Five Year Strategic Plan

Barnsley Hospital NHS Foundation Trust

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Statement of Purpose

The purpose of this Five Year Strategy is to set out what needs to be in place to enable us to achieve our four strategic aims which are the core drivers of our future sustainability:

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

Which are key in helping us achieve our vision:

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

In order to develop our strategy we have conducted rigorous analysis of our services to assess their viability on a quality, operational and financial level and identified what we need to sustain or change to achieve an organisation that is fit for the future.

The Five Year Strategy has been built around the needs of our patient population while at the same time identifying the changes required of healthcare for the future. It has also looked at the governance arrangements that need to be in place to ensure our success.

As a result of this extensive work, which has involved a significant number of stakeholders both within and external to the organisation, we commend this strategy as a robust platform upon which we will achieve our goals over the next five years and beyond.

Key Findings

In April 2014 the Trust commenced internal and external investigations into how the Trust's finances had been managed and submitted appropriate reports to Monitor.

Monitor formally opened its own investigations into the Trust's financial position, its performance against the four-hour wait target and into governance arrangements.

In May 2014, Monitor confirmed that the Trust was found to be in breach of its licence as a Foundation Trust and as such, requested a submission of a robust Two Year Turnaround Plan, detailing the actions the Trust will to take to turn its position around. As part of this process the Trust engaged the workforce in creating a business plan based upon four key aims:

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

These objectives are designed to help the Trust work toward its vision: To be the best integrated healthcare organisation of choice for our local communities and beyond. Delivery of the objectives is linked closely to the organisation's values:

- We treat people how we would like to be treated ourselves
- We work together to provide the best quality we can
- We focus on individual and diverse need

As part of the Trust's recovery, it was mandated to conduct a sustainability review and make a declaration of sustainability. A Service Sustainability Review was conducted, with the support of KPMG, structured around three key steps:

Sustainability analysis:

Each specialty was reviewed to understand risks to sustainability from three perspectives:

- **Clinical:** Is the specialty meeting Department of Health, NICE and Royal College guidance? Are clinical outcomes acceptable? Are national targets consistently met?
- **Operational:** Is the specialty able to recruit and retain staff to deliver services? Are services delivered efficiently and productively? Is there a clear demand for the service in the future?
- **Financial:** Is the specialty delivered profitably? Are there particular income streams at risk or areas of expenditure that are at risk of unsustainable growth?

Options development:

Identifying options for how individual services could be made sustainable and how this supported making the Trust sustainable as a whole. This was done in partnership with Clinical Business Unit leads, finance and the operational team.

We have learnt that we can be sustainable but this will only come through addressing the issues and working differently.

From a clinical and operational perspective, several services are not sustainable using current models of care. There are particular concerns with:

- Acute medicine
- Trauma and Orthopaedics
- Emergency Department
- Stroke
- Urology
- Obstetrics
- Paediatrics

A number of models have been developed to tackle these outlined issues with further models developed to support the Trust's overall sustainability.

In developing this Five Year Strategy the Trust has continually referenced the Five Year Forward View issued by the Department of Health and the more recent Dalton Review,

Factors impacting our plans from the Five Year Forward View

- New care models to pursue 'triple integration : "*the increasing integration of primary and specialist services, of physical and mental health services, and health and social care"*
- Pursuit of the 'triple integration' model through: "*personalisation, standardisation, anticipatory care and co-production, refracted through the push-pull of specialisation versus generalism, and scale effects versus digitisation and miniaturisation.* "
- The creation and in-reach of Multispecialty Community Providers into other settings such as home visits, care homes and community hospitals.

Factors impacting our plans from the Dalton Review

This work has been linked through to our Five Year Strategy and strategic options. The report identifies five themes:

1. One size does not fit all
2. Quicker transformational and transactional change is required
3. Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact
4. Overall sustainability for the provider sector is a priority
5. A dedicated implementation programme is needed to make change happen

About the Trust

Barnsley Hospital NHS Foundation Trust district general hospital, built in the 1970s and serving a population of approximately a quarter of a million people within the boundaries served by Barnsley Metropolitan Borough Council.

The Trust occupies a single site covering an area of approximately 8.2 hectares, with circa 380 beds and current annual income of £165 million.

The Trust's principal commissioner is Barnsley Clinical Commissioning Group which is responsible for commissioning health services for the population of Barnsley. During 2013/14, the Trust cared for 426,950 patients (418,712 in 2012/13), saw 216,771 clinic appointments (211,467 in 2012/13) and treated 79,681 patients in the Emergency Department (79,953 in 2012/13).

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

Significant investment has been made in the estate. In recent years the Trust has successfully completed an £8m development of the Imaging Department, a £1m refurbishment of the Acute Medical Unit, creation of the Barnsley Birthing Unit and £2m on the Emergency Department Clinical Decision Unit (CDU) and Resuscitation Unit.

Our 2,578 WTE employees (December 2014) are supported by a Health and Wellbeing strategy and team who look after the physical health and emotional wellbeing of staff as well as an extensive learning and development programme and a fully equipped Education Centre.

Operationally, there are six Clinical Business Units (CBUs). Each CBU is led by a team made up of a Clinical Director, a Head of Nursing and a General Manager, who are supported by a Matron and Service Manager together with HR, finance and data analyst teams.

We are proud of our quality performance (Dec 2014)

No 'Never Events' in last 12 months
No incidents of grade 4 pressure ulcers during 2013/14
Excellent performance meeting all targets for Cdiff and no MRSA bacteraemia for our 4th year running
No major outbreaks of gastroenteritis have been experienced
No bed days were lost to hospital acquired infection
Successfully launched quality strategy in April 2014
Care Quality Commission Band 4 Rating (top quartile of peer group)
Overall strong performance in HSMR to bring into peer group average, although weekend HSMR is currently under review to standardise with weekday performance
A programme of work is in place to improve performance against the Trust's dementia quality target.
Launched new "Raising Concerns" Policy; empowering staff to speak up whenever they have concerns that patient safety may be compromised or errors occur.

Our Vision, Aims and Strategic Objectives

The Trust's vision, values, aims and objectives were agreed as part of the business planning process for 2014/15 including a number of Board workshops and wider staff engagement sessions.

The vision, values, aims and objectives are the platform upon which we have built our strategy, and will guide our decision making and delivery of the associated plans.

The vision spells out the Trust's future for all stakeholders, one of working with others to be an integrated care organisation. This is built around the four Ps: Patients, People, Partnerships and Performance.

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

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

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

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

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

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

Our **Aims and Strategic Objectives** drive everything we do and are the focus of our strategy and business plan. We aligned key objectives to each of the four aims making them 'smart' specific, measurable, achievable, realistic and timely. Each has an executive owner, measures and a timeframe for delivery

Patients will experience safe care

- We will provide high quality care for patients
- We will deliver consistently safe care
- We will deliver consistently effective care
- We will deliver prioritised 7 day services

Partnership will be our strength

- We will be open and inclusive with our patients, our partners and the public
- We will be an effective partner on the Health and Well-being Board (HWB)
- We will be a key partner in the Working Together Programme (WT)

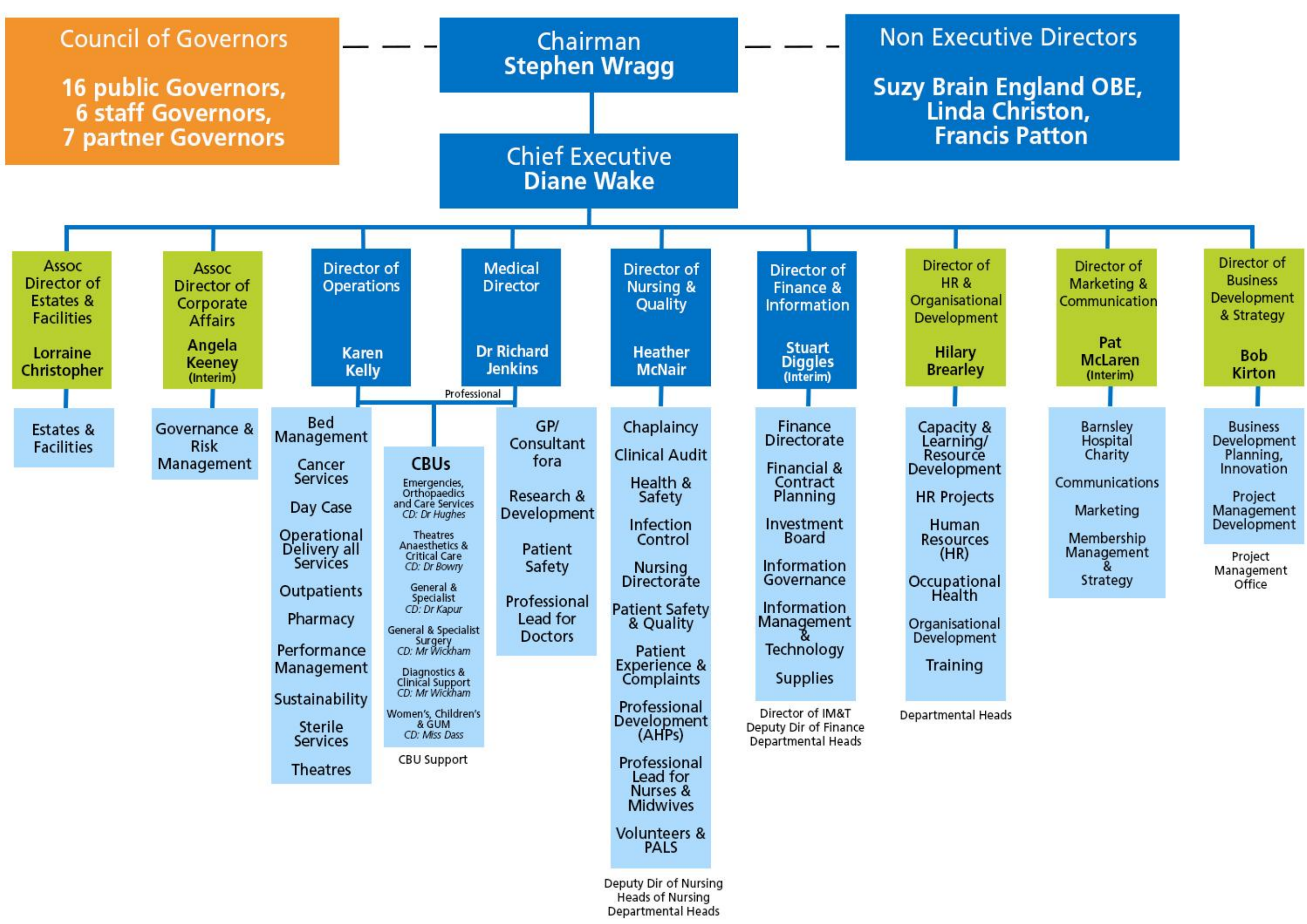
People will be proud to work for us

- We will fully implement a new CBU structure
- We will recruit, retain and develop a workforce with the right people, right skills at the right time so that our patients receive safe and compassionate care
- We will proactively improve the health and wellbeing of our employees, preventing ill health and enabling employees off sick to return to work sooner and to a safe environment
- We will create an engaged and motivated workforce

Performance Matters

- We will Improve our performance through the embedding of a new Trust performance framework
- We will deliver the full benefits of investment in technology including the launch of our Electronic Patient Record programme
- We will optimise the use of the estate
- We will secure the most cost effective goods and services
- We will work with our teams to develop agreed commercial partnerships and business proposals

How we are organised

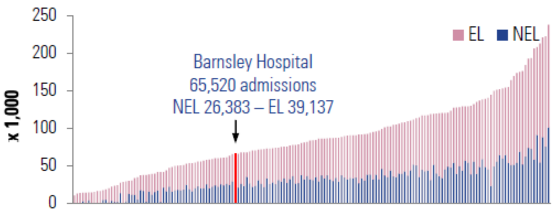


Our Activity

Barnsley Hospital NHS FT is a small acute hospital, serving over 250,000 people in South Yorkshire. We provide a full range of district hospital services including Emergency department services, outpatient clinics, inpatient services, and maternity and children's services, in the acute trust and in the community.

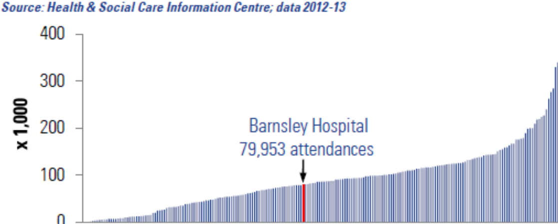
Elective (EL and non-elective (NEL) admissions per Trust

Source: Health & Social Care Information Centre; data 2012-13; based on Trusts > 10, 000 adms



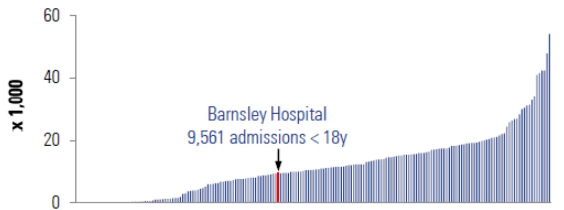
A&E attendances by Trust

Source: Health & Social Care Information Centre; data 2012-13



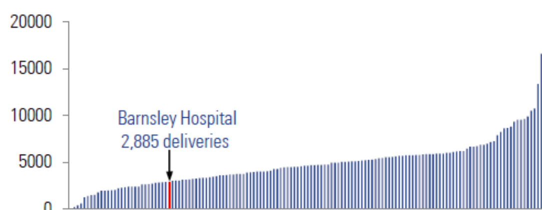
Paediatric spells

Source: Health & Social Care Information Centre; data 2012-13; selection of age bands below 18; based on Trusts > 100 adm.; spells <1day included



Maternity deliveries by Trust

Source: Health & Social Care Information Centre; data 2012-13; all episodes



SWOT Analysis

This analysis was undertaken by the Board and informs both the options appraisal and marketing strategy:

Strengths

- Local identity, pride and commitment to hospital by both staff and the Barnsley community
- Coterminous CCG, local authority and Trust boundaries
- CQC rating 4 (good rating compared with peer group)
- Successful track record of partnership working
- Development of A&E model of care and review of non-elective pathways is enabling of 4-hour access target to date
- Introduction of Electronic Patient Record System
- No 'Never Events' in last 12 months.
- No incidents of grade 4 pressure ulcers during 2013/14.
- Excellent performance meeting all targets for C-diff and no MRSA bacteraemia for our 4th year running.
- HSMR has reduced significantly to below expected target
- Size of organisation allows change at pace
- Estate footprint allows further development
- Close proximity to motorway network
- Excellent procurement
- Commitment to clinical leadership with introduction of new CBUs supports the development of new and innovative models

Weaknesses

- Opening financial deficit position for 2014/15 of £20million
- Collaborative working arrangements need to gather pace
- High levels of locum and agency usage due to chronic difficulties in recruitment of certain staff groups
- 18-week targets under pressure, historic issues with diagnostics
- Parts of culture very traditional
- Operational/system pressures following introduction of Electronic Patient Record System
- Weekend HSMR not consistent with weekday performance
- Some areas of estate not fit for purpose
- Organisation may be too small to impact some change
- Vision to provide integrated care but no community footprint
- Fledgling Clinical Commissioning Structure – only in second year of operation in current form
- Quality of financial data such as lack of service level reporting and patient level information and costing systems

Opportunities

- The Five Year Forward View model of healthcare delivery for the future
- The Dalton Report December 2014 prescribes more professional partnerships
- Expansion of collaborative working to attract skilled workforce and maintain local services
- Establishment of collaborative working arrangements for specialised or smaller specialty services
- Development of ambulatory care pathways
- Partnership working with community services, primary and social care to avoid unnecessary hospital admissions and attendances
- Development of advanced non-medical roles to address reduction in training posts and provide consistency of care
- Improving performance management through CBUs
- Better financial data from sustainability review, PLICs and SLR
- Better use of technology in clinical and no-clinical areas
- Expand marketing beyond traditional boundaries
- Tap into alternative external funding sources such as technology and learning and development schemes
- Expand beyond traditional acute services
- Increase outpatient procedures
- Theatres optimisation
- Ability to increase activity through Choose and Book

Threats

- Difficulty in recruitment and retention of skilled workforce for both medical and non-medical roles
- Reduction in national training posts impacting on capacity to maintain service delivery and medical rotas
- Commissioning agendas including centralisation and the need for 7 -Day working may put services at Barnsley at risk if standards, minimum volume and workforce requirements cannot be met
- NHS Contracting Guidance has implications for providers in terms of penalties
- Increasing demand for certain services related to demographic change and changes in clinical behaviour, driven by an aging population and availability of new diagnostics/treatments.
- Ability of other providers to offer more clinic slots or new services
- Financial position of CCGs and local authorities
- Political uncertainty including risk of further reorganisation
- Threat to reputation from CQC ratings/HSMR/Financial position
- Competition from other public and private sector providers
- Change in Government and policy
- Small size of organisation is a risk to sustainability

Key challenges

Strategic, Financial and Operational Challenges:

As a smaller acute hospital there are a number of challenges facing the Trust in relation to the volume of patients seen (i.e. achieving critical mass) and whether this can be sustainable from a quality and a financial perspective. Monitor's review of smaller acute providers (<£300m p.a) suggests that there may be a correlation between size and profitability but also points out that there are a number of successful smaller providers. Recent reports such as the "NHS Five Year Forward View" and the "Dalton Review" highlight many potential future options for smaller providers and these are taken account of in this plan. Further challenges include:

- The financial and workforce implications of the commissioning drive for seven day working and access to services
- Which services will remain solely provided by the Trust from the single hospital site and which may become regionally networked or shared services in order to meet national standards
- Which services may no longer be delivered from the hospital site – either due to centralisation or transferring care into the community
- Competition: the Trust is located with18miles of four other acute Trusts all of whom are vying for more income
- The Trust is in breach of its licence with Monitor for financial, governance and operational issues and is currently operating under a robust Two Year Turnaround Plan
- Cost pressures including Agenda for Change pay inflation and the cost of drugs
- Capital requirements including depreciation
- Tariff including threshold payments
- Achievement of recurrent savings

The reduction in emergency admissions remains challenging. The CCG has set a target of a 15% reduction over five years (with 3.5% set for 2015-16). The Trust conducted a bed utilisation audit in January 2014 (with a follow up planned for January 2015) wherein we aim to get a deeper understanding of which patients are deemed medically fit and ready to be moved to a more appropriate care setting.

The four-hour Emergency Department waiting time target remains a challenge and while there is a stronger grip and pace at the Trust, significant pressures continue across the region and across the country.

Allied to this, the Trust faces a long term challenge in relation to an increase in the local aging population above the national average.

Key facts include:

- More than 70% of hospital bed days are occupied by emergency admissions
- Lack of GP cover (30-40 vacancies currently) leaves gaps in the management of long term conditions within the community setting
- The acuity of patients links to the health profile of the local population. 10% of patients admitted as emergencies stay for more than two weeks, but these patients account for 55% of bed days

- There are a high number of ambulance referrals
- 80% of emergency admissions who stay for more than two weeks are patients aged 65+

Clinical/Quality

Seven Day Working:

Work has already begun in this area with extra services being put in place such as Acute Medical Unit consultant cover, Radiology, Pharmacy and Therapies; however there is still much work required in order to get equitable cover. Role redesign is driving job planning with other health care professionals required to take on roles traditionally taken by doctors but there are obstacles with the length of time it takes for these other professionals to be trained. Some areas require this approach more than others including Respiratory, Stroke and Heart Failure in-reach services and Care of the Elderly.

Of major concern are mortality rates where improvements in consistency and timeliness in senior review and consistency in implementation and timeliness of care bundles (such as Pneumonia and Sepsis Six) can have a real impact, especially at weekends and out-of-hours

Acuity and Health of Patient Population:

On a wider level the health of the patient population is varied compared with the national average. Deprivation is higher than average and life expectancy for both men and women is lower than average with a further deterioration by 8.5 years lower for men and 5.9 years lower for women in the most deprived areas of Barnsley than in the least deprived areas.

Significant work is underway led by the Health and Wellbeing Board in engaging the population to take more responsibility for their healthcare needs and wellbeing.

There are further factors placing the patient population worse or significantly worse than the average including: Smoking at time of delivery, breastfeeding initiation, obese adults and children, under 18 conceptions, recorded diabetes, smoking related deaths and under 75 mortality rates for cancer and cardiovascular illness.

Against this backdrop the Trust finds it challenging to manage expectations around the affordability of delivering care to Royal College and NICE standards.

Workforce:

Recruiting, retaining and developing our health care workers in an increasingly competitive labour market is a significant challenge for a small Trust, particularly in the fields of qualified nurses, medical staff (including training posts and middle grades) and categories of professions allied to medicine. Workforce redesign requires challenge to traditional roles and professional boundaries to enable care to be delivered more flexibly and safely in a 24/7 patient care environment both within the Trust and in the community. There is increasing need to adapt our services and the workforce skill set to meet the need of those identified as being 'at risk' of developing illness, through lifestyle or other factors, as well as those who present with an acute hospital episode. Staff are increasingly required to engage with patients in the provision of their care and clinical decision making and this impacts on the skills requirement and the engagement of our workforce in this emerging agenda.

New models of care require the developing of professional staff through practice development focused not on individual professions' development but through a multi-professional collaborative approach that is team focused (such as 'Hospital at Night'). This needs to be underpinned by reliable and

consistent communication and engagement. At the same time we are developing the unqualified workforce, such as Health Care Assistants, in the light of the Cavendish review and ensuring appropriate supervision and development to encourage a team approach to high quality patient care.

The use of technology, and the switch from existing platforms to Electronic Patient Record, requires significant investment to ensure that staff are confident in using it. The Trust is required to review pay flexibilities that support better health outcomes, including team-based incentives and support the transition between clinical and managerial roles for senior doctors e.g. responsibility payments.

Our Approach to Quality:

Quality in patient care is one of the Trust's core objectives and is key to all we do. We take pride in ensuring that the patient is at the heart of everything we deliver, believing that our patients and their families deserve the highest quality service and care and that every patient cared for in our hospital is treated with respect, dignity and compassion.

We are proud that despite our financial difficulties we have remained focused on delivering safe care and an excellent patient experience and our clinical indicators are a testament to this. We approved our three year Quality Strategy in April 2014 and through its implementation are focused on the achievement of national and local commissioning priorities together with our own agreed quality goals and priorities as defined in both the Quality Strategy and annual Quality Report.

Quality Goal 1:	Quality Goal 2:	Quality Goal 3:	Quality Goal 4:
Ensure we deliver patient-centered care	**Deliver consistently safe care**	**Deliver consistently effective care**	**Build capacity and capability**
2014/15 Priorities	**2014/15 Priorities**	**2014/15 Priorities**	**2014/15 Priorities**
To identify key patient experience measures which will drive improvement in the way we deliver care.	To reduce hospital acquired harms in relation to venous thromboembolisms, falls, catheter associated urinary tract infections and pressure ulcers.	To further reduce unavoidable deaths.	To review Human Resources processes to ensure that we recruit staff with the values that underpin compassionate care.
To improve the experience of care provided to patients with dementia and their carers.	To reduce inpatient falls.	To improve recognition and management of the adult deteriorating patient.	To review skills mix and team structures where required to ensure that we have the right people, with the right skills, at the right time.
To implement the NHS Friends & Family Test throughout the hospital.	To improve clinical note keeping standards, thereby ensuring robust patient assessments and plans of care.	To improve sepsis recognition and response.	To identify and implement competency-based training for non-registered staff.
		To ensure scrutiny of all in-hospital deaths to ensure learning is achieved where possible.	

Clinical Leadership:

The Trust has a sustained focus on operating a clinically-led service. Already we have implemented a Clinical Business Unit leadership structure comprising a Clinical Director/Head of Nursing/General Manager triumvirate across six units

There is significant focus on engagement and involvement of clinical leads in the business from a financial, improvement, innovation and operational perspective as well as their being required to lead periodic performance reviews with the executive team. This work is underpinned by a Clinical Leadership Development Programme.

On a wider level the Medical Staffing Committee, Consultant Forum and Senior Leaders Forum foster clinical engagement, collaborative working and sharing.

The Trust provides excellent Post Graduate Education and was recently commended by the General Medical Council in this area during

a routine inspection. Nursing colleagues host their own, fully sponsored annual nursing conference as well as specific cross-profession nursing events.

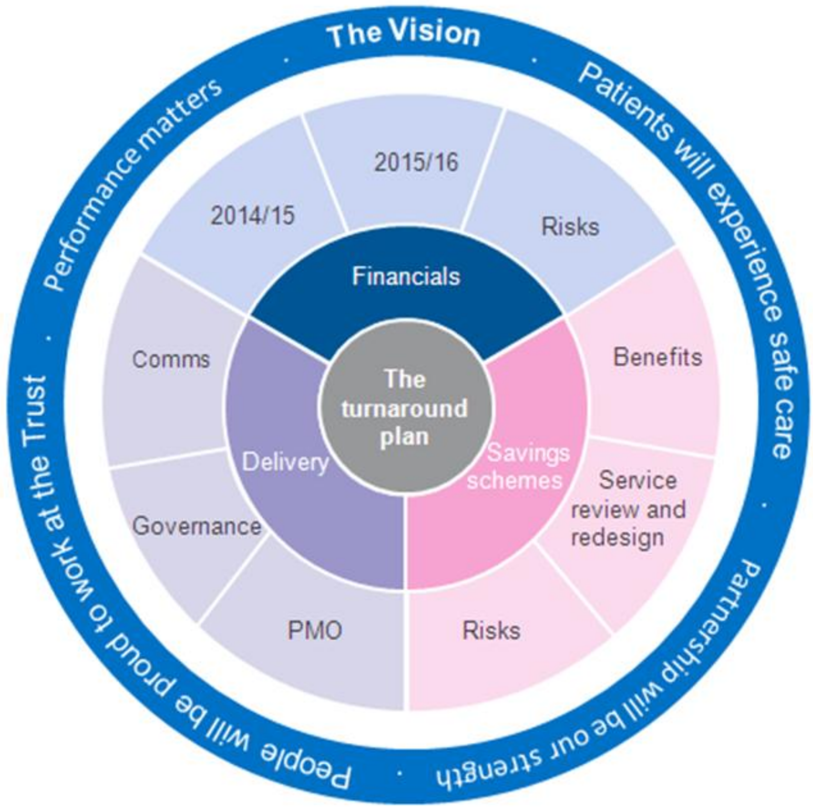
External to the Trust, Barnsley CCG has established a clinical senate bringing together clinicians from across the wider health economy to set strategy and inform commissioning plans. This clinical involvement continues through the Working Together partnership and specific clinical networks such as cancer and cardiovascular disease.

Emergencies, Orthopaedics & Care Services CBU	Theatres, Anaesthetics & Critical Care CBU	General & Specialist Medicine CBU	General & Specialist Surgery CBU	Diagnostic & Clinical Support Services CBU	Women's, Children's & GUM Services CBU
Clinical Director Dr Dyfrig Hughes	Clinical Director Dr Ak Bowry	Clinical Director Dr Kapil Kapur	Clinical Director Mr Martin Wickham	Clinical Director Mr Martin Wickham	Clinical Director Miss Meena Dass
General Manager Nicki Doherty	General Manager Julie Clark	General Manager Ben Brewis	General Manager Nicola Beaumont	Professional Leads Imaging Saranjit Dogra Pathology Annette Davis-Green Pharmacy Mike Smith	General Manager Lynda Cunliffe
Head of Nursing Diane Edwards	Head of Nursing Josie Foster	Head of Nursing Andrew Mooraby	Head of Nursing Abigail Trainer		Head of Nursing & Midwifery Sue Gibson

Two Year Turnaround Plan

The Turnaround Plan was built upon four key performance based drivers and these same drivers will ensure the delivery of this Five Year Strategic Plan

Quality: Quality and safety drive our clinical strategy and our future remaining at the heart of our core business.	**Delivery and culture:** Create a "can do" culture; clinically lead with a bottom up approach.	**Financial control:** To do what we get paid to do: the provision of high quality, cost effective services.	**Accountability:** Teams and individuals are held to account through robust governance to ensure delivery.



Our market

The population of Barnsley is approximately 234,800. The health of people in Barnsley is varied compared with the England average. Deprivation is higher than average and about 24.4% (10,500) children live in poverty.

Barnsley Health and Wellbeing Board priorities include: ensuring every child has the best start in life; facilitating large scale and voluntary behavioural changes among residents encouraging them to make healthy lifestyle choices; reducing the gap in life expectancy between the most and least deprived parts of the Borough, improving health of the most vulnerable groups and protecting local residents from preventable threats to their health. In 2012 these statistics were worse than the national average:

- 34.4% of Barnsley adults were classified as obese
- The rate of alcohol related harm hospital stays represented 1,627 per year
- The rate of self-harm hospital stays was 469
- The rate of smoking related deaths
- Over a fifth of Year 6 children are classified as obese
- The rate of alcohol specific hospital stays among those under 18 was 30 per year
- Levels of teenage pregnancy
- Breastfeeding
- Smoking at time of delivery

Acuity of patients is also set to increase based on trends and estimated projections with the following health drivers:

- Cardiovascular disease (CVD) is the leading cause of death in Barnsley and the second leading cause of death in those aged under 75 years
- Cancer is the second leading cause of premature death in Barnsley and the second leading cause of death overall
- Respiratory disease is the third most common cause of death in Barnsley with the highest mortality rate for women and the second highest for men from pneumonia in the Yorkshire and Humber region. There are also a large number of deaths from Chronic Obstructive Pulmonary Disease (COPD). The predominant risk factor for COPD is smoking.
- There are 23,611 people over the age of 65 years with a limiting long-term illness and this is projected to rise. This is coupled with a 3% growth in the elderly population placing a significant burden on both health and social care services.
- The under 18 conception rate is now the highest in South Yorkshire and the population is expected to grow by 3.3% between 2013-14 and 2018-19 (largely from births rather than migration).

Our services

Emergencies, Orthopaedics & Care Services CBU

- Acute Stroke Unit
- Assessment & Rehabilitation Unit
- Dietetics & Nutrition
- Elderly Care/Medicine
- Emergency Department
- Fracture Clinic
- GP Lead Health Care Team
- Trauma & Orthopaedics
- Therapy Services
- Thrombosis Service

Theatres, Anaesthetics & Critical Care CBU

- Anaesthetics
- Intensive Care Unit
- Outreach & Pain Management
- Pre-Assessment
- Sterile Services
- Surgical High Dependency Unit
- Theatres & Theatre Recovery

General & Specialist Medicine CBU

- Acute Medical Unit
- Ambulatory Care
- Cardiology
- Diabetic Eye Screening
- Diabetology
- Discharge Lounge
- Gastroenterology
- Planned Investigations Unit
- Respiratory/ Coronary Care Unit
- Rheumatology
- Virtual Ward

General & Specialist Surgery CBU

- Breast Unit
- Breast Unit Outpatients
- Colorectal & Stoma Care Unit
- Day Surgery & Endoscopy Unit
- ENT (Ear, Nose & Throat)
- Eye Assessment Unit /Eye Clinic
- Head & Neck
- Opthalmology
- Surgical Admissions Unit
- Surgical Decisions Area
- Surgical High De-pendency Unit
- Urology Investigation Unit

Diagnostic & Clinical Support Services CBU

- Blood Tests (Phlebotomy)
- Medical Imaging (X-Ray)
- Medical Records
- Nuclear Medicine
- Outpatient Services
- Pharmacy Services
- Pathology

Women's, Children's & GUM Services CBU

- Antenatal Clinic
- Antenatal Day Unit (Labour Suite)
- Antenatal & Postnatal
- Barnsley Birthing Centre
- Children's Assessment Unit
- Community Midwifery
- Community Paediatric
- EPGAU, TOP & Gynaecology Assessment
- Genito-urinary Medicine
- Gynaecology Outpatients
- High Risk Clinic
- Medical Disorders
- Neonatal Unit
- OPD: Colposcopy, Urogynaecology, Hysteroscopy, fast-track TWW
- Paediatrics

Corporate Services

- Bed Management
- Cancer Services & Palliative Medicine
- Chaplaincy
- Communications
- Complementary Therapies
- Corporate Services
- Estates & Facilities
- Executive Team
- Finance
- Fundraising Team
- General Office
- Human Resources
- ICT
- Infection Prevention & Control
- Information Services
- Learning & Development Department
- Quality & Performance
- Research & Development
- Resilience & Security
- Safeguarding
- Switchboard
- Tissue Viability

Our Commissioners

Barnsley CCG:

The Trust's main commissioner is Barnsley Clinical Commissioning Group which has a budget of £354m for the 2014-15 financial year and currently represents 75% of the Trust's income, the remainder being sourced from other CCGs, NHS England specialist commissioning (dental, public health and specialist services) and the local authority Barnsley Metropolitan Borough Council. Other income includes non-patient related project income, car park income, rental income, learning and development related income, R&D related income and any other non-clinical income.

There is a national shortage of GPs and this critically affects Barnsley CCG which is currently carrying between 30-40 vacancies across the 38 practices. The most recent NHS England survey noted that over 30,000 Barnsley residents wait more than seven days to see a GP.

In the interim the Trust's Emergency Department continues to receive around 75,000 attendances each year. In a research study less than a

quarter of patients considered themselves to be an emergency attendee. Dependence on the Emergency Department is likely to remain high in the future until robust primary and integrated care solutions are established and running.

On a wider scale, the CCG is undertaking partnership working with other

Commissioners in South Yorkshire to preserve services at District General Hospital level in the following areas: Cardiology and stroke services, Children's services and neonates, Out of hospital care (combining urgent and emergency care, smaller specialties such as ophthalmology, ENT, oral and Maxillo-facial services.

NHS England:

NHS England has published its commissioning intentions for 2015-16 and will be promoting service redesign to achieve convergence to prices, reflecting most efficient quartile costs. Subject to national guidance, where contract level risk share is not in place, it will expand marginal cost arrangements for locally priced services.

At the time of developing this strategy the outcomes of NHSE's Prioritisation Round have not been notified but NHSE has advised providers that it will *'consider investment and disinvestment to achieve best outcomes for patients within available resource.*

Our partners and their priorities

Health and Wellbeing Board:

As shown earlier, the Trust's key partners in the local health economy are: Barnsley CCG, Barnsley Metropolitan Borough Council, SWYPFT, YAS, Barnsley Health Watch and South Yorkshire Police.

These organisations work together on the Barnsley Health and Wellbeing Board to improve the health and wellbeing of people and communities in Barnsley so that the healthcare and deprivation indices gap with the national average is reduced.

In 2013 Barnsley was selected as an integrated care pioneer site. The aim of the Stronger Barnsley Together initiative is to make sure that the health and care needs of local people are met in the face of an increasingly difficult climate.

Barnsley Better Care Fund:

The activities provided through the BCF have a focus upon:

- Providing joint assessments across health and care ensuring that, where funding is used for integrated packages of care, there will be an appropriate accountable lead professional.
- Protecting vulnerable adults by ensuring those people who are in need of care and support are able to access that support in a way that best suits their needs and requirements.
- Establishing stronger and more co-ordinated Seven Day Working across the sector with the aim to reduce the levels of emergency admissions and to support timely discharge from Hospital, either to home or to an alternative, appropriate setting.
- Data sharing between agencies to facilitate a more joined up approach to care planning and delivery.

Working Together:

The Trust is an active member of the Working Together programme, a partnership to deliver high quality, efficient patient care for South Yorkshire, Mid Yorkshire and North Derbyshire. The three aims of the partnership are to:

1. Meet commissioner intentions to improve the health and wellbeing of the people being served in the most efficient and effective way
2. Deliver safe, sustainable and local services to people in the most appropriate care setting
3. Make collective efficiencies where the potential exists

Member Trusts include: Doncaster and Bassetlaw NHS FT, Chesterfield NHSFT, Mid Yorks NHST, Sheffield Teaching & Sheffield Children's NHS FT and The Rotherham NHSFT

Barnsley Clinical Commissioning Group	Barnsley Metropolitan Borough Council	South West Yorkshire Partnership FT
Reduce emergency hospital activity by 15% over five years by driving care closer to home	Helping people to achieve their potential	Integration of Urgent Care Pathway
Increase capacity and access to primary care and community services.	Creating strong, resilient, healthy communities	Significant improvement in outcomes in long term conditions
Improve the support to individuals to manage their own long term conditions in a community setting, through improved care coordination.	Helping our economy to thrive	Self care and improved use of technology
Radically transform Intermediate Care Facilities in Barnsley Promote independence through mental and emotional support		Healthy communities / alternative capacity / social capital
Develop universal access to information and unified care records		Achieve critical mass in specialist services

Yorkshire Ambulance Service	South Yorkshire Police	Health Watch Barnsley
Expansion of community-based Emergency Care Practitioners (ECPs) and Advanced Paramedics	Reducing crime and antisocial behaviour	To represent the views of Barnsley people who use services, carers and the public on the Health and Wellbeing board
Expand role in Care Coordination and provision of local community Single Points of Access for health and social care services	Protecting vulnerable people	To provide a complaints advocacy service
Developing care pathways for specialist groups such as frequent callers, mental health patients and palliative care.	Improving visible policing	To report concerns about the quality of health care to Health watch England
Development of Urgent Care Transport and inter-facility transport solutions to ensure timely and appropriate transport is available to convey patients including GP Urgent, Discharge and Falls Services		

Setting our strategy

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Service Sustainability Review

This review considered whether clinical services in their current forms are able to be delivered sustainably in the future. As a Trust we have identified that our current deficit position has been driven by operating costs consistently outstripping income. As a result, at the end of 2013/14 the Trust had a deficit of £9.9m.

In June 2014, the Trust Board also agreed to implement a two year Turnaround Plan, to get the Trust back on track. One of the first steps articulated in this plan was the need to consider whether services remain sustainable in their current form. Therefore, we initiated a sustainability review on a service and specialty level. The sustainability review informs this Five Year Strategy. The findings and conclusions of the review per specialty will also feed into our business planning for next year.

Sustainability analysis

The objective of the sustainability analysis was to provide a baseline of evidence on current service performance and sustainability risk. This enabled the Trust to focus discussions on future service delivery options around particular specialties and pathways. The analysis was carried out using a specialty-by-specialty review. We examined each specialty through three lenses; example questions are shown below.

Clinical: Is the specialty meeting DH, NICE and Royal College guidance? Are clinical outcomes acceptable? Are national targets consistently met?

Operational: Is the specialty able to recruit and retain staff to deliver services? Are services delivered efficiently and productively? Is there a clear demand for the service in the future?

Financial: Is the specialty delivered profitably? Are there particular income streams at risk, or areas of expenditure that are at risk of unsustainable growth?

In collecting evidence across these domains, we used three sources of data, triangulating information as we carried out our fieldwork:

- Interviews with the Trust Directors, CBU Clinical Directors, specialty leads, Heads of Nursing and General Managers.
- Data provided by the Trust's information department, with existing and original analysis.
- Existing documentation such as service performance reports and annual plans.

As part of the analysis, we also developed an activity and profitability monitoring tool, providing further information to support our analysis of financial and operational sustainability risk.

Options development

Once the evidence described above had been obtained, work was done on identifying options for how individual services could be made sustainable, and how this supported making the Trust sustainable as a whole.

As in the sustainability analysis, in this step a wide range of the Trust's clinical and managerial staff were engaged with to ensure that the options proposed and developed would be suitable for implementation at Barnsley and therefore for potential inclusion in the Trust's five-year plan. Staff were engaged in three ways:

1. **Defining potential models:** We reviewed local, national and international models of care for specialties and used these as templates for discussion with clinical directors, heads of nursing, general managers and Trust Executive.

2. **Identification of advantages and disadvantages for Barnsley:** We held four clinical workshops which reviewed current service delivery and potential models of care. During these workshops we sought to identify why or why not a particular model of care could apply to Barnsley and what the benefits and dependencies might be.

3. **Modelling the impact of implementing these models:** Following clarification at the workshop, each option was further refined as to what impact it would have on activity, income or expenditure over a five year period. The assumptions underlying these impacts were tested with Trust staff and put into the modelling tool.

When modelled, some options were shown not to have a sustainability benefit to the Trust and thus were excluded from the final list of options recommended to Board.

Key Findings

Our strategy addresses all the issues raised and opportunities identified in the sustainability review. There are actions to take forward the service specific issues in the strategy section. The issues relating to delivery and how the organisation is run are summarised under the 'delivering our strategy' section.

The vision of the Trust is to be integrated healthcare provider which encompasses acute, community, primary and social care. We have learnt that we can be sustainable but this will only come through addressing the issues and working differently. To ensure that our clinical teams understand what this means we have:

- Set out a framework for delivery that they can align their services to.
- Provision of better information (intelligence, financial and operational performance
- Support and leadership – critical for success
- Engagement plan with a particular focus on clinicians and partners
- New models and approaches will be communicated and developed in partnership.

Strategic Themes

1. Extend and sustain core services

These are immediate opportunities that are in motion or can be started quickly through use of internal resources. They will be often addressing immediate issues or opportunities and involve a rebalancing of the current service portfolio, quality and productivity improvement in current services.

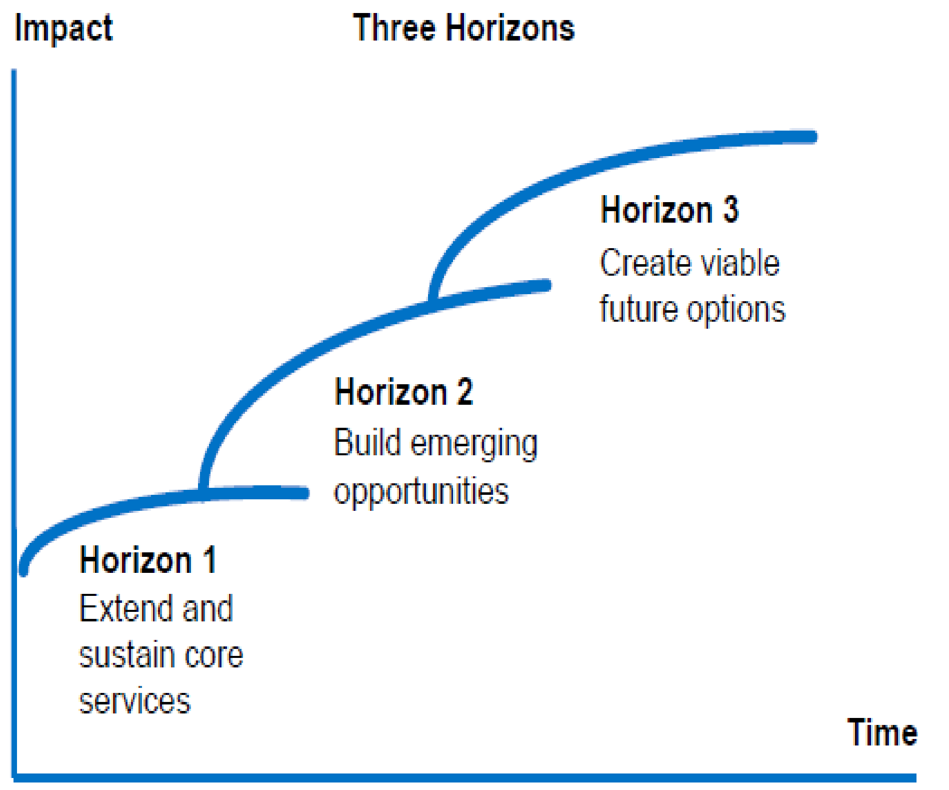
2. Build emerging opportunities

Rebalancing of service portfolio through partnerships and joint working and expansion of existing services.

3. Create viable future options

These involve new and different ideas and may involve significant investment to support longer term aspirations.

Although the graph denotes horizon 3 ideas as happening further into the future the work to develop these ideas must start happening now. The Trust must also be flexible in its approach due to the nature of emerging opportunities and the need to get competitive advantage.



Some of our key chosen options

Extend and sustain core services

Expand ambulatory care	This initiative sees a systematic expansion of the existing programme in order that inpatient resources be reduced, with an accompanying increase in outpatient activity. This would manifest as a switch of use of space in the Acute Medical Unit.
Optimise inpatient pathway	Reduce unnecessary bed days in all specialties through initiatives such as allocation of Acute Medical Unit beds to specialties; Emergency Department in-reach; central discharge co-ordination with access to directory of services; improved ward processes including ward rounding and care planning; and nurse/criteria-led early discharge or discharge to ambulatory care.
Emergency department staffing model	This initiative sees the Trust improve the matching of staffing skill to clinical need and reduce agency staff spending by moving towards a high-skilled nurse model for low-complex cases. Although Advanced nurse practitioners already operate in the emergency department, the placement of further advanced and emergency nurse practitioners will release middle and senior medics for complex cases. This placement must be part of planned channel of clinical need.
Gynaecology outpatient procedures	This initiative supports a new outpatient treatment centre for improved patient experience and optimal resource utilisation.
Improve Gynaecology outpatient productivity	The Trust will improve outpatient productivity by reducing first-to-follow-up ratios and outpatient appointment cancellation rates to a level comparable to peer group best-in-class.
Improve Paediatric ED and CAU pathway	Improving the pathway between the paediatric emergency department and the children's assessment unit is key to ensuring that the service can remain flexible to patient needs.
Orthopaedics	The Trust is working closely with the orthopaedic team to ensure an improvement of the quality and efficiency of the service to ensure the Trust remains the provider of choice.
Continuation of non-recurrently funded schemes	There are number of schemes supporting improved care and continued sustainability that are currently funded non-recurrently from external sources including: • Anaesthetics safe staffing levels • Resilience funded schemes to support the management and reduction of unplanned activity • Support for the provision of targeted 7-day services in AMU, imaging, therapies and pharmacy. Work will continue on delivering these services, evidencing impact and securing continued funding

Build emerging opportunities

Transfer Ward	Intermediate care for dependent medically stable patients is not always readily available, leading to delays in transfer and 'bed blocking'. There are other reasons that patients occupy hospital beds, including awaiting assessments for other services, awaiting capacity to be available in other services or for family and patient choice. Through this initiative the Trust establishes a permanent low acuity ward for medically 'fit-for-discharge' who are at risk of delayed discharge.
Telehealth	Telehealth, telecare, or telemedicine is a mode of technology-supported virtual communication between patients and medical professionals. This initiative sees the Trust focus on adopting telehealth for patients in care homes, and patients with long-term conditions in their own home. Successful implementation and running necessitates strong partnership with technology providers and community, primary and social care teams
Integrated Diabetes care	The implementation of integrated diabetes care plans across the health economy would see improvement to the standardisation of patient discharge and follow-up care. This would require a dedication to moving "routine" diabetes care into primary care with the support of specialist nursing and medical staff. Successful implementation of this model of care may be seen as a template for other long-term conditions, improving the sustainability of the hospital while providing care closer to home for patients.
e-Reporting/ requesting of Imaging	The Trust has not fully exploited electronic workflows in its imaging department and the benefits this could bring. This initiative covers the implementation of e-requesting and e-reporting in imaging to improve operational efficiency, quality assurance and a platform for financial sustainability.
Shared care pharmacy	An enabled pharmacy can support GPs with prescribing of medicines they may not be familiar with. Greater emphasis on shared care would support initiatives intending to actively transition patients with stable long term conditions from secondary management to primary care management; such as more flexible pharmacy provision of Inflammatory Bowel Disease and Anticoagulant clinics, with possible outreach into primary care.
Community paediatric care pathway	This option will see implementation of pathway-based models of care, with a multi-disciplinary team providing care around the patient. The key mechanism to drive co-ordination, quality and efficiency will be to agree pathways with commissioners and other providers.
Care Coordination centre	In July 2014 the Unplanned Care Improvement Programme Board agreed the business case to pilot 'Right care Barnsley', for 12 months. The service will need to evolve over time to become the single point of contact during the hours of operation, for urgent referrals to hospital or community services for all healthcare professionals.

Create viable future options

Direct access diagnostics for GP multi-specialist centres	The NHS England Five Year Forward View and Carter Review stress the need to move diagnostic services closer to home and into the community. This option, providing direct access diagnostics for GP multi-specialist centres, could include building a new diagnostic centre in collaboration with partners.
Development of new service models in line with the 5-Year Forward View	Working with all local agencies to develop new models and partnerships to deliver better care and ensure sustainable local services. This will include identification of further opportunities and the agreement on the right model/solution for Barnsley e.g. - Multispecialty community providers - Primary and acute care systems - Integration of urgent and emergency care - Smaller hospital funding arrangements This should also link to the “Dalton Review” recommendations in terms of agreeing the form and nature of organisational relationships locally.

Delivering our strategy

Effective monitoring and review of strategy requires that governance structures are established which define explicit responsibilities and accountabilities, as well as consultation and information rights.

Responsibilities and accountabilities

- **The Board** are accountable for ensuring organisational strategy and strategic goals are reviewed and fit for purpose and that performance targets are met
- **PMO** are accountable for the management of the organisation’s monitoring and review process and gathering information for Board Review
- **CBU’s & Departments** are accountable for the implementation of strategic initiatives.
- **Executive Team:** Where there are Trust-wide schemes there will executive leadership in place to support CBUs and department teams to deliver

Planning calendar

- A formal monitoring and review calendar will be established in parallel with the strategic implementation plans, setting organisational expectations around the timeframes for performance and KPI reporting
- The calendar will balance the need for monitoring activities (in relation to specific performance reports) and on-going review activities of the overall strategy, particularly in situations where internal and external conditions change frequently.

Description of key activities:

- Financial KPI reporting and commentary on a monthly basis. Reporting will be aligned with Board meetings and will identify the achievement towards milestones Strategic KPI reporting and commentary (quarterly basis). This includes reporting of high level KPIs related to the Trust's key strategic goals and specific KPIs relating to the specific initiatives that underpin these goals. Strategic initiatives will be monitored via various forums but ultimately will be reported through to the Finance and Performance Committee.

Delivery risks

The Trust has identified a number of risks that could impact its ability to deliver the Five Year Strategy. These are summarised below, mitigating actions have been identified against each risk.

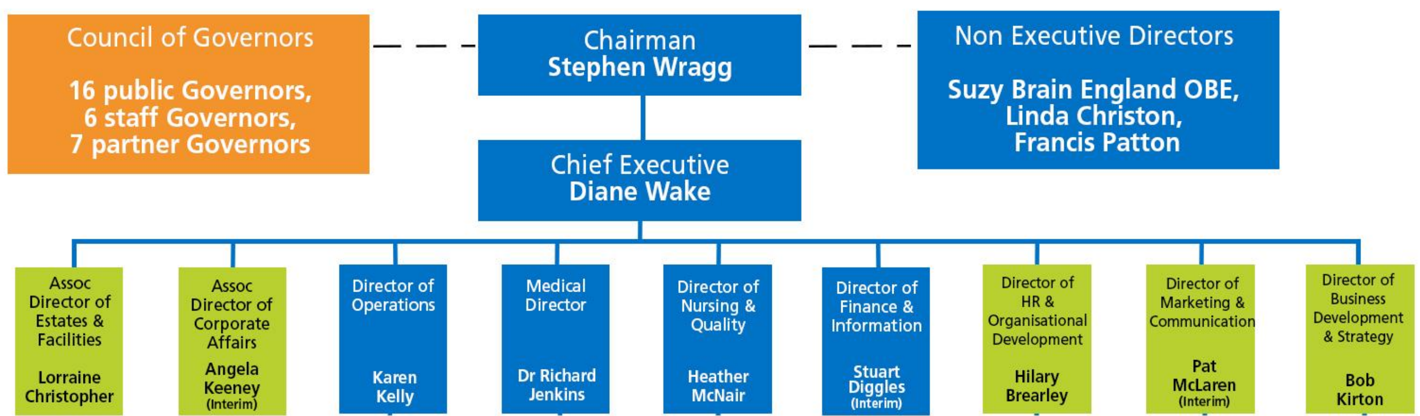
Element	Risk
People	• Accountability and responsibility for the Five Year Strategy • Adequate internal resources
Organisational and capability risks	• CBU structures that support strategy delivery. • Clear process to manage the programme
Quality	• Potential impacts of strategy and delivery on quality, safety and patient experience.
Partnership	• Commissioner relationships • Scheme interdependence • Failure to identify or realise partnership opportunities
Culture	• Achievement of a 'can do' culture • Delays due to resistance to change
Financial	• Failure to deliver cost improvement plans • Securing activity and income • Tariff changes impacting on income • Inflation and non pay costs

Our governance

The Board of Directors is accountable and responsible for ensuring that Barnsley Hospital NHS FT has an effective programme for managing all types of risk which is achieved via the Board Assurance Framework, and review of the Corporate Risk Register. In addition, the Board will monitor delivery of the 5 year strategy and risks associated with its implementation through the Finance and Performance Committee which will be the principle forum for overseeing and reporting on progress.

The Council of Governors holds the Trust's non-executive directors to account for the performance of the board and represent the interests of members and the public.

The Board is chaired by a Non-Executive Director, the Chairman, and meets monthly. In order to verify that risks are being managed appropriately and that the organisation can deliver its objectives, the Board receives and considers reports from the Audit Committee. In particular, the Board considers risk reduction plans and monitors progress on action plans on all significant risks on a three monthly basis. It is the responsibility of Board Committees to review risks delegated to them and provide assurance to the Board.



Our Finances

Financial Baseline

In March 2014, the Trust declared a serious incident into financial irregularities and commenced internal and external investigations into how the Trust's finances had been managed and submitted appropriate reports to Monitor.

During the investigation it became evident that although the Trust's 2013/14 management accounts presented operational deficits throughout the year, due to various, ultimately unsupported amendments, small surpluses were reported to the Board until February 2014. The surpluses were achieved through a series of accounting adjustments with optimistic in year income accruals, unused deferred income, expected CIP achievements and the release of provisions brought forward from prior years.

The necessary corrections to the accounts were made, which led to a significant adverse movement in the previously reported financial position. The Trust's performance showed an 'operating' deficit of £7.4m. After an asset impairment charge of £2.5m relating to the Trust's estate, the overall result was a £9.9m deficit.
Based on the background of misleading and poor quality information available to the Board, an ambitious £16.4m capital programme had been agreed for 2013/14. This along with the deficit incurred in year resulted in all of the Trust's cash reserves being spent. This has left the Trust in a position where it is dependent on the receipt of PDC funding from the DoH to meet its cash requirements and to fund future forecast deficits.

The Trust has also historically underperformed on its CIP targets, in 2013/14 only achieving £1.9m of the initial £6.2m CIP targeted. However the governance and management processes introduced in 2014/15 have seen CIP deliver in line with plans.

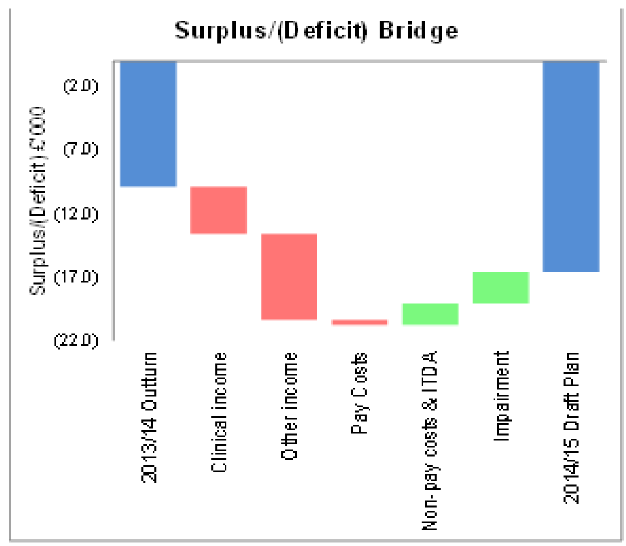
In response to the financial position and events detailed above, in June 2014, the Trust completed work to understand its underlying 'baseline' financial performance and developed and submitted to Monitor its 2 Year Turnaround plan.

Financial Baseline

In Q4 2013/14, the Trust operated at a baseline deficit of £16.6m. The main factors impacting the baseline as compared to the 2013/14 actual are:

- non-recurrent clinical and other incomes of £5.1m the release of deferred income of £5.4m;
- pay cost increases at Q4 run rate of £1.6m are partially offset by £1.2m of pay costs in relation to non-recurring income;
- non-pay costs reduce to baseline by £1.6m in relation to non-recurring income. Other one off non-pay costs are set off by cost pressures giving an overall movement to baseline of £1.7m;
- the 2013/14 actual was impacted by a fixed asset impairment charge of £2.5m which does not impact the baseline.

These movements are summarised in the chart:



Five Year Financial Plan

Working from this baseline the Five Year Plan has been built up on a number of assumptions:

- The population and age profile forecast for the local health economy have been taken from ONS data. The table below clearly shows both the growth in population and the shift to an older age profile.

	Total Population			Population 60 years +		
000's	**2013/14**	**2018/19**	**Growth**	**2013/14**	**2018/19**	**Growth**
Male	115.6	119.8	3.6%	26.1	30.3	16.1%
Female	119.2	122.7	2.9%	28.2	32.5	15.2%
Total	234.8	242.5	3.3%	54.3	62.8	15.7%

- The National Tariff (and any locally agreed tariffs) is assumed to reduce by 1.5% per annum from 2014/15. Non NHS and Other Incomes are not subject to any price deflation assumptions. Business case revenues are assumed to continue at the 2014/15 levels.

Activity 000's		Outturn 2013/14	Forecast 2014/15	Forecast 2015/16	Forecast 2016/17	Forecast 2017/18	Forecast 2018/19	Growth
IP Elective	Spells	4.5	4.5	4.6	4.6	4.7	4.7	5.5%
IP Non - Elective	Spells	35.7	35.9	36.2	36.8	37.2	37.4	4.9%
Daycase	Spells	24.4	24.5	24.8	25.1	25.4	25.6	5.0%
Outpatient	Attendees	285.2	286.7	289.8	293.8	297.2	299.3	4.9%
A&E	Attendees	79.7	80.1	80.6	81.4	82.1	82.6	3.6%
Total		429.4	431.8	435.9	441.7	446.6	449.5	4.7%

- The forecast activity levels are shown in the table above; these take the Trust's outturn activity figures for 2013/14 and apply the population and age profiles as shown.

- All costs, pay and non-pay are assumed to increase by an average of 1% per annum to allow for inflationary pressures. Costs are also split into 3 categories and the impacts of activity levels are also accounted for as shown:
    - Variable costs are assumed to move in line with relevant activity
    - Semi-variable costs are assumed to move in line with activity levels but with a years delay
    - Fixed costs are not assumed to move in line with activity

- Any other known/forecast specific changes to the cost base are also factored in to the assumptions.

- CIP's and improvements from initiatives under the Three Horizons are forecast to deliver financial performance improvements as shown in the table below. CIP schemes have been and are being developed across the Trust, these include:
    - Increasing levels of income through expanding services and increasing activity levels
    - Procurement projects to reduce the costs of purchased items
    - Efficiency reviews to ensure better utilisation of administrative resource, ward space and clinical and medical resources
    - Estates and corporate cost reviews

Improvement Summary £'000s	2014/15	2015/16	2016/17	2017/18	2018/19
Forecast Delivery 2014/15 & FYE	6,200	2,500			
Forecast Delivery 2015/16 & FYE		6,000	1,800		
Income schemes 2015/16		700			
Future CIP Schemes					
Income			700	700	700
Pay			1,700	1,700	1,700
Non-Pay			300	300	300
Total CIP Schemes	**6,200**	**9,200**	**4,500**	**2,700**	**2,700**
Cumulative CIP Delivery	**6,200**	**15,400**	**19,900**	**22,600**	**25,300**
Financial Initiatives					
Horizon 1		973	1,582	2,001	2,123
Horizon 2			1,423	1,842	1,703
Horizon 3			498	1,763	3,166
Total Financial Initiatives	**0**	**973**	**3,503**	**5,606**	**6,992**
Cumulative Initiative Delivery	**0**	**973**	**4,476**	**10,082**	**17,074**
Total CIP and Initiatives Cumulative Delivery	**6,200**	**16,373**	**23,403**	**28,206**	**32,292**

- Depreciation is calculated based on the existing Trust policies. PDC dividends and other interest costs are also assumed in line with usual calculations and policies.

Working forward from the baseline position and incorporating the assumptions above the forecast income and expenditure position of the Trust is shown in the table below. Overall the plan shows the Trust returning to an annual surplus in 2017/18. Based on expected in year phasing the Trust will actually achieve break even on a monthly basis and return to surplus in the second half of 2016/17.

INCOME AND EXPENDITURE £'000s	Outturn 2013/14	Forecast 2014/15	Forecast 2015/16	Forecast 2016/17	Forecast 2017/18	Forecast 2018/19
Income						
NHS Clinical Income	146,000	148,204	146,685	147,056	148,196	148,262
Other income	24,502	17,267	17,569	19,880	21,321	22,486
Total income	**170,502**	**165,471**	**164,254**	**166,936**	**169,517**	**170,748**
Operating Expenses						
Pay costs	(115,827)	(117,758)	(110,174)	(107,671)	(107,795)	(107,559)
Non pay costs	(53,446)	(51,417)	(51,322)	(50,543)	(51,193)	(51,638)
Total Operating Expenses	**(169,273)**	**(169,175)**	**(161,496)**	**(158,215)**	**(158,988)**	**(159,197)**
EBITDA	**1,229**	**(3,704)**	**2,759**	**8,721**	**10,529**	**11,552**
ITDA	**(11,094)**	**(7,895)**	**(8,768)**	**(8,844)**	**(9,291)**	**(9,460)**
Surplus/(Deficit) Pre Impairment	**(7,336)**	**(11,599)**	**(6,010)**	**(123)**	**1,238**	**2,092**
Impairment	**(2,529)**	**-**	**-**	**-**	**-**	**-**
Surplus/(Deficit)	**(9,865)**	**(11,599)**	**(6,010)**	**(123)**	**1,238**	**2,092**

Statement of Position

The capital spend to support the Trust through the Five Year Strategy is summarised in the table below by the main categories of spend, key items included in each area are described below.

- Estates Development: the main items are the continued upgrade to O Block, completion of the Maternity Birthing Unit, and fire safety related works.

- Estates Backlog Maintenance: various elements of work including electrical infrastructure, health and safety works and on-going upgrade and maintenance projects.

- IM&T: the two major items of spend in 2014/15 relate to the system and hardware upgrades required to support the EPR project and the implementation of the Lorenzo system. Future spend is around data and telephony systems, hardware upgrades which are becoming more critical and further hardware to support the on-going development of the EPR system. Spend is also included to support the upgrade of pathology systems and e-reporting/requesting.

- Medical and surgical Equipment: capital spend forecast to support the requirements to renew ageing equipment within the Trust.

- Capital is also included as significant development capital to support plans to deliver the creation of viable future options (as referenced earlier in the document).

Capital Spend £'000s	FY2014/15	FY2015/16	FY2016/17	FY2017/18	FY2018/19
Base Capital Expenditure					
Estates Development (incl. Critical Upgrades)	945	2,309	2,561	3,122	2,858
Estates Backlog Maintenance	855	885	800	800	800
IM&T (Incl. EPR)	1,435	1,325	1,245	1,045	225
M&S Equipment Etc	548	750	750	750	750
Contingency	153	600	600	600	600
Total Base Capital Expenditure	**3,936**	**5,869**	**5,956**	**6,317**	**5,233**
Total Significant Development Capital	**0**	**1,000**	**2,700**	**0**	**0**
Total Capital Expenditure	**3,936**	**6,869**	**8,656**	**6,317**	**5,233**

The forecast statement of position for the Trust which is shown below is based on the following assumptions:

- Non current assets are capitalised as purchased and depreciated in line with the Trust's current policies. No material disposals have been assumed.
- Inventory levels are assumed to increase by 2% per annum from 2015/16 in line with both assumed inflation levels and increasing activity levels.
- Receivables and payables (including other payables) are assumed to be received and paid in line with the current trends within the Trust.
- PDC & Cash assumptions are detailed in the following section.
- PFI balances reduce in line with current PFI capital repayment profiles.
- Other items are assumed to remain constant on a year on year basis.

Statement Of Position	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast
£000s	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
NON CURRENT ASSETS	72,389	70,640	71,521	73,865	73,571	72,026
CURRENT ASSETS						
Inventories	1,379	1,379	1,407	1,435	1,463	1,493
Receivables	5,457	5,730	5,751	6,144	6,406	6,601
Prepayments	792	792	792	792	792	792
Cash	2,527	2,024	501	522	1,695	5,162
Current Assets Total	10,155	9,925	8,451	8,892	10,356	14,048
CURRENT LIABILITIES (< ONE YEAR)						
Payables	(17,411)	(9,311)	(9,239)	(9,078)	(9,168)	(9,224)
Other Payables	(8,551)	(5,236)	(5,005)	(4,902)	(4,916)	(4,914)
PFI	(181)	(181)	(181)	(170)	-	-
Provisions Current	(683)	(683)	(683)	(683)	(683)	(683)
Current Liabilities Total	(26,826)	(15,411)	(15,108)	(14,834)	(14,767)	(14,821)
NET CURRENT ASSESTS (LIABILITIES)	(16,671)	(5,486)	(6,657)	(5,942)	(4,411)	(773)
Other Receivables Non Current	730	730	730	730	730	730
PFI NC	(529)	(349)	(169)	-	-	-
Other Non Current	(282)	(282)	(282)	(282)	(282)	(282)
Total Non Current	(81)	99	279	448	448	448
TOTAL ASSETS EMPLOYED	55,637	65,253	65,143	68,371	69,609	71,701
TAXPAYERS' AND OTHERS' EQUITY						
Public Dividend Capital	46,603	67,818	73,718	77,068	77,068	77,068
Retained Earnings	4,763	(6,836)	(12,846)	(12,968)	(11,730)	(9,638)
Revaluation Reserve	4,271	4,271	4,271	4,271	4,271	4,271
TAXPAYERS EQUITY TOTAL	55,637	65,253	65,143	68,371	69,609	71,701

Cash and Funding

The Trust's forecast statement of cash flows is shown below. This is driven from the Trust's I&E performance and movements to the statement of position as detailed above. The cash requirements of the Trust based on this plan are assumed to be supported by the provision of further PDC, both revenue and capital PDC. PDC is forecast to be required through the first three years of the plan, after this, the Trusts return to financial balance and the creation of surpluses remove further requirement for cash support.

Statement Of Cashflows £000s	Forecast 2014/15	Forecast 2015/16	Forecast 2016/17	Forecast 2017/18	Forecast 2018/19
OPERATING SURPLUS / (DEFICIT)	(11,599)	(6,010)	(123)	1,238	2,092
NON-CASH INCOME AND EXPENSES					
Depreciaition and Amortisation	5,685	5,988	6,313	6,810	6,779
PDC Dividend/ PFI Interest	1,880	2,200	2,250	2,400	2,400
Interest Received	(20)	(20)	(20)	(20)	(20)
Working Capital Movements	(11,688)	(352)	(684)	(188)	(171)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	(15,742)	1,807	7,737	10,041	11,081
Cash Flows from Investing Activities					
Interest received	20	20	20	20	20
Purchase of Property, Plant and Equipment	(3,936)	(6,869)	(8,656)	(6,317)	(5,233)
Net Cash Outflow from Investing Activities	(3,916)	(6,850)	(8,637)	(6,297)	(5,214)
Cash flows from financing activities					
PDC Received	21,215	5,900	3,350	-	-
Capital Element of Private Finance Inititive Obligations	(180)	(180)	(180)	(170)	-
PDC Dividend/ PFI Interest	(1,880)	(2,200)	(2,250)	(2,400)	(2,400)
Net Cash Infloow/(Outflow) From Financing Activities	19,155	3,520	920	(2,570)	(2,400)
Increase / (decrease) in cash and cash equivalents	(503)	(1,522)	20	1,173	3,467
Cash and Cash Equivalents at 1 April	2,527	2,024	501	522	1,695
Cash and Cash Equivalents at 31 March	2,024	501	522	1,695	5,162
Increase / (decrease) in cash and cash equivalents	(503)	(1,522)	20	1,173	3,467

Next Steps

Key activities and milestones

In months 1-3:

- The next round of engagement events and actions
- Mission: Possible culture change programme launched
- Business planning continues
- Supporting strategies signed off
- Accountabilities & responsibilities for strategic delivery clear to all staff

By month 6:

- Annual plan signed off
- Monthly and quarterly reviews of strategy in place
- Contract signed

6 months +:

- Progress formally reviewed with Board
- Further in depth analysis and recommendations for remaining services complete.

Glossary of terms

A&E Accident and Emergency
AfC Agenda for Change
AMU Acute Medical Unit
AQuA Advancing Quality Alliance
BAF Board Assurance Framework
BCF Better Care Fund
BCCG Barnsley Clinical Commissioning Group
b/f Brought forward
BIC Best in class
Board Board of Directors
BMBC Barnsley Metropolitan Borough Council
CAUTI Catheter-acquired urinary tract infection
CBE Commander of the Most Excellent Order of the British Empire
CBU Clinical Business Unit
CCG Clinical Commissioning Group
CCU Critical Care Unit
CD Clinical Director
Cdiff Clostridium difficile
CEO Chief Executive Officer
CIP Cost Improvement Plan
Comms Communications
CQUIN Commissioning for Quality and Innovation
CSU Clinical Support Unit
Deloitte Deloitte LLP
DH, DoH Department of Health
DMARDs Disease-modifying anti-rheumatic drugs
DNA Did not attend
DoF Director of Finance
DVT Deep Vein Thrombosis
EBITDA Earnings before interest, taxes, depreciation, and amortisation
EPR Electronic Patient Records
Executive Executive Team (Chief Exec's senior team)
ED Emergency Department
ENT Ear, Nose and Throat
FYE Full Year Effect
GM General Manager
GP General Practitioner
GUM Genito-urinary Medicine
HED Healthcare Evaluation Data
HoN Head of Nursing
HR Human Resources
HSMR Hospital Standardised Mortality Ratio
HWB Health and Wellbeing Board
ICT Information Communication Technology
ITDA Interest, taxes, depreciation, and amortisation
NICE National Institute for Health and Clinical Excellence
PESTLE Political, Environmental, Social, Technological, Legal, Economic
PLICS Patient Level Information & Costing Systems
R&D Research and Development
SLR Service Level Reporting
STCFF Short term cash flow forecast
SWOT Strengths, Weaknesses, Opportunities, Threats
SWYPFT South West Yorkshire Partnership Foundation Trust
WT Working Together
WTE Whole time equivalent (employees)

This document is available in other formats and languages on request.

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