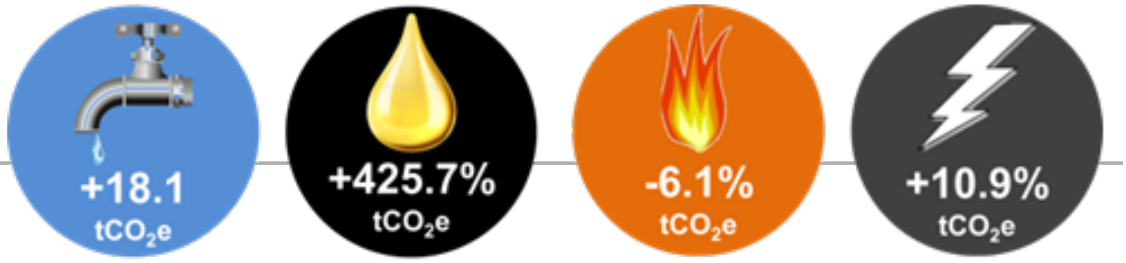
Performance: we will achieve our goals sustainably

- We will ensure our CBU teams have the right support in place to successfully lead our services and achieve our goals sustainably
- We will deliver all of our Constitutional standards and other agreed targets
- We will hit our financial plans and work towards a back to balance position by:
  - Cost reduction and a focus on increased efficiency & productivity including standardisation of practice and minimisation of variation
  - Improving front line staff awareness of their impact on the Trust's financial position and sustainability as an organisation
  - Expansion of existing services and introduction of new services allowing us to reinvest in patient care.

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

- We will play a leading role in integrating care in Barnsley, building on existing relationships with key partners in 2019/20 to meet the needs of the whole person
- We will work to build on existing partnerships to sustain current services and introduce new care pathways for the people of Barnsley
- We will continue to work with partners across the South Yorkshire & Bassetlaw Integrated Care System to ensure sustainable local services and support others regionally
- We will lead the Urgent & Emergency Care Hosted Network for the Integrated Care System.

Sustainability Report



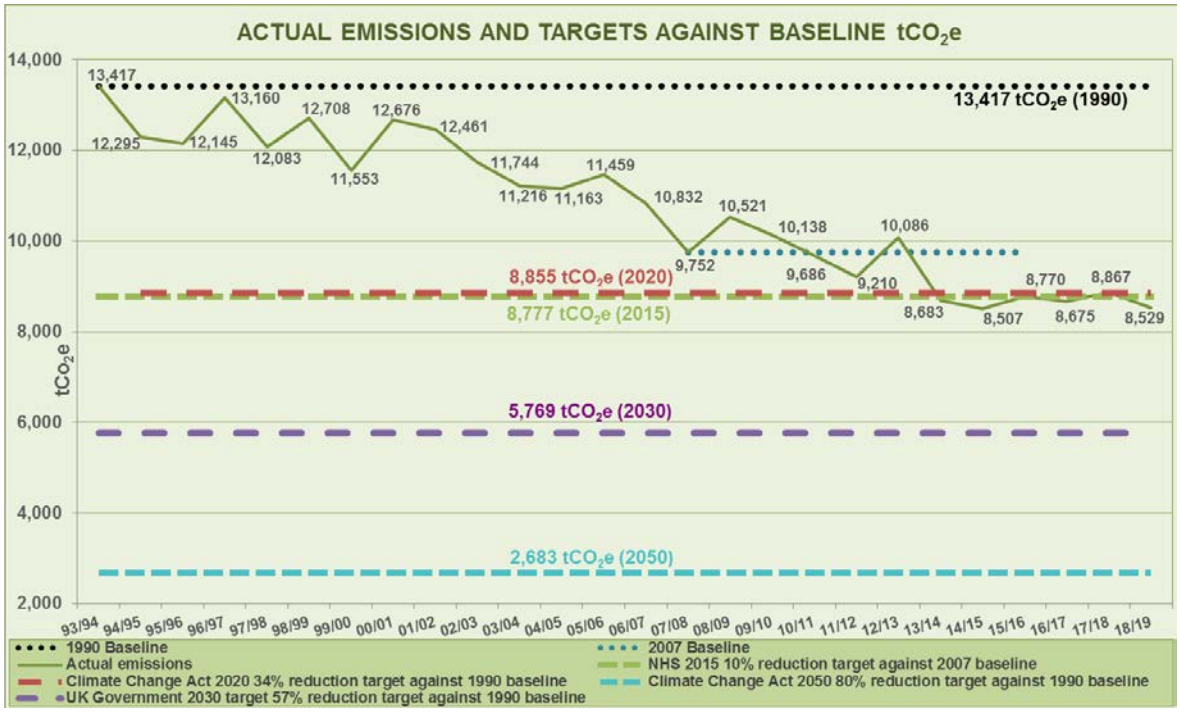
Sustainability and Carbon Emissions

The Trust is fully committed to sustainability and reducing our carbon footprint through our Board-approved Sustainable Development Management and Action Plans' (SDMP & SDAP). We have a responsibility to consider and be accountable for our impacts to staff, patients, visitors, suppliers, the local community and wider stakeholder groups. Our drive to continually improve our sustainability position presents us with the opportunity to play a crucial leadership role within the region and wider NHS. A full copy of the Trust's Sustainable Development Management Plan (SDMP) can be obtained from:
https://www.barnsleyhospital.nhs.uk/about/sustainability/

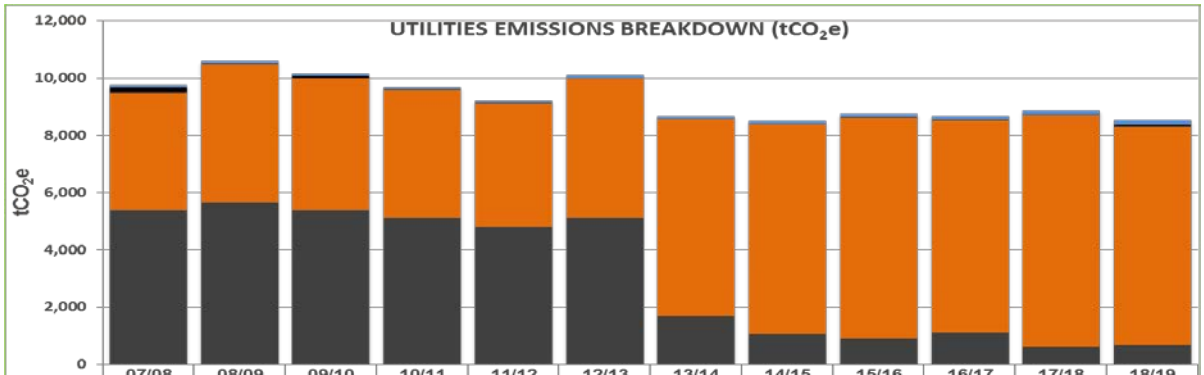
Emissions

The NHS Sustainable Development Unit developed the NHS Carbon Reduction Strategy for England to address the UK Government's target to deliver a 34% carbon emissions reduction by 2020 and then to further reduce this by 80% by 2050 against our 1990 baseline (in accordance with the Climate Change Act 2008). The NHS 2015 interim target of a 10% CO_2 reduction against our 2015 baseline has already been achieved, with a 13% reduction against our 2007 baseline. We are currently on target to achieve the 34% emissions reduction target against our 1990 baseline by 2020.

At the end of financial year 2018-19 our gross CO_2e emissions fell from 8,867 tCO_2e to 8,529 tCO_2e, (3.81%) against the previous year. As above, based on our current performance the Trust is on track to achieve our Climate Change Act 2008 2020 emissions target of 8,855 tCO_2e set against our 1990 baseline of 13,417 tCO_2e.



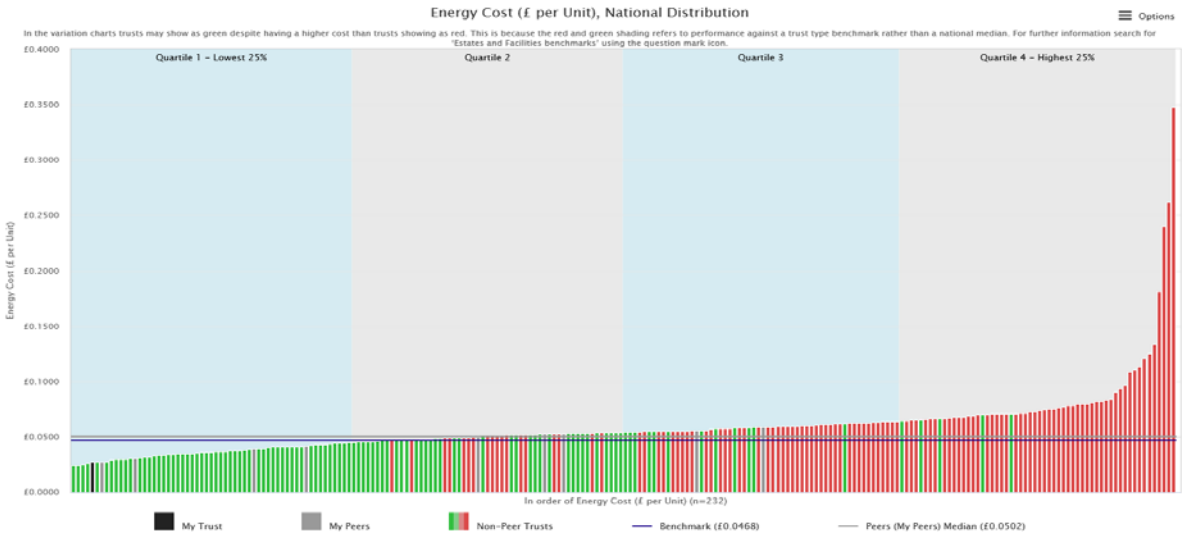
The chart below shows the year on year breakdown of our emissions (tCO_2e) by utility from 2007. The emissions breakdown reflects the changes in our utilities over the years, with the majority of our emissions generated from the site's use of gas since the successful installation of our Combined Heat and Power (CHP) plant in 2013. The CHP uses gas to generate electricity, and during this process it also creates a waste heat that we can also capture and use, making it much more efficient than a traditional system. The emissions changes are as follows:



	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19
Water	81	79	82	83	74	92	94	99	104	113	134	158
Oil	190	25	63	30	10	4	11	11	14	24	14	76
Gas	4,080	4,828	4,587	4,442	4,318	4,858	6,861	7,318	7,704	7,409	8,090	7,598
Elec	5,401	5,661	5,406	5,131	4,806	5,132	1,710	1,080	928	1,129	629	698

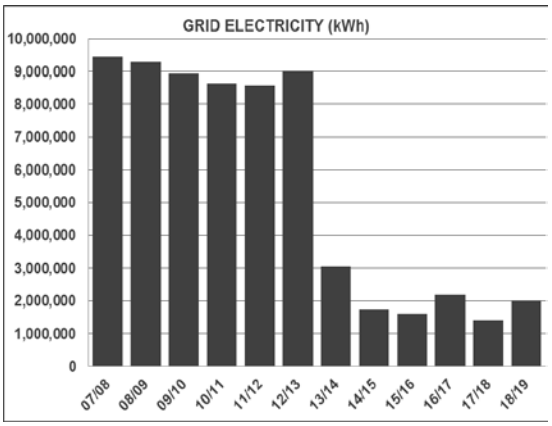
Energy Procurement

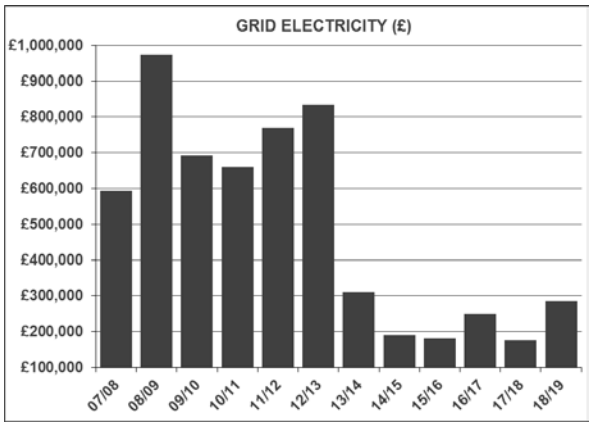
The Trust continues to procure its electric and gas through Crown Commercial Services (CCS) who is one of the UK's largest buyers of energy, and as such we benefit from their expertise in risk management and purchasing power, resulting in paying the lowest possible tariffs, with preferential payment terms. However, for the last period, the wholesale cost of energy has seen an increase. The information set out below is taken from 'The Model Hospital' - a digital information system provided by NHSI to help Trusts find ways to improve productivity and efficiency. This shows the Trust's performance against other hospitals.



Electricity

In 2018-19 the Trust experienced a significant increase in patient activity, and as a direct result of this, electricity consumption increased. However, in spite of this year-on-year increase in consumption, it can be clearly seen that electricity usage remains low over the 12 year period, predominantly due to the success of the CHP.





On-site Energy Generation

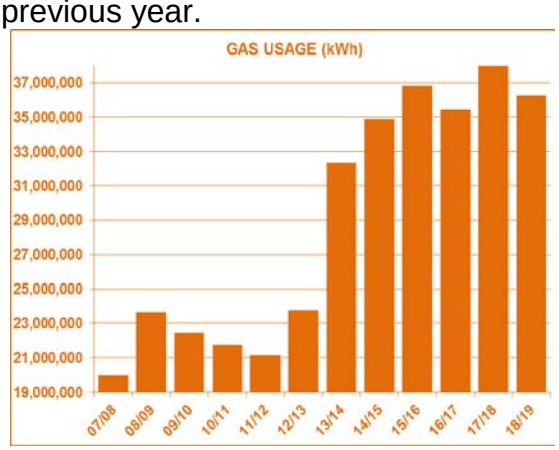
The majority of the Trust's power requirement in 2018-19 was met through on-site generation from our CHP plant. The table below shows the amount of electricity generated through the plant since 2014.

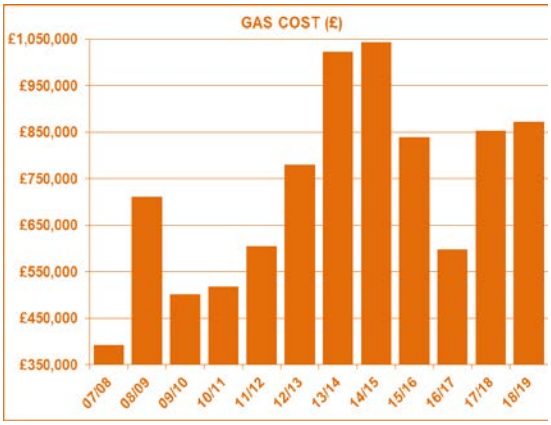
CHP Performance	2014-15	2015-16	2016-17	2017-18	2018-19
Generated electricity (kWh)	7,628,806	8,167,000	7,477,000	8,461,000	7,730,000
Imported grid electricity (kWh) (including tenant usage)	2,335,348	2,172,653	2,716,706	1,997,831	2,470,115
Enough electricity to power (number of homes in Barnsley)	2,384	2,552	2,337	2,644	2,416
Generated: grid imported (%)	76 : 24	79 : 21	73 : 27	81 : 19	76 : 24

The Trust's CHP once again met the criteria for Good Quality CHP and benefitted from a 98% exemption against the Climate Change Levy (CCL) on gas usage, resulting in a total cost saving of £98,894 for the year, for the levy alone.

Gas

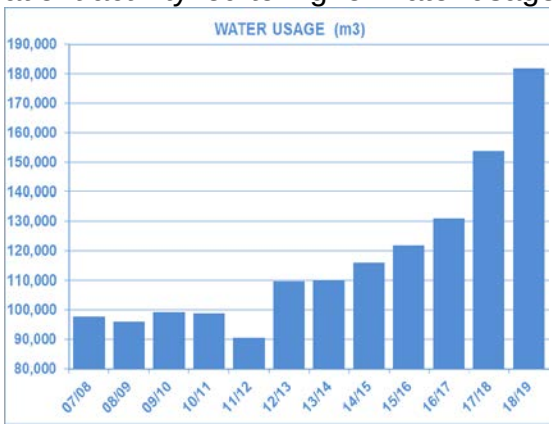
During 2018-19 gas usage fell by 5% against the previous year due to factors such as essential scheduled maintenance to the CHP. Whilst overall gas consumption fell, costs have increased by 2.5% due to the higher wholesale market costs against the previous year.

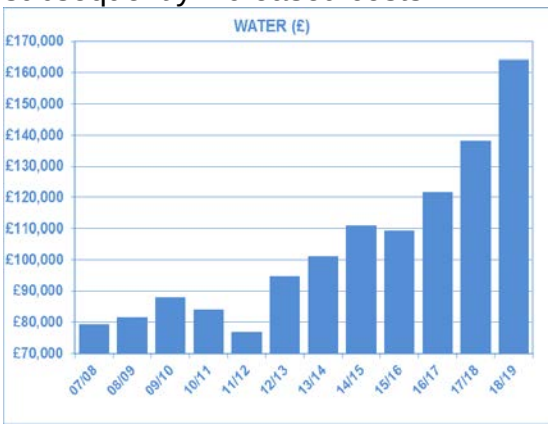




Water

Acute hospitals are high consumers of water, as it is used for multiple purposes including patient care, increased hygiene requirements, infection prevention and control, and other water safety compliance such as Legionella. In 2018-19 increased patient activity led to higher water usage, and subsequently increased costs.





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

Utility*	NON FINANCIAL DATA			FINANCIAL DATA	
	metric	2017-18	2018-19	2017-18	2018-19
Grid electricity	kWh	1,411,312	1,977,361	£175,239	£285,830
Natural gas	kWh	38,158,333	36,262,503	£852,574	£873,507
Water consumed	m3	146,872	173,492	£138,220	£164,084
Water sewerage	m3	120,571	134,412	£166,514	£191,138
Fuel oil	litres	4,000	21,000	£3,290	£17,273

*All figures exclude tenant usage and include VAT where applicable

Waste

The Trust generates a wide range of waste and it is our responsibility to manage and dispose of this waste in accordance with waste management legislation and in a manner that least impacts on the environment. Our recyclable material is separated and re-processed, (where it re-used in the manufacture of new items), and all of our non-recyclable waste goes to an energy recovery facility where it is incinerated and the energy is fed back into the local electricity grid. In 2018-19 we focussed on reducing the use of 'single-use' plastics and where possible made the switch to more environmentally friendly alternatives. Examples of this include our Birthing Suite who now use bio-bins instead of plastic buckets; in other areas the Trust we now use bio-degradable cutlery, paper straws, wooden stirrers and paper based medicine pots.

Waste	NON FINANCIAL DATA		FINANCIAL DATA		
	2017-18	2018-19		2017-18	2018-19
Total amount of waste produced	927.3 (tonnes)	920.8 (tonnes)	Waste disposal cost	£136,138	£402,633

Pharmacy

The Trust's Pharmacy has been working with suppliers and distributors to optimise deliveries and to minimise packaging waste. In addition we are returning waste packaging to our suppliers to be re-used and recycled.

Organisational and Workforce Development

Staff engagement and buy-in is critical to help meet our environmental and sustainability targets. In 2017 we conducted a survey to understand the demand for Electric Vehicle (EV) charging points. The results showed a clear need for EV charging points, and in 2018 we installed ten of these on the hospital site. Our staff continue to provide some great sustainability project ideas, and we will be implementing some more of these in 2019.

Low Carbon Travel, Transport & Access

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

With the growth in demand for ownership and leasing of electric vehicles amongst our staff, and also the Trust's desire to reduce our impact on the environment from staff related travel, we installed 10 EV charging points which have been a real success.

The Trust's Occupational Therapy Team have made the switch from a diesel van to an electric van to deliver community services. In addition to this, in 2019-20 the Trust's Assistive Technology Team will be also be switching to an electric van.

To better support cyclists, 'Dr Bike Clinics' were held allowing staff to bring their bikes for free safety checks and minor repairs.

Climate Change Adaptation

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

Procurement

The environmental impact of what and how we procure and dispose of goods and services represents a significant part of our activities. The decisions we make and the processes we follow can reduce the environmental impact and deliver both carbon and financial savings.

The new Procurement Operating Model has been introduced nationally to ensure less waste is in the system and more value is achieved. As part of these contractual arrangements, sustainability is part of all the valuation criteria used in the selection of all products and consumables to the Trust.

Our Procurement team has been working together with our suppliers on the sustainability agenda and exploring opportunities to increase our purchasing of sustainable products and services.

Communications

Our Communications team helped promote the sustainability agenda to increase engagement through a variety of media. Positive, systematic and regular internal communication of all activities relating to environmental sustainability is essential to achieving our vision and key to leading to behavioural change. We are pleased that further suggestions on sustainability continue to be raised in our Trust Team Brief sessions.

Our goal is to inform patients, staff and the wider public on the progress we have made in improving our environmental sustainability. Our Communications Team have been busy communicating our sustainability initiatives throughout 2018-19.

Future Priorities and Key Objectives

The key priorities for 2019-20 include:

- £1m NHS Energy Efficient Fund (NEEF) to upgrade to LED lighting in 50% of our Estate
- Rollout of lease EV's for our Assistive Technology Team
- Rollout of mixed waste recycling bins
- As well as reducing food waste we will be recycling any food waste to create bio-energy
- Continue to reduce our use of single use plastics
- Achieve the Bronze 'Food for Life' catering standard
- Launch new Active Travel Plan
- Participate in Clean Air Day
- Continue to monitor and manage utility usage

Equality and Diversity

Equality, Diversity and Human Rights

We are committed to promoting equality, diversity and Human Rights in our day-to-day treatment of all staff, patients and visitors regardless of race, ethnic origin, gender, gender identity, marital status, mental or physical disability, religion or belief, sexual orientation, age or social class. We hold the disability confident employer award (which replaces the disability 'two ticks' symbol), confirming that we positively manage the recruitment and employment of disabled employees. We are also a member of the mindful employer initiative.

Our policy on recruitment and retention of employees with a disability sets out our commitment and intention to support our staff who have become disabled in the course of their employment. Staff that experience a disability are supported through training, redeployment, flexible working and continued support. Staff have also attended engagement events to meet with the Chief Executive, Joint Associate Director of Human Resources and Organisational Development and the Equality, Diversity & Inclusion Lead.

A disability staff network has been formed to improve the working experience of employees who have a disability and to assist the Trust to meet its requirements under the Equality Act.

Our Equality, Diversity Inclusion & Human Rights Policy sets out our commitment to a minimum equality standard that all employees can expect to receive no less favourable treatment on the grounds of disability or any of the other legislative characteristics.

All staff have a personal responsibility for the application of this Policy on a day-to-day basis; this includes positively promoting high quality standards in the course of their employment wherever possible and bring any potentially discriminatory practice to the attention of their Line Manager, the Human Resources Department or relevant Trade Union/Professional Associations. The addition of Inclusion to the policy will help foster good relations and further embed Equality & Inclusion into the Trust.

The Equality, Diversity & Inclusion Steering Group continues to focus on issues and support the Trust on patient and workforce inclusion matters. It has a fundamental role in assisting to set the strategic context for Equality, Diversity, Inclusion and Human Rights as well as monitoring progress.

The Equality, Diversity & Inclusion Strategy forms part of the ‘People Strategy’. This strategy pulls together equality objectives and local engagement work. Delivery of the strategy‘s objectives is monitored on a quarterly basis through the Equality, Diversity & Inclusion Steering Group reflecting our public sector equality duties under the Equality Act 2010.

Diversity Champions

The Diversity Champions Initiative has been refreshed at the All Inclusive Conference in February with more focus around raising the profile within the Trust. Diversity Champions are Trust staff who are self-nominated with a real passion and commitment to the Equality Diversity & Inclusion agenda. The work of the Diversity Champions continues to develop and their initiatives across the Trust demonstrate inclusive leadership in the workplace. The Diversity Champions encourage staff to personalise care through inclusive behaviour. High quality training is delivered by our Equality Partners and the Equality, Diversity & Inclusion Lead. This includes LGBT awareness, Disability awareness, Deaf awareness, Hate & Harassment training, awareness from the Freedom to Speak Up Guardian and awareness session from the Refugee Council. Additional support will be provided in future through scheduled and specific awareness training.

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

The Trust remains committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services and its workforce. WRES and EDS2 are a requirement for NHS organisations to demonstrate progress against a number of indicators of workforce equality. The Trust is continuing to track required actions against each of the objectives, providing assurance and monitoring to ensure we meet our targets. A significant improvement in Staff Survey findings has been demonstrated by black and minority ethnic (BAME) staff.

Community Engagement

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

Equality Impact Assessments

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

Good practice is now embedded in the Trust, whereby all new policies include evidence that an Equality Impact Assessment has been undertaken by the author of the policy and has demonstrated that due regard for equality and elimination of unlawful discrimination has been considered in the formulation or review of a policy.
Diversity Awareness Events/Training

Equality and Diversity training continues to be delivered throughout the year within the Trust‘s induction process and Passport to Management training. and has continued to achieve high levels of overall compliance and satisfaction within the Trust. Equality Impact Assessment Toolkit and unconscious bias awareness is also provided.

A Diversity & Inclusion conference took place in February for staff, partners and equality forums. The AccessAble Initiative was launched as was our Carer’s Charter and the NHS Rainbow Badge Scheme. Sixteen presenters delivered a packed programme on how the Trust is working towards improving the experience for everyone who visits or works here.

AccessAble and Browsealoud

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

Rainbow Badge

Barnsley Hospital is one of the first health trusts in the country to sign up to The Rainbow Badge scheme. Launched in March 2019, this is a way for NHS staff to show they are aware of issues that lesbian, gay, bisexual and trans (LGBT+) people face when accessing healthcare.

The scheme started at Evelina London Children’s Hospital and community services, part of Guy’s and St Thomas’ NHS Foundation Trust. Its simple aim is to make a positive difference by promoting a message of inclusion and it is hoped that other NHS organisations across the country will adopt the idea.

The rainbow badge is a visual symbol identifying its wearer as someone an LGBT+ person can feel comfortable talking to about issues relating to sexual orientation or gender identity. It shows the wearer is there to listen without judgement and signpost to further support if needed. The scheme emphasises that wearing a badge is a responsibility. Basic education and access to resources are provided for staff who want to sign up. Information is also given outlining the challenges LGBT+ people can face in relation to accessing healthcare and the degree of negative attitudes still found towards LGBT+ people.

Schwartz Rounds

We are pleased to have introduced Schwartz Rounds as part of our People and Engagement agenda to encourage us to talk openly in secure environments about how you feel about roles out on the frontline. Schwartz Rounds are a confidential, multidisciplinary forum designed for staff to come together once a month to reflect on the emotional and social experiences associated with their work. They provide a structured forum where all staff, (clinical and non-clinical), discuss the emotional and social aspects of working in healthcare.

The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

The presenting panel share their experiences for 10-15 minutes and then trained facilitators moderate a reflective discussion and the audience share their thoughts, ask questions, and offer similar experiences. The discussion does not aim to problem-solve or find solutions, but just reflect on the emotional experience of delivering care. This can feel counter-cultural.

Each Round has a topic, for example:

- Trying to help in impossible circumstances
- Conflict – with patient; family; colleagues
- Organisational events, e.g. poor CQC report or a major complaint
- We're human too – personal and professional overlap
- The patient I'll never forget.

Carers' Charter

Barnsley Hospital Carers' Charter is a statement of our values, principles and standards to guide the Trust to support our carers. It includes our commitment to:

- Work towards a 'Proud of our Carers' Strategy.
- Consult with carers and carers' groups throughout the process.
- Scope our current provision for carers and develop an action plan to improve our recognition of carers and how the Trust can improve how carers are supported.
- Strengthen our ties with the local authority and in particular ensure that resources are available for the Trust to be an inclusive partner for future whole-systems development.
- Ensure that our policies are equality impact assessed to take into account carers' needs and the people they care for.
- Update our training and offer it to staff to help recognise the needs of carers for our patients, carers and our staff who are carers.
- Making sure that all adults and young carers are recognised and valued and their needs are recognised and responded to.
- Informing carers of their rights and ensuring the organisation supports them
- Recognising carers as equal partners in care contributing support and expertise in planning and improving services.
- Developing carer friendly policy and practice in the workplace.

Freedom to Speak up

Freedom to Speak Up Guardians have been developed as a recommendation following the Francis Report into the events at Mid Staffordshire Hospital where staff felt unable to raise concerns and when they did these were ignored. The role is designed to encourage staff to speak up, ensuring their concerns are taken seriously and investigated, and identifying themes and learning from the types of concerns that are raised.

NHS Diversity & Inclusion Partners

The Diversity and Inclusion status is determined against a number of measurable indicators (EDS2). The partner status assumes that the Trust can be held up as exemplars in the field of equality & Diversity. The Trust is required to demonstrate that it meets minimum requirements and has in place a robust Equality & Diversity work plan. The Trust joined for the period 2018-19. It has been invited to continue the programme for an additional year.

Accountability Report

The Director's Report

Board Performance Evaluation

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

The Board composition helps to ensure that the skills and strengths provided by the Non- Executive and Executive Directors throughout the year provided a good, well-balanced Board. The balance is reviewed throughout the year as well as whenever any Director- level vacancies, Executive or Non-Executive, arise. The Trust has retained a constitutional option to vary the numbers slightly as and when the need arises, provided always that the Board retains a majority of Non-Executive Directors.

Board Performance Evaluation

A strong unitary Board is fundamental to the success of the hospital. The effectiveness of the Board is aligned to the delivery of our business plan year-on-year and is closely monitored by the Governors throughout the year, as part of their role of holding the Non- Executive Directors and, through them, the Board, to account. The Board continues to evaluate its performance throughout the year through appraisals (individually and collectively) and is ultimately held to account by the Council of Governors on behalf of the Trust's members.

Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2018 to 31 March 2019 was as follows:

Chairman

- Stephen Wragg (to 31 December 2018)
- Trevor Lake (from 1 January 2019)

Non-Executive Directors

- Francis Patton (Senior Independent Director)
- Janet Dean (to 31 December 2018)
- Rosalyn Moore
- Nick Mapstone
- Keely Firth
- Philip Hudson

Chief Executive

- Dr Richard Jenkins

Executive Directors

- Bob Kirton, Deputy Chief Executive and Chief Delivery Officer
- Dr Simon Enright, Medical Director
- Heather McNair, Director of Nursing & Quality
- Michael Wright, Director of Finance (to 17 March 2019)
- Christopher Thickett, Director of Finance (from 18 March 2019)

The Management Team

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

- Tom Davidson, Director of Information & Communications Technology (ICT)
- Emma Parkes, Director of Marketing & Communications
- Emma Lavery and Karl Hickman, Joint Associate Director of Human Resources & Organisational Development

Board Profiles (as at 31 March 2019)

Non-Executive Directors

Trevor Lake, Chairman

Trevor Lake joined Barnsley Hospital NHS Foundation Trust as Chairman in January 2019. Trevor has most recently been Chair of Liverpool Community Health NHS Trust, before that Vice Chair and Non-Executive Director of The Mid Yorkshire Hospitals NHS Trust and previously a Non- Executive Director with Calderdale NHS PCT a predecessor organisation to the current clinical commissioning groups. Trevor's current term runs to 31 December 2021.

Francis Patton, Non-Executive Director and Senior Independent Director

Francis Patton joined the Board in January 2008. He has spent the last 30 years working in the 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 including being a Non-Executive at Humber Teaching NHS Foundation Trust and teaches part time at Leeds Beckett University. He is the Deputy Chairman and, since January 2012, Senior Independent Director (SID). Francis's term of office has been extended for a further period up to December 31 2021 Francis is Chair of the Trust's Finance and Performance Committee. He also serves as Chair of the Trust's wholly owned subsidiary, BFS.

Rosalyn Moore, Non-Executive Director

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

Nick Mapstone, Non-Executive Director

Nick joined the Trust in April 2015. Nick is the director of his own consultancy company that specialises in supporting NHS organisations. His most recent role was as programme director with East Cheshire NHS Trust. Nick is currently a specialist advisor to the Care Quality Commission and in the past has worked with Ernst & Young and at Southend University Hospital NHS Foundation Trust. Nick is Chair of the Audit Committee and a member of the Finance & Performance Committee. His current term runs until 31 December 2020.

Keely Firth, Non-Executive Director

Keely joined the Board in January 2017. A qualified Accountant, she has 30 years' experience in the NHS including Barnsley Hospital, Leeds Teaching Hospital, Trent Regional Health Authority and healthcare commissioning organisations. A former Chief Finance Officer, Keely is also an Honorary Fellow of the Healthcare Financial Management Association. Keely is a member of the Finance & Performance Committee and the Audit Committee and also serves as a Non-Executive Director on the Board of BFS. Her term of office is until 31 December 2019.

Philip Hudson, Non-Executive Director

Philip joined the Board in January 2017. He is a qualified lawyer whose expertise lies in the utilities sector. He has worked in the county for 20 years and was the Group General Counsel of Kelda Group plc (the owner of Yorkshire Water) and Drax Group plc, where he was also Director of Corporate Affairs. He is currently a director of Electricity Pensions Limited and Electricity Pension Trustees Limited, the Chairman of Trustees of the Drax Power Group of the Electricity Supply Pension Scheme, the Independent Trustee of the Baxi Partnership Employee Trust and a consultant with the Effective Board LLP, the corporate governance consultancy. Philip is a member of the Quality and Governance and Audit Committees. His term of office is until 31 December 2019.

Executive Directors

Dr Richard Jenkins, Chief Executive

Richard became CEO in June 2017 having previously been appointed as the Trust's Medical Director in January 2015. Richard has practised medicine for over 20 years, becoming a consultant in 2002 specialising in diabetes and endocrinology. In 2006, he was awarded a Health Foundation Leadership Fellowship. After holding various medical leadership roles, he became Medical Director at Mid Yorkshire Hospitals NHS Trust in 2012, a post he held for two years before coming to Barnsley.

Bob Kirton, Deputy Chief Executive and Chief Delivery Officer

Bob joined the Trust in 2009 following a successful career as a senior manager in retail. He has a BA in History from Leicester University and a MSC in strategy and leadership in healthcare from Bradford University. Bob completed the Nye Bevan Executive leadership programme in 2015. Bob was appointed to the role of Chief Delivery Officer in December 2017, supporting clinical and operational teams and the Executive Team on delivering organisational goals and better services for Barnsley patients.

Dr Simon Enright, Medical Director

Simon became Medical Director in April 2017. Having performed his medical training in Leeds, he has been a consultant in intensive care medicine and anaesthesia for over 20 years. His wealth of experience extends to working in a number of hospitals nationwide. He has held a number of clinical management roles both internally and externally, starting his career some 20 years ago as clinical director of ICU services and then subsequently as Clinical Director for theatres and anaesthesia.

Heather McNair, Director of Nursing & Quality

Heather 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. A qualified midwife, 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.

Christopher Thicket, Director of Finance

Chris is an ACCA qualified accountant and has a BA (Hons) in Financial Services from Northumbria University. He joined the Trust in January 2016 as Deputy Director of Finance, and became Director of Finance in March 2019. He has worked in the NHS in senior finance roles at Calderdale and Huddersfield, and Leeds and York Partnerships. Prior to moving into the NHS he has worked in the private sector and private practice accountants.

Register of Interests

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

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

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

Statement as to Disclosure to Auditors

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

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

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

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

Better Payment Practice Code

The Better Payment of Practice Code has a target that 95% of suppliers are paid within 30 days. In the main, the Trust has been unable to adhere to the better payment practice code due to the current financial position and the related availability of cash. The Trust ended the year with extended creditor days and it has in the main, not been possible to make payments within terms. Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for the reporting period were minimal. The percentage of suppliers paid within 30 days was 18.2%.

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

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

Cost Allocation and Charging Requirements

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

Quality Governance Disclosures

For information on the arrangements in place to govern quality are within the Annual Governance Statement within this report on page 142.

Financial Risk

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

Political or Charitable Donations

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

Stakeholder Relations

Information about our work with stakeholders and partnerships can be found on page 34.

Patient Care

Information of patient care activities and our performance against key patient care targets can be found on page 31.

Dr Richard Jenkins
Chief Executive ……

Date: 23 May 2019

Remuneration Report

Annual Statement of Remuneration

The Remuneration Committee (RemCo) is responsible for the appointment of the Chief Executive and, together with the Chief Executive, other executive members of the Board of Directors. It reviews and recommends the terms and conditions of service for the Executive Directors and other Directors and senior managers not subject to the 'Agenda for Change' conditions and reviews the performance of these staff annually. The Committee also has oversight of the Trust‘s senior management pay framework although the assessment of staff under this framework rests with the Chief Executive, with support from human resources.

The Committee met five times in 2018-19 (please see tables on page 135 for attendance). It is chaired by the Trust Chairman and includes all of the Non-Executive Directors:

- Trevor Lake, Chairman (from 1 January 2019)
- Stephen Wragg, Chairman (to 31 December 2018)
- Francis Patton, Non-Executive Director
- Janet Dean, Non-Executive Director (to 31 December 2018)
- Keely Firth, Non-Executive Director
- Philip Hudson, Non-Executive Director
- Nick Mapstone, Non-Executive Director
- Rosalyn Moore, Non-Executive Director

The Chief Executive and HR Lead attended by invitation to ensure the Committee had access to internal and external information and advice relevant to its discussions quickly and efficiently. The exception to this is discussions relate to the appointment or appraisal of the Chief Executive.

The Trust has a Local Pay Framework and salary scale for the remuneration of senior managers and directors, and an agreed spot salary arrangement for Executive Directors which is overseen by the 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. All Directors are entitled to receive expenses in line with the Trust‘s Standing Financial Instructions and the Trust‘s Travel Policy.

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

Executive Directors are appointed through open competition in accordance with the Trust‘s recruitment and selection policies and procedures and NHS guidance, including the requirement for external assessors as appropriate. Non-Executive Directors are appointed by the Council of Governors, the process for which is led by the Nominations Committee, a committee of the Council.

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

The Trust continues to take account of the national guidance issued on Very Senior Management pay with regard to any new appointments that are or potentially may be higher than that of the national salary of the Prime Minister. The Trust pays due consideration to what is happening in the financial environment and with its other employees when determining Directors' remuneration.

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

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

In December 2018 the Committee agreed a 3% uplift of salary (capped at AfC band 8c level) in line with the national pay deal for Executive Directors. The Committee also reviewed the pay of the senior directors, to ensure alignment with the agreed salary scales and national guidance and reflecting the increased responsibilities of several post holders.

The criteria were to ensure that the terms and conditions for these key posts supported the attraction and retention of executives of the quality the Trust requires to deliver successfully on its long-term strategic aims and compared fairly with their peers.

Trevor Lake
Chairman of the Remuneration Committee …
Date: 23 May 2019

Senior Managers' Remuneration Policy

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

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data with regional and national comparators and internal and external factors affecting the Trust and the wider NHS, including any national pay agreements
Any particular arrangements specific to individual senior managers	The Medical Director's salary continues to comprise of two central elements: the executive role as Medical Director and elements of his working time as a consultant and any enhancement related to his achievements as a senior consultant.	Remuneration levels for the Medical Director's executive role is determined and monitored by the REMCO Committee. Consultant payments reflect national pay arrangements for medical staff.
Benefits	None	N/A

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

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

Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2018-19 are as follows:

Director	Start Date	End Date
Stephen Wragg, Chairman	1 Jan 2009	31 Dec 2018
Dr. Richard Jenkins, Chief Executive (interim to 18 June 2017, Substantive thereafter)	3 Apr 17	
Bob Kirton Chief Delivery Officer (Previously Executive Director of Business Development & Strategy)	22 Dec 17 (1 Sept 16)	
Heather McNair, Director of Nursing & Quality	5 Dec 2011	
Michael Wright, Director of Finance	1 Dec 2015	17 Mar 2019
Chris Thickett, Director of Finance	18 March 2019	
Simon Enright, Medical Director (interim to 30 November 2017, substantive thereafter	19 April 2017	
Janet Dean, Non-Executive Director	1 Jan 2016	31 Dec 2018
Keely Firth, Non-Executive Director	1 Jan 2017	
Philip Hudson, Non-Executive Director	1 Jan 2017	
Nick Mapstone, Non-Executive Director	1 Apr 2015	
Rosalyn Moore, Non-Executive Director	1 Apr 2015	
Francis Patton, Non-Executive Director	1 Jan 2008	

Salary and Pension Entitlements of Senior Managers

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

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

Salary and Pension entitlements of senior managers

A) Remuneration

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

The Single Total Figure Table

Name and Title	Year ended 31 March 2019				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 [05]	0	0	0	0	0-5	0	0	0-5
Mrs H McNair, Director of Nursing and Quality	130-135	0	92.5-95.0	225-230	120-125	1,400	87.5-90.0	210-215
Ms K Kelly, Director of Operations [06]	0	0	0	0	85-90	2,400	10.0-12.5	95-100
Dr R Jenkins, Chief Executive [07]	225-230	0	52.5-55.0	280-285	220-225	0	112.5-115.0	335-340
Mr R Kirton, Deputy Chief Executive and Chief Delivery Officer	125-130	5,100	65.0-67.5	195-200	105-110	6,800	50.0-52.5	165-170
Mr M Wright Director of Finance [01]	130 -135	0	40.0-42.5	170-175	125-130	0	37.5-40.0	165-170
Mr C Thickett Director of Finance [01]	0-5	0	52.5-55.0	55-60	0	0	0	0
Dr S Enright, Medical Director [02 and 08]	215-220	0	130.0-132.5	345-350	190.0-195.0	0	142.5-145.0	335-340
Mr S Wragg, Chairman [03]	35-40	100		35-40	40-45	100		40-45
Mr T Lake Chairman [03]	10-15	0		10-15	0	0		0
Mr F Patton, Non Executive Director	10-15	300		10-15	10-15	200		10-15
Ms J Dean, Non Executive Director [04]	5-10	0		5-10	10-15	0		10-15
Ms R Moore, Non Executive Director	10-15	0		10-15	10-15	0		10-15
Mr N Mapstone, Non Executive Director	10-15	500		10-15	10-15	600		10-15
Mrs K Firth, Non Executive Director	10-15	0		10-15	10-15	0		10-15
Mr P Hudson, Non Executive Director	10-15	0		10-15	10-15	0		10-15

Notes to Table A
Year ended 31 March 2019
1. Mr M Wright left the Trust on 17 March 2019. Mr C Thickett was appointed as Director of Finance from 18 March 2019
2. Dr S Enright received 78% of his salary for clinical activity during this period
3. Mr Wragg left the Trust on 31 December 2018. Mr T Lake was appointed as Chairman from 1 January 2019
4. Ms J Dean, Non Executive Director left the Trust as at 31 December 2018

Year ended 31 March 2018
5. Ms Diane Wake left the Trust on 2 April 2017
6. Ms K Kelly left the Trust on 31 December 2017
7. Dr R Jenkins was appointed as Chief Executive from 3 April 2017.
8. Dr S Enright was an Executive Director of the Trust from 18 April 2017. For the period 18 April 2017 to 30 November 2017 he was Interim Medical Director and during this period, fees were re-charged to the Trust from another NHS Trust for his services. From 1 December 2017, he was appointed as substantive Medical Director for the Trust. For the period 18 April 2017 to 31 March 2018, all fees and payroll costs are incorporated within the relevant columns of the Single Total Figure Table. Dr Enright received 78% of his salary for clinical activity during this period.

Highest Paid Director (subject to audit)

	2018/19			2017/18
Band of Highest Paid Director's total Remuneration £' 000s	225-230			220-225
Median Total £' s	24,915			23,597
Ratio	9.1			9.4
	227,500.00			222,500.00

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 2018-19 was £225,000 to £230,000 (for 2017-18:£220,000 to £225,000). This was 9.1 times (2017-18 9.4 times) the median remuneration of the workforce which was £24,915 (2017-18: £23,597).

Total remuneration includes salary, non consolidated performance-related pay (£Nil), benefits in kind (£ Nil) as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Remuneration includes the staff on the Trust payroll together with agency staff.

On certain agency invoices used in the calculation, it is not possible to identify the agency commission. In such cases a 25% deduction has been made from the agency bill as the assumed agency commission, since this should be excluded from the calculation. A review was undertaken of charges incurred of agency staff in the last week of the financial year to identify a representative assessment of such costs as at the reporting end date of 31 March 2018. Further details of the calculation for the Median Total and the Ratio to the Band of the Highest Paid Director are included in the Hutton Review of Fair Pay - Implementation Guidance. Key extracts from this guidance are detailed overleaf;

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

The mid-point of the banded remuneration of the highest paid director (see paragraph 5.2.6), whether or not this is the Accounting Officer or Chief Executive, and the ratio between this and the median remuneration of the reporting entity's staff. The calculation is based on the full-time equivalent staff of the reporting entity at the reporting period end date of 31 March 2018 on an annualised basis. For departments, the calculation should exclude arm's length bodies within the consolidation boundary. Entities shall disclose information explaining the calculation, including causes of significant variances where applicable. Further guidance is provided on the Manual's dedicated website.

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

B) Pension Benefits (Subject to Audit)

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2019	Lump sum at pension age related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 1 April 2018	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019	Employer's Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	To nearest £100
Mr M Wright, Director of Finance	2.5-5.0	0.0-2.5	15-20	30-35	228	89	327	0
Mr C Thickett, Director of Finance	0.0-2.5	0	10-15	0	0	2	139	0
Mrs H McNair, Director of Nursing & Quality	2.5-5.0	12.5-15.0	55-60	170-175	1,048	216	1,295	0
Dr R Jenkins, Chief Executive	2.5-5.0	0.0-2.5	65-70	155-160	1,102	191	1,326	0
Mr R Kirton, Deputy Chief Executive and Chief Delivery	2.5-5.0	0	20-25	0	209	87	303	0
Dr S Enright Medical Director	5.0-7.5	0	70-75	190-195	907	227	1,490	0

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

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 19		Year ended 31 March 18	
	Directors	Governors	Directors	Governors
Total number in office	15	30	14	28
The number receiving expenses in the reporting period	4	3	11	5
The aggregate sum of expenses paid in the reporting period	£4,300	£800	£7,400	£300

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.

Dr Richard Jenkins ……Dated: 23 May 2019
Chief Executive

Staff Report

Our Workforce

Workforce Engagement

In the year, the Trust continued to demonstrate its commitment to developing and improving staff engagement at the People and Engagement Group (PEG), which reports into the Trust Board via the Finance and Performance Committee. The PEG meets monthly to review actions plans to strengthen greater engagement with the Trust's workforce. Membership comprises of directors and senior leaders from across all areas of the organisation, together with leads for equality, diversity and inclusion and organisational development.

CBU leads take ownership of their directorate's staff survey results and formulate individual action plans based on the themes identified specific to their directorates. The HR business partners meet regularly with the CBU leads at the performance meetings and the staff survey action plan forms part of the agenda.

Examples of the activity monitored and recommended by the PEG include:

- Annual Health and Wellbeing Fayre for staff
- Scrutiny of the annual NHS Staff Survey results
- Bi-monthly 'Pulse Check' surveys to understand how staff are feeling about certain topics
- Specific focus groups for disabled staff following feedback from the staff survey that their experience of working at the Trust could be further improved
- Redevelopment of the Trust's intranet site to include a centralised staff zone containing easy access to all staff benefits and health and wellbeing information
- Monitoring of the annual flu vaccination campaign
- Monitoring of quality and uptake of Trust appraisals for Agenda for Change staff
- Implementation of a new, electronic appraisal system

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

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

Staff Appraisals

Our appraisal data confirms that that 89.9% of non-medical staff have received an appraisal and 96.3% of medical staff have received an appraisal. An audit of the appraisal process provided positive feedback.

Staff Sickness Absence

Staff sickness absence has shown a slight increase, with the average for the year at 4.29% compared to 4.25 % in 2017-18.

The Trust sickness absence reduction action plan has been launched to all CBU and Corporate Directors in February 2019, and delivery of the actions are being monitored monthly at the PEG. A particular focus of the plan is on managing long-term sickness cases with the involvement of Occupational Health, senior management and senior HR support.

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

Staff Sickness Absence Data

Name	Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
	Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
Barnsley Hospital NHS Foundation Trust	2,916.00	27,928.78	9.58	1,064,341	45,307

Workforce Profile

The Trust continues to maintain a stable and growing workforce of 3,879 (3,693 excluding bank) in 2018-19 (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15, 3,337 in 2015-16, 3,522 in 2016- 17, 3,726 in 2017-18), with investment in doctor and nursing posts remaining a priority.

As at 31 March 2019, our workforce can be profiled as:

Ethnic Origin	Total Staff	Total %
White British	3427	88.4%
White Other	74	1.9%
Mixed	34	0.9%
Asian or Asian British	185	4.8%
Black or Black British	47	1.2%
Chinese	13	0.3%
Other Ethnic	27	0.7%
Undefined	38	1.0%
Not Stated	30	0.8%
Total	3876	
Gender		
Female	3084	79.6%
Male	792	20.4%
Disabled		
No	3597	92.8%
Prefer not to answer	4	0.1%
Undefined	28	0.7%
Not declared	105	2.7%
Yes	142	3.7%
Religious Belief		
Atheism	488	12.6%
Buddhism	9	0.2%
Christianity	2170	56.0%
Hinduism	52	1.3%
Islam	119	3.1%
Judaism	less than 5	
I do not wish to disclose	614	15.8%
Other	395	10.2%
Sikhism	less than 5	
Unspecified	21	0.5%
Sexual Orientation		
Heterosexual	3325	85.8%
Bisexual	16	0.4%
Gay or Lesbian	46	1.2%
Not stated	466	12.0%
Other sexual orientation not listed	1	0.0%
Undecided	1	0.0%
Unspecified	21	0.5%

Age Band		
16 – 20	82	3.0%
21 – 25	345	9.9%
26 – 30	501	12.9%
31 – 35	463	11.3%
36 – 40	468	12.6%
41 – 45	428	11.1%
46 – 50	457	12.1%
51 – 55	542	12.9%
56 – 60	353	8.9%
61 – 65	200	4.3%
66 - 70	27	0.6%
71+	10	0.4%

The balance of male and female of our Directors and Senior Management Team at the year end for 2018-19 is shown below:

	Female	Male
Board of Directors (Executive and Non Executive Directors)	3	8
Senior Management Team (excluding Executive Directors)	1	1

The balance of male and female of our workforce at the year end for 2018-19 is shown below:

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	133	40	173
Additional Clinical Services	684	103	787
Administrative and Clerical	622	149	771
Allied Health Professionals	183	32	215
Estates and Ancillary	231	82	313
Healthcare Scientists	65	36	101
Medical and Dental	170	276	446
Nursing and Midwifery Registered	996	74	1070
Total	3084	792	3876

Average number of employees (WTE basis)	Group			
			2018/19	2017/18
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	365	34	**400**	363
Ambulance staff	-	-	**-**	-
Administration and estates	906	23	**930**	778
Healthcare assistants and other support staff	161	-	**161**	177
Nursing, midwifery and health visiting staff	1,175	169	**1,344**	1,181
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	512	8	**520**	513
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	1	-	**1**	1
Total average numbers	**3,121**	**235**	**3,355**	**3,013**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	8

Staff Cost Summary

In line with the HM Treasury requirements, some previous accounts disclosures relating to staff costs are now required to be included in the staff report section of the annual report instead. The following tables link to data contained in the TAC and are included here for ease of formatting for the annual report. They should not be included in the annual accounts and these tables are not a complete list of numerical disclosures for the staff report.

	Group			
			2018/19	2017/18
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	107,294	15,661	**122,955**	109,895
Social security costs	10,478	-	**10,478**	9,527
Apprenticeship levy	546	-	**546**	503
Employer's contributions to NHS pensions	12,954	-	**12,954**	12,022
Pension cost - other	34	-	**34**	8
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	7,402	**7,402**	6,141
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**131,306**	**23,063**	**154,369**	**138,096**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**131,306**	**23,063**	**154,369**	**138,096**
Of which				
Costs capitalised as part of assets	-	-	**-**	339

Reporting of compensation schemes - exit packages 2018/19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	1	1	2
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	1	2
Total cost (£)	£39,000	£37,000	**£76,000**

Reporting of compensation schemes - exit packages 2017/18

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

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	37	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**1**	**37**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Occupational Health and Wellbeing

The Occupational Health and Wellbeing Service successfully achieved their five year SEQOHS accreditation which ensures that national standards for Occupational Health are being met.

The service continues to address 'health on work' and 'work on health' and staff continue to access our multidisciplinary team consisting of Occupational Health and Mental Health Nurses, Moving and Handling and Physiotherapy, and a Wellbeing Coordinator. The service works pro-actively with managers and HR to support staff to improve their physical and mental health, enabling them to remain at work with their health condition, and prevent and reduce sickness absence.

There has been the introduction of 'VIV UP' a new 24 hour telephone employee assistance programme which offers a range of information and practical support for problems at work or home. If face to face therapy or counselling is required staff are re-referred back into the internal counselling/mental health service within Occupational Health and Wellbeing Service. To date feedback has been positive.

The service held another successful Health and Wellbeing Fair, which was opened by the Trust's Public Health Consultant. There was representation from fourteen additional services. Staff were supported with advice on healthy lifestyle, keeping fit and smoking cessation. There was also the opportunity for attendees to have lifestyle checks, which measure blood pressure, blood glucose and cholesterol. Lifestyle checks are available throughout the year. Our service is planning a further event in summer 2019.

Other wellbeing initiatives are continued, topical newsletters, the introduction of a Health and Wellbeing Steering Group which are formulating wellbeing objectives using the recommended Workplace Health Framework tool. Wellbeing modular workshops have been developed and include Communication, Interpersonal Relationships, Trust & Respect, Building Rapport, Equality, Diversity & Inclusion, and Sleep Hygiene, Change management, Conflict management, Mental Health awareness and Menopause.

In addition, the service has supported a total of 26 external contracts over the last year.

Occupational Health and Wellbeing Service have also supported the Trust's Commissioning for Quality and Innovation (CQUIN) work regarding muscular-skeletal, stress and flu. This year's flu campaign reached a successful 76.58% uptake. Plans have commenced for 2019-20 with the new target of 80% uptake.

Occupational Health and Wellbeing are part of a collaborative regional streamlining group. This enables practice to be benchmarked and joined together. The main project this year was to jointly enable upgrade of our COHORT Occupational Health Computer system, which will have a number of benefits including reduced DNA rates, and manager and employee recruitment platforms to enable individuals' access which should improve the process.

Appointment activity as below April 2018 to March 2019

Activity for BHNFT	Appointments
Employment screening	1,177
Referrals	824
Reviews	1,314
Psychological support	1,099
Physiotherapy referral	112
Physiotherapy Reviews	486
Wellbeing Workshops	6
Hepatitis B vaccinations	439

Workforce Communications and Engagement

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

HEART Awards

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

BRILLIANT Staff Awards

We continue to pay tribute to our staff with the monthly BRILLIANT staff awards. Three awards are handed out each month. Two of the awards, for our Brilliant Individual and Brilliant Team, are selected by the Chairman and Chief Executive from nominations received by staff within the hospital. The third, Public Brilliant award is compiled of nominations received by members of the public. Our award winners are celebrated each month with Board recognition, social media coverage and internally to the wider organisation. In 2018-19 the Trust launched a 'Wall of Fame' recognition scheme to celebrate winners throughout the year within the hospital site for patients, visitors and staff to view.

NHS Staff Survey

A full staff survey was completed in 2018. 1,564 members of staff completed the survey, our response rate was 50%. The average response rate for similar trusts was 47%

Response data:

	2017	2018
Total number of eligible staff	2877	**3156**
Returned completed	1285	**1564**
Response rate	44.3%	**50%**
Average Picker response rate	45.5%	**47%**

Our high level results are:

PROUD to listen

NHS
Barnsley Hospital
NHS Foundation Trust

NHS Annual Staff Survey Results for Barnsley Hospital

We're really pleased with our progress and the positive steps we are taking to make everyone's experience of working at Barnsley Hospital the best it can it be.

We are rated as good or better than most NHS Acute Trusts for...

- Quality of Care
- Safety Culture
- Safe Environment
- Equality, Diversity and Inclusion
- Morale
- Staff Engagement
- Health and Wellbeing
- Quality of appraisals
- Immediate Managers

What staff think about the Trust

- 75% of staff agree patient care is our top priority
- 60% of survey questions were scored more positively by staff this year
- 63% of staff recommend Barnsley Hospital as a place to work
- 68% of staff would be happy to have a friend or relative come here

Key improvements since last year

- Care of patients is the organisation's top priority
- Staff are able to provide the care they aspire to
- If a friend or relative needed treatment, staff would be happy with the standard of care we provide
- Staff are satisfied with their level of pay
- Staff are able to meet conflicting demands on their time during work

Our core strengths

- Staff are given feedback about changes made in response to reported errors
- Staff have had an appraisal in the last 12 months
- Staff have not experienced harassment, bullying or abuse from patients or the public
- Staff not work additional unpaid hours

Areas where we aspire to do better

- Had training, learning or development in the last 12 months
- Reporting of harassment, bullying or abuse
- Disability: organisation made adequate, adjustment(s) to enable me to carry out work

The Picker Facilitated Report

When comparing the question responses year on year out of 88 questions the Trust has improved on 20 questions and worsened on 1 question.

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

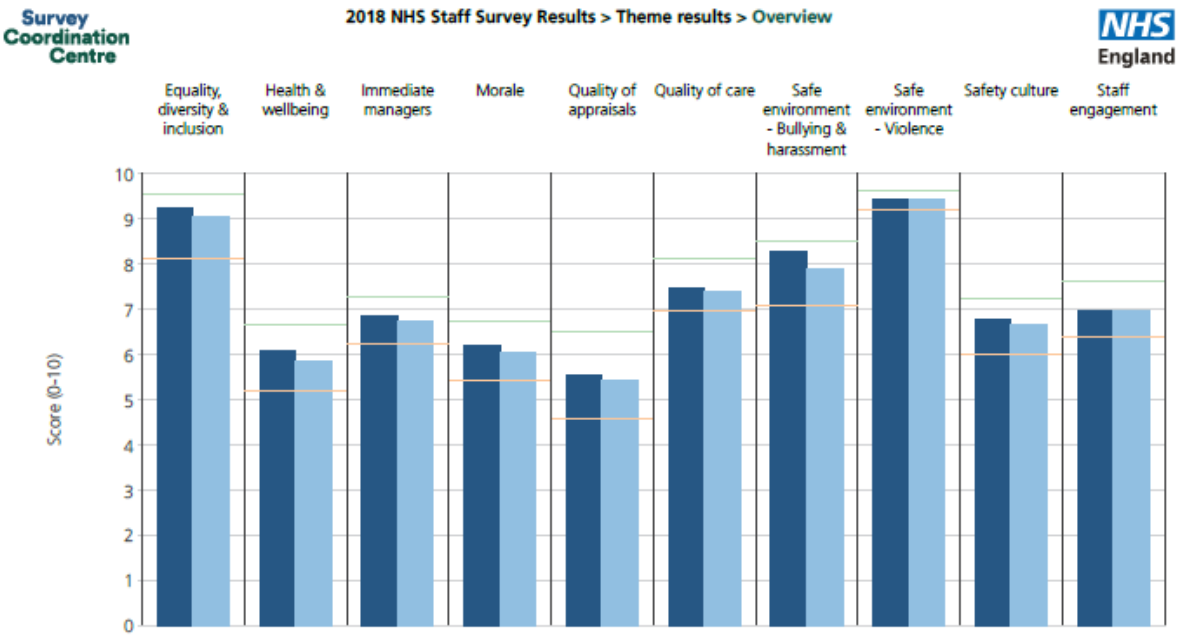
2017 - 18	6
2018 – 19	**20**

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

2017 - 18	1
2018 – 19	**1**

NHS England Report

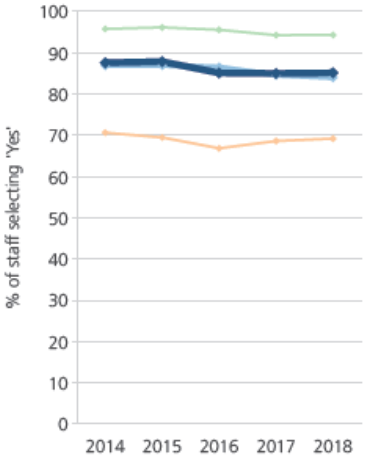
The NHS England report clusters the NHS staff survey questions into nine key themes (safe environment is separated into the domains of violence and bullying and harassment). Compared to the 2017 survey Out of ten themes the Trust scored better than average for; Equality and diversity, health and well being, Immediate managers, quality of appraisals, quality of care, safe environment - bullying and harassment and safety culture. Morale is a new theme this year so has no previous year comparisons.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.2	6.1	6.9	6.2	5.5	7.5	8.3	9.4	6.8	7.0
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
No. responses	1,440	1,446	1,453	1,418	1,323	1,293	1,426	1,421	1,434	1,471

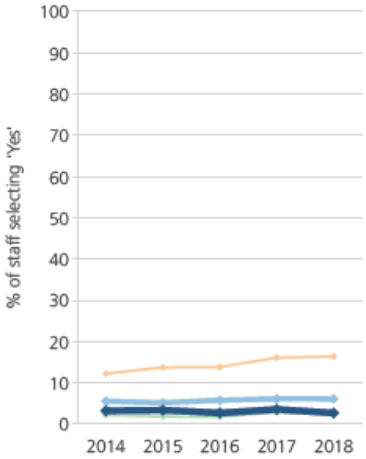
Equality, Diversity and Inclusion

Q14
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



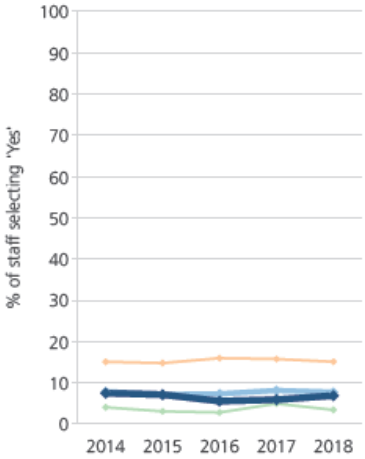
	2014	2015	2016	2017	2018
Best	95.7%	96.1%	95.5%	94.2%	94.3%
Your org	87.5%	87.8%	85.0%	84.9%	85.1%
Average	86.9%	86.9%	86.4%	84.5%	83.9%
Worst	70.6%	69.4%	66.8%	68.6%	69.2%

Q15a
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	12.2%	13.8%	13.8%	16.1%	16.4%
Your org	3.2%	3.4%	2.7%	3.6%	2.7%
Average	5.6%	5.2%	5.8%	6.1%	6.1%
Best	2.2%	1.8%	1.8%	2.9%	2.7%

Q15b
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

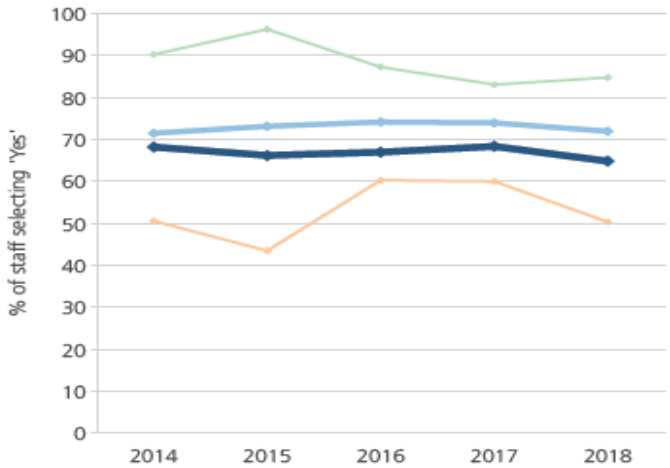


	2014	2015	2016	2017	2018
Worst	15.1%	14.8%	16.0%	15.8%	15.1%
Your org	7.5%	7.1%	5.6%	5.9%	6.9%
Average	7.9%	7.2%	7.3%	8.2%	7.7%
Best	4.1%	3.1%	2.8%	5.0%	3.4%

20

Disability

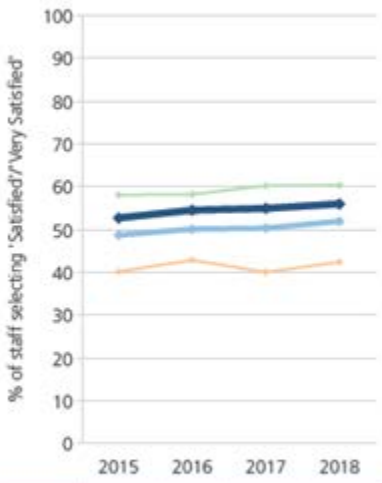
Q28b
Has your employer made adequate adjustment(s) to enable you to carry out your work?



	2014	2015	2016	2017	2018
Best	90.3%	96.3%	87.3%	83.1%	84.8%
Your org	68.2%	66.2%	67.0%	68.4%	64.9%
Average	71.5%	73.2%	74.2%	74.0%	72.0%
Worst	50.6%	43.5%	60.3%	60.0%	50.4%

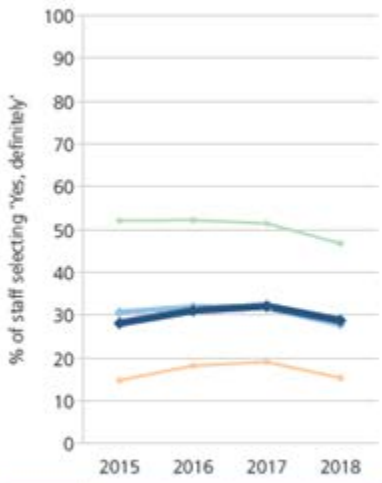
Health and Wellbeing

Q5h
The opportunities for flexible working patterns



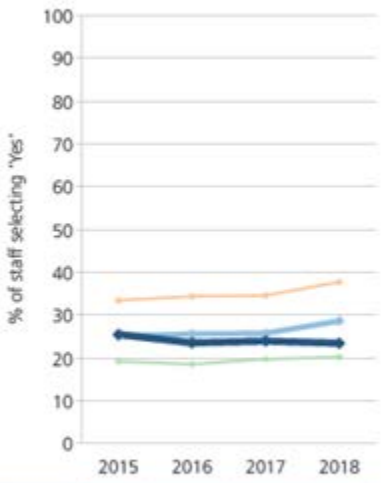
	2015	2016	2017	2018
Best	58.1%	58.2%	60.3%	60.4%
Your org	52.7%	54.6%	55.0%	56.0%
Average	48.7%	50.1%	50.4%	51.9%
Worst	40.2%	42.9%	40.1%	42.5%

Q11a
Does your organisation take positive action on health and well-being?



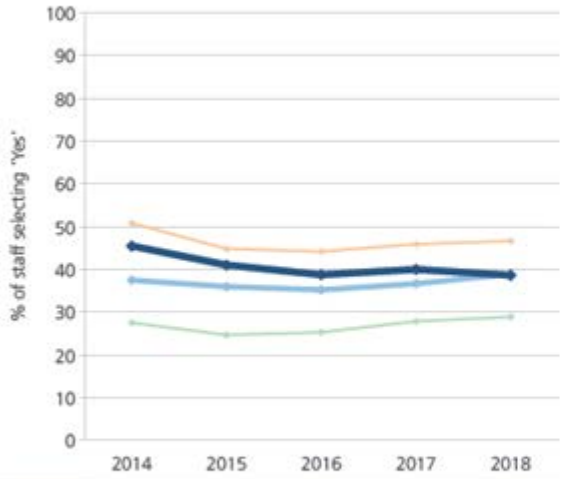
	2015	2016	2017	2018
Best	52.1%	52.2%	51.5%	46.7%
Your org	28.1%	31.1%	32.1%	28.8%
Average	30.7%	32.0%	31.7%	27.8%
Worst	14.8%	18.2%	19.1%	15.3%

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



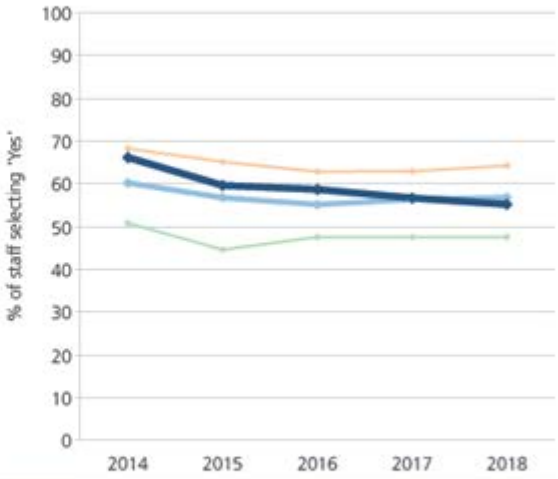
	2015	2016	2017	2018
Worst	33.5%	34.4%	34.6%	37.8%
Your org	25.5%	23.6%	24.0%	23.5%
Average	25.1%	25.6%	25.8%	28.7%
Best	19.2%	18.6%	19.7%	20.2%

Q11c
During the last 12 months have you felt unwell as a result of work related stress?



	2014	2015	2016	2017	2018
Worst	50.8%	44.9%	44.2%	45.9%	46.7%
Your org	45.5%	41.1%	38.8%	40.0%	38.7%
Average	37.5%	36.0%	35.3%	36.7%	38.9%
Best	27.5%	24.7%	25.3%	27.9%	28.9%

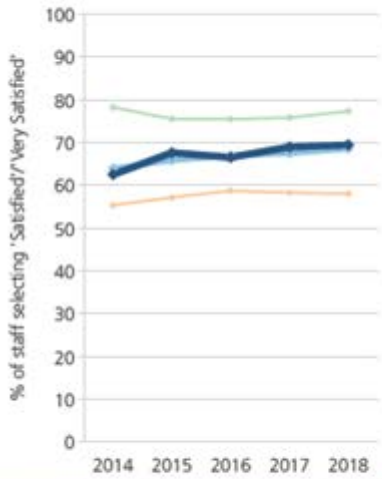
Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2014	2015	2016	2017	2018
Worst	68.3%	65.2%	62.9%	63.0%	64.3%
Your org	66.2%	59.7%	58.7%	56.7%	55.2%
Average	60.3%	56.8%	55.2%	56.4%	56.9%
Best	50.9%	44.6%	47.6%	47.6%	47.6%

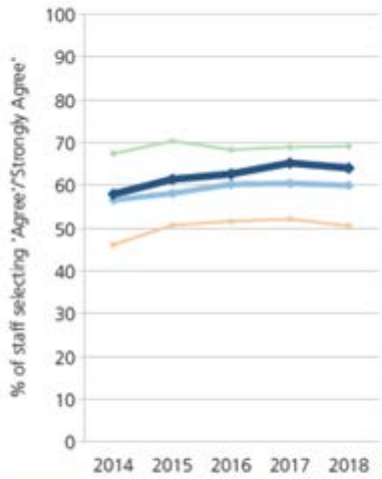
Immediate Managers

Q5b
The support I get from my immediate manager



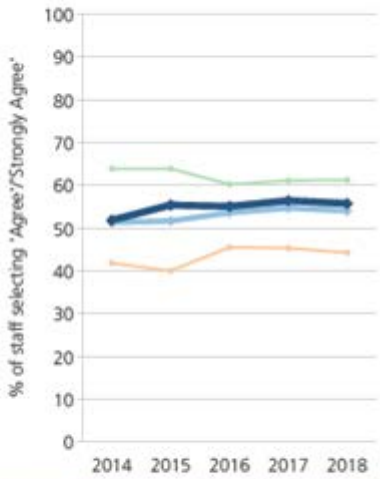
	2014	2015	2016	2017	2018
Best	78.3%	75.6%	75.5%	75.8%	77.4%
Your org	62.5%	67.6%	66.6%	69.0%	69.5%
Average	64.0%	65.9%	67.0%	67.5%	68.6%
Worst	55.4%	57.2%	58.8%	58.3%	58.1%

Q8c
My immediate manager gives me clear feedback on my work



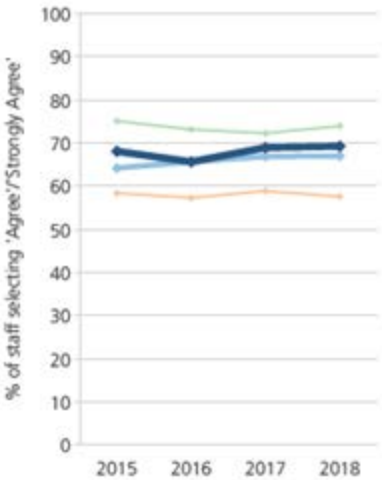
	2014	2015	2016	2017	2018
Best	67.5%	70.4%	68.4%	69.0%	69.2%
Your org	58.0%	61.4%	62.7%	65.2%	64.1%
Average	56.6%	58.2%	60.3%	60.5%	60.0%
Worst	46.1%	50.7%	51.6%	52.1%	50.6%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



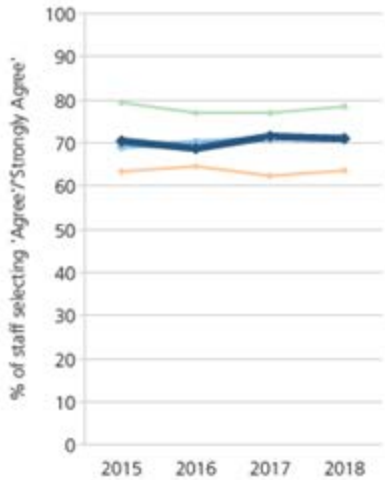
	2014	2015	2016	2017	2018
Best	63.9%	63.9%	60.3%	61.2%	61.3%
Your org	51.9%	55.4%	55.1%	56.5%	55.8%
Average	51.4%	51.7%	53.6%	54.7%	54.1%
Worst	41.8%	40.0%	45.5%	45.3%	44.3%

Q8f
My immediate manager takes a positive interest in my health and well-being



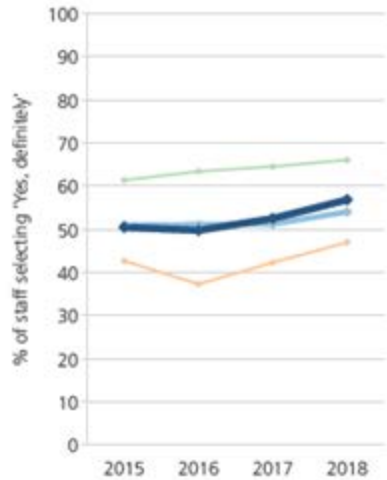
	2015	2016	2017	2018
Best	75.1%	73.2%	72.3%	74.0%
Your org	68.1%	65.7%	69.0%	69.3%
Average	64.2%	65.7%	66.9%	67.0%
Worst	58.4%	57.3%	58.9%	57.6%

Q8g
My immediate manager values my work



	2015	2016	2017	2018
Best	79.4%	77.0%	77.0%	78.5%
Your org	70.5%	68.7%	71.6%	71.0%
Average	69.2%	70.1%	71.1%	71.1%
Worst	63.4%	64.6%	62.4%	63.6%

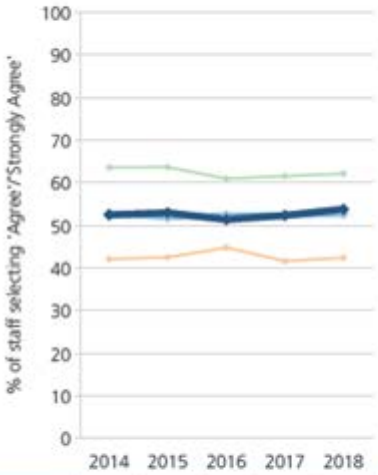
Q19g
My manager supported me to receive this training, learning or development



	2015	2016	2017	2018
Best	61.4%	63.4%	64.6%	66.1%
Your org	50.5%	49.8%	52.5%	56.9%
Average	51.0%	51.1%	51.2%	54.1%
Worst	42.7%	37.3%	42.3%	47.0%

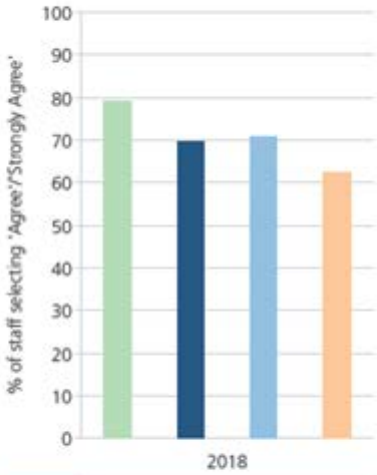
Staff Morale

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



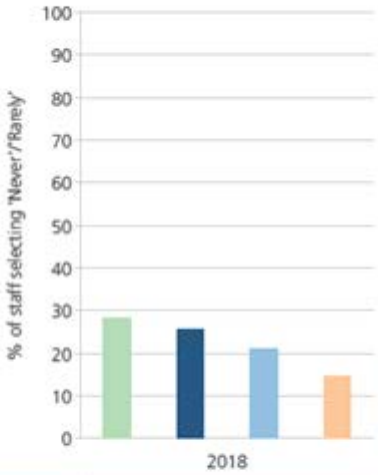
	2014	2015	2016	2017	2018
Best	63.6%	63.7%	61.0%	61.6%	62.2%
Your org	52.5%	53.0%	51.4%	52.4%	53.8%
Average	52.9%	51.9%	52.5%	52.4%	52.6%
Worst	42.1%	42.5%	44.8%	41.6%	42.5%

Q4j
I receive the respect I deserve from my colleagues at work



	2018
Best	79.0%
Your org	69.7%
Average	70.9%
Worst	62.5%

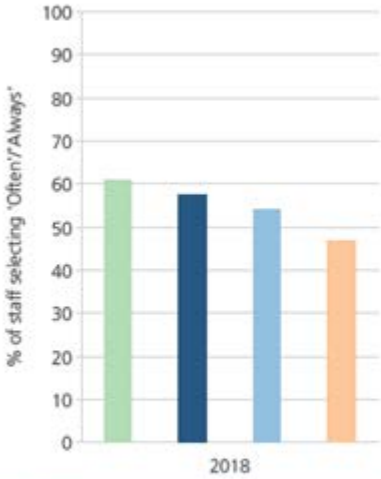
Q6a
I have unrealistic time pressures



	2018
Best	28.3%
Your org	25.6%
Average	21.1%
Worst	14.7%

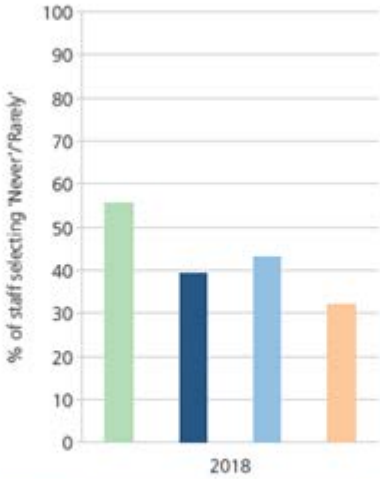
26

Q6b
I have a choice in deciding how to do my work



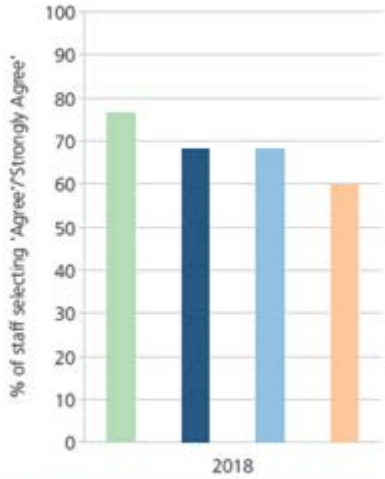
	2018
Best	61.1%
Your org	57.3%
Average	54.0%
Worst	47.0%

Q6c
Relationships at work are strained

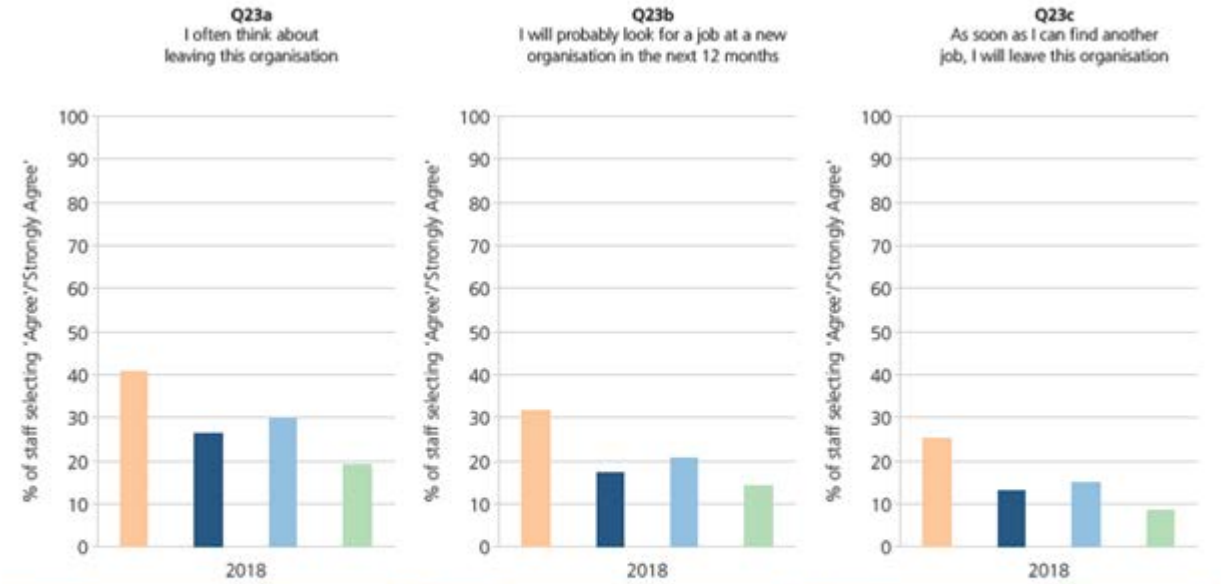


	2018
Best	55.5%
Your org	39.2%
Average	42.9%
Worst	32.2%

Q8a
My immediate manager encourages me at work

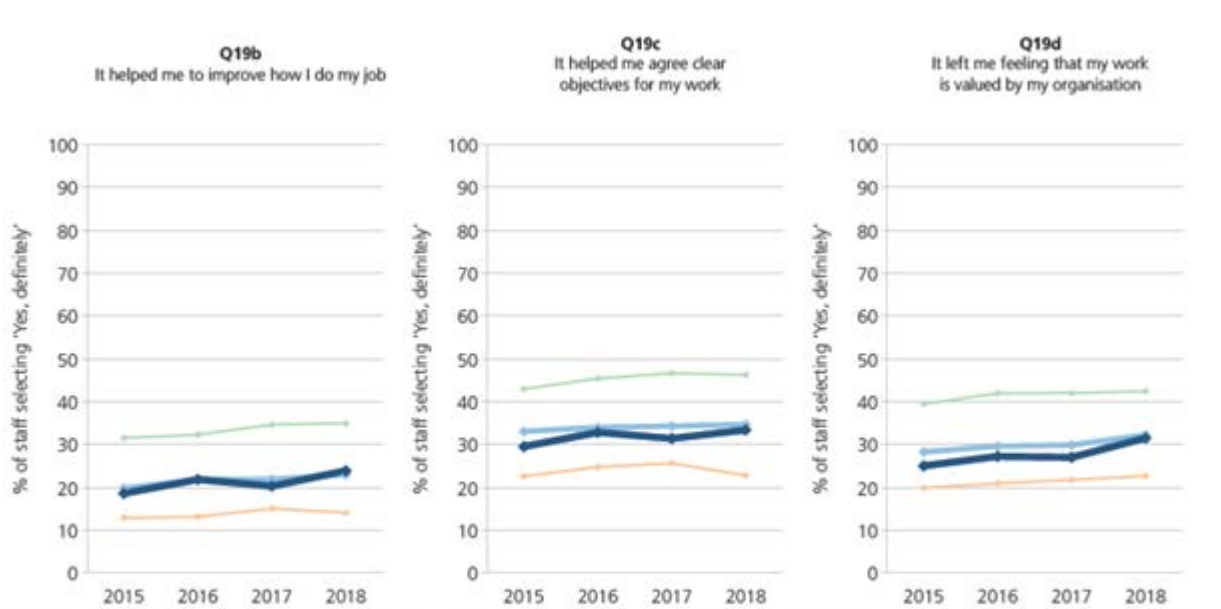


	2018
Best	76.7%
Your org	68.3%
Average	68.1%
Worst	59.7%

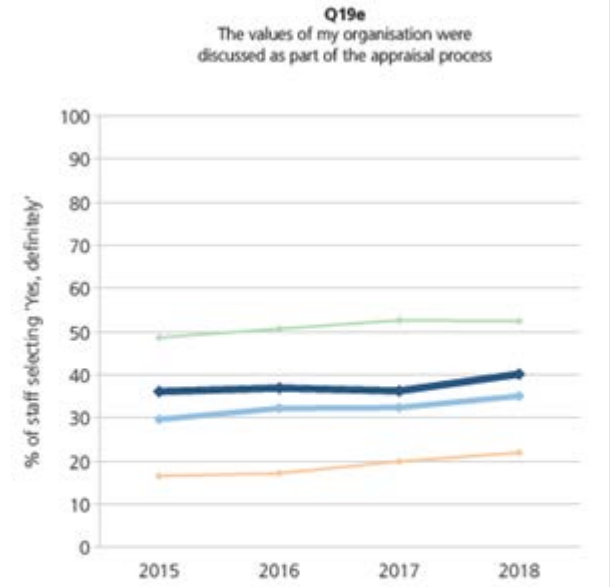


	Q23a	Q23b	Q23c
Worst	40.6%	31.7%	25.0%
Your org	26.2%	17.4%	13.1%
Average	29.9%	20.8%	15.1%
Best	19.1%	14.0%	8.5%

Quality of Appraisals

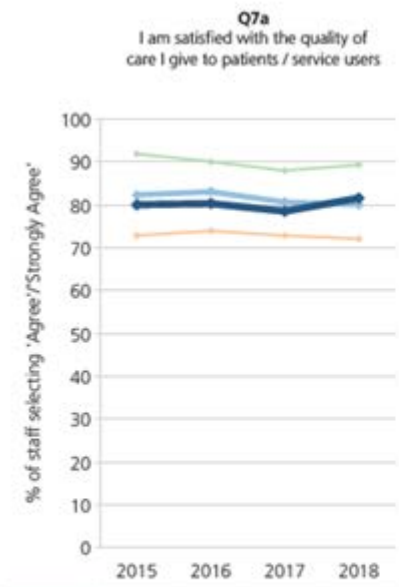


	Q19b 2015	Q19b 2016	Q19b 2017	Q19b 2018	Q19c 2015	Q19c 2016	Q19c 2017	Q19c 2018	Q19d 2015	Q19d 2016	Q19d 2017	Q19d 2018
Best	31.6%	32.3%	34.7%	35.0%	43.0%	45.4%	46.7%	46.3%	39.5%	42.0%	42.1%	42.5%
Your org	18.6%	21.9%	20.3%	23.9%	29.5%	32.9%	31.4%	33.5%	25.0%	27.3%	27.0%	31.6%
Average	19.8%	21.8%	21.9%	23.0%	33.1%	34.0%	34.3%	34.7%	28.3%	29.7%	29.9%	32.3%
Worst	12.9%	13.2%	15.1%	14.1%	22.6%	24.8%	25.6%	22.8%	19.9%	21.0%	21.8%	22.7%

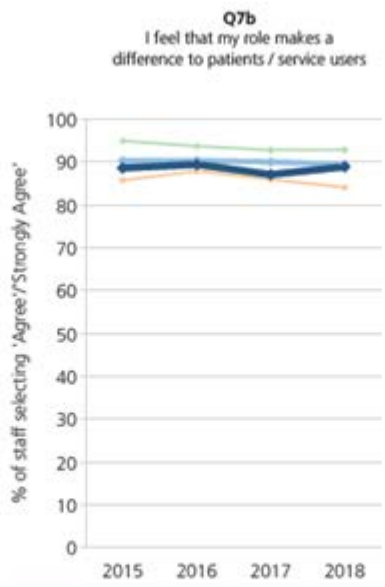


	2015	2016	2017	2018
Best	48.6%	50.7%	52.6%	52.5%
Your org	36.1%	36.9%	36.3%	40.2%
Average	29.7%	32.2%	32.4%	35.1%
Worst	16.5%	17.2%	19.9%	22.0%

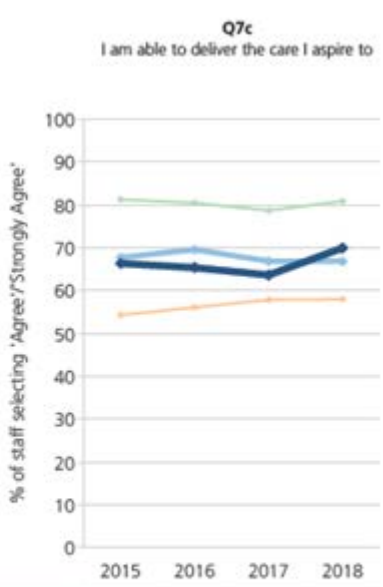
Quality of Care



	2015	2016	2017	2018
Best	92.0%	90.1%	88.1%	89.4%
Your org	80.1%	80.4%	78.6%	81.6%
Average	82.4%	83.1%	80.7%	80.1%
Worst	72.9%	74.0%	72.9%	72.1%



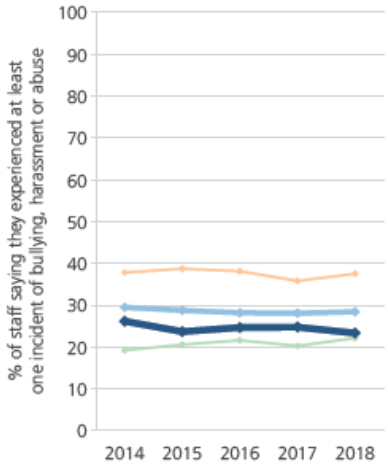
	2015	2016	2017	2018
Best	95.0%	93.8%	92.8%	92.9%
Your org	88.7%	89.5%	87.1%	88.9%
Average	90.4%	90.4%	90.1%	89.5%
Worst	85.8%	87.9%	86.0%	84.1%



	2015	2016	2017	2018
Best	81.3%	80.5%	78.7%	80.9%
Your org	66.4%	65.4%	63.7%	70.0%
Average	67.8%	69.6%	66.9%	66.9%
Worst	54.3%	56.1%	57.9%	58.0%

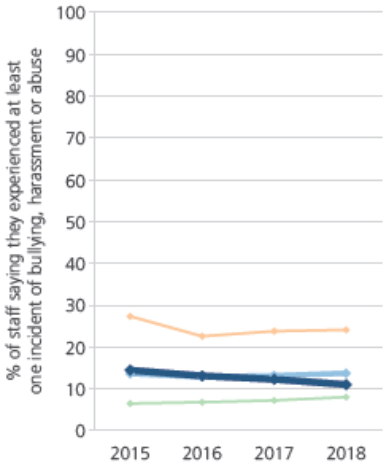
Bullying and Harassment

Q13a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



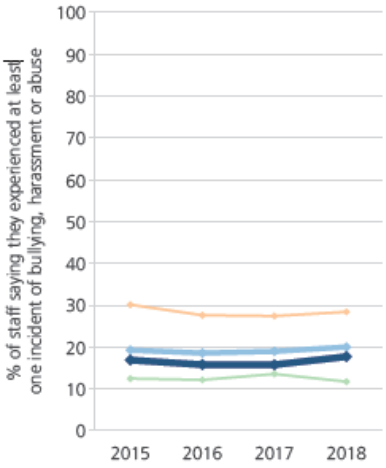
	2014	2015	2016	2017	2018
Worst	37.8%	38.7%	38.1%	35.8%	37.5%
Your org	26.2%	23.7%	24.7%	24.7%	23.3%
Average	29.5%	28.8%	28.2%	28.1%	28.4%
Best	19.2%	20.6%	21.6%	20.3%	22.1%

Q13b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2015	2016	2017	2018
Worst	27.3%	22.6%	23.8%	24.1%
Your org	14.5%	13.1%	12.3%	11.0%
Average	13.6%	12.9%	13.2%	13.7%
Best	6.5%	6.8%	7.3%	8.0%

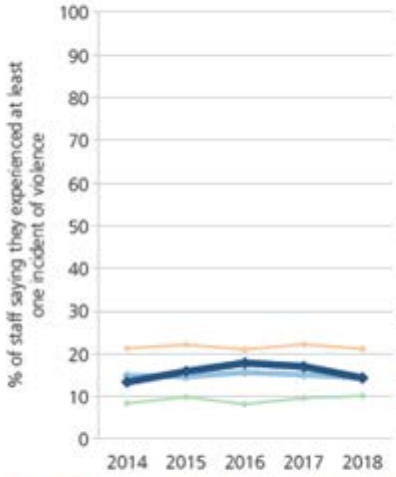
Q13c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2015	2016	2017	2018
Worst	30.1%	27.6%	27.4%	28.4%
Your org	16.9%	15.8%	15.8%	17.7%
Average	19.3%	18.6%	19.0%	20.0%
Best	12.5%	12.2%	13.6%	11.7%

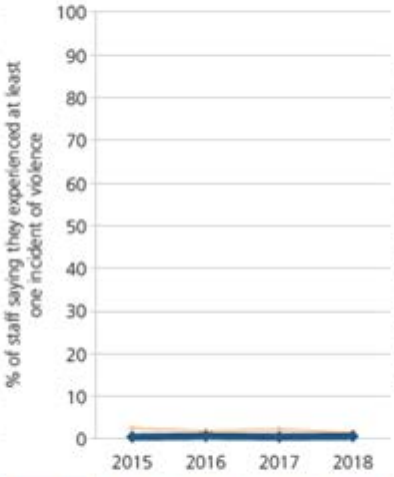
Environment - Violence

Q12a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



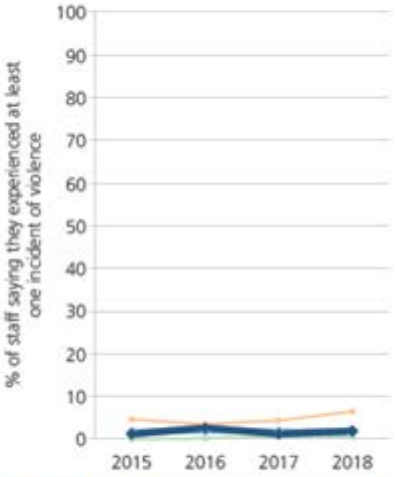
	2014	2015	2016	2017	2018
Worst	21.3%	22.1%	21.0%	22.2%	21.2%
Your org	13.4%	15.9%	17.8%	17.0%	14.3%
Average	14.9%	14.6%	15.7%	15.1%	14.3%
Best	8.4%	9.8%	8.2%	9.6%	10.1%

Q12b
In the last 12 months how many times have you personally experienced physical violence at work from managers?



	2015	2016	2017	2018
Worst	2.5%	1.9%	2.3%	1.6%
Your org	0.5%	0.7%	0.5%	0.7%
Average	0.6%	0.6%	0.7%	0.7%
Best	0.0%	0.0%	0.0%	0.0%

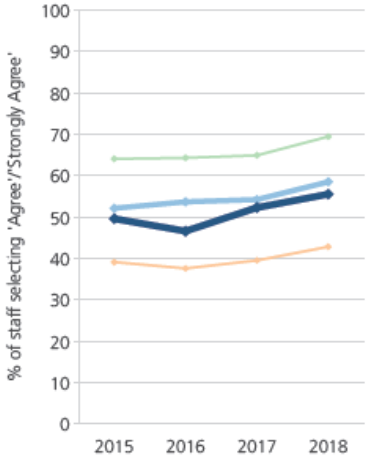
Q12c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



	2015	2016	2017	2018
Worst	4.6%	3.5%	4.4%	6.5%
Your org	1.2%	2.6%	1.3%	1.9%
Average	1.8%	1.9%	1.9%	1.6%
Best	0.0%	0.2%	0.8%	0.6%

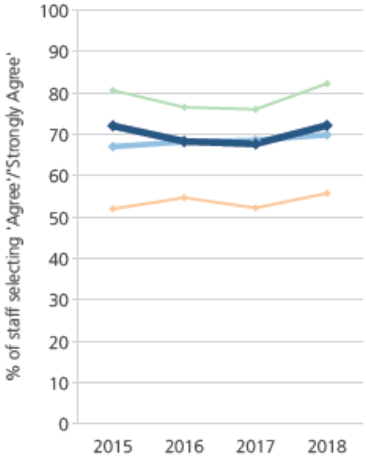
Safety Culture

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly



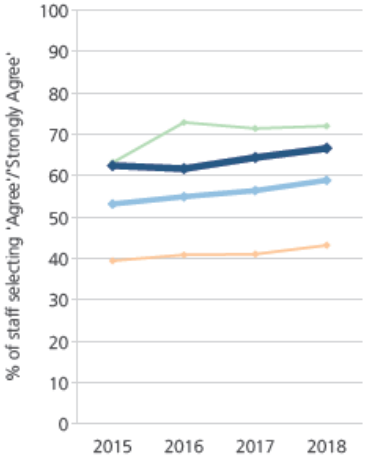
	2015	2016	2017	2018
Best	64.1%	64.3%	64.9%	69.5%
Your org	49.6%	46.6%	52.3%	55.6%
Average	52.1%	53.7%	54.3%	58.5%
Worst	39.1%	37.6%	39.5%	42.8%

Q17c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



	2015	2016	2017	2018
Best	80.7%	76.6%	76.1%	82.3%
Your org	72.1%	68.3%	67.7%	72.2%
Average	67.1%	68.2%	68.6%	69.9%
Worst	52.0%	54.7%	52.2%	55.8%

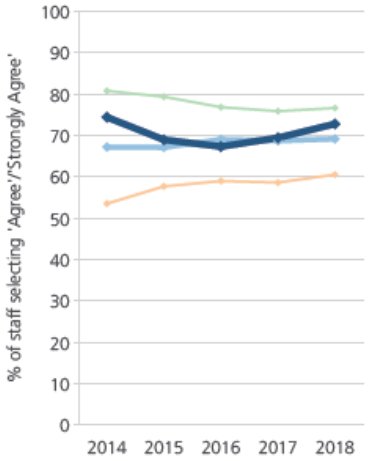
Q17d
We are given feedback about changes made in response to reported errors, near misses and incidents



	2015	2016	2017	2018
Best	63.2%	72.9%	71.4%	72.0%
Your org	62.5%	61.7%	64.4%	66.6%
Average	53.2%	54.9%	56.4%	58.9%
Worst	39.5%	40.9%	41.1%	43.2%

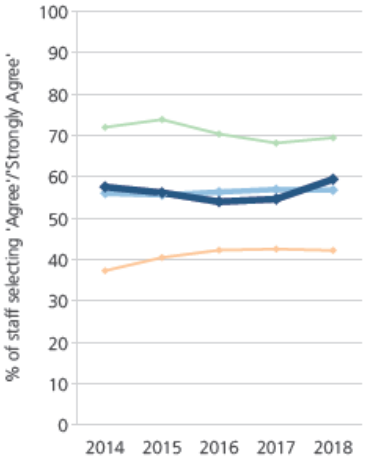
34

Q18b
I would feel secure raising concerns about unsafe clinical practice



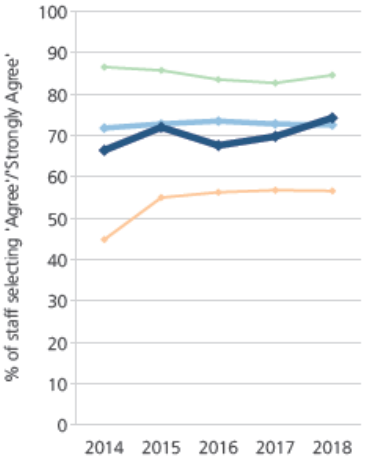
	2014	2015	2016	2017	2018
Best	80.8%	79.4%	76.9%	75.9%	76.7%
Your org	74.5%	69.0%	67.4%	69.5%	72.8%
Average	67.2%	67.1%	69.1%	68.8%	69.2%
Worst	53.5%	57.7%	59.0%	58.7%	60.6%

Q18c
I am confident that my organisation would address my concern



	2014	2015	2016	2017	2018
Best	72.0%	73.9%	70.4%	68.2%	69.5%
Your org	57.6%	56.2%	54.0%	54.7%	59.5%
Average	56.0%	55.7%	56.4%	57.0%	56.8%
Worst	37.3%	40.5%	42.3%	42.6%	42.2%

Q21b
My organisation acts on concerns raised by patients / service users

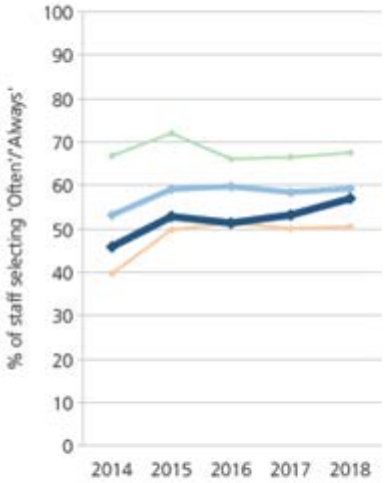


	2014	2015	2016	2017	2018
Best	86.6%	85.8%	83.6%	82.7%	84.6%
Your org	66.5%	72.0%	67.6%	69.8%	74.3%
Average	71.8%	72.8%	73.5%	72.8%	72.6%
Worst	44.9%	55.0%	56.3%	56.8%	56.6%

35

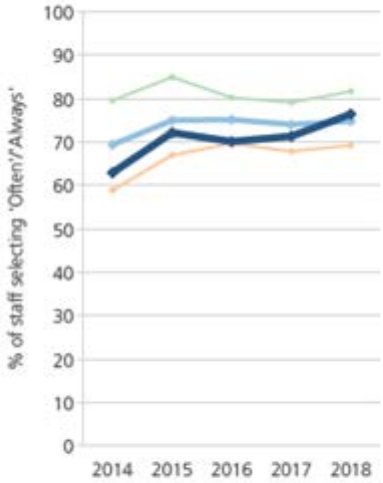
Engagement

Q2a
I look forward to going to work



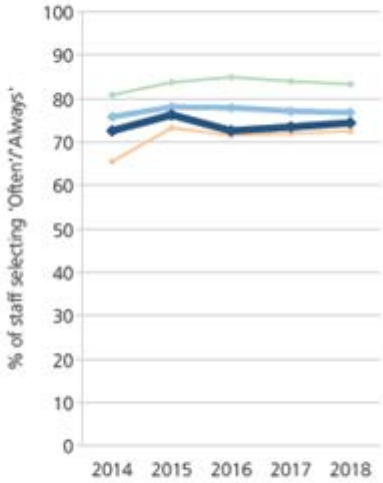
	2014	2015	2016	2017	2018
Best	66.9%	72.0%	66.1%	66.6%	67.6%
Your org	45.9%	52.9%	51.4%	53.2%	57.0%
Average	53.2%	59.2%	59.8%	58.5%	59.3%
Worst	39.7%	49.8%	51.4%	50.1%	50.6%

Q2b
I am enthusiastic about my job



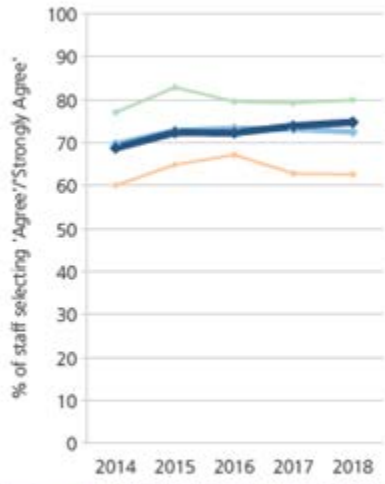
	2014	2015	2016	2017	2018
Best	79.6%	85.0%	80.3%	79.2%	81.7%
Your org	63.0%	72.2%	70.1%	71.4%	76.5%
Average	69.4%	75.0%	75.2%	74.1%	74.8%
Worst	58.9%	67.0%	69.7%	67.9%	69.3%

Q2c
Time passes quickly when I am working



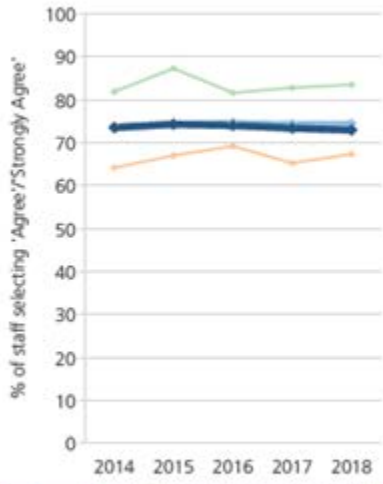
	2014	2015	2016	2017	2018
Best	80.9%	83.8%	85.0%	84.0%	83.4%
Your org	72.6%	76.3%	72.6%	73.5%	74.5%
Average	75.9%	78.1%	77.9%	77.2%	76.8%
Worst	65.5%	73.3%	71.6%	72.0%	72.6%

Q4a
There are frequent opportunities for me to show initiative in my role



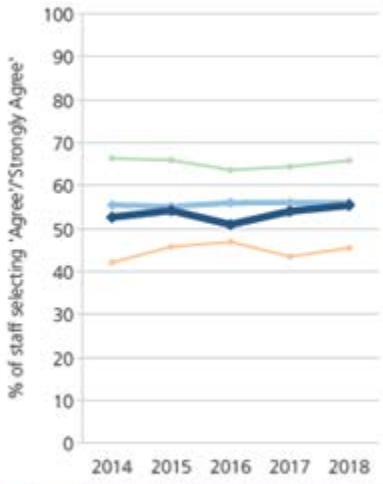
	2014	2015	2016	2017	2018
Best	77.1%	82.9%	79.6%	79.3%	80.0%
Your org	68.8%	72.4%	72.3%	73.9%	74.8%
Average	69.8%	72.9%	73.4%	73.1%	72.5%
Worst	60.1%	64.9%	67.2%	62.8%	62.7%

Q4b
I am able to make suggestions to improve the work of my team / department

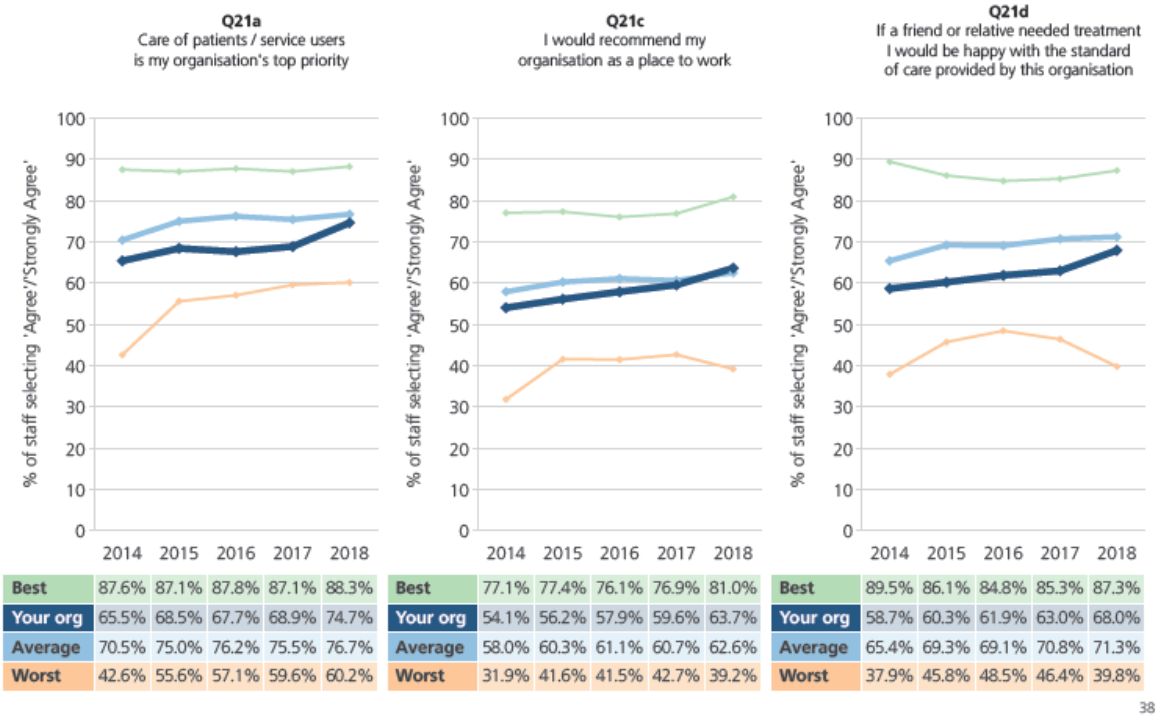


	2014	2015	2016	2017	2018
Best	81.9%	87.3%	81.6%	82.8%	83.5%
Your org	73.5%	74.3%	74.0%	73.4%	73.0%
Average	73.8%	74.4%	74.7%	74.5%	74.5%
Worst	64.2%	67.0%	69.2%	65.3%	67.4%

Q4d
I am able to make improvements happen in my area of work



	2014	2015	2016	2017	2018
Best	66.4%	66.0%	63.7%	64.4%	65.9%
Your org	52.7%	54.2%	51.0%	54.1%	55.5%
Average	55.5%	55.2%	56.0%	56.1%	56.1%
Worst	42.2%	45.8%	46.9%	43.5%	45.5%



Investors in People

In 2018 the Trust was accredited again as an Investors in People organisation to 2021. The Trust was assessed against nine performance indicators, facilitated by our Learning and Development Team. 170 colleagues were interviewed across the Trust volunteers, staff side and governors. We achieved in all nine categories and received 'Essential' standard which has replaced our previous 'Bronze' accreditation. The report outlined that staff feel empowered to make decisions that are appropriate to their role and that consultation and managing performance is well embedded.

Apprenticeships at Barnsley Hospital

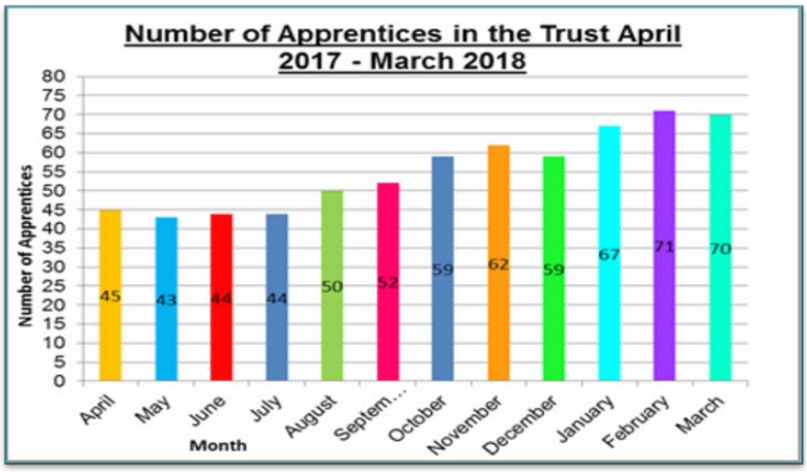
We have employed apprentices at Barnsley Hospital for many years and a lot of our staff, including staff in senior roles, started their career here as an apprentice or trainee.

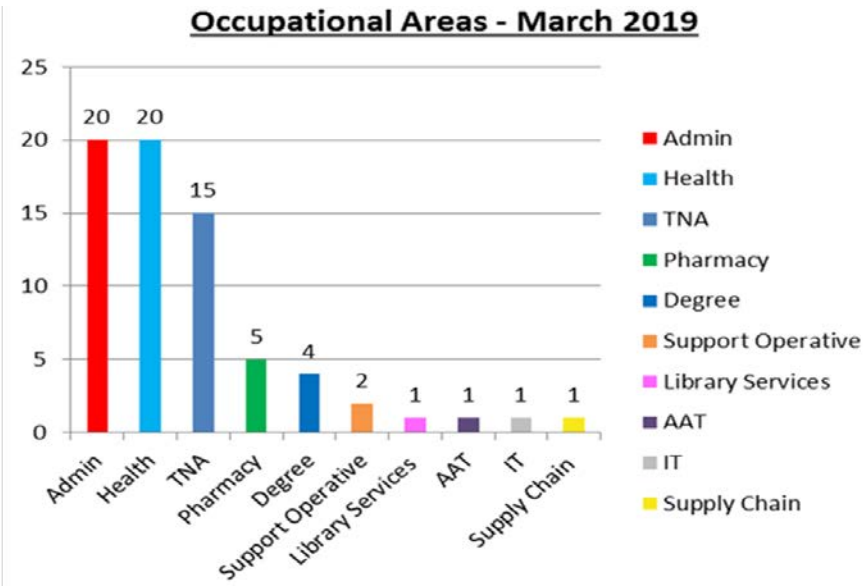
In February 2019, the Trust's Communications Apprentice won the accolade of National Apprentice of the Year at the NHS Unsung Hero Awards.

Apprentices are aged 16 or over and combine working with studying to gain skills and knowledge in a specific job. We offer a number of different apprenticeship opportunities here at the Trust and all our apprentices are an asset to the Trust. Apprentices work with experienced staff learning job-specific skills and have protected time to study during their working week.

Apprentices are treated as a member of the team and help support the function or service they are working within. Hiring an apprentice enables services to grow their skills base resulting in increased output and service development.

In 2017 the apprenticeship levy was introduced, although the Trust already had an embedded apprenticeship scheme, changes in the skills funding agency funding rules enabled the Trust to expand its apprenticeship offering. In addition to this the creation of higher level and degree apprenticeships has allowed access to a range of new standards. During 2018 the apprenticeship program has supported new roles within the Trust, with the introduction of Assistant Practitioners and Trainee Nurse Associates (TNAs). During the year we enrolled 66 new apprentices. Our breakdown of apprentices by month and occupation areas is illustrated below.





Talent for Care

The Trust supports Health Education Yorkshire and the Humber Talent for Care initiative, which not only promotes apprenticeship opportunities but provides support with initiatives to promote widening participation to individuals who are under represented within the NHS. As a large employer we have a corporate social responsibility to our community and this agenda supports this. The Talent for Care initiative has also enhanced further the visibility and targeting of Health Careers Information, Advice and Guidance, this has been achieved through our continued work with local schools, career activities and school leaver events to promote the NHS careers, learning and development have engaged with over 1,500 school aged children in the Barnsley district and have delivered a number of workshops and classroom sessions.

Mandatory Training

During 2018 all section 1 MAST subjects have been aligned to the Core Skills Framework. The Trust sets itself an ambitious target of 90% mandatory training compliance. This is higher than the national norm however we believe that 90% is an achievable stretch target.

End of year data demonstrates that we have achieved 90.3%

	Training Compliance											
	Overall April 2018	Overall May 2018	Overall June 2018	Overall July 2018	Overall Aug 2018	Overall Sep 2018	Overall Nov 2018	Overall Dec 2018	Overall Jan 2019	Overall Feb 2019	Overall Mar 2019	April 2018 to Mar 2019
Training												
Trust	88.2%	88.2%	88.0%	88.0%	86.7%	86.0%	87.9%	88.4%	88.0%	89.0%	90.3%	2.2%
Corporate Services	86.6%	86.3%	86.0%	84.6%	82.5%	83.5%	89.2%	89.0%	87.6%	88.2%	90.5%	3.8%
CBU 1 Medicine	85.9%	86.4%	87.1%	87.2%	84.8%	82.7%	84.9%	86.6%	87.1%	87.9%	89.2%	3.3%
CBU 2 Surgery	88.7%	88.3%	86.9%	87.7%	86.6%	84.7%	86.1%	85.8%	86.3%	88.2%	89.0%	0.3%
CBU 3 Women, Children & Clinical Support Services	91.5%	91.4%	90.6%	90.2%	90.5%	90.6%	90.4%	91.0%	89.8%	90.8%	91.7%	0.2%
Barnsley Facilities Services	88.3%	89.6%	94.7%	96.8%	94.8%	93.5%	90.5%	90.4%	89.5%	89.7%	92.4%	4.1%
Training												
Business Security and Emergency Response	91.9%	92.6%	92.9%	93.9%	92.5%	91.8%	92.0%	92.8%	93.3%	92.9%	93.5%	1.7%
Equality & Diversity	92.1%	92.6%	92.9%	93.2%	91.4%	90.7%	91.6%	91.9%	92.1%	91.9%	92.4%	0.3%
Conflict Resolution	82.9%	83.5%	83.9%	85.1%	84.4%	83.8%	87.3%	88.0%	88.0%	88.1%	88.7%	5.8%
Infection Control Level 1	92.9%	92.9%	91.0%	89.6%	90.5%	90.3%	90.5%	90.9%	89.6%	90.3%	91.6%	-1.3%
Infection Control Level 2	78.9%	79.5%	78.3%	77.7%	75.2%	74.8%	76.3%	78.0%	81.3%	83.3%	84.5%	5.5%
Safeguarding Children Level 1	91.9%	92.0%	92.3%	91.2%	91.8%	92.0%	93.8%	94.2%	94.1%	93.3%	94.1%	2.2%
Safeguarding Children Level 2	81.5%	81.1%	80.8%	81.6%	80.2%	81.0%	85.5%	87.5%	88.3%	88.4%	88.4%	6.9%
Moving & Handling Practical Patient Handling Level 1 (3-yearly)	86.8%	87.2%	87.4%	88.0%	84.6%	84.1%	83.6%	83.4%	84.0%	82.5%	81.3%	-5.6%
Moving & Handling Practical Patient Handling Level 2 (3-yearly)	95.0%	95.1%	94.2%	94.9%	94.0%	92.4%	92.0%	93.2%	92.9%	92.6%	91.7%	-3.3%
Moving & Handling Back Care Awareness (Once)	97.1%	97.2%	97.2%	97.4%	96.8%	96.1%	95.8%	96.5%	96.8%	96.1%	96.3%	-0.8%
Safeguarding Adults Level 2	85.7%	85.4%	84.9%	85.6%	83.4%	82.6%	85.7%	86.7%	87.5%	87.7%	87.9%	2.2%
Safeguarding Adults Level 1	91.5%	91.9%	92.2%	91.9%	92.5%	92.6%	94.0%	93.9%	94.2%	93.2%	94.2%	2.7%
Fire, Health & Safety	84.3%	84.4%	84.6%	84.7%	82.1%	81.1%	84.3%	84.7%	84.8%	86.8%	87.7%	3.4%
Resuscitation Adult Basic Life Support	79.7%	78.8%	79.9%	80.6%	79.4%	76.0%	78.6%	83.1%	83.8%	83.7%	84.4%	4.7%
Resuscitation Immediate Life Support	81.7%	80.2%	82.9%	74.8%	81.6%	80.3%	83.7%	83.4%	79.7%	79.3%	85.0%	3.3%
Resuscitation Paediatric Immediate Life Support	74.3%	77.4%	79.1%	82.2%	88.0%	87.1%	87.4%	84.5%	79.5%	78.6%	82.1%	7.8%
Data Security	90.9%	89.4%	87.5%	86.6%	84.3%	83.9%	85.6%	82.8%	76.2%	84.5%	92.2%	1.4%

Organisational Development

The Trust has a talent framework which outlines the range of leadership and management qualifications available to current leaders or those aspiring to leadership. Organisational Development delivers a range of interventions to support all aspects of the organisation including management processes and team interventions. Learning and development have continued to support assessment centres for senior recruitment. There has been an increased usage of psychometric and 360˚feedback tools. Coaching capacity within the Trust has been increased this year. The Trust's talent management programmes Aspiring and Ascending talent continue to be successful and cohort 2 has completed in 2018 and recruitment has been successful to launch cohort 3.

Library and Resource Centre

The library and resource centre (LRC) has a range of resources to support staff with their requirements, supporting clinical and non-clinical decision making through its literature searching service. The Centre has undertaken a range of knowledge management initiatives including a lunch and learn. Following a successful bid for external funding the LRC has undergone a full refurbishment, further funding has been secured to enable the LRC to open 24 hours a day. Annually the LRC has to complete a quality assessment called the Library Quality Assurance framework (LQAF) The LQAF is designed so that an organisation can assess its level of compliance to national standards and demonstrate the fitness for purpose that our 21st century health system demands, this year the LRC achieved a score of 98%

Health and Safety

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

Countering Fraud

Barnsley Hospital fully subscribes to mandatory requirements on countering fraud and corruption across the NHS and is committed to the elimination of fraud within the Trust. Where fraud is proven, it is investigated and we ensure that wrongdoers are appropriately dealt with and steps are taken to recover any assets lost due to fraud. We have a nominated Local Counter Fraud Specialist responsible for carrying out a range of activities that are overseen by the Audit Committee.

Fraud risk assessments are undertaken throughout the year and used to inform counter fraud work. Where fraud is identified or suspected it is formally investigated in accordance with the Trust's Fraud Policy and Response Plan. During the reporting year, activity in the counter fraud arena has concentrated on informing and involving staff to raise fraud awareness and deter fraudulent activity. There is understanding and support throughout the Trust to raising awareness of staff, contractors and users of the organisation's services to the threat of fraud and to ensuring counter fraud measures are in place.

Off Payroll Arrangements

There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2018 and 31 March 2019.

Trade Union Information I (Schedule 2 Regulation 8)

Table 1 - Relevant union officials

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

Number of employees who were relevant union officials during the	*Full-time equivalent employee number*
27	23.07

Table 2 - Percentage of time spent on facility time

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

Percentage of time	*Number of employees*
0%	3
1-50%	23
51%-99%	0
100%	1

Table 3 - Percentage of pay bill spent on facility time

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

First Column	*Figures*
Provide the total cost of facility time	£121,667
Provide the total pay bill	£147,694,650
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.082%

Table 4 - Paid trade union activities

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	14.5%

(Total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100

Explanatory note

These Regulations are made under section 172A of the Trade Union and Labour Relations (Consolidation) Act 1992 and make provision in connection with the imposition of requirements on public authorities to publish information in relation to facility time taken by trade union officials.

Regulation 2 defines certain terms.
Regulation 3 specifies who is to be treated, for the purposes of section 172A, as the employer of a relevant union official who is employed by the Crown and makes connected provision about the meaning of “employee”.
Regulation 4 provides how to calculate the total cost of facility time.
Regulation 5 provides how to calculate the total pay bill.
Regulation 6 provides how to calculate the full-time equivalent employee number.
Regulation 7(1) and (2) specifies Government Departments (other than the Secret Intelligence Service, the Security Service and the Government Communications Headquarters), the Scottish Ministers and public authorities described or listed in Schedule 1 for the purposes of the meaning of ‘relevant public sector employer’ under section 172A. Regulation 7(3) excludes devolved Welsh authorities covered by a description in Schedule 1 from being specified for the purposes of the meaning of ‘relevant public sector employer’.

Regulation 8 requires a relevant public sector employer which satisfies the employee number condition for the relevant period to complete and publish the information described in Schedule 2 and makes provision in connection with those requirements.

A full impact assessment of the effect that these Regulations will have on the costs of business, the voluntary sector and the public sector has been prepared. A copy has been placed in the Library of each House of Parliament and is annexed to the Explanatory Memorandum which is available alongside these Regulations at www.legislation.gov.uk.

Voluntary Disclosures:

Freedom of Information

The Trust continues to meet its duties under the Freedom of Information Act, meeting requests for information from the public, politicians and the media. The majority of these requests are received by email and are responded to electronically within the 20 working day deadline. We continue to provide the information, where it exists, free of charge if the information can be gathered at a reasonable cost. In the financial year 2018-19, we received a total of 507 requests.

Data Protection Toolkit

The Trust achieved compliance against the New Data Protection Toolkit requirements. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

Market Values / Fixed Assets

We revalued our estate on 31 March 2019 to make sure that our assets were valued on a material basis. The net impact of the revaluation was a decrease of £2.5m as shown in note 11 of the accounts.

Provision of Goods and Services

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

Branches outside the UK

There are no branches outside the UK

Modern Slavery Act 2015

At Barnsley Hospital NHS Foundation Trust we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. This statement sets out actions taken by Barnsley Hospital NHS Foundation Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls.

We are fully aware of the responsibilities we bear towards our service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. Staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our adult safeguarding policy and procedures.

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Undertake appropriate pre-employment checks on directly employed staff and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff.
- Implement a range of controls to protect staff from poor treatment and/or exploitation, which comply with all respective laws and regulations. These include provision of fair pay rates, fair Terms of Conditions of employment and access to training and development opportunities.
- Consult and negotiate with Trade Unions on proposed changes to employment, work organisation and contractual relations.
- Purchase most of our products from UK or EU based firms, who may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other EU states.
- Purchase a significant number of products through NHS Supply Chain, who's 'Supplier Code of Conduct' includes a provision around forced labour.
- With effect from January 2017, require all suppliers to comply with the provisions of the UK Modern Slavery Act (2015), through our purchase orders and tender specifications. All of which set out our commitment to ensuring no modern slavery or human trafficking related to our business.
- Uphold professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply.
- Where possible and consistent with the Public Contracts Regulations, build long-standing relationships with suppliers.

Advice and training about modern slavery and human trafficking is available to staff through our Safeguarding Children and Adults training, our Safeguarding policies and procedures and our Safeguarding leads.

Statement of Accounting Officer's Responsibilities

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

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

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

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

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

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

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

Dr Richard Jenkins

Chief Executive ……..

Date: 23 May 2019

Statement of Accounting

Our Approach to Governance

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

The Governors also have a duty to represent the interests of Trust members and the public. They act as the voice of local people and are responsible for helping to set the direction and shape the future of the hospital.

The Board of Directors and Council of Governors enjoy a strong and continually growing working relationship. The Chair of the Board is also the Chair of the Council and is responsible for ensuring that the Board and the Council work together effectively. The link between the two is enabled in a number of ways, including informal updates, attendance at each other's meetings, verbal and written reports and the exchange of minutes.

In addition, we welcome our Governors among the public attendees at every meeting of the Board of Directors held in public. Business is conducted in private session only where necessary.

Additionally the Board continues to meet jointly with the Governors at least once annually, by invitation to join its meetings in full (both public and private parts). Some Governors also sit on Trust-wide committees and forums (e.g. Equality and Diversity Steering Group and Patient Experience Group), providing feedback to the wider Council of Governors.

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

- Audit Committee
- Finance & Performance Committee
- Quality & Governance Committee
- Remuneration Committee (RemCo)

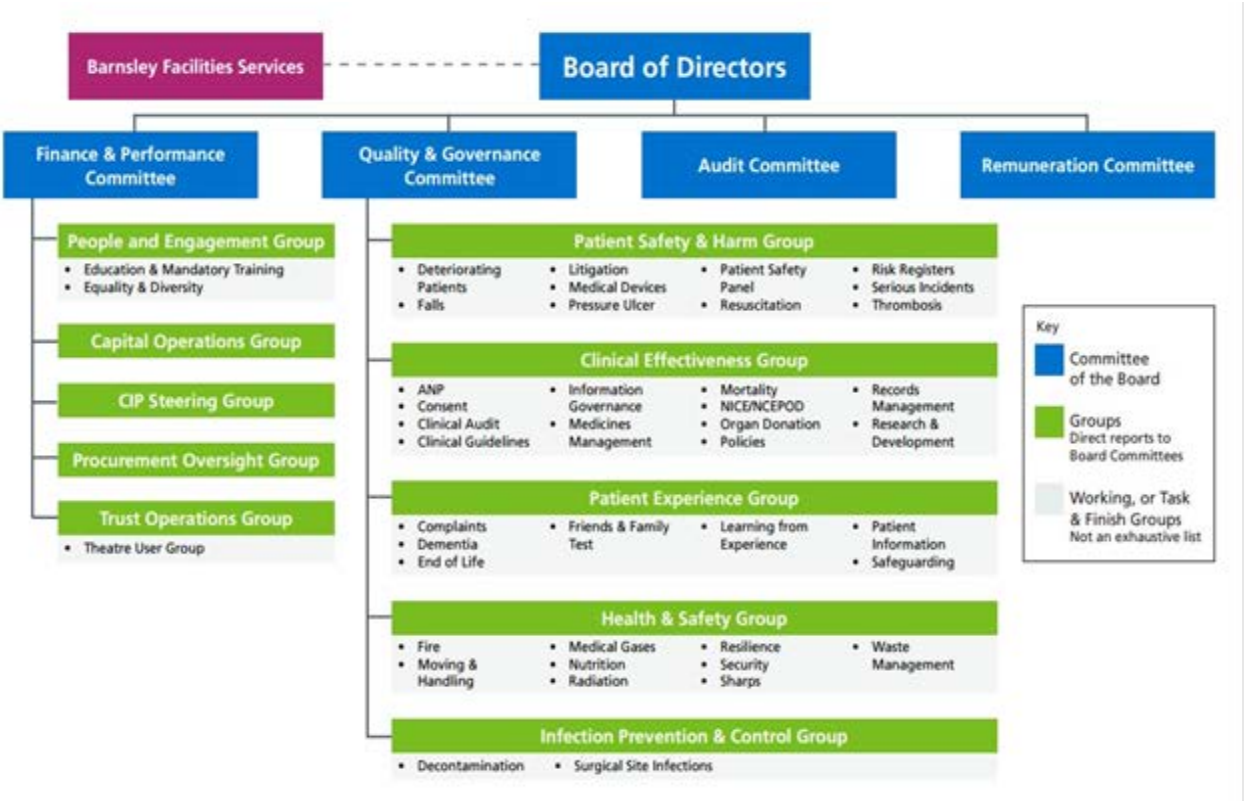
The Board considers each of the Non-Executive Directors to be independent.

You can read more about our committee structure and the work that they undertook during the year on page 115.

Our Governance Structure

The Trust's governance agenda is managed through the Board's governance committees each chaired by a Non-Executive Director, reporting directly to the Board. Established CBU governance arrangements maintain effective governance arrangements across all clinical services and report directly through the Trust's governance structures.

Trust Governance Structure



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

Code of Governance

Disclosures

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

Comply or Explain

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

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

Disclosure Statements

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

The table also includes a small number of specific additional requirements as set out in the NHS Foundation Trust Annual Reporting Manual, which directly relate to, or enhance the annual reporting requirements as set out in the NHS Foundation Trust Code of Governance.

Provision	Requirement	Page
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the Boards and which are delegated to the executive management of the Board of Directors.	125
A.1.2	The annual report should identify the Chairperson, the Deputy Chairperson (where there is one), the Chief Executive, the Senior Independent Director (see A.4.1) and the Chairperson and members of the Nominations, Audit and Remuneration Committees. It should also set out the number of meetings of the Board and those committees and individual attendance by Directors.	67 – 70 135
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.	136 - 137
	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	136 - 137
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.	67 – 70
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.	67 - 70
	The annual report should include a brief description of the length of appointments of the Non-Executive Directors and how they may be terminated.	67 – 70

Provision	Requirement	Page
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.	129
	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.	129
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.	67 - 70
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.	133, 134
	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 then information on this must be included in the annual report.	N/a in 2018-19
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.	65
B.6.2	Where there has been external evaluation of the Board and/or governance of the Trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the Trust.	65
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	24
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	AGS

Provision	Requirement	Page
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.	123
C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	N/A
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: - 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.	123
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-Executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/A
E.1.4	Contact procedures for members who wish to communicate with Governors and/or directors should be made clearly available to members on the NHS Foundation Trust's website.	134
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.	138

Provision	Requirement	Page
E.1.6	The Board of Directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	133
	The annual report should include: - a brief description of the eligibility requirements for joining different membership constituencies - information on the number of members and in each constituency - a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership.	133 - 134
	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or possibly seeking to do business with the NHS Foundation Trust. As each NHS Foundation Trust must have registers of Governors and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	70

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

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

Disclosure Requirement	Statutory Reference	Page
Any important events since the end of the financial year affecting the NHS Foundation Trust	7(1) (a) Schedule 7	39
An indication of likely future developments	7(1) (b) Schedule 7	22-23
An indication of any significant activities in the field of research and development	7(1) (c) Schedule 7	19
An indication of the existence of branches outside the UK	7(1) (d) Schedule 7	109
Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities	10(3) (a) Schedule 7	59 - 63

Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period	10(3) (b) Schedule 7	59 - 63
Policies applied during the financial year for the training career development and promotion of disabled employees	10(3) (c) Schedule 7	59 - 63
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees	11(3) (a) Schedule 7	82 - 110
Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests	11(3) (b) Schedule 7	82 – 110
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance	11(3) (c) Schedule 7	82 - 110
Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS foundation trust	11(3) (d) Schedule 7	82 - 110
In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the NHS foundation trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash- flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity	6 Schedule 7	139

Other disclosures as required by the NHS foundation trust annual reporting manual 2018-18

The Annual Reporting Manual for 2018-19 requires a number of disclosures to be made in the Annual Report and to state where these have been reported on if they are not included in the Directors' Report. The following table sets out where these disclosures have been made.

Disclosure Requirement	Page
Staff Report: Trade Union Facility Time. Disclosure required by NHS FT Annual Reporting Manual 2018-19	108

Annual Governance Statement. Two disclosures have been added to the AGS requirements:	
• A statement that the foundation trust has published its register of interests for decision making staff as required by *Managing Conflicts of Interest in the NHS.*	147
• A disclosure of how the foundation trust ensures that workforce strategies and staffing systems are in place which assure the board that staffing processes are safe, sustainable and effective.	147

Board Committees

Role of the Audit Committee

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

The Audit Committee also ensures that the Trust has an effective internal audit function which provides assurance to the Trust as to the effectiveness and internal control processes through an agreed internal plan focused on risks. The Committee also receives reports and assurance from, amongst others, the following groups or individuals:

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

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

The Committee continues to include at least one member with recent and relevant financial experience (see outline of Non-Executives' profiles on page 68-69) and is supported at every meeting by the Trust's Director of Finance or his deputy.

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

The Governors' appointed Grant Thornton UK LLP as external auditors following a full tender exercise for the three-year period commencing August 2016, with an option to renew for a further two-year period.

A full tendering process was commenced in February 2016 and was completed with award of tender in June 2016. At its meeting in February 2019, the Council of Governors approved the recommendation of the Audit Committee to extend the appointment of the external auditors for a further twelve months.

The Audit fee for the Trust statutory audit including quality accounts review was £55,080. (2017-18 £55,920) including VAT. The audit fee for the subsidiary organisation, Barnsley Facilities Services Limited, was £15,000 exclusive of VAT (2017-18 £5,950 exclusive of VAT). The audit fee for Barnsley Hospital Charity was £3,120 inclusive of VAT (2017-18 £3,120 inclusive of VAT).

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

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

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

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

- Discussions with the Trust's Director of Finance and other members of the Finance function.
- Reviewing progress reports submitted to all Audit Committees.
- Regular meetings to discuss progress and the approach to significant risks.
- Presentations to the Council of Governors as part of the introduction process and also to report on audit findings.
- Receiving the outcomes of a survey of committee members discussing the performance of the external auditors.

The External Auditors have not undertaken consultancy work for the Trust and have only undertaken the statutory audit of the public disclosure statements.

Regulatory Segmentation – Single Oversight Framework

Under the Single Oversight Framework introduced in 2016, the Trust fell within segmentation 3 for 2017-18. Following the issue of the Compliance Certificate and removal of all enforcement undertakings, for 2018-19 the Trust fell within segmentation 2.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score. The Trust remained at level 3 for the duration of the reporting period.

The Council of Governors

The Council of Governors comprises of 17 Public Governors (16 from Barnsley Public Constituency, 1 for Out of Area), 5 staff Governors (one each representing staff and volunteers from Clinical Support, Medical & Dental, Non Clinical Support and Voluntary Services, and two from Nursing & Midwifery) and 7 seats from among our partner organisations across the community. This composition enables the Trust to maintain a good ratio of public: other governors and to offer seats to all of its key partners in education across the region (Barnsley College and both of the Sheffield-based Universities – University of Sheffield and Sheffield Hallam University).

Following Governor meetings in 2018 and consultation with volunteers a series of changes to the Trust's Constitution were proposed, involving the removal of the volunteer class from the staff constituency, and enabling volunteers to stand for election within the Barnsley Public Constituency.

In accordance with requirements these changes were agreed by both the Council of Governors and the Board of Directors. This has resulted in the staff constituency being four instead of five classes, and the partner organisations consisting of six seats, plus a local authority seat.

This structure continues to enable public Governors to be elected by, and represent, members from all areas across the borough and outside of the region. Partner Governors are nominated by their respective organisations, strengthening our links with key partners across the community working together to improve services for patients. Page 135 highlights the number of Council of Governors' general and sub-group meetings attended by members of the Board, to enable more opportunities for listening to Governors, sharing information and responding to challenges.

The Council of Governors has continued to deal with a range of issues charged to it under legislation and to support the Trust in our strategic development. In 2018-19 this included, but was by no means limited to:

- Continued challenge to the Board on delivery of the Trust‘s business plan and progress towards exiting financial deficit, holding the Board and specifically the Non- Executive Directors to account for answers and assurance.
- Regular participation in the Trust‘s programme of internal quality and safety inspections
- Participating in the internal quality inspections, which the Governors to helped to reshape and re-launch.

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

Members of the Board, and in particular the Non-Executive Directors, continue to develop an understanding of the views of Governors and attend meetings of the Council of Governors and hold open and transparent discussions with the Governors.

The Council of Governors continues to report the views and experiences of the people (public and staff) and the organisations they represent. As well as direct contact with their Governors, members and the public are invited to contact their Governors through engagement events, the Trust‘s website and intranet sites and regular members’ newsletters.

This important feedback is shared with the Board through the routes outlined above and helps to inform and shape the Trust‘s development. This engagement also gives the Governors the opportunity to invite feedback from membership and the wider general public in relation to the Trust‘s forward plans. The Trust continues to value the contributions of all of its Governors – public, staff and partners.

The Governors in place pre and post elections held in late 2018 are:

Barnsley Public Constituency:

- Patricia Adcock (from 1 January 2019)
- Kathryn Armitage (to 31 December 2018)
- Michelle Bailey
- Andrew Bogg
- Pauline Buttling (to 31 December 2018)
- Gilly Cockerline
- Anthony (Tony) Conway (from 1 January 2019)
- Tony Dobell
- Tony Grierson (to 31 December 2018)
- Alan Higgins
- Karen Kanee
- Stephen (Steve) Long (Re-elected from 1 January 2019)
- Annie Moody – appointed as Lead Governor from 1 January 2017
- Harshad Patel
- Carol Robb
- Robert Slater (to 31 December 2018)
- Trevor Smith (to 31 December 2018)
- Joe Unsworth (from 1 January 2019)
- Graham Worsdale (from 1 January 2019)

Out of Area (rest of England & Wales):

- Tracy Jessop (1 January 2019)

Staff Governors:

- Clinical Support: Helen Doyle
- Medical & Dental: Mr Ray Raychaudhuri (re-elected from 1 January 2019)
- Non Clinical Support: Colin Brotherston-Barnett
- Nursing & Midwifery: Emma Cotney and Claire Grant
- Volunteers: Tony Conway (to 31 December 2018)

Partner Governors:

- Barnsley College: Vacant
- Barnsley Metropolitan Borough Council (BMBC) Councillor Jenny Platts
- Barnsley Together: Peter Lleshi (to 31 December 2018)
- Joint Trade Union Committee (JTUC): Martin Jackson
- NHS Barnsley Clinical Commissioning Group: Chris Millington
- Sheffield Hallam University – Paul Ardron
- University of Sheffield – Professor Michelle Marshall
- Voluntary Action Barnsley: David Brannan

Co-opted Advisor

- Gwyn Morrit

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 2018 (for appointment/re- appointment from 1 January 2019), eight seats for Public Governors (including one for out of area) and one staff Governor seats were put forward for election; the elections were supported by the UK-Engage, as independent scrutineers. While appointed by nomination rather than election, partner Governors are subject to reappointment at three year intervals. Co-opted Governors can be appointed and removed by approval of the Council of Governors at a general meeting.

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

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

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

Council of Governors and Board member attendance at Governors' meetings and the Annual General Meeting is noted in the table on page 135. Where a Governor is unable to attend two consecutive general meetings, the tenure of office may be terminated unless the absence was due to a reasonable cause; and he/she will be able to start attending meetings of the Trust again within such a period as the wider Council of Governors considers reasonable.

Council of Governors Meetings

For the joint meeting between the Council of Governors and Board in November 2018, the Board repeated its annual invitation for Governors to attend one of its full meetings (hence the Directors' attendance is not recorded separately). The meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year. During the financial year, the Governors did not exercise their power to require one or more of the Directors to attend a Council of Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Director's performance), under paragraph 10C of Schedule 7 of the NHS Act 2006. Non- Executive Directors have continued to attend General and Sub-group meetings regularly throughout the year, with support from Executive Team members and staff leads on specific topics, to ensure the Governors are provided with updates on key issues. The Chief Executive, or his Executive representative, continues to attend every General Meeting.

Committees and Sub-groups

- ***Nominations Committee***

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

Membership in 2018-19 included:

- Paul Ardron, Partner Governor
- David Brannan, Partner Governor
- Tony Dobell, Public Governor
- Stephen Long, Public Governor (re-elected from 1 January 2019)
- Annie Moody, Public and Lead Governor (from 1 January 2017)
- Ray Chaudhuri, Staff Governor (re-elected from 1 January 2019)
- Trevor Smith, Public Governor (to 31 December 2018)
- Stephen Wragg, Trust Chairman (Committee Chair to 31 December 2018)
- Trevor Lake (Committee Chair from 1 January 2019)

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

The meetings of the Nominations Committee were supported by internal Human Resources advisors and the Secretary to the Board & Governors throughout the year. The Committee retains the right at all times to seek internal or external expert advice at any time. The Committee continues to adopt a protocol of setting out its work programme at its first meeting in each calendar year to ensure appropriate scheduling of its duties - including review of terms of office, appraisals and terms and conditions of service for the Non- Executive team (including the Chairman).

As determined previously, work on appointments/re-appointment required for consideration starts in April-June, in readiness for update from 1 January the following year. At its review of Terms and Conditions of Service in 2018-19 uplift to £13,200 (from £12,750) was approved by the wider Council of Governors for the Non Executive Directors and £47,500 (from £42,874) for the Chairman. This brought the remuneration levels nearer to – but still below – national and regional averages for both Non Executive Directors and Chair.

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

- ***Funding & Finance Committee***

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

Sub-groups

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

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

In 2018-19 the groups addressed a wide range of issues, some of which are:

Quality & Governance Sub Group (Chair: Tony Dobell, Public Governor)

- Continued focus on patient's experiences, with Governors providing feedback from their constituency members as well as reviewing the quarterly reports on complaints, compliments and related issues highlighted from Board reports.
- Continued review of progress against key performance indicators and targets for quality and patient safety issues, including pressure ulcers and reduction in the levels of harm from inpatient falls.

- Support for and constructive feedback around the Trust's internal quality and safety inspections. These were re-launched in 2016 in response to feedback from the Governors to ensure that the visits are more constructive and informative for Governors, Directors and the ward teams.
- Overview of the ward environment: cleanliness, safety and comfort for patients as well as efficiency for the Trust – participating in and looking at learning from the annual PLACE (Patient Led Assessment of Care Environment) inspections.
- Leading the Governors' review of the Trust's Quality Account
- Regular review of nursing and midwifery achievements and staffing levels, particularly in light of the varying new nursing roles being introduced.
- Review of new tools available to support nurses in their care of patients, for instance use of the VitalPac and Perfect Ward tools introduced in year.

Finance & Performance Sub Group (Chair: David Brannan, Partner Governor)

- Review of performance against, and input to development of, the Trust's business plan, including challenge against financial progress and variations against plan and the cost improvement programme in year.
- Review of key reporting issues around sickness absence, mandatory training and appraisals.
- Raising and exploring feedback from staff, helping to ensure their concerns and suggestions continue to be listened to.
- Annual review of the Terms of Reference for the sub-groups, on behalf of the wider Council.

Shared Themes

Both groups are very aware of the constant demands on Trust's staff throughout the year, particularly over peak periods. Throughout the year, they have recommended to the wider Council that Governors' thanks be recorded and distributed Trust-wide, to express sincere thanks to all staff to express their sincere appreciation and admiration for their hard work and tremendous efforts ensuring safe, quality services for our patients. They are also very aware of the potential impact of the major changes facing the NHS, not least the Integrated Care Systems and development of integrated care services. Both groups continue to challenge the reports shared with Governors by the Board of Directors. This ensures that they, as Governors, fully understand the information provided to them and are able to obtain full assurance from the Non-Executive Directors that they continue to challenge the Trust's Executive Team to drive delivery of plans and improvements for the Constituencies they represent.

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

Working Groups

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

Terms of Office

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

Governor Expenses

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

Foundation Trust Membership

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

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

Engaging Members

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

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

Promotional material with key messages about the membership is across the hospital site. Targeted to key areas in the hospital where promotions can be clearly viewed by the public as well as staff. Making signing up to the membership more convenient and will encourage the public to get involved. Sign up sheets, posters and information sheets are also in the waiting areas of the majority of GP Surgery's in the Barnsley Area.

The Trust attends regular events, at which Governors are welcome, in order to communicate with and sign up new members. Our membership registration leaflet enables us to capture demographic data including some protected characteristics and to reduce our costs and widen our reach continue to capture email addresses of members wherever possible.

The Trust has been campaigning for current members to send their email addresses via the Barnsley Hospital website by utilising the Trust's social media channels; adding reminders on any information sent out to members via the post; using the Trust website to promote the use of email rather than post and; speaking with members at events.

Members can contact Governors or Directors via the Trust Secretary at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818. The postal address is: Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP.

As at 31 March 2019 we had 11,999 eligible members, comprising of 8119 public members and 3,880 staff members.

Public Constituency	31 March 2019 Actual Members
0-16	1
17-21	56
22+	8045
White	7,557
Mixed	18
Asian or Asian British	16
Black or Black British	21
Other	9
Gender	
Male	2,919
Female	5,191
Socio-economic Groupings	
AB - upper/middle class	1,713
C1 - lower middle class	2,232
C2 - skilled working class	1,953
DE – working/casual class	2,217

Attendance at Board of Director and Council of Governors Meetings

Board and Board Committee Meetings:

		Board of Directors		Audit Committee		Finance & Performance		Quality & Governance		REMCO		
		Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	NOTES
Non Executive Directors												
Dean	Janet (to 31/12/18)	9	7	3	3	0	0	9	5	2	1	
Firth	Keely	12	10	1	1	12	12	0	0	5	4	
Hudson	Philip	12	10	4	3	1	1	12	11	5	4	
Mapstone	Nick	12	9	4	4	12	10	1	1	5	4	
Moore	Ros	12	10	1	1	1	1	12	11	5	5	A
Patton	Francis	12	12	0	0	12	11	0	0	5	5	
Wragg	Stephen (to 31/12/18)	9	9	1	1	3	2	2	2	2	2	
Lake	Trevor (From 01/01/19)	3	3	1	1	3	3	1	1	3	3	
Shading denotes Board / Committee Chair												
Executive Directors & Executive Team Members												
Christopher	Lorraine	5	5	0	0	0	0	0	0			B
Davidson	Tom	12	10	1	1	12	10	0	0			B
Enright	Simon	12	11	0	0	12	4	12	10			
Jenkins	Richard	12	11	1	1	12	8	0	0			
Kirton	Bob	12	11	0	0	12	12	12	10			
McNair	Heather	12	10	0	0	12	11	12	10			
Parkes	Emma	12	9	1	1	12	6	0	0			B
Wright	Michael	12	11	4	3	12	11	0	0			
Governors												
Dobell	Tony			4	3							

Notes: A. Not a member of the Finance & Performance Committee or Audit Committee but invited to attend the mid year review meeting annually
B. Executive Team members who are not Executive Directors are regularly invited to attend most of the meetings of the Board to provide further advice and information on the reports presented.

Council of Governors Meetings - Governors (and Chair)

Staff and Partner Governors

Name		Term Of Office			Constituency	General Meeting		Joint Meeting with Board	Sub groups	
		Expiry Date Term		Note					Finance & Performance	Quality & Governance
Partner Governors					Partner Constituency	Total Eligible	Attended	Attended	Attended	Attended
Paul	Ardron			A	Sheffield Hallam University	5	4	Y	0	0
David	Brannan			A	Voluntary Action Barnsley	5	5	Y	4	3
Martin	Jackson			A	Joint Trade Union Committee	5	0	No	0	0
Peter	Lleshi			A	Barnsley Together	5	1	No	0	2
Chris	Millington			A	NHS Barnsley Clinical Commissioning Group	5	4	No	2	2
Cllr Jenny	Platts			A	Barnsley Metropolitan Borough Council	5	3	No	0	1
Vacant	Vacant			A	Barnsley College	0	0	No	0	0
Prof Michelle	Marshall			A	University of Sheffield	1	1	No	0	0
Plus										
Stephen	Wragg	Dec-18			Chairman	4	3	Y	5	4
Trevor	Lake	Dec-21			Chairman	1	1	No	1	1
Chairs denoted by shading										

Note:
A – The membership of governor subgroup meetings is open to all governors to attend as there is no specified membership.
B – Non-Executive Directors attend the Governor Sub-group meeting which most closely reflects their aligned Board Committee membership.

Name		Term Of Office		Constituency				Sub groups	
		Expiry Date	Note		General Meeting		Joint Meeting with Board	Finance & Performance	Quality & Governance
Public Governors				Public Constituency	Total Eligible	Attended	Attended	Attended	Attended
Tricia	Adcock	Dec-21	A	Public Constituency	1	0	0	1	0
Kathryn	Armitage	Dec-18	A	Public Constituency	4	2	Yes	2	2
Michelle	Bailey	Dec-19	A	Public Constituency	5	0	No	0	0
Andrew	Bogg	Dec-19	A	Public Constituency	5	2	No	0	0
Pauline	Buttling	Dec-18	A	Public Constituency	4	2	Yes	1	3
Gilly	Cockerline	Dec-20	A	Public Constituency	5	2	No	0	4
Tony	Conway	Dec-21	A	Public Constituency	5	5	Yes	4	4
Tony	Dobell	Dec-19	A	Public Constituency	5	5	Yes	4	6
Tony	Grierson	Dec-18	A	Public Constituency	4	0	No	2	1
Alan	Higgins	Dec-19	A	Public Constituency	5	5	Yes	2	6
Tracy	Jessop	Dec-21	A	Public Constituency	1	0	No	0	1
Karen	Kanee	Dec-19	A	Public Constituency	5	4	Yes	0	0
Steve	Long	Dec-21	A	Public Constituency	4	3	No	2	4
Annie	Moody	Dec-20	A	Public Constituency	5	4	Yes	4	6
Harshad	Patel	Dec-20	A	Public Constituency	5	3	No	0	2
Carol	Robb	Dec-20	A	Public Constituency	5	4	Yes	4	3
Robert	Slater	Dec-18	A	Public Constituency	4	3	No	3	2
Trevor	Smith	Dec-18	A	Public Constituency	4	1	No	1	1
Joe	Unsworth	Dec-21	A	Public Constituency	1	1	No	1	1
Chairs denoted by shading									

Name		Term Of Office		Constituency	General Meeting		Joint Meeting with Board	Sub groups	
		Expiry Date	Note					Finance & Performance	Quality & Governance
Staff Governors				Staff Constituency	Total Eligible	Attended	Attended	Attended	Attended
Colin	Brotherston Barnett	Dec-20	A	Non-Clinical Support	5	3	No	1	1
Emma	Cotney	Dec-20	A	Nursing & Midwifery	5	2	No	0	0
Helen	Doyle	Dec-19	A	Clinical Support	5	2	No	0	0
Claire	Grant	Dec-20	A	Nursing & Midwifery	5	3	No	4	2
Ray	Raychaudhuri	Dec-21	A	Medical & Dental	5	3	No	2	3
Co-Opted Advisor									
Gwyn	Morrit	Dec-19	A	Co-Opted Advisor	4	4	Yes	0	0

Name		Role	General Meeting		Joint Meeting with Board	Sub groups	
						Finance & Performance	Quality & Governance
Board and management attendance			Total Eligible	Attended	Attended	Attended	Attended
Janet	Dean	Non- Executive Director (Until 31/12/18)	4	2	No	0	2
Keely	Firth	Non- Executive Director	5	3	No	4	0
Philip	Hudson	Non- Executive Director	5	2	Yes	0	3
Nick	Mapstone	Non- Executive Director	5	3	Yes	3	0
Ros	Moore	Non- Executive Director	5	3	Yes	0	4
Francis	Patton	Non- Executive Director	5	5	Yes	2	0

Note: Non-Executive Director's attend the Governor Sub Group meeting which most closely reflects their aligned Board Committee Membership

Annual Governance Statement (AGS)

By Dr Richard Jenkins, Chief Executive

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can, therefore, only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnsley Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

Established governance arrangements within the Trust's three Clinical Business Units (CBU) maintain effective risk management provisions across all clinical services, maintain CBU risk registers and report directly to the monthly Director-led governance groups via the monthly CBU governance meetings.

The Audit Committee comprising of three Non-Executive Directors, oversees the systems of internal control and the overall assurance process associated with managing risk. The Board of Directors receives the Chair's logs and minutes of the three Board Committees and receives assurances from the Quality and Governance Committee relating to the management of all serious untoward incidents, including Never Events, as well as receiving the monthly integrated performance report which includes performance on all quality and performance matters. Periodic reports on complaints and claims are also provided to the Board of Directors.

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

Risk management training is provided through the induction programme for new staff and thereafter through the Trust's mandatory training programme, including health & safety, fire safety, manual handling, infection, prevention & control, safeguarding, information governance and other key components of the wider risk management framework and agenda. The risk management team also provide bespoke training for staff as required. Comprehensive root cause analysis training has been provided to staff members directly responsible for risk management in their area of work including the responsibility for undertaking investigations into serious incidents and complaints.

Lessons learned from serious incidents, complaints, claims and other learning from instances where things have gone wrong are communicated via the corporate and CBU governance frameworks and via the weekly Patient Safety Bulletin and Learning from Deaths Bulletin sponsored by the Medical Director and Director of Nursing and Quality. The Trust has an annual programme of Clinical Audit (reflecting national, regional and local priorities) providing assurance of quality improvement. The multidisciplinary programme covers all CBUs and is delivered with the support of the Quality Assurance and Effectiveness Team in accordance with best practice, policies and procedures. The Clinical Audits are reported at appropriate forums and practice re-audited as necessary.

The Risk and Control Framework

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

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

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

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

Throughout 2018-19 the Trusts Freedom to Speak-up Guardian has continued to raise the profile of raising concerns within the Trust and provide staff with confidential advice and support to raise their concerns in relation to patient safety and/or the way their concern has been handled.

The Board Assurance Framework

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

The Board Assurance Framework:

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

Quality Governance Arrangements

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

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

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

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

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

The Quality Report, within this annual report and accounts, provides more detailed information on the Trust's Quality Improvements throughout 2018-19 and the future plans for continued improvement in 2019-20.

Care Quality Commission Compliance

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions". The CQC has not taken enforcement action against the Trust during 2018-19 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has continued to respond to the implementation and sustainability of actions as a result of the findings of the core service unannounced inspection in October 2017 and the announced well-led inspection in November 2017 following which the Trust received an overall CQC rating of 'Good'. Moving into 2019-20 the Trust will include in its quality priorities the sustained implementation of any actions to address the CQC's findings. Detailed action plans have been formulated as a response to key findings and in October/November 2018 the Trust undertook a mock CQC inspection. The scope of the week long mock inspection was to:

- Undertake an onsite review of 'must do' and 'should do' findings from the core service inspection in October 2017, (urgent & emergency services, medical care, surgery, services for children & young people), in order to provide assurance on the sustainability of actions implemented since 2017.

- To assess BHNFT compliance against the key findings and recommendations in relevant CQC and NHSI publications.

- To identify evidence of good and outstanding practice within the core services reviewed.

Throughout 2019-20 the Trust will continue to embed the improvements made both before and since the Inspections in October 2017 and November 2017. Progress towards continued improvement and sustainability will be monitored Trust wide which will be the mechanism to forward plan for improvement across the CBUs. This will be supported by the Trust's on-going schedule of Safety and Assurance Visits, the format and scope of which is based on the work developed and implemented in support of the Trust's CQC quality assurance work. The Trust will continue to identify and share good and best practice and will align work programmes with the 2019-20 audit programme to provide additional assurance and reassurance.

Compliance with NHS Licence

In 2014 the Trust's regulator placed the Trust in breach of its licence in relation to finance. The enforcement undertaking was lifted during 2017/18 after a number of years of sound financial management. The Trust is compliant with its licence conditions.

The validity of the information supporting the Corporate Governance Statement is assured via the continuous reporting and review of performance and key issues through the Board's governance committees, (primarily the Audit, Finance and Performance, Quality and Governance Committees), and annual review against the Code of Governance. Throughout the year the work of the governance committees was linked to, but not solely dependent on, the Board Assurance Framework; the committees escalated any concerns to the Board of Directors and also served as a means by which requests from the Board were disseminated for further scrutiny of identified issues.

The Major Risks Facing the Trust

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

The Audit Committee meets at least five times per year reviewing audit plans which have been agreed by management with Internal and External Auditors. The audit plans focus assurance activity on the areas it deems to be of the highest priority. The Corporate Risk Register and BAF are reviewed at each meeting of the Audit Committee where additional reviews are commissioned when required in order to provide assurance to the Board of Directors. During 2018-19 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit.

Financial Sustainability

The Trust worked closely with NHS Improvement on the construction of an annual plan for 2018-19. The delivery of the efficiency programme has been monitored throughout the year by the Cost Improvement Programme (CIP) Steering Group, the Board Committees and the Board of Directors.

The delivery of the financial plan for 2018-19 has proven challenging for the Trust due to the continued demand on services, in particular A&E and non-elective activity growth, resulting in additional bed capacity being required to support escalation pressures. Further distressed funding to support the continuity of services at the Trust has been received in year.

The key financial risks for 2019-20 are:

- Delivering the breakeven Control Total assigned to the Trust for 2019-20. Failure to do so will result in the Trust not being able to access Provider Sustainability Funding and the Financial Recovery Fund, totalling £10.4m of additional funding
- Delivery of a Cost Improvement Programme of £6.7m
- Cash flow management to ensure the Trust can maintain effective operations without the need for in year distressed funding
- Loan repayments are due in year totalling £45m, however, as in previous years there is an expectation that these will not be repaid in year and will be deferred by the Department of Health and Social Care
- National pay awards
- Non pay inflation
- The necessity to open escalation beds to cope with the demand from Non-Elective patients which has been significantly in excess of our planned demand.

Meeting the Four-Hour Wait target

Changes implemented in-year have contributed to a positive impact on performance as reflected in the 4 hour A&E wait target full year position of 94.6% (compared with 90.5% in 2017/18) and improved patient flow throughout the Trust. This achievement is against a backdrop of an in-year increase of 13.5% attendances at A&E. The second phase of the patient flow initiative will commence in Quarter 1 of 2019/20. This will involve an evaluation and lessons learned exercise and will then focus on digitalisation with the roll out of 'Careflow' and 'Proward' Trust wide, supported by a Project Manager. This initiative will be included in the 2019/20 Strategic Programme as planned.

The risk will remain on the corporate risk register due to the complexity of the many influencing factors in achieving the standard. The Trust and the local health economy continues to deliver the strongest performance of any system in South Yorkshire and will continue to work with NHS England's input in maintaining resilience

Cost Improvement Programmes (CIPs)

The Trust has delivered £9.9m savings against the target of £8.5m for 2018-19. The CIP programme is managed through the CIP steering group. All Directors and Clinical Business Unit management teams are provided with their agreed targets for the year and are held to account on performance on a monthly basis. Each scheme has a comprehensive project overview document and has been quality impact assessed as well as financially assured. This process has allowed the Trust to deliver against target. The 2019-20 CIP challenge is £6.7m. Currently plans are in place to deliver £3.7m. The Trust is actively working on schemes to deliver the remaining £3.0m.

Pressure on Urgent Care Pathway and Bed Capacity

In-Year, the Trust undertook a process of bed re-configuration, establishing three flex wards, and continued to work on the ambulatory care pathways and the Frailty Unit. This has enabled the Trust to adapt bed numbers in accordance with seasonal pressures.

Risk management arrangements

Risk Management is embedded in the activity of the Trust. Risk Registers and the BAF are fully integrated meaning that the management of risks is embedded into the daily practice of Trust-wide business. Incident reporting is supported and encouraged to ensure that the Trust learns from mistakes, errors and near misses. In the latest data (1 Apr 2018 – 30 Sep 2018) reported by the National Reporting and Learning System (NRLS) Barnsley Hospital's rate of incident reporting continued to rise whilst the percentage of incidents resulting in severe harm or death the Trust has reported has reduced.

The reduction in the percentage of these incidents and the increase in the reporting rate supports the Trust's open and positive approach to incident reporting to promote a safety culture which was in line with the national picture of incident reporting. Together with systems to support the implementation of Duty of Candour, of which the Trust has had no breaches during the reporting year, the Trust has continued to develop a culture of openness and transparency. When things do go wrong Barnsley Hospital encourages its staff to report incidents through the approved incident reporting system.

The Risk Management and Clinical Governance Teams have been working with CBUs to identify areas of low reporting and supporting these areas with strategies for improvement. The number of incidents reported, themes and trends, the number of open incidents and the learning and action taken following incidents is summarised in the CBU governance reports and discussed by the Clinical Governance Facilitators at the monthly sub-speciality and CBU governance meetings.

Training is provided to staff on incident reporting and investigating incidents at bespoke CBU study days, on the Trust's Passport to Management programme and on the Preceptorship programme. One to one training is also provided as individual's request.

The Trust ensures the investigation into incidents resulting in severe harm or death is led by an investigator outside of the CBU where the incident has occurred and appropriate specialist and professional input is included in the terms of reference for the investigation. By identifying the root cause of the incident and relevant contributory factors the Trust can ensure that robust actions are put in place to improve the safety and quality of care patients receive.

The Clinical Governance Team and CBUs ensure that the learning from incidents resulting in severe harm or death is shared Trust wide through the Patient Safety Bulletin and the Trust's governance framework. An assurance review is completed six months after the closure of all the actions to assess the impact of the action plan on the safety and quality of care patients receive.

Engagement with stakeholders

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

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

Barnsley Hospital has continued to implement the Trust-wide Quality Strategy establishing a framework around which the quality of care and services provided by Barnsley Hospital NHS Foundation Trust are monitored and against which improvements in the quality of care will be defined and implemented. Our achievement against the key performance targets for each of the priority areas has been continually reviewed. It is based on these achievements that new targets for 2019-20 will be agreed.

Our Workforce and Compliance with Developing Workforce Safeguards

The Board of Directors and Board Committees (Quality & Governance and Finance & Performance) receive regular reports detailing the staffing arrangements in place to provide assurance in respect of safety, sustainability and effectiveness. The reports detail areas of risk and mitigation strategies in relation to workforce. Workforce assurance is also provided through the Board Committees in respect of key workforce metrics, e.g. establishment data, sickness absence and turnover. The Board has also approved a 'People Strategy' which has a key objective to support and enable Clinical Business Units and Corporate Services to develop robust workforce planning strategies. In accordance with the recommendations of 'Developing Workforce Safeguards' the Trust will use a triangulated approach to maintaining assurance around workforce strategies and safe staffing systems. This approach will include utilising evidence based tools, e.g. establishment reviews, roster information together with professional judgement and patient outcome measures. The Nursing and Medical Directors will provide a statement to the Board detailing the outcome of this evidence based approach.

Care Quality Commission

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

Register of Interests

In accordance with the requirements of 'Managing Conflicts of Interests in the NHS' (June 2017), the Trust has published its register of interests for its Board of Directors and Senior Staff/Key decision-making staff. Whilst the register of interests for the Board of Directors was updated in-year in accordance with the requirement for an up-to-date register of interests for key decision-making staff to be published within the past twelve months, the register of interests for senior staff/key decision-making staff has not similarly been updated in-year. There is now a plan to update this register and publish it on the Trust's website by the end of June 2019.

NHS Pension Scheme

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

Equality, diversity and human rights

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

Sustainability

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness

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

Internal Audit Opinion

The Internal Audit opinion for the year is of significant assurance.

NHS Improvement review of the Trust's position

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

The Trust has delivered its Cost Improvement target for the last three years and has over achieved the target of £8.5m in 2018-19 by delivering £9.9m. The Trust has a clearly defined QIA process and governance to ensure CIP schemes are safe and sustainable.

The Trust has established a group to focus on further opportunities for efficiency across our services which were highlighted in the Carter report. Regular benchmarking exercises are undertaken to examine economy, efficiency and effectiveness. In addition, the Trust has significantly improved its business planning approach over the last two years to improve productivity and efficiency across the organisation and this work will continue in 2019 – 20.-.

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

Financial Sustainability

The Trust has been proactive in the managing of its resources, although remains in a deficit position. Whilst the Trust over achieved its Cost Improvement Target, 2018-19 ended with a deficit of £4.4m, which is £4.4m favourable to the planned position of an £8.8m deficit. The key challenges included:

- An unexpected buildings impairment of £2.5m.
- Pressure on pay costs driven by expenditure on agency staff incurred to support additional capacity.

During 2018-19, the availability of cash to support the continuity of services has been a key challenge. It was necessary to draw down distressed funding during the year of £11.3m which is now managed as a loan. The requirement for distressed funding was driven by the deficit position. Our cash management processes have had to be redeveloped and are now embedded, although the availability of funding has adversely impacted on how quickly we have been able to pay our suppliers. In the main, the Trust has been unable to adhere to the better payment practice code due to the availability of cash.

Information Governance

Information governance risks are managed as an integral part of the described risk management process and are assessed in terms of their alignment to the Data Protection Act 2018 legislation using the national Data Protection Toolkit.

The associated risk register is updated with any identified information risks. Independent assurance is provided by the Data Protection Toolkit self-assessment review by Internal Audit.

Data quality and data security risks are also managed and controlled via the risk management system with risks to data quality and data security being continuously assessed and recorded on the ICT risk register. Data protection incidents are managed using the trust electronic incident reporting system.

The Trust Board reported a position of full compliance with national data protection requirement. This includes ensuring more than 95% of staff are trained in data protection and receiving significant assurance from an internal audit. No serious data protection incidents have occurred that resulted in follow up by the Information Commissioners Office during the financial year 2018-19.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The formulation of the Trust's Quality Report has been led by the Director of Nursing and Quality and the Head of Quality and Governance with the full support of the Board of Directors and the Council of Governors.

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

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

Barnsley Hospital NHS Foundation Trust is committed to ensuring that patients will experience safe, effective and high-quality care. The Trusts plan for quality improvement over 2018-19 will be delivered through agreed quality priorities and targets with clear, achievable and measurable key performance indicators, as depicted in the Trust's three year Quality Strategy, 2017 - 2020. Through the implementation of the three year quality strategy the Trust will focus on the achievement of the national and local commissioning priorities together with the Trust's own quality goals and priorities.

The Trust has a process for validating the month end incomplete RTT (Referral to Treatment) position where members of the data quality team validate patients on the Patient Tracking List (PTL) waiting longer than 14 weeks on a daily basis. The weekly incomplete is reported via the Executive Team weekly dashboard together with a validated monthly and weekly total waiting list size position.

Any issues and supporting recovery plans are escalated to the weekly Trust Operations Group meeting and where necessary at the Executive Team by exception. The validation process for RTT has been subject to external audit in 2016/17 and 2017/18 with an outcome of "significant assurance".

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Finance & Performance Committee and the Quality & Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Work has been commissioned from the Internal Audit service as noted within the statement to review the adequacy of the controls and assurance processes in place and to develop improvements within the governance processes. The Trust is committed to the continuous improvement of its risk management and assurance systems and processes, to drive improved effectiveness and efficiency. My review is also informed by:

- The Head of Internal Audit's opinion and reports by Internal Audit, who work to a risk-based annual plan with topics that cover governance and risk management, service delivery and performance, financial management and control, human resources, operational and other reviews
- Opinion and reports from our external auditors
- Financial accounts and systems of internal control
- In-year submissions against performance to NHS Improvement
- Department of Health performance requirements/indicators
- Full compliance with the Care Quality Commission essential standards for quality and safety for all regulated activities across all locations
- Information governance assurance framework including the Information Governance Toolkit
- Results of national patient and staff surveys

- Investigation reports and action plans following serious incidents
- Council of Governors reports and clinical audit reports

During 2018-19, Internal Audit issued 11 completed reports relating to the 2018/19 Audit Plan with the following levels of assurance:

- 8 reports were issued with Significant Assurance;
- 3 reports were issued with Limited Assurance.

Two other audits are in progress. No high risk actions have been agreed and formally reported as a result of the 2018-19 work.

No high risk issues have been identified from the reports issued in 2018/19. Internal audit in a consultancy role targets the areas where we think there may be things we need to review in greater detail. As a result this can result in a report with 'limited assurance'. When this is the case, the Audit Committee and the Trust undertake the required and recommended actions.

Conclusion

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

Dr Richard Jenkins …….. Date: 23 May 2019
Chief Executive

Quality Report and Accounts 2018-19

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Part 1: Statement on quality from the Chief Executive

This year's Quality Account provides you with details of our quality improvement journey over this reporting period, 2018-19. Once again we celebrate our achievements but also acknowledge those areas where we need to improve.

While the last year has again seen national unprecedented pressures on the NHS, Barnsley Hospital NHS Foundation Trust (BHNFT) remains committed to providing high quality services for patients of all ages. We continue to ensure that quality, patient safety and patient experience remain at the forefront of our priorities.

We are especially proud that we have translated our patient feedback directly into quality improvement initiatives across the Trust. These include falls prevention work to improve the assessment and management of patients who are at risk of falls, and a pilot of nutritional support volunteers on care of elderly wards.

Furthermore, we have enhanced the hip fracture pathway to improve patient care and patient experience, and also introduced training on patient feedback themes relating to communication and staff attitude. Importantly, we have made substantial progress in achieving the key priorities of the three quality improvement goals. During 2019-20 we:

Achieved NHS performance on key access targets for cancer, diagnostics and referral to treatment (RTT) waiting times. The 4 hour emergency access standard was successfully delivered in March at 96%. The Trust narrowly missed the 95% standard for 2018-19 at 94.6% cumulatively.

- Maintained a focus on the reduction of our Hospital Standardised Mortality Rate (HSMR).
- Identified Sepsis in 100% of cases and gave treatment with antibiotics within one hour of diagnosis in 90% of cases that we audited in quarter four of last year.
- Continued our work to reduce hospital acquired pressure ulcers, in line with the new classification of pressure ulcers and reporting guidelines published by NHS Improvement in July 2018.
- Increased recognition and treatment of Acute Kidney Injury (AKI). 80% of patients audited in our most recent audit had AKI management documented in their case notes.
- Maintained 95% or above compliance with venous thromboembolism (VTE) risk assessment.
- Further reduced in-patient falls resulting in moderate harm or above.
- Achieved zero cases of MRSA bacteraemia.
- Achieved the four clinical priority standards for 7-day hospital services.

The Trust's rate of incident reporting has continued to rise whilst the reported percentage of incidents resulting in severe harm or death has reduced. This reflects the Trust's open and positive approach to incident reporting.

In other work, our strategic objective takes a year on year approach to achieving the training of 25% of key staff in quality improvement and human factors. We have overachieved in our first and second years with 37.8% for quality improvement (QI) training and 46.1% for human factors (HF) training.

Over the last year the Trust has also been undertaking a project to improve the quality of acting on diagnostic test results. Our achievements over the past year are testament to the hard work and commitment of our staff and the work we have done to transform our hospital and implement actions and improvements.

BHNFT has not participated in any special reviews or inspections by the CQC this year. However, we continue to work to embed improvements following the 2017 unannounced core service inspection and announced 'Well-led' inspection.

There are areas where we continue to work hard to improve. We did not achieve the nationally set target of 12 Clostridium difficile cases (we ended the year with 15 cases). However, we strive for continuous improvement to provide a clean and safe environment with high infection prevention and control standards within clinical care to protect our patients, visitors and staff.

Barnsley hospital has held a strong position with regard to the NHS Friends and Family Test (FFT) recommendation rates achieving the local target of 87.5% positive recommendation rate across inpatient areas. We have been unable to achieve the increase response rate of 10% or more within the emergency department which in turn has had an impact on us achieving the target for recommendation rates. The Trust has already begun considering alternative approaches for the implementation of NHS FFT in the ED in 2019-20.

As Chief Executive of Barnsley Hospital NHS Foundation Trust, I firmly believe in quality being at the forefront of our agenda. This will remain as we enter into 2019-20 with the full knowledge of the challenges to the quality agenda the Trust currently faces, in particular maintaining safe staffing across the medical, nursing and therapy domains.

I am pleased to confirm that the information in this Quality Account has been reviewed by the Board of Directors who confirms that it provides an accurate and fair reflection on our performance during the reporting period. It provides you the reader with a transparent picture of how patient safety, patient experience and quality improvement are key to the delivery of care here at Barnsley Hospital.
Finally and on behalf of the full Board of Directors, I would like to take this opportunity to thank the staff and volunteers for their continued dedication, support and commitment to our hospital.

……

Dr Richard Jenkins, Chief Executive **Date: 23 May 2019**

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

2.1 (i) Progress made since the publication of the 2017-18 quality report (cross reference to Section 3.0; Other information)

This section of the report discusses the achievements Barnsley Hospital NHS Foundation Trust has made in meeting the quality priorities and targets we set ourselves for 2018-19. For more detailed information on where we achieved improvements and where we believe there is still work to be done, the reader is referred to section three of this report. It provides detailed information about the quality of care offered by the Trust based on performance in 2018-19 against targets selected by our Board of Directors, additionally it shows year on year progress on key national indicators.

Our progress during 2018-19 in brief

In 2018-19 our priorities for improving quality for our patients fell within three core goals:

• To provide care that is based on the best evidence for every patient, every time
• To continue to seek out and reduce avoidable patient harm
• To deliver good patient experience

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

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

Priority: Reduce unwarranted variation in patient care.
What we have achieved in 2018-19:

- We have continued to maintain systems and processes to ensure safe staffing levels across all clinical areas within the hospital.
- We have achieved compliance with all four priority clinical standards for seven day hospital service.

Priority: Achieve the highest level of reliability for clinical care.
What we have achieved in 2018-19:

- We have continued to improve our recognition and treatment of Acute Kidney Injury (AKI). 80% of patients audited had AKI management documented in their case notes and our Hospital Standardised Mortality Rate (HSMR) related to AKI has reduced to 72.54.
- We have identified Sepsis in 100% of cases and gave treatment with antibiotics within one hour of diagnosis in 90% of cases that we audited in quarter four of last year.
- We have achieved the targets aligned to Continuity of Carer and Personalised Care Plans from the Better Births recommendations and are on target to achieve the remaining five key lines of enquiry requirements by 31 March 2020.

Priority: Aim to eliminate avoidable deaths.

What we have achieved in 2018-19:

- We have a process to review all of our patient deaths that occurred during 2018-19 and, where indicated, a Structured Judgement Review (SJR) has or will take place.
- We have maintained a focus on the reduction of our Hospital Standardised Mortality Rate (HSMR) resulting in our HSMR being 103.

Goal 2: Continuously seek out and reduce avoidable patient harm

Priority: Reduce harm from poor communication and ineffective team working.
What we have achieved in 2018-19:

- For staff identified as requiring training, we have over achieved our target of key staff trained in quality improvement (QI) and Human Factors (HF).
- Our Trust wide Safety Culture Review was opened to staff in 2018. We will review the results from this to identify any areas for improvement.

Priority: Reduce patient harm from the most common known causes.
What we have achieved in 2018-19:

- We have achieved our target of 95% or above with venous thromboembolism (VTE) risk assessment. This has been maintained throughout 2018-19.
- We have developed systems to ensure that any emergency admissions receive VTE prevention information as they come through our emergency department (ED) department and elective admissions through our pre-operative assessment processes.
- We have implemented a project to improve the timeliness and effectiveness of acting on diagnostic test results.

Priority: Maintain focus on eliminating avoidable patient harm.
What we have achieved in 2018-19:

- We have achieved our aim of eliminating hospital acquired avoidable grade 3 & 4 pressure ulcers in June, July and October 2018. In November we introduced the new classification of pressure ulcers and reporting guidelines as published by NHS Improvement.
- We have seen a further reduction in the number of in-patient falls resulting in moderate harm or above.
- We achieved the nationally set target of zero cases of MRSA bacteraemia.
- We have found the nationally set reduction target of 12 Clostridium difficile (C.difficile) cases a challenge for the Trust to achieve with 15 cases being reported during the year.

Goal 3: To deliver good patient experience.

Priority: Work with patients as partners in improvement.
What we have achieved in 2018-19:

- We have developed a service engagement/involvement resource to support staff in proactively engaging with patients and service users.
- We have extended the use of the dementia carers' feedback questionnaire to cover outpatient services.

Priority: Enable patients to be in control of their own healthcare.
What we have achieved in 2018-19:

- We have introduced systems to allow us to monitor the use of the Butterfly Scheme proactively.
- We have successfully introduced a process for the production, review and monitoring of patient information resources for patients.

Priority: Use patient insight and feedback to improve experience.
What we have achieved in 2018-19:

- We have continuously achieved 87.5% positive recommendation rate across all inpatient areas for the NHS FFT.
- We have unfortunately been unable to achieve the increase response rate of 10% or more within the emergency department for the NHS FFT which in turn has had an adverse impact on us achieving the 87.5% target for recommendation rates. We are considering alternative approaches for the effective implementation of NHS FFT in the ED in 2019-20.
- We have improved our patient information resources which support patients to make decisions about their care and treatment.
- We have implemented a number of quality improvement initiatives based on the feedback we have obtained from patients and carers. You can read more about some of these on page 33 of this report.

2.1 (ii) 2019-20 Quality Priorities

In February 2017 the Trust held a Quality Day to which patients, staff and key stakeholders were invited to attend to help us identify the focus of the Trust's next three year Quality Strategy, and, in turn, to assist the Trust in identifying the quality priority areas for 2017-19. The Quality Day was a day of celebration during which attendees were given the opportunity to listen to the great work undertaken by our hospital over the past three years in improving the quality of services and thus the quality of care we provide to our patients. As well as looking back at our journey of quality improvement the day also provided the Trust with the opportunity to share ideas about what our focus for on-going and new quality improvement initiatives should be over the next three year period.

As a result of the Quality Day and following our progress in quality improvement in 2018-19 the three main priority goals for quality improvement will remain the same for 2019-20 reflecting those areas that our stakeholders highlighted as key priority areas for Barnsley Hospital. We are planning another Quality Day in autumn 2019 to engage with our key internal and external stakeholders once again to discuss and propose quality improvement priorities for 2020-23. Our achievements against the key performance targets for each of the priority areas has been continually reviewed. It is based on these achievements that new targets for 2019-20 have been agreed.

Measurement, monitoring and reporting

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

Other Priorities for Improvement in 2019-20

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) framework enables BHNFT's commissioners to reward excellence, by linking a proportion of our income to the achievement of local quality improvement goals. Table 1.0 outlines the 2019-20 national CQUINs, which are applicable to NHS acute providers.

Table 1.0 National CQUIN Indicators 2019-20

National CQUIN Indicators 2019-20
Staff flu vaccinations Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.
Antimicrobial resistance – Lower Urinary Tract Infections (UTI) in Older People We are seeking to avoid inappropriate antibiotic prescribing, improve diagnosis and improve treatment and management of patients with UTI.
Same day emergency care Improved same day treatment will reduce pressure on hospital beds, reduce length of stay in hospital and improve patient experience.
Three high impact actions to prevent hospital falls We are aiming to reduce the number of patients falling in hospital, reducing the length of stay in hospital and reducing treatment costs.
Screening and brief advice for tobacco and alcohol use in inpatient settings We are seeking to deliver on the objectives set out in the NHS Five Year Forward View, particularly around the need to support healthier behaviour.

The Trust will monitor performance against the 2019-20 national CQUINS through the Trust's Quality and Governance Framework. Each CQUIN will be allocated to a named executive lead and a named operational lead for 2019-20. The reporting process will monitor progress continuously against monthly and quarterly performance targets.

Progress in implementing the priority clinical standards for seven day hospital services

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

In 2018-19 Barnsley hospital engaged with NHS England to understand performance against the four key priority standards for seven day working. These are:

- Standard 2 – Assessment within 14 hours of emergency admission
- Standard 5 – Diagnostics Availability
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Twice daily review of patients in high dependency areas.

The Trust's clinical audit department has measured performance against these priority standards. Barnsley hospital is compliant and is achieving the recommended 90% target with each of the standards.

Freedom to Speak up Guardian

The Trust is committed to creating a just culture where staff feel comfortable to raise concerns confident in the knowledge that this will be taken seriously and investigated. We have developed a Raising Concerns (Whistleblowing) Policy to reassure staff that it is safe and acceptable to speak up.

The Trust has employed a Freedom to Speak Up Guardian who is available for staff to confidentially raise any concerns. It is essential for patient safety and continual improvement of our services that staff feel free and able to speak up with the aim of encouraging a culture where speaking up is the every day norm at our hospital. Staff can speak to the Guardian about patient safety or any other issue where they feel the usual process has not been effective. The Guardian reports directly to, and meets regularly with, the Chief Executive and the nominated Non Executive Director lead to provide an update on the types of concerns being raised and how the these are being investigated and managed. The Guardian personally provides feedback to any staff member who has raised a concern.

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on the number of concerns raised by staff, (including whistleblowers).

2.2 Statements of Assurance from the Board

Information on Review of Services

During 2018-19 the Barnsley Hospital NHS Foundation Trust provided and/or sub-contracted one relevant health service for orthopaedic activity from Orthohealth.

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

The income generated by the relevant health services reviewed in 2018-19 represents 0.83% of the total income generated from the provision of relevant health services by the Barnsley Hospital NHS Foundation Trust for 2018-19.

Information on Participation in Clinical Audits

During 2018-19, 37 national clinical audits and two national confidential enquiries covered relevant health services that Barnsley Hospital NHS Foundation Trust provides.

During that period Barnsley Hospital NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust was eligible to participate in during 2018-19 are as follows. Please see table 3.0.

The national clinical audits and national confidential enquiries that Barnsley Hospital NHS Foundation Trust participated in during 2018-19 are as follows. Please see table 3.0.

The national clinical audits and national confidential enquires that Barnsley Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2018-19, are listed in table 3.0, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 18 national clinical audits were reviewed by the provider in 2018-19 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix A.

The reports of 210 local clinical audits were reviewed by the provider in 2018-19 and Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Please see appendix B.

Table 3.0: All national clinical audits, national confidential enquiries and audits included on the quality account programme for 2018-19.

Key:	
Area/national audit title	Includes details of the area of clinical care being reviewed and the audit or enquiry title
NCA	Indicates if the project is included on the national clinical audit programme (NCAPOP)
A1	Indicates if the project is applicable to Barnsley hospital
P1	Indicates if Barnsley hospital participated in the project and submitted (or is currently submitting) data
% cases submitted	Where data collection was completed during 2018-19, the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry are included
Data collection complete	Details on the progress of data collection. Many national audits collect data on an ongoing basis and publish annual reports

Area/national audit title	NCA	A1	P1	% cases submitted	Data collection complete?
Peri- and Neonatal					
Neonatal intensive and special care (NNAP)	✓	✓	✓	100%	Ongoing
National maternity and perinatal audit	✓	✓	✓	100%	Ongoing
Children					
Diabetes (Paediatric) NPDA	✓	✓	✓	100%	Ongoing
Paediatric intensive care (PICANet)	✓	×	NA		
National audit of seizures and epilepsies in children and young people	×	✓	✓	92%	Ongoing
Acute Care					
Case mix programme (CMP) ICNARC	×	✓	✓	100%	Ongoing
National cardiac arrest audit	✓	✓	✓	100%	Ongoing
Blood and Transplant					

Area/national audit title	NCA	A1	P1	% cases submitted	Data collection complete?
Comparative audit of blood transfusion	×	✓	✓	100%	Yes
Serious hazards of transfusion (SHOT): UK national haemovigilance scheme	×	✓	✓	100%	Ongoing
Long term conditions					
Inflammatory bowel disease (IBD) Registry, Biological therapies audit	×	✓	✓	75%	Ongoing
Diabetes audit (adults)	✓	✓	✓	100%	Yes
Cancer					
Bowel cancer (NBOCAP)	✓	✓	✓	0% All data in Infoflex	Yes
Lung cancer audit	✓	✓	✓	100%	Submitted in real time by monthly upload
National prostate cancer audit	✓	✓	✓	100%	Submitted in real time by monthly upload
Oesophago-gastric cancer (NAOGC)	✓	✓	✓	100%	Ongoing
National audit of breast cancer in older patients	✓	✓	✓	NABCOP does not directly 'collect' patient data. Existing sources of patient data collected by national organisations. Ongoing data collection.	
Elective procedures					
Elective surgery (National PROMs programme)	×	✓	✓	53.4%	Ongoing
National joint registry	✓	✓	✓	100%	Ongoing

Area/national audit title	NCA	A1	P1	% cases submitted	Data collection complete?
National neurosurgery audit programme	×	×	NA		
Cardiovascular disease					
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	✓	40% (as at 13 March 2019)	Ongoing - final submission May 19
Adult cardiac surgery	✓	×	NA		
Cardiac rhythm management	✓	×	NA		
Non invasive ventilation – Adults	×	✓	✓	-	Ongoing - final submission May 19
Congenital heart disease (CHD)	✓	×	NA		
Coronary angioplasty/national audit of percutaneous coronary interventions (PCI)	✓	×	NA		
Adult community acquired pneumonia	×	✓	✓	-	Ongoing - final submission June 19
National Asthma and COPD Audit Programme	✓	✓	✓	100%	Ongoing
Heart failure	✓	✓	✓	70% (as at 13 March 2019)	Ongoing
National Audit of Pulmonary Hypertension	×	×	NA		
Older People					
Falls and fragility fractures audit programme (FFFAP)	✓	✓	✓	100%	Ongoing
National audit of dementia	✓	✓	✓	100%	Ongoing

Area/national audit title	NCA	A1	P1	% cases submitted	Data collection complete?
Sentinal stroke national audit programme (SSNAP)	✓	✓	✓	100%	Ongoing
Psychological conditions					
Prescribing observatory for Mental health (POMH-UK)	×	×	NA		
National audit of anxiety and depression	×	×	NA		
National audit of psychosis	×	×	NA		
Emergency care					
Feverish Children (care in emergency departments)	×	✓	✓	100%	Yes
Major trauma audit (TARN)	×	✓	✓	100%	Ongoing
Emergency laparotomy audit (NELA)	✓	✓	✓	67%	Ongoing
Vital signs in Adults (care in emergency departments)	×	✓	✓	100%	Yes
VTE risk in lower limb immobilisation (care in emergency departments)	×	✓	✓	100%	Yes
Urology					
Nephrectomy audit	×	×	NA		
Percutaneous nephrolithotomy	×	×	NA		
Radical prostatectomy	×	×	NA		
Stress urinary incontinence audit	×	×	NA		

Cystectomy	×	×	NA		
National confidential enquiries					
Area/national audit title	**NCA**	**A1**	**P1**	**% cases submitted**	**Data collection complete?**
Maternal, newborn and infant clinical outcome review programme (MBRRACE)	✓	✓	✓	100%	Ongoing
Medical and surgical clinical outcome review programme (NCEPOD) • Pulmonary embolism • Acute bowel obstruction	✓	✓	✓	100% 44%	Yes Ongoing
Mental health clinical outcome review (NCISH)	✓	×	NA		
Other					
Learning disability mortality review programme (LeDeR programme)	✓	×	NA		
Rheumatoid and early inflammatory arthritis	✓	✓	✓	100%	Ongoing
National ophthalmology audit	✓	✓	✓	100%	Ongoing
National vascular registry	✓	×	NA		
Specialist rehabilitation for patients with complex needs	✓	×	NA		
National end of life care	✓	✓	✓	100%	Yes
Mandatory Surveillance of Bloodstream Infections and Clostridium difficile Infection	×	✓	✓	100%	Ongoing
National bariatric surgery registry	×	×	NA		
National Audit of Intermediate Care	×	×	NA		

Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	×	✓	✓	100%	Quarterly data collection
Seven Day Hospital Service	×	✓	✓	NA	Twice yearly completion
Area/national audit title	**NCA**	**A1**	**P1**	**% cases submitted**	**Data collection complete?**
Surgical Site Infection Surveillance Service	×	✓	✓	100%	Ongoing
UK Cystic Fibrosis Registry	×	×	×		

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Barnsley Hospital NHS Foundation Trust in 2018-19 that were recruited during that period to participate in research approved by a Research Ethics Committee was 1011. In March 2018 BHNFT were delighted to welcome the newly appointed Co-Clinical Director, Research & Development to our Research and Development Team.

Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of Barnsley Hospital NHS Foundation Trust income in 2018-19 was conditional on achieving quality improvement and innovation goals agreed between Barnsley Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018-19 and for the following 12 month period is available electronically at http://www.barnsleyhospital.nhs.uk/about/our-performance/business-plan/.

The table overleaf (table 4.0), demonstrate CQUIN Indicators agreed with Barnsley Clinical Commissioning Group (BCCG) for 2018-19 and the status of activity at the end of 2018-19.

Table 4.0 - Monetary total for income in 2018-19 conditional upon achieving quality improvement and innovation goals

Goal	CQUIN Value (All Commissioners)	Total Achieved	% achievement
Improving staff health and wellbeing	£397,203	£264,854	67%
Reducing the Impact of Serious Infections	£386,560	£343,072	89%
Improving services for people with mental health needs who present to A&E	£386,560	£386,560	100%
Offering Advice and Guidance	£386,560	£386,560	100%
Supporting proactive and safe discharge	-	-	-
Preventing ill health by risky behaviours – alcohol and tobacco	£386,560	£386,560	100%
Medicine Management	£20,493	£20,493	100%
HIV PAMs	Confirmation unavailable at time of report	Confirmation unavailable at time of report	Confirmation unavailable at time of report
PHE LTC CQUIN	£85,915	£85,915	100%
Alliance CQUIN (Local)	£53,200	£53,200	100%
STP/Risk Reserve CQUIN Element	£1,975,365	£1,975,365	100%
Total	**£4,078,416**	**£3,902,578**	**96%**

The monetary total for income in 2018-19 conditional upon achieving quality improvement and innovation goals is £ 4,078,416. The monetary total received for the associated payment in 2018-19 was £ 3,902,578.

Regulation and Compliance

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is “registered without conditions”. The CQC has not taken enforcement action against the Trust during 2018-19.

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

The Trust has continued to respond to the implementation and sustainability of actions as a result of the findings of the core service unannounced inspection in October 2017 and the announced well-led inspection in November 2017 following which the Trust received an overall CQC rating of ‘Good’. Moving into 2019-20 the Trust will include in its quality priorities the sustained implementation of any actions to address the CQC’s findings.

Detailed action plans have been formulated as a response to key findings and in October/November 2018 the Trust undertook a mock CQC inspection. The Scope of the week long mock inspection was to:

- Undertake an onsite review of 'must do' and 'should do' findings from the core service inspection in October 2017, (urgent & emergency services, medical care, surgery, services for children & young people), in order to provide assurance on the sustainability of actions implemented since 2017.
- To assess BHNFT compliance against the key findings and recommendations in relevant CQC and NHSI publications
- To identify evidence of good and outstanding practice within the core services reviewed.

Throughout 2019-20 the Trust will continue to embed the improvements made both before and since the Inspections in October 2017 and November 2017. Progress towards continued improvement and sustainability will be monitored Trustwide which will be the mechanism to forward plan for improvement across the CBUs. This will be supported by the Trust's ongoing schedule of Safety and Assurance Visits, the format and scope of which is based on the work developed and implemented in support of the Trust's CQC quality assurance work. The Trust will continue to identify and share good and best practice and will align work programmes with the 2019-20 audit programme to provide additional assurance and reassurance

Quality of Data

Barnsley Hospital NHS Foundation Trust submitted records during 2018-19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

The percentage of records in the published data:
— which included the patient's valid NHS number was:

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

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

99.9% for admitted patient care
100% for out-patient care and
98.3% for accident and emergency care.

Information Governance

Barnsley Hospital NHS Foundation Trust Information Governance Assessment Report overall score for 2018-19 was 96% and was graded Green. This is supported by an audit result of significant assurance confirming that appropriate controls are in place.

Clinical Coding

Barnsley Hospital NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2018-19. 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 2019 IG audit was undertaken in January 2019. The results should not be extrapolated further than the actual sample audited. (See table 5.0):

Table 5.0 - Monetary total for income in 2018-19 conditional upon achieving quality improvement and innovation

	Correct (%) 2019 IG Toolkit
Primary diagnosis	91.0
Secondary diagnosis	93.9
Primary procedure	96.4
Secondary procedures	94.9

Data Quality

Barnsley Hospital NHS Foundation Trust will be taking the following actions to improve data quality, by:

- providing further training to support with admitting, transferring and discharging patients
- providing training with regard to the coding of patients following appointments to ensure that correct payments are made
- ensuring ongoing monitoring of data validation and daily management of readmissions
- regularly completing system cleanses to ensure correct details are held both internally and externally
- completing a new staff training needs analysis (TNA) to support in the improvement of the quality of data.

Learning from Deaths

(27.1) During 2018-19, 1067 of Barnsley Hospital NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 270 in the first quarter
- 238 in the second quarter

- 257 in the third quarter
- 302 in the fourth quarter.

(27.2) By 9 April 2019 41 case record reviews and three investigations have been carried out in relation to 44 of the deaths included in in item 27.1.

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

- 6 in the first quarter
- 20 in the second quarter
- 10 in the third quarter
- 8 in the fourth quarter.

(27.3) Zero representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- Zero representing 0% for the first quarter;
- Zero representing 0% for the second quarter;
- Zero representing 0% for the third quarter but two inquests and one investigation are still underway;
- Zero representing 0% for the fourth quarter.

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

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

When there is a change in a patient's clinical condition staff should review the patient's original diagnosis and consider if further investigations are required.
There should be criteria for the use and prioritisation of bed chair alarms and staff in appropriate clinical areas will have up to date training, records and competency assessments for the bed chair alarms.

- A clear escalation and management process is required in order to support staff when requests for 1:1 supervision for patients are unable to be met.
- Entries into the medical records must include correct date, time signature and General Medical Council (GMC) number with every entry.
- Timely decisions, communication and feedback to families are needed to improve the patient experience.
- When caring for end of life patients a balance must be achieved between carrying out invasive procedures seen as in the patient's best interest with delivering less intrusive compassionate care.
- There were many examples of well documented, sensitive and thorough end of life care discussions with patients and families, with recognition that the patient was dying, exploration of their wishes and advance care planning.

However there is a lack of advance care planning prior to admission to hospital.

- When care transfers from one consultant to another there should be appropriate handover so that a lack of continuity in thresholds for treatment or limitations can be avoided.

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

- Share the learning through the Trust's governance framework and relevant forums/bulletins.
- Develop, review and update Trust policies and guidance as a result of the investigation findings.
- Feedback to and support staff directly involved and encourage individual reflection on the findings of the investigations.
- Root cause analysis (RCA's) for cardiac arrests are now being implemented to assist with learning and improvements.
- Guidance has been shared with staff on what does 'good' look like for end of life care for staff. This was done in collaboration with the Specialist Palliative Care team after a review of case notes where there were concerns around end of life care.
- Serious incident investigations and case record reviews are shared across the trust through Patient Safety Bulletins and Learning from Death bulletins.
- A 'learning from mortality group' meets to review appropriate actions that may need to be taken, including reviewing mortality statistics.
- General learning points from case record reviews are fed back via the learning bulletin and through CBU governance meetings.
- Where appropriate, specific feedback is given to consultant teams, heads of departments and individuals.
- It is also strongly recommended that reflection on learning from deaths is included as part of the medical appraisal process.

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

- The initial assessment of impact is viewed as positive as learning is shared through the organisation, and the number of case note reviews required in this reporting period is less that the previous.
- Completed serious incident assurance reviews in line with Trust processes and escalation of non-compliance through the Trust's governance framework has given improved assurance to the Trust that learning is taking place.
- Engagement in the screening of case notes by senior medical staff has meant specific examples of good care and learning have been identified more quickly after death.

- We have seen an awareness of decision making and communication at the end of life improving and have been able to feedback examples of good communication to the relevant teams.
- There is evidence that a number of consultant appraisals have used the Learning from Deaths process and information on care that has been shared with them following case note reviews as a method of reflective practice.

(27.7) Zero case record reviews and zero investigations completed which related to deaths which took place before the start of the reporting period.

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

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

2.3 Reporting against Core Indicators

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

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

Table 6.0 Barnsley Hospital NHS Foundation trust performance against the NHS Outcomes Framework 2018-19 Indicators

Indicator	2018-19	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
Summary Hospital-level Mortality Indicator (SHMI) value and banding January 2018 – December 2018 (latest available data)	101	100	69.17	126.81	101	100.4	98.7

Trust Assurance Statement:

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

- The Mortality Statistics are derived from data submitted by the organisation to HES
- The Mortality Statistics are reviewed monthly by the external health information company (CHKS) and internally reviewed by the local information team. A monthly overview is undertaken by members of the hospital mortality group.

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

- Continuing to apply learning from Structured Judgement Reviews (SJR)
- Using root cause analysis to improve systems and reduce harm
- Continue the use of electronic screening systems for sepsis
- Review disease specific mortality indicators
- Continue our understanding of any identified failures through the SJR process
- Continue to deliver QI and HF training to achieve a quality improvement culture.

Indicator	2018-19	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
% of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. April 2018 – December 2018 (latest available data)	1.13%	1.15%	2.8%	0.54%	1.17%	1.31%	0.90%

Trust Assurance Statement:

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

Significant work has continued through 2018-19 to ensure there is a systematic and consistent methodology for the coding of patient deaths with the palliative care code.

Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:
Working closely with the Specialist Palliative Care (SPC) team to ensure that data is updated, is correct and reflects the SPC input in the patients' care. This will be achieved by double checking the SPC database against the coded data and amending where necessary.

Indicator	2018-19	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
The Trust's responsiveness to the personal needs of its patients during 2018-19.	Data unavailable from national source at the time of completing this report.				76%	75%	66.4%

Indicator	2018-19 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
% 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.	68.0%	71.3%	87.3%	39.8%	62.0%	62.0%	60.0%

Trust Assurance Statement:

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons:
This is one question of the annual staff survey, this question also forms part of the staff friends and family survey.

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:
Monitoring this question in the Staff Friends and Family Test and the bi-monthly pulse check. CBU's produce an action plan in relation to the staff survey finding which is monitored at performance reviews.

Indicator	2018-19 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
28 day readmission rates for patients aged 0 to 14 during 2018-19.	1.0%	Data unavailable. Benchmarking for readmissions is several months behind real time so no comparable data available at time of reporting.			1.0%	1.2%	1.7%
28 day readmission rates for patients aged 15 or over during 2018-19.	6.8%	Data unavailable. Benchmarking for readmissions is several months behind real time so no comparable data available at time of reporting.			6.7%	6.1%	5.7%

Trust Assurance Statement:

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons:
A revised process for the validation of readmissions has been introduced with electronic reporting and daily validation Monday-Friday to verify that all reported readmissions are correct and immediately updated.

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:
As part of our Rightcare Barnsley team, we have a community long term conditions (LTC) specialist nurse who is tasked with reviewing all admissions to ensure that patients who have had a length of stay of over seven days, those who have been admitted/discharged within 30 days and those admitted from care homes are identified and supported as necessary. The community LTC nurse also acts as a link between acute and community providers to ensure the robustness of discharge arrangements.

Indicator	2018-19 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
% of admitted patients who were admitted to hospital and who were risk assessed for venous thromboembolism during 2018-19. ***latest available published data January 2019***	98.07	data unavailable from national source at the time of completing this report.			92.82%	88.6%	95.4%

Trust Assurance Statement:

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

- The data is taken from our electronic observations system and from our electronic patient discharge summary where questions about VTE risk Assessment are recorded.

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

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

Indicator	2018-19 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18	2016-17 BHNFT	2015-16 BHNFT
Rate per 100,000 bed days of cases of C.difficile infection amongst patients aged 2 or over during 2018-19. ***** rate unavailable at the time of completing this report***	** 15 cases	data unavailable from national source at the time of completing this report.			10.2	8.8	10.2

Trust Assurance Statement:

The Barnsley Hospital NHS Foundation Trust considers that this data is as described for the following reasons:
Infection prevention and control has been and will remain a high priority for the Trust. As an essential part of our quality improvement work we strive to work for continuous improvement to provide a clean and safe environment with high infection prevention and control standards within clinical care to protect our patients, visitors and staff. All positive cases are reported nationally as part of a mandated reporting programme.

The Barnsley Hospital NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:
Undertaking root cause analysis of all cases of C.difficile and disseminating the findings Trust wide. The Trust also worked closely with colleagues in the BCCG and South West Yorkshire Partnership Foundation Trust (SWYPFT) to ensure shared learning. All patients' toxin and antigen positive are assessed regularly by the infection prevention and control team and the clinical care reviewed. The infection prevention and control team continue to educate staff through mandatory training and informally on the care and management of patients with C.difficile. An action plan specifically relating to the reduction of C.difficile infection has also been developed and will be monitored via the Infection Prevention and Control Group.

Indicator	2018-19 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
Number and rate of patient safety incidents reported during 2018-19. ***latest data available – 1 April 2018 to 30 September 2018***	3,630 (Rate 56.9)	National data no longer provided			7392 (Rate 55.6)	6902 (Rate 55.48)	7037 (Rate 55.83)

Trust Assurance Statement:

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

During the period 1st April 2017 to 31st March 2018 Barnsley hospital and a further 134 Acute Non-Specialist Trusts patient safety incident reporting figures were submitted to the National Reporting and Learning System (NRLS) and published in bi-annual Organisation Patient Safety Incident Reports. The reports no longer rank Trust's against each other, organisations are encouraged to compare against themselves over periods of time, rather than with other organisations.

Every six months the NRLS publish National Patient Safety Incident Reports (NaPSIR) and Organisational Patient Safety Incident Reports (OPSIR). The latest data to be published was in March 2019 (1 April 2018 to 30 September 2018). During the period 1st April 2018 – 30 September 2018 the Trust's rate of incident reporting continued to rise which was in line with the national picture of incident reporting.

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

The Risk Management and Clinical Governance Teams have been working with CBUs to identify areas of low reporting and supporting these areas with strategies for improvement. The number of incidents reported, themes and trends, the number of open incidents and the learning and action taken following incidents is summarised in the CBU governance reports and discussed by the Clinical Governance Facilitators at the monthly sub-speciality and CBU governance meetings. Training is provided to staff on incident reporting and investigating incidents at bespoke CBU study days, on the Trust's Passport to Management programme and on the Preceptorship programme. One to one training is also provided as individual's request.

Indicator	2018-19 BHNFT	National Average	Best Performer (if applicable)	Worst Performer (if applicable)	2017-18 BHNFT	2016-17 BHNFT	2015-16 BHNFT
Number and rate of patient safety incidents reported during 2018-19 that resulted in severe harm or death. ***latest data available – 1 April 2018 to 30 September 2018***	13 (0.2%)	National data no longer provided			32 (0.4%)	20 (0.3%)	25 (0.4%)

Trust Assurance Statement:

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

During the period 1st April 2017 to 31st March 2018 the number of incidents resulting in severe harm or death the Trust has reported has increased, however, the percentage of these incidents has remained static.

During the period 1st April 2018 – 30 September 2018 the percentage of incidents resulting in severe harm or death the Trust has reported has reduced. The reduction in the percentage of these incidents and the increase in the reporting rate supports the Trust's open and positive approach to incident reporting to promote a safety culture.

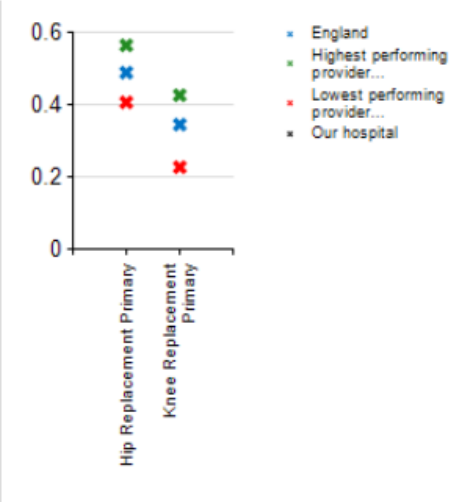
The Barnsley Hospital NHS Foundation Trust intends to take the following actions to improve this percentage and number, and so the quality of its services, by:

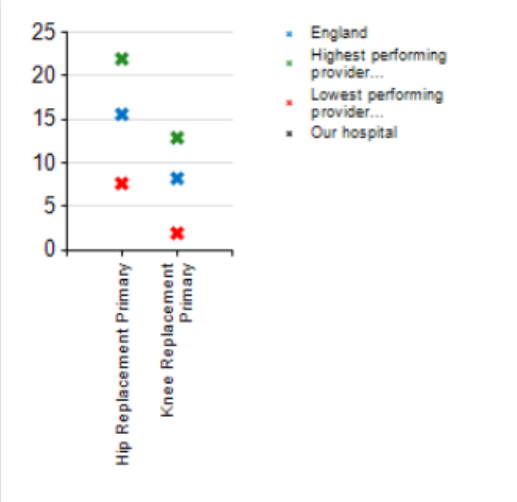
The Trust ensures the investigation into incidents resulting in severe harm or death is led by an investigator from outside the CBU where the incident has occurred and appropriate specialist and professional input is included in the terms of reference for the investigation. By identifying the root cause of the incident and relevant contributory factors the Trust can ensure that robust actions are put in place to improve the safety and quality of care patients receive. The Clinical Governance Team and CBUs ensure that the learning from incidents resulting in severe harm or death is shared Trustwide through the Patient Safety Bulletin and the Trust's governance framework. An assurance review is completed six months after the closure of all the actions to assess the impact of the action plan on the safety and quality of care patients receive.

Table 7.0: Patient Reported Outcome Measures (PROMs) reporting period: April 2018 to March 2019 (Provisional - published February 2019, next expected May 2019)

Other metrics showing 'n/a' are doing so due record numbers being too low to calculate the adjusted health gain scores.

	EQ-5D Index				EQ VAS				Condition Specific			
Procedure	Our hospital	England	Highest performing provider score	Lowest performing provider score	Our hospital	England	Highest performing provider score	Lowest performing provider score	Our hospital	England	Highest performing provider score	Lowest performing provider score
Hip Replacement Primary	n/a	0.489	0.564	0.407	n/a	15.576	21.944	7.644	n/a	23.294	26.216	19.516
Knee Replacement Primary	n/a	0.345	0.426	0.227	n/a	8.226	12.888	1.936	n/a	17.582	20.683	14.669





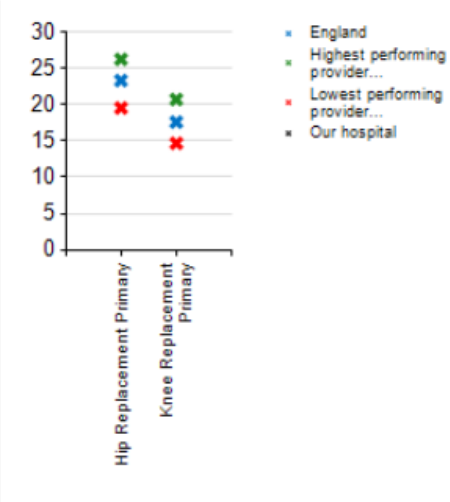
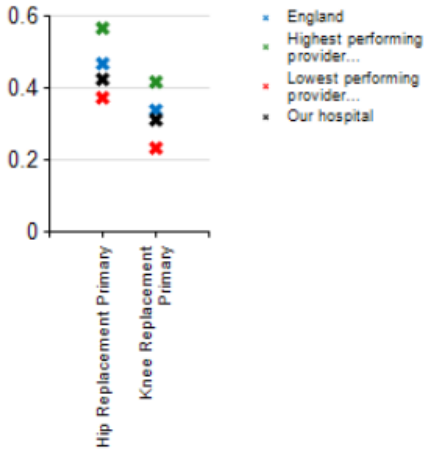
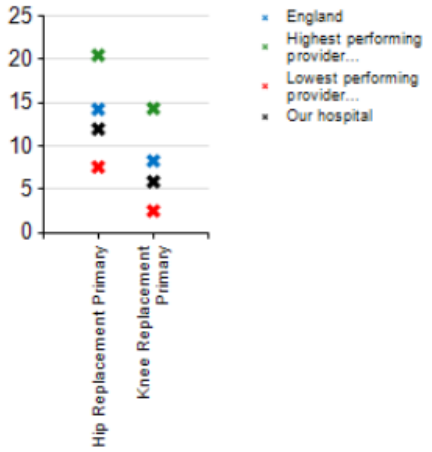


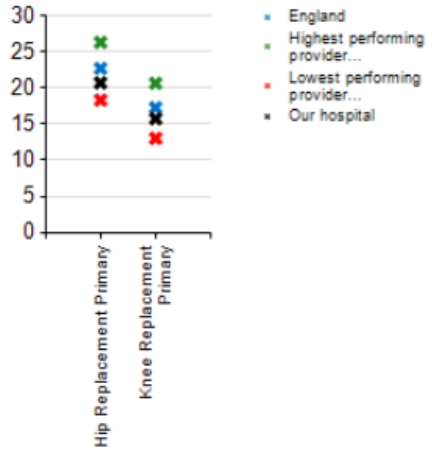
Table 8.0: PROMS reporting period: April 2017 to March 2018 (Finalised - published February 2019)

Other metrics showing 'n/a' are doing so due record numbers being too low to calculate the adjusted health gain scores.

	EQ-5D Index				EQ VAS				Condition Specific			
Procedure	Our hospital	England	Highest performing provider score	Lowest performing provider score	Our hospital	England	Highest performing provider score	Lowest performing provider score	Our hospital	England	Highest performing provider score	Lowest performing provider score
Hip Replacement Primary	0.424	0.468	0.566	0.373	11.952	14.231	20.475	7.571	20.683	22.680	26.299	18.301
Knee Replacement Primary	0.312	0.338	0.417	0.234	5.885	8.280	14.323	2.509	15.734	17.259	20.635	13.023







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

PROMs measure a patient's health status or health-related quality of life at a single point in time. Results are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Barnsley hospital collects PROMs data from patients undergoing a total hip or total knee replacement. Data for the period 2017-18 was finalised in February 2019. The Trust remains in a negative outlier position. The data for hips during this period is showing an improvement and knees a deterioration.

From the point of data collection, there is delay of approximately 12 months in the reporting of the national results. As a Trust, Barnsley hospital had originally undertaken local data collection in addition to the national data. This allowed the Trust to measure quality and implement improvements in real-time; however, this ceased in approximately October 2017. Simultaneously, the role of a trainee Arthroplasty Clinical Nurse Specialist was introduced.

The Aim of the arthroplasty Nurse was to:

- Eliminate pressure on follow-up clinics by running nurse-led clinics for patients following total hip and total knee arthroplasty surgery
- Act as a conduit between the patient and hospital once discharged for any problems worries or concerns that the patient may have. This was achieved by implementing a telephone helpline that runs 24/7; in hours 8-4 Monday to Friday calls will be answered/ returned & out of hours, patient's will be advised to leave a message or contact ward 34 directly
- Contribute to the work undertaken for the prevention and reduction in the rate of surgical site infection (SSI), and implementation of the enhanced recovery pathway (ERP).

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

- A task and finish group was established in October 2018 to create a PROMs improvement action plan. The work in Trauma & Orthopaedics around ERP and length of stay has helped to drive the re-introduction and the embedding of PROMs data collected locally.
- Actions that have been taken &/or are on-going include:
- Information was added into the joint school sessions. These sessions are attended by patients to inform them of what to expect from surgery and what is expected from them. This includes information regarding PROMs e.g. what it is, the information collection process, how to complete the questionnaires and the importance of completing and returning them all
- Information display boards regarding PROMs are now visible in fracture clinic, Physiotherapy outpatients and ward 34 (elective surgical ward) (waiting room and therapy room)

- Patients are given an information leaflet at the time of consenting for joint replacement surgery and when they attend pre-assessment regarding the importance of PROMs; this is also explained to the patient by the assessing nurse
- Analysis of the local and national PROMs data is performed regularly and presented at the ERP monthly meeting; anonymised consultant specific data is now available. The PROMs action plan is updated as appropriate
- We will update the Trust website with contemporaneous information regarding joint replacements and the collection of PROMs data.

Part 3: Other information

3.1 Our Performance against our 2018-19 Priorities for Improvement

This section of the report discusses the progress Barnsley Hospital NHS Foundation Trust has made against the priorities and targets we set ourselves for 2018-19.

In 2018-19 our priorities for improving quality for our patients fell within three core goal areas of priority:

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

The data within this section of the report is governed by local and national definitions, where applicable. Where data is not governed by national definition, a local data source is shown.

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

In 2018-19 we said we would:
Reduce unwarranted variation in patient care.
Our targets were:

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

Nurse staffing

We have continued to monitor nurse staffing levels on a monthly basis using the national tool with an in depth report submitted to the Quality and Governance Committee on a monthly basis detailing; staffing fill rates, vacancies, Care Hours per Patient Day (CHPPD) and cross referencing staffing to harms including C.difficile, pressure ulcers and in-patient falls. We have reviewed the new guidance that has been issued by NHS Improvement and incorporated recommendations as required.

The Trust has undertaken acuity analysis across a number of areas including; adult in patient areas, the ED, paediatrics and maternity services using validated tools including the Safer Nursing Care Tool (SNCT), the BEST tool and Birthrate Plus (Birthrate+). We have reviewed nurse staffing against peers using the Model Hospital and identified those areas where we are an outlier and undertaken work to understand and address this.

Ongoing evaluation of nurse staff will continue into 2019-20 and will include the exploration of introducing a safer staffing tool used to assess the acuity of patients on a shift by shift basis.

During 2018-19 we have successfully retained the staff that were recruited to the ED in 2017-18 and hope to duplicate this approach in our Acute Medical Unit (AMU) which has challenges around recruiting and then retaining staff. We are also working with NHS Improvement as part of the Retention Collaborative in order to ensure that we maximise and retain our staff through learning form other trusts as well as staff engagement.

We have reviewed our systems for ensuring safe care in the winter months and taken a new approach led by the newly appointed Deputy Director of Nursing (Operations). This work has seen a different use of our beds whereby ward capacity in two areas are “flexed up” over the winter months ensuring less reliance on moving staff to work in “escalation areas”. We have increased our senior nursing support to staff by having a site matron 24 hours per day seven days per week and reviewed our senior support in the CBU’s through the appointment of Deputy Associate Directors of Nursing. We have moved from an in-house nurse bank to one provided in conjunction with NHS Professionals (NHSP) reducing the reliance on agency nurses.

We have continued to invest in a number of trainees for new roles to support nursing this year which will enable us to skill mix differently in the future. We have successfully appointed 18 further trainee nurse associates and have eight trainee nurse associates who will qualify in April 2019 and be eligible to be admitted to the Nursing and Midwifery Council (NMC) register. We continue to support Advanced Clinical Practice and have successfully recruited trainee Advanced Clinical Practitioners in medicine, surgery and paediatrics. The Assistant Practitioners in Pre-assessment and Continence Services have now qualified.

Data source: Local Trust data source, 2018-19.

Medical staffing

Each clinical area sets and manages Junior Doctor staffing levels; minimum staffing is agreed by the Clinical Lead/Director dependent on area. The Trust’s Medical Staffing team in conjunction with operational teams proactively manage the Junior Doctor rotas to ensure compliance with the above minimum requirements, moving doctors from wards with a full complement of staff to areas which require support.
In summer 2018 the Royal College of Physicians published a report proposing minimum staffing levels across each tier of the Medical Workforce. The Trust compares favourably with the recommendations in this report, and in some areas is exceeding the requirements.

The Trust has also invested in a number of other strategies aimed at managing staffing levels and safety. In particular, a number of Physician Associates have been recruited and we have deployed them across the Medical Wards and the ED. This new role supports the existing Medical Workforce, taking on some of the duties on wards that were traditionally undertaken by Junior Doctors.

Data source: Local Trust data source, 2018-19.

Achieving the four priority clinical standards for seven day hospital services

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

In 2018-19 the Trust engaged with NHS England to understand performance against the four key priority standards for seven day working. These are:

- Standard 2 – Assessment within 14 hours of emergency admission
- Standard 5 – Diagnostics Availability
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Twice daily review of patients in high dependency areas

The Trust's clinical audit department has measured performance against these priority standards. Barnsley hospital is compliant and is achieving the recommended 90% target with each of the standards.

Data source: Local Trust data source, 2018-19.

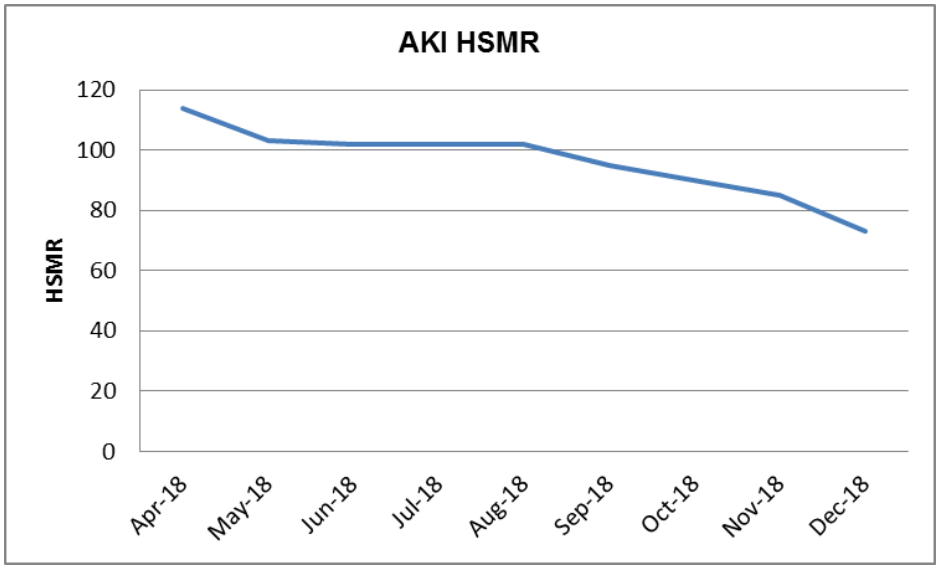
In 2018 -19 we said we would:
Achieve the highest level of reliability for clinical care.
Our targets were:

- To demonstrate 80% of patients have AKI management completed within 24 hours of the alert being received
- To demonstrate 90% timely identification and treatment for sepsis in ED and acute inpatient settings
- To ensure that the hospital is compliant with the Better Births review.

Acute kidney injury care pathway

AKI is sudden damage to the kidneys that causes them not to work properly. It can range from a minor loss of kidney function to complete kidney failure requiring dialysis. It is thought that 30% of AKI cases are preventable, but many are not due to the underlying disease process responsible. Early identification and prompt management of AKI may reverse the underlying problem quickly and/or may prevent AKI severity progressing, reducing risk of death and increasing the likelihood of a much better patient outcome. We have introduced an alert system, electronic fluid balance recording and acute response team involvement to ensure consistent AKI management. 80% of patients audited in our most recent audit had AKI management documented in their case notes and HSMR related to AKI has reduced to 72.54.

Audit of our AKI patients will remain monthly in 2019-20 to ensure that we continue to learn and improve.



Data source: Local Trust data source, 2018-19.

Sepsis

We have identified Sepsis in 100% of cases and gave treatment with antibiotics within one hour of diagnosis in 90% of cases that we audited in quarter four of last year.

We have implemented the national early warning score system (NEWS2) successfully for adults using our electronic observations system which enables us to apply a criteria for sepsis assessment to our patients. We will continue communication and collaboration on first administration of antibiotic and review time between medical and pharmacy staff.

Data source: Local Trust data source, 2018-19.

Better Births Review

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

The review identified a number of recommendations against seven key lines of enquiry (KLOE) to be implemented by providers of maternity services by 2020:

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

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

During 2019-20 Barnsley Hospital will continue to implement actions against all seven KLOE. We have already achieved the targets aligned to Continuity of Carer and Personalised Care Plans and are on target to achieve the remaining five KLOE requirements by 31 March 2020. Progress in meeting the KLOE requirements are monitored through the Trust-wide governance framework.

Data source: Local Trust data source, 2018-19.

In 2018 -19 we said we would:
Aim to eliminate avoidable deaths.
Our targets were:

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

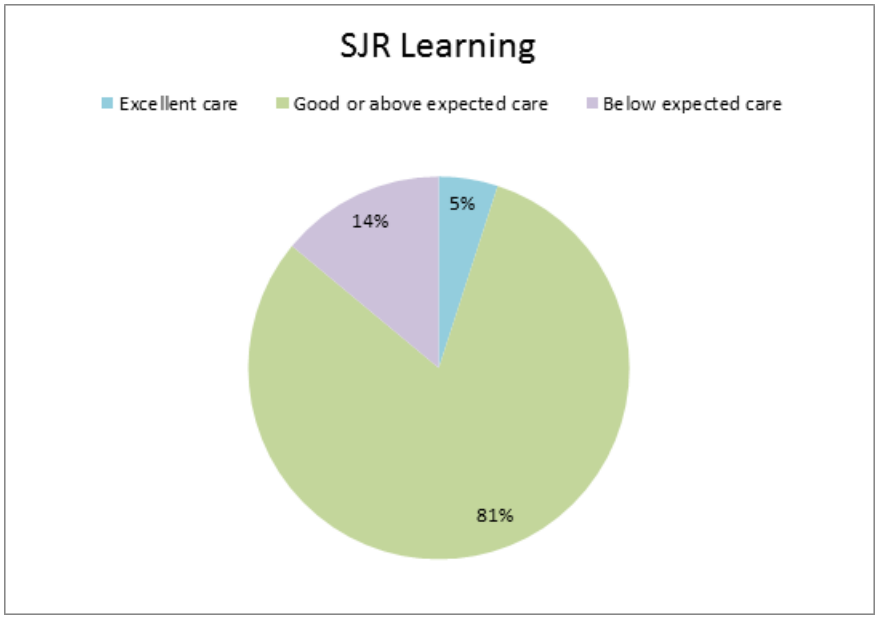
Structured Judgement Reviews

The Structured Judgement Review (SJR) methodology is a process introduced to effectively review the care received by patients who have died. It aims to improve learning and understanding about problems and processes in healthcare that are associated with patient deaths and share best practice.

The National Guidance on Learning from Deaths (2017) makes recommendations on which cases should be reviewed but does not suggest that all deaths require a SJR. A screening process is undertaken on all deaths with a view to selecting those that may require a more in depth SJR. At Barnsley hospital a Consultant led Screening Review takes place on all adult deaths with the exception of deaths that are already subject to scrutiny from other processes such as an inquest.

We have a process to review all of our patient deaths that occurred during 2018-19 and, where indicated, a Structured Judgement Review (SJR) has or will take place.

General learning points and themes from SJRs are fed back via a learning bulletin and through governance meetings. When indicated, specific learning and feedback is given to consultants, their teams, heads of departments and individuals. Our latest data shows that we are delivering good and excellent care in 85% of the aspects of care that have been reviewed. Where the level of care is less than we would expect, as well as learning and feedback, reflection on learning from deaths is also strongly encouraged as part of our medical appraisal process.

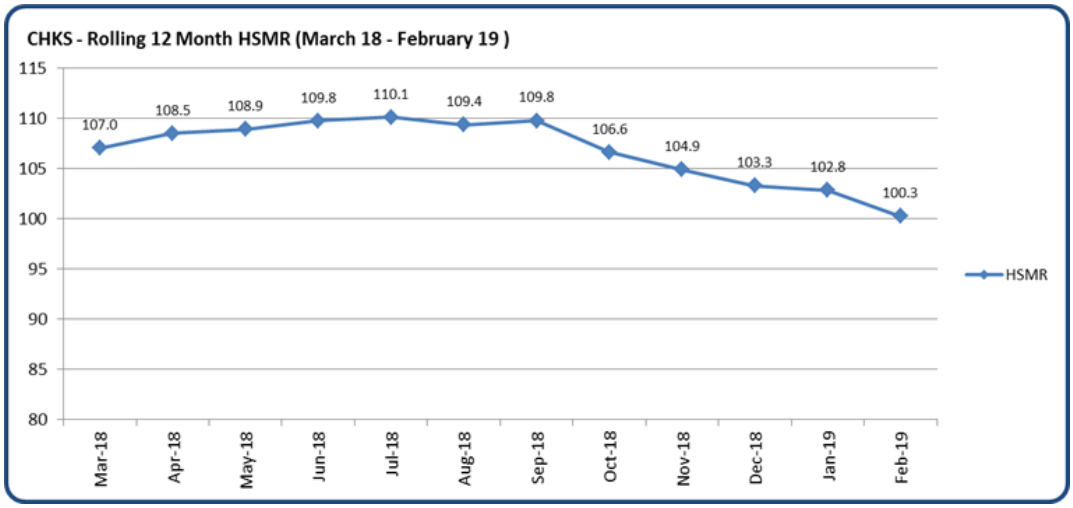


Data source: Local Trust data source, 2018-19.

Hospital Standardised Mortality Ratio (HSMR)

HSMR is a measurement tool that takes mortality data and adjusts it to take into account the factors that can affect the risk of death. 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. The value can be above or below 100 and variations are expected; it would be unusual to see a value of exactly 100. A value greater or lower than 100 can indicate that more or fewer deaths occurred than predicted but this does not mean that care was poor or good or that lives were lost or saved.

Maintaining a focus on the reduction of our HSMR has resulted in our HSMR being close to our target of 100. It is currently 103. To maintain improvement we will continue with our learning and governance processes through the learning from the Mortality Group. The group meets to review appropriate actions that may need to be taken, including reviewing mortality statistics. In addition, our plans for a medical examiner officer to review every death independently will strengthen our commitment to involving families and carers.



Data source: Local Trust data source, 2018-19.

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

In 2018-19 we said we would:

Reduce harm from poor communication and ineffective team working.

Our targets were:

- To ensure 25% of key staff identified through appropriate role profile to receive human factors (HF) training
- To ensure 25% of key staff identified through appropriate role profile to receive quality improvement (QI) training
- To undertake a Trust wide Safety Culture review.

Human factors and quality improvement training

During the last year, we have built up capacity within the Patient Safety and Quality Improvement team through the appointment of key clinical leads for venous thromboembolism, NEWS2, mortality and sepsis in order to tackle key safety issues. We are now seeking to move forward developing a more strategic approach to quality improvement. This will complement the existing quality strategy, by developing it further into one combined Quality Governance & Quality Improvement strategy document in 2020. Our model for improvement, which is also used by our partners at the Improvement academy, of using a Plan Do Study Act (PDSA) cycle enables changes to be tested and enables us to clearly define our improvement aims, measure improvement and ensure that changes are selected because they are successful. As well as learning from incidents we plan to learn from our successes and from where we have delivered good or excellent care.

Our strategic objective takes a year on year approach to achieving the training of 25% of key staff. We have overachieved in our first and second years with 37.8% for QI training and 46.1% for HF training.

Key staff for the first and second year were identified through appropriate role profile, availability to access training and a willingness to be engaged in developing and maintaining a new approach to working. In response to staff feedback, the training is now not just for clinical staff, as many of our teams include non clinical staff who are just as important to our clinical areas, for example our management information services and research and development team. We aim to continue to deliver this training in line with our strategic objectives to achieve a quality improvement culture.

Data source: Local Trust data source, 2018-19.

Trust-wide Safety Culture Review

Our Trust wide Safety Culture Review was opened to staff in 2018. We will review the results from this to identify any areas for improvement.

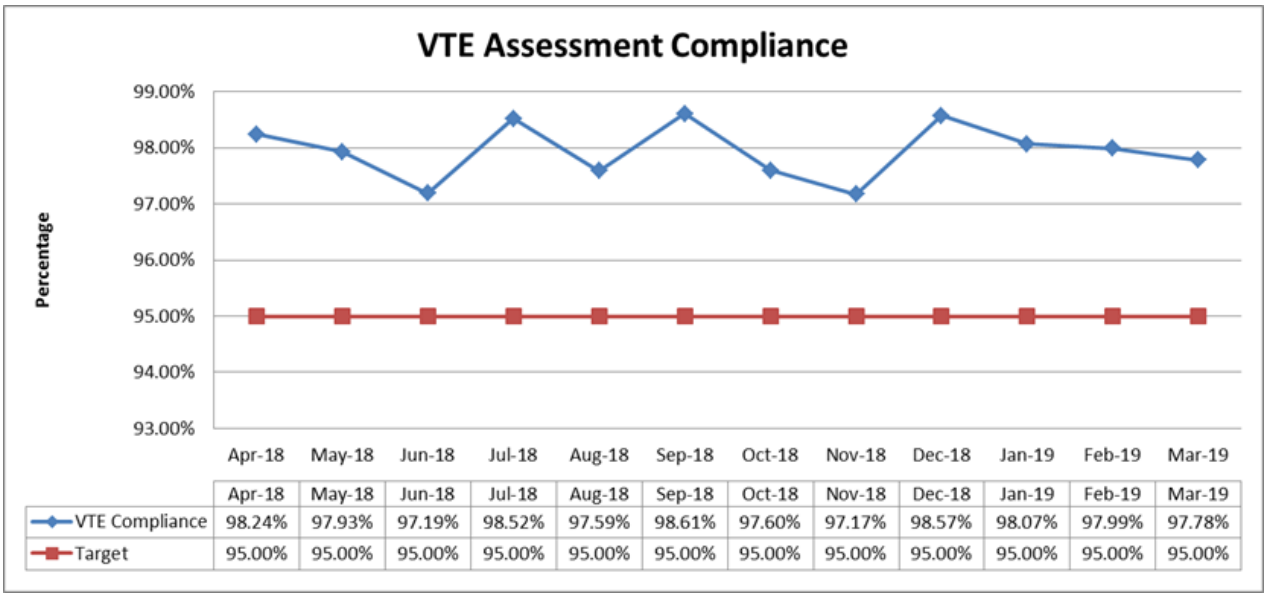
Data source: Local Trust data source, 2018-19.

In 2018-19 we said we would:
Reduce patient harm from the most common known causes.
Our targets were:

- To maintain 95% or above compliance with VTE risk assessment across all adult in-patient areas
- To ensure 95% patient's eligible to receive VTE risk assessment to receive prevention information as part of the admission process
- To implement improved systems to reduce harm from unnecessary delays in acting on test results.

VTE risk assessment

The risk of developing venous thromboembolism (VTE) depends on the condition and/or procedure for which the patient is admitted and on any predisposing risk factors. It is therefore important to us to ensure that all appropriate patients are VTE risk assessed. Our target was achieved in October 2017 and has been maintained at above 95% consistently since that date. Training opportunities and use of our electronic recording system have enabled our teams to identify if any patients have not been appropriately assessed.



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
VTE Compliance	98.24%	97.93%	97.19%	98.52%	97.59%	98.61%	97.60%	97.17%	98.57%	98.07%	97.99%	97.78%
Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Data source: Local Trust data source, 2018-19.

VTE prevention information

To support patients in making informed decisions about their care and treatment, our aim was to ensure that all our patients receive VTE prevention information. We recognise that although we have made improvements through the development of our VTE information leaflet, we still have work to do to ensure that it reaches all of our patients. We have developed systems to ensure that elective admissions through our pre-operative assessment processes receive information. During 2019-20 our focus will be on ensuring that patient's admitted as an emergency admission, including those attending via ED, receive VTE prevention information.

We intend to continue improvement by using root cause analysis investigation for any patient who has a hospital acquired thrombus.

Data source: Local Trust data source, 2018-19.

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

Over the last year the Trust has been undertaking a project to improve the quality of acting on diagnostic test results. The project, known as 'ICE Filing' has been deployed systematically to nearly half of the relevant clinical services and is due to conclude this summer. Previously a number of diagnostic tests were reported on and communicated to clinicians via paper. This process is out-dated and prone to errors, potentially causing delays in patient care. The project utilises the ICE system to electronically report and notify clinicians of the test result. This has allowed us to improve our performance and the speed at which a test is processed and acted upon. Each service, that has been part of the project so far, can measure their performance and pro-actively manage the test results of the patients attending the service. It also gives the Trust a much better audit trail, should any investigation into patient care be required.

Data source: Local Trust data source, 2018-19.

In 2018-19 we said we would:
Maintain focus on eliminating avoidable patient harm.
Our targets were:

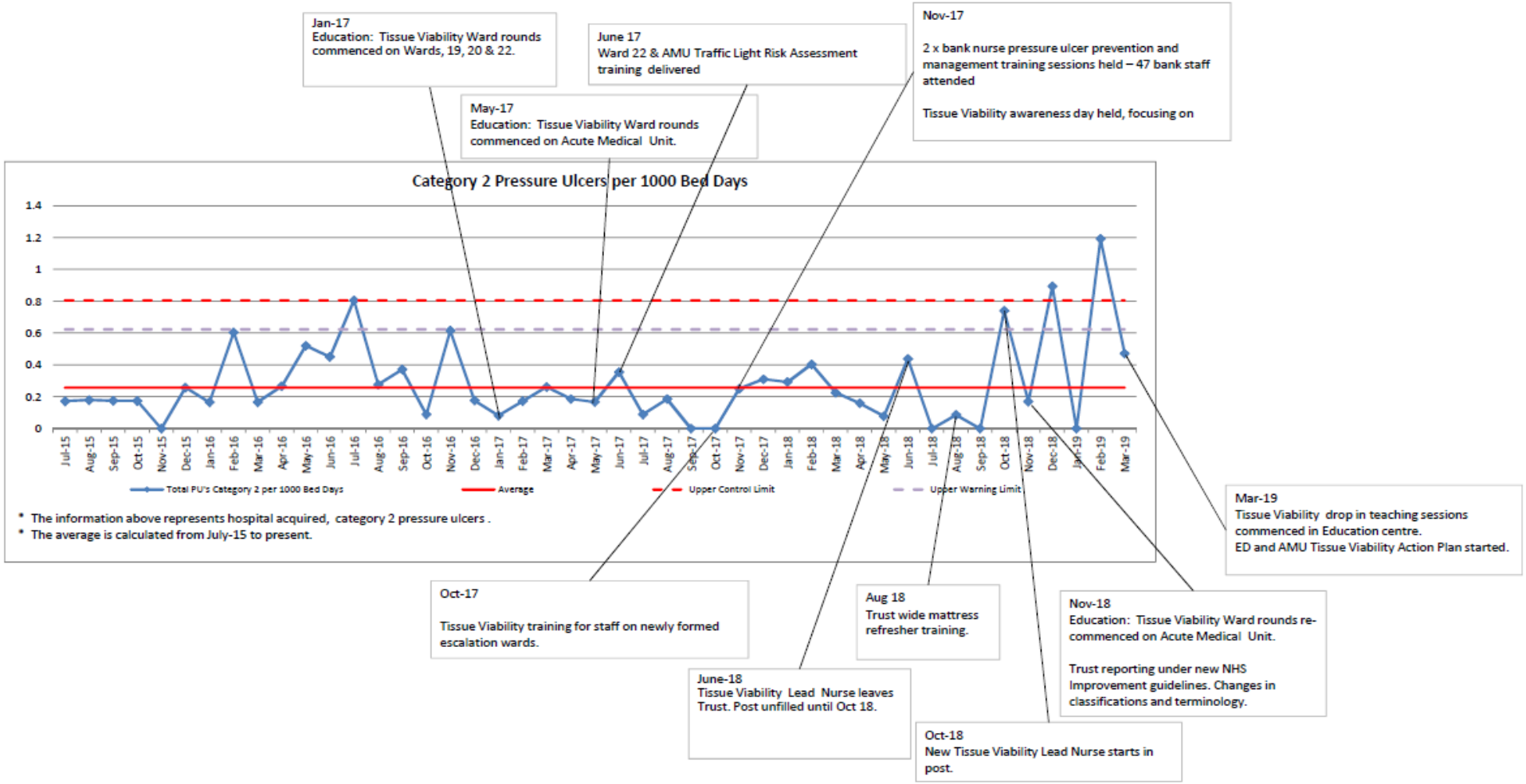
- To continue to work towards eliminating hospital acquired avoidable grade 3/4 Pressure Ulcers
- To focus on eliminating moderate harm or above associated with an avoidable in-patient fall
- To evaluate the effectiveness of some of the key patient safety initiatives implemented in order to prevent in-patient falls
- To maintain focus on eliminating avoidable hospital acquired infections

Eliminating hospital acquired avoidable grade 3 & 4 Pressure Ulcers

In November 2018, the Trust began working in line with the new classification of pressure ulcers and reporting guidelines published by NHS Improvement in July 2018.
Under these new guidelines, pressure ulcers are categorised under eight different definitions and when undertaking root cause analysis the language has changed from 'avoidable' to 'lapses in care'. This is a significant change from the previous guidance of four grades of pressure ulcers previously used by the Trust.
Since the introduction of the new guidelines the Trust has eliminated pressure ulcers that are classified as category 3 and category 4, that developed due to lapses in care. However, incidents of deep tissue damage have been identified. Under the new reporting guidelines deep tissue damage is a category in its own right. Previously this type of pressure ulcer would be categorised as a grade 3 within the Trust.

To support the implementation of the new guidelines, the Trust has updated all relevant policies and documentation in line with the changes. Education and training of staff has been a priority. In 2019-20, the Trust will revisit the pressure ulcer prevention training initiative, *React to Red*. The training focuses on pressure ulcer prevention and staff will learn about the risk factors that make an individual more likely to develop pressure ulcers, changes in skin condition to look out for, and how to position individuals to reduce pressure.

Under the previous reporting categories six hospital acquired avoidable grade 3 & 4 pressure ulcers were reported between April 2018 – October 2018. No avoidable grade 3 & 4 pressure ulcers were reported during the months of June, July and October.



Data source: Local Trust data source, 2018-19

Eliminating moderate harm or above associated with an avoidable in-patient falls

During 2018-19 Barnsley hospital has continued to focus on the reduction of in-patient falls. There were 883 in-patient falls reported throughout the year (852 in 2017-18) of which 19 in-patient falls resulted in moderate harm or above. This is an improvement on the year 2017-18 where we reported 36 in-patient falls resulting in moderate harm or above. Although the Trust has implemented a range of initiatives to reduce the number of in-patient falls we are unable to establish the impact of these with regards to the reduction in the level of patient harm.

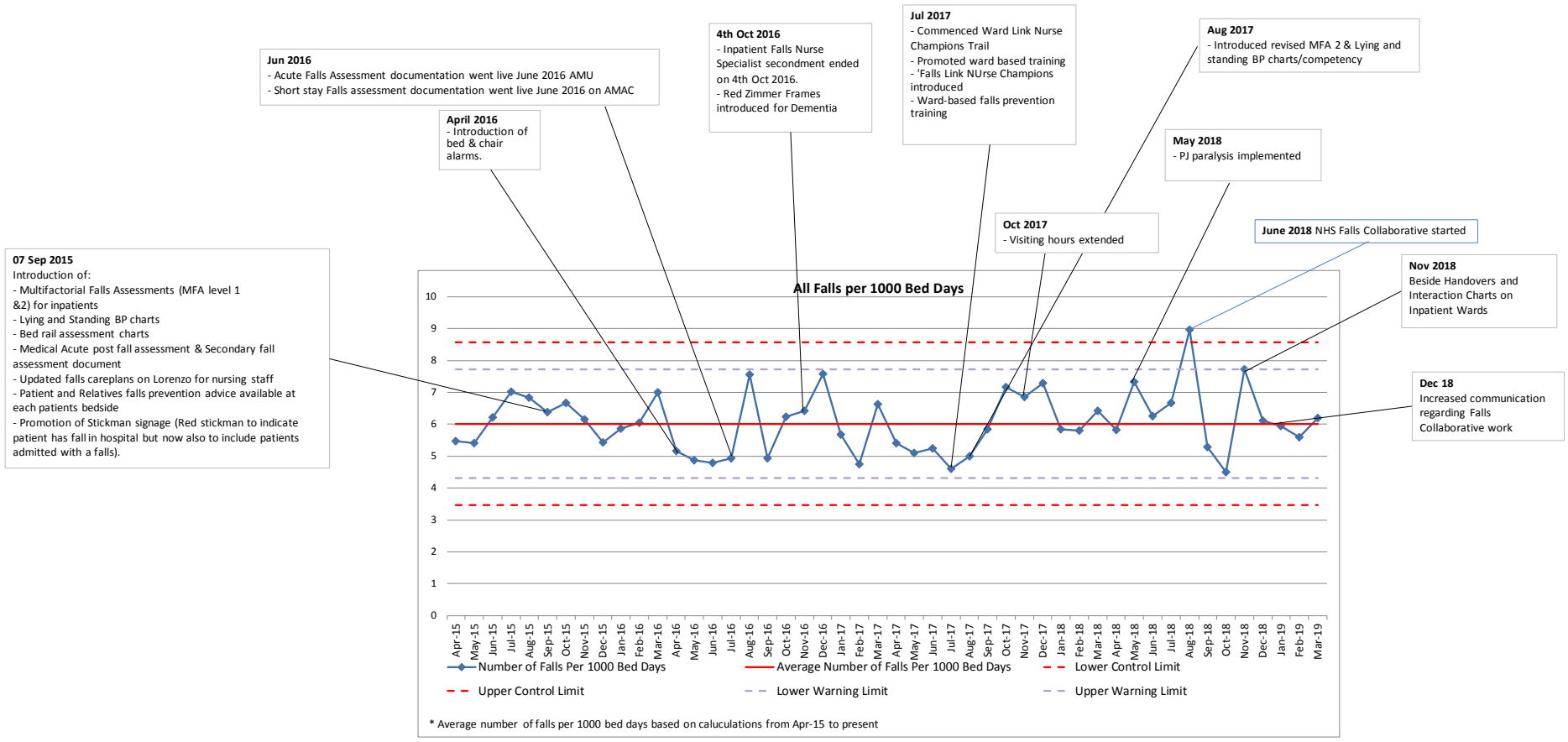
Data source: Local Trust data source, 2018-19.

Evaluate the effectiveness of key patient safety initiatives implemented in order to prevent in-patient falls

In 2018, the Trust was involved with the NHS Improvement Falls Collaborative. The work from this project led to a number of initiatives to raise awareness of falls and introduce an approach to care that has patient safety at the centre of it. These initiatives were bedside handovers, interaction charts, and yellow socks.

- **Bedside handovers** - the bedside handover follows the format of prompt questions and visual patient checks at set intervals with a focus on patient safety, experience of care, pain management, hydration and patient engagement.
- **Interaction chart** - this is an extension of the commonly used 'intentional rounding' Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs. The interaction chart takes this one step further encouraging interaction with the patient. The interaction chart is a multidisciplinary tool requiring nurses, doctors and therapist to record their interactions with the patient.
- **Yellow socks** – yellow socks have been introduced as a means of identifying those patients known to be at risk of falling, promoting shared responsibility for patients known to have a higher than usual risk of falling and who should not be walking without help from another person. Previously the trust had implemented signs behind the patient's bed identifying patients known to be at risk of falling. The yellow socks are non slip footwear and are given to patients to wear so if they are away from the bedside, other people can see that the person is at risk of falls.

It is too early yet to understand the impact that these initiatives are having in the reduction of falls however they will be evaluated through the root cause analysis process for falls resulting in moderate harm or above and the use of Perfect Ward audit. In January 2019, the Trust began a full review of the Falls Policy and supporting processes. This work will continue into 2019-20 with an introduction of a new multifactorial falls assessment tool, bed rail assessments and the launch of the new policy.



Data source: Local Trust data source, 2018-19.

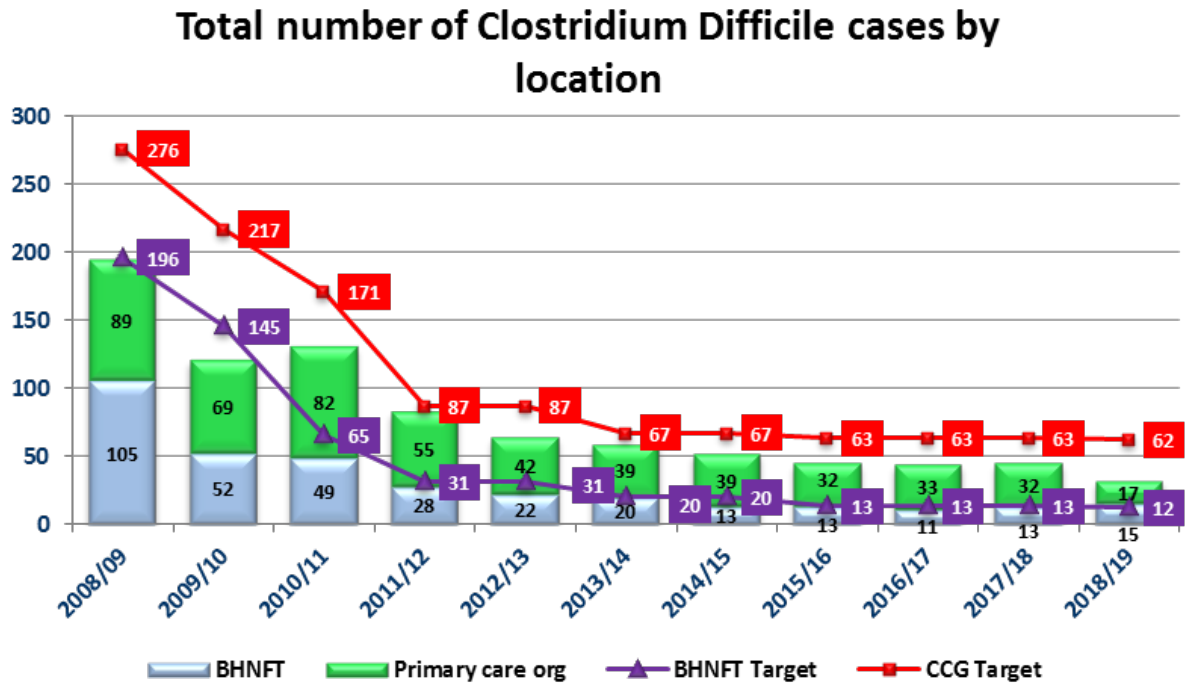
Eliminating avoidable hospital acquired infections Clostridium difficile

In 2004, the UK government introduced a target to reduce MRSA blood stream infections by 50% by 2008 in all NHS acute and foundation trusts followed by a year on year reduction.

Additionally in 2004, mandatory surveillance of C.difficile was introduced with a year on year target to reduce C.difficile in 2007.

The number of hospital attributed cases of C.difficile has reduced significantly from 105 in 2008-09 to 15 in 2018-19. The Trust continues to undertake root cause analysis on all cases with joint post infection reviews with colleagues in Barnsley Clinical Commissioning Group (BCCG), South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Barnsley Metropolitan Borough Council (BMBC).

It has been a challenge for the Trust to achieve the nationally set reduction target of 12 cases for 2018-19. Risk factors, transmission via asymptomatic carriers and the ability of spores to survive in the environment for up to five months complicate methods to reduce incidence of the disease. However, investigation through root cause analysis has not identified any cases which could have been prevented by the Trust.



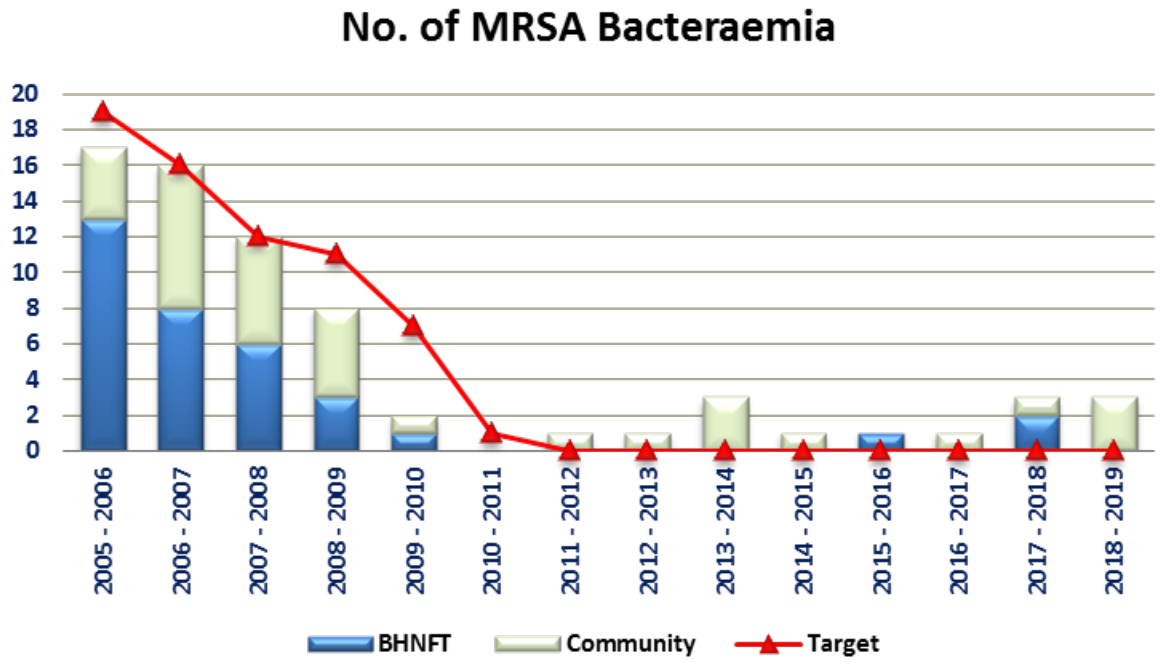
Data source: Local Trust data source, 2018-19.

MRSA bacteraemia

The Trust has reduced MRSA bacteraemia rates from 17 in 2005-06; to zero in 2018-19 and achieved a target of zero for the previous eight years.

Gram-negative bloodstream infections are believed to have contributed to approximately 5,500 NHS patient deaths nationwide in 2015; and in 2017 an ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 was made by the Secretary of State. The Trust is working through an action plan with colleagues across the Barnsley health economy and exploring possible effective interventions.

Our focus has been maintained on eliminating avoidable hospital acquired infections through reviewing and auditing practice, surveillance and education, thorough investigation and root cause analysis and keeping abreast of new guidance and advances in practice. This will continue in 2019-20.



Data source: Local Trust data source, 2018-19.

Goal 3: To deliver good patient experience.

In 2018-19 we said we would:
Work with patients as partners in improvement.
Our target was:

- To develop a service engagement resource tool to support CBUs to engage with patients/ public/partners through service re-design & improvement.

Development of service engagement resource tool

Patients are at the heart of everything we do. Our aim was to continue to improve both the this by listening to what our patients tell us and by putting their suggestions into practice.

A service engagement/involvement resource has been developed and shared with Trust staff to support them in proactively engaging with patients and service users in service re-design and service improvement. This has been used to support our engagement with patients and carers in the development of new services. An example of this is the new Frailty Assessment Unit which we opened in summer 2018.

In September 2017 Barnsley hospital joined the Acute Frailty Network with the aim of improving care for frail patients. One of the key objectives was to improve the patient journey. Specifically we wanted to reduce the amount to time that frail patients spent in busy acute environments such as ED and AMU and instead to provide a more suitable frailty-friendly environment for their care. To help achieve this objective, one of the hospital's existing wards became a Frailty Unit. This consists of 16 beds, two assessment cubicles and a new ambulatory chaired area for up to six patients.

During 2019-20 patient feedback and the resource tool will continue to be used to create the basis for the improvement of our services. This will include the ongoing development of our maternity services, and the establishment of the Trust's new Paediatric Assessment Unit.

Data source: Local Trust data source, 2018-19.

In 2018-19 we said we would:
Enable patients to be in control of their own healthcare.
Our targets were:

- To continue to deliver the dementia carers' feedback questionnaire.
- To evaluate use of the Butterfly Scheme and to ensure that patient/carer feedback is used to influence service improvement

Butterfly scheme

The Butterfly Scheme helps people who are in hospital and who find it hard to remember things. Over 150 hospitals across the UK and Ireland are using the Butterfly Scheme. The scheme teaches staff how to help people who need memory support whilst they are in hospital. Some people will have a diagnosis of dementia, but others will simply need some memory support whilst they are unwell.

If patients or carers opt into the scheme, a discreet Butterfly symbol is used to let staff know the sort of help to offer. There are Butterfly Scheme Champions throughout the hospital.

The Trust's Dementia Nurse Specialist has developed a supporting audit function to monitor the progress of the implementation of the Butterfly Scheme here at Barnsley Hospital. This provided evidence of positive compliance regarding the display of the Butterfly Symbol and implementation of the scheme throughout our hospital. As a result of this further work is on-going to embed the *"All about me document"* into the clinical areas.

Data source: Local Trust data source, 2018-19.

Dementia carers' feedback questionnaire

The Dementia Carers' Feedback Survey is given to carers to try to establish the approximate percentage of patients/carers offered the Butterfly Scheme early in their hospital admission as well as measuring carers' satisfaction and reassurance levels after participating in the scheme.

Our 2018-19 survey told us that:

- 87.0% of carers who responded to our survey identified that they had received the Butterfly Scheme in a timely manner.
- *"The scheme is excellent and made my dad's and our lives so much easier, thank you."*
- 89.0% of carers who responded to our survey said that they felt reassured by having the Butterfly Scheme in place.
- *"I feel much happier after filling in the Butterfly (reach out to me) questionnaire."*
- 92.0% of carers who responded to our survey agreed that important items were easily accessible to the patient such as the nurse call bell, drinks and personal items.
- *"We found all the staff very helpful and caring."*

The feedback questionnaire has been extended to cover outpatient services. Moving forward we plan to develop ways to make surveys more accessible to patients and carers through paper and digital formats.

Data source: Local Trust data source, 2018-19.

In 2018-19 we said we would:
Improve information and communication with patients.
Our targets were:

- Further development of the patient information database as a centrally accessible resource to support informed consent and to ensure that patients are fully informed about and involved in decisions about their care.
- Development of trust-wide patient information containing key patient safety messages ensuring that all patients admitted to our hospital are provided with this information.

Patient information database

The Trust uses a number of patient information resources, e.g. patient information leaflets and factsheets, and has implemented a robust process for the production, review and monitoring of patient information resources. These resources have helped to improve access to relevant and accredited information for patients to help them to make decisions about their care and treatment in partnership with clinical teams.

Moving forward, specific patient information resources are being developed to address key patient safety and quality themes and to improve the experience of specific groups of patients e.g. patients with a diagnosis of dementia and their carers.

Data source: Local Trust data source, 2018-19.

Key patient safety information

The patient information resource provides important information for patients on hospital services and important patient safety messages.

Following analysis of key themes via complaints and incidents a patient safety information resource is in the process of being developed. This resource will help to inform patients about important patient safety matters and improve information to enhance their experience of care at Barnsley hospital. This resource is in the early stages of development but focuses on themes including:

- Information to support admission into hospital
- Carers' support
- Privacy & dignity whilst in hospital
- Preventing infection, falls, pressure ulcers and VTE
- Nutrition & hydration
- Involvement of carers & family
- Medicines & pain management
- Interpreting & translation services & communication needs
- Planning discharge from hospital.

During 2019-20 this resource will be finalised following consultation with Trust staff and patients. The resource will be made available in different formats to patients and carers at key points on the patient pathway.

Data source: Local Trust data source, 2018-19.

In 2018-19 we said we would:
Use patient insight and feedback to improve experience.
Our targets were:

- To maintain recommendation rates for the NHS Friends & Family Test (FFT) ensuring we achieve a target of 87.5% or more positive recommendations Trust wide
- To increase response rates for inpatients (>30%) and ED (>10%)
- To improve service development and patient experience through lessons learnt as a result of serious incident and analysis of the nature of complaints
- To increase the positive scores on the key patient experience indicator question relating to "overall views on experience of care" contained within the National Inpatient Survey questionnaire
- To increase responses to the national Emergency Department survey "Overall did you feel you were treated with respect and dignity".

NHS Friends & Family Test

The NHS FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the NHS FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

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

Barnsley hospital has held a strong position with regard to the NHS FFT recommendation rates achieving the local target of 87.5% positive recommendation rate across inpatient areas. We have however been unable to achieve the increase response rate of 10% or more within the emergency department which in turn has had an impact on us achieving the 87.5% target for recommendation rates. The Trust has already started to consider alternative approaches for the implementation of NHS FFT in the ED in 2019-20.

Data source: Local Trust data source, 2018-19.

Service development and patient experience

The Trust has used the intelligence gained from patient feedback to support quality improvement initiatives across the Trust. The main themes from complaints and concerns relate to issues regarding clinical care, communication or access to service issues. Throughout the year this feedback has been used to inform and drive service improvement initiatives across the Trust. Some examples of this include:

- Targeted work to look at how to improve timely patient access to high demand service areas such as Dermatology and Diabetes clinics.
- Falls Prevention Work – to improve the assessment and management of patients who are at risk of falls.
- We have introduced a pilot of Nutritional Support Volunteers on Care of Elderly wards. The Nutritional Support Volunteers function to assist ward staff in the feeding of patients at mealtimes and help to maintain patient dignity and good patient and carer experience.
- Enhancements to the hip fracture pathway to improve patient care and patient experience and a trial of a new pain tool for cognitively impaired patients.
- Improved web-based information and video resources for maternity patients. This includes the use of TV screens to promote public health messages in the Antenatal Clinic. This work has been completed in collaboration with the local Maternity Voices Partnership.
- The launch of a Gynaecology Ambulatory Care service in March 2019 aimed at improving our care for women in Barnsley, preventing avoidable admissions into hospital and enhancing the quality and patient experience of service users. Part of this service development has included training two senior nurses in early pregnancy ultrasound and developing a nurse led discharge pathway.
- Staff training and awareness raising on patient feedback themes relating to communication and staff attitude aims to promote local and timely resolution and management of patient and family concerns and complaints.

Data source: Local Trust data source, 2018-19.

Overall views on experience of care

All NHS hospitals are required to take part in the national inpatient surveys which are used to establish the experiences of people accessing NHS healthcare services.

Here at Barnsley hospital, we have seen improvements in the overall patient experience indicator question contained within the national inpatient survey. The number of patients who rated their experience as 7/10 or more was 86% in 2018, an increase on the previous year's score of 85%. The Trust's performance benchmarks are above the national average for this core patient experience indicator question.

In response to the wider 2018 survey results, Barnsley hospital has identified the need for some focused quality improvement in effective communication with patients at the point of discharge. This work will be a focus during 2019-20.

Source Picker NHS Inpatient Survey Report 2018

National Emergency Department survey

The Trust has implemented a number of quality improvement initiatives within the ED and across the Trust to improve patient flow and the overall experience of patients visiting our ED. Staff within ED have worked hard to ensure that patients are treated with respect and dignity and that everyone has a positive experience of care whilst they are in the department.

The National Emergency Department survey for 2019 is currently underway and will be reported later in 2019. The Trust will consider the findings of the survey and benchmark its performance against the previous survey carried out in 2016. An action plan to support quality improvements in this area will be developed.

Source Picker NHS Inpatient Survey Report 2018

Overview of performance in 2018-19 against Single Oversight Framework (SOF) indicators

National Indicator	2016-17 BHNFT	2017-18 BHNFT	2018-19 BHNFT	National Target 2018-19
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	83.8%	78.4%	78.2%	90%
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	97.7%	96.4%	96.8%	95%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	93.4%	91.9%	94.7%	92%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge Ⓐ	91.2%	90.5%	94.6%	95%
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer Ⓐ	88.6%	91.9%	88.9%	85%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	97.7%	92.3%	87.6%	90%
All cancers: 31-day wait from diagnosis to first treatment	98.5%	99.1%	98.6%	96%
Cancer: two week wait from referral to date first seen, comprising all urgent referrals (cancer suspected)	94.9%	95.7%	95.4%	93%
Cancer: two week wait from referral to date first seen, comprising for symptomatic breast patients (cancer not initially suspected)	94.1%	95.4%	93.6%	93%
Maximum 6-week wait for diagnostic procedures	0.7%	0.5%	0.2%	1%
Clostridium (C.) difficile – variance from plan	11	13	15	12

Ⓐ *Performance indicators on which external audit is required to issue a limited assurance conclusion.*

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Barnsley Healthwatch comments on BHNFT Quality Account 2018-19

Healthwatch Barnsley Strategic Advisory Board has the following comments to make on the Draft Barnsley Hospital Quality Report 2018/19

Noted that no mention has been made on the implementation of NHSI National Patient Safety Alerts.

Noted on page 27 the following

Year 2018-19 2017-18 2016-17 2015-16
Number 3630 7392 6902 7037
Rate 56.9 55.6 55.5 55.8

Noted that the rate of reporting to NRLS is increasing but this year's actual number of reports is about half that of 2017-18. Also noted that the number of NRLS reports in 2016-17 and 2015-16 were in the order of 7000 not in the order of 3500. Does this mean that patient activity has decreased by about 50% compared with previous years? A more detailed narrative would clarify this issue and explain the absolute number compared with the rate.

The following comments relate to the stated 3 Goals for improvement:

Goal 1

Is to provide the best care that is based on the best evidence for every patient every time. In this regard the report indicates that continued efforts are being made to ensure safe staffing levels in all clinical areas.

Medical staffing is said to compare favourably with minimum staffing levels set by the Royal College of Physicians and Physician Associates have also been recruited.

All these activities would seem to be the crux of ensuring that each patient receives the best care at all times.

Another aspect of this goal is to achieve the highest level of reliability for Clinical care and to eliminate all avoidable deaths. Evidence based practise has been used to increase recognition and treatment of Acute Kidney Infection and this has shown some success. Early identification of Sepsis has taken place in over 90% of cases which is crucial in such cases and indeed commendable.

Some of the targets for maternity set by Better Births have also been achieved and further targets are set to be achieved by 2020. The aim to eliminate avoidable deaths has seen a reduction in the Hospitalised Standard Mortality Rate which is now 103 with the target being 100.

From this it can be seen that evidence is being used to further this Goal.

Goal 2

This is to continuously seek out and reduce avoidable patient harm.

The first priority within this goal is to reduce harm from poor communication and ineffective team working. To anyone who has been involved in Health Care either as patient or worker the importance of effective and compassionate verbal and nonverbal communication cannot be underestimated; neither can the harm brought about by poor communication. Similarly, effective communication with and among the team can prevent misunderstandings by patients and disastrous mistakes with tragic consequences One thing seems certain that we as patients remember them as Nurses, Doctors Clerical workers etc. long after they have forgotten us. The words and actions of Health Care workers can remain with us for the remainder of our lives in either positive or negative ways. When this is associated with the loss of a close relative or friend the harmful effects add to existing distress which can cause harm both physically and mentally. It is for these reasons that it is pleasing to note the emphasis being placed on this important aspect of care. Unfortunately, the harm caused is difficult to quantify and measure but is non the less supremely important to avoid.

The second priority is to reduce harm from more physical cause such as Venous Thrombosis, Pressure Ulcers, In Patient Falls and Hospital Acquired Infection (HAI).
In this regard Venous Thrombosis (VT) Risk Assessment has taken place with 95% compliance and systems have been developed to ensure patients receive information regarding VT whether admitted as an elective patient or emergency admission.

In 3 months of 2018 no high grade pressure sores were recorded, there are now new guidelines for their grading but hopefully this success will continue to demonstrate this trend.

There has been a nationally set target of Zero cases of MRSA and this hospital has now achieved zero cases of this potentially serious infection which is not an inconsiderable achievement.

15 cases of the infection Clostridium difficile have been recorded which is an increase on previous years. efforts to continue to reduce the occurrence of this very debilitating HAI and MRSA continue. There has been a further reduction in the numbers of Patient Falls and efforts to reduce its incidence further continue.

Goal 3

Is to deliver good Patient Experience. This goal has three priorities which are to deliver a good patient experience; to enable patients to be in charge of their own healthcare and lastly to use patient insight and feedback to improve experiences.

This has been monitored by attempts to gain patient insight and feedback to improve their experience. The Family and Friends Test is used to give a score to the patient experience, and it centres mainly on whether they would recommend the hospital to others. In this 87.5% give positive recommendations with the exception of the Emergency Department that has a lower score.

To obtain and capture patient experience is difficult as each person's notion of good or bad can be different and so many variables may intervene. The Family and Friends test is but one way of trying to capture this and it is a nationally used test. A score of 87.5% positive responses or around that has been maintained which is a step in the right direction.

Barnsley Clinical Commissioning Group comments on BHNFT Quality Account 2018-19

NHS Barnsley Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the 2018/19 Quality Account for Barnsley Hospital NHS Foundation Trust.

We have continued to work closely together with the Trust during the year reviewing a range of indicators in relation to quality and performance; gaining assurance of the delivery of safe and effective services. The information presented within the Quality Account is consistent with information supplied to the CCG throughout the year.

We commend the Trusts sustained commitment to improving safety and reduction in avoidable harm which is evident in the report. Clear measures of improvement including the recognition and management of sepsis; recognition and management of Acute Kidney Injury; as well as a continued focus on reliably delivering venous thromboembolism risk assessment and achieving the four clinical priority standards for seven day hospital services exemplify this.

The report highlights how learning and continuous improvement is embedded within the Trust, which is something that we observe within our interactions with the Trust. Thematic analysis of the learning from mortality reviews and post infection reviews as outlined within the report is an illustration of this.

We endorse and fully support the Trust in their involvement in the falls collaborative work and the many other patient safety initiatives implemented by the Trust. We commend the Trust's implementation of the Butterfly Scheme and use of Dementia Carers' Feedback survey as we know there are clear links between this work and ensuring that older people have a safe and positive experience when using services. We welcome the priorities outlined within the 2019/20 plan and look forward to seeing the outcome of the work in next year's report. We appreciate the relationships that are being developed across the South Yorkshire & Bassetlaw Integrated Care System and the Trusts role in developing local integrated care services for the people of Barnsley.

We welcome the planned focused quality improvement work regarding effective communication with patients at the point of discharge to ensure a safe and satisfactory transfer of care from hospital to community and the continued work to develop maternity services in line with the recommendations of the Better Births report.

We are pleased to endorse the Quality Account for 2018/19 and look forward to continued partnership working on driving improvements in safety and quality for the benefit of our local population.

Overview and Scrutiny Committee comments on BHNFT Quality Account 2018-19

That looks like a well drafted Report.

Independent Practitioner's Limited Assurance Report to the Council of Governors of Barnsley Hospital NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Barnsley Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of Barnsley Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of patients with a total time in Accident and Emergency (A&E) of four hours or less from arrival to admission, transfer or discharge

- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

We refer to these national priority indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all

material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the ''Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2018 to 23 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 23 May 2019;
- feedback from commissioners dated May 2019;
- feedback from local Healthwatch organisations dated May 2019;
- feedback from the Overview and Scrutiny Committee dated May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2019
- the national patient survey dated January 2019
- the national staff survey dated October 2018
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019;
- the Care Quality Commission's inspection report dated March 2018; and
- the NHS Improvement Quality Reporting Meeting Letters dated 26 February 2019 and 8 May 2019

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical

requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Barnsley Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Barnsley Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Barnsley Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Summary Hospital-level Mortality Indicator (SHMI) NHS Foundation Trust.

Our audit work on the financial statements of Barnsley Hospital NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as NHS Barnsley Hospital NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Barnsley Hospital NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Barnsley Hospital NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Barnsley Hospital NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Barnsley Hospital NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and

- the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
Leeds

23 May 2019

BHNFT Council of Governors' comments on BHNFT Quality Account 2018-19

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

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) 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 2018-19 and supporting guidance Detailed requirement for quality reports 2018-19

- 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 2018 to May 2019
    - papers relating to Quality reported to the Board over the period April 2018 to May 2019
    - feedback from commissioners dated 21 May 2019
    - feedback from governors dated 22 May 2019
    - feedback from local Healthwatch organisations dated 10 May 2019
    - feedback from the Overview and Scrutiny Committee dated 15 May 2019
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019
    - the 2018 national patient survey January 2019 (internal report only) and the 2018 national staff survey October 2018.
    - the head of internal audit's annual opinion over the trust's control environment dated May 2019.

- 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

- the Quality Report has been prepared in accordance with NHS Improvement'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

Trevor Lake
Chairman **Date: 23 May 2019**

Dr Richard Jenkins
Chief Executive **Date: 23 May 2019**

Part 4: Glossary

Acuity - the intensity of care required.

Acute Kidney injury (AKI) - AKI has now replaced the term acute renal failure. Clinically AKI is characterised by a rapid reduction in kidney function.

Acute Response Team - A team to cover both medical and surgical patients, with a focus on those that are deteriorating, and deliver over a 24 hour period.

Advance care planning - Making decisions about the care you would want to receive if you become unable to speak for yourself.

Advanced clinical practitioner (ACPs) - are from a range of professional backgrounds such as nursing, pharmacy, paramedics, occupational therapy, healthcare science and midwifery. ACPs are educated to masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice.

Advanced nurse practitioners (ANPs) – ANPs are experienced and highly educated registered nurses who manage the complete clinical care of their patients, not focusing on any sole condition.

Antimicrobial Resistance - The ability of microbes to grow in the presence of a chemical (drug) that would normally kill them or limit their growth.

Avoidable harm - A harm occurring to a patient which could have been prevented.

Avoidable infection - A healthcare associated infection that can be prevented.

Better Births - A five year forward view for maternity care

Birthrate Plus - A national tool available for calculating midwifery staffing levels.

Board of Directors - A body of appointed members who are responsible for the day-to-day management of the hospital and is accountable for the operational delivery of services, targets and performance.

Butterfly Scheme - A scheme that provides a system of hospital care for people living with dementia.

Care Hours per Patient Day (CHPPD) - The care hours per patient day required to deliver safer care can vary in response to local conditions, for example the layout of wards or the dependency and care needs of the patient group served.

Care plans - A document which records the outcomes from a care planning discussion, including any actions agreed. It could be a written document, an electronic document or both.

Care Quality Commission (CQC) - The independent regulator of all health and social care services in England.

Clinical Commissioning Group (CCG) - CCGs are groups of local GPs who are responsible for commissioning (buying) health and care services on behalf of, and in partnership with, patients and local communities.

Clostridium difficile (C.difficile) - A type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital.

Clinical Business Unit (CBU) - A group of three clinical units responsible for the day-to-day management and delivery of services within their area.

Clinical Coding - The translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format.

Cognitive impairment (MCI) - Causes a slight but noticeable and measurable decline in cognitive abilities, including memory and thinking skills.

Commissioning for Quality and Innovation (CQUIN) - The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

COPD - Chronic obstructive pulmonary disease (COPD) is a common lung disease. Having COPD makes it hard to breathe.

Council of Governors - An elected group of local people who are responsible for helping to set the direction and shape the future of the Trust.

Datix - A web-based incident reporting and risk management software system used by the Trust.

Enhanced recovery pathway – A pathway of recovery which is evidence-based and helps people recover more quickly after having major surgery.

Freedom to Speak Up (FtSU) Guardian - Every NHS trust must have a Freedom to Speak Up (FtSU) Guardian to give independent support and advice to staff who want to raise concerns.

General Medical Council (**GMC**) - A public body that maintains the official register of medical practitioners within the United Kingdom.

General Medical Practice Code - Is the organisation code of the General Practice that the patient is registered with.

Gosport Independent Panel - was set up to address concerns about the care of patients in Gosport War Memorial Hospital and the subsequent investigations.

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

Healthcare associated infections (HCAIs) - HCAIs can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections.

High Dependency - provides care for patients who have undergone extensive surgery or require extra support and monitoring and require High Dependency Nursing.

Hospital Episode Statistics (HES) - A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.

Hospital Standardised Mortality Ratios (HSMR) - The HSMR measures whether or not the mortality rate at the hospital is higher or lower than expected. A measure that is too high or too low would warrant further investigation. The measure is not a measure of care.

Human factors - Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings.

Information Governance - The way in which the NHS handles all of its information, in particular the personal and sensitive information relating to patients and employees.

Information Governance Assessment report - The report detailing the results of the Trust's assessment of their compliance against the law and central guidance relating to information governance.

Integrated Performance Report (IPR) - A single report which provides information on quality and performance data to the Board of Directors.

Intentional rounding - A structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.

Just Culture - A culture in which front-line operators and others are not punished for actions, omissions or decisions taken by them which are commensurate with their experience and training, but where gross negligence, wilful violations and destructive acts are not tolerated.

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

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

MINAP - The Myocardial Ischaemia National Audit Project (MINAP) is a national clinical audit of the management of heart attack.

Model Hospital - A digital information service designed to help NHS providers to improve their productivity and efficiency.

Multifactorial falls assessment (MFA) - An assessment of patients' risk of falling based on assessing multiple risk factors.

National Clinical Audit and Patient Outcomes Programme (NCAPOP) - A set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards.

NBOCAP - National Bowel Cancer Audit is a high-profile, collaborative, national clinical audit for bowel cancer, including colon and rectal cancer.

NAOGC - The National Oesophago-Gastric Cancer Audit covers the quality of care given to patients with Oesophago-Gastric (OG) cancer and oesophageal High-grade

Glandular Dysplasia (HGD). The audit evaluates the process of care and the outcomes of treatment for all OG cancer patients, both curative and palliative.

NEWS2 – NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness. It is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness.

NHS England (NHSE) – NHSE leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

NHS Friends and Family Test (FFT) - An important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

NHS Improvement (NHSI) - Responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

NHS Number - Everyone registered with the NHS in England and Wales has their own unique NHS Number. Your NHS Number is printed on your medical card given to you when you register with a GP practice. Your NHS Number helps healthcare staff to find your health records.

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

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

NHSI Falls Collaborative – A 90 day programme, involving 19 volunteer trusts, aiming to improve the management of falls in an inpatient setting.

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

NHS Professionals (NHSP) - An organisation in the United Kingdom that supplies temporary staff to the National Health Service. It manages temporary staff banks on behalf of more than 55 NHS Trusts across England.

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

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

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

Outpatient Transformation Programme – To review the patient journey for outpatients ensuring right care in the right setting at the right time.

Orthohealth - A private healthcare provider company appointed by the Trust to support the organisation in achieving the orthopaedic access targets.

Payment by Results - Payment by Results (PbR) is the payment system for treatment within the NHS in England.

Pressure Ulcers - A type of injury that breaks down the skin and underlying tissue. Caused when an area of skin is placed under pressure.

Palliative care - A multidisciplinary approach to specialised care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness, whatever the diagnosis.

Patient Reported Outcome Measures (PROMs) - PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.

Perfect Ward – A smartphone application for healthcare inspections which assists nursing teams to monitor the quality of care.

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

Postnatal - Relating to or denoting the period after childbirth.

Provider - A health care provider is a person or company that provides a health care service to you.

Pulmonary embolism - A blockage in the pulmonary artery, the blood vessel that carries blood from the heart to the lungs.

Quality Strategy - A Trust-wide approved document that outlines how the Trust intends to deliver our quality improvement initiatives over the next three years.

React to Red - A pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be take to avoid them.

Readmission - Readmission is an episode when a patient who had been discharged from a hospital is admitted again within a specified time interval.

Retention collaborative - A programme to support trusts with the retention of clinical staff within the NHS, by sharing knowledge and tools to improve retention locally, and by encouraging trusts to share their good practice.

Root Cause Analysis (RCA) - A method of problem solving used for identifying the root causes of faults or problems.

Safer Nursing Care Tool - An NHS tool made available to all healthcare organisations. The Safer Nursing Care Tool is a simple-to-use, evidence based digital tool that calculates nurse staffing requirements based on the acuity and dependency of the patients on a ward and is linked to nurse sensitive outcome indicators.

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

Secondary Uses Service - The single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Sentinal Stroke National Audit Programme (SSNAP) - The single source of stroke data in England, Wales and Northern Ireland.

Sepsis - A potentially life-threatening condition triggered by an infection.

Sepsis Six Bundle/care pathway - A bundle of medical therapies designed to reduce the mortality of patients with sepsis.

Serious incident - An incident where one or more patients, staff members, visitors or members of the public experience serious or permanent harm, alleged abuse or where a service provision is threatened.

Seven day hospital services - NHS England's ambition is for patients to be able to access hospital services which meet four priority standards every day of the week.

Stakeholders - A person, group or organisation that has interest or concern in BHNFT.

Structured Judgement Review (SJR) - The SJR methodology is a process to effectively review the care received by patients who have died. It also aims to improve learning and understanding about problems and processes in healthcare that are associated with mortality and share best practice.

Surgical site infection - A type of healthcare-associated infection in which a wound infection occurs after an invasive (surgical) procedure.

Summary Hospital-level Mortality Indicator (SHMI) - The SHMI is the ratio between the actual number of patients who die following hospitalisation at the hospital and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It also includes patients who have died up to 30days after discharge from hospital.

Training Needs Analysis (TNA) - The process of identifying the gap between employee training and needs of training.

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

Whistleblower - A person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation that is either private or public.

Appendix A

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

Audit title: National Hip Fracture Database (NHFD) (2016) and ID1183 NHFD Facilities Audit	
Purpose	To measure the hospital's compliance to the 'blue book' and NICE Standards for hip fractures. To improve the outcome for patients with hip fractures.
Performance	• All ten key performance indicators for patients' assessment during 2016 are above the national average. Our hospital has been rated in the top quartile for three key performance indicators within the assessment criteria. It should also be recognised that 100% of patients received an abbreviated mental test score (AMT) on admission • Our hospital is in the lowest quartile for three standards; final discharge destination, discharge to original residence within 120 days and 120 day follow up. Further work and improvement is required and the ANP's will make this a priority and focus on driving this forward in order to improve patient safety and to raise future compliance. A monthly fractured neck of femur meeting has been developed and these three key performance indicators have been the main topics for discussion. It has been suggested and highlighted that a clerical/administration role could be developed and implemented to support these outcomes. Discussions have taken place around how we can incorporate the 120 day follow up and we expect that we will capture this data in the near future. • The 'surgery supervised by a consultant surgeon and anaesthetist' is a new recommendation for 2016. We are slightly below the national average.
Reviewed by	Fractured Neck of Femur Meeting on 11 October 2017 and CBU2 Business and Governance on 25 April 2018
Actions	• The CBU management team will explore how the 120-day patient follow up will be integrated into the care pathway. The data will be captured via the NHFD audit proforma • ANP's to audit patients that are not admitted to the ward within four hours of arrival at ED and present these findings to the Hip Fracture group. The data will be captured through the NHFD audit proforma • Further improvement needs to be made relating to pressure ulcer prevention and data capture • To discuss at the Hip Fracture group for increased orthogeriatrician support, to improve compliance with the pre-operative medical assessment • The ANP's have introduced a monthly multidisciplinary staff Hip Fracture group meeting, to discuss results and agree immediate actions.
Audit title: National Audit of Dementia (NAD)	

Purpose	• The National Audit of Dementia (NAD) is a mandatory audit required by the National Clinical Audit and Patient Outcomes Programme (NCAPOP) • The NAD is working with hospitals, providing general acute inpatient services, to measure criteria relating to care delivery, which are known to impact on people with dementia admitted to hospital.
Performance	• The audit results demonstrated that we were successful at supporting the nutritional needs of people with dementia • Good feedback was received from carer questionnaires regarding the information and communication provided. The results highlighted the following areas for improvement: Delirium recording requires improvement. Collection and use of personal information to support better care. Involve the person with dementia in decision making.
Reviewed by	Clinical Effectiveness Group on 7 March 2018
Actions	• A Delirium lead has been appointed to focus on the key areas highlighted in this audit (part two of the audit focuses specifically on delirium) • A separate delirium action plan is in development • Better use of the 'Butterfly Scheme' and dementia champions (who are now nominated on each ward) will improve the collection and use of personal information to support better care. Regular patient questionnaires will be undertaken by the dementia champions and the results will be reported to the Patient Experience Group • The training programme will continue and has been aligned with the Dementia Core Skills Framework. This has been included in the training programme, which is currently above the hospital's 90% target for attendance at 93%.
Audit title: National Diabetes Inpatient Audit	
Purpose	The National Diabetes Inpatient Audit (NaDIA) measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital and aims to support quality improvement.
Performance	• Largely, performance is comparable with the national standard, although the hospital is continually below national average for foot risk assessments and referral to the podiatry service • Consideration also needs to be given to improving referrals to the Diabetes Inpatient Nurse Specialist to ensure that newly admitted patients receive the appropriate care. Further work is required around these areas to improve compliance and has been addressed in the action plan.
Reviewed by	Diabetes Subgroup meeting on 9 January 2019

Actions	• A review of emergency admissions will be undertaken to determine if some of the admissions could have been avoidable • The importance of patients receiving a foot risk assessment within 24 hours of admission will feature in a future patient safety bulletin • Discussions will be held with IT to determine if the current IT systems are able to provide a "live system" to identify all new patients admitted to hospital • Visual aids will be displayed on wards to act as a reminder to staff to refer applicable patients into the podiatry service • Discussions with AMU Consultants, to make the foot risk assessment part of the admission clerking process • Implement and embed the new diabetes prescription chart • Enable the Specialist Diabetes Dietician to work with the hospital catering team to compile menus that are more suitable for patients with diabetes • Enable the Specialist Diabetes Dietician to work with ward staff to improve the timeliness which patients are offered meals and to ensure that medication is dispensed at the same time.
Audit title: National Chronic Obstructive Pulmonary Disease (COPD) Audit – clinical review	
Purpose	The National Asthma and COPD Audit Programme (NACAP) aims to improve the quality of care, services and clinical outcomes for patients with COPD.
Performance	Overall results were good. A number of areas where improvement was required were immediately addressed and completed prior to publication of the report as part of service development. A number of actions are in the process of being implemented.
Reviewed by	Respiratory Sub Group Meeting on 3 October 2018
Actions	Implementation of a training package for medical and nursing staff focusing on oxygen prescribing.
Audit title: National Chronic Obstructive Pulmonary Disease (COPD) Audit – Organisational Audit	
Purpose	To determine service provision and delivery of pulmonary rehabilitation for COPD patients at a local and national level
Performance	• The report reviews practice between 1 April to 30 June 2017. Changes to the service have occurred over the past year including the introduction of the 'Barnsley REspiratory Assessment and THerapy (BREATHe)' service in October 2017. The hospital continues to have a higher number of COPD admissions than the national average. The number of respiratory beds compared to the number of admissions is also below the national average; therefore, patients are often admitted to wards with no

	respiratory expertise. • Compliance against the best practice tariff (BPT) has improved significantly with the team successfully achieving the BPT for Quarter one and Quarter two in 2018.
Reviewed by	Respiratory Specialty Meeting on 3 October 2018
Actions	• Participation in the next British Thorasic Society (BTS) Non Invasive Ventilation (NIV) audit (scheduled to commence on 1 February 2019) • Development of an integrated respiratory service • Implementation of a continuous training programme for emergency oxygen use.
Audit title: National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Highs and Lows - Perioperative diabetes study	
Purpose	To identify and explore remediable factors in the process of care in the peri-operative management of surgical patients with diabetes across the whole patient pathway from referral to discharge from hospital
Performance	Hospitals are not provided with individualised local data. There is a list of generic recommendations included in the national report that each hospital should review against their own practice and develop an action plan to ensure compliance with the recommendations where standards are not being met.
Reviewed by	CBU2 Business and Governance Meeting on 1 March 2019
Actions	• The new guideline for the management of patients with diabetes peri-operatively will be implemented • An audit of pre-operative fasting will take place • Once the new guideline has been implemented, an audit will take place after three months to ensure practice is embedded • A single point of contact for referrals to the diabetic team will be implemented to ensure that the patient gets the support from the right team in a timely manner • Education for ward staff will continue by the diabetic team.

Appendix B

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

Audit title: Re-audit of Oxygen Prescription in the Emergency Department (ED)	
Purpose	• To increase the safety of oxygen therapy prescribing in ED • The initial audit was completed in response to the CQC report and reproaches that Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment was not being met. The regulation states: 'Care must be provided in a safe way. The registered person must assess the risks to the health and safety of service users of receiving care or treatment and ensure the proper use of medicines' • The CQC report identified that oxygen was given, but not prescribed and that this was in breach of regulation • This re-audit assessed current practice to evaluate whether the prescription of oxygen is now being undertaken and meets with prescription and administration of medicines standards.
Performance	• This re-audit demonstrated a significant improvement in adherence to prescribing oxygen, but it also shows there is still work to be done • The initial audit in 2016 identified that only 12.5% (8/63) of patients were prescribed oxygen in the department. In this re-audit, it has improved to 56% (29/52).
Reviewed by	Emergency Department Governance meeting on 11 December 2018
Actions	• To continue to train more nurses to administer under a Patient Group Directives (PGD) prescriptions for medications including oxygen • To continue to highlight the importance of prescribing oxygen at doctors' handovers.
Audit title: Joint Advisory Group (JAG): Bowel Preparation (October to March 2018)	
Purpose	This audit is in response to the British Society of Gastroenterology (BSG) key performance indicators, standards and outcomes for endoscopy services. As part of the JAG accreditation process the service audits the effectiveness of bowel preparation, to ensure it is effective in at least 90% of procedures. The results from this audit will be used as evidence and to give assurance for future Joint JAG assessments for accreditation, improve patient care and to reduce number of cancelled procedures due to poor bowel preparation.
Performance	• Inpatient preparation for the procedure is poor. This may be a reflection of the cohort of patients which is typically frail and may struggle to take the bowel preparation. However the opportunity exists to educate ward staff to ensure that bowel preparation and dietary modification are

	adhered to more strictly for inpatients. • Overall 90% (2114/2351) of patients had adequate bowel preparation. JAG stipulate that 90% or above will fall into the adequate category therefore this standard was met.
Reviewed by	Endoscopy User Group on 13 July 2018
Actions	Endoscopy staff will visit base wards to provide education on the prescribing, administration and ancillary practice for bowel preparation.
Audit title: Discharge Letter (D1) Audit in Medicine	
Purpose	• The purpose of the audit is to improve compliance with completion of discharge letters according to the Academy of Medical Royal Colleges (AoMRC) standards • Following the introduction of recommendations from the initial audit, a re-audit took place to determine improvements.
Performance	• The initial audit highlighted that 86% of patients had a D1 completed. Where a D1 was completed, there were sections missing such as; social context, General Practitioner (GP) details and allergy status. Following the initial audit, education sessions were introduced and the induction pack was changed to have more emphasis on each patient requiring a D1 • the re-audit generally demonstrated improvement with 90% of patients having a D1 completed, with the exception of causative agents for allergy and adverse reactions • Whilst improvements in the documentation of social context were noted, this was still only completed in 44% of patients.
Reviewed by	D1 Discharge Task and Finish Group on 2 March 2019
Actions	• A specific category for social context to be added to the discharge template • To continue the specific Foundation Year one teaching session on discharge letter completion • To continue to include the discharge letter induction slides as part of the hospital induction • To ensure that Foundation Year one teaching and Induction for Discharge Letters includes process for D1s for when the patient dies or is transferred to another hospital.
Audit title: Re-audit Ophthalmology Procedure Review (October –December 2018)	
Purpose	This audit was to ensure that the lens implanted during cataract surgery was the same lens as identified, pre-operatively, by the surgeon. This is a re-audit of patients that have had cataract surgery performed between 1

	October 2018 to 31 December 2018.
Performance	• The audit results demonstrate overall compliance for standard 1A: The lens implanted should match the lens indicated on the patient's biometry has increased to 98% from 82% since the initial audit was carried out • The 'Gold Standard' of the WHO Surgical Checklist has been achieved within the sign in, time out and sign out measures for Ophthalmology.
Reviewed by	Ophthalmology Business and Governance Meeting on 17 January 2019
Actions	Following the completion and review of one full year of data, to discuss the results with CBU2 and the Patient Safety Panel to suggest that: • The continuous audit is stopped • Ophthalmology WHO checklist audit to continue to be reviewed as part of the hospital audit • CBU2 and the Patient Safety Panel to agree a date for re-audit to ensure that safe systems of working remain in place.
Audit title: World Health Organisation (WHO) Surgical checklist (Q3 October - December 2018)	
Purpose	To reduce harm during the peri-operative period by encouraging theatre teams to consistently apply evidence-based practices and safety checks to all patients. To improve teamwork and communication by following the Five Steps to Safer Surgery Checklist.
Performance	Q3 overall results were: • Generic: 99.8% • Ophthalmology: 100% • Maternity: 100% The gold standard has been achieved during October, November and December 2018 for Ophthalmology and October and November 2018 for maternity services. All areas are performing above the 95% standard.
Reviewed by	CBU2 Business and Governance Meeting on 23 January 2019
Actions	Continue to review individual cases where compliance has not been met, in order to identify root causes, and implement any changes required to improve compliance.
Audit title: Best practice management of symptomatic breast patients	
Purpose	Following a serious incident the purpose of the audit is to review our practice to ensure that our hospital adheres to national guidelines: (Best practice diagnostic guidelines for patients presenting with breast symptoms)
Performance	The project offered the hospital full assurance. • 100% of patients were clerked and examined - (100% before clinic letter assessment) • 100% of patients received an imaging as appropriate - (98.65% before

	clinic letter assessment) • 100% of patients received a biopsy - (86% before clinic letter assessment).
Reviewed by	CBU2 Governance Meeting on 10 May 2018
Actions	• Continued compliance with set standards can be achieved by presenting findings to appropriate colleagues. This includes breast team specialists and also radiologists to ensure continued compliance • Correct documentation of clinical findings in the patients' health records will provide consistency across the specialist areas.
Audit title: Smoking at the time of delivery	
Purpose	To review the impact that smoking in pregnancy has on the management and outcome for mothers and babies.
Performance	• There were 88% of women tested for Carbon Monoxide at booking • A total of 55% of non smokers were re-tested at 36 weeks • Only 4% of smokers were tested at each antenatal appointment • A total of 36% of smokers were tested at each community antenatal appointment.
Reviewed by	CBU3 Governance Meeting on 20 September 2018
Actions	• To continue to work with external partners: Tobacco control alliance (Barnsley Borough), Smoking in pregnancy meeting (Public Health) and Smoking Group (Public Health) in an effort to reduce the number of mothers who choose to smoke during their pregnancy • Business case to be developed to invest in new Carbon Monoxide monitors.
Audit title: Postnatal Re-admissions of Sepsis	
Purpose	To review the reasons for all post-natal readmissions following concerns raised by the Head of Midwifery.
Performance	• Patients readmitted due to sepsis were reviewed and the results demonstrated that all had 'Sepsis 6' protocol commenced and had antibiotics given within 60 minutes • A total of 94% (16/17) had VTE prophylaxis prescribed.
Reviewed by	Labour ward forum on 13 April 2018
Actions	To discuss with consultants the importance of reviewing patients with a length of stay of >24 hours.
Audit title: Length of stay following Lower Segment Caesarean section (LSCS) and Instrumental deliveries	
Purpose	Following the publication of the Getting It Right First Time (GIRFT), the audit was agreed to gain a greater understanding of the data and the reasoning

	behind what appeared (in line with National average) to be a longer length of stay following LSCS and Instrumental deliveries.
Performance	The length of stay LSCS at our hospital is line with expectation. A review of both mother and baby outcomes and reasons for length of stay identified no outliers or reasons for concern. The audit did identify discrepancies between discharge times written in the postnatal records and what was electronically documented on Lorenzo.
Reviewed by	Women's Service audit presentation meeting on 1 June 2018
Actions	To review the processes and current service provision around recording discharges.
Audit title: Length of stay following normal vaginal deliveries	
Purpose	Following the publication of the Getting It Right First Time (GIRFT), the audit was agreed to gain a greater understanding of the data and reasoning behind what appeared to be a longer length of stays following a normal vaginal delivery.
Performance	• The length of stay following normal vaginal deliveries at our hospital is line with expectation. A review of both mother and baby outcomes and reasons for length of stay identified no outliers or reasons for concern • The audit did identify discrepancies between discharge times written in the postnatal records and what was electronically documented on Lorenzo. The majority of patients (34/38) were electronically discharged in under three hours, which was agreed in the clinical audit presentation meeting as being acceptable due to clinical priorities and administration cover • Four patients were identified as being discharged up to 12 hours after it was documented in the notes, including one patient over 24 hours.
Reviewed by	Women's Service audit presentation meeting on 1 June 2018
Actions	To review the processes and current service provision around recording discharges.
Audit title: Safeguarding Review When Child/Young Person Was Not Brought (WNB) to clinic appointments	
Purpose	The aim of the audit was to provide assurance that appropriate safeguarding action is being undertaken when children and young people under the age of 18 years are not brought to clinic appointments.
Performance	Overall, the results demonstrate that in most cases a safeguarding review was undertaken. However, where a safeguarding review was undertaken the review form was not always completed. Despite this, evidence of a review was found within the patients health records.
Reviewed by	Safeguarding Steering Group on 21 January 2019 and Patient Safety and Harm on 21 February 2019.
Actions	• Safeguarding Children Advisor to arrange bespoke training sessions in identified areas • Inclusion of cancellations in the safeguarding review (review of current Trust policy and update safeguarding review form) • Re-audit in twelve months time.

Appendix C

Performance indicators on which external audit is required to issue a limited assurance conclusion

As required by NHS Improvement the Trust's external auditors have undertaken sample testing of two performance indicators on which they have issued their limited assurance report:

1. ***Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge***

   - *Indicator has been reported on for all relevant patients that have attended the Trust in 2018-19;*
   - *The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge;*
   - *The total number of unplanned A&E attendances.*

   Reported as a percentage.

2. ***Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers***

   - *Indicator has been reported on for all relevant patients that have attended the Trust in 2018-19;*
   - *The total number of patients who have a waiting time of 62 days or less from urgent GP referral to first treatment;*
   - *The total number of patient's referred as an urgent GP cancer referral*

   Reported as a percentage.

3. ***Summary Hospital-level Mortality Indicator (SHMI)***

   This is the local indicator as selected by the Governors of Barnsley Hospital. It has been subject to external review but does not form part of their assurance opinion.
   To the best of our knowledge, subject to any issues identified by external audit, the indicators are complete, accurate and relates to the reporting period.

Financial Statements

Summary of In-Year Performance

From the start of 2018-19, it was evident that there were a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £8.5m was set, with a planned deficit of £8.8m. The deficit was set by NHS Improvement and is known as the Control Target.

Despite the challenges and significant pressures on the services, the Trust over achieved its Cost Improvement Target and ended 2018-19 with a deficit of 4.4m, which is £4.4m favourable to the planned position of an £8.8m deficit. This was despite the Trust having an impairment of £2.5m associated with the revaluation of estate. The Trust received a further £0.6m national Provider Sustainability Funding for agreeing to deliver a financial improvement of £0.3m. The Trust then went on to receive £6m additional funding associated with the Integrated Care System over performance and additional Provider Sustainability Funding related to the overachievement of the Trust's financial plan. The key drivers leading to the achievement of this position included the strong performance of clinical income, particularly non-elective, the delivery of a well managed cost improvement plan and robust cost control.

During 2018-19, the availability of cash to support the continuity of services has been a key challenge. It was necessary to draw down cash funding during the year of £11.3m which is treated as a loan. The requirement for cash funding is driven by the deficit position.

Our overall financial management performance and assessment of the level of financial risk is measured by NHS Improvement, our regulator. This is known as the Use of Resource rating and is scored on a scale of 1-4 (a score of 4 being poor performance and high risk and 1 representing the best performance and lowest risk). The Trust received a Use of Resource Rating of 3, throughout the financial year. This rating indicates to our regulator that the Trust still carries a level of financial risk, which is driven by our adverse liquidity position throughout the year.

Income from Activities

The income from our core patient related activities in 2018-19, increased by 7.13% on the previous year. The areas of activity where we have seen significant increases relate to outpatients, elective day cases and non-elective spells. A summary of activity in 2018-19 compared to 2017-18 is provided in the table below:

Point of Delivery	2017-18	2018-19	% Change
Outpatients	327,044	335,733	2.66%
Elective Inpatients	3,747	3,302	-11.88%
Elective Day Cases	27,327	27,726	1.46%
Non Elective Spells	37,047	40,734	9.95%
A&E Attendances	85,588	96,864	13.17%

Other Operating Income

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

Expenditure

Year on year expenditure for the Trust and its subsidiary BFS Ltd, (our operating expense) did increase by 7.62%. This was attributable to both the pay and non pay bills. Total income also increased during the same period by 9.31%.

Efficiency Targets

Like every NHS Trust, we are challenged to meet significant year-on-year efficiency targets. This requires us to look at ways of saving money by providing what we do differently. We are committed to providing best value for money but without any adverse impact on the quality of clinical care. During the year the plans performed well and we achieved savings of £9.9m which is in an overachievement of our £8.5m target.

Capital Expenditure

During 2018-19 the Trust had a capital programme of £7.78m. As at 31 March 2019, a total of £7.58m had been invested. The investments are split into our main categories of spend as summarised below and include:

- Estate upgrades and backlog maintenance - £1.84m
- Information Management and Technology - £1.38m
- Medical and surgical equipment - £0.89m
- Strategic Schemes - £3.47m

Looking Ahead to 2019-20

We start the year facing a planned break even position. This is clearly a more challenging plan that the £8.8m deficit set for 2018-19. Whilst the level of funding has increased, there are a number of financial challenges that have resulted in a cost improvement plan requirement of £6.74m. Delivery of the plan will be challenging and activity levels will be a key factor in achieving the plan. There is a requirement to re-pay existing loans totalling £45m. This will be funded by loans from the Department of Health.

Barnsley Hospital NHS Foundation Trust Financial Accounts

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

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2019 which comprise the Consolidated and Parent Statement of Comprehensive Income, the Consolidated and Parent Statement of Financial Position, the Consolidated and Trust Statements of Changes in Taxpayers' Equity, the Consolidated and Parent Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Health Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2019 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

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

Material uncertainty related to going concern

We draw attention to note 1 to the financial statements, which indicates that the Trust's performance in-year showed a deficit of £4.4 million (including £14.6 million incentive and bonus funding related to the overachievement of the financial plan). The group and Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due.

As stated in note 1, the Trust has a planned breakeven position for 2019-20 and loan repayments due in year of £45 million. The loan repayments are anticipated to be deferred to a subsequent year by the Department of Health and Social Care.

These conditions, along with the other matters as set forth in note 1, indicate the existence of a material uncertainty which may cast significant doubt about the group's and the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Overview of our audit approach

Financial statements audit

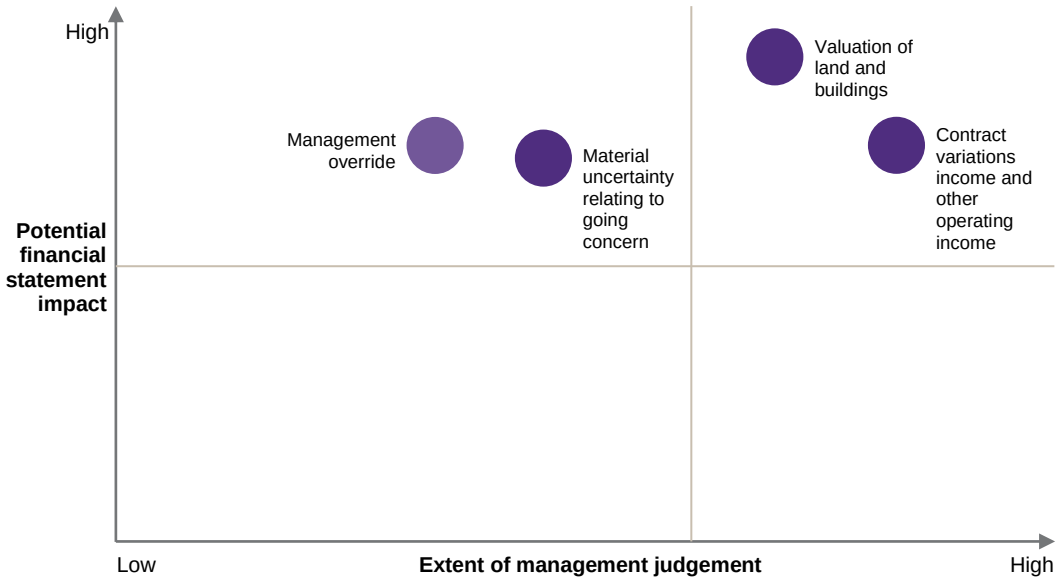
- Overall materiality: £3,850,000, which represents approximately 1.7% of the group's gross operating costs (consisting of operating expenses);
- Key audit matters were identified as:
  - Material uncertainty relating to going concern
  - Occurrence and accuracy of contract variations income and other operating income (excluding Education and Training income, and existence of associated receivable balances
  - Valuation of land and buildings
- The group consists of three components – the Trust and its wholly-owned subsidiaries Barnsley Facilities Services Limited and Barnsley Hospital Charity. We performed full scope audit procedures at Barnsley Hospital NHS Foundation Trust and analytical procedures at each of the subsidiaries.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified two significant risks in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources regarding its financial position and responding to the findings of its regulators (see Report on other legal and regulatory requirements section).

Key audit matters

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



Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and

directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to the matter described in the Material Uncertainty Related to Going Concern section, we have determined the matters described below to be the key audit matters to be communicated in our report.

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
Risk 1: Occurrence and accuracy of contract variations income and other operating income and existence of associated receivable balances The Trust's significant income streams are operating income from patient care activities and other operating income. Over 96% of the Trust's income from activities is from contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and patient care income from contract variations. Any patient care activities provided that are additional to those incorporated in these block contracts with NHS commissioners (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts. 15% of the Trust's income is recorded as other operating revenues (excluding Education and Training income). Due to other operating revenue other than Education and Training income being characterised by estimation and judgements in their recognition we have identified a significant risk of material misstatement in relation to these elements of other operating revenue. We therefore identified the occurrence and accuracy of contract variations income and other operating income, and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • Evaluating the Group's accounting policies for recognition of income from patient care activities and other operating income for appropriateness and compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) 2018/19; • Updating our understanding of the Trust's system for accounting for income from patient care activities and other operating income and evaluating the design of the associated controls; In respect of patient care income: • Obtaining an exception report from the DHSC that details differences in reported income and expenditure and receivables and payables between NHS bodies, agreeing the figures in the exception report to the Trust's financial records and obtaining supporting information for all differences over £300,000, to corroborate the amount recorded in the financial statements by the Trust; • Corroborating a sample of income from contract variations and year-end receivables to supporting evidence; • Assessing and challenging management's estimates and judgements taken in order to arrive at the income from contract variations recorded in the financial statements; and In respect of other operating income: • Agreeing Provider Sustainability Fund income to NHS Improvement (NHSI) notifications for quarters 1, 2 and 3 and obtaining evidence that NHSI requirements for recognising quarter 4 income have been met. The Group's accounting policies for recognition of revenue from contracts with customers and from NHS contracts and from other operating income is shown in note 1.2 to the financial statements and related disclosures are included in notes 3, 4 and 14. **Key observations:** We obtained sufficient audit evidence to conclude that: • the Group's accounting policies for recognition of contract income and other operating income comply with the DHSC Group Accounting Manual 2018-19 and have been applied appropriately; and • Contract variations income and other operating income and the associated receivable balances are not materially misstated.
Risk 2: Valuation of land and buildings The valuation of land and buildings of £62.9 million as at 31 March 2019 represents a significant balance in the financial statements. The Trust revalues its land and buildings on a regular basis to ensure that the carrying value is not materially different from current value in existing use. This represents a significant estimate by management in the financial statements.	Our audit work included, but was not restricted to: • Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to the Trust's valuation expert and the scope of their work; • Evaluating the competence, capabilities and objectivity of the valuation expert;

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
The valuation of land and buildings is based on key accounting estimates which are sensitive to changes in assumptions and market conditions. One of the most significant assumptions made by management in valuing the Trust's estate is that the main hospital site, if needed to be replaced, would be rebuilt to modern conditions on an alternative site nearby. The Trust commissioned an external valuation expert to perform a desktop valuation of the Trust's estate as at 31 March 2019. Accounting for revaluation of land and buildings and associated impairments requires management judgement and correctly applying relevant accounting principles. We therefore identified the valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	• Discussing with the valuation expert the basis on which the valuations were carried out and challenging the key assumptions applied; • Testing the information used by the valuation expert to assess its completeness and consistency with our understanding; • Testing, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register and correctly and accurately recorded in the financial statements. The group's accounting policy on valuation of land and buildings is shown in note 1.5 to the financial statements and related disclosures are included in note 11. **Key observations** We obtained sufficient audit evidence to conclude that: • the basis of the valuation of land and buildings was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; and • the valuation of land and buildings disclosed in the financial statements is reasonable.

Our application of materiality

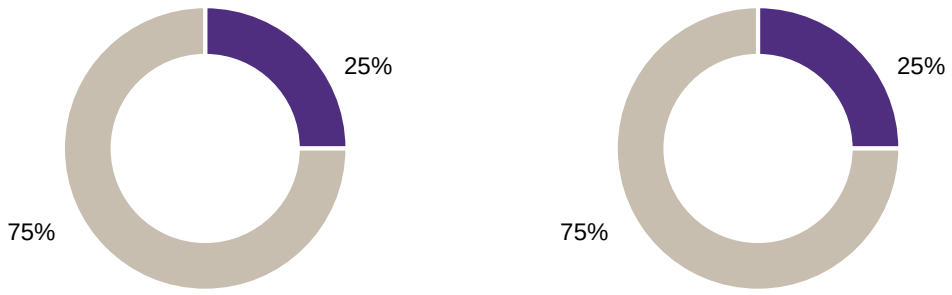
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£3,850,000 which is approximately 1.7% of the group's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding. Materiality for the current year is set at a higher percentage level of gross operating costs than for the year ended 31 March 2018 (1.75%). This reflects our view that the expansion of the wholly owned subsidiary Barnsley Facilities Services Ltd in 2017-18 introduced additional risks to the audit of the group's financial statements in the prior year which are not reflected to the same extent in 2018/19.	£3,840,000 which is 1.7% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is set at a higher percentage level of gross operating costs than for the year ended 31 March 2018 (1.75%). This reflects our view that the expansion of the wholly owned subsidiary Barnsley Facilities Services Ltd in 2017-18 introduced additional risks to the audit of the Trust's financial statements in the prior year which are not reflected to the same extent in 2018/19.
Performance materiality used to drive the extent of our testing	75% of group financial statement materiality	75% of Trust financial statement materiality
Specific materiality		The senior manager remuneration disclosures in the Remuneration Report have been identified as an area requiring specific materiality of £5,000, due to the sensitive nature of these disclosures.
Communication of misstatements to the Audit Committee	£193,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£193,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

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

Overall materiality – Group | **Overall materiality – Trust**



▪ Tolerance for potential uncorrected mis-statements ▪ Performance materiality

An overview of the scope of our audit

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

- Updating our understanding of and evaluating the group's internal control environment including its IT systems and controls over key financial systems and processes;
- Evaluation of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality and the significance of the component as a percentage of the group's total income, assets and liabilities;
- Performing full scope audit procedures at Barnsley Hospital NHS Foundation Trust, which represents over 99% of the total income and expenditure of the group, and over 99% of its total assets less current liabilities; and
- Performing analytical audit procedures at each of the two subsidiaries, Barnsley Facilities Services Limited and Barnsley Hospital Charity, which in aggregate represent less than 1% of the group's income and expenditure, and less than 1% of its total assets less current liabilities.

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

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

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or

- Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

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

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

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

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2018/19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency**.**

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

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

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2018/19, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019**.**

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

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks	How the matter was addressed in the audit
Risk 1: Underlying financial deficit position The Trust has this year operated under significant financial pressures with a projected deficit for 2018-19. A control total of a £7.9 million deficit was agreed with NHS Improvement for 2018-19 which includes £8.9 million of Provider Sustainability Funding (PSF). Given the impact of the underlying deficit, there is a shortfall in the Trust's cash position – the Trust expected to drawdown cash liquidity support of approximately £10 million by the year-end. To deliver the budgeted outturn position, cost improvement savings of £8.5 million were required for 2018-19. .	Our audit work included, but was not restricted to: • Continuing to monitor the Trust's financial position and considering the year-end outturn position needed to secure full PSF funding. • Considering the adequacy of cash resources in the context of the 2019-20 budget position and associated levels of CIP savings required to be achieved in 2019-20. • Evaluating progress made by the Trust in respect of its Cost Improvement Plan (CIP) savings for 2018-19 and the proportion achieved through recurrent and non-recurrent sources; and • Assessing the Trust's borrowings from the DHSC in 2018-19 and the assumptions within its 2019-20 cash flow forecasts as regards expectations for future revenue cash support, including the timing of planned funding from NHSI comprising PSF(£4.3 million), Financial Recovery Funding (FRF) (£3.8 million), and Marginal Rate Emergency Tariff (MRET) funding (£2.3million).

Significant risks	How the matter was addressed in the audit
	Key findings The Trust delivered a deficit of £4.4 million at the year-end which was £4.4m favourable to the original planned position of £8.8m. Consequently, the Trust received its full PSF allocation of £8.3 million and additional bonus of £6.3 million. The Trust delivered CIP savings of £9.9 million against a target of £8.5 million, of which 79 percent were recurrent in nature. However, The Trust requires additional cash support of at least £45 million in 2019-20 for repayment of loans and, coupled with an ongoing financial deficit, this means that long-term financial sustainability remains a key focus for the Trust.
Risk 2: Inspections and oversight by regulators and delivery of key NHS targets: The Care Quality Commission (CQC) inspection report published in March 2018 awarded the Trust an overall "good" rating. The report included an action plan and recommendations which the Trust is taking action against and monitoring.	Our audit work included, but was not restricted to: • Evaluating the progress made in terms of the CQC recommendations to ensure standards consistent with the 'good' rating awarded in 2018 have been maintained and enhanced; • Assessing the Trust's CQC inspection plan programme for the future, taking in to account the CQC recommendations and reflecting other good practice improvements; • Assessing the Trust's performance against key operational and clinical targets; and • Considering the outcome of the mock CQC inspection undertaken by the Trust and the resultant reporting to the relevant departments on how to further improve the quality of service and care it delivers to its patients and service users.

Responsibilities of the Accounting Officer

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

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

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

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

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Barnsley Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Gareth D Mills

Gareth Mills, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Leeds

23 May 2019

2018/19 Trust Accounts pro-forma

Introduction

Data entered below will be used throughout the workbook:

Trust name:	Barnsley Hospital NHS Foundation Trust
This year	2018/19
Last year	2017/18
This year ended	31 MARCH 2019
Last year ended	31 March 2018
This year beginning	1 April 2018

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2019, have been prepared by Barnsley Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed: R. Jenkins .....(Chief Executive)

Name...Dr. Richard Jenkins

Date: .....23 May 2019

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2019

	NOTE	Group 2018/19 £000	Group 2017/18 £000	Trust 2018/19 £000	Trust 2017/18 £000
Operating income from patient care activities	3	192,736	179,904	192,711	179,884
Other operating income	4	34,594	28,070	35,329	28,863
Total Operating income		227,330	207,974	228,040	208,747
Operating expenses	5	(230,438)	(214,122)	(231,396)	(213,785)
OPERATING (DEFICIT)		(3,108)	(6,148)	(3,356)	(5,038)
FINANCE COSTS					
Finance income		77	27	66	21
Finance expense	8	(956)	(798)	(2,095)	(1,491)
Public Dividend Capital dividends payable		0	(346)	0	(346)
NET FINANCE COSTS		(879)	(1,117)	(2,029)	(1,816)
Other gains/(losses)		6	1,070	0	1,068
Corporation tax (charge)	9	(205)	(28)	0	0
(DEFICIT) FOR THE YEAR		(4,186)	(6,223)	(5,385)	(5,786)
Other comprehensive income					
Items that will not be reclassified to income or expenditure					
Revaluation and impairments property, plant and equipment	11	(64)	(8,628)	(64)	(8,628)
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		(4,250)	(14,851)	(5,449)	(14,414)

ALLOCATION OF (LOSSES) FOR THE YEAR	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
(a) (Deficit) for the year attributable to:				
(i) owners of the parent	(4,186)	(6,223)	(5,385)	(5,786)
TOTAL	(4,186)	(6,223)	(5,385)	(5,786)
(b) total comprehensive income for the year attributable to:				
(i) owners of the parent	(4,601)	(14,851)	(5,800)	(14,414)
TOTAL	(4,601)	(14,851)	(5,800)	(14,414)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2019

	NOTE	**31 March 2019** Group £000	31 March 2018 Group £000	**31 March 2019** Trust £000	31 March 2018 Trust £000
NON CURRENT ASSETS					
Intangible assets	10	**2,745**	3,193	**2,731**	3,176
Property, plant and equipment	11	**72,289**	71,741	**71,913**	71,462
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiaries	12	**0**	0	**21,883**	22,274
Other Investments		**290**	285	**0**	0
Trade and other receivables	14	**1,142**	1,062	**1,142**	1,062
TOTAL NON CURRENT ASSETS		**76,466**	76,281	**110,019**	110,324
CURRENT ASSETS					
Inventories	13	**3,568**	3,398	**1,737**	1,576
Trade and other receivables	14	**20,265**	18,871	**19,314**	19,364
Cash and cash equivalents	15	**9,548**	5,930	**8,732**	3,632
Total current assets		**33,381**	28,199	**29,783**	24,572
CURRENT LIABILITIES					
Trade and other payables	16	**(26,894)**	(28,935)	**(26,374)**	(25,674)
Borrowings	17	**(45,753)**	(8,580)	**(47,831)**	(10,588)
Provisions	18	**(124)**	(287)	**(124)**	(287)
Other liabilities		**(1,901)**	(915)	**(1,901)**	(915)
Total current liabilities		**(74,672)**	(38,717)	**(76,230)**	(37,464)
TOTAL ASSETS LESS CURRENT LIABILITIES		**35,175**	65,763	**63,572**	97,432
NON CURRENT LIABILITIES					
Borrowings	17	**(24,870)**	(50,773)	**(54,770)**	(82,746)
Provisions	18	**(196)**	(292)	**(196)**	(292)
TOTAL NON CURRENT LIABILITIES		**(25,066)**	(51,065)	**(54,966)**	(83,038)
TOTAL ASSETS EMPLOYED		**10,109**	14,698	**8,606**	14,394
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		**47,455**	47,443	**47,455**	47,443
Revaluation reserve	19	**2,204**	2,268	**2,204**	2,268
Income and expenditure reserve		**(40,139)**	(35,324)	**(41,053)**	(35,317)
OTHERS' EQUITY					
Charitable reserves	12.1	**589**	311	**0**	0
TOTAL TAXPAYERS' EQUITY		**10,109**	14,698	**8,606**	14,394

The financial statements on pages 1 to 39 were approved by the Board on 23 May 2019 and signed on its behalf by:

Signed: R. J. ..... (Chief Executive)

Date: 23 May 2019

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Group	Public Dividend Capital	Revaluation reserve (Note 19 and below)	Income and expenditure reserve	Charitable Funds Reserves (Note 12)	Total taxpayers' equity
2018/19	**£000**	**£000**	**£000**	**£000**	**£000**
Taxpayers' Equity at 1 April 2018	**47,443**	**2,268**	**(35,324)**	**311**	**14,698**
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	**0**	**0**	**(4,707)**	**521**	**(4,186)**
Transfer to retained earnings on disposal of assets	**0**	**(64)**	**0**	**0**	**(64)**
Public Dividend Capital Received	**12**	**0**	**0**	**0**	**12**
Others' equity					
Other reserve movements	**0**	**0**	**(351)**	**0**	**(351)**
Other reserve movements - charitable funds consolidation adjustments	**0**	**0**	**243**	**(243)**	**0**
Taxpayers' Equity at 31 March 2019	**47,455**	**2,204**	**(40,139)**	**589**	**10,109**
Prior year : 2017/18					
Taxpayers' Equity at 1 April 2017	46,955	10,989	(29,685)	802	29,061
Total Comprehensive Income for the year					
(Deficit)/Surplus for the year	0	0	(6,433)	210	(6,223)
Transfer to retained earnings on disposal of assets	0	(93)	93	0	0
Revaluation and impairments property, plant and equipment	0	(8,628)	0	0	(8,628)
Public Dividend Capital Received	488	0	0	0	488
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	0	0	701	(701)	0
Taxpayers' Equity at 31 March 2018	47,443	2,268	(35,324)	311	14,698

Nature and function of classes of Taxpayers' and others' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE)and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

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

- NHS charitable funds reserves - this balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are classified as restricted or unrestricted.
- a reserve adjustment is required as quantified above on consolidation of charitable funds

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Trust	Public Dividend Capital	Revaluation reserve (Note 19 and below)	Income and expenditure reserve	Total taxpayers' equity
2018/19	**£000**	**£000**	**£000**	**£000**
Taxpayers' Equity at 1 April 2018	**47,443**	**2,268**	**(35,317)**	**14,394**
Total Comprehensive Income for the year				
Deficit for the year	**0**	**0**	**(5,385)**	**(5,385)**
Transfer to retained earnings on disposal of assets	**0**	**(64)**	**0**	**(64)**
Public Dividend Capital Received	**12**	**0**	**0**	**12**
Others' equity				
Other reserve movements	**0**	**0**	**(351)**	**(351)**
Taxpayers' Equity at 31 March 2019	**47,455**	**2,204**	**(41,053)**	**8,606**
Prior year : 2017/18				
Taxpayers' Equity at 1 April 2017	46,955	10,989	(29,624)	28,320
Total Comprehensive Income for the year				
Deficit for the year	0	0	(5,786)	(5,786)
Transfer to retained earnings on disposal of assets	0	(93)	93	0
Revaluation and impairments property, plant and equipment	0	(8,628)	0	(8,628)
Public Dividend Capital Received	488	0	0	488
Taxpayers' Equity at 31 March 2018	47,443	2,268	(35,317)	14,394

Nature and function of classes of Taxpayers' Equity

- Public Dividend Capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.
- The Revaluation Reserve is used to record revaluation gains/losses and impairment reversals on property plant and equipment (PPE) and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of PPE and intangibles.

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

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2019

	NOTE	2018/19 Group £000	2017/18 Group £000	2018/19 Trust £000	2017/18 Trust £000
Cash flows from operating activities					
Operating (deficit)		**(3,108)**	(6,148)	**(3,356)**	(5,038)
Non-cash income and expenses					
Depreciation and amortisation		**4,926**	4,637	**4,839**	4,558
Impairments and reversals		**2,488**	0	**2,488**	0
Income recognised in respect of capital donations (cash)		**(15)**	(563)	**(15)**	(563)
(Increase) in Trade and Other Receivables		**(1,771)**	(6,119)	**(360)**	(6,758)
(Increase)/Decrease in Inventories		**(170)**	(956)	**(161)**	598
(Decrease)/Increase in Trade and other Payables		**(3,281)**	6,251	**756**	2,828
Increase in other liabilities		**986**	43	**986**	43
(Decrease)/increase in Provisions		**(259)**	(407)	**(259)**	(407)
Corporation tax (paid)	9	**(205)**	(15)	**0**	0
NHS Charitable Funds working capital movements		**77**	(11)	**0**	0
NHS Charitable Funds: other movements in operating cash flows		**9**	6	**0**	0
Other movements in operating cashflows		**(351)**	34	**(351)**	187
NET CASH (OUTFLOW)/INFLOW FROM OPERATING ACTIVITIES		**(674)**	(3,248)	**4,567**	(4,552)
Cash flows from investing activities					
Interest received		**69**	21	**66**	21
Purchase of financial assets / investments		**0**	0	**391**	(34,124)
Proceeds from sales of intangible assets		**0**	45	**0**	45
Purchase of intangible assets		**(594)**	(1,297)	**(580)**	(1,251)
Purchase of Property, Plant and Equipment		**(5,702)**	(12,342)	**(6,721)**	(11,884)
Proceeds from sales of property and plant and equipment		**0**	6,875	**0**	6,875
Receipt of cash donations to purchase capital assets		**15**	563	**15**	563
Net cash (outflow) from investing activities		**(6,212)**	(6,135)	**(6,829)**	(39,755)
Cash flows from financing activities					
Public dividend capital received		**12**	488	**12**	488
Movement in loans from the Department of Health and Social Security		**11,073**	11,632	**11,073**	11,632
Capital element of finance lease rental payments		**0**	0	**(2,003)**	33,946
Interest on loans		**(911)**	(798)	**(862)**	(798)
Interest element of finance lease		**0**	0	**(1,188)**	(693)
NHS charitable funds: net cash flows from financing activities		**0**	2	**0**	0
PDC Dividend paid		**330**	(527)	**330**	(527)
Net cash inflow from financing activities		**10,504**	10,797	**7,362**	44,048
Increase/(decrease) in cash and cash equivalents	15	**3,618**	1,414	**5,100**	(259)
Cash and Cash equivalents at 1 April	15	**5,930**	4,516	**3,632**	3,891
Cash and Cash equivalents at 31 March	15	**9,548**	5,930	**8,732**	3,632

Barnsley Hospital NHS Foundation Trust - Notes to the Financial Statements

Barnsley Hospital NHS Foundation Trust ('the Trust') is a public benefit corporation authorised, in England, by Monitor in accordance with the National Health Act 2006. The trust provides healthcare mainly to the region. The address of the Trust is Gawber Road, Barnsley, S75 2EP.

1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected.

The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Accounting convention

The financial statements have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the NHS Foundation Trust's ability to continue as a going concern. In accordance with the Department of Health and Social Care Group Accounting Manual 2018/19 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 £4.4m (including £14.6m incentive and bonus funding related to the overachievement of the financial plan) which is £4.4m favourable to the original planned position of an £8.8m deficit. The Group and Trust's operating and cash flow forecasts have identified the need for additional financial support to enable it to meet debts as they fall due over the foreseeable future, which is defined as a period of 12 months from the date these accounts are signed.

The Trust have a planned breakeven position for 2019-20 which is based on the centrally allocated Control Target. This is supported by receipt of income from the national Financial Recovery Fund and Provider Sustainability Fund. The Trust are not planning to draw down additional cash funding in the form of revenue loans via the Department of Health and Social Care for 2019-20. Loan Repayments are due in year of £45m, however, as in previous years these are anticipated to be deferred to a subsequent year by the Department of Health and Social Care.

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

The Trust has previously been in breach of license being a financial breach. This breach was lifted on the 28th March 2018 by NHS Improvement.

1.1 Consolidation

The Trust is the corporate trustee to the NHS charitable fund titled 'Barnsley Hospital Charity' (Registered Charity number 1058037). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory financial statements are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102 ("FRS 102").

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK Financial Reporting Standard (FRS) 102) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

Other Subsidiary

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiaries for the year.

On 16 April 2012 the Trust established a wholly owned subsidiary company ' Barnsley Hospital Support Services Limited ', this company changed its name to 'Barnsley Facilities Services' on 7 July 2017. The investment in Barnsley Facilities Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. This subsidiary is prepared in accordance with Financial Reporting Standard (FRS) 101 ("FRS101").

References to 'Group' within the financial statements refer to the results and balances of the Trust and the subsidiaries, whilst references to 'Parent' refer only to those of the ' Trust'. All references to 'Trust' are for the ' Foundation Trust'.

1 Accounting policies and other information (continued)

1.2 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete

NHS injury cost recovery scheme

The Trust receives 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, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1 Accounting policies and other information (continued)

1.3 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust

National Employment Savings Trust - ' NEST' is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. As a defined contribution scheme, the Trust makes disclosures in the financial statements as required by paragraph 50 onwards of IAS 19.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- individual items:

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.

From 1 September 2017 onwards the Trust changed its accounting estimate to value its estate on a net of VAT basis (refer Note 1.20 page 16 for further details)

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed, by a professional valuer periodically but at least every three years. Valuations are performed more frequently where there is evidence that the carrying amounts for land and buildings may be materially different from fair value. Fair values are determined as follows:

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

- Land, non-specialised buildings and non-operational buildings - in accordance with the GAM, this is determined to be market value for existing use.

- Specialised buildings - depreciated replacement cost, based on providing a modern equivalent asset.

Interest on borrowings is not capitalised within fixed assets in line with the GAM.

- Buildings in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as permitted by IAS 23 in respect of assets measured at fair value.

Operational equipment is held at cost less depreciation as a proxy.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the organisation and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for the recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Asset lives fall into the following ranges:

- Buildings excluding dwellings 15 to 90 years
- Plant and machinery 1 to 7 years
- Information Technology 1 to 5 years
- Furniture and Fittings 1 to 10 years

Freehold land is considered to have an infinite life and is not depreciated. An engaged Valuer (an external body to the Trust) considers that the remaining lives of the Buildings is ranged between 15 and 90 years based on individual blocks and assets within those blocks.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust respectively.

1 Accounting policies and other information (continued)

1.5 Property Plant and Equipment (continued)

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's useful 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.

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.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Assets under construction intangible assets

The Trust includes such expenditures as software packages and Medicine Management systems.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful 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 Accounting policies and other information (continued)

1.7 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.

1.8 Financial assets and financial liabilities

1.8.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

1.8.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

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.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost .

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses

1 Accounting policies and other information (continued)

1.8 Financial assets and financial liabilities (continued)

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.8.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.9 Leases

' Determining whether an arrangement contains a lease '

At inception of an arrangement, the Trust determines whether such an arrangement is or contains a lease. This will be the case if the following two criteria are met:

- the fulfilment of the arrangement is dependent on the use of a specific asset or assets: and
- the arrangement contains the right to use of the asset(s)

At inception or on reassessment of the arrangement, the Trust separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Trust concludes for a finance lease that it is impracticable to separate the payments reliably, then an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Trust's incremental borrowing rate.

1.9.1 Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property plant and equipment. The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is derecognised when the liability is discharged, cancelled or expires.

1 Accounting policies and other information (continued)

1.10 Leases (continued)

1.9.2 Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where this is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.10 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of that amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published by HM Treasury.

1.11 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 18 but is not recognised in the trust's accounts.

1.12 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 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 22 (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)

1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend.

The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Funds (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual financial statements.

The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the financial statements or due to payable calculation errors subsequently identified in prior years.

1.15 Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable value added tax is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input value added tax is recoverable, the amounts are stated net of value added tax.

The Trust established a wholly owned subsidiary Barnsley Facilities Services Limited that provides services to the Trust and other organisations. Any transactions between the Trust and Barnsley Facilities Services Limited include value added tax where applicable.

1.16 Corporation Tax

The Finance Act 2004 amended S519A Income and Corporation Taxes Act 1998 to provide power to HM Treasury to make certain non-core activities of NHS Foundation Trusts potentially subject to corporation tax.

NHS Foundation Trusts may also incur corporation tax through NHS charitable funds or subsidiary organisations which are consolidated into their financial statements.

Corporation tax expense recognised in these financial statements represents the sum of the tax currently payable and deferred tax.

Current tax is the expected tax payable on the taxable surpluses generated during the year, using rates enacted or substantively enacted at the statement of financial position date, and any adjustments to tax payable in respect of previous years.

Deferred tax is provided, using the liability method, on all temporary differences at the statement of financial position reporting date between the tax bases of assets and liabilities and their carrying amounts for the financial reporting purposes.

Deferred tax assets are recognised to the extent that it is probable that taxable profits will be available against which deductible temporary differences can be utilised. The carrying amount of deferred tax assets is reviewed at each Statement of Financial Position date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered. Deferred tax assets and liabilities are not discounted.

1.17 Borrowings

Borrowings are held at amortised cost; any difference between the proceeds (net of transaction costs) and the redemption value is recognised in the income statement over the period of the borrowings in line with our loan agreements issued by the Department of Health and Social Care.

1.18 Exit packages

Exit packages are payable when employment is terminated by the Trust before normal retirement date, or whenever an employee accepts voluntary redundancy in exchange for these packages. The Trust recognises the packages at the point there is a constructive obligation to do so, this will include: when the Trust can no longer withdraw the offer of the package. In the case of an offer for voluntary redundancy, the benefits are based on the number of employees who have or are expected to accept the offer. Benefits falling due after more than 12 months after the end of end of the reporting period are discounted.

1 Accounting policies and other information (continued)

1.19 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.

1.20 Critical accounting judgements, estimates and assumptions

The preparation of the accounts requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the financial year in which the estimate is revised if the revision affects only that financial year, or in the financial year of the revision, and future financial years, if the revision affects both current and future financial years.

The estimates and judgements that have had a significant effect on the amounts recognised in the accounts are outlined below.

Income estimates
In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year. Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at twelve midnight on 31 March. The number of open spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current year.

Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However as cash is not received until future periods, when the claims have been settled, an estimation must be made as to the collectability.

Expense accruals
In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

Recoverability of receivables
In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses

Provisions
In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated, as appropriate. Management have also also taken into account all available information for disputes and possible outcomes.

Plant, Property and Equipment
The Trust undertakes a revaluation of its Land and Buildings with sufficient regularity to ensure that the values remain up to date. The process of valuing the Trusts land and buildings includes the utilisation of assumptions, including for example the nature of the assets, current market conditions and Gross Internal Area. Given the complex nature of Asset valuation the Trust seeks professional advice from its valuers, to ensure that appropriate assumptions are used in the value calculation and the assessment of useful economic asset lives.

The Trust has valued the estate from 1 September 2017 on a net of VAT basis. This was on the advice of the Trust's valuers following the expansion of Barnsley Facilities Services Limited and the linked transaction that took place.
The Trust has disclosed this change of accounting estimate in note 1.5 (Page 9) to the accounts. The Trust believes the assumptions and rationale for this judgement are reasonable and appropriate.

The impact the net of VAT valuation has had on key aspects on the accounts is as follows.
Reduction in PDC dividend charge - £200,000
Reduction in depreciation charge - £175,000

Impairment of property, plant and equipment
Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites.

1 Accounting policies and other information (continued)

1.21 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

1.22 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).

1.23 Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Trust Board.

1.24 Charitable fund investments

Investments are stated at market value as at the Statement of Financial Position date. The Statement of Comprehensive Income Includes the net gains and losses arising on revaluation and disposals throughout the year.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase date if later)

1.25 Accounting standards that have been adopted early

No new accounting standards or revisions to existing standards have been early -adopted in 2018/19.

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

- IASB standards and IFRIC interpretations

The following table presents a list of recently issues accounting standards and amendments which have not yet been adopted within the 'HM Treasury's Financial Reporting Manual' ["FReM"], and are therefore not applicable to the Department of Health and Social Care ["DHSC"] group accounts in 2018/19.

IFRS 14 Regulatory Deferral Accounts

Not yet EU Endorsed: Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

IFRS 16 Leases

IFRS 16 will be applicable for public sector bodies from 2020/21.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC 23 Uncertainty over Income Tax Treatments

Application required for accounting periods beginning on or after 1 January 2019.

1 Accounting policies and other information (continued)

2. Operating segments

All of the Trust's activities are in the provision of healthcare, which is an aggregate of all the individual specialty components included therein, and the large majority of the healthcare services provided occur at the one geographical main site. Similarly, the large majority of the Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature. On this basis one segment of 'Healthcare' is deemed appropriate.

The operating results of the Trust are reviewed monthly by the Trust's chief operating decision maker which is the overall Trust Board and which includes non - executive directors. For 2018/19, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process. The values disclosed are consistent to those reported to the Board in March 2019, with the exception of audit adjustments.

Within the Group financial statements are two subsidiary entities as detailed in note 1.1 and the pages within the financial statements.

The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

3. Income from activities

3.1 Income from activities comprises	**2018/19 Group £000**	2017/18 Group £000	**2018/19 Trust £000**	2017/18 Trust £000
NHS England	**15,083**	4,698	**3,578**	4,698
Foundation Trusts	**177**	101	**177**	101
NHS Trusts	**20**	16	**20**	16
CCGs	**174,080**	173,770	**185,585**	173,770
Department of Health and Social Care	**1,954**	0	**1,954**	0
NHS Other	**83**	75	**83**	75
Non NHS:				
- Local Authorities	**131**	179	**131**	179
- Private Patients	**3**	1	**3**	1
- Overseas patients chargeable to patient	**84**	59	**84**	59
- NHS Injury Scheme*	**1,071**	930	**1,071**	930
- Other	**50**	75	**25**	55
	192,736	179,904	**192,711**	179,884

*NHS injury scheme income is subject to a provision for doubtful debts of 21.89% (2017/18 22.84%) to reflect expected rates of collection.

3.2 Analysis of income from activities	**2018/19 Group £000**	2017/18 Group £000	**2018/19 Trust £000**	2017/18 Trust £000
Inpatient - elective	**26,249**	27,682	**26,249**	27,682
Inpatient - non elective	**65,451**	59,038	**65,451**	59,038
Outpatient income	**13,163**	12,133	**13,163**	12,133
Other activity income	**44,025**	40,346	**44,025**	40,346
Follow up outpatient income	**18,290**	17,895	**18,290**	17,895
A & E income	**11,956**	10,729	**11,956**	10,729
High cost drugs income from commissioners	**10,303**	10,856	**10,303**	10,856
Private Patient Income	**88**	60	**88**	60
Agenda For Change pay award central funding	**1,953**	0	**1,953**	0
Total income	**191,478**	178,739	**191,478**	178,739
Other clinical income	**1,258**	1,165	**1,233**	1,145
Income from activities	**192,736**	179,904	**192,711**	179,884

Income from Commissioner Requested Services CRS and Income from non- Commissioner Requested Services (non-CRS)

Commissioner Requested Services CRS	**189,163**	178,468	**189,163**	178,468
non- Commissioner Requested Services (non-CRS)	**38,167**	29,506	**38,877**	30,279
TOTAL/comparative	**227,330**	207,974	**228,040**	208,747

4. Other Operating Income

	Group 2018/19	Group 2017/18	Trust 2018/19	Trust 2017/18
	£000	£000	£000	£000
Research and Development	412	538	412	538
Education and Training	7,272	6,330	7,272	6,330
Received from NHS Charities- grant for capital acquisitions	15	563	15	563
Other contributions to expenditure - received from other bodies	32	31	32	31
Non-patient care services to other bodies	0	182	0	182
Provider sustainability fund / Sustainability and transformation fund income	14,633	9,073	14,633	9073
Other income*	11,720	11,148	12,965	12,146
NHS Charitable Funds - Income	510	205	0	0
	34,594	28,070	35,329	28,863

* Further details of 'other income' are as follows:

Car parking	1,458	1,349	1,459	1,349
Estates recharges	734	3,139	313	692
IT recharges	290	1,010	299	1,010
Dispensing charges	0	4,820	0	0
Pharmacy sales	54	53	9	9
Clinical excellence awards	108	0	108	0
Property rentals	27	0	0	0
Elimination of 'other income' on consolidation of charitable funds	(243)	(701)	0	0
Miscellaneous items	9,292	1,478	10,777	9,086
	11,720	11,148	12,965	12,146

Revenue recognised in the reporting period that was previously included in the contract liability balance (i.e. release of deferred IFRS 15 income) for the year ended 31 March 2019 was £52,000.

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

5. Operating expenses

	Group	Group	**Trust**	Trust
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Purchase of healthcare from NHS and DHSC bodies	**2,922**	2,652	**9,891**	5,227
Purchase of healthcare from non NHS and non DHSC bodies	**5,059**	5,071	**3,951**	6,315
Non Executive Directors' costs **Note 1**	**134**	127	**134**	127
Staff and executive directors costs **Note 1**	**154,369**	137,575	**147,323**	135,096
Drugs costs	**15,831**	15,818	**16,136**	16,118
Supplies and services - clinical (excluding drugs costs)	**16,003**	18,106	**16,256**	17,729
Supplies and services - general	**5,101**	6,146	**5,621**	6,296
Establishment	**3,278**	2,966	**3,138**	2,929
Research and Development	**42**	53	**42**	53
Premises - business rates payable to local authorities	**852**	826	**852**	826
Premises	**4,501**	6,526	**6,262**	5,516
Increase in other provisions	**35**	183	**35**	183
Change in provisions discount rate	**0**	24	**0**	24
Rentals under operating leases Plant and Machinery	**101**	115	**4**	18
Movement in credit loss allowance: contract receivables/ assets	**11**	**0**	**11**	0
Movement in credit loss allowance: all other receivables & investments	**21**	0	**21**	0
Increase/(decrease) in bad debt provision	**0**	12	**0**	12
Impairments net of (reversals)	**2,488**	0	**2,488**	0
Depreciation on property, plant and equipment	**3,884**	3,856	**3,814**	3,809
Amortisation on intangible assets	**1,042**	781	**1,025**	749
Audit services - statutory audit **Note 2.1**	**64**	57	**49**	51
Audit fees for Charitable Funds	**3**	3	**0**	0
Other auditor's remuneration - further assurance services **Note 2.2**	**6**	8	**6**	8
Clinical negligence	**12,729**	11,549	**12,729**	11,549
Legal Fees	**418**	400	**67**	(3)
Consultancy Costs	**507**	373	**434**	232
Internal audit costs	**79**	97	**79**	97
Car parking and security	**404**	354	**428**	360
Redundancy	**0**	182	**0**	182
Hospitality	**0**	(1)	**0**	(1)
Losses, ex gratia and special payments	**92**	(138)	**92**	(142)
Other	**462**	401	**508**	425
	230,438	214,122	**231,396**	213,785

Note 1 - As required by the Companies Act 2006, further disclosures of Directors' remuneration and other benefits are detailed in note 24 (page 36) to these accounts and further details available in the remuneration report of the Annual Report for the Trust.

Note 2.1 - Auditors' remuneration

The Board of Governors appointed Grant Thornton as external auditors following a full tender process on 1 July 2016 for the financial year commencing 1 April 2016 onwards.
The audit fee for the trust statutory audit including quality accounts review was £55,080 (2017/18 £58,920) including VAT.
This was the fee for an audit in accordance with the Code of Audit Practice as issued by the National Audit Office. The audit fee for the subsidiary organisation, Barnsley Facilities Services Limited was £15,000 exclusive of VAT (2017/18 - £ 5,950 exclusive of VAT). The audit fee for Barnsley Hospital Charity was £3,120 inclusive of VAT (2017/18 - £3,120 inclusive of VAT).

Note 2.2 - Other auditors' remuneration - further assurance services	**Group**	Group	**Trust**	Trust
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Quality accounts review costs	**6**	8	**6**	8
	6	8	**6**	8

The quality accounts review costs are inclusive of VAT.

5. Operating expenses (continued)

5.1 Operating leases

Operating expenses include: GROUP

Payments recognised as an expense	Group 2018/19 £000	Group 2017/18 £000	Trust 2018/19 £000	Trust 2017/18 £000
Minimum lease payments	**101**	115	**4**	18

Total future minimum lease payments:

Total future minimum lease payments	Group 2018/19 £000	Group 2017/18 £000	Trust 2018/19 £000	Trust 2017/18 £000
No later than one year.	**118**	114	**0**	0
Later than one year and no later than five years.	**385**	469	**0**	0
Later than five years.	**91**	91	**0**	0
	594	674	**0**	0

Operating leases are inclusive of leases for digital detectors, mammography lease agreements, GE Gamma Cameras, mobile optical clinics and a car

6.1 Staff costs

	Group	
	Total 2018/19 £000	Total 2017/18 £000
Salaries and wages	**122,955**	109,895
Social Security Costs	**10,478**	9,527
Apprenticeship levy	**546**	503
Employer contributions to NHSPA	**12,954**	12,022
Pension Cost NEST	**34**	8
Agency/Contract Staff	**7,402**	6,141
Totals	**154,369**	138,096

Director and staff costs charged to operating expenses are disclosed in note 5 (page 20).

	Trust	
	Total 2018/19 £000	Total 2017/18 £000
Salaries and wages	**116,918**	107,857
Social Security Costs	**10,009**	9,353
Apprenticeship levy	**517**	503
Employer contributions to NHSPA	**12,460**	11,780
Pension Cost NEST	**17**	8
Agency/Contract Staff	**7,402**	6,116
Totals	**147,323**	135,617

Within Medical and Dental staff numbers are 78.91 whole time equivalents (WTE) recharges from other NHS Trusts at a cost of £5,914,000 (73.89 WTE at a cost of £5,625,000 in 2017/18) which are not processed on the Trust's payroll but which appear in the total staff costs for the Trust.

6. Staff costs and numbers (continued)

6.2 Retirements due to ill-health

During the year there was 1 early retirement (1 in 2017/18) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of this ill-health retirement is £95,293 (£12,285 in 2017/18). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

7. Limitation on auditors' liability

The limitation on the auditors' liability with regards to the audit of the financial statements, as per the engagement letter is £2,000,000 (2017/18 - £2,000,000).

8. Finance expense

	Group	Group	**Trust**	Trust
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Capital loans from the Department of Health and Social Care	**(1)**	(36)	**(1)**	(36)
Revenue Support loans from the Department of Health and Social Care	**(955)**	(761)	**(955)**	(761)
Finance Leases - inter group	**0**	0	**(1,139)**	(693)
Interest other	**0**	(1)	**0**	(1)
	(956)	(798)	**(2,095)**	(1,491)

9 Corporation tax (credit)/charge

Group	Group 2018/19 £000	Group 2017/18 £000
(There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax)		
Analysis of charge/(credit) during the year		
Current tax charge/(credit) for the year		
United Kingdom corporation tax	**175**	26
Adjustment in respect of previous periods	**12**	0
Total current tax	**187**	26
Deferred tax		
Current year	**32**	2
Adjustment in respect of previous periods	**(11)**	0
Effects of changes in tax rates	**(3)**	0
Total deferred tax	**18**	2
Total per consolidated statement of comprehensive income	**205**	28

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:

	2018/19 £000	2017/18 £000
(Deficit) for the year from continuing activities.	**(3,981)**	(6,195)
Effective tax charge percentage	**19.00%**	19.00%
Tax if effective tax rate charged on surpluses before tax	**(756)**	(1,177)
Effects of		
Surpluses not subject to tax	**961**	1,205
Tax charge for the year	**205**	28

The current and prior year tax charge/(credit) relates to the subsidiary Barnsley Facilities Services Limited.

10. Intangible assets

GROUP 2018/19 (Trust figures not disclosed as no material difference)

2018/19:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2018	9,026	469	9,495
Additions purchased	594	0	594
Reclassifications	469	(469)	0
Gross cost at 31 March 2019	**10,089**	**0**	**10,089**
Accumulated Amortisation at 1 April 2018	6,302	0	6,302
Provided during the year	1,042	0	1,042
Accumulated amortisation at 31 March 2019	**7,344**	**0**	**7,344**
Net book value			
- Total at 1 April 2018	**2,724**	**469**	**3,193**
- Total at 31 March 2019	**2,745**	**0**	**2,745**

Prior year 2017/18:	Software Licences £000	Assets under Construction £000	Total £000
Gross cost at 1 April 2017	8,000	452	8,452
Additions purchased	1,280	17	1,297
Disposals	(254)	0	(254)
Gross cost at 31 March 2018	**9,026**	**469**	**9,495**
Accumulated amortisation at 1 April 2017	5,757	0	5,757
Provided during the year	781	0	781
Disposals	(236)	0	(236)
Accumulated amortisation at 31 March 2018	**6,302**	**0**	**6,302**
Net book value			
- Total at 1 April 2017	**2,243**	**452**	**2,695**
- Total at 31 March 2018	**2,724**	**469**	**3,193**

11. Property, plant and equipment

11.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

GROUP 2018/19 (All detailed Trust figures not disclosed as no material difference)

	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	3,515	58,440	319	8,424	7,958	609	79,265
Additions - purchased	0	5,106	127	910	733	93	6,969
Additions purchased from cash donations/grants	0	0	0	15	0	0	15
Impairments charged to operating expenses **Note 1**	0	(2,488)	0	0	0	0	(2,488)
Impairments charged to the revaluation reserve **Note 1**	0	(64)	0	0	0	0	(64)
Revaluation **Note 1**	0	(1,475)	0	0	0	0	(1,475)
Reclassifications	0	0	(446)	0	446	0	0
At 31 March 2019	**3,515**	**59,519**	**0**	**9,349**	**9,137**	**702**	**82,222**
Accumulated depreciation at 1 April 2018	0	164	0	916	5,888	556	7,524
Provided during the year	0	1,478	0	1,628	764	14	3,884
Revaluation **Note 1**	0	(1,475)	0	0	0	0	(1,475)
Accumulated depreciation at 31 March 2019	**0**	**167**	**0**	**2,544**	**6,652**	**570**	**9,933**
Net book value							
- Purchased at 1 April 2018	3,500	57,776	319	7,105	2,070	53	70,823
- Government Granted as at 1 April 2018	0	0	0	85	0	0	85
- Donated at 1 April 2018	15	500	0	318	0	0	833
Revised Total at 1 April 2018	**3,515**	**58,276**	**319**	**7,508**	**2,070**	**53**	**71,741**
- Purchased at 31 March 2019	3,500	58,942	0	6,472	2,485	132	71,531
- Government Granted as at 31 March 2019	0	0	0	66	0	0	66
- Donated at 31 March 2019	15	410	0	267	0	0	692
Total at 31 March 2019	**3,515**	**59,352**	**0**	**6,805**	**2,485**	**132**	**72,289**

Note 1

The Trust agreed that a full revaluation of the Land and Buildings was required at the time its subsidiary Barnsley Facilities Services Limited was set up on 1 September 2017. This reduced the valuation by £11,800,000 due to using values net of Value Added Tax. The Trust agreed to have a formal desk top revaluation at 31 March 2018. This increased the value by £3,200,000. A further formal desk top revaluation was completed at 31 March 2019. This decreased the value by £2,552,000. Valuations are carried out by Cushman and Wakefield, professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Of the totals at 31 March 2019 there were no assets valued at open market value (as at 31st March 2018 - none).

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

There were no assets for on statement of financial position PFI contracts as at 31 March 2019 (as at 31 March 2018 - none).

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2019 was £32,223,751 these were land and building hospital facilities (as at 31 March 2018 - £34,227,522)

11. Property, plant and equipment (continued)

11.2 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)
2017/18:

	Land	Buildings and Dwellings	Assets under construction and payments on account	Plant and Machinery	Information Technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	3,515	64,704	234	28,950	7,664	609	105,676
Additions - purchased	0	3,318	94	8,192	311	0	11,915
Additions purchased from cash donations/grants	0	500	0	63	0	0	563
Reclassifications	0	0	(9)	9	0	0	0
Revaluation **Note 1**	0	(10,082)	0	0	0	0	(10,082)
Disposals	0	0	0	(28,790)	(17)	0	(28,807)
At 31 March 2018	**3,515**	**58,440**	**319**	**8,424**	**7,958**	**609**	**79,265**
Accumulated depreciation at 1 April 2017	0	178	0	22,248	5,126	543	28,095
Provided during the year	0	1,440	0	1,624	779	13	3,856
Revaluation **Note 1**	0	(1,454)	0	0	0	0	(1,454)
Disposals	0	0	0	(22,956)	(17)	0	(22,973)
Accumulated depreciation at 31 March 2018	**0**	**164**	**0**	**916**	**5,888**	**556**	**7,524**
Net book value							
- Purchased at 1 April 2017	3,500	64,526	234	6,408	2,538	66	77,272
- Government Granted as at 1 April 2017	0	0	0	14	0	0	14
- Donated at 1 April 2017	15	0	0	280	0	0	295
Revised Total at 1 April 2017	**3,515**	**64,526**	**234**	**6,702**	**2,538**	**66**	**77,581**
- Purchased at 31 March 2018	3,500	57,776	319	7,105	2,070	53	70,823
- Government Granted as at 31 March 2018	0	0	0	85	0	0	85
- Donated at 31 March 2018	15	500	0	318	0	0	833
Total at 31 March 2018	**3,515**	**58,276**	**319**	**7,508**	**2,070**	**53**	**71,741**

Note 1

The Trust agreed that a full revaluation of the Land and Buildings was required at the time its subsidiary Barnsley Facilities Services Limited was set up on 1 September 2017. This reduced the valuation by £11,800,000 due to using values net of Value Added Tax. The Trust agreed to have a formal desk top revaluation at 31 March 2018. This increased the value by £3,200,000.

Of the totals at 31 March 2018 there were no assets valued at open market value.

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

There were no assets for on statement of financial position PFI contracts as at 31 March 2018.

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2018 was £34,227,522 these were land and building hospital facilities.

12. Investments in subsidiaries

The trust is the Corporate Trustee for the NHS Charity, Barnsley Hospital Charity, registered charity number 1058037 refer note 1.1 (Page 6).

As at 31 March 2019 and 31 March 2018 the parent holds 12,349,564 Ordinary shares of £1 each in Barnsley Facilities Services Limited.

This represents a 100% direct ownership and voting rights in Barnsley Facilities Services Limited, which is incorporated in England and Wales.

The principal activity of this subsidiary company is to provide support services for the parent.

Extracts from the subsidiaries are as follows:

(i) From Charitable Funds

Statement of Financial Activities

	2018/19			2017/18		
	Charitable Fund accounts	Consolidation adjustments	Charitable Fund numbers for consolidation	Charitable Fund accounts	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	£000s	£000s	£000s	£000s	£000s
Incoming Resources: excluding investment income	510	0	510	205	0	205
- with Barnsley Hospital NHS Foundation Trust	(243)	243	0	(701)	701	0
- audit fee (payable to the external auditor)	(3)	0	(3)	(3)	0	(3)
Total operating expenditure	(246)	243	(3)	(704)	701	(3)
Incoming Resources: investment income	8	0	8	6	0	6
Net (outgoing) / incoming resources before other recognised gains and losses	272	243	515	(493)	701	208
Fair value movements on investment properties and other investments	6	0	6	2	0	2
Net movement in funds	278	243	521	(491)	701	210

(ii) Balance Sheet

	31 March 2019			31 March 2018		
	Charitable Fund accounts	Consolidation adjustments	Charitable Fund numbers for consolidation	Charitable Fund accounts	Consolidation adjustments	Charitable Fund numbers for consolidation
	£000s	£000s	£000s	£000s	£000s	£000s
Non-current assets						
Other Investments	290	0	290	285	0	285
Total non-current assets	290	0	290	285	0	285
Current assets						
Trade and other receivables	5	13	18	15	(5)	10
Cash and cash equivalents	459	0	459	671	0	671
Total current assets	464	13	477	686	(5)	681
Current liabilities						
Trade and other payables	165	(13)	152	660	(580)	80
Total current liabilities	165	(13)	152	660	(580)	80
Creditors: amounts falling due after more than 1 year	0	0	0	0	0	0
Net assets	589	26	615	311	575	886
Funds of the charity						
Restricted funds:	279	0	279	74	0	74
Unrestricted income funds	310	0	310	237	0	237
Total Charitable Funds	589	0	589	311	0	311

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

12. Investments in subsidiaries (continued)

Extracts from the subsidiaries are as follows (continued)

(iii) Barnsley Facilities Services Limited

Summarised Balance Sheet	**31 March 2019**	31 March 2018
	£000	£000
Current Assets	**42,200**	43,870
Current Liabilities	**(7,423)**	(9,547)
Total Current Net Assets	**34,777**	34,323
Non- current assets	**391**	297
Non- current liabilities	**0**	0
Total Non-Current Net Assets	**391**	297
Provision for liabilities	**(21)**	(3)
Creditors:amounts due after more than 1 year	**(21,883)**	(22,274)
Net Assets	**13,264**	12,342
Gross assets	**42,591**	44,167

Summarised Profit and Loss Account	**2018/19**	2017/18
	£000	£000
Revenue	**36,871**	20,959
Expenses	**(36,097)**	(20,782)
Interest receivable	**1,139**	366
Interest payable and similar charges	**(787)**	(461)
Corporation Tax	**(205)**	(28)
Post tax profit from continuing operations	**921**	54
Total comprehensive income	**921**	54

The amounts presented above are the amounts before intercompany transactions.

Investments in Subsidiary Undertakings	**31 March 2019**	31 March 2018
	£000	£000
Shares in subsidiary undertakings	**12,350**	12,350
Loans to subsidiary undertakings > 1 year	**21,883**	22,274
	34,233	34,624
Loans to subsidiary undertakings < 1 year	**637**	615
	34,870	35,239

The principal activity of Barnsley Facilities Services Limited is to provide estate management and facilities services.

13. Inventories

	GROUP	GROUP	**TRUST**	TRUST
	31 March 2019	31 March 2018	**31 March 2019**	31 March 2018
	£000	£000	**£000**	£000
Raw materials and consumables	**3,568**	3,398	**1,737**	1,576
TOTAL	**3,568**	3,398	**1,737**	1,576

14. Trade and other receivables

	GROUP 31 March 2019	Financial assets	Non Financial assets	GROUP 31 March 2018	Financial assets	Non Financial assets
	£000			£000		
Current assets - Group						
Contract receivables : invoiced *	9,543	9,543	0	0	0	0
Contract receivables : not yet invoiced / non-invoiced *	5,444	5,444	0	0	0	0
Contract assets *	845	845	0	0	0	0
Trade receivables *	0	0	0	7,747	7,747	0
Accrued income *	0	0	0	4,340	4,340	0
Prepayments	907	0	907	837	0	837
PDC Dividend Receivable	85	0	85	415	0	415
Value Added Tax receivable	2,626	0	2,626	852	0	852
Other receivables	1,266	1,266	0	5,094	4,032	1,062
NHS Charitable Funds - trade and other	5	0	5	10	0	10
Allowance for impaired contract receivables/assets *	(435)	(435)	0	0	0	0
Allowance for impaired other receivables	(21)	(21)	0	(424)	(21)	(403)
TOTAL current trade and other receivables	20,265	16,642	3,623	18,871	16,098	2,773
Current assets - Trust						
Contract receivables : invoiced *	9,507	9,507	0	0	0	0
Contract receivables : not yet invoiced / non-invoiced *	5,444	5,444	0	0	0	0
Contract assets *	845	845	0	0	0	0
Trade receivables *	0	0	0	7,993	7,993	0
Accrued income *	0	0	0	4,340	4,340	0
Receivable due from subsidiary	0	0	0	764	764	0
Prepayments	453	0	453	560	0	560
PDC Dividend Receivable	85	0	85	415	0	415
Value Added Tax receivable	1,647	0	1,647	2,118	0	2,118
Other receivables	1,139	1,139	0	2,403	1,341	1,062
NHS Charitable Funds - trade and other	13	13	0	580	580	0
Loan repayments from Barnsley Facilities Services Ltd (note 12)	637	637	0	615	615	0
Allowance for impaired contract receivables/assets *	(435)	(435)	0	0	0	0
Allowance for impaired other receivables	(21)	(21)	0	(424)	(21)	(403)
TOTAL current trade and other receivables	19,314	17,129	2,185	19,364	15,612	3,752
Non - current Group						
Contract assets *	1,142	1,142	0	0	0	0
Other receivables	0	0	0	1,062	0	1,062
Total non current trade and other receivables	1,142	1,142	0	1,062	0	1,062
Non - current Trust						
Contract assets *	1,142	1,142	0	0	0	0
Other receivables	0	0	0	1,062	0	1,062
Non current trade and other receivables (excluding loans)	1,142	1,142	0	1,062	0	1,062
Loan repayments from Barnsley Facilities Services Ltd (note 12)	21,883	21,883	0	22,274	22,274	0
Total Non Current Trade and Other Receivables	23,025	23,025	0	23,336	22,274	1,062

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

15. Cash and cash equivalents

	GROUP	GROUP	**TRUST**	TRUST
	31 March 2019	31 March 2018	**31 March 2019**	31 March 2018
	£000	£000	**£000**	£000
At 1 April	**5,930**	4,516	**3,632**	3,891
Net change in year	**3,618**	1,414	**5,100**	(259)
Cash and cash equivalents as in statement of financial position	**9,548**	5,930	**8,732**	3,632

The Trust and Group cash balances are held with Natwest and Lloyds Banking Group. These are considered low risk institutions.

16. Trade and other payables

Group Current	Total 31 March 2019	Financial liabilities	Financial liabilities Charity	Non Financial liabilities	Total 31 March 2018	Financial liabilities	Financial liabilities Charity	Non Financial liabilities
	£000	£000	£000	£000	£000	£000	£000	£000
Trade payables	4,042	4,042	0	0	4,333	4,333	0	0
Trade payables - capital	3,711	3,711	0	0	2,391	2,391	0	0
Social security costs	3,025	0	0	3,025	2,852	0	0	2,852
Value Added Tax payable	1,193	0	0	1,193	0	0	0	0
Corporation tax payable	195	0	0	195	28	0	0	28
Other payables	6,156	6,156	0	0	9,700	9,700	0	0
NHS Charitable Funds	152	0	0	152	80	0	80	0
Accruals	8,421	8,421	0	0	9,551	9,551	0	0
Total current trade and other payables	26,894	22,329	0	4,565	28,935	25,975	80	2,880

Trust Current	Total 31 March 2019	Financial liabilities	Financial liabilities Charity	Non Financial liabilities	Total 31 March 2018	Financial liabilities	Financial liabilities Charity	Non Financial liabilities
	£000	£000	£000	£000	£000	£000		£000
NHS payables	3,946	3,946	0	0	3,820	3,820	0	0
Amount due to subsidiary company	6,478	6,478	0	0	4,981	4,981	0	0
Trade payables - capital	2,454	2,454	0	0	2,358	2,358	0	0
Social security costs	3,025	0	0	3,025	2,761	0	0	2,761
Value Added Tax payable	97	0	0	97	0	0	0	0
Other payables	5,959	5,959	0	0	4,797	4,797	0	0
NHS Charitable Funds	0	0	0	0	5	5	0	0
Accruals	4,415	4,415	0	0	6,952	6,952	0	0
Total current trade and other payables	26,374	23,252	0	3,122	25,674	22,913	0	2,761

17. Borrowings

	Group	Group
	31 March 2019	31 March 2018
	£000	£000
Current liabilities		
Capital loans from Department of Health and Social Care **Note 1**	**181**	180
Revenue support / working capital loans	**45,572**	8,400
Total Other Current Liabilities	**45,753**	8,580
Non-current liabilities		
Capital loans from Department of Health and Social Care **Note 1**	**1,805**	1,985
Working capital loans from Department of Health and Social Care **Note 2**	**23,065**	48,788
Total Other Non-current Liabilities	**24,870**	50,773

	Trust	Trust
	31 March 2019	31 March 2018
	£000	£000
Current liabilities		
Capital loans from Department of Health and Social Care **Note 1**	**181**	180
Revenue support / working capital loans	**45,572**	8,400
Obligations under Finance Leases	**2,078**	2,008
Total Other Current Liabilities	**47,831**	10,588
Non-current liabilities		
Capital loans from Department of Health and Social Care **Note 1**	**1,805**	1,985
Working capital loans from Department of Health and Social Care **Note 2**	**23,065**	48,788
Obligations under Finance Leases	**29,900**	31,973
Total Other Non-current Liabilities	**54,770**	82,746

Note 1
An Interim Capital Support Loan from the Secretary of State for Health which is a capital loan repayable by equal instalments of principal. Interest rate is at 1.57% and interest is payable every 6 months. The total facility and principal of this loan for £2,706,000 was drawn on 23 March 2015 the repayments are every 6 months until 18 March 2030.

Note 2
(i) An Interim Revenue Support Loan from the Secretary of State for Health which is an extendable maturity loan provided pending the development of recovery plan. Interest rate is at 1.5% and interest is payable every 6 months. The total facility and principal of this maturity loan for £18,509,000 was drawn on 23 March 2015 and is due to be repaid in full on 18 March 2020.
(ii) An Interim Revenue Support Loan for £8,400,000 from the Secretary of State for Health. Interest rate is 1.5% and interest is payable every 6 months the principal of £8,400,000 was due to be repaid on 19 November 2018. In year the Department of Health and Social Security have extended the repayment term subject to various conditions until 19 November 2019.
(iii) As at 31.3.16 there was an Interim Revolving Working Capital Facility for £4,800,000 from the Secretary of State for Health with interest rate of 3.5% and interest payable every 6 months with the principal due to be repaid 14 April 2020. A further £12,367,000 was drawn on this facility to 30 January 2017 at which date the total principal of £17,167,000 was repaid and a single currency interim revenue facility for £17,167.000 was entered into with a final repayment date of the principal of 18 January 2020 and for which interest is payable every 6 months at the rate of 1.5%. In 2017/18 and 2018/19 further draw downs were made on this loan.
(iv) An Interim Revenue Support Facility Agreement for £1,300,000 from the Secretary of State for Health. Interest rate is 1.5% and interest is payable every 6 months the principal of £1,300,000 is due to be repaid on 18 November 2019.

The Trust Finance Leases have been accounted for in accordance with the DH GAM.

The £31,978,000 obligation under finance leases in the Trust arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration if the lease terms and the risks and rewards of the arrangement.

Reconciliation of liabilities arising from financing activities 2018/19	**31 March 2019**
	£000
Carrying value at 1 April 2018 - brought forward	**59,353**
For Department of Health and Social Care loans	0
Impact of applying IFRS 9 as at 1 April 2018	152
Cash movements:	
Financing cash flows - principal	11,073
Financing cash flows - interest (for liabilities measured at amortised cost)	(911)
Application of effective interest rate (interest charge arising in year)	956
Closing value as at 31 March 2019	**70,623**

17.1 Finance Lease Obligations - Trust

	31 March 2019	31 March 2018
	£000	£000
Gross Lease Liabilities	31,978	33,981
Of which liabilities are due :		
- Not later than one year	3,147	3,147
- Later than one year and not later than five years	10,299	11,744
- Later than five years	31,343	33,041
Finance charges allocated to future periods	(12,811)	(13,951)
Net Lease Liabilities	31,978	33,981
- Not later than one year	2,078	2,008
- Later than one year and not later than five years	6,716	7,907
- Later than five years	23,184	24,066
	31,978	33,981

18. Provisions

Provisions do not include £105,425,627 (£89,640,462 in 2017/18) included in the accounts of NHS Resolution as at 31 March 2019 in respect of clinical negligence liabilities of the Trust.

It is not expected that any of these amounts will be reimbursed.

19. Revaluation Reserve

GROUP AND TRUST	Total Revaluation Reserve	Revaluation Reserve Intangibles	Revaluation Reserve Property Plant and Equipment
2018/19	£000	£000	£000
Revaluation reserve at 1 April 2018	2,268	120	2,148
Transfer to I and E reserve upon asset disposal	(64)	0	(64)
Revaluation reserve at 31 March 2019	2,204	120	2,084
Prior year : 2017/18			
Revaluation reserve at 1 April 2017	10,989	123	10,866
Transfer to I and E reserve upon asset disposal	(93)	(3)	(90)
Revaluation and impairments property, plant and equipment	(8,628)	0	(8,628)
Revaluation reserve at 31 March 2018	2,268	120	2,148

20. Commitments

(i) Contractual Capital Commitments

	GROUP 31 March 2019	GROUP 31 March 2018	TRUST 31 March 2019	TRUST 31 March 2018
	£000	£000	£000	£000
Property, plant and equipment	1,608	2,143	1,483	111
Intangible assets	2,175	2,300	0	2,300
	3,783	4,443	1,483	2,411

The most significant commitments for the Group were property plant and equipment works for the Theatres 5-8 AHU Replacement £1,157,000 and intangible works for the ICT system for £2,149,000.

(ii) Other Financial Commitments

The Trust is committed to making payments under non-cancellable executory contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2019 as follows, analysed by the period during which the payment is made:

GROUP	31 March 2019	31 March 2018
	£000	£000
not later than 1 year	7,231	3,439
after 1 year and not later than 5 years	12,993	9,023
paid thereafter	2,821	0
	23,045	12,462

TRUST	31 March 2019	31 March 2018
	£000	£000
not later than 1 year	4,521	885
after 1 year and not later than 5 years	3,388	2,221
paid thereafter	521	0
	8,430	3,106

21. Events after the reporting date

There have been no events after the reporting period.

22. Contingent Liabilities

	31 March 2019	31 March 2018
	£000	£000
NHS Resolution legal claims **Note 1**	(62)	(75)
Net value of contingent liability	(62)	(75)

Note 1 Contingent liabilities represent excess payments not provided for on legal cases been dealt with by NHS Resolution, 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.

23. Related Party Transactions

Barnsley Hospital NHS Foundation Trust (The Trust) is a public benefit corporation which was established by the granting of authorisation by the Independent Regulator for NHS Foundation Trusts, Monitor. The Department of Health and Social Care is the parent department of the Trust

Government Departments and their agencies are considered by HM Treasury as being related parties. During the year the Trust has had a significant number of material transactions with other NHS bodies. Examples of such bodies are those which commission the services of the Trust, the most significant of these is Barnsley CCG.

In addition, the Trust has had a significant number of material transactions in the ordinary course of its business with other Government Departments and other central and local Government bodies. Most of those transactions have been with her Majesty's Revenue and Customs in respect of deduction and payment of PAYE, and Barnsley Metropolitan Borough Council in respect of payment of rates.

During the year, none of the Board Members, members of the key management staff or parties related to them have undertaken any material transactions with the Trust.

Barnsley Hospital NHS Foundation Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the Board. The audited accounts of the Funds Held on Trust will be made separately.

Transactions between the subsidiary members of the Group are not required to be disclosed as these transactions are fully eliminated on consolidation.

24. Related Party Transactions (continued)

The Trust considers its key management personnel to be the same as the Senior Managers who are defined as the Executive and Non- Executive Directors of the Trust.

The total of key management personnel compensation is as follows:

	2018/19 £000	2017/18 £000
Short-term employee benefits: directors remuneration		
- Executive Directors	**946**	974
- Non Executive Directors	**134**	127
	1,080	1,101
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive Directors	**85**	122
Aggregate of remuneration and other benefits receivable by the directors	**1,165**	1,223
	Number	**Number**
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive Directors)	**6**	6

25. Financial Instruments

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities. Investments made by the Charity are not deemed to be high risk.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally with the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors. Cash is held in banks that are deemed to be low risk organisations.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit Risk

Exposure to risk -The majority of the Trust's income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non-NHS customers form only a small proportion of total income and the majority of those customers are organisations that are unlikely to cease trading in the short term or default on payments (e.g. councils, universities, etc.).

Managing risk -To manage credit risk, the Trust has documented debt collection procedures that ensures its finance staff are adequately trained and resourced. Potential payment defaulters are identified at an early stage and appropriate action is taken on a timely basis.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds according to 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.

26. Financial Instruments

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Financial Assets by category	GROUP 31 March 2019	GROUP 31 March 2018	TRUST 31 March 2019	TRUST 31 March 2018
	£000	£000	£000	£000
Receivables	17,784	16,098	40,154	37,886
Cash and cash equivalents	9,089	5,259	8,732	3,632
NHS Charitable Funds - Financial assets	754	956	0	0
Total	27,627	22,313	48,886	41,518

Receivables comprise trade and other receivables less prepayments.

Financial assets are at amortised cost.

Financial liabilities by category				
DHSC Loans - **Note 1**	70,623	59,353	70,623	59,353
Obligations under finance leases	0	0	31,978	33,981
Payables **Note 2**	22,329	25,975	23,252	22,913
NHS Charitable Funds - Financial liabilities	152	80	0	0
Total	93,104	85,408	125,853	116,247

Book value/ carrying value is a reasonable approximation of fair value.

Financial liabilities are at amortised cost.

Note 1 - Effect of IFRS 9 as at 1 April 2018 is to increase this Financial liability for Group and Trust by £152,000

Note 2 - Effect of IFRS 9 as at 1 April 2018 is to decrease this Financial liability for Group and Trust by £152,000

Maturity of financial liabilities				
In one year or less	68,217	34,635	71,020	33,501
In more than one year but not more than two years	11,992	37,156	14,070	39,234
In more than two years but not more than five years	11,794	12,353	16,478	18,182
In more than five years	1,101	1,264	24,285	25,330
Total	93,104	85,408	125,853	116,247

27. Third Party Assets

The Trust held £Nil cash and cash equivalents at 31 March 2019 (£Nil as at 31 March 2018) which relates to monies by the Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the held accounts.

28. Losses and Special Payments

GROUP AND TRUST LOSSES:	2018/19 Total number of cases Number	2018/19 Total value of cases £000's	2017/18 Total number of cases Number	2017/18 Total value of cases £000's
1. Losses of cash due to:				
a. overpayment of salaries etc.	0	0	0	0
b. other causes	5	0	4	1
2. Bad debts and claims abandoned in relation to:				
a. other	391	228	389	225
3. Damage to buildings, property etc include store losses due to				
a. other	50	38	47	8
TOTAL LOSSES	446	266	440	234
SPECIAL PAYMENTS:				
4. Ex gratia payments in respect of:				
a. loss of personal effects	15	3	18	4
b. personal injury with advice	40	103	27	62
c. other	2	1	1	4
TOTAL SPECIAL PAYMENTS	57	107	46	70
TOTAL LOSSES AND SPECIAL PAYMENTS	503	373	486	304

29. Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

29. Pension Costs (continued)

National Employment Savings Trust - Defined contribution scheme

The default scheme is the NHS pension scheme, however some employees are not eligible to join and therefore to meet auto enrolment legislation an alternative pension scheme must be provided. The Company procured the defined contribution, National Employment Savings Trust ("NEST") as the alternative pension scheme. For further details refer www.nestpensions.org.uk.

Pension costs for defined contribution schemes are disclosed in Note 6.

30. Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £152,000 and trade payables correspondingly reduced.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £1,762,000.

31. Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).