PROUD to care

Barnsley Hospital
NHS Foundation Trust

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts 2022-23

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts
1 April 2022 to 31 March 2023

Presented to Parliament Pursuant to Schedule 7, Paragraph 25(4) (a) of the National Health Service Act 2006

Contents

PROUD to care

Performance Report

Chair and Chief Executive's Statement

Barnsley Hospital NHS Foundation Trust's Annual Report and Accounts for 2022-23 sets out how the Trust has performed over the year, together with some of the things we are proud of at our hospital.

Among our most visible achievements was 'bricks and mortar' investment including our new Intensive Care Unit (ICU). This took considerable effort, especially as the hospital worked round the build as we continued to respond to the build-up of health needs created by the pandemic.

The new £7.3m ICU was officially opened in March. This is a landmark for Barnsley in terms of future-proofing the town against demand for intensive care beds. It's also an improved visiting environment for patients' relatives and work environment for our ICU colleagues.

Our Community Diagnostics Centre (CDC) in The Glass Works continued to grow. The CDC - shortlisted for a national health estates award - has received an additional £4.6m in capital funding. This will enable access to more diagnostic tests for people in Barnsley including heart scans and specialist lung condition tests.

On performance, although we recognise there is more to do, we are on track with our diagnostic tests against the national six-week target and we had no patients waiting longer than 78 weeks at 31 March 2023.

The 2023-24 NHS priorities reconfirm the ongoing need to recover our core services and improve productivity following the pandemic. We must continue to make progress in a whole host of ways, whether that's preventing and managing long-term health conditions in our population or improving colleagues retention. We will also focus on performance against the Emergency Care standard. This is an incredibly important standard - it links to mortality, quality of care and patient experience across the Trust.

Using innovation and technology to increase value received from every pound spent is more vital than ever. Our greatest asset in meeting these challenges is our colleagues. Our NHS Staff Survey revealed that we have the highest scores for an acute trust in England for compassionate leadership, flexible working and team working. We still want to do more, and continue to invest in a broad range of health and wellbeing options for employees. Our hospital charity has played a large role in this work, providing complementary therapies and various treats. The charity also organised a 'Food for the pantry' offer to help colleagues struggling with the cost of living.

On behalf of the Board, thank you to every colleague, our volunteers, our partners, our patients and their families.

Sheena McDonnell Chair & Dr Richard Jenkins, Chief Executive

PROUD to care

Overview of Performance

About Barnsley Hospital NHS Foundation Trust

Barnsley Hospital is a 400-bed acute hospital, serving a population of over a quarter of a million people in the Barnsley area and providing Assistive Technology services to all of Yorkshire.

The hospital was built in the 1970s and has gone through many transformations since, as the healthcare needs of the local population have changed – as an NHS Foundation Trust, local people have a say in shaping our future.

Barnsley Hospital provides a full range of district hospital services to the local community and surrounding area. These include accident and emergency services, outpatient clinics, inpatient services, and maternity and children's services. We also provide a number of specialised services, including cancer and surgical services, in conjunction with Sheffield Teaching Hospitals.

Although most of our services are provided on-site at Barnsley Hospital, we have some services based in other locations in our communities.

Strategy and Objectives

We have clear ambitions to build on previous work using continuous quality improvement, technology, and innovative ways of working, to improve our services and deliver holistic care.

Our Strategy: 2022-27

In March 2022 we launched our strategy for 2022-27. It captures the mission for the Trust and our six new strategic goals to help us achieve this. We believe this strategy will shape an exciting, new and sustainable future for our services and the people of Barnsley.

We have clear ambitions that will build on our previous work. We will use continuous quality improvement and introduce innovative new ways of working and new technology. All of this serves to improve our services and deliver holistic care, that balances the physical and mental health needs of our patients.

Underpinning all of this work is an active focus on our workplace culture. We strive to provide a kind, caring and compassionate environment for our patients and colleagues that makes us the healthcare provider of choice for care and the best place to work.

Our Mission

Our Values

Respect

We treat people how they would like to be treated:

- We will show you respect, courtesy and professionalism
- We will treat you with kindness, compassion and dignity
- We will communicate with you in a clear, honest and responsible manner

Teamwork

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

- We will share the same goals: finding answers together
- We will recognise your contribution by treating you fairly and equally
- We will constantly learn from you, so we share and develop together

Diversity

We focus on your individual and diverse needs:

- We will personalise the care we give to you
- We will keep you involved and involve you in decisions
- We will take the time to listen to you

By putting our values of respect, teamwork, and diversity into action, we work towards our mission.

Our Six Strategic Priorities

We have extended our previous four ‘P’s’ of Patients, People, Performance and Partner to include Place and Planet.

Best for Patients and the Public
We will provide the best possible care for our patients.

Best for People
We will make our Trust the best place to work.

Best for Performance
We will meet our performance targets and continuously strive to deliver sustainable services.

Best Partner
We will work with our partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways.

Best for Place
We will fulfil our ambition to be at the heart of the Barnsley place partnership; to improve patient services, support a reduction in health inequalities and improve population health.

Best for Planet
We will build on our sustainability work to date and reduce our impact on the environment.

We have developed our strategic plans in consultation with our colleagues, patients, the wider public, and our partners. Through our strategy we will continuously improve our services, support the health and wellbeing of our workforce, introduce new and innovative ways of working and significantly contribute to improving population health and reducing health inequalities in Barnsley and beyond.

Our Ambitions to 2027

We will be the healthcare provider of choice for patients and service users

We are known for being a caring and kind organisation and we will treat people with compassion, dignity and respect at all times.

We will make our Trust the best place to work

Our people working in our organisation, are our most important asset and we will deliver our ambition that everyone who works at our organisation feels valued and has an equal and positive experience.

We will embrace our role as an anchor institution.

We will use our influence to improve employment opportunities for local people, add social value by sourcing local supply chains, adopt stretching environmental policies and design and deliver services to reach and benefit disadvantaged communities to reduce health inequalities and improve population health.

We will be a leader in the use of digital technology in the NHS

We will use digital transformation to improve how patients access services and engage with us and also introduce digitally enhanced ways of working for our teams that will enable them to work fully electronically and remotely where appropriate.

We will work flexibly across multiple sites. We will base our people in appropriate areas to deliver the right care, at the right time, in the right place.

We will provide care closer to home

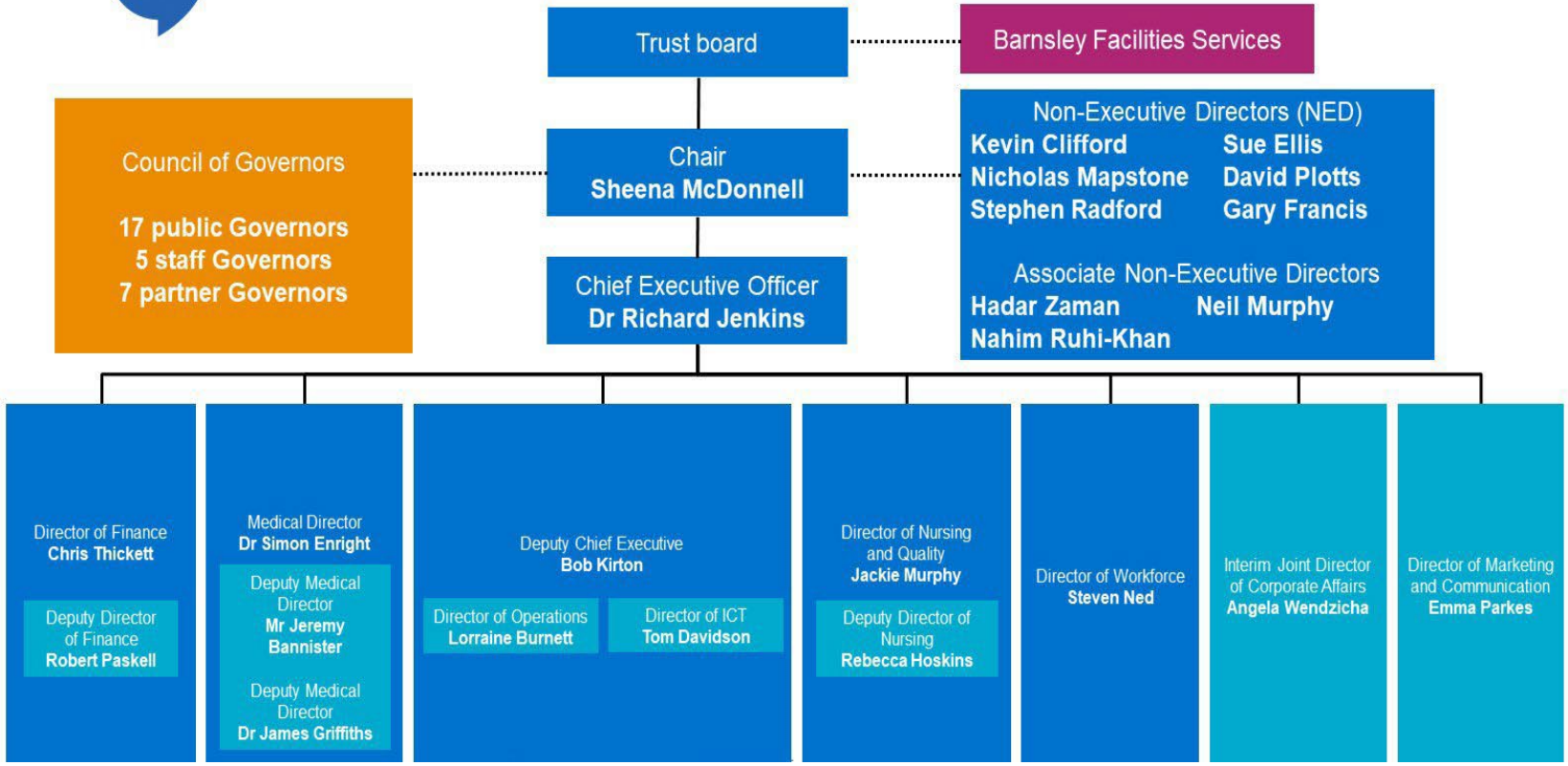
Wherever possible our services will be provided in the community or in people's homes - to support primary care.

We will deliver integrated care with partners

We will provide specialist services and work in partnership to drive forward integrated local and regional healthcare.

Trust Organisational Structure

NHS Barnsley Hospital NHS Foundation Trust



Barnsley Facilities Services (BFS)

Barnsley Facilities Services Ltd (BFS) was established in 2012 as a wholly-owned subsidiary of the Trust, providing the following services:

Estates Management	Portering	Materials Management
Capital Projects	Linen	Stores
Business Continuity	Domestics	Medical Equipment Library Management
H&S, Fire & Risk Management	Decontamination	Medical Engineering
Procurement	Uniform	Outpatient Pharmacy
Car parking	Security	Catering

The BFS ethos centres on developing its people to deliver essential services, growing for the ultimate benefit of public healthcare and beyond. The BFS team has focussed heavily on the successful transition of colleagues (both from NHS and commercial organisations) and, importantly, ensuring the continued delivery of services to the Trust and the wider healthcare sector.

The Trust Board firmly believe we should aim to keep services locally at our hospital, serving our local population and therefore BFS as a wholly owned subsidiary is led by a BFS Board which is chaired by a non-executive Director of the Trust.

Local Health and Care Community

Barnsley is a great place to live and our colleagues, patients and local community take pride in living in the borough.

Historically Barnsley as a borough has lagged behind in lots of areas from health and care outcomes, to good quality jobs and housing. Many parts of the borough are still some of the most deprived in the country which helps foster health inequalities.

The English Indices of Deprivation 2019 relatively rank areas of England from the most deprived to least deprived. There are seven domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD 2019) these include:

- Income (22.5%)
- Employment (22.5%)
- Education (13.5%)
- Health (13.5%)
- Crime (9.3%)
- Barriers to Housing & Services (9.3%)
- Living Environment (9.3%)

Barnsley is the 38th most deprived local authority of the 317 local authorities in England. The proportion of Barnsley Lower Super Output Areas (areas with an average population of 1,500 people or 650 households) in the 10% most deprived in England is 21.8%. This has stayed the same since the last IMD in 2015.

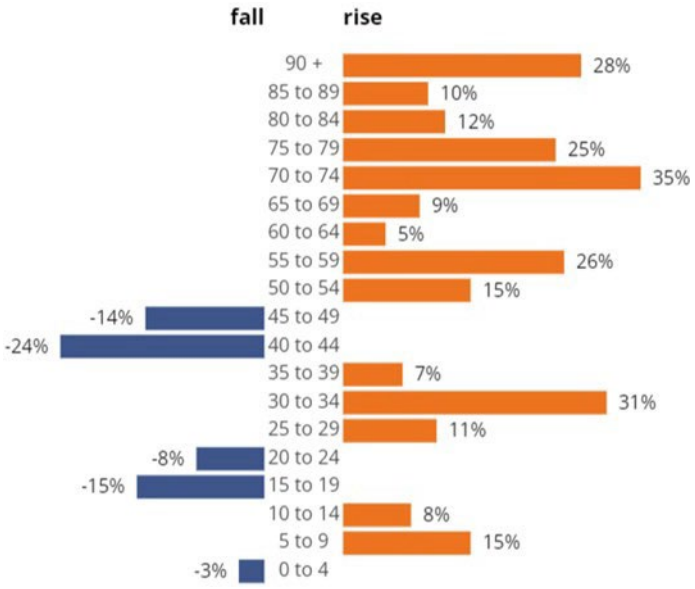
Partners in Barnsley are working together to do things differently when it comes to health and care and really understand the benefits of working in partnership across place. The Place Strategy for 2022-27 outlines these as two of the main priorities.

Over the past 12 months the Barnsley health and care community has achieved a lot in difficult times from making reforms to the delivery of urgent and emergency care to supporting communities through the cost of living crisis.

Overall Population

The population of Barnsley has been growing since 2001. In Barnsley the population size has increased by 5.8% from around 231,200 in 2011 to 244,600 in 2021. This is lower than the overall increase for England (6.6%) where the population grew by nearly 3.5 million to 56,489,800.

Population Change % by age group 2011-21

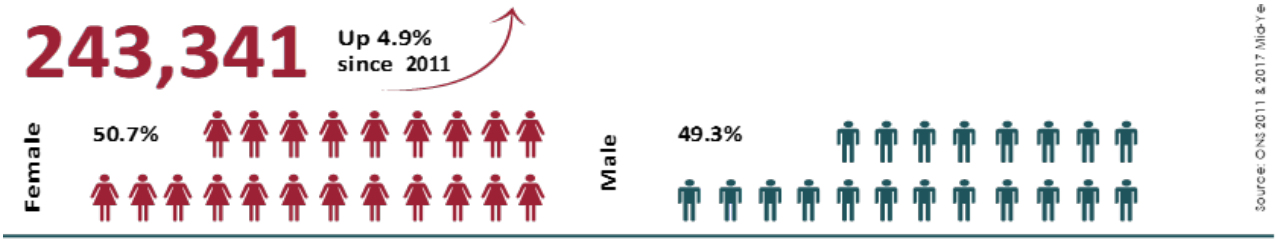


In 2021, Barnsley ranked 73rd for total population out of 317 local authority areas in England, maintaining the same position it held a decade ago.

Since 2011 there has been an increase of 19.2% in people aged 65 years and over, an increase of 2.2% in people aged 15 to 64 years and an increase of 6.0% in children aged under 15.

*Source Barnsley population change, Census 2021 – ONS

Population breakdown by Gender



Barnsley 2030

Barnsley 2030 seeks to strengthen relationships between local organisations, businesses and communities, for the benefit of everyone in the borough. By working together, we've gained a better understanding of what is important to Barnsley and how we can continue to work together to achieve our ambitions for Barnsley.

Understanding what we all want Barnsley to be like by 2030 provides an exciting opportunity for us to tell a different story of our borough and to positively change how people think and feel about Barnsley.

A lot can change in a relatively short amount of time, and by looking to 2030 we can focus on developing and transforming our borough to overcome challenges and successfully turn Barnsley into the place of possibilities.

The Trust has worked alongside a network of partnership groups and boards to develop the following ambitions for Barnsley

Healthy Barnsley

Keeping ourselves and our families well is the key to living productive and happy lives.

Everyone is able to enjoy a life in **good physical and mental health**.
Fewer people live in poverty, and **everyone has the resources they need to look after themselves and their families**.
People can access the right support, at the right time and place and are able to **tackle problems early**.
Our diverse places are **welcoming, supportive and adaptable**

Learning Barnsley

Developing skills, talent, and creativity within people of all ages will open up exciting prospects.

Children and young people aim high and achieve their full potential with **improved educational achievement and attainment**.
Everyone has the opportunity to **create wider social connections** and enjoy cultural experiences.
Lifelong learning is promoted and encouraged, with an increase in opportunities that will enable people get into, progress at and stay in work.
Everyone fulfils their learning potential, with more people completing higher-level skills studies than ever before.

Local businesses are thriving through **early-stage support and opportunities to grow**.
Barnsley is known as a **great place to invest**, where businesses and organisations provide diverse and secure employment opportunities, contributing to an economy that benefits everyone.
People have a **wider choice of quality, affordable and sustainable housing**, to suit their needs and lifestyle.
People, businesses and organisations are able to **access and use digital resources**, benefiting all aspects of daily life.

People live in sustainable communities with **reduced carbon emissions and increased access to affordable and sustainable energy sources.**
People can get around in Barnsley easier than ever, with an **increase in cycle routes and better connections across the borough.**
Barnsley has **increased the amount of renewable energy** that is generated within the borough.
People are proud of and **look after their local environment**.

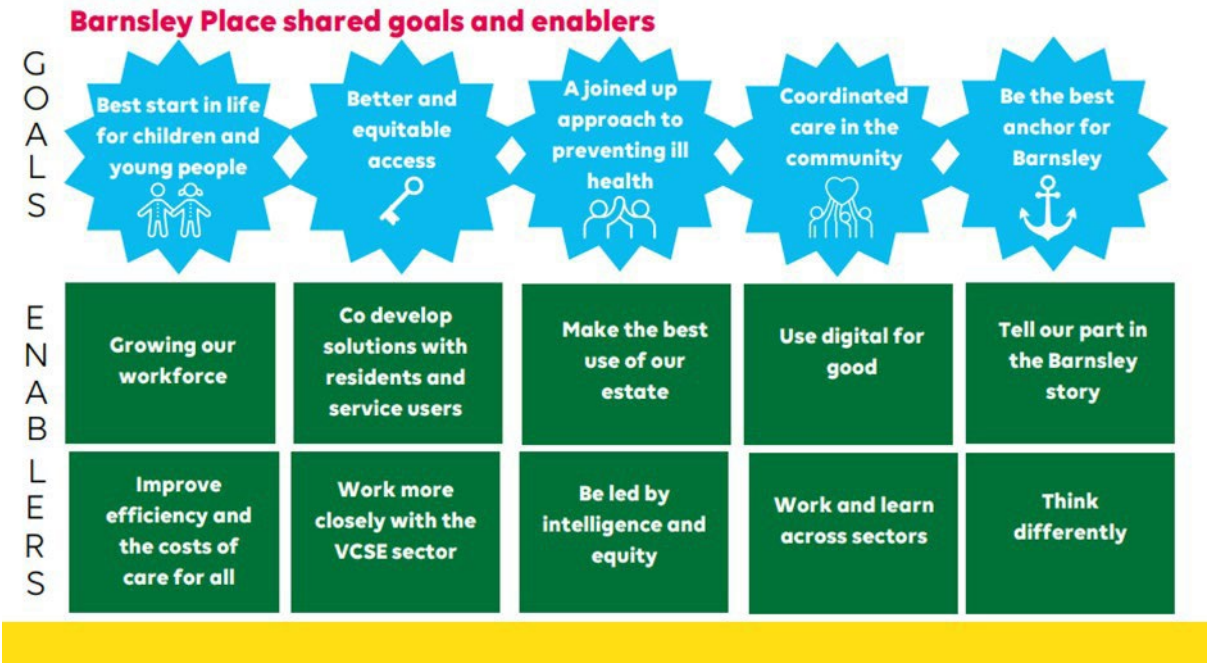
Barnsley Place Based Partnership

Barnsley's Place Based Partnership brings together health and wellbeing services from across the borough and is made up of representatives from us as a Trust as well as our partners: Barnsley Community and Voluntary Services, Barnsley Metropolitan Borough Council, Barnsley Hospice, Healthwatch Barnsley, South West Yorkshire Partnership NHS Foundation Trust and South Yorkshire Integrated Care Board.

This group is working together to integrate our services in Barnsley so local people receive seamless joined up health and care. By overcoming organisational boundaries, we want to be able to provide wellbeing and health support to people wherever and whenever they need it most.

We have recently developed Barnsley's Health and Care Plan 2023-25 which is a delivery plan which sets out the group ambitions that will help contribute to Barnsley 2030 and wider ambitions set out in:

- Barnsley Health and Wellbeing Strategy 2021-30
- Barnsley Mental Health and Wellbeing Strategy 2022-26
- Barnsley SEND Strategy 2022-25



A big focus of this work is how we will improve health and reduce health inequalities across Barnsley so we will be working through a three-tiered process which will look at us increasing support, improving core services and influencing wider determinants.

Over the last twelve months by working together we have made significant progress to improve and transform services for local residents. Some of the highlights include:

Admitted our first patients to virtual wards

In October 2022 we successfully launched virtual ward units that will support those with acute respiratory infections or frailty meaning these people can now receive the care they need safely and conveniently from home.

The virtual ward provides acute level, consultant led care, in the preferred place of care, to people who would otherwise require hospital admission.

We now have on average 50 patients on the virtual ward and will be looking to step up to 100 beds by December 2023.

Targeted Lung Health Checks start in Barnsley

The NHS free Targeted Lung Health Checks programme started in Barnsley in March 2023, offering those aged between 55 and 74 who smoke or have ever smoked a lung health check in convenient locations across the borough.

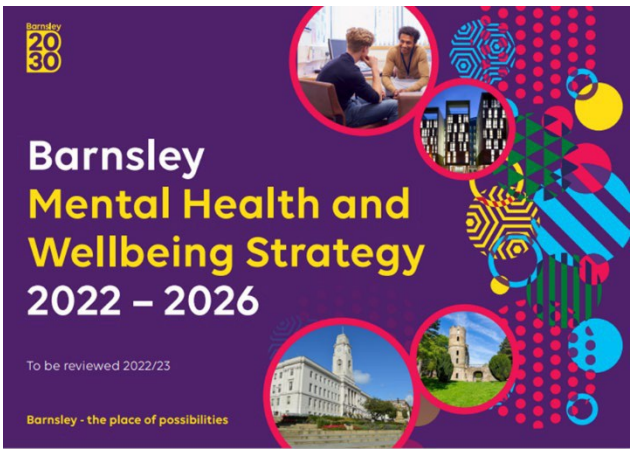
The mobile units came to Wath Tesco in the Dearne this week and invitations are going to all those eligible and signed up to a GP practice in the Dearne throughout March and April. The units will then move across the borough with the next locations earmarked for Central and North East. With all areas being offered the service by March 2024.

A Targeted Lung Health Check is a two-stage process in which lung health is assessed. A quick, initial phone call will take place to make sure the person is eligible for the programme, and then a respiratory nurse will conduct an assessment with the person over the phone.

If identified as someone with a higher chance of developing lung cancer, they will be invited to have a scan that will take a detailed image of their chest and, if a problem is found, they will be referred for treatment.

The launch of the Barnsley All Age Mental Health Strategy

This will ensure we have the conditions and culture to enable everyone within the local community to achieve their potential. This means residents of Barnsley will be able to enjoy those things that help them feel positive about their lives and gain access to support and compassionate services when they need them.



PROUD to care

Performance Analysis

2022-23 Strategic Objectives

Recovery, Building Back Better and Fairer

Our Mission : To provide the best possible care for the people of Barnsley and beyond at all stages of their life

PROUD to care

Best for Patients and the Public

We will provide the best possible care for our patients and service users

- We will deliver our defined quality priorities for 2022/23 and achieve outstanding care by seeking, visiting and learning from exemplary organisations.
- We will continue to listen to our patients and involve them in decisions about their care.
- We will focus efforts on recovery of core research activity, restart the development of non-Covid related commercial and innovation activities affected by the pandemic.
- We will continue to use digital transformation to support new ways of working and will build on solutions that enable our teams to work fully electronically and remotely in 2022/23.
- We will continue the development of our estate including a new Critical Care Unit build and delivery of capital programme in 2022/23.

Best for People

We will make our Trust the best place to work

- We will develop a caring, supportive, fair and equitable culture for all and create an organisational climate that supports Equality, Diversity and Inclusion.
- We will continue to ensure that we retain our staff and explore all opportunities to recruit to all vacancies across the Trust in 2022/23, including exploring innovative approaches where appropriate, and to ensure our organisation is correctly resourced.
- We will continue to provide and enhance the health and wellbeing support (including psychological support) for our staff in 2022/23.
- We will continue to develop our leaders and staff in 2022/23 trusting our staff to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.

Best for Performance

We will meet our performance targets and continuously strive to deliver sustainable services

- We will deliver the urgent care programme in 2022/23 to support best performance.
- We will meet all of our performance trajectories and national operational priorities in 2022/23.
- We will continue to respond to Covid-19.
- We take forward work to maximise productivity and eliminating waste across our services in 2022/23.
- We will deliver against our board approved financial plan in 2022/23.
- We will develop a long-term financial plan in 2022/23 which outlines the steps required to enable the Trust to get back to a recurrent balanced position in the next 3 to 5 years.

Best Partner

We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways

- We will further improve services across our region and meet the priorities set out in the Government White Paper on Integrating Care by continuing to work with partners at system level in 2022/23.
- We will work further on developing and agreeing our partnership models and continue work with local Trusts to sustain local services for the people of Barnsley and beyond.

Best for Place

We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health

- We will continue to play a key role in the delivery of Barnsley Place priorities 2022/23.
- We will act as an Anchor Institution to increase local employment and spend, reduce environmental impact and work as part of place to reduce health inequalities and improve population health.

Best for Planet

We will build on our sustainability work to date and reduce our impact on the environment

- We will build on existing work and exceed national expectations through the delivery of the Trust's Green Plan, the Active Travel Plan and the formation of a new Decarbonisation Plan.

Our Values

Respect
We treat people how we would like to be treated ourselves

Teamwork
We work together to provide the best quality care

Diversity
We focus on your individual and diverse needs

Our key achievements against each strategic objective:

Our annual strategic objectives are approved by the Trust Board. They are designed each year to support us in ensuring that we remain a hospital that is well run, that delivers the care our patients need and deserve and that our colleagues are well supported whilst at work.

Best for Patients and the Public - We will provide the best possible care for our patients and service users

A number of actions have taken place throughout the year to deliver our quality priorities, listen to our patients and transform our services:

Delivering our defined quality priorities and listening to our patients

- The Trust continues to use Tendable, an app based audit methodology, to measure and assess standards of care to prevent avoidable harm and reporting is now being adopted to present falls and pressure ulcer data to enable teams to identify areas for improvement and take appropriate action
- There are now very few registered nurse vacancies across nursing areas with 190 internationally educated nurses and 35 newly qualified nurses recruited between September and November 2022.
- The developing role of the Enhanced Support Volunteers continues to be supported by growing numbers of volunteers, with 45 now active. There are currently 158 people actively volunteering in roles across the Trust and a further 60 potential volunteers currently going through the recruitment process.
- As part of our Always Campaign all CBUs have implemented at least one focus event based on known feedback themes from patients, carers and families.
- As at end of Q3 67.5% of colleagues have completed the QI Introduction training module, on track to achieve 70% of colleagues by April 2023. 226 colleagues have completed QI Foundations training (7.5% of colleagues).
- Work continues to look at how environmental sustainability, health inequalities and equity can be incorporated into quality improvement work to support the anchor institution agenda. Training and the QI resource pack is being reviewed to also support this including the use of tools such as the vulnerability index.
- Engagement work and collaborative working is active and focused across a number of groups and communities in Barnsley; Barnsley Carers, Chilypep, BMBC, Barnsley Hard of Hearing Group. A number of service design and re-design projects have progressed in quarter 3 including; Ward 19 Care of the Elderly, Community Diagnostics Centre (CDC) Phase 2, Haven Room (children's ward).
- Supporting the place-wide approach to bowel cancer screening for people with learning difficulties (LD) and improving the Barnsley shared registers for people with LD and autism. Maternity services are taking forward work around black and minority ethnic (BAME) communities.

Research, Innovation and Technology

- The first commercial research study following Covid-19. RSV paediatric vaccine trial has successfully recruited and exceeded the recruitment target.
- £6M (bid over three years) was completed for Minimum Digital Foundations funding. This is awaiting treasury approval to finalise internal business case to complete necessary governance approval. Year 1 funding has been received and a plan is in place for year 2 and 3.
- A robotic process automation project for electronic referrals, which will reduce administration and facilitate sharing is now live with two-way texting next in the plan.
- Electronic prescribing phase 2 is live for fluids, infusions, blood products and oxygen. E-prescribing Outpatients are live for Endoscopy, Gastroenterology, Dermatology and Care of the Elderly.

Development of Our Estate

- Phase 2 of CDC is underway to provide additional facilities.
- Work is now completed on Barnsley Hospital's new £7.3m Intensive Care Unit.
- A number of health and wellbeing schemes are progressing, such as the Theatre changing rooms which have now been designed and tendered subject to final funding approval.

Best for People - We will make our Trust the best place to work

A number of actions have taken place throughout the year to support our goal of making our Trust the best place to work:

Culture, Equality, Diversity and Inclusion

- The Trust's NHS Staff Survey overall positive score is ranked 6th of the 62 Picker acute and acute community trusts, compared to being in 10th position in 2021. The Trust's colleagues engagement theme score is 7.0, compared to a peer average score of 6.8
- The Trust now have 12 Qualified Professional Nurse Advocates and a further 19 in training.
  Exploring ways to create inclusive recruitment opportunities. Recruitment guidance updated to include adoption of equality, diversity and inclusion values-based approach.
- Completion of Just & Restorative Culture training via Northumbria University in order to roll out a new approach in management of employee relations issues throughout 2023.
- Consultant in Public Health working with local health partners and educational institutions, including Northern College and Barnsley College, to establish the Barnsley Health and Social Care Academy and more generally improve local education, employment and professional development.

Retain our colleagues and explore all opportunities to recruit to all our vacancies

- Placements for people with learning difficulties and autism have been established with nine young people with learning difficulties and Autism are undertaking Project Search internship programme.
- Apprentice frameworks well utilised with 134 apprentices in the Trust.
- There are no Registered Nurse vacancies.
- We have an established pipeline of career progression for unregistered health care support workers to become Nursing Associates (NAs) or Registered Nurses (RNs) and have a conversion programme for NAs to become RNs. Our first cohort qualified in March 2023.

Health and Wellbeing

- 51 Health & Wellbeing Champions attended training sessions.
- Courageous conversations toolkit and training course launched.
- Positive Culture Dashboard created highlighting prioritised metrics, approved at People Committee and shared with the ICS.
- Task & Finish group to complete the NHSE self-assessment diagnostic tool to establish a baseline data and gap analysis against the health & wellbeing framework standards.

Colleagues development

- Aspiring/Arising/Ascending Talent Programmes commenced in January 2023 with 11 participants at various levels, including for the first time Bands 2 and 3.
- Clinical placement capacity has expanded across nursing and we continue to work to accommodate requests. Due to large deficits in placement hours for nursing students qualifying in 2022-23, we have offered additional hours to ensure timely integration into the registered workforce. We have worked closely with the Physiotherapy and Occupational Therapy Service Leads to expand clinical placement capacity within those professions for academic year 2022-23. There will be a focus on clinical placement expansion across midwifery across 2023.
- New hybrid working and home working policy and toolkit is in consultation for launch in 2023-24.
- Leadership and Organisational Development (OD) Strategy including Talent Management and Succession under development and due May 2023. Agreed recommendations in relation to these areas will be designed and implemented from June 2023 onwards.

Best for Performance - We will meet our performance targets and continuously strive to deliver sustainable services

A number of actions have taken place throughout the year to support meeting our performance targets and delivering sustainable services:

Urgent Care

- Virtual ward operational, funding agreed and recruitment ongoing to increase current capacity.
- Ongoing work is taking place regarding how to approach health inequalities within current pathways and planning. Established routine analysis of A&E activity by deprivation, gender, age, local geography. Worked with the Barnsley Health Intelligence Group to analyse Barnsley-wide health and social care pressures.
- Same day emergency care in place for medicine, surgery, frailty, gynaecology and paediatrics. Data submission to national benchmarking exercise and feedback awaited.
- Utilising all opportunities for resources, best practice learning at a national and regional level to support developing urgent and emergency care in Barnsley and improving on current performance.

Our performance trajectories and national operational priorities

- In line with challenges experienced across the NHS the Trust is not meeting constitutional performance standards, despite this we benchmark favourably across the majority of metrics and are very near top quartile for patients waiting less than 52 weeks and has zero patients waiting longer than 104 or 78 weeks, which is a national operational priority.
- Implementation of new booking rules to improve compliance on 2-week waits.
- Monthly theatre improvement group focused on day case rates and touch time utilisation established.
- PIFU is live in 12 Specialties and other services continue to hold discussions for roll-out in their areas. The number of patients moved to PIFU continues to increase. Both telephone and text and being used to validate the wait list and the use of PIFU pathways.
- All services where applicable provide advice and guidance services
- Involvement in South Yorkshire pre-assessment programme to reduce the number of patients arriving not fit for surgery and promote improved recovery from surgery
- Continued review of health inequalities data to consider actions required within elective recovery. Also through the commissioning of new analysis specifically on A&E attendance by Core20Plus5 measures and the recruitment to a new partner-wide public health management analyst.
- Vaccination programme undertaken through 2022-23 and The Trust has embedded the Covid-19 escalation framework into site management processes and is able to respond to any change in activity within 24 hours.
- The Efficiency and Productivity programme delivered above £12m of savings in 2022-23.

Best for Place - We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health

A number of actions have taken place throughout the year to support being at the heart of the Barnsley place partnership and to reduce health inequalities and improve population health:

Barnsley Place Priorities

- The Deputy Chief Executive is a member of the Barnsley 2030 goal group and leads one of the four 2030 goals, Healthy Barnsley. The Trust's Consultant in Public Health has supported the Healthy Barnsley group to explore health Barnsley 2030's role in addressing health and related inequalities. The Trust has supported a number of Barnsley 2030 development sessions.
- Core20Plus actions are informing work across Barnsley partners for each provider organisation to develop action plans that align with the Trust's three tier plan. Also work ongoing to develop the Vulnerabilities Index used through pandemic response into a something that can be used to target greatest need based on deprivation.
- The Healthy Lives Programme and Team has undergone a post-pandemic learning and development review resulting in a number of actions, including Alcohol Care Team becoming an early adopter for the Trust of Care Flow Connect digital ward system, plans to build the capacity and a specific QUIT improvement plan and recruitment to expand the tobacco control programme.
- The Trust has improved its measurement of a number of services against inequalities, including QUIT delivery, A&E activity, the RTT and patient treatment list, outpatient DNAs, sepsis pathway through the support of the Health Education England Leadership Fellow. This work is continuing to develop, including to inform service improvement plans to reduce inequalities identified.

Anchor Institution

- Anchor Institution work is progressing well and supported by the Trust's Anchor Institution Network where metrics in support of the charter work will be used when appropriate. Part of this progress relates to how the Trust increases support to the local economy, including working on successes of the CDC at the Glassworks with expansion MRI/CT in development. To foster local procurement any opportunities over £10k will now go to local postcodes first.
- Reusable PPE pilots have been a success and roll out will be taking place in 2023-24. Sub projects also a success, including the A&E Green actions, such as switching to reusable procedural and suture packs.
- There are currently many QI projects with outcome measures associated with the anchor and sustainability agendas for example the sustainable waste management in anaesthesia and critical care. The team identified that adhesive sharps pad could be removed from the arterial line packs and work is ongoing to understand the full benefits from a sustainability and environmental perspective.

- The Consultant in Public Health is working with local health partners and educational institutions, including Northern College and Barnsley College, to establish the Barnsley Health and Social Care Academy and more generally improve local education, employment and professional development.
- Supporting the Barnsley 2030 Board and Inclusive Economy Board to commit to actions to reduced inequalities, including promoting the real living wage
- The Trust chairs the Barnsley Health Equity Group which is promoting the use of the Trust's three tier framework for improving public health and reducing inequalities across health and wider partners. This includes work to develop anchor institution principles and an anchor network.

Best Partner - We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways

A number of actions have taken place throughout the year to support being at the heart of the Barnsley place partnership and reduce health inequalities and improve population health:

- Acute Federation delivery reports are shared through the Acute Federation board on a quarterly basis and the clinical strategy is in development
- The Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust have formalised their partnership through the substantive appointment of a Joint Chief Executive, with both trusts committing to build on the close relationship they have formed in recent years. A delivery plan is in development for 2023-24.
- The final draft of the pathology partnership agreement has been signed off and a joint business case for a joint integrated pathology IT system has gone to all Boards. The Barnsley/Rotherham gastroenterology partnership is in place with a shared rota and prioritised support to Rotherham in hours for Gastrointestinal bleeds. Software packages that support integrated working including a shared booking system and endoscopy systems are in place.
- The Trust continues to engage with partner providers to support system plans, utilising capacity within the Trust and at other sites to reduce long waits as a system.
- Sustainability reviews were taken forward with services and a baseline position produced to understand the challenges. Work will take place to address sustainability issues through 2023-24 working with partners where required.

Best for Planet - We will build on our sustainability work to date and reduce our impact on the environment

A number of actions have taken place throughout the year to support sustainability work and our impact on the environment:

- Good progression of the Decarbonisation scheme delivering the following:
  - Air Source Heat Pumps: Installation of new mechanical heating system in outer blocks with final commission taking place April 2023.
  - Building fabric: Education Centre and Z Block ground floor windows replaced. New roofs have been installed on outer blocks.
  - Installation of a new Transformer upgrade has taken place.
- A New Heat Decarbonisation Plan was completed and presented at the Sustainability Group meeting
- Delivery against Trust Green Plan against a number of initiatives delivering agreed priorities including:
  - Recycling bins: Recycled bins have been rolled out in all areas of the Hospital
  - Cycling Hub Installed outside O Block.
  - Reusable PPE: Following successful trials, a reusable PPE roll out will be taking place in 2023-24.
  - Furniture up-cycling: Supplier approved and now awaiting projects from departments.
  - Sustainability initiatives: A number of initiatives currently being rolled out including replacing single use suture packs with reusable in the Emergency Department. New paper hand towel system, new bins made in Barnsley, clinical waste bins made from recycled materials. Removed over 550k single use plastic following switch to paper with paper cup use also down by 200k. Following the decision to remove Desflurane anaesthetic gas which is one of the most pollutant, the Trust will reduce carbon emissions by 161 tonnes annually.
- The above initiatives are supporting local businesses, creating local employment and benefit the regional economy.
- Active Travel Plan: Recently inducted on a new NHS programme known as Step Up a Gear'. This will be led by experts to support Trust's to develop and implement active travel initiatives. This programme will feed into the new Travel Plan.
- Electric Vehicle Charging Points: 10 new colleague and 2 public charging points have been installed now bringing the total to 22.
- 75% of lease vehicles are electric, hybrid or plug-in hybrid, 21% petrol, 4% diesel.

Barnsley Hospital Trust Objectives 2023/24

Building on emerging opportunities

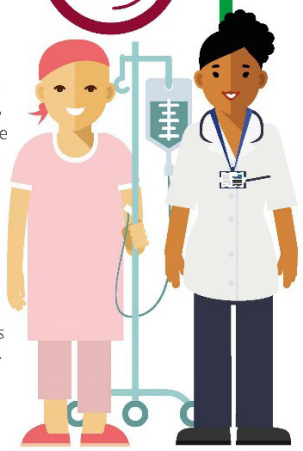
NHS Barnsley Hospital NHS Foundation Trust

Our Mission : To provide the best possible care for the people of Barnsley and beyond at all stages of their life

Best for Patients and the Public

We will provide the best possible care for our patients and service users

- We will deliver our defined quality priorities for 2023/24 and achieve outstanding care by seeking, visiting and learning from exemplary organisations.
- We will embed research as core business across the Trust, provide staff with access to support, guidance and time to progress research aspirations and identify a location for a research facility.
- We will embed innovation across the Trust and foster a culture whereby day-to-day activities are supported by innovation at the core of our hospital's work.
- We will continue to use digital transformation to support new ways of working and build on solutions that enable our patients to digitally access information to support their own healthcare needs.
- We will develop our estate to include phase 2 of the Community Diagnostics Centre development and delivery of capital programme.



Best for People

We will make our Trust the best place to work

- We will continue to develop a caring, supportive, fair and equitable culture for all and create an organisational climate that supports Equality, Diversity and Inclusion.
- We will continue to ensure that we retain our staff and explore all opportunities to recruit to all vacancies across the Trust, including exploring innovative approaches where appropriate, and to ensure our organisation is correctly resourced.
- We will continue to enhance the health and wellbeing support (including psychological support) and evaluate our offer with regards to take up and impact for our staff.
- We will continue to develop our leaders and staff, trusting our staff to care for our patients to a high standard and supporting them to continuously improve their own work and the work of others.

Best for Performance

We will meet our performance targets and continuously strive to deliver sustainable services

- We will deliver the urgent care programme to support top quartile performance.
- As a minimum we will meet our national operational priorities for Elective, Diagnostics and Cancer care.
- We will take forward work to eliminate waste and maximise productivity across our services working with place partners to support this.
- We will deliver against our Board approved financial plan.
- We will develop a long-term financial plan which outlines the steps required to enable the Trust to get back to a recurrent balanced position in the next 3 to 5 years.

PROUD to care

Best Partner

We will work with partners within the South Yorkshire Integrated Care System to deliver improved and integrated patient pathways

- We will work with and support delivery of the Integrated Care Partnership 5-year strategy and Joint Forward Plan by continuing to work with partners at system level.
- We will support the delivery of the 2023/24 Acute Federation priorities.
- We will continue to work with Rotherham Hospital NHS Foundation Trust on the agreed partnership delivery plan.
- We will work with partners across the system to enhance our role as an anchor institution through development in procurement, environment and energy, education and employment.

Best for Place

We will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health

- We will continue to play a key role in the delivery of Barnsley Place priorities 2023/24.
- We will continue to be an organisation committed to improving population health and reduce health inequalities and deliver our action plan across:
  1. Holistic and preventative care
  2. Targeting all core services to greatest need
  3. Our role as an anchor institution and a partner in Place

Best for Planet

We will build on our sustainability work to date and reduce our impact on the environment

- We will build on existing work and exceed national expectation through delivery of the Trust's Green Plan, the Active Travel Plan and the formation of a new Decarbonisation Plan.

Operational Performance in 2022-23

We are proud of our colleagues who have continued to provide care to our local population despite an incredibly challenging year. The Covid-19 pandemic continued to impact on operational delivery with Covid-19 infection numbers rising periodically, requiring colleagues to respond to changes in infection, prevention and control and revised Covid-19 testing guidance. This winter also saw a surge in influenza and a rise in childhood Strep A infections resulting in unprecedented demand for urgent and emergency care with extensive ambulance delays reported across the country.

Whilst the impact on the delivery of constitutional standards means performance remains below pre-pandemic levels, the Trust has delivered the national elective recovery objectives and continues to provide safe emergency care, focused on patient need.

Emergency Care

The four-hour emergency access standard was not delivered in 2022-23. The Trust achieved 61.8% against a constitutional standard of 95%. The number of attendances returned to levels seen prior to 2019-20 alongside repeated surges in Covid-19, winter influenza outbreaks in December and January and Paediatric STREP A in October and November. The department continued to test all admissions to hospital for Covid-19 to support appropriate placement and reduce cross infection and testing for Influenza was included between December and February.

The GP stream was reintroduced in 2022-23 supporting patients with primary care presentations to be seen away from the Majors area. Medical and Surgical Same Day Emergency Care (SDEC) areas continued to develop new pathways, including liaison with community services and the ambulance service to take patients directly into the unit, bypassing the Emergency Department.

The Trust responded to national guidance on reducing ambulance handover delays, delivering an overall reduction in those ambulances waiting longer than 1 hour to hand over. The Trust has supported other hospitals in South Yorkshire through the System Control Centre arrangements and ambulance divert requests.

Work has been completed on the new Intensive Care Unit (ICU), providing improved facilities for both patients and colleagues working in the area. Operational management teams are working with Trust colleagues to consider the need to increase general acute bed capacity, utilising the area released by the move of the ICU.

Cancelled Operations

Overall the number of cancelled operations in the year remained low with the Trust achieving 0.9% against our target of less than 0.8%. This is slightly above target due to weather related issues in the summer heatwave, workforce absence due to sickness and industrial action and other short-term infrastructure issues.

18-Week Referral to Treatment (RTT) Patient Pathway

The RTT target was not delivered due to the impact of the Covid-19 pandemic. The Trust achieved 75.2% against a target of 92%.

Activity has recovered at approximately 90% of pre-pandemic levels and the Trust is focused on increasing productivity and efficiency improvements to return to previous levels of activity. The percentage of elective activity undertaken as a day-case has increased in the latter months of the year, with all specialties reviewing and implementing examples of best practice from other hospitals.

The Trust ended 2022-23 with no patients waiting over 78 weeks. The Trust has reviewed all patients awaiting a procedure against agreed criteria to minimise any harm from prolonged waits.

The Trust has continued with non-face-to-face appointments, where appropriate, across outpatients, which alongside the triage of referrals and advice and guidance services, has reduced the need for unnecessary attendance at hospital. An external review of the Trust access policy and booking processes has improved the validation of the waiting list and led to the development of a training package for all colleagues.

The Trust continues to explore and evaluate digital solutions to further develop remote services for the future in line with the NHS operating priorities for 2023-24.

Cancer Access Target: Urgent GP referrals seen within two weeks

The Trust has narrowly missed the target for suspected cancer patients to be seen within two weeks. The Trust achieved 92.6% against a target of 93%. In year the Trust has implemented new booking rules aimed at first appointment within seven days and increased the number of ‘straight to test’ pathways aimed at reducing the time to diagnose cancer and enabling quicker referral for treatment, when appropriate.

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

The Trust has not delivered this standard for 2022-23. The Trust achieved 67.1% against a target of 85%. There has been a focus on those patients who have waited longer than 62 days due to the initial impact of the pandemic and the Trust delivered on the improvement trajectory of no more than 50 patients waiting over 62 days to start treatment by end March 2023.

The oversight and involvement of cancer services and the tracking of individual patients has supported the Trust in maintaining contact with patient and ensuring effective communication regarding appointments, treatment and outcomes. Navigator roles continue to improve the patient experience by improved communication and signposting to support services and information.

Diagnostic Tests

The Trust has not delivered on this target with 11.1% patients waiting longer than 6 weeks for a diagnostic test against a target of 1%. The Trust is ahead of schedule in recovery against the national requirements.

Endoscopy services have continued to increase capacity through weekend and evening working. The service triages all referrals to ensure those with urgent need or suspected cancer are seen within two weeks.

Imaging services have delivered the national six week waiting time with less than 1% of patients waiting over six weeks for a diagnostic test.

The Community Diagnostics Centre in Barnsley Glassworks has proved popular with colleagues and patients. The centre will be expanded in 2023 to include further imaging facilities alongside increased phlebotomy, breast screening, diabetic eye screening and respiratory tests.

Our Commitment to Patient Safety and Quality

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.

The Trust has continued to work to improve performance on the agreed targets for avoidable harms and avoidable hospital acquired infections

The Trust has invested in providing colleagues with Quality Improvement (QI) training to help introduce new ways of working and improve patient safety. The 'Proud to Improve' team has developed partnerships with external quality improvement experts to further enhance quality improvement systems. Having the skills to deliver change projects has helped the clinical leaders to achieve quality targets for Venous Thromboembolism (blood clots that start in a vein) assessments, recording of Acute Kidney Injury (AKI) status, escalation of the deteriorating patient and improve the management of patients with suspected Sepsis, although there is more to do to ensure antibiotics are received at the optimum time.

An inventory of all improvement work is shared to enable the spread of new ideas and the importance of patient and public representation within improvement work continues to be covered in all levels of QI training. We have continued to ensure care and treatment is based on the best available evidence using clinical audit to benchmark against national guidance and inform improvement plans.

In line with the Resuscitation Council Clinical Guidelines the Trust has adopted the Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a personalised recommendation for a patient's clinical care in emergency situations where it is not possible to make decisions or express wishes.

The Trust uses information from the Learning from Deaths process to monitor and improve the care we deliver The process starts with every in-patient death being scrutinised by an independent Medical Examiner (ME) who ensures as much accuracy as possible in determining the cause of death.

The Trust is proud to have a full ME service which offers a high level of assurance of independent review. The ME system removes unnecessary distress for families by listening to concerns and providing answers to questions about the cause of death, as well as explaining the medical terminology used in the death certification process. The ME service reviewed 100% of all in-hospital deaths and where indicated, further reviews are undertaken by our Structured Judgement Reviewers. in line with best practice.

The Learning from Deaths process is monitored alongside the adjusted Hospital Standardised Mortality Rate (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI), which have remained within the externally set statistical limits. Depending on the model used, it will exclude some or all of the Covid-19 activity.

The reduction of pressure ulcers is a key part of the Trust's Quality Strategy and performance is monitored through the Patient Safety and Harm Group and the Tissue Viability and Continence Steering Group.

The Trust aspires to deliver high standards of care for the prevention of pressure ulcers developed whilst in hospital. The standards of care are measured through Tendable Pressure Ulcer Prevention audit. When a pressure ulcer develops during a hospital admission an investigation is completed to review the care received and identify any learning that needs to be implemented.

In-patient falls are a cause of patient harm in acute hospitals. The Trust aspires to deliver high standards of care for the prevention of falls. The standards of care are measured monthly in all in-patient wards through the Tendable Falls Prevention Intervention Audit. We continue to measure monthly against our quality indicators and for 2022-23 we sustained greater than 90% on audit compliance and an average of over 95% on our enhanced care risk assessment audit compliance.

A Dementia Care Strategy is in place and we are committed to supporting our patients living with dementia along with their family and carers. As well as providing mandatory dementia training we have supported people to attend the virtual dementia tour bus which provides an experience of what it is like to live with dementia. In 2022 we also relaunched John's Campaign to support engagement and collaboration between families and carers to be centrally involved in the patient's care whilst in hospital. Also, in 2022 a Hearing the Voice event was held at the Trust with family members and carers of people living with dementia who had been in hospital to hear and learn from their experiences.

The Trust is committed in providing a range of reasonable adjustments to reduce health inequalities experienced by people with learning disabilities and autistic people. We have supported and provided reasonable adjustment for patients requiring surgery. For example, home visits for pre-operative assessments have been completed in an environment more suitable for the patient. The learning disability liaison nurse has conducted several home visits to support patients with extreme high anxiety where a hospital appointment would have cause increased distress.

Clinical leadership in quality improvement, venous thromboembolism, national early warning scores, mortality, acute kidney injury and sepsis has enabled the development of systems to prevent avoidable harm. We have continued to ensure care and treatment is based on the best available evidence using clinical audit to benchmark against national guidance and inform improvement plans.

The Trust has built capacity in the Quality Improvement team to reflect the importance of improvement, innovation and quality in making services better for patients and colleagues. The 'Proud to Improve' team has developed partnerships with external quality improvement experts to further enhance quality improvement systems and we are on target to deliver quality improvement training to 70% of our colleagues by 2023. The number of improvement projects has increased over the year with some being submitted for external awards. The team aims to keep the momentum going by increasing the use of quality methodology in everyday reporting to identify where improvement is needed and to celebrate where improvement has been sustained.

The Trust has implemented the In Pursuit of Quality Programme (IPoQ), this is a collaboration with the wards and departments to review performance and quality metrics over a 12-month period. It allows the area to celebrate success and recognises areas they want to improve over the next 12 months by adopting a quality improvement method.

The Trust's level of patient satisfaction has remained high with 89% of patients from all in-patient areas across the Trust reporting that they would recommend our hospital to their family or friends.

The Trust is delivering the national patient safety agenda by promptly benchmarking against and enacting any updates from the National Director of Patient Safety. A Patient Safety Bulletin is issued via email to all colleagues within the Trust to rapidly cascade any important patient safety matters and a Time to Learn Bulletin enables reflection and learning from incidents. These are issued from the Director of Nursing and Quality and the Medical Director.

Infection Prevention and Control

Effective infection prevention and control remains vitally important to the Trust' efforts in caring for our patients and ensuring a safe working environment for our colleagues during the year.

The Trust operated the following measures, safeguards and support during the period:

Clinical:

- Provided infection prevention and control advice to colleagues and patients.
- Acted on all positive in-patient results of alert organisms, giving advice and support to colleagues on how to manage care.
- Reviewed all patients with an infectious/potentially infectious organism.
- Supported care homes, GP practices and home care providers with advice, support, training and outbreak management in line with the current contract.
- Conducted a Consultant Microbiologist led ward round to review those patients with an infectious/potential infectious organism.
- Conducted a daily Consultant Microbiologist ward round on ICU.
- Undertook and supported ward teams in undertaking root cause analysis.
- Provided support the Outpatient Parenteral Antimicrobial Therapy (OPAT) and weekly multi-disciplinary team meeting for OPAT with close monitoring for antimicrobial treatment and resistant organism.
- Collect, provided and disseminated antimicrobial consumption data for the Trust.

Training:

- Provided advice on the correct use of PPE to clinical and non-clinical colleagues.
- Provided training and education in regards to prudent use of antimicrobial for clinical and non-clinical colleagues
- Undertook a 'train the trainer' programme for mask fit testing.
- Developed infection prevention and control update sessions to be accessed via Vimeo.
- Provided infection prevention and control training to clinical and non-clinical colleagues in the Trust.
- Promoted awareness events; hand hygiene and infection prevention and control.
- Maintained public information boards.
- Maintained the *'hand hygiene champion'* programme.
- Established an infection prevention and control Link Practitioner programme.

Operational

- Provided regular communications to ensure that infection prevention and control advice is available to colleagues through a variety of accessible formats.
- Worked alongside procurement and the Health and Safety lead to build resilience and sustainability into the Trust mask fitting programme.
- Liaised with Silver Command on the numbers of Covid-19 positive in-patients.
- Maintained a Covid-19 database and daily updates from the Trust.
- Maintained surveillance on alert organisms and alert conditions.
- Maintained a community infection prevention and control website with the Communications team designed to be accessed by community care providers and primary care colleagues.
- Worked alongside colleagues on the Acorn Unit to develop a process to safety manage visiting.
- Lead the post infection review process on healthcare-associated infections.
- Provide statistics on healthcare-associated infections to ward teams.
- Worked alongside Barnsley Facilities Services regarding building projects and capital schemes.
- Updated policies and procedures in relation to infection prevention and control.

Freedom to Speak Up (FTSU) and Raising Concerns

Our FTSU Strategy aims to make speaking up business as usual throughout Barnsley Hospital.

We will ensure that that everyone in the Trust feels safe to raise a concern and know that they will be listened to, taken seriously and the issue acted upon appropriately.

Working in alignment with the Trust Strategy 2022-27, we will make our Trust the best place to work. Our people, the NHS colleagues working in our organisation, are our most important asset and we will deliver our ambition that everyone who works at our organisation feels valued and has an equal and positive experience. This strategic framework also sets out a journey towards gaining greater assurance about our speaking up culture and the quality and consistency of how the Freedom to Speak Up Guardian role is implemented.

In alignment with the National Guardian Office we have themed our strategic framework into four core pillars of support: **Workers; Freedom to Speak Up Guardians; Leadership;** and **The Healthcare System.**

How we work:

As we pursue our mission to make speaking up business as usual, we will:

- Work in **partnership**
- Listen to diverse voices
- **Embed Freedom to Speak Up in everyday practice**
- **Respond to and influence** the changing landscape of healthcare
- **Use data and intelligence** to inform our decisions
- Regularly seek **feedback** on what we do.

We will role-model the Freedom to Speak Up Guardian values of:

- **Courage**: speaking truthfully and challenging appropriately
- **Impartiality**: remaining objective and unbiased
- **Empathy**: listening well and acting with sensitivity
- **Learning**: seeking and providing feedback and looking for opportunities to improve.

Patient Experience and Engagement

Person Centred Care

During 2022-23 the Trust has continued to demonstrate a commitment to providing patient centred services through consistent engagement and listening to feedback to inform service improvement, re-design and co-design activities. The Patient Experience, Engagement and Insight Group is a formal sub group of the Trust's Quality and 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

The Patient Experience and Engagement team are focused upon driving engagement based upon the feedback we receive and involving our service users to help us to provide the best possible experience of care. Involving patients, carers and their families in making decisions about their care can lead to better outcomes and a better overall experience.

Service Improvement, design and co-design

The Patient Engagement and Involvement Toolkit is being utilised effectively by services, with the support of patient experience, to involve service users in improvement, re-design and co-design opportunities which during 2022-23 have included:

Community Diagnostic Centre (CDC) Phase 2 engagement - The CDC has moved in to phase 2 with the planned expansion of services accessible at the centre. The Engagement Group, which included service users involved in phase 1 and also those who are users of the new services coming to the centre, met on 17 March 2023 for a tour of the CDC followed by an informal meeting at Barnsley Library to hear their feedback about the centre. The group had input into the artwork which will be provided and displayed at the centre by Barnsley Museums. Further feedback will be requested once more design ideas are available. The group also had the opportunity to share ideas about the centre environment, methods of communication and how we share information. Feedback was extremely positive about the centre and the group was pleased to learn the details of the expansion and the services soon to be joining.

In response to feedback from service users regarding accessibility, service pathway videos incorporating BSL have been developed to support those attending the Community Diagnostic Centre.

Ward 19 - Engagement activity was undertaken with carer/service user groups in December 2022 to support the planned redevelopment of ward 19, as part of the Make a Memory' appeal, and purpose designed activity area for patients.

Intensive Care Unit - Service users who had been involved in the design of the new unit were invited to the official opening on 24 March 2023 and fed back on how much their involvement in the programme meant to them and the difference the new unit will make to service users, colleagues, patients going forward.

Proactive Engagement

The Patient Experience team have established links with Barnsley Carers, BIADS (Barnsley Independent Alzheimer's and Dementia Support Group) Talkin' Tarn (SEND and Autism), Cloverleaf (self-advocacy group for adults living with a learning disability, autism or both), Barnsley Beacon (support for carers who support people with substance misuse, disabilities, mental health, dementia, or who are elderly), DIAL (supporting people with learning disabilities, their family and carers) and the Mental Health Forum. These links will support future engagement activity for service improvement, re-design and co-design opportunities.

In September 2022, the Patient Experience Group were invited to meet with the Barnsley Hard of Hearing Group at Market Kitchen in Barnsley Town Centre. The group were able to feedback on some of the difficulties they face when attending the hospital for their appointments. The Patient Experience team provided information on the support and resources available at the hospital and were also there to answer questions and provide advice. Feedback from the group was used to inform ongoing plans, development and co-design. An engagement session was held in November 2022 that gave colleagues the opportunity to 'hear the voice' of those caring for someone with dementia and understand the challenges they face when attending the hospital with the person they care for. The Trust are currently trialling blue wrist labels in the Emergency Department to identify patients with dementia so that appropriate care and support can be provided.

A Carers Coffee and Chat session was held in Colliers Restaurant in January 2023 in partnership with AGE UK, Barnsley Carers, BIADS and with support from the Learning Disability and Dementia Specialist Nurses.

This provided an opportunity to listen to feedback from carers and share information about:

- John's Campaign
- Reach Out to Me
- Butterfly Scheme
- Red Tray Pathway
- Volunteers Meet and Greet Service

The session was a success with referrals made to some of the services in attendance and a keen interest for future sessions to be planned.

The Patient Experience and Engagement Team is supporting the Public Health Specialist Registrar and CBU colleagues in the delivery of the health inequalities action plan by facilitating patient engagement and service user co-design of services. Data is currently being collated to identify areas of focus. Engagement links are being established in the meantime.

The Always Campaign

The Always Campaign is aimed at making improvements on service user feedback of 'what matters most' when attending the hospital. Elements of the Always Campaign progressed throughout 2022-23 and have been aligned to clear identified Always Event workstreams to support delivery in 2023-24:

Always Event 1 – Patients Are People – three things about me

- We will always take the time to get to know you

Always Event 2 - Check-In, Check -Out

- We will always treat you with kindness and patience
- We will always support you through your fears and worries
- We will always use language that is clear and jargon free
- We will always take time to check that you have understood the information you have been given.

Always Event 3 - Welcome Packs

- We will always tell you who to contact for information about the person in hospital
- We will always tell you who to contact for support and advice following discharge from hospital.

Always Event 4 - Partners in Care

- We will always ensure that you are treated as an individual and any specific needs are identified, considered and supported
- We will always explain your care and treatment plan with you
- We will involve you and those who support you in all decisions about your care and treatment.

Always Event 5 - Supporting Discharge

- We will always involve you in decisions about your discharge
- We will always ensure that you are discharged from hospital at the right time, to the right place and in the right way.

Engagement and Governance

The Patient Experience and Engagement team attend the Barnsley Involvement, Equality and Strategic Group, Mental Health Accountability Group, the Care Partner Advisory Board and the Barnsley Carers Strategy Steering group for oversight and for internal coordination of related workstreams.

Feedback and intelligence from local service user forums and other feedback mechanisms, is fed back in to the relevant Trust steering groups including the Dementia Strategy steering Group and the Mental Health Strategy steering Group.

The team also provide support to internal transformation and improvement programmes including the Personalised Outpatient Programme and the Discharge and Patient Flow workstreams.

The Trust has a dedicated social media page for the purpose of engagement and involvement. Service users are also invited to join the Patient Panel and share their experiences of care through our social media channels, complaints processes and when they are interacting with us in regard to feedback or service improvement, design or re-design.

The Trust has a mechanism of responding to feedback via complaints, concerns, the NHS Friends and Family Test (FFT) and other national and local sources of feedback. The CBUs use this intelligence to inform local action planning when considering service improvement. During 2022-23 the Trust will begin to roll out plans which support the move towards real-time patient feedback.

Voluntary Services

The Voluntary Services team have welcomed back 170 volunteers since Covid-19 restrictions were lifted.

Recruitment to the new Enhanced Support Volunteer (ESV) role continues with 50 ESVs now in active volunteering work across 13 of a potential 18 inpatient ward areas and the Emergency Department. A further 33 volunteers are going through recruitment and induction processes. Recruitment and the identification and implementation of new volunteering initiatives will continue throughout 2023-24.

Active recruitment via NHS Jobs and social media continues and links have been established with Barnsley College, Barnsley CVS and the Job Centre, where the team have presented volunteering opportunities throughout the year. Whilst the number of ESV's has increased, significantly, there is an opportunity for ESV's to use their volunteering experience to access further education or employment which the Trust absolutely promotes but this does have an impact on the turnover of ESV's.

The voluntary services coffee shop reopened and has been a great success. The team are in the process of expanding the service to provide refreshments to the Emergency Department.

The team continue to engage and involve volunteers through various channels including Better Impact (Volunteer Management Software), newsletters, regular communication updates, zoom meetings and a virtual suggestion box.

Complaints

During 2022-23 the Trust handled 291 formal complaints, a decrease on the previous year's total of 305. All complaints were acknowledged within three working days in line with the national standards.

The Trust has continued to strive to respond to all formal complaints within a 40 day time period from date of receipt. This target remains challenging, with 68% of formal complaints responded to within that target. Work has been ongoing with the CBUs and Executive Team to improve timeliness of responses to statement requests to facilitate a more rapid response to complainants, and this will be monitored closely during the upcoming financial year.

Following investigation, complaints are given the outcome of 'Upheld', 'Partly Upheld', or 'Not Upheld'. A complaint is upheld if the concerns raised/allegations made are found to be accurate, partly upheld if any single element of the complaint is found to be accurate (including issues of communication or attitude), and not upheld if found to be wholly inaccurate. Higher percentages of upheld or partly upheld complaints is widely accepted to be indicative of a Trust's responsiveness to learning and acknowledging patients' experiences, and is not indicative that the Trust is not learning from complaints. Overall, the Trust upheld or partially upheld 64% of the cases it investigated, a decrease in upheld complaints comparable to data from 2021-22.

Learning and actions from complaints continue to be reported and monitored monthly via the Patient Safety and Harm Group, with examples of actions taken as a result of complaints published on the Trust website to demonstrate the Trust's commitment to listening to and acting on patient feedback.

In addition to formal complaints our Patient Advice & Complaints Team handled a total of 2,012 concerns and general enquiries, again a slight decrease from the 2,111 received in 2021-22.

Service Delivery and Development

New Intensive Care Unit

Barnsley Hospital completed work on a new £7.3m Intensive Care Unit (ICU)

The new 16 bed unit, which has facilities to increase beds to 24 should the need arise, replaces the previous seven bed unit to meet current and future demand for critical care beds, supporting safe use of required equipment directly at the bedside. This extra space will provide for delivery of physiotherapy and critical care rehabilitation at the bedside in line with national health guidelines.

Realising this development will provide the Trust with a co-located ICU and Surgical High Dependency Unit (SHDU), which is not only an effective use of resources, but will also improve patient journeys in an appropriate and safe care setting. It will have more storage and ancillary spaces for all the activities of a modern critical care unit.

Patients will benefit from access to natural light and improved privacy among many other general improvements. Evidence indicates improved patient wellbeing leads to a shorter ICU stay, speedier recovery, and earlier discharge. Relatives will also have improved facilities and more space, closer to their loved ones.

Community Diagnostic Centre (CDC)

Our Community Diagnostic Centre (CDC) is based in The Glass Works in Barnsley Town Centre. It offers vital testing and screening services in a convenient location in a fresh and modern environment.

Barnsley's CDC is the first of its kind to be sited in a town centre mixed retail and leisure facility.

This high-tech healthcare unit in the heart of Barnsley is staffed by a multi-disciplinary team of hospital colleagues opened for Phlebotomy services on 18 April 2022.

Since then, the unit has been welcoming patients for ultrasound, breast screening (Mammography), plain film X-ray and DEXA (bone density) scanning.

The Glass Works is a town centre mixed development comprising retail, restaurants, cafes and leisure facilities. Opened in 2021 it includes an indoor market space and is part of Barnsley's wider town centre redevelopment.

The Trust is working in partnership with local and system partners regarding potential plans for phase two of the project, consolidating existing services at the CDC, whilst working towards extending the offer by the way of introducing new services/modalities.

The convenient and accessible location in the heart of Barnsley will not only provide greater local capacity for these vital diagnostic services, but it's hoped more people will feel able to attend their regular check-ups and so help in early detection of disease.

Acorn Rehabilitation Unit

Our Acorn Unit is for people who need extra support, care and rehabilitation. Acorn provides care that prevents many hospital stays and supports patients on discharge from the hospital. The unit is for patients whose intermediate care and rehabilitation cannot be provided in their own homes.

Colleagues on the unit work closely with patients, carers and community health and social care colleagues to provide therapeutic assessment and treatment. People will usually stay in the unit for around two weeks.

The Acorn Unit aims to support people to achieve optimal independence. Patients are referred if:

- They have been unwell, or have been in hospital, and may require a further period of rehabilitation before going home or to a usual place of residence.
- They are currently in hospital and have been identified as medically well enough for discharge but require ongoing support.
- They have been seen by the hospital or community therapy or nursing team and would benefit from intermediate care intervention.

Investments in Digital

Electronic Prescribing Solution

The Trust continued to improve our new electronic prescribing solution by going live in outpatients to replace the paper prescriptions. We are improving our patient safety in respect to medications and there is substantial research that supports this. This considerable technology investment is designed to put the Trust at the forefront of digital maturity and is a continuation of our Information, Communications and Technology (ICT) Digital Transformation Strategy. We also implemented complex infusions, fluids and oxygen prescribing.

New Digital Clinical Messaging System

Over the year we have improved our clinical messaging system, Careflow Connect, that allows unified handovers, referrals and transition of care across our patient's journey in our hospital. This means clinicians are immediately alerted to any issues or if the patient needs any specialist treatments or concerns that need special attention. Patient's care will be even more effective and safe during their treatment with us.

Improved Digital Communications

Over the past year we have been working hard to make sure we have two-way communications with our patients so they can confirm, rebook or discharge their outpatient appointments when they are sent a reminder. We have also made letters available digitally for our patients as soon as they are sent. If our patients don't use digital solutions a paper copy is sent through the post. These appointments and letters will be available on the National NHS App. This allows our patients to have more control over their care and helps us to reduce wasted clinical time when patients fail to turn up to their appointments.

Replacing our patient healthcare paper records with a fully electronic solution.

Since November 2021 we have been scanning our paper records at an incredible rate and when our patients present in our hospital their record will be instantly accessible by the clinicians who treat them. 86 million pages of patient notes are now stored in this new solution and we expect all of our paper patient healthcare records to be digital by September 2023. The ease and speed of this system frees up our clinicians to spend more time on direct patient care. We plan to share this information digitally with all our partner healthcare organisations making the transfers of care as seamless as possible. We are planning on implementing a single, at a glance, patient portal that unifies all the important clinical information on a single screen. We expect to meet the national digital maturity targets by 2025.

Robotic Process Automation

In March 2023 we went live with our first automation to help reduce the administration burdens of our colleagues, by automatically registering referrals. We plan to automate cancelling of appointments and improving the flow of clinical information in our Emergency Department in 2023-24.

Barnsley Hospital as a Sustainable Organisation

Following the launch of our Green Plan last year, we have been working towards delivering on our environmental commitment to ensure we achieve our 2040 net zero goal. We continue to lead in delivering environmental change locally and within South Yorkshire and are proud to share our achievements over the last year. Here are some highlights of the progress we have made this year

Decarbonisation

The Trust was successful in its bid for funding of £3.72m from the Public Sector Decarbonisation Scheme (PSDS 3a). This scheme is the single most significant energy-related project the Hospital has been involved in since it was built. We have installed a new electrical transformer which will allow us to import more power from the grid and will accommodate our increasing electrical demand as we move towards electrification. In addition, the funding has allowed us to install highly insulated roofs together with five large air source heat pumps to our outer blocks, which will reduce our demand for fossil fuels. We have also replaced all the windows in the Education Centre and installed new controls to make the building more efficient. The ageing Building Management System has also been replaced for better control and monitoring.

Waste

Following the rollout of mixed waste recycling bins across the entire site, this year saw the rollout of outdoor mixed waste recycling bins, which have been placed at all of our main entrances across the hospital. We are proud to share that we have zero waste to landfill, where all of our waste is recycled or is used to create energy to supply the local grid.

Anaesthetic Gases

One of our Consultant Anaesthetist's Dr James Turnbull led a project to successfully remove Desflurane, which is the most-highest polluting of all the anaesthetic gases, from use in theatres. With this change, we will save 161 tonnes of CO2. We also carried out our very first leak detection surveyof the Nitrous Oxide manifold using state-of-the-art ultrasonic testing equipment. The survey found three leaks in the system which would typically go undetected. The leaks have now been repaired, further reducing our carbon footprint.

Procurement

We have been working with colleagues in our Emergency Department to switch to more sustainable products. This year we have implemented a number of initiatives, including trialling a new paper hand towel system to reduce wastage. Following a successful trial, we will roll out the new dispensers in more areas. Our Emergency Department used single-use SpO2 monitoring devices and single-use suture packs. We have now switched to reusable, reducing both waste and saving money. The Trust uses a considerable number of sharps bins made from plastic that were shipped from China. We have now switched to a company that makes them in the East Midlands using recycled materials, reducing our environmental impact.

Travel

To support low-carbon travel, this year we have implemented a 1-mile exclusion zone which means colleagues that live within 1 mile can no longer qualify for an onsite car parking permit. The diesel vehicle ban implemented on vehicles leased on the NHS Fleet Solutions colleagues vehicle lease scheme has been positive, with 75% of all vehicles being electric, hybrid or plug-in hybrid and only 4% being diesel. These are legacy vehicles, and by 2024 we will have zero.

NHS Sustainability Day

To mark NHS Sustainability Day, our Energy & Sustainability Manager, Head of Facilities, and Porting Manager set a stall in Collier's restaurant, showcasing their work and meeting colleagues across the Trust. The event was hugely popular, with positive responses from colleagues and visitors.

Future Priorities and Key Objectives

Key priorities for 2023-24 include:

- Continue delivery of our Green Plan objectives and Heat Decarbonisation Plan.
- Submit bids for external funding to support the installation of energy-efficient technologies and infrastructure.
- Review the potential to install rooftop solar panels.
- Participate in National Clean Air Day and NHS Sustainability Day.
- Investigate the potential to remove the Nitrous Oxide manifold with a local delivery system.
- Develop a Trust video to highlight our vision, showcasing some of the work being done across the site.
- Setting an emissions cap on lease vehicles.

This report shows examples of initiatives helping us achieve our environmental sustainability commitments.

Much of our progress is through collaboration with our external partners, including working with Barnsley Metropolitan Borough Council, South Yorkshire ICS, Barnsley Place and other regional and national partners.

To meet our targets and become a truly sustainable organisation, we will also require the continued dedication of all our colleagues in delivering the Green Plan.

A full copy of the Green Plan can be downloaded from the Trust's website here:
https://www.barnsleyhospital.nhs.uk/uploads/2022/03/Barnsley-Hospital-NHS-FT-Green-Plan-2022-27.pdf

Research and Development (R&D)

We continue to perform exceptionally well in research and development and are expanding our research portfolio.

At year end the Trust overall position for 22/23 is as follows:

Active Principal Investigators
Overall: 42[1]
CBU1: 20
CBU2: 13
CBU3: 9
CORP: 1

Active Studies
Overall: 70
CBU1: 33
CBU2: 19
CBU3: 15
CORP: 3

Commercial Studies
Overall: 10
CBU1: 7
CBU2: 2
CBU3: 1
CORP: 0

Non- Commercial Studies
Overall: 60
CBU1: 26
CBU2: 17
CBU3: 14
CORP: 3

New Studies Opened
Overall: 14
CBU1: 3
CBU2: 3
CBU3: 7
CORP: 1

Participants Recruited
Overall: 512
CBU1: 306
CBU2: 159
CBU3: 47
CORP: 0

Studies Closed to Target
Overall: 80% (8/10)
CBU1: 50% (2/4)
CBU2: 100% (5/5)
CBU3: 100% (1/1)
CORP: NA

Studies on track to meet target
Overall: 87% (26/30)
CBU1: 100% (16/16)
CBU2: 86% (6/7)
CBU3: 57% (4/7)
CORP: NA

Study Visits this year
Overall: 1462
CBU1: 834
CBU2: 501
CBU3: 127
CORP: 0

Patients pre-screened
Overall: 5813
CBU1: 1734
CBU2: 985
CBU3: 3094
CORP: 0

[1]1 R&D investigator covers studies in two different CBUs

Recruiting Patients to our Studies

The team recruited 512 participants into Clinical Research Network (CRN) portfolio studies during 2022-23.

Significant improvements have been made in relation to recruitment to time and target with this standing at 80% for studies which closed in 2022-23 and 87% of studies still open are on track to meet target. This metric measures an agreed number of participants to be recruited to a study in an agreed timeframe from when the study is approved.

The Trust has achieved excellent recruitment to commercial studies this year with 63 patients recruited. This is significantly higher than other comparable Trusts within Yorkshire and Humber, ranking 7th among all 22 Trusts in the region and the 2nd highest of non-Teaching Hospitals.

Study Portfolio

The Trust continues to work hard to ensure a balanced study portfolio. The study mix in 2022-23 is presented below:

Study Type	Number of Studies	Recruitment
Commercial	10	63
Continuing Care	3	0
Interventional	18	27
Large Interventional	3	78
Large Observational	9	204
Observational	21	140
PIC Site	6	0

Efforts have focused on developing two areas this year a) Growing the commercial portfolio and, b) Delivering more interventional studies which are inevitably more complex, but also provide greater research opportunities for our population.

Raising Awareness and Engagement

Raising awareness and developing better communications has continued to be a priority. An improved website and social media approach has increased visibility and audience reach. The website can be viewed here:
www.barnsleyhospital.nhs.uk/research

Education

The team have delivered a series of education sessions across the Trust.

Regional Internal Medicine Training (IMT) teaching was received positively. A short video has been produced, that demonstrates a walkthrough of research. The video can be viewed on the R&D intranet site and is used for training purposes.

Student Placements

Medical students undertaking their student selected component (SSC) placement from the University of Sheffield worked with the team for six weeks. Students gained experience in recruitment, consent, data entry and data analysis. This was the first placement where the students had opportunity to work in a hospital setting, visiting clinical areas and working alongside clinical colleagues, patients and their relatives.

Trust Induction

Research and Development is presented at Trust induction for Nurses, Junior Doctors and Consultants to raise awareness of research across the Trust.

Clinical Research Network (CRN) Feedback

The Research team are performance managed by the CRN which focusses on ensuring the Trust recruits study participants according to a nationally driven time and target deadline.

80% of studies in 2022-23 closed to target within the recruitment window (national minimum target required is 80%) an increase from 53% the previous year.

Information is collected from research participants regarding their experience. The Trust received a 157% response rate of our CRN the mandated target.

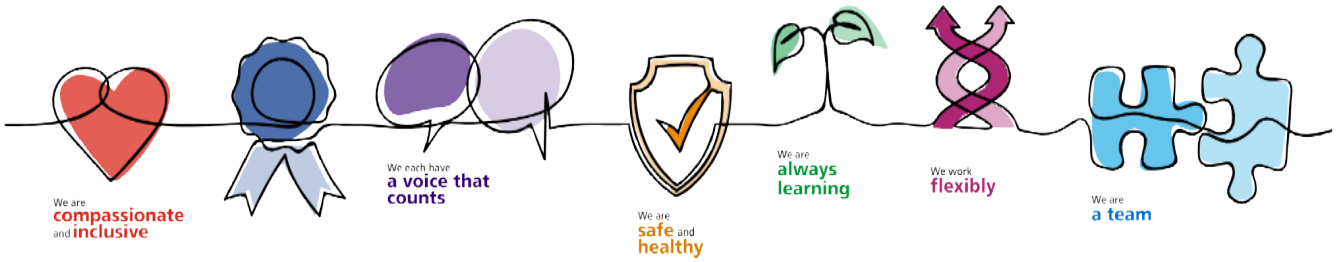
Quality and Safety

The Trust continues to focus on delivering research and achieving the targets set by the CRN. The R&D team have attended bespoke training in relation to study sponsorship, regulatory compliance and monitoring data quality. Risks that are registered on the corporate risk register have a plan in place to ensure that risks are captured, reported and managed appropriately.

NHS Staff Survey and Colleague Engagement

The annual NHS Staff Survey was undertaken in the reporting period. Feedback is one of the best ways for colleagues to share their views about their role, our organisation and the NHS. Importantly, results from this survey are used to improve the care for patients and working conditions for colleagues.

The questions in the NHS Staff Survey are aligned to the national NHS People Promise. This sets out, in the words of NHS colleagues, the things that would most improve their working experience, and is made up of the following elements:



The overall results for Barnsley Hospital were extremely positive this year and show a number of improvements since the 2021 survey. This year 56 percent of colleagues responded, which is higher than the national average of 46 percent.

The survey is split into nine themes that make up the NHS people promise. The Trust scored higher than the average Acute Trust for each of these themes.

The Trust has the highest scores in England for compassionate leadership, flexible working and team working and the aggregate Trusts scores across these nine themes are the highest of the 13 Acute Trusts in Yorkshire and The Humber.

Whilst the Trust is proud of the results, there is still more to do to make sure that everyone who works at our Trust has the same positive experience.

The results for the whole organisation and individual CBUs are disseminated to departments across the Trust to determine actions to be taken this year to further over the coming year.

Detailed information on the NHS Staff Survey results is on page 91.

Financial Overview

At the start of the pandemic, in 2020-21, emergency funding measures were introduced. These measures included the cessation of payment by results (PbR), the introduction of block contracts, and additional funding allocations for top-up, Covid-19 and latterly elective recovery. These revised funding arrangements continued into 2022-23.

The figures in the following section are the NHS England and Improvement (NHSE/I) reportable numbers, which includes the Trust and BFS, but excludes the Charity.

The plan agreed for 2022-23 was for the Trust to deliver a deficit of (£8.848m), with the deficit being as a result of a long-standing issue due to the funding mechanisms for top-up resulting in Trusts full capacity cost being unfunded. In 2021-22 the ICS provided additional allocations to mitigate the funding shortfall, however, for 2022-23 this additional funding has been removed, resulting in the deficit plan. The aggregate ICS plan for 2022-23 was to breakeven.

The Trust finished 2022-23 with a deficit of (£6.171m).This was inclusive of a land and buildings fixed asset impairment of £4.754m, income and depreciation in respect of donated assets £0.005m, and granted assets income (£3.705m). The adjusted financial performance, as assessed by NHSE/I, was a deficit of (£5.117m), which was £3.731m ahead of plan.

The Group position, inclusive of the Charity was a deficit of (£5.746m).

Principal Risks and Uncertainties for 2023-24

At the time of writing the Trust has a planned deficit position for 2023-24 of £11.2m, with some allocation issues still to be resolved with the ICS. This has created 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 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.

We will continue to manage these risks throughout 2023-24 and ensure that we again deliver our financial plan.

A summary of the key financial risks, mitigations and impacts for the year ahead is included in Annual Governance Statement on page 143.

The block arrangements, introduced during the pandemic, will continue within the ICS into 2023-24, with the exception of planned care recovery, which will be based around actual activity delivery. The Trust will be required to operate within an agreed financial envelope.

Preparation of the Annual Report and Accounts 2022-23

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2022-23.

The Accounts have been prepared under the direction issued by NHS England (NHSE) 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 2022-23, 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.

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In accordance with the Department of Health Group Accounting Manual 2022-23 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 Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

Key factors considered in determining whether the Trust is a going concern are:

The Trust delivered upon all financial requirements during 2022-23, in keeping with the performance expectations seen in recent years. The performance in-year showed a deficit of £5.117m, after excluding exceptional items as assessed by NHSE, which was £3.731m ahead of plan.

The 2023-24 financial plan is a deficit of £11.2m as a result of the brought forward deficit, plus funding shortfalls to cover inflationary pressures, alongside there being some allocation issues still being resolved within the ICS. The ICS have submitted a system breakeven plan, and further discussion is required about redistribution of system resource to enable all organisations to breakeven. The Trust have set an internal stretch target to reduce the deficit further.

The Group and Trust's operating and cash flow forecasts have identified no requirement 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 18 months from the date these accounts are signed.

The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Trust is also required to disclose material uncertainties in respect of events or conditions that cast doubt upon its going concern ability. We do not believe there are any such items to disclose this year.

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

Signed: R. Jenkins **Dr Richard Jenkins, Chief Executive**

Date: 29 June 2023

PROUD to care

Accountability Report

Our Board of Directors (as of 31 March 2023)

Sheena McDonnell, Chair

Dr Richard Jenkins, Chief Executive

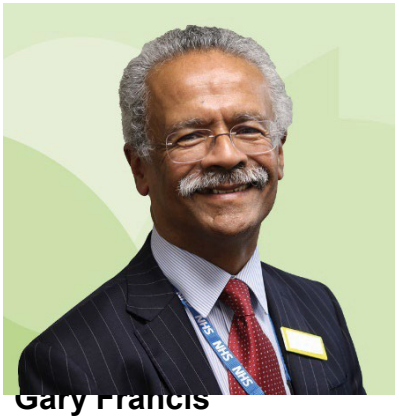
Nick Mapstone
Non-Executive Director

Sue Ellis
Non-Executive Director

Kevin Clifford OBC
Non-Executive Director

Stephen Radford
Non-Executive Director

David Plotts
Non-Executive Director



Gary Francis
Non-Executive Director

Hadar Zaman
Associate
Non-Executive Director

Nahim Ruhi-Khan
Associate
Non-Executive Director

Neil Murphy
Associate
Non-Executive Director

Bob Kirton
Chief Delivery Officer
& Deputy Chief Executive

Dr Simon Enright
Medical Director

Jackie Murphy
Director of Nursing
& Quality

Steven Ned
Director of Workforce

Chris Thickett,
Director of Finance

Lorraine Burnett
Director of Operations

Emma Parkes
Director of Marketing & Communications

Tom Davidson
Director of Information, Communication & Technology (ICT)

Angela Wendzicha
Interim Joint Director of Corporate Affairs

PROUD to care

Directors' Report

Board Responsibilities

The Board of Directors is responsible for setting and driving forward the strategic direction of Barnsley Hospital.

The Board is made up of Executive Directors and Non-Executive Directors who develop and monitor the Trust 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 aims to ensure that the skills and experience 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 from 1 April 2022 to 31 March 2023 was as follows:

Chair

- Trevor Lake, Chair (to 6 May 2022)
- Sheena McDonnell, Chair (from 3 May 2022)

Non-Executive Directors

- Nick Mapstone (Senior Independent Director and Vice Chair)
- Sue Ellis
- Kevin Clifford OBE
- Stephen Radford
- David Plotts (from 16 Nov 2022)
- Gary Francis (from 1 Jan 2023)
- Rosalyn Moore (to 30 Sept 2022)
- Philip Hudson (to 31 Dec 2022)

Associate Non-Executive Directors (non-voting)

- Hadar Zaman
- Neil Murphy (from 1 Jan 2023)
- Nahim Ruhi-Khan (from 1 Jan 2023)

Details of the NED skills expertise and experience can be found at (https://www.barnsleyhospital.nhs.uk/about/theboard/our-trust-board-of-directors/the-non-executive-directors/).

Chief Executive

- Dr Richard Jenkins
  Interim Joint CEO at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust (from 1 Feb 2020 to 31 Aug 2022)
  Joint CEO at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust (from 1 Sept 2022)

Executive Directors

- Bob Kirton, Deputy Chief Executive and Chief Delivery Officer
- Dr Simon Enright, Medical Director
- Jackie Murphy, Director of Nursing & Quality
- Christopher Thickett, Director of Finance
- Steve Ned, Director of Workforce (joint position with The Rotherham NHS Foundation Trust)

Details of the Executive Directors skills expertise and experience can be found at https://www.barnsleyhospital.nhs.uk/about/theboard/our-trust-board-of-directors/the-executive-directors/

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:

Non-Voting Directors

- Lorraine Burnett, Director of Operations
- Emma Parkes, Director of Communications & Marketing
- Tom Davidson, Director of Information & Communications Technology
- Mel Brown, Interim Director of Corporate Affairs (to 14 Oct 2022)
- Gilbert George, Interim Director of Corporate Governance (from 2 Nov 2022 to 31 Jan 2023)
- Angela Wendzicha, Joint Interim Director of Corporate Governance (from 1 Feb 2023)

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 on the Trust website or by emailing bdgh-tr.Barnsleynhsft.corporate.governance@nhs.net or writing to the Trust at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Tel 01226 431815.

NHS Well-led Framework

In arriving at the overall evaluation of the organisation's performance, internal control and Board Assurance Framework and the plan to improve the governance of quality the Trust has worked in alignment with the NHS well-led inspection framework for NHS Trusts and Foundation Trusts.

The Board Assurance Framework (BAF) continues to provide a comprehensive review of the approach taken by the Trust in identifying, managing and mitigating the risks to the achievement of its strategic objectives. The governance of quality remains central to the operation of the Trust with further detail provided within the Quality Report and Accounts to be published separately. There are no material inconsistencies between the Annual Governance Statement, Annual Report, the Trust's Corporate Governance Statement and reports from the Care Quality Commission.

Stakeholder Relations

Local Partnership and Integrated Working

We believe that we can achieve more when we work in partnership. Our strategic aims state that we will work with partners within the South Yorkshire ICS to deliver improved and integrated patient pathways. At place we will fulfil our ambition to be at the heart of the Barnsley place partnership to improve patient services, support a reduction in health inequalities and improve population health

Barnsley Place and Partnership Board

Throughout the year we have continued to meet as part of the Barnsley integrated care partnership now hosted via the South Yorkshire ICB at Barnsley, with updates from this group reported regularly at Trust Board meetings. The agenda and focus is to set and monitor progress of local place based initiatives against the strategic direction in, alignment with National and Integrated Care System priorities. Following national changes there has been a transition to a new way of working overseen by this new Board with a new set of governance arrangements in place.

We continue to be part of Barnsley 2030. The Barnsley 2030 Board, of which the Trust is a member, is a group of key place stakeholders, from different businesses and organisations across all sectors, that will provide oversight for the delivery of the Barnsley 2030 strategy, and making sure that we all play a part in achieving our borough's vision and ambitions. We also continued to be a member of the Barnsley Health and Wellbeing Board and the regional Local Resilience Forum.

Barnsley Hospital as an Anchor Institution

As well as the above Barnsley Hospital is committed to act as an anchor institution to increase local employment and spend, reduce environmental impact and work as part of place to reduce health inequalities and improve population health. We do this alongside our health and care partners as well as other key local organisations such as Barnsley College and Bernslai Homes.

Local Authority Services

The Trust works closely with its local authority colleagues at Barnsley Metropolitan Borough Council (BMBC), particularly in relation to safeguarding of adult and children's services. Our Deputy 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 Chair of The Trust, participates in the local strategic partnerships. Linked to this, we also work with BMBC and other partners on community-wide groups to enable improvements in sustainability and communications.

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 (MSC) where issues can be dealt with by the senior medical cohort, Medical Director and Chief Executive. A member of the LMC attends the Trust's MSC.

South Yorkshire Regional Working

South Yorkshire Integrated Care Board (ICB) and Partnership (ICP)

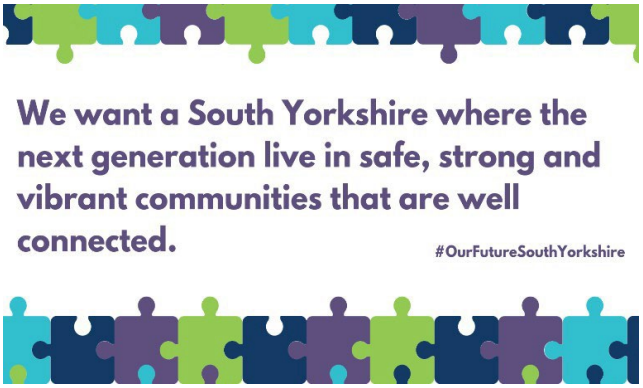
Integrated care involves collaboration and joined-up working across a number of regional health and care organisations in order to better serve the needs of their local population. Working across a clear geographical area, an Integrated Care System will include local authorities and the third sector working in partnership with NHS organisations often leading the delivery.

Barnsley, Doncaster, Rotherham and Sheffield make up the region of South Yorkshire. Partners in each place are working together as Integrated Care Partnerships (ICP) to improve health and care for local residents.

These partnerships are the foundation of Place development with relationships in each continuing to evolve and work taking place to deliver ambitious joint strategic plans for the health and care needs of their local population.

Each ICP has a Local Plan. It sets out how partners will work together to help everyone in their locality. The principle aim is to help people in each of our Places to get the best start in life and to be healthier.

For these Integrated Care Partnerships, living healthier lives means reducing unnecessary harm from smoking or alcohol consumption, helping people with obesity to lose weight and providing accessible community services – such as supporting people with their mental health by reducing loneliness and to become more active.

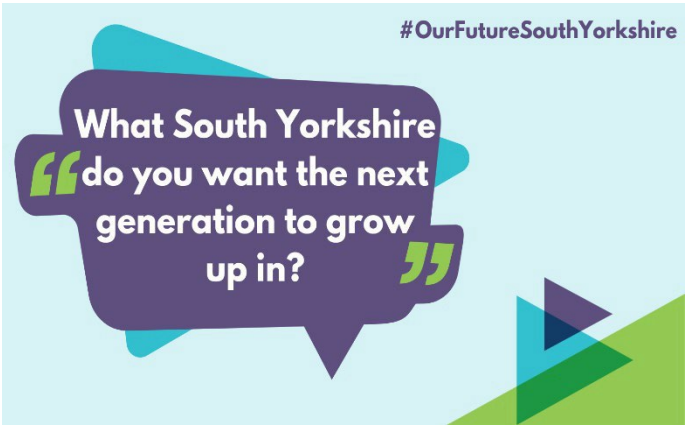


Each Plan has been developed by both experts and citizens that are connected to the local area; local doctors, hospital chief executives, clinical commissioners, council officers and patient and voluntary sector groups.

The ICP brings together the different ideas and initiatives that have been developed with local communities and local people already, as well as providing opportunities for people to give their views and to get involved in shaping their future services.

By focusing attention on local communities and the services, care and wellbeing needed by the people who live in them, we can support everyone to be healthier. We want to make the most of the skills of local people, communities and organisations to support people to lead healthier lives and care for themselves and each other.

ICPs have implemented a range of joint working arrangements and mechanisms to drive forward joint working with local authorities and providers of health care.



In March 2023, ICP launched a new integrated care partnership strategy. Developed together by the South Yorkshire Mayoral Combined Authority, NHS providers, local councils and voluntary and community organisations, the strategy focuses on enabling everyone in South Yorkshire's diverse communities to live happy, healthier lives for longer.

The strategy outlines the ambition to achieve the best start in life for children and young people; living healthier and longer lives; improved wellbeing for those with the greatest need; safe, strong and vibrant communities; and people with the skills and resources they need to thrive. By working together the Integrated Care Partnership takes a leading role in these challenges and improving the health and wellbeing of those who live and work in South Yorkshire. More information about the ICS can be found here: www.sybics.co.uk.

South Yorkshire & Bassetlaw Acute Federation

The Acute Trusts within South Yorkshire and Bassetlaw have a long standing reputation for collaboration. The Acute Federation brings together Acute Trusts in South Yorkshire and Bassetlaw with a common aim to improve quality, safety and the patient experience by sharing collective expertise and collaborating on specific workstreams.

Since 2014 an Acute Federation, or predecessor, has been in place delivering projects to improve patient care by looking across organisational boundaries. This programme is overseen by the Trust Chief Executives who meet on a monthly basis, with Trust Chairs also providing oversight once every two months via a Committees in Common. These groups in turn report into Trust Boards. Over the course of the last year the governance has been strengthened to support delivery of priorities and a new Managing Director has been appointed.

Other NHS organisations:

The Trust Board encourages organisational development and formal and informal networks of executive and non-executive directors sharing and learning from best practice across NHS organisations to share knowledge and explore options for partnership working for the benefit of patients.

The Rotherham NHS Foundation Trust (TRFT)

During the last financial year, the Trust has worked closely with The Rotherham NHS Foundation Trust in establishing a strengthened programme of joint partnership working.

Yorkshire and Humber Academic Health Science Network (AHSN)

We have a partnership with the AHSN which allows us to explore the use of emerging innovation from both established industry and entrepreneurs to improve the effectiveness and timeliness of care for our patients.

Sheffield Children's 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 provision of specialist services for Barnsley people. Sheffield Teaching Hospitals is the host organisation for the South Yorkshire and Bassetlaw Pathology Network, which will see services maintained at each site as required for clinical care whilst also developing shared central facilities to provide resilience, optimal use of platforms and critical mass of technical, scientific and clinical capability for the delivery of the Network.

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

The Trust works with SWYPFT who provide most community services and mental health services for the people of Barnsley.

Yorkshire Ambulance Service (YAS)

The Trust works with YAS who provide emergency and ambulatory services across Barnsley and the regional footprint.

Mid Yorkshire Teaching NHS Trust (MYTT)

The Trust works with MYTT on delivery of urology services in Barnsley.

Other Partnership Working

The University of Sheffield

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.

Sheffield Hallam University

Sheffield Hallam University provide placements and associated training for The Trust.

Freedom of Information and Subject Access Requests

The Trust continues to respond to the Freedom of Information Act and Subject Access Requests, 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 2022-23, we received a total of 923 Freedom of Information requests and 1,848 Subject Access Requests.

Data Protection Toolkit

The Trust achieved compliance against the Data Protection Toolkit requirements and expect to publish this position by 31 July 2023. 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. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. We received significant assurance following an audit on our published position.

Formal Consultations

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

Important Events since the Year End

There have been no important events since the year end.

Details of Overseas Operations

The Trust does not have any overseas operations.

Off Payroll Arrangements

There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2022 and 31 March 2023.

Better Payment Practice Code

The Better Payment of Practice Code requires all undisputed invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. The Trust's performance (91.8% volume, 93.0% value) is below the target 95% of invoices, in terms of value and volume; however, this has increased significantly on the previous year's performance (88.5% volume, 86.6% value). Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for the reporting period were minimal.

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

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

Cost Allocation and Charging Requirements

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

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.

Health and Safety

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

Political or Charitable Donations

There have been no political donations in the year.

Under the Companies Act 2006 Limited Companies are permitted to make donations to charities. BFS as a Limited Company is permitted to make such donations, and BFS made two charitable donations in the year; £0.015m to Barnsley Hospice and £0.485m to the Barnsley Hospital Charity. The donations made by BFS had no conditions or covenants attached to them and the charities will be free to determine how and when the funds are spent in line with their aims and objectives.

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 appropriate action and steps are taken to recover any assets lost due to fraud. We have a nominated Local Counter Fraud Specialist responsible for undertaking a range of activities that are overseen by the Audit Committee.

Effective from 1 April 2021 the NHS Counter Fraud Authority (NHSCFA) implemented the Government Functional Standard 013: Counter Fraud ('the Functional Standard') within the NHS. During the year, the NHSCFA have developed their requirements in relation to the Functional Standard.

All NHS funded services are required to comply with the Functional Standard. Progress against the requirements of the Functional Standard is overseen by the Trust's Director of Finance and Audit Committee.

The Trust is required to self-assess against the requirements of the Functional Standard annually by completing and submitting the Trust's Counter Fraud Functional Standard Return (CFFSR). This requires prior sign off by the Trust's Director of Finance and the Audit Committee Chair. Further detail of the Trust's submission can be found in the Counter Fraud Annual Report.

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 NHS England.

NHS England has given Accounts Directions which require Barnsley Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. 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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, 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* (and the *Department of Health and Social Care Group Accounting 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed: R. Jenkins **Dr Richard Jenkins,**

Chief Executive Date: 29 June 2023

PROUD to care

Remuneration Report

Annual Statement of Remuneration

The Remuneration and Nominations 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 reviews the performance of these colleagues annually.

The Committee met six times in 2022-23. It is chaired by the Trust Chair and includes all the Non-Executive Directors. The Chief Executive and Director ofWorkforce (and/or Deputy) 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 which relate to the appointment or appraisal of the Chief Executive and/or the Director of Workforce.

The Trust has an agreed spot salary arrangement for Executive Directors and other 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 colleagues, 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 Standing Financial Instructions and 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 Trust 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 between three and six months, depending on the individual role. 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 Trust's Policy on Equality, Diversity, Inclusion and Human Rights is used by the Remuneration and Nominations Committee. The policy objectives are to set out the Trust's approach and intent to promote and value equality, diversity and inclusion, and recognise the unique contribution that a diverse range of individuals' experience, knowledge and skills can bring in delivering the Trust's strategy.

Implementation of the policy and progress on achieving the objectives is measured through completion of various performance tools and indicators, and associated action plans including NHS Equality Delivery System, Workforce Race Equality Standard, Workforce Disability Equality Standard, and Gender Pay Gap Report. Equality Impact Assessments also form part of the development and review of all trust policies, service developments, and organisational change. These outcomes and action plans are regularly monitored at People and Engagement Group which reports to the People Committee, a Sub-Committee of Board.

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 notice.

It is important to ensure all colleagues are fairly remunerated for their work and in line with their peers in England, ensuring we do not lose colleagues on the basis of inequitable salaries. Nevertheless, maintaining the right balance for our senior colleagues 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 October 2022 the Committee agreed a 3.5% consolidated pay award for Directors effective from 1 April 2022. The criteria was to ensure that the pay, terms and conditions for these key posts supported the attraction and retention of directors of the quality the Trust requires to deliver successfully on its long-term strategic aims and compared fairly with their peers.

Senior Managers' Remuneration Policy

The Trust has an agreed spot salary arrangement for Executive Directors and other Directors which is overseen by the Remuneration and Nominations Committee (RemCo). For clarity the table below reflects the elements of the senior managers' pay as governed by the RemCo. The RemCo 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 colleagues	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
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 of the Council of Governors.

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain colleagues	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	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 2022-23 are as follows:

Director	Start Date	End Date
Trevor Lake, Chair	1 Jan 2019	6 May 2022
Sheena McDonnell, Chair	3 May 2022	N/A
Dr. Richard Jenkins, Chief Executive (interim to 18 Jun 2017, substantive thereafter) - Interim Joint CEO at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust - Joint CEO at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust	3 Apr 2017 10 Feb 2020 1 Sept 2022	N/A 31 Aug 2022 N/A
Bob Kirton Chief Delivery Officer and Deputy Chief Executive	22 Dec 2017	N/A
Jackie Murphy, Director of Nursing and Quality	22 Jul 2019	N/A
Chris Thickett, Director of Finance	18 Mar 2019	N/A
Simon Enright, Medical Director (interim to 30 November 2017, substantive thereafter)	19 Apr 2017	N/A
Steve Ned, Director of Workforce (Joint position, The Rotherham NHS Foundation Trust)	1 Apr 2019	N/A
Sue Ellis, Non-Executive Director	1 Jun 2019	31 May 2025
Philip Hudson, Non-Executive Director	1 Jan 2017	31 Dec 2022
Nick Mapstone, Non-Executive Director	1 Apr 2015	31 Dec 2023
Rosalyn Moore, Non-Executive Director	1 Apr 2015	31 Dec 2022
Kevin Clifford OBE, Non-Executive Director	1 Dec 2020	30 Nov 2023
Stephen Radford, Non-Executive Director	11 Oct 2021	10 Oct 2024
David Plotts, Non-Executive Director (previously Associate Non-Executive Director from 1 Oct 2021)	16 Nov 2022	17 Dec 2024
Hadar Zaman, Associate Non-Executive Director	1 Oct 2021	30 Oct 2024
Neil Murphy, Associate Non-Executive Director	1 Jan 2023	31 Jan 2024
Nahim Ruhi-Khan, Associate Non-Executive Director	1 Jan 2023	31 Jan 2024

Salary and Pension Entitlements of Senior Managers

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

Salary and Pension Entitlements of Senior Managers 2022-23

A) Remuneration – The Single Total Figure Table

Name and Title	Year ended 31 March 2023						Prior Year					
	Salary and fees	Taxable Benefits	Pension related Benefits	Gross total	Recharges to RFT	Net total	Salary and fees	Taxable Benefits	Pension related Benefits	Gross total	Recharges to RFT	Net Total
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
Ms J Murphy, Director of Nursing and Quality	135-140	0	37.5-40	175-180	0	175-180	135-140	0	87.5-90.0	225-230	0	225-230
Dr R Jenkins, Chief Executive [01]	250-255	0	80.0-82.5	330-335	(145-150)	185-190	245-250	0	60.0-62.5	305-310	(145-150)	155-160
Mr R Kirton, Deputy Chief Executive and Chief Delivery Officer	140-145	0	35.0-37.5	175-180	0	175-180	135-140	0	35.0-37.5	170-175	0	170-175
Mr C Thickett, Director of Finance	130-135	0	32.5-35.0	165-170	0	165-170	130-135	0	40.0-42.5	170-175	0	170-175
Dr S Enright, Medical Director 11	230-235	0	382.5-385	610-615	0	610-615	225-230	0	0	225-230	0	225-230
Mr S Ned, Director of Workforce [02]	140-145	0	0	140-145	0	140-145	65-70	0	30.0-32.5	100-105	0	100-105
Mr T Lake, Chairman 03	5-10	0		5-10	0	5-10	45-50	0	0	45-50	0	45-50
Ms S McDonnell, Chair 04	35-40	0		35-40	0	35-40	0	0	0	0	0	0
Ms R Moore, Non Executive Director 06	5-10	0		5-10	0	5-10	10-15	0	0	10-15	0	10-15
Mr N Mapstone, Non Executive Director	15-20	0		15-20	0	15-20	10-15	0	0	10-15	0	10-15
Mr P Hudson, Non Executive Director 07	10-15	0		10-15	0	10-15	10-15	0	0	10-15	0	10-15
Ms S Ellis, Non Executive Director	15-20	0		15-20	0	15-20	10-15	0	0	10-15	0	10-15
Mr K Clifford, Non Executive Director	15-20	0		15-20	0	15-20	10-15	0	0	10-15	0	10-15
Mr S Radford, Associate Non Executive Director	15-20	0		15-20	0	15-20	5-10	0	0	5-10	0	5-10
Mr D Plotts, Associate Non Executive Director [05]	10-15	0		10-15	0	10-15	5-10	0	0	5-10	0	5-10
Mr H Zaman, Associate Non Executive Director	10-15	0		10-15	0	10-15	5-10	0	0	5-10	0	5-10
Dr G Francis, Non Executive Director 08	0-5	0		0-5	0	0-5						
Mr N Murphy, Associate Non Executive Director 09	0-5	0		0-5	0	0-5						
Ms N Ruhi-Khan, Associate Non Executive Director 10	0-5	0		0-5	0	0-5						

	2022/23			2021/22
Band of Highest Paid Director's total Remuneration £' 000s	**230-235**			225-230
Median Total £' s	**27,055**			27,780
Ratio	**8.6**			8.2

Notes to Single Total Figure Table

1. Dr R Jenkins, Chief Executive costs are after a recharge to The Rotherham NHS Foundation Trust for his capacity as their Chief Executive. His salary is split 50/50 with The Rotherham NHS Foundation Trust.

2. Mr S Ned, Director of Workforce. He undertakes a joint position with The Rotherham Hospital NHS Foundation Trust. The salary and fees are the recharge from The Rotherham NHS Foundation Trust. He left the pension scheme on 1 June 2022.

3. Mr T Lake, Chairman left 6 May 2022.

4. Ms S McDonnell, Chair commenced 3 May 2022. For the period 3 May 2022 - 6 May 2022 there was dual running with Mr T Lake due to a period of handover.

5. Mr D Plotts, changed from an Associate Non-Executive Director to a Non-Executive Director from 16th November 2022.

6. Ms R Moore, Non-Executive Director left 30 September 2022.

7. Mr P Hudson, Non-Executive Director left 31 December 2022.

8. Dr G Francis, Non-Executive Director commenced on 1 January 2023.

9. Mr N Murphy, Associate Non-Executive Director commenced 1 January 2023.

10. Ms N Ruhi-Kahn, Associate Non-Executive Director commenced 1 January 2023.

11 Dr S. Enright Medical Director - re-joined the pension scheme on 1 August 2022. He left the scheme in May 2018 and for comparators his 2017-18 figures have been inflated by the annual pensions inflation percentage.

Highest Paid Director

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the organisation in the financial year 2022-23 was £230,000 to £235,000 (for 2021-22: £225,000 to £230,000). This is a change between years of 2.20%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2022-23 was from £9,405 to £232,500 (2021-22 £8,408 to £227,500). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 4.4%. No employees received remuneration in excess of the highest-paid director in 2022-23.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce. The highest paid director is the Medical Director as 50% of the Chief Executive's time is cross charged to The Rotherham NHS FT.

The below ratios for 2022-23 include bank and agency staff. The figures for 2021-22 do not include external bank and agency staff.

2022-23	25th percentile	Median	75th percentile
Salary component of pay	£23,177	£32,934	£41,659
Total pay and benefits excluding pensions benefits	£23,177	£32,934	£41,659
Pay and benefits excluding pension: pay ratio for the highest paid director	10.0:1	7.1:1	5.6:1

2021-22	25th percentile	Median	75th percentile
Salary component of pay	£20,330	£27,780	£39,027
Total pay and benefits excluding pensions benefits	£20,330	£27,780	£39,027
Pay and benefits excluding pension: pay ratio for the highest paid director	11.2:1	8.2:1	5.8:1

B) Pension Benefits

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 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 1 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	To nearest £100
Ms J Murphy, Director of Nursing and Quality	2.5-5.0	0.0-2.5	65-70	190-195	1,454	61	1,580	0
Dr R Jenkins, Chief Executive	5.0-7.5	0.0-2.5	90-95	170-175	1,661	91	1,836	0
Mr R. Kirton, Deputy Chief Executive and Chief Delivery Officer	2.5-5.0	0	35-40	0	438	26	497	0
Mr C Thickett, Director of Finance	2.5-5.0	0	25-30	0	252	11	290	0
Mr S Ned, Director of Workforce	0	0	65-70	145-150	1,325	0	1,377	0
Mr S Enright, Medical Director	15-17.5	45.0-47.5	75-80	205-210	978	527	1,828	0

Notes to Pension Benefits Table

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 22-23 CETV figures.

Dr R Jenkins, Chief Executive - refer to Note 1 of the Single Total Figure Table. However, the above figures relate to his total pension.

Mr S Ned, Director of Workforce - refer to Note 2 of the Single Total Figure Table. However, the above figures relate to his total pension. He left the pension scheme on 1 June 2022.

Dr S. Enright Medical Director - re-joined the pension scheme on 1 August 2022. He left the scheme in May 2018 and for comparators his 2017-18 figures have been inflated by the annual pensions inflation percentage.

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.

Exit Packages 2022-23

Reporting of compensation schedules - exit packages 2022-23			
	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages**
	Number	**Number**	**Number**
Exit package cost bank (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - £50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£100,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	-	-
Total cost (£)	£0	£0	£0
Reporting of compensation schedules - exit packages 2021-22			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost bank (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - £50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£100,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	-	-
Total cost (£)	£0	£0	£0

Information Relating to the Expenses of the Governors and the Board Directors

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.

	Year ended 31 March 2023		Year ended 31 March 2022	
	Directors*	Governors	Directors	Governors
Total Number in Office	19	29	16	29
Total Number receiving expenses in the reporting period	5	0	3	0
The aggregate sum of expenses paid in the reporting period	£4,100	£0	£700	£0
*The Directors figure includes NEDs who have left during the year. Please see the remuneration report for more information.				

Signed: R. Jenkins **Dr Richard Jenkins, Chief Executive**

Date: 22 June 2023

PROUD to care

Staff Report

Our People Plan

Our people, the NHS colleagues working in our organisation, are our most important asset and we are committed to delivering the intentions set out in the NHS People Plan.

Events over recent years have exposed more than ever, what more needs to be done to support the health and wellbeing and retention of our people, enabling you to perform or to reach your potential in order to provide the best possible care to our patients.

We have found from staff survey results and from consultation with various teams, professional groups, forums and colleague networks, about what matters to you and this has led to the creation of the Trust People Plan 2022-27.

This is a supporting document of the Trust's Strategy and sets out our implementation plans to be achieved over the next five years to support delivery of the Trust's ambition and our People strategic goal: **Best for People – We will make our Trust the best place to work**.

The document is also aligned to the actions set out within the NHS People Plan under the following four pillars:

- **Looking after our people**
- **Belonging in the NHS**
- **Growing for the future**
- **New ways of working and delivering care**

Trust's People Plan which outlines our commitment to champion and develop our people. Underpinning all of this work, will be a focus on our people living our values.

NHS Staff Survey Results

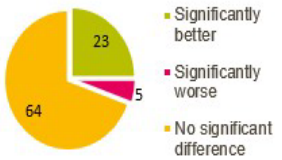
Our Best for People Strategic Goal is to make our Trust the best place to work. The annual NHS Staff Survey is a key metric in relation to Employee Engagement (based on Motivation, Advocacy and Involvement) and a range of other factors aligned to our NHS People Promise.

The Trust's full NHS Staff Survey Report can be found here:

https://www.nhsstaffsurveys.com/results/local-results/

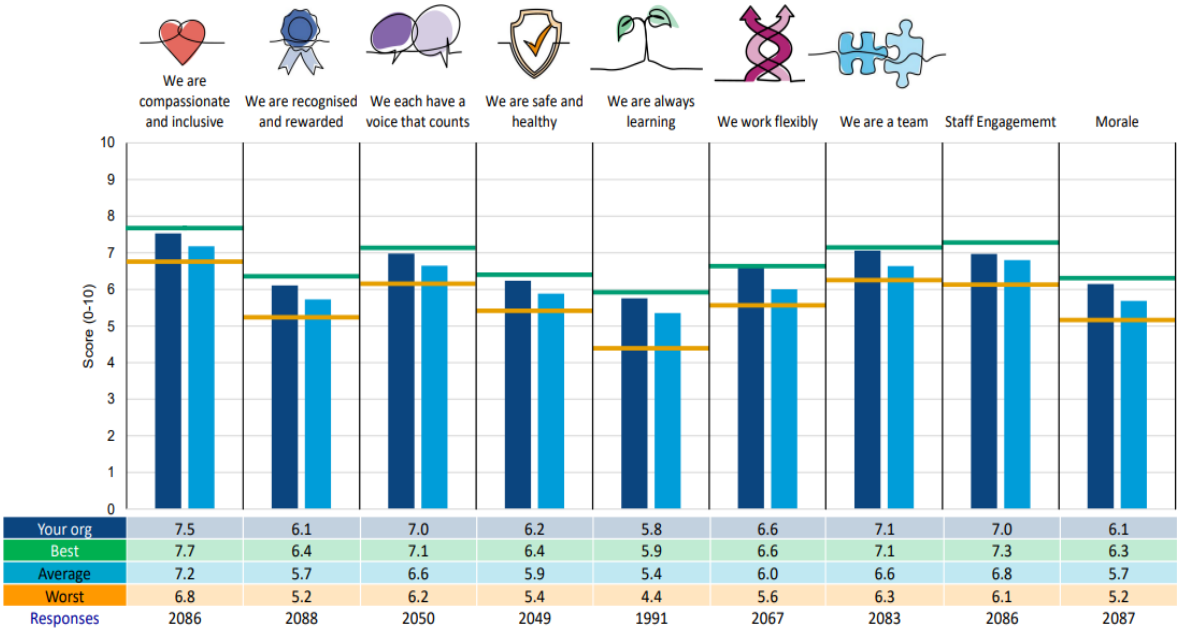
High-level 2022 Survey Results

A full paper survey was completed for 2022 and Barnsley Hospital achieved a 56% response rate. The Trust is benchmarked against Acute and Community Trusts. The average response rate from 126 Trusts was 46%

		Comparison to 2021**	Comparison with average**
65%	q23c. Would recommend organisation as place to work		
65%	q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation		
74%	q23a. Care of patients/service users is organisation's top priority		

The 2022 Survey results for the Trust were pleasing as we work towards our goal of being an Employer of Choice. They showed an Employee Engagement score of 7.0 and above average scores for all People Promise categories in the survey. Best in class scores could be seen in the areas of 'We Work Flexibly' and 'We are a team.'

The majority of our people would recommend Barnsley as a place to work.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.5	6.1	7.0	6.2	5.8	6.6	7.1	7.0	6.1
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	2086	2088	2050	2049	1991	2067	2083	2086	2087

Barnsley Hospital NHS Foundation Trust Benchmark report

It is important to recognise improvement made since last year and in relation to other organisations and the following tables highlight the *most significant* benchmarked questions in this regard, as well as areas that have worsened.

Top 5 scores vs Organisation Average	Org	Picker Avg
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	58%	44%
q3g. Able to meet conflicting demands on my time at work	54%	43%
q6c. Achieve a good balance between work and home life	61%	52%
q3h. Have adequate materials, supplies and equipment to do my work	63%	54%
q9i. Immediate manager helps me with problems I face	74%	65%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	56%	60%
q5c. Relationships at work are unstrained	41%	44%
q22a. Organisation offers me challenging work	67%	70%
q2c. Time often/always passes quickly when I am working	71%	73%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	84%	85%

In terms of improvements, Flexible Working is in place for many areas and appears to be serving to help with work-life balance. We need to keep encouraging this in local action planning.

There is also evidence that some aspects of Compassionate and Inclusive Leadership (listening to concerns) are improving. However, this varies and the results is some areas suggest many leaders are not consistently demonstrating this type of leadership and need support in terms of developing more of a Coaching style of leadership. This data suggests we need to continue to focus on relationships within the Trust and our value of Teamwork.

Most improved scores	Org 2022	Org 2021
q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	47%	31%
q14d. Last experience of harassment/bullying/abuse reported	51%	43%
q13d. Last experience of physical violence reported	70%	64%
q9h. Immediate manager cares about my concerns	76%	71%
q11c. In last 12 months, have not felt unwell due to work related stress	63%	57%

Most declined scores	Org 2022	Org 2021
q4c. Satisfied with level of pay	31%	37%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	76%	79%
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	65%	67%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	56%	58%
q2c. Time often/always passes quickly when I am working	71%	73%

Whilst the Staff Survey results have again been positive in the main, as a Trust we recognise that there is always further work to undertake to ensure every member of staff has the same positive experience of working at Barnsley Hospital. Each CBU has developed specific action plans to address areas of concern within their area based on the themes identified specific to their directorates. The HR business partners meet regularly with the CBU leads at performance meetings and the staff survey action plan forms part of the agenda.

These are monitored throughout the year, with the People and Engagement Group (PEG) proving a focus on the Trust's commitment to develop all colleagues and leaders, continue to improve colleagues engagement and health and wellbeing and to ensure a range of opportunities to listen to feedback and concerns are in place. The PEG reports into the Board's People Committee providing scrutiny and assurance of progress made.

Communication and Engagement

The Trust and the Executive is committed to a culture of openness and honesty within the organisation. A range of mechanisms are in place to ensure the survey is not the only way colleagues are able to express their views or concerns. The Chief Executive operates a monthly Team Brief session during which he responds directly to questions raised during the previous month or within the live session. Questions can be asked anonymously and the responses to all questions are published on the intranet for everyone to access at any time. Supporting this, the Executive Team undertake frequent visits to every area across the Trust to talk with and to listen to colleagues, enabling them to share their views.

NHS Staff Survey 2022 Results for Barnsley Hospital

PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

We had a very encouraging response rate of 56% in our 2022 staff survey, and you've told us we're doing better than average across all the nine themes featured in the NHS People Promise.

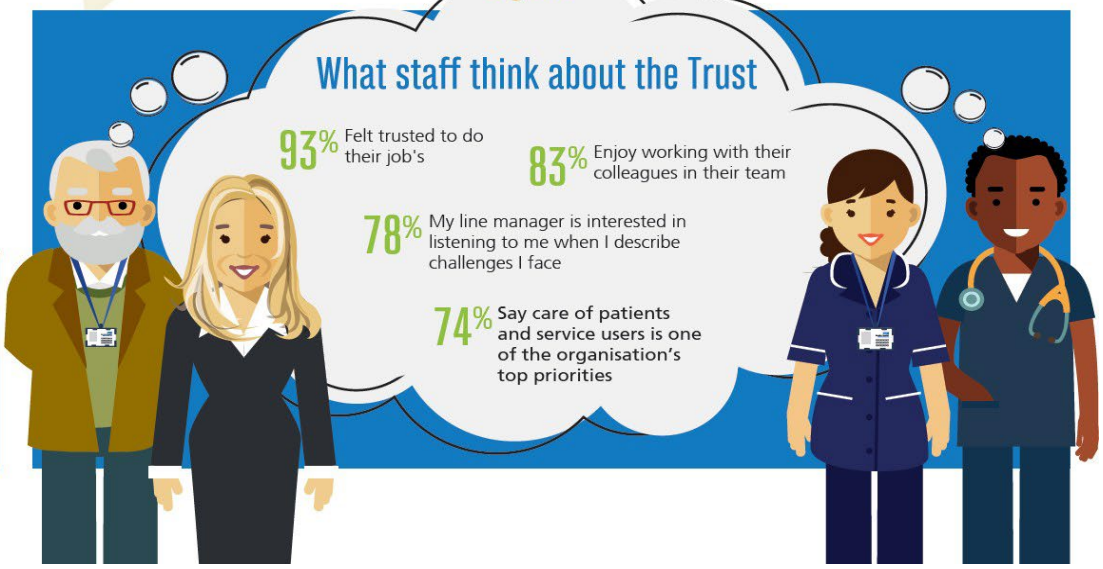
Our staff regarded Barnsley hospital as better than most NHS Acute Trusts for:

- Equality, diversity and inclusion
- Health and wellbeing – we are healthy and safe
- Our staff recommend us as a place to work
- Our staff recommend us as a place to get treatment and care
- We work together as a team
- We work flexibly
- We are always learning
- Immediate managers

People Promise

'The People Promise', this is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

What staff think about the Trust



- 93% Felt trusted to do their job's
- 83% Enjoy working with their colleagues in their team
- 78% My line manager is interested in listening to me when I describe challenges I face
- 74% Say care of patients and service users is one of the organisation's top priorities

Workforce Profile 31 March 2023

The Trust continues to maintain a growing workforce of 4,532 (4,311 excluding bank) with investment in clinical posts remaining a priority.

Year	Workforce TRE)
2017-18	3,726
2018-19	3,879
2019-20	3,852
2020-21	4,219
2021-22	4,319
2022-23	4,532

Ethnicity Profile

Ethnic Origin	Headcount	% of Trust
White - British	3732	82.3%
White - Other	86	1.9%
Mixed	46	1.0%
Asian or Asian British	395	8.7%
Black or Black British	98	2.2%
Chinese	13	0.3%
Other Ethnic	56	1.2%
Undefined	1	0.0%
Not Stated	105	2.3%
Total	4532	

Gender Profile

Gender	Headcount	% of Trust
Female	3607	79.6%
Male	925	20.4%
Total	4532	

Disability Profile

Disability	Headcount	% of Trust
No	4153	91.6%
Not Declared	177	3.9%
Prefer Not To Answer	9	0.2%
Yes	193	4.3%
Total	4532	

Religious Profile

Religious Belief	Headcount	% of Trust
Atheism	739	16.3%
Buddhism	14	0.3%
Christianity	2295	50.6%
Hinduism	94	2.1%
I do not wish to disclose	767	16.9%
Islam	187	4.1%
Judaism	2	0.0%
Other	426	9.4%
Sikhism	7	0.2%
Unspecified	1	0.0%
Total	4532	

Sexual Orientation Profile

Sexual Orientation	Headcount	% of Trust
Bisexual	39	0.9%
Gay or Lesbian	54	1.2%
Heterosexual or Straight	3958	87.3%
Not stated	477	10.5%
Other sexual orientation	2	0.0%
Undecided	2	0.0%
Total	4532	

Age Profile

Age Profile	Headcount	% of Trust
<=20 Years	63	1.4%
21-25	384	8.5%
26-30	629	13.9%
31-35	619	13.7%
36-40	522	11.5%
41-43	533	11.8%
46-50	460	10.2%
51-55	515	11.4%
56-60	470	10.4%
61-65	252	5.6%
66-70	67	1.5%
>=71 Years	18	0.4%
Total	4532	

Gender Profile

As a Trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. Our talent management and leadership development programmes are designed to nurture our future leaders regardless of their gender.

We have a range of family friendly policies, supporting childcare, flexible working, fair rostering and leave provision. We have published a number of toolkits to help managers in applying these policies for our colleagues and have held a series of policy training sessions for managers. We intend to increase and showcase the flexible working arrangements in the Trust to create a flexible working culture, which is already one of the best in the NHS according to the 2022 NHS Staff Survey.

Work has commenced to raise awareness and increase recognition of colleagues who are carers. We have reviewed our carers leave policy and provision, and plan to set up a peer support group for our working carers to identify and help address the issues they face, leading to improved engagement and retention.

The Trust's gender pay gap information can be found on the Barnsley Hospital NHS Foundation Trust website here: Barnsley-Hospital-Gender-Pay-Gap-Report-2022.pdf (barnsleyhospital.nhs.uk)

The balance of male and female of our Directors and Senior Management Team at the year-end for 2022-23 is shown below:

	Female	Male
Board of Directors (Executive and Non-Executive Directors)	4	11
Senior Management Team (excluding Executive Directors)	3	1

The balance of male and female of our workforce at the year-end for 2022-23 is shown below:

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	74	23	97
Additional Clinical Services	858	119	977
Administrative and Clerical	668	175	843
Allied Health Professionals	225	53	278
Estates and Ancillary	295	111	406
Healthcare Scientists	76	34	110
Medical and Dental	223	327	550
Nursing and Midwifery Registered	1186	83	1269
Total	3605	925	4530

BAME Profile

The nine point Workforce Race Equality Standard (WRES) metric illustrates how NHS organisations are addressing race equality issues in a range of staffing areas. The WRES is designed to help us to ensure that our Black, Asian and minority ethnic colleagues have as good an experience of working here as our other colleagues. Each year we are required to publish our findings and what we are doing to make things better.

Further information can be found on the Trust website here:
https://www.barnsleyhospital.nhs.uk/equalitydiversity/workforce-race-equality-wres/

BAME breakdown per staff group:

	BME	White
Executive Senior Managers	3	15

Staff Group	BME	Not stated	White
Add Prof Scientific and Technic	17	1	79
Additional Clinical Services	51	25	901
Administrative and Clerical	25	6	812
Allied Health Professionals	23	3	252
Estates and Ancillary	7	2	397
Healthcare Scientists	9	4	97
Medical and Dental	304	6	240
Nursing and Midwifery Registered	173	58	1038
Students	0	0	2
Total	609	105	3818

Average number of employees (WTE basis)

	Permanent Number	Other number	2022-23 Total Number	2021-22 Total Number
Medical and dental	203	277	480	466
Administration	656	82	738	739
Healthcare assistants and other support colleagues	456	10	466	387
Nursing, midwifery and health visiting colleagues	1,398	271	1,669	1,679
Scientific, therapeutic and technical colleagues	449	35	484	475
Healthcare science colleagues	175	11	186	197
	3,337	686	4,023	3,943

Staff Cost Summaries

			Group	
	Permanent	Other	2022-23	2021-22
			Total	Total
	£000	£000	£000	£000
Salaries and wages	158,343	9,190	**167,533**	152,629
Social security costs	15,084	-	**15,084**	13,449
Apprentice Levy	734	-	**734**	693
Employer's contributions to NHS pension scheme	23,745	-	**23,745**	22,572
Pension cost - other	160	-	**160**	137
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Temporary colleagues	-	26,237	**26,237**	24,596
NHS charitable funds colleagues	-	-	**-**	-
Total gross staff costs	**198,066**	**35,427**	**233,493**	214,076
Recories in respect of seconded staff	-	-	**-**	-
Total staff costs	**198,066**	**35,427**	**233,493**	214,076
Of which				
Costs capitalised as part of assets	0			0

Performance and Support in Sickness Absence and Attendance

During 2022-23 colleagues sickness absence has shown an increase at 6.2% compared to 5.17% in 2021-22 and 4.35% in 2020-21. Covid-19 and it's effects are the main cause of the increase.

In line with the sickness absence reduction action plan, analysis of sickness hot spot areas is being monitored on a regular basis.

A particular focus is managing long-term sickness cases with involvement of Occupational Health, Inclusion & Wellbeing Team, Senior Management and Senior HR support. The health and wellbeing of colleagues is integral in achieving the Trust goals and ambitions. Having a healthy and well-motivated employee has been proven to result in cost savings through lower levels of sickness and higher levels of productivity. Throughout 2022-23, the Trust has grown a strong network of health and wellbeing champions (61 to date) across all wards and departments, with regular training and buddying support being provided.

The Occupational Health and Inclusion & Wellbeing teams are continuously adopting strategies to develop and sustain ways to enhance the health and wellbeing of our colleagues supported by partnership working underpinned by a proactive and engaged approach.

There are targeted interventions, including prevention, self-management, mental health and wellbeing; musculoskeletal; and healthy lifestyles. Other initiatives that are in place includes reviewing the environment and culture to ensure that it impacts positively on colleagues health and wellbeing.

The Trust has recently welcomed in early 2023 the arrival in post of a new Occupational Psychologist for two years shared jointly with The Rotherham Hospital NHS Foundation Trust whose role will help strengthen our strategies towards supporting the psychological safety and health of our colleagues.

It is essential to measure the impact of interventions and monitor trends in exploring ways to improve colleagues health and wellbeing metrics and report ways that consider factors that can have a detrimental impact on sickness absences.

Exploring ways will assist to identify particular areas of need to deliver specific interventions designed to improve health and wellbeing and invest in measures to address the causes and effects of sickness absences and reduce sickness absences.

Type of support	Mental Wellbeing	Menopause	Long-Term Sickness	Lifestyle Assessment	Financial Wellbeing	Mental Health
Interventions to understand needs, and invest in delivering accessible, effective practical and emotional support for colleagues	Peer Support Group established, sharing experiences, disseminating useful additional information	Workshops and peer support group established. Menopause at Work Guidance developed and launched. Menopause friendly employer accreditation application submitted.	Support from Occupational Health, HR, Senior Managers, Inclusion & Wellbeing Team	Lifestyle interventions screening to colleagues, provide education and raise awareness New VIVUP Your Care healthy lifestyle App launched. Know Your Numbers initiative piloted offering mini lifestyle checks with targeted signposting.	Salary Finance scheme – to support colleagues through financial difficulties, Financial, online resources to support and build resilience via Vivup Instant access to pay when earned via Wage stream with safeguard controls in place	VIVUP 24/7 Employee assistance, counselling and support and self-help resources online Specialist in-house colleagues counsellor and mental health nurses.

Learning and Organisational Development

In September 2022 the Trust welcomed the appointment of a new Head of Leadership and Organisational Development to strengthen our capacity and expertise to deliver our new People Plan 2022-27 and to develop a new Culture and Organisational Development Strategy.

This builds on the work commenced by the Trust to create a positive workplace culture, which in 2022 included the introduction of a new Compassionate and Inclusive Leadership training module. Plans are underway to develop a clear leadership development framework and expectations of our leaders for role modelling our Values and Behaviours.

Appraisal

Trust appraisal data confirms that 79% of non-medical colleagues have received an appraisal and 80.5% of medical colleagues have received an appraisal.

Appraisal Compliance	Overall March 2023
Appraisals (Non-Medical)	
BHNFT Non-Medical Total	**79.0%**
Corporate Services	**83.8%**
CBU 1 Medicine	**72.9%**
CBU 2 Surgery	**79.7%**
CBU 3 Women, Children & Clinical Support Services	**81.1%**
Barnsley Facilities Services	**96.3%**
Appraisals (Medical)	
BHNFT Medical Total	**97.0%**
Corporate Services	**100%**
CBU 1 Medicine	**96%**
CBU 2 Surgery	**96%**
CBU 3 Women, Children & Clinical Support Services	**98%**

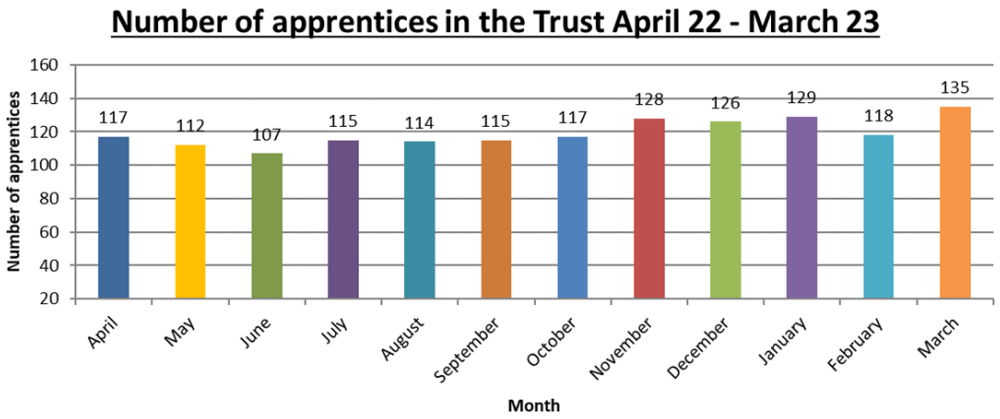
Mandatory Training

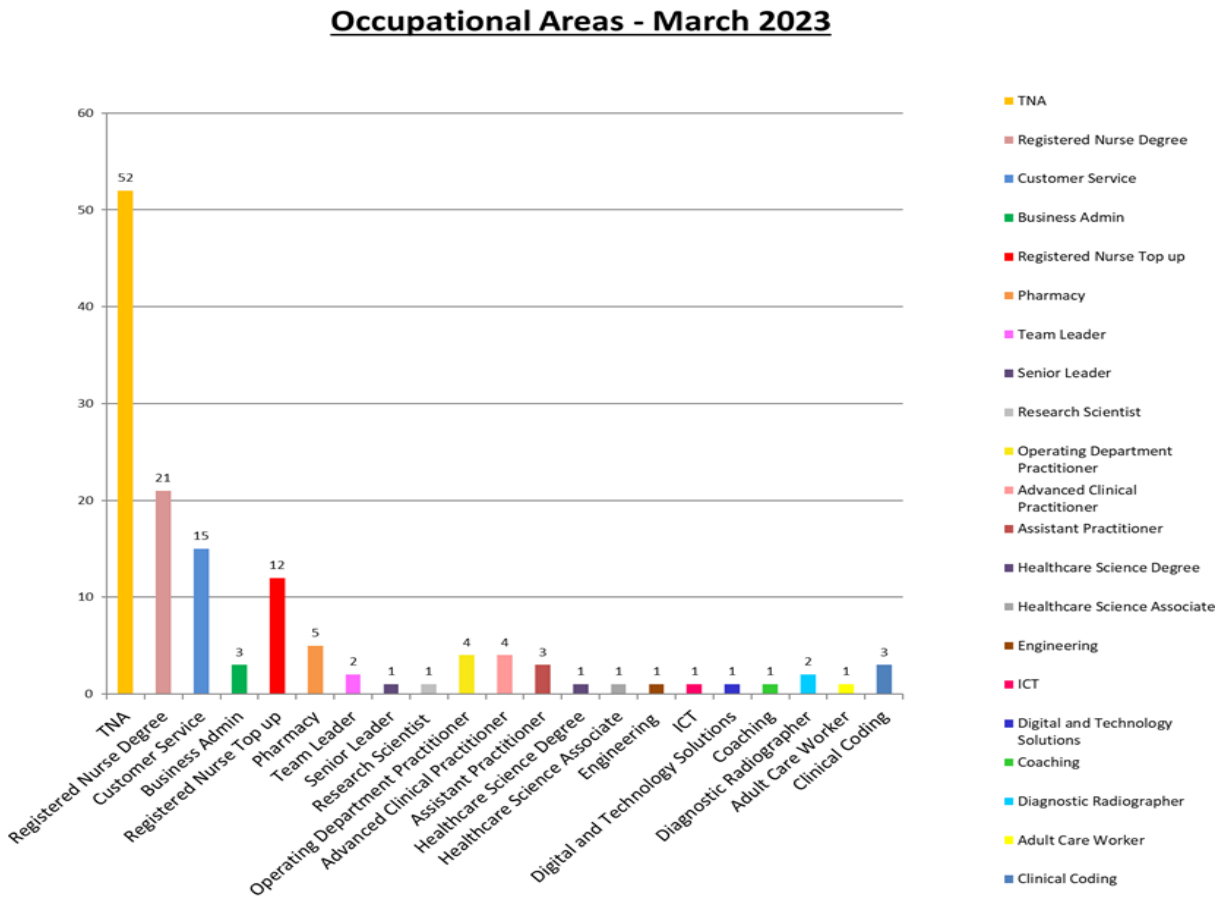
During 2022-23 the Trust continued to support mandatory training compliance by utilising e-learning and delivery face-to-face via Microsoft teams. The Trust has achieved a year-end position of 86.6% against a target of 90%.

	Overall Apr 2022	Overall Mar 2023
Trust Overall	**86.9%**	**86.6%**
Corporate Services	**89.2%**	**89.0%**
CBU 1 Medicine	**84.5%**	**83.8%**
CBU 2 Surgery	**85.4%**	**84.8%**
CBU 3 Women, Children & Clinical Support Services	**88.4%**	**89.0%**
Barnsley Facilities Services	**89.8%**	**89.4%**

Apprenticeships at Barnsley Hospital

The Trust currently employs 135 apprentices across 21 subject and occupational areas. There has been a rise in the utilization of degree and higher-level apprenticeships which now accounts for a large proportion of our apprentices. Apprenticeships have enabled the Trust to develop our existing colleagues recruit to entry level posts and respond to workforce needs, as a result of this the largest body of apprentices are in the nursing professions.



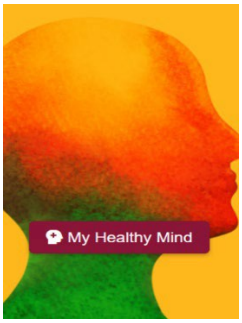


Health and Wellbeing

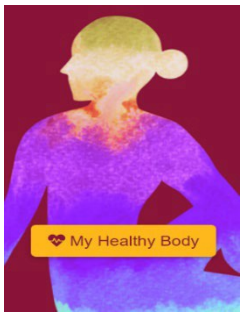
The Trust recognises the significant impact of the pandemic on our workforce and what needs to be done to support the health and wellbeing of our workforce, enabling them to perform or reach their potential in order to provide the best possible care for our patients. The Trust demonstrates a commitment to the health and wellbeing agenda in the wide range of support provided for colleagues. The Board of Directors has nominated a designated Board level Health and Wellbeing Guardian to ensure a strategic focus to this important area. Health and wellbeing of the workforce is a strategic priority for all our leaders and is everyone's responsibility. Everyone in our Trust will work collaboratively and supportively to keep our colleagues safe and promote good health and wellbeing. The Trust has an excellent Occupational Health service available to support colleagues with a wide range of issues. In addition to manager referrals, colleagues as individuals are able to self-refer to access support.

Our hospital and public health "**Healthy Lives Team**" work closely with other organisations across Barnsley and South Yorkshire to help prevent illness from things we know can cause harm, such as tobacco use, unhealthy foods and poor living environments, and improve wellbeing by promoting things we know support good physical and mental health.

Underpinning this work is our in house health and wellbeing service, 'Proud to be Healthy Together' for our workforce has a focus on both mind and body. Available on the internal Intranet site, the Healthy Together area provides a range of information and support packages for colleagues. In addition to self-care, there are a range of Trust support programmes that focus on health and wellbeing, including information on financial hardships as we know this is an increased area of concern for families impacted by the pandemic.



My Healthy Mind - A Healthy Mind is a balanced mental and emotional state which allows a person to be productive during their day, contributing meaningfully to the community they live in. When the balance is disrupted, it can be difficult to function positively. Coping with life stresses can become challenging and activities, that at other times may have seemed easy, can now seem daunting.



My Healthy Body - Good health is not just the absence of disease or illness, it is a state of complete physical, mental and social well-being. Good physical health can work in tandem with mental health to improve a person's overall quality of life.

Health & Wellbeing (HWB) Roadshows

Engaging and supporting colleagues in various departments and offering targeted health and wellbeing interventions.

Diversity Health & Wellbeing Champions

Champions are trained to act as an advocate for the health and wellbeing agenda within the Trust, promoting healthy lifestyles, health and wellbeing initiatives and running events in their workplace.

Know Your Numbers Initiative

Mini-lifestyle checks are being carried out for colleagues and helping them to understand the importance of monitoring blood pressure and weight management to empower and promote awareness about risk factor related health conditions.

Schwartz Rounds

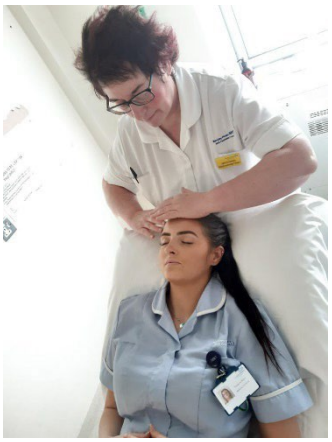
Schwartz rounds have been reinstated following the pandemic. This forum provides an ideal time for reflection and discussion where colleagues, can come together to discuss the emotional and social aspects of working in healthcare. The compassion shown by colleagues can make all the difference to a patient's experience of care. Colleagues found the forums have enabled them to have greater insight in meeting the needs of patients and a better understanding how colleagues feel about their work and will help them to work better with colleagues.

Menopause Support and Menopause Friendly Accreditation Employer

A menopause peer support group is well established and colleagues feel supported in a safe and confidential arena to discuss their menopausal issues with others across the Trust. Work is underway towards the Trust being a Menopause Friendly Accreditation employer in 2023-24.

Barnsley Hospital Charity – Employee Wellbeing Support

Barnsley Hospital Charity has continued to support our colleagues in a wide variety of ways, providing the following during the reporting year:



- 712 complementary therapies to support colleagues wellbeing including massages, reiki, reflexology, Indian head massage and facials.
- 4,500 treats with a wheel of fortune to celebrate colleagues awareness days including Nurses Day, Midwives Day, Admin Day, AHP Day, ODP, Nursing Support Day and Healthcare Science Week.
- Supported a 12 days of Christmas initiative with prizes including hampers and shopping vouchers for colleagues to win.
- Three themed celebration events, Barnsley Hospital Charity On the Farm with a therapeutic petting experience provided by a DEFRA registered and accredited animal welfare expert for colleagues and volunteers; Barnsley by the Sea, where the charity brought the seaside to our colleagues with themed treats, many of whom could not get away for a holiday and Barnsley by the Tree, a festive celebration event.
- 275 meals to celebrate the NHS Birthday.
- Ice-cream van on-site and off-site locations with 2,450 ice-creams distributed during the summertime.
- Equipment to support colleagues wellbeing including microwaves, travel mugs and fans.
- An energy pod located in Theatres/Recovery with soothing light, music and massage on their break times to support colleagues wellbeing

Equality, Diversity and Inclusion

We are committed to promoting equality, diversity and inclusion in our day-to-day treatment of all colleagues, 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 colleagues who have become disabled in the course of their employment. Colleagues that experience a disability are supported through training, redeployment, flexible working, reasonable workplace adjustments and continued support.

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 colleagues have a personal responsibility for the application of this Policy on a day-to-day basis; this includes positively promoting 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 People and Engagement group oversees the workforce delivery of Equality, Diversity & Inclusion and the Patient Experience & Insight group oversees the Patient part. These have fundamental roles 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 objectives is monitored through both groups reflecting our public sector equality duties under the Equality Act 2010.

Colleagues Equality Networks

We are committed to creating a more diverse and inclusive organisation and ensuring that we harness the talents of all our colleagues fully. One of the ways we support this is through the colleagues networks that provides a safe place for all under-represented and disadvantaged individuals to come together, share experiences and facilitate learning and development. We have three active colleagues networks: Race Equality Inclusion Colleagues Network; LGBTQ+ Colleagues Network and the Disability Colleagues Network.

Diversity Health & Wellbeing Champions

The Diversity Health & Wellbeing Champions are Trust colleagues who are self-nominated with a real passion and commitment to the Equality Diversity Inclusion and health and wellbeing agenda . The work of the champions continues to develop and their initiatives across the Trust demonstrate inclusive leadership in the workplace.

Managing Equality and Diversity Training Programme

Training for colleagues with line management responsibilities is delivered to equip leaders and managers with information to increase their knowledge and recognise the principles of Equality, Diversity and Inclusion (EDI).Training sessions have been positively received and colleagues identifying how it will enhance their job performance by applying the principles in the workplace.

Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS Equality Delivery System (EDS2022)

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, WDES and EDS2022 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.

Equality Impact Assessments (EQIA)

The Trust's EQIA Toolkit has been refreshed to include considerations of the impact of Covid-19 on communities. Managers and policy authors are able to utilise this to provide a quality impact assessment. Additional training is provided. Good practice is now embedded in the Trust, whereby all new policies include evidence that an EQUIA 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 policy formulation or review.

AccessAble and Recite

The Trust has continued its partnership with AccessAble to provide access information for disabled patients and visitors. A detailed access guide provides a graphical summary of the Trust's accessibility together with information including photographs of wards, treatment rooms and other public facing parts of the Hospital. Recite's suite of accessibility tools 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 was 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 colleagues to show they are aware of issues that lesbian, gay, bisexual and trans (LGBT+) people face when accessing healthcare. Basic education and access to resources are provided for colleagues 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

Community Engagement

The Trust continues to engage with Equality Forums and Service User Groups under the umbrella of 'Your Voice Barnsley'. Outcomes and learning are shared with internal committees through updates and awareness raising. The Trust also works with the wider community and voluntary organisation such as Barnsley Community and Voluntary Services, Healthwatch and AGE UK Barnsley.

Project Search for Learning Disabilities and Autism Internship Programme

Young people with learning difficulties and autism have been enrolled onto a new transition into employment programme by Barnsley Hospital NHS Foundation Trust, Barnsley College and Barnsley Metropolitan Borough Council.

Nine young people aged 17 to 24 are gaining vital work-based learning opportunities and experience in a number of different roles with Barnsley Hospital, in partnership with DFN Project Search, to help them secure meaningful long-term paid employment.

The interns, who are students of Barnsley College's Learning for Living and Work Department which supports students with additional needs, will be given extensive training and be taught competitive, transferable skills as part of the programme, whilst being given an employability curriculum to develop these skills.

Inclusive Culture Partnership Programme (reciprocal mentoring)

The Inclusive Culture Partnership Programme was launched in September 2021 to provide insight, create transformational changes and assist in improving the career development and talent pipeline of Black, Asian and Minority Ethnic (BAME) colleagues. Aspired leaders and Established leaders (Senior executive leaders) formed a learning partnership and worked as equal partners in a reciprocal (reverse) mentoring process. Learning took place and the programme highlighted positive impact, strengths, challenges and opportunities for further development. The first cohort has come to an end and plans are being made for a second cohort to be commenced.

Trade Union Activity

Table 1: Relevant union officials

The total number of employees who were relevant union officials during the period

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
32	28.7

Table 2: Percentage of time spent on facility time

Number of 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%	8
1-50%	22
51%-99%	0
100%	2

Table 3: Percentage of pay bill spent on facility time

First Column	Figures
Provide the total cost of facility time	**£97,347.70**
Provide the total pay bill	**£223,086,013**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.043%**

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	1,470 / 65,598 x 100 = **2.24%**

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

Modern Slavery Act 2015

At Barnsley Hospital we remain 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 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 patients, 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. Colleagues 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 colleagues and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency colleagues.
- Implement a range of controls to protect colleagues 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.
- 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 colleagues through our Safeguarding Children and Adults training, our Safeguarding policies and procedures and our Safeguarding leads.

PROUD to care

Governance Report

Our Approach to Governance

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

The Governors also have a duty to represent the interests of Trust 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.

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

- Audit Committee
- Finance and Performance Committee
- People Committee
- Quality and Governance Committee
- Remuneration and Nominations Committee

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

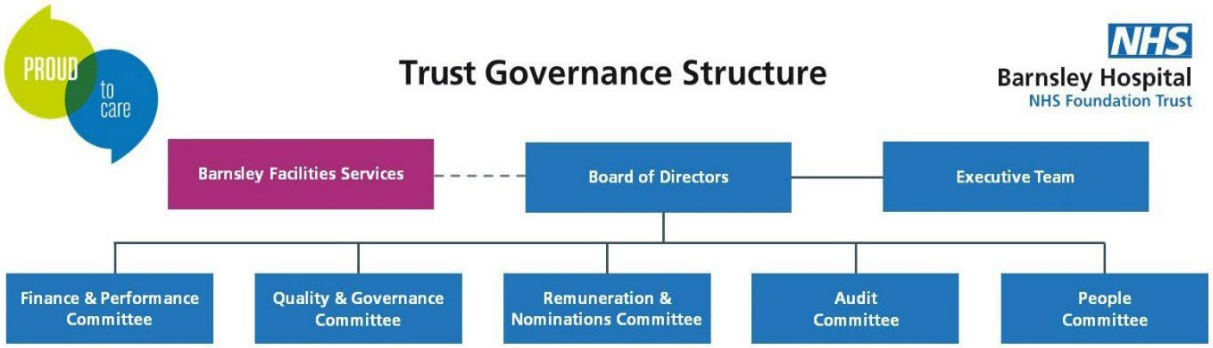
Our Governance Structure

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 Clinical Business Unit (CBU) governance arrangements maintain effective governance arrangements across all clinical services and report directly through The Trust's governance structures.

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.

Barnsley Facilities Services operates as a wholly owned subsidiary of Barnsley Hospital NHS Foundation Trust.



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, the Trust's overall governance, risk management and internal control procedures. This includes arrangements for preparation of the 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 Counter Fraud Authority.

Internal audit and counter fraud services are provided by 360 Assurance.

The Audit Committee reviews risks in year over the financial statements that includes valuation of property, plant and equipment; management override of controls; and completeness and accuracy of expenditure. They also provide a commentary on the value for money arrangements at the Trust. These have been considered through the presentation of the External Audit Plan and discussions with our external auditors, KPMG LLP.

The Committee continues to include at least one member with recent and relevant financial experience 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, 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.

KPMG LLP were external auditors for the year ended 31 March 2023.

The audit fee for the Trust statutory audit was £137,000 (2021/22 £126,480) including VAT. The £137,000 fee includes the 2022/23 fee of £131,000 and £6,000 audit charges from 2021/22. 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 was £15,600 exclusive of VAT (2021/22 - £15,300 exclusive of VAT). The expected audit fee for the subsidiary entity Barnsley Hospital Charity was £2,000 inclusive of VAT (2021/22 - £6,000 inclusive of VAT). The charity audit is not carried out by KPMG.

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 and 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.

Role of the Finance and Performance Committee

The Finance and Performance Committee oversee all aspects of finance and performance to include:

- Detailed scrutiny of financial information, including performance against the cost improvement programme, financial forward projections, CQUINS and annual budget.
- Review and approve business cases (up to the value outlined in the Scheme of Delegation)
- Oversight of the capital development programme
- Contract negotiation and performance
- Financial risk management and control
- management and employment policies and procedures.
- Maintain oversight of the financial and operational performance of Research and Development against the annual business plan.
- Review the operational performance of ICT against Trust and monitor information governance compliance.

Role of the Quality and Governance Committee

The Quality and Governance Committee is responsible for the following quality and governance matters. Specially its role is to:

- Receive assurance that Quality and Governance structures are in place.
- Scrutinise and challenging quality indicators, ensuring that themes and organisation wide learning and improvement are taking place.
- Ensure that potential and actual risks to quality are proactively identified and action plans are in place and implemented to address these, providing assurance to the Board.
- Authenticate the information to the Board, in the case of in-depth reviews
- Ensure the patient voice is evident through engagement and experience
- Ensure implementation of the National Patient Safety Agency Reporting requirements to achieve the standards of compliance
- Review compliance with statutory and regulatory requirements
- Oversee development and the implementation of the Quality Strategy and achievement of quality indicators.
- Review risk management matters in relation to quality, clinical governance and safety.

Role of the People Committee

The People Committee oversee all aspects of the workforce agenda:

- Management and succession planning, workforce planning, performance
- Assess the strategic priorities and investments needed to support the Trust's workforce and advise the Board accordingly.
- Review the Trust's People Plan and related delivery plans and programmes, and provide informed advice to the Board of Directors on their comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact.
- Oversee progress on the development and delivery of workforce, OD and cultural change strategies that support the Trust's strategic priorities and in the context of the ICS and national picture;
- Receive reports relating to the creation and delivery of workforce plans aligned to Trust and ICS strategies to provide assurance that the Trust has adequate colleagues with the necessary skills and competencies to meet the future needs of patients and service users
- Provide advice and support on the development of significant people-related policies priorto their adoption.
- Review the Trust's suite of people-related policies against benchmarks to ensure that theyare comprehensive, up-to-date, and reflect best practice.

NHS England Single Oversight Framework

Under the Single Oversight Framework introduced in 2016, the Trust remains within segmentation 2 for 2022-24.

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).

Barnsley Public Constituency:

- Gilly Cockerline (to 31 December 2022)
- Graham Worsdale, Lead Governor (to 31 December 2024)
- Annie Moody (to 31 December 2023)
- Tony Dobell (to 31 December 2022)
- Robert Slater (to 31 December 2022)
- Janet Lancaster (to 31 December 2022)
- Margaret Sheard (to 31 December 2026)
- Rebecca Peace (to 31 October 2022)
- Adriana Rrustemi (to 11 May 2025)
- Malcolm Gibson (to 31 December 2024)
- Chris Millington (to 11 May 2025)
- Phil Hall to (31 December 2024)
- Alan Parker to 31 December 2026)
- Ann Wilson (to 11 May 2025)
- Philip Carr (to 14 March 2026)
- Robert Lawson (to 14 March 2026)
- Lisa Kelly (to 14 March 2026)
- Thomas Wood (to 14 March 2026)

Out of Area (rest of England & Wales):

- Vacancy

Staff Governors:

- Janice Munford (to 31 October 2022)
- Ray Raychaudhuri (to 31 December 2022)
- Jon Maskill (to 31 December 2024)
- Bryony Lazenby (to 05 April 2022)
- Joanne Smith (to 31 December 2024)
- Nigel Bullock (to 31 December 2026)
- Wissam Al Ahmad (to 31 December 2026)

Partner Governors:

- Barnsley College: David Akeroyd
- Barnsley Metropolitan Borough Council (BMBC) Councillor Jenny Platts
- Joint Trade Union Committee (JTUC): Martin Jackson
- NHS Barnsley Clinical Commissioning Group: Chris Millington – until March 2022 then became Public Governor via election in May 2022
- Sheffield Hallam University – Paul Ardron
- University of Sheffield – Professor Michelle Marshall
- Voluntary Action Barnsley: John Marshall

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 2022-23 Elections were held in March 2022, October 2022 and January 2023. All 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.

Up to two Co-opted Advisors to support the Council of Governors can be appointed and removed (on an annual basis) by approval of the Council of Governors at a general meeting. Ray Raychaudhuri and Joe Unsworth were appointed as Co-opted Advisors on 1 January 2022 for a term of one year. As of 1 January 2023 there were no co-opted advisors.

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 126. 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

A joint meeting between the Council of Governors and Board usually takes place in December each year This meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year.

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, response and recovery to the pandemic and holding the Board and specifically the Non-Executive Directors to account for answers and assurance.

The Board has authority for all operational issues, the management of which is delegated to operational colleagues, in line with The Trust's standing orders. Throughout this challenging 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 its sub groups to hold open and transparent discussions.

The Council of Governors continues to report the views and experiences of the people (public and colleagues) and the organisations they represent. As well as direct contact with their Governors, members and the public are invited to contact their Governors through 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.

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 colleagues 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.

Nominations Committee

The Nominations Committee is a formal committee of the Council of Governors. It comprises the Chair, 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 Chair. The Lead Governor (as elected by the Council of Governors) holds one of the seats for Public Governors.

Membership as at the end of 2022-23 included:

- Sheena McDonnell, Chair
- Dr Richard Jenkins, Chief Executive
- Steve Ned, Joint Director of Workforce
- Paul Ardron, Partner Governor
- Graham Worsdale, Public Governor (and Lead Governor from March 2022)
- Professor Michelle Marshal, Partner Governor
- Jon Maskill, Staff Governor

When the appointment, re-appointment or performance of the Chair is under consideration by the Committee, the Chair 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 Director of Corporate Governance and 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 Chair).

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. The new national remuneration structure for Non-Executive Directors was introduced by NHSE in 2019, to align remuneration between NHS trusts and foundation trusts. The remuneration changes have been implemented over a phased basis beginning in October 2019 and concluding for Non-Executive Directors by April 2021 and for Chairs by April 2022.

The Council of Governors agreed the recommendation from Governor Nominations Committee to uplift the Non-Executive Director remuneration from £13,500 to £15-20K. The salary for the Chair appointed from May 2022 is £47,100.

The Chair‘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 annually. Recommendations relating to the work of the Nominations Committee outlined above have been presented to the Council of Governors throughout the year.

Sub-groups

In addition to the Committees outlined above, the Council of Governors was supported by three sub-groups, designed to reflect the Boards support system: namely Quality & Governance, Membership and Engagement, and People, Finance & Performance.

The Quality & Governance and People, Finance & Performance Committee were replaced in May 2022 by Governor Insight Meetings.

Insight meetings enable Governors to ‘deep dive’ in to a specific area within the hospital by hearing presentations from the teams involved within that area. The membership & Engagement Sub group still remains.

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 elected from the Governors.

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.

Attendance at Board of Director & Council of Governors Meetings

Board and Board Committee Meetings: 2022 – 2023

		Board of Directors		Extra-ordinary Board of Directors		Audit Committee		Finance & Performance		Quality & Governance		People Committee		REMCOM	
		Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended
McDonnell (02.05.22)	Sheena	5	4	1	1	1	1	1	1	2	2	0	0	6	6
Mapstone	Nick	6	6	1	1	5	5	11	9	0	0	0	0	6	5
Clifford	Kevin	6	5	1	1	0	0	0	0	11	10	6	5	6	4
Ellis	Sue	6	6	1	1	0	0	11	11	0	0	6	6	6	5
Plotts	David	6	6	1	1	5	3	8	5	3	3	0	0	6	1
Radford	Stephen	6	6	1	0	5	4	11	11	0	0	0	0	6	5
Francis (02.01.23)	Gary	1	1	0	0	0	0	0	0	3	3	0	0	2	2
Zaman	Hadar	6	6	1	1	0	0	0	0	11	10	6	5	6	3
Murphy (02.01.23)	Neil	0	0	0	0	0	0	2	2	0	0	0	0	0	0
Ruhi-Khan (02.01.23)	Nahim	1	1	0	0	0	0	0	0	3	2	0	0	0	0
Trevor (left 06.05.22)	Lake	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Moore (left 30.09.22)	Ros	3	2	1	1	0	0	0	0	6	5	0	0	1	1
Hudson (left 31.12.22)	Philip	5	4	1	1	4	3	0	0	8	6	4	3	4	2
Christopher	Lorraine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Davidson	Tom	6	6	1	1	0	0	11	9	0	0	0	0	0	0
Enright	Simon	6	4	1	1	0	0	0	0	11	11	6	6	0	0
Jenkins	Richard	6	6	1	0	1	0	0	0	0	0	6	5	5	5
Kirton	Bob	6	6	1	1	2	2	11	9	11	8	2	2	0	0
Murphy	Jackie	6	6	1	1	0	0	0	0	11	10	6	6	0	0
Parkes	Emma	6	6	1	1	1	1	0	0	0	0	0	0	0	0
Brown (left 14.10.22)	Mel	4	3	1	1	4	3	6	3	6	4	3	3	2	1
George (02.11.22 – 31.01.23)	Gilbert	1	1	0	0	1	1	2	2	2	2	1	1	3	3
Wendzicha (01.02.23)	Angela	1	1	0	0	0	0	2	1	2	1	1	1	1	1
Ned	Steve	6	5	1	0	0	0	0	0	0	0	6	6	6	3
Thickett	Chris	6	6	1	1	5	5	11	10	0	0	0	0	1	1
Burnett	Lorraine	6	5	1	1	0	0	11	8	0	0	0	0	0	0
Worsdale (Lead Governor)	Graham	6	3	0	0	0	0	0	0	0	0	0	0	0	0

Chairs denoted by shading

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					Membership & Engagement	Insight session	PF&P Sub Group	Q&G Sub-group
Partner Governors				Partner Constituency	Total Eligible	Attended	Attended	Attended	Attended	Attended	Attended
Paul	Ardron	N/A	A	Sheffield Hallam University	5	2	0	0	0	0	0
Martin	Jackson	N/A	A	Joint Trade Union Committee	5	3	0	1	3	0	0
Cllr Jenny	Platts	N/A	A	Barnsley Metropolitan Borough Council	5	4	1	1	3	0	1
David	Akeroyd	N/A	A	Barnsley College	5	2	0	0	2	0	0
Prof Michelle	Marshall	N/A	A	University of Sheffield	5	5	0	0	2	0	0
Plus											
Sheena	McDonnell	02.05.25		Trust Chair	5	4	1	1	3	1	1
Richard	Jenkins	N/A		Chief Executive Officer	5	3	1	0	2	0	0
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.

Public Governors

Name		Term of Office		Constituency	General Meeting		Joint Meeting with Board	Sub groups		PF&P Sub Group	Q&G Subgroup
		Expiry Date	Note					Membership & Engagement	Insight Sessions		
Public Governors				Public Constituency	Total Eligible	Attended	Attended	Attended	Attended	Attended	Attended
Gilly	Cockerline	Dec-22	A	Public Constituency	4	1	0	0	0	0	1
Tony	Dobell	Dec-22	A	Public Constituency	4	2	0	1	0	1	1
Alan	Higgins	Mar-22	A	Public Constituency	0	0	0	0	0	0	0
Annie	Moody	Dec-23	A	Public Constituency	5	5	1	3	3	1	1
Adriana	Rrustemi	Mar-25	A	Public Constituency	5	4	0	1	2	0	1
Malcolm	Gibson	Dec-25	A	Public Constituency	5	5	0	4	3	0	1
Robert	Slater	Dec-22	A	Public Constituency	0	0	0	0	0	0	0
Chris	Millington	Mar-25	A	Public Constituency	5	5	1	4	3	1	1
Graham	Worsdale	Dec-24	A	Public & Lead Constituency	5	4	1	3	3	0	0
Phil	Hall	Dec-25	A	Public Constituency	5	5	1	1	1	0	1
Janet	Lancaster	Dec-22	A	Public Constituency	0	0	0	0	0	0	0
Margaret	Sheard	Dec-26	A	Public Constituency	5	4	1	5	3	1	0
Alan	Parker	Dec-26	A	Public Constituency	1	1	1	0	0	0	0
Philip	Carr	Mar-26	A	Public Constituency	0	0	0	0	1	0	0
Robert	Lawson	Mar-26	A	Public Constituency	0	0	0	0	1	0	0
Lisa	Kelly	Mar-26	A	Public Constituency	0	0	0	0	0	0	0
Rebecca	Peace	Oct-22	A	Public Constituency	2	0	0	1	1	0	0
Thomas	Wood	Mar-26	A	Public Constituency	0	0	0	0	1	0	0
Ann	Wilson	Mar-25	A	Public Constituency	5	5	0	1	4	1	1
Chairs denoted by shading											

Staff Governors

Name		Term of Office		Constituency	General Meeting		Joint Meeting with Board	Sub groups			
		Expiry Date	Note					Membership & Engagement sub group	Insight Sessions	Finance & Performance	Quality & Governance
Staff Governors				Staff Constituency	Total	Attended	Attended	Attended	Attended	Attended	Attended
Joanne	Smith	Dec-25	A	Non-Clinical Support	5	3	1	2	3	1	1
Jon	Maskil	Dec-24	A	Clinical Support	5	4	0	0	2	0	0
Wissam	Al Ahmad	Dec-26	A	Medical & Dental	1	0	1	0	0	0	0
Nigel	Bullock	Dec-26	A	Nursing & Midwifery	1	0	1	0	1	0	0
Janice	Munford	Oct-22	A	Nursing & Midwifery	3	1	0	0	1	1	1
		Co-Opted Advisor									
Joe	Unsworth	Dec-22	A	Public Constituency	4	4	0	1	1	0	0
Ray	Raychaudhuri	Dec-22	A	Staff Constituency	4	3	0	1	2	0	0

Note: PF&P and Q&G Subgroup meetings ceased in June & May (respectively) 2022. Insight sessions replaced these meetings.

Board and Management

Name		Role	General Meeting		Joint Meeting with Board	Sub groups		
						Insight Session	Finance & Performance	Quality & Governance
Board and management attendance			Total	Attended	Attended	Attended	Attended	Attended
Sue	Ellis	Non- Executive Director	5	3	1	3	1	0
Philip	Hudson	Non- Executive Director- left Dec 22	4	3	1	2	0	1
Nick	Mapstone	Non- Executive Director	5	5	1	3	1	0
Ros	Moore	Non- Executive Director – left Oct 22	3	3	0	2	0	1
Kevin	Clifford	Non-Executive Director	5	5	1	2	0	1
Mel	Brown	Interim Director of Corporate Governance- left Oct 22	4	3	0	2	1	1
Gilbert	George	Interim Director of Corporate Governance – Nov 22 to Feb23	1	1	0	0	0	0
Nahim	Ruhi-Khan	Associate Non-Executive Director – started Jan23	1	1	1	0	0	0
Gary	Francis	Non-executive Director – started Jan 23	1	1	1	1	0	0
Neil	Murphy	Associate Non-Executive Director- started Jan 23	1	1	1	2	0	0
David	Plotts	Non-Executive Director	5	4	1	3	0	0
Hadar	Zaman	Associate Non-Executive Director	5	5	1	1	0	0
Stephen	Radford	Non-Executive Director	5	4	1	2	1	0

Note: PF&P and Q&G Subgroup meetings ceased in June & May (respectively) 2022. Insight sessions replaced these meetings.

Foundation Trust Membership

As a Foundation Trust we are able to set our own goals and make our own decisions and to create our own model of governance with patients/colleagues 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 The 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 aims to attract and engage a representative membership, reflecting our local population. To ensure departing colleagues 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 launched its Membership and Engagement Strategy and implementation plan in November 2022 and continues to engage members via email communications through the membership database. These communications keep members informed about news around the hospital, the local community, important events and volunteering opportunities. Membership events are also held in public places such as local supermarkets, health care settings and educational venues. Governors attend these events and speak to the general public about membership and the role of hospital Governor.

A membership pack for new members contains a welcome letter, historical information about the hospital, , information on how to sign up for NHS Discounts and information on how to become a governor. Promotional material to attract new members is displayed across the hospital site, targeted to areas in the hospital where promotions can be clearly viewed by the public as well as colleagues. Signup sheets, posters and information sheets are also in the waiting areas of some GP Surgery's in the Barnsley Area.

The Trust is supporting the Governors to engage with and attract new members. Our membership registration process enables us to capture demographic data including some protected characteristics and to reduce our costs and widen our reach we continue to capture email addresses of members wherever possible. Members can contact Governors or Directors at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818.

As at 31 March 2023 the Trust had 11,725 eligible members, comprising of 7,485 public members and 4,240 colleague members.

Public Constituency	31 March 2023 Actual Members
0-16	14
17-21	32
22+	7,410
White	6,852
Mixed	20
Asian or Asian British	70
Black or Black British	27
Other/Not Stated	10
Gender	
Male	2,580
Female	4,848
Unspecified/Other	0
Socio-economic Groupings	
AB - upper/middle class	1,586
C1 - lower middle class	2,058
C2 - skilled working class	1,795
DE – working/casual class	2,032

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 on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

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.

Part of schedule A (see above)	Relating to	*Code of Gov* ref	Summary of requirement	Page
2: Disclose	Board and Council of Governors	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.	124
2: Disclose	Board, Nomination Committee(s), Audit Committee, Remuneration Committee	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[24] committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	68 129
2: Disclose	Council of Governors	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.	124
Additional requirement of FT ARM	Council of Governors	n/a	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	124-123
2: Disclose	Board	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.	N/A
2: Disclose	Board	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
Additional requirement of FT ARM	Board	n/a	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	68
2: Disclose	Nominations Committee(s)	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.	81

Additional requirement of FT ARM	Nominations Committee(s)	n/a	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	N/A
2: Disclose	Chair/Council of Governors	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.	N/A
2: Disclose	Council of Governors	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.	134
Additional requirement of FT ARM	Council of Governors	n/a	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. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	N/A
2: Disclose	Board	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.	81
2: Disclose	Board	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.	N/A
2: Disclose	Board	C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). See also ARM paragraph 2.111.	78 143

2: Disclose	Board	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.	144
2: Disclose	Audit Committee/ control environment	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.	146
2: Disclose	Audit Committee/ Council of Governors	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
2: Disclose	Audit Committee	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.	120
2: Disclose	Board/ Remuneration Committee	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
2: Disclose	Board	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.	129 133
2: Disclose	Board/Membership	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.	134

2: Disclose	Membership	E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	143
Additional requirement of FT ARM	Membership	n/a	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	143
Additional requirement of FT ARM (based on FReM requirement)	Board/Council of Governors	n/a	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 are 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.	69
6: Comply or explain	Board	A.1.4	The board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery	YES
6: Comply or explain	Board	A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	YES
6: Comply or explain	Board	A.1.6	The board should report on its approach to clinical governance.	YES
6: Comply or explain	Board	A.1.7	The chief executive as the accounting officer should follow the procedure set out by NHS England for advising the board and the council and for recording and submitting objections to decisions.	YES
6: Comply or explain	Board	A.1.8	The board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	YES
6: Comply or explain	Board	A.1.9	The board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.	YES
6: Comply or explain	Board	A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.	N/A

6: Comply or explain	Chair	A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	N/A
6: Comply or explain	Board	A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	YES
6: Comply or explain	Board	A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present.	YES
6: Comply or explain	Board	A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	YES
6: Comply or explain	Council of Governors	A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	YES
6: Comply or explain	Council of Governors	A.5.2	The council of governors should not be so large as to be unwieldy.	YES
6: Comply or explain	Council of Governors	A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	YES
6: Comply or explain	Council of Governors	A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	YES
6: Comply or explain	Council of Governors	A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	YES
6: Comply or explain	Council of Governors	A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	YES
6: Comply or explain	Council of Governors	A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	N/A
6: Comply or explain	Council of Governors	A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	YES
6: Comply or explain	Board	B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	YES
6: Comply or explain	Board/Council of Governors	B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	YES
6: Comply or explain	Nomination Committee(s)	B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	YES
6: Comply or explain	Board/Council of Governors	B.2.2	Directors on the board of directors and governors on the council should meet the “fit and proper” persons test described in the provider licence.	YES

6: Comply or explain	Nomination Committee(s)	B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	81
6: Comply or explain	Nomination Committee(s)	B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	81
6: Comply or explain	Nomination Committee(s)/ Council of Governors	B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non- executive directors.	YES
6: Comply or explain	Nomination Committee(s)	B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	N/A
6: Comply or explain	Council of Governors	B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	YES
6: Comply or explain	Council of Governors	B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non- executive directors.	81
6: Comply or explain	Nomination Committee(s)	B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	N/A
6: Comply or explain	Board	B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	N/A
6: Comply or explain	Board/Council of Governors	B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	YES
6: Comply or explain	Board	B.5.2	The board, and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	YES
6: Comply or explain	Board	B.5.3	The board should ensure that directors, especially non- executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	YES
6: Comply or explain	Board/Committees	B.5.4	Committees should be provided with sufficient resources to undertake their duties.	YES
6: Comply or explain	Chair	B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	YES

6: Comply or explain	Chair	B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	YES
6: Comply or explain	Chair/Council of Governors	B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	YES
6: Comply or explain	Council of Governors	B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	YES
6: Comply or explain	Board/Remuneration Committee	B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	YES
6: Comply or explain	Board	C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	58
6: Comply or explain	Board	C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	YES
6: Comply or explain	Board	C.1.4	a) The board of directors must notify NHS England and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust. b) The board of directors must notify NHS England and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the NHS foundation trust's financial condition; • the performance of its business; and/or • the NHS foundation trust's expectations as to its performance which, if made public, would be	YES

			likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust.	
6: Comply or explain	Board/Audit Committee	C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	YES
6: Comply or explain	Council of Governors/ Audit Committee	C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	YES
6: Comply or explain	Council of Governors/ Audit Committee	C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	117
6: Comply or explain	Council of Governors	C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to NHS England informing it of the reasons behind the decision.	N/A
6: Comply or explain	Audit Committee	C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	YES
6: Comply or explain	Remuneration Committee	D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	N/A
6: Comply or explain	Remuneration Committee	D.1.2	Levels of remuneration for the chairperson and other non- executive directors should reflect the time commitment and responsibilities of their roles.	YES
6: Comply or explain	Remuneration Committee	D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	81
6: Comply or explain	Remuneration Committee	D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	81
6: Comply or explain	Council of Governors/ Remuneration Committee	D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	YES
6: Comply or explain	Board	E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	YES

6: Comply or explain	Board	E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	YES
6: Comply or explain	Board	E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co- operate.	YES
6: Comply or explain	Board	E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	YES

PROUD to care

Annual Governance Statement

Annual Governance Statement

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 ongoing process designed to identify and priorities the risks to the achievement of the policies, aims and objectives of Barnsley Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realized and the impact should they be 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 2023 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Board of Directors ("the Board") has overall responsibility for providing leadership on the overall governance agenda, including risk. The Board is supported by a number of Assurance Committees that scrutinize and review assurances on internal control. Our Assurance Committees comprise the following; Finance and Performance Committee, Quality and Governance Committee, People Committee and Audit Committee. Details relating to the roles and responsibilities of each of the aforementioned Committees can be found in the section dealing with the risk and control framework below.

As Chief Executive and Accounting Officer, I have responsibility for the oversight of risk management across all clinical, financial and organisational activities. Senior leadership is delegated through the Executive Directors and operationally through the Trust's three Clinical Business Units, Departments and Committee structures.

Risk Management within the Trust is supported by the Risk Management Policy and Procedure, providing a framework or 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 services, aims and objectives.

Risk management training is provided through the induction programme for new staff and thereafter through the Trust's mandatory training programme comprising training related to health and safety, fire safety, manual handling, infection, prevention and control, safeguarding, information governance in addition to other key components. In addition to the aforementioned, the risk management team can provide bespoke training for stall as required.

The Risk and Control Framework

The Trust's Risk Management Policy and Procedure provides the framework for managing risks across the Trust. The Trust has an established organisational structure in place promoting early identification of risk. The Trust has continued to develop and embed the Risk Management Group, Chaired by the Deputy Chief Executive.
The Risk Management Group's function is to scrutinise, challenge and moderate on the risk descriptors, risk mitigation and controls in place and more importantly seeks assurance on the progress around closing any gaps in controls and mitigations. Risks are then escalated to the Executive Team meeting where appropriate. To ensure consistency throughout the assessment of risks, risks are identified using a standardised approach. Identified risks are analysed using the risk management grading matrix of consequence and likelihood (5X5), producing a risk score that enables consistent prioritisation within the risk register. Risks scored 15 and above are added to the Corporate Risk Register.

The Trust will continue to further develop the function of the Risk Management Group with the additional oversight of operational risks and how they link with the BAF and the Corporate Risk Register.

The Trust has an established Board structure that enables the organisation to discharge overall responsibilities for risk management as follows:

- Audit Committee: Reviews, on behalf of the Board the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives.
- Quality and Governance Committee: Provides assurance to the Trust Board and Audit Committee that there are adequate controls in place to monitor the care given to patients. This includes progress against any action plans following Serious Incident Investigations.
- Finance and Performance Committee: Responsible for scrutinising aspects of financial and operational performance as requested by the Board in addition to scrutinising business cases, proposed investment decisions and regular review of contracts with key partners.
- People Committee: Responsible for providing leadership and oversight for the Trust on workforce issues that support the delivery of the Board's approved workforce objectives and for monitoring the operational performance of the Trust in people management, recruitment and retention and employee health and wellbeing.

In June 2022 the Board discussed and agreed the Trust's Risk Appetite Statement, articulating what level of risk the Board is willing or unwilling to accept. The Risk Appetite clearly defines the balance of risk relating to patient safety, financial and reputational.

The Board Assurance Framework (BAF) monitors the significant risks to the Trust completing its Strategic Objectives. The BAF is reviewed by the Executive Team, Assurance Committees and the Board of Directors in line with annual work plans. The following key in year strategic risks to the delivery of the Trust's Strategic Objectives related to:

- Risk that the Trust will be unable to recruit to vacancies or to retain permanent staff;
- Risk the Trust may fail to maintain a coherent and coordinated approach to succession planning, staff development and leadership development;
- Risk that the Trust may fail to maintain a coherent and coordinated structure and approach to staff health and wellbeing;
- Risk the Trust will fail to deliver constitutional and other regulatory performance of waiting time standards/targets considering capacity to cope with increased service demand anticipated over the coming year;
- The Trust is committed to large digital transformation projects (including Electronic Prescribing, Clinical Messaging and Electronic Health Care Records replacing current paper notes), unless this programme of work is delivered safely and effectively there is a significant risk to clinical operational delivery;
- There is a risk that computer systems will fail due to a cyber-security incident. This risk is increased if there is a lack of support for maintaining clinically critical systems;
- Risk of failing to deliver the in-year plan, including any required efficiency and clinical activity in accordance with national and system arrangements;
- Risk of insufficient cash funds to meet the operational requirement of the Trust, with services having to cease as a result;
- Risk of lack of space on site to support the future configuration of services;
- Risk the Trust may not have sufficient funding to invest in all the required capital developments for estates improvement, IM&T, replacement of equipment and other business requirements;
- Risk the Trust will have ineffective partnerships due to the failure of the Place based, Integrated Care systems and Provider Collaborative;
- Risk the Trust will not take appropriate action to address health inequalities in line with the local public health strategy and
- The risk of reputational damage to the Trust.

The Internal Audit Head of Audit Opinion provided a 'Significant Assurance' opinion on relation to the operation of the BAF, highlighting one medium risk relating to information requiring further clarification and recoding of actions. This will be further strengthened as part of the BAF development work during the next financial year.

As we develop of move further towards wider system working, it is essential that we continually develop our controls and governance arrangements to reflect this.

Financial Risks and Mitigations

A summary of the key financial risks, mitigations and impacts for the year ahead is included in the table below. The block arrangements, introduced during the pandemic, will continue within the ICS into 2023-24, with the exception of planned care recovery, which will be based around actual activity delivery. The Trust will be required to operate within an agreed financial envelope.

Area	Financial Risk Description and Mitigation	Potential Impact
Control target breakeven	Delivering the financial control target assigned to the Trust for 2023-24. **Mitigation:** Ensure that key cost pressures are effectively challenged and managed including control over agency staff expenditure and effective management of EPP programme.	Failure to achieve the target may result in The Trust not being able to access national monies.
Efficiency and Productivity Programme (EPP)	The EPP requirement is significant due to huge allocation reductions. EPPs planned for delivery do not either fully or partially deliver or the realisation of the saving is delayed. **Mitigation:** The delivery of other EPP savings is advanced, either by being able to advance the delivery of an existing scheme or of a pipeline scheme. Other EPP savings over perform to plan or other funding sources identified to offset.	Any unmitigated loss of EPP savings would be a £ for £ impact on the Control Target.
Activity	The plan assumptions have been jointly agreed with the Integrated Care System (ICS). 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 the ICS to manage patient flows more efficiently and agree approach to any changes that can be foreseen meeting Elective Recovery targets.	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 urgent care demand requiring additional capacity to manage the pressures at additional cost. **Mitigation:** Work with the ICS to manage patient flows more efficiently.	Incurring additional cost to support increased urgent care demand would have an impact on the ability to meet the Control Target.
System Affordability	It is clear that financial affordability across the Barnsley Place is more challenged than ever creating a significant pressure. **Mitigation:** Work with ICS to manage patient flows more efficiently.	Incurring additional cost to support increased activity levels would have an impact on the ability to meet the Control Target as well as being unaffordable for the place.
Covid-19	Covid-19 creates significant financial uncertainty, on the wider NHS finances, for a number of reasons. The national planning guidance assumes low levels of Covid-19, therefore an increase will create a significant operational and financial pressure. **Mitigation:** Monitor and adhere to the guidance issued by the national teams. Undertake scenario modelling and develop internal recovery plan based upon current knowledge.	Services are required to be delivered which may not be appropriately funded depending upon what funding mechanisms are put in place.
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. Significant uncertainty around rising inflation. **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 on the Control Target.

Compliance with Developing Workforce Safeguards

The Board and associated Assurance Committees receive regular reports detailing staffing arrangements in place thus providing assurance in respect of safety, sustainability and effectiveness of staffing in place. The reports continue to detail areas of risk and mitigation strategies in relation to the workforce.

Our people remain intrinsic to what we do. The Trust has in place a Board approved People Strategy to directly support the Trust's Strategic Objective to support and enable departments to develop robust workforce planning strategies. In accordance with the recommendations of 'Developing Workforce Safeguards' the Trust uses a triangulated approach to maintaining assurance around workforce systems utilising evidence-based tools such as establishment reviews, roster information and patient outcomes.

Information Governance

Information governance provides the framework for handling information in a secure and confidential manner. Taking into consideration the collection, storage and sharing of information, it provides assurance that personal and sensitive data is being managed legally, securely, efficiently and effectively to deliver the best possible care and service. As an NHS organisation, we have in place a Caldicott Guardian (Deputy Medical Director) in addition to a dedicated Senior Information Risk Owner who is also a Board member. Both roles are integral to working with the Information Governance Group to ensure the Trust complies with the requirements of the Data Protection Toolkit self-assessment in addition to organisational compliance with legislative and regulatory requirements relating to handling of our information.

The Trust declared compliance of 100 % with Information Governance Management and 85% compliance with Data Security Protection training. There were no Serious Incidents reportable to the Information Commissioner during the last financial year.

The Trust's Internal Auditors have completed a review of our Data Security and Protection Toolkit (DSPT) self-assessment resulting an overall score of moderate-high with a small number of areas where we need to strengthen the arrangements in place to ensure full, embedded and ongoing compliance with the requirements of the aforementioned Toolkit.

Data Quality and Governance

Data quality and governance risks are managed as an integral part of the established risk management process. The Trust publishes data quality indicators as part of the Integrated Performance Report which is reviewed by the Trust Board on a monthly basis.

The Data Quality Group usually meets on a monthly basis but increased the frequency during the last six months of the financial year to ensure key risks and issues were resolved. Following resolution of a number of issues, the Group reverted back to meeting once per month from January 2023.

Improvements have been made to the quality of the data we utilise as follows:

- Quarterly validation of 'clock stops' to increase patient safety and care which may result in a missed appointment;
- Increased our validation pathways through the LUNAR national digital centre for all elective care patients and reduced our data quality errors from 4.5% to 2.1%;
- Reviewing the use and creation of referral to treatment times outcomes has been rolled out to all specialties and
- Establishment of an escalation process for long waiters has been established.

The Data Quality Group comprises representatives from all clinical areas who analyse data quality reports. The Audit Committee receives the chairs log and annual review with ongoing regular reports presented to the Finance and Performance Committee and the Executive Team Meeting.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust continues to have in place processes to ensure that resources are used economically, efficiently and effectively.

The Trust produces detailed annual plans reflecting the operational and service requirements including the achievement of the financial control total. Throughout the last financial year, performance against our objectives was monitored through monthly reporting cycles on key performance indicators relating to finance, quality, activity and recovery to the Board Assurance Committees and finally Trust Board.

The Trust has in place a robust process for scrutiny of business cases, including at the Executive Team Meeting to ensure value for money.

Engagement with Stakeholders

Well established and effective arrangements are in place for working with key public stakeholders across the local health economy. The Trust is part of the South Yorkshire Integrated Care System and continues to be a key partner within the Barnsley Place.

During the last financial year, the Trust has worked closely with The Rotherham NHS Foundation Trust in establishing a strengthened programme of joint partnership working.

Provider Licence

The Trust is compliant with its Licence.

In accordance with the NHS Provider Licence, Condition 4(8) (b), the Trust is required to assure itself of the validity of the Corporate Governance Statement. The Board reviews the Statement on an annual basis to ensure that any declarations made are supported with evidence.

The annual self-certification for 2022-23 was considered and approved by the Board at the meeting on 22 June 2023. The self-certification was made available on the public facing website on 30 June 2023.

The NHS Oversight Framework outlines the approach NHS England take when overseeing performance. During the last financial year, the Trust remained in Segment 2.

Care Quality Commission

The Trust is registered with the Care Quality Commission and is registered 'without conditions'. The Care Quality Commission has not taken any enforcement action against the Trust during 2022-23.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined within the Trust Standard of Business Conduct and Managing Conflicts of Interest Policy) within the past twelve months, as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaption reporting requirements are complied with.

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 Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in 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, People Committee, Finance and Performance Committee, Quality and Governance Committee and the Risk Management Group a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board has continued to meet on a monthly basis, alternating between a full Board and a strategic development session. The Board has continued, throughout the year to receive reports on operational performance via the Integrated Performance Report incorporating performance monitoring in respect of key national priorities, regulatory and statutory indicators, quality, patient safety and experience and workforce.

The Audit Committee has supported the Board and provided an independent and objective review of the controls in place via the Chair's log to the Board. The Finance and Performance Committee, Quality & Governance Committee and People Committee have provided the Board with assurance throughout the year on our clinical and financial governance via the Chair's logs to Board.

The Trust has commissioned work from our Internal Auditors who carried out a number of reviews during the last financial year, the results of which are reported through the Audit Committee.

During the last financial year, the following reports were received as follows:

- Six 'Significant Assurance' relating to Procurement, Sustainability, Business Planning and COVID recovery, Freedom to Speak Up, Health and Wellbeing and Strategic Governance.
- One split 'Significant/Limited Assurance' relating to Operational Risk Management
- Two 'Limited Assurance' relating to Agency Staffing and Patient Letters.
- Two 'Advisory' reports relating to CQC Preparedness, Maternity Incentive Scheme,

In addition to the above, my review has been informed by the Head of Internal Audit Opinion which has contributed to this Annual Governance Statement. The Head of Internal Audit is required to provide an overall annual opinion statement based upon and limited to the work undertaken and the overall adequacy and effectiveness of the Trust's control and governance processes.

The Trust has received a statement from the Head of Internal Audit based upon the work undertaken during 2022-23 with the overall opinion as follows:

"I am providing an opinion of **significance assurance** that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

In providing my opinion, three main areas are considered:

- Board Assurance Framework (BAF)
- Individual assignments
- Follow up of actions.

I am providing significant assurance for the BAF.

I am providing significant assurance for the outturn of individual audit assignments.

I am providing moderate assurance for the follow up of actions.

The year end position is a first to follow up implementation rate of 69% and an overall implementation rate of 91%. There is scope to improve the percentage of actions closed by their original due date."

Conclusion

The Board remains committed to continuous improvement of its governance arrangements to ensure robust systems are in place to identify and manage risks.

I am assured that through the work carried out during the last financial year and the opinion of the Internal Auditors we have a sound system of internal control in place.

Signed: R. Jenkins **Dr Richard Jenkins, Chief Executive**

Date: 29 June 2023

PROUD to care

Financial Statements

Overview of Financial Performance

At the start of the pandemic, in 2020-21, emergency funding measures were introduced. These measures included the cessation of payment by results (PbR), the introduction of block contracts, and additional funding allocations for top-up, Covid-19 and latterly elective recovery. These revised funding arrangements continued into 2022-23.

The figures in the following section are the NHS England and Improvement (NHSE/I) reportable numbers, which includes the Trust and BFS, but excludes the Charity.

The plan agreed for 2022-23 was for the Trust to deliver a deficit of (£8.848m), with the deficit being as a result of a long-standing issue due to the funding mechanisms for top-up resulting in Trusts full capacity cost being unfunded. In 2021-22 the ICS provided additional allocations to mitigate the funding shortfall, however, for 2022-23 this additional funding has been removed, resulting in the deficit plan. The aggregate ICS plan for 2022-23 was to breakeven.

The Trust finished 2022-23 with a deficit of (£6.171m). This was inclusive of a land and buildings fixed asset impairment of £4.754m, income and depreciation in respect of donated assets £0.005m, and granted assets income (£3.705m). The adjusted financial performance, as assessed by NHSE/I, was a deficit of (£5.117m), which was £3.731m ahead of plan.

The Group position, inclusive of the Charity was a deficit of (£5.746m).

Income from Activities

The income from our core patient related activities in 2022-23 was £286.4m compared with £274.3m in 2021-22, an increase of 4.4%.

Activity has continued to recover during 2022-23, but still remains below pre-pandemic levels. There will be a continued focus on planned care recovery in 2023-24.

A summary of activity, across key points of delivery, is provided in the table below:

Point of Delivery	2019-20	2021-22	2022-23	% Change vs 2021-22	% Change vs 2019-20
Outpatients	345,100	293,515	325,010	10.73%	-5.82%
Elective Inpatients	3,794	3,755	3,387	-9.80%	-10.73%
Elective Day Cases	29,162	22,805	26,261	15.15%	-9.95%
Non-Elective Spells	42,803	38,681	38,829	0.38%	-9.28%
A&E Attendances	102,047	101,824	101,499	-0.32%	-0.54%

Other Operating Income

The Trust receives other sources of income for services not directly linked to patient care activities. These include education and training, research and development, internationally educated nurse recruitment monies, services to other NHS bodies and a range of non-clinical activities. Also included in 2022-23 are offsets to additional costs in respect of centrally procured consumables and grant income in respect of the capital decarbonisation scheme.

Expenditure

Operating expenditure increased by 9.4%, from £295.1m to £322.7m. This was attributable to both the pay and non-pay bills; and includes the impact of Covid-19, planned care activity increases, costs in respect of centrally procured consumables and land and buildings revaluation impairment. The expenditure increase is 7.9% when ignoring the impact of the impairments in each of the years.

Capital Expenditure

During 2022-23 the Trust delivered a capital programme of £18.6m which is an incredible achievement. This core capital programme was £8.3m per annum, and the Trust were again incredibly successful at securing additional national funding totalling £10.3m. The investments are split into our main categories of spend as summarised below and include:

Scheme	£m
Estates backlog	2.3
Critical care unit	4.1
Decarbonisation	3.7
Community diagnostics centre	3.1
Digital strategy	2.6
Medical and surgical equipment	2.8

Looking Ahead to 2023-24

2023-24 will see a change to the funding arrangements, with urgent care continuing as a fixed payment, but with planned care moving to a variable payment dependent upon activity levels delivered.

The ICS will receive an allocation for both revenue and capital purposes, and are responsible for determining how the funding will be distributed to Trusts. The current allocations do not enable the Trust to breakeven, given an issue with the original top-up allocation, and the Trust will start 2023-24 with a £5.1m brought forward deficit from the previous year.

The 2023-24 financial plan is a deficit of £11.2m as a result of the brought forward deficit, plus funding shortfalls to cover inflationary pressures, alongside there being some allocation issues still being resolved within the ICS. The ICS have submitted a system breakeven plan, and further discussion is required about redistribution of system resource to enable all organisations to breakeven. The Trust have set an internal stretch target to reduce the deficit further.

For 2023-24 the Trust is expected to deliver planned care activity recovery trajectories, in line with national expectations, within the allocations given. These trajectories are against the 2019-20 activity levels, and the expectation is that Trusts should be at 103% of 2019/20 inflated weighed cost value. The 2022-23 average was 92% across planned care points of delivery, so there is a lot of work required to significantly increase planned care activity levels during 2023-24, whilst continuing to manage urgent care demand increases.

Delivering the financial position, whilst recovering planned care activity levels, will be challenging given the underlying financial position of the Trust has shifted significantly since 2019-20. This is a common picture across the NHS and the Trust will have a renewed focus on efficiency and productivity for 2023-24. The plan includes a £12.5m efficiency requirement as a result of allocation reductions in 2023-24.

PROUD to care

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

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2023 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and Trust's services or dissolve the Group and Trust without the transfer of their services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Group by NHS England
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the Group's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Group management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year and simple recognition criteria of Other Income. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year end manual accruals.

In determining the audit procedures we took into account the results of our evaluation of Group and Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual cash and borrowing journal combinations, journal entries posted by senior finance staff and unusual expenditure journal combinations.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Selecting a sample of expenditure and manual accrual transactions around the year end and agreeing to supporting documentation to ensure that the expenditure recorded was complete and accurate.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and from inspection of the Group's and Trust's regulatory and legal correspondence and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which 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, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 75, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and 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 they have been informed by the relevant national body of the intention to

either cease the services provided by the Group and Trust or dissolve the Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the 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 if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 75, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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 planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

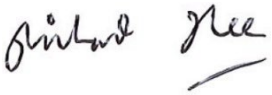
We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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 Council of Governors of the Trust, as a body, 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 Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Richard Lee
for and on behalf of KPMG LLP
Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE
29 June 2023

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2023, 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: (Chief Executive)

Name: Dr. Richard Jenkins

Date: 22 June 2023

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2023

	NOTE	**Group 2022/23 £000**	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Operating income from patient care activities	3	**286,378**	274,316	**286,361**	274,303
Other operating income	4	**31,638**	22,722	**32,544**	23,943
Total operating income		**318,016**	297,038	**318,905**	298,246
Operating expenses	5	**(322,734)**	(295,102)	**(323,957)**	(296,607)
OPERATING SURPLUS/(DEFICIT)		**(4,718)**	1,936	**(5,052)**	1,639
FINANCE COSTS					
Finance income		**818**	26	**798**	19
Finance expenses	8	**(20)**	0	**(870)**	(921)
Public Dividend Capital dividends payable		**(1,662)**	(1,832)	**(1,662)**	(1,832)
NET FINANCE COSTS		**(864)**	(1,806)	**(1,734)**	(2,734)
Other gains/(losses)		**(26)**	9	**0**	0
Corporation tax expense	9	**(138)**	(134)	**0**	0
SURPLUS/(DEFICIT) FOR THE YEAR		**(5,746)**	5	**(6,786)**	(1,095)
Other comprehensive income					
Will not be reclassified to income and expenditure					
Impairments	11	**(182)**	(33)	**(182)**	(33)
TOTAL COMPREHENSIVE EXPENSE FOR THE PERIOD		**(5,928)**	(28)	**(6,968)**	(1,128)

	2022/23 £000	2021/22 £000	**2022/23 £000**	2021/22 £000
(a) Surplus/(Deficit) for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**(5,746)**	5	**(6,786)**	(1,095)
TOTAL	**(5,746)**	5	**(6,786)**	(1,095)
(b) Total comprehensive expense for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**(5,928)**	(28)	**(6,968)**	(1,128)
TOTAL	**(5,928)**	(28)	**(6,968)**	(1,128)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2023

	NOTE	Group 31 March 2023 £000	Group 31 March 2022 £000	Trust 31 March 2023 £000	Trust 31 March 2022 £000
NON-CURRENT ASSETS					
Intangible assets	10	**4,885**	3,779	**4,879**	3,770
Property, plant and equipment	11	**93,833**	87,965	**70,975**	87,676
Right of use assets	11	**2,033**	0	**24,697**	0
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiary	12	**0**	0	**19,105**	19,836
Other investments		**315**	344	**0**	0
Receivables	14	**1,745**	1,556	**1,745**	1,556
Total non-current assets		**102,812**	93,644	**133,752**	125,188
CURRENT ASSETS					
Inventories	13	**2,273**	1,931	**1,338**	986
Receivables	14	**17,074**	7,956	**15,108**	6,132
Loans to subsidiary	12	**0**	0	**731**	706
Cash and cash equivalents	15	**43,439**	44,339	**39,950**	41,478
Total current assets		**62,787**	54,226	**57,127**	49,302
CURRENT LIABILITIES					
Trade and other payables	16	**(62,157)**	(46,818)	**(69,808)**	(53,315)
Borrowings	17	**(688)**	0	**(2,390)**	(2,078)
Provisions	18	**(1,966)**	(2,479)	**(1,926)**	(2,438)
Other liabilities	19	**(5,143)**	(4,779)	**(5,143)**	(4,779)
Total current liabilities		**(69,954)**	(54,076)	**(79,267)**	(62,610)
TOTAL ASSETS LESS CURRENT LIABILITIES		**95,644**	93,794	**111,612**	111,880
NON-CURRENT LIABILITIES					
Borrowings	17	**(1,353)**	0	**(23,722)**	(23,446)
Provisions	18	**(283)**	(324)	**(283)**	(325)
TOTAL NON-CURRENT LIABILITIES		**(1,636)**	(324)	**(24,005)**	(23,771)
TOTAL ASSETS EMPLOYED		**94,008**	93,470	**87,607**	88,109
FINANCED BY					
TAXPAYERS' EQUITY					
Public dividend capital		**147,173**	140,707	**147,173**	140,707
Revaluation reserve	20	**1,793**	2,016	**1,793**	2,016
Income and expenditure reserve		**(57,871)**	(51,741)	**(61,359)**	(54,614)
OTHERS' EQUITY					
Charitable fund reserves	12.1	**2,913**	2,488	**0**	0
TOTAL TAXPAYERS' AND OTHERS' EQUITY		**94,008**	93,470	**87,607**	88,109

The financial statements on pages 165 to 202 were approved by the Board on 22 June 2023 and signed on its behalf by:

R. Jelly

Signed: (Chief Executive)

Date: 22 June 2023

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2023

Group	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Charitable fund reserves (Note 12)	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 brought forward	**140,707**	**2,016**	**(51,741)**	**2,488**	**93,470**
Surplus/(Deficit) for the year	**0**	**0**	**(6,210)**	**464**	**(5,746)**
Impairments	**0**	**(182)**	**0**	**0**	**(182)**
Transfers to the income and expenditure reserve in respect of assets disposed of	**0**	**(41)**	**41**	**0**	**0**
Public dividend capital received	**6,466**	**0**	**0**	**0**	**6,466**
Other reserve movements - charitable funds consolidation adjustments	**0**	**0**	**39**	**(39)**	**0**
Taxpayers' and others' equity at 31 March 2023	**147,173**	**1,793**	**(57,871)**	**2,913**	**94,008**

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2022

Group	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Charitable fund reserves (Note 12)	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 brought forward	134,514	2,049	(51,237)	1,980	87,306
Surplus/(Deficit) for the year	0	0	(244)	249	5
Impairments	0	(33)	0	0	(33)
Public dividend capital received	6,192	0	0	0	6,192
Other reserve movements	1	0	(1)	0	0
Other reserve movements - charitable funds consolidation adjustments	0	0	(259)	259	0
Taxpayers' and others' equity at 31 March 2022	140,707	2,016	(51,741)	2,488	93,470

Information on reserves

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. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable fund reserves
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted.

A reserve adjustment is required as quantified above on consolidation of charitable funds.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2023

Trust	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 brought forward	**140,707**	**2,016**	**(54,614)**	**88,109**
Deficit for the year	**0**	**0**	**(6,786)**	**(6,786)**
Impairments	**0**	**(182)**	**0**	**(182)**
Transfers to the income and expenditure reserve in respect of assets disposed of	**0**	**(41)**	**41**	**0**
Public dividend capital received	**6,466**	**0**	**0**	**6,466**
Taxpayers' and others' equity at 31 March 2023	**147,173**	**1,793**	**(61,359)**	**87,607**

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2022

Trust	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 brought forward	134,514	2,049	(53,519)	83,044
Deficit for the year	0	0	(1,095)	(1,095)
Impairments	0	(33)	0	(33)
Other reserve movements	1	0	0	1
Public dividend capital received	6,192	0	0	6,192
Taxpayers' and others' equity at 31 March 2022	140,707	2,016	(54,614)	88,109

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2023

	NOTE	Group 2022/23 £000	Group 2021/22 £000	Trust 2022/23 £000	Trust 2021/22 £000
Cash flows from operating activities					
Operating surplus/(deficit)		**(4,718)**	1,936	**(5,052)**	1,639
Non-cash income and expenses					
Depreciation and amortisation		**6,920**	6,639	**6,822**	6,541
Net impairments		**4,754**	529	**4,754**	529
Income recognised in respect of capital donations		**(3,807)**	(147)	**(3,807)**	(147)
Decrease/(increase) in receivables and other assets		**(9,068)**	1,058	**(8,960)**	(285)
Decrease/(increase) in inventories		**(342)**	518	**(352)**	609
Increase in payables		**11,089**	3,680	**14,938**	8,136
Increase in other liabilities		**364**	3,104	**364**	3,104
Increase/(decrease) in provisions		**(558)**	679	**(558)**	679
Tax paid	9	**(154)**	(134)	**0**	0
Movements in charitable fund working capital		**133**	26	**0**	0
Other movements in operating cash flows		**21**	10	**9**	1
NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES		**4,633**	17,898	**8,158**	20,806
Cash flows from investing activities					
Interest received		**798**	19	**798**	19
Purchase or settlements of financial assets / investments		**0**	0	**706**	682
Purchase of intangible assets		**(2,116)**	(358)	**(2,116)**	(358)
Purchase of property, plant and equipment		**(11,881)**	(13,731)	**(14,437)**	(14,707)
Receipt of cash donations to purchase assets		**3,729**	19	**3,729**	19
Net cash flows from/(used in) investing activities		**(9,470)**	(14,051)	**(11,320)**	(14,345)
Cash flows from financing activities					
Public dividend capital received		**6,466**	6,192	**6,466**	6,192
Capital element of finance lease rental payments		**(617)**	0	**(2,070)**	(2,226)
Interest on loans		**0**	0	**0**	0
Interest element of finance lease		**(20)**	0	**(870)**	(921)
Public dividend capital dividend paid		**(1,893)**	(1,473)	**(1,893)**	(1,473)
Net cash flows from/(used in) financing activities		**3,936**	4,719	**1,633**	1,572
Increase in cash and cash equivalents	15	**(900)**	8,566	**(1,528)**	8,033
Cash and cash equivalents at 1 April - brought forward	15	**44,339**	35,773	**41,478**	33,445
Cash and cash equivalents at 31 March	15	**43,439**	44,339	**39,950**	41,478

Barnsley Hospital NHS Foundation Trust - Notes to the Accounts

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.

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England, 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 2022/23 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 the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going Concern Statement

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity’s services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Funds

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 accounts 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 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.

The charity is consolidated at a Group level.

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 published 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. The financial statements of this subsidiary are 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)

Note 1.4 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).

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned bythe Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from the commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPF) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in the own right, instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

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 performance obligations are satisfied. In practical terms this means that treatment has been given, 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.

Note 1.5 Other forms of income

Grants and donations

Government grants are frants form government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Wher the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds form the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1 Accounting policies and other information (continued)

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs 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 two NHS Pensions Schemes. Both schemes are unfunded, defined benefit schemes that covers NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care, 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: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Employers pension cost contributions are charges 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.

Note 1.7 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.

Note 1.8 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
- the cost of the item can be measured reliably; and
- individual items:
  - have a cost of at least £5,000; or
  - form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000 where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
  - form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

1 Accounting policies and other information (continued)

Note 1.8 Property plant and equipment (continued)

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for the recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either fron line services or back office functions) are measured at their current value in existing use. Assets that were mostly held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets for sale.

From 1 September 2017 onwards the Trust changed its accounting estimate to value its estate on a net of VAT basis.

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.

Properties in the course of construction for service or administration purposed are carried at cost, less any impairment loss. Cost includes professional fees and where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

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 10 years
- Information technology 1 to 10 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.

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 expenditure.

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”.

1 Accounting policies and other information (continued)

Note 1.8 Property plant and equipment (continued)

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 the criteria in IFRS 5 are met.

The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and 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 donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Note 1.9 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.

1 Accounting policies and other information (continued)

Note 1.9 Intangible assets (continued)

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 where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 amortised over a useful life of 1 to 10 years.

Note 1.10 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.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.12 Financial assets and financial liabilities

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, i.e. when receipt or delivery of the goods or services is made.

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 leasing arrangements 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.

1 Accounting policies and other information (continued)

Note 1.12 Financial assets and financial liabilities (continued)

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.

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.

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.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaption of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Finance leases

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis [explain if relevant]. Irrecoverable VAT on lease payments is expensed as it falls due.

1 Accounting policies and other information (continued)

Note 1.13 Leases (continued)

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

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.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as a lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000.

Assets previously disclosed under property, plant and equipment as part of the sale and leaseback arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited, have been reclassified as right of use assets from 1 April 2022 following a detailed consideration of the lease terms and the risks and rewards of the arrangement. The right of use assets was recognised equal to the lease liability recognised in the statement of financial position immediately prior to the reclassification. The lease term remains unchanged.

2021/22 Comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic [explain if relevant] basis.

Note 1.14 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 H M Treasury's discount rates effective from 31 March 2023.

		Nominal Rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Nominal Rate	Prior year rate
Year 1	7.4%	4.0%
Year 2	0.6%	2.6%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prios year minus 1.30%.

1 Accounting policies and other information (continued)

1.15 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.

1.16 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.

1.17 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, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

Either 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.

1.18 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.

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 PDC 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 with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at *https://www.gov.uk/government/publications/guidance- on-financing-available-to-nhs-trusts-and-foundation-trusts.*

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 accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 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.

1.20 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 Accounting policies and other information (continued)

1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. 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.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.23 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.

1.24 Critical accounting judgements, estimates and assumptions

The preparation of the accounts requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the financial year in which the estimate is revised if the revision affects only that financial year, or in the financial year of the revision, and future financial years, if the revision affects both current and future financial years.

The estimates and judgements that have had a significant effect on the amounts recognised in the accounts are outlined below.

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 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 Trust's 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 commissioned a desk-top valuation of its land and buildings as at 31 March 2023, which was undertaken by Cushman & Wakefield on a Modern Equivalent Asset (MEA) basis and reduced the residual value of the assets in 2022/23 by £4,754,330 (2021/22 by £529,413). The reduction is due to the MEA valuation not recognising the full level of capital investment made during the year largely offset by an increase in the underlying land and property prices in the region. The MEA assumes an instant build and cannot therefore reflect the significant cost associated with undertaking the alteration works within an operational hospital; and whilst the capital investment works have improved the functionality of the space, the accommodation does remain compromised in terms of its size and layout as well as the energy performance associated with the existing building envelope when compared to the modern equivalent.

1 Accounting policies and other information (continued)

1.24 Critical accounting judgements, estimates and assumptions (continued)

Impairment of Property, plant and equipment

The trigger for an impairment review in the accounting standard (IAS 36) is the existence of one or more indicators that assets may be impaired.

The Trust has completed an assessment against each impairment indicator contained in IAS 36 and has concluded that there are no observable indications of impairments which would require a full impairment review to be completed this financial year.

1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early-adopted in 2022/23

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 2022/23, 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 April 2023, 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. Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.2.

3.1 Income from patient care activities (by source)	**Group 2022/23 £000**	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Income from patient care activities received from:				
NHS England	**31,606**	24,745	**31,606**	24,745
Clinical commissioning groups	**61,286**	247,903	**61,286**	247,903
Integrated care boards	**191,823**	0	**191,823**	0
Department of Health and Social Care	**15**	35	**15**	35
Other NHS Providers	**523**	483	**523**	483
Local authorities	**124**	134	**124**	134
Non-NHS: overseas patients (chargeable to patient)	**109**	89	**109**	89
Injury cost recovery scheme *	**844**	881	**844**	881
Non NHS: other	**48**	46	**31**	33
Total income from activities	**286,378**	274,316	**286,361**	274,303

*NHS injury cost recovery scheme income is subject to a provision for doubtful debts of 24.86% (2021/22 23.76%) to reflect expected rates of collection.

3.2 Income from patient care activities (by nature)	**Group 2022/23 £000**	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Income from commissioners under API contracts*	**252,588**	253,901	**252,588**	253,901
High cost drugs income from commissioners (excluding pass-through costs)	**11,230**	9,961	**11,230**	9,961
Other NHS clinical income	**523**	483	**523**	483
Elective recovery fund	**7,163**	2,056	**7,163**	2,056
Agenda for change pay award central funding***	**6,645**	0	**6,645**	0
Additional pension contribution central funding **	**7,088**	6,730	**7,088**	6,730
Other clinical income	**1,141**	1,185	**1,124**	1,172
Total income from activities	**286,378**	274,316	**286,361**	274,303

* Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 national tariff payments system documentation

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

3.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group 2022/23 £000	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Income from services designated as commissioner requested services	**286,378**	274,316	**286,361**	274,303
Income from services not designated as commissioner requested services	**31,638**	22,722	**32,544**	23,943
Total	**318,016**	297,038	**318,905**	298,246

4. Other Operating Income

	Group 2022/23 £000	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Research and development	**580**	707	**580**	707
Education and training	**11,332**	10,410	**11,332**	10,410
Reimbursement and top up funding	**360**	414	**360**	414
Education and training - notional income from apprenticeship fund	**644**	507	**644**	507
Receipt of capital grants and donations	**3,807**	147	**3,807**	147
Charitable and other contributions to expenditure	**616**	703	**616**	703
Other income*	**13,827**	9,595	**15,205**	11,055
Charitable fund incoming resources	**472**	239	**0**	0
Total other operating income	**31,638**	22,722	**32,544**	23,943

* Further details of 'other income' are as follows:

Car parking	**1,160**	257	**1,160**	257
Non-clinical services recharged to other bodies**	**869**	0	**432**	0
IT recharges	**0**	0	**0**	12
Estates recharges	**0**	400	**0**	65
Pharmacy sales	**69**	89	**7**	37
Staff recharges	**3,599**	3,357	**3,820**	3,586
Service recharges	**5,176**	3,312	**5,176**	3,312
Drugs recharges	**1,906**	1,736	**1,910**	1,736
Clinical excellence awards	**95**	82	**95**	82
Property rentals	**0**	1	**0**	0
Elimination of 'other income' on consolidation of charitable funds	**(524)**	(511)	**0**	0
Miscellaneous items	**1,477**	872	**2,605**	1,968
Total other income	**13,827**	9,595	**15,205**	11,055

** This is a new heading for 2022/23, prior year has not been restated.

5. Operating expenses

	Group 2022/32 £000	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	**25**	519	**25**	519
Staff and executive directors costs **Notes 1 and 6.1**	**233,493**	214,076	**222,501**	203,383
Remuneration of non-executive directors **Note 1**	**174**	151	**174**	151
Supplies and services - clinical (excluding drugs costs)	**26,518**	24,644	**24,344**	22,941
Supplies and services - general	**5,249**	4,321	**544**	396
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**18,818**	17,353	**19,231**	17,786
Consultancy costs	**717**	284	**197**	192
Establishment	**1,909**	3,489	**2,142**	3,153
Premises **Note 4**	**10,341**	7,466	**30,037**	26,331
Transport (including patient travel)	**1,251**	1,671	**1,118**	1,565
Depreciation on property, plant and equipment and right of use assets	**5,910**	5,723	**5,815**	5,627
Amortisation on intangible assets	**1,010**	916	**1,007**	913
Net impairments **Note 3**	**4,754**	529	**4,754**	529
Movement in credit loss allowance: contract receivables/ contract assets	**407**	566	**407**	532
Movement in other provisions	**(29)**	(18)	**(29)**	(18)
Fees payable to the external auditor : audit services statutory audit **Note 2**	**153**	148	**137**	126
Internal audit costs	**110**	97	**110**	97
Clinical negligence	**9,663**	9,943	**9,663**	9,943
Legal fees	**110**	59	**76**	50
Insurance	**437**	352	**1**	0
Research and development	**142**	92	**142**	92
Education and training - notional expenditure funded from apprenticeship fund	**644**	507	**644**	507
Rentals under operating leases	**0**	569	**0**	569
Car parking and security	**510**	442	**15**	7
Hospitality	**1**	0	**1**	0
Losses, ex gratia and special payments	**328**	333	**328**	362
Other	**89**	870	**574**	854
Total	**322,734**	295,102	**323,957**	296,607

Note 1 - Further disclosures of Directors' remuneration and other benefits are detailed in note 24 to these accounts and further details are available in the remuneration report of the Annual Report to the Trust.

Note 2 - Auditor's remuneration

KPMG LLP were external auditors for the year ended 31 March 2023.

The audit fee for the Trust statutory audit was £137,000 (2021/22 £126,480) including VAT. The £137,000 fee includes the 2022/23 fee of £131,000 and £6,000 audit charges from 2021/22. 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 was £15,600 exclusive of VAT (2021/22 - £15,300 exclusive of VAT). The expected audit fee for the subsidiary entity Barnsley Hospital Charity was £2,000 inclusive of VAT (2021/22 - £6,000 inclusive of VAT). The charity audit is not carried out by KPMG.

Note 3 - The Net impairment of £4,754,000 was due to change in market price (2022: £529,000 - due to change in market price).

Note 4 - Premises in 2021/22 is net of a credit for £913,000 for a business rate refund.

5. Operating expenses (continued)

5.1 Barnsley Hospital NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Barnsley Hospital NHS Foundation Trust is the lessee.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022. The leases detailed in the note below are all now defined as finance leases and further information can be located in Note 11.5 and Note 11.6.

	Group 2022/23 £000	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Operating lease expense				
Minimum lease payments	**0**	569	**0**	569

	Group 2022/23 £000	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Future minimum lease payments due:				
Not later than one year;	**0**	598	**0**	598
Later than one year and not later than five years.	**0**	1,679	**0**	1,679
Later than five years	**0**	14	**0**	14
Total	**0**	2,291	**0**	2,291

6.1 Employee benefits

Group

	Total 2022/23 £000	Total 2021/22 £000
Salaries and wages	**167,533**	152,629
Social security costs	**15,084**	13,449
Apprenticeship levy	**734**	693
Employer's contributions to NHS pensions	**23,745**	22,572
Pension Cost - Other	**160**	137
Termination benefits	**0**	0
Temporary staff (including agency)	**26,237**	24,596
Total staff costs	**233,493**	214,076

In the year ended 31 March 2023, £411,000 of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2022 £Nil).

Trust

	Total 2022/23 £000	Total 2021/22 £000
Salaries and wages	**157,901**	143,360
Social security costs	**14,322**	12,743
Apprenticeship levy	**687**	648
Employer's contributions to NHS pensions	**23,309**	22,110
Pension Cost - Other	**61**	49
Termination benefits	**0**	0
Temporary staff (including agency)	**26,221**	24,473
Total staff costs	**222,501**	203,383

Director and staff costs charged to operating expenses are disclosed in note 5.

6. Employee benefits (continued)

6.2 Retirements due to ill-health (Group)

During 2022/23 there were 7 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2022). The estimates additional pension liabilities of these ill-health retirements is £654,000 (£61,000 in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

7. Limitation on auditor's liability (Group)

The limitation on the auditor's liability for external work is £1,000,000 (2021/22 - £1,000,000).

8. Finance

8.1 Finance Interest

	Group	Group	**Trust**	Trust
	2022/23	2021/22	**2022/23**	2021/22
	£000	£000	**£000**	£000
Interest on bank accounts	**798**	19	**798**	19
NHS charitable fund investment income	**20**	7	**0**	0
	818	26	**798**	19

8.2 Finance expense

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	Group	Group	**Trust**	Trust
	2022/23	2021/22	**2022/23**	2021/22
	£000	£000	**£000**	£000
Finance Leases	**20**	0	**870**	921
Total finance costs	**20**	0	**870**	921

9. Corporation tax expense

Group

	2022/23	2021/22
(There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax)	**£000**	£000

Analysis of charge/(credit) during the year

Current tax charge/(credit) for the year		
United Kingdom corporation tax	**157**	151
Adjustment in respect of previous periods	**3**	0
Total current tax	**160**	151
Deferred tax		
Current year	**(18)**	(13)
Effects of changes in tax rates	**(4)**	(4)
Total deferred tax	**(22)**	(17)
Total per Consolidated Statement of Comprehensive Income	**138**	134

Reconciliation of current tax charge

The debit for the year can be reconciled to the surplus per the Consolidated Statement of Comprehensive Income is as follows:

	2022/23	2021/22
	£000	£000
Surplus/(Deficit) for the year from continuing activities	**(5,608)**	139
Effective tax charge percentage	**19.00%**	19.00%
Tax if effective tax rate charged on surpluses before tax	**(1,066)**	26
Effects of		
Surpluses not subject to tax	**(928)**	108
Tax charge for the year	**138**	134

The current and prior year tax charge relates to the subsidiary Barnsley Facilities Services Limited.

10. Intangible assets

10.1 Group 2022/23 (Trust figures not disclosed as no material difference)

	Software Licences £000	Assets under Construction £000	Total £000
Valuation/ gross cost at 1 April 2022 brought forward	13,925	27	13,952
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets			
Additions	1,805	311	2,116
Reclassifications	27	(27)	0
Valuation/gross cost at 31 March 2023	**15,757**	**311**	**16,068**
Amortisation at 1 April 2022 brought forward	10,173	0	10,173
Provided during the year	1,010	0	1,010
Amortisation at 31 March 2023	**11,183**	**0**	**11,183**
- Net book value at 1 April 2022	3,752	27	3,779
- Net book value at 31 March 2023	**4,574**	**311**	**4,885**

10.2 Group 2021/22 (Trust figures not disclosed as no material difference)

	Software Licences £000	Assets under Construction £000	Total £000
Valuation/ gross cost at 1 April 2021 brought forward	12,221	1,373	13,594
Additions	283	75	358
Reclassifications	1,421	(1,421)	0
Valuation/gross cost at 31 March 2022	13,925	27	13,952
Amortisation at 1 April 2021 brought forward	9,257	0	9,257
Provided during the year	916	0	916
Amortisation at 31 March 2022	10,173	0	10,173
- Net book value at 1 April 2021	2,964	1,373	4,337
- Net book value at 31 March 2022	3,752	27	3,779

11. Property, plant and equipment

11.1 Property, plant and equipment 2022/23

Group

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	4,190	64,688	5,342	18,651	11,848	1,146	105,865
Additions	0	2,372	5,757	3,749	367	37	12,282
Additions - donations of physical assets (non cash)	0	0	0	78	0	0	78
Additions - assets purchased from cash donations / grants	0	3,729	0	0	0	0	3,729
Impairments charged to operating expenses	750	(8,193)	0	0	0	0	(7,443)
Impairments charged to the revalutaion account	0	0	0	(421)	0	0	(421)
Disposals / derecognition	0	(27)	0	(929)	(1,739)	0	(2,695)
Reclassifications	0	1,429	(1,715)	286	0	0	0
Valuation/gross cost at 31 March 2023	**4,940**	**63,998**	**9,384**	**21,414**	**10,476**	**1,183**	**111,395**
Accumulated depreciation at 1 April 2022 - brought forward	0	170	0	7,987	9,079	664	17,900
Provided during the year	0	2,809	0	1,799	621	56	5,285
Impairments charged to operating expenses	0	(2,689)	0	0	0	0	(2,689)
Impairments charged to the revaluation reserve	0	0	0	(239)	0	0	(239)
Disposals/derecognation	0	(27)	0	(929)	(1,739)	0	(2,695)
Accumulated depreciation at 31 March 2023	**0**	**263**	**0**	**8,618**	**7,961**	**720**	**17,562**
Net book value							
- Owned - purchased at 1 April 2022	4,175	64,304	5,342	10,292	2,769	457	87,339
- Owned - Donated/granted at 1 April 2022	15	214	0	372	0	25	626
Net book value at 1 April 2022	**4,190**	**64,518**	**5,342**	**10,664**	**2,769**	**482**	**87,965**
- Owned - purchased at 31 March 2023	4,925	60,961	9,384	12,571	2,515	439	90,796
- Owned - Donated/granted at 31 March 2023	15	2,774	0	182	0	23	2,994
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	43	0		43
Net book value at 31 March 2023	**4,940**	**63,735**	**9,384**	**12,796**	**2,515**	**462**	**93,833**

The Trust has had a formal desk-top valuation as at 31 March 2023. Valuations are carried out by Cushman and Wakefield, professionally qualified independent valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Of the totals at 31 March 2023 there were no assets valued at open market value (as at 31 March 2022 - none).

The net book value of donations of property plant and equipment from DHSC/UKHSA for covid response (non-cash) for the year ended 31 March 2023 were £43,000 and there were no in year additions.

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 2023 (as at 31 March 2022 - none).

11. Property, plant and equipment

11.2 Property, plant and equipment 2022/23

Trust

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	4,190	64,688	5,343	17,983	11,841	1,087	105,132
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	(1,324)	(23,603)	0	(597)			(25,524)
Additions	0	2,372	5,757	3,749	367	37	12,282
Additions - donations of physical assets (non cash)	0	0	0	78	0	0	78
Additions - assets purchased from cash donations / grants	0	3,729	0	0	0	0	3,729
Impairments charged to operating expenses	512	(5,692)	0	0	0	0	(5,180)
Impairments charged to the revalutaion account	0	0	0	(421)	0	0	(421)
Disposals / derecognition	0	(27)	0	(929)	(1,739)	0	(2,695)
Revaluation **Note 1**	0		0	0	0	0	0
Reclassifications	0	1,429	(1,715)	286	0	0	0
Disposals / derecognition	0	0	0		0	0	0
Valuation/gross cost at 31 March 2023	**3,378**	**42,896**	**9,385**	**20,149**	**10,469**	**1,124**	**87,401**
Accumulated depreciation at 1 April 2022 - brought forward	0	169	0	7,607	9,070	611	17,457
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	0	0	0	0	0	0
Provided during the year	0	1,847	0	1,106	621	56	3,630
Impairments charged to operating expenses	0	(1,727)	0	0	0	0	(1,727)
Impairments charged to the revaluation reserve	0	0	0	(239)	0	0	(239)
Disposals/derecognation	0	(27)	0	(929)	(1,739)	0	(2,695)
Accumulated depreciation at 31 March 2023	**0**	**262**	**0**	**7,545**	**7,952**	**667**	**16,426**
Net book value							
- Owned - purchased at 1 April 2022	4,175	64,305	5,343	10,004	2,771	451	87,049
- Owned - Donated/granted at 1 April 2022	15	214	0	150	0	25	404
- Owned - equipment donated from DHSC for COVID response at 1 April 2022	0	0	0	222	0	0	222
Net book value at 1 April 2022	**4,190**	**64,519**	**5,343**	**10,376**	**2,771**	**476**	**87,675**
- Owned - purchased at 31 March 2023	3,363	39,860	9,385	12,379	2,517	434	67,938
- Owned - Donated/granted at 31 March 2023	15	2,774	0	182	0	23	2,994
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	43	0	0	43
Net book value at 31 March 2023	**3,378**	**42,634**	**9,385**	**12,604**	**2,517**	**457**	**70,975**

11. Property, plant and equipment (continued)

11.3 Property, plant and equipment 2021/22

Group (Trust figures not disclosed as no material difference)

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	3,515	62,763	2,356	14,510	10,769	1,007	94,920
Additions	0	5,723	3,894	3,581	1,079	139	14,416
Impairments charged to operating expenses **Note 1**	675	(3,798)	0	(348)	0	0	(3,471)
Reclassifications	0	0	(908)	908	0	0	0
Valuation/gross cost at 31 March 2022	**4,190**	**64,688**	**5,342**	**18,652**	**11,848**	**1,146**	**105,865**
Accumulated depreciation at 1 April 2021 - brought forward	0	170	0	5,949	8,350	616	15,085
Provided during the year	0	2,593	0	2,353	729	48	5,723
Impairments	0	(2,593)	0	(315)	0	0	(2,908)
Accumulated depreciation at 31 March 2022	**0**	**170**	**0**	**7,987**	**9,079**	**664**	**17,900**
Net book value							
- Owned - purchased at 1 April 2021	3,500	62,322	2,356	8,162	2,418	390	79,148
- Owned - Donated at 1 April 2021	15	271	0	401	0	0	687
Net book value at 1 April 2021	**3,515**	**62,593**	**2,356**	**8,561**	**2,419**	**391**	**79,835**
- Owned - purchased at 31 March 2022	4,175	64,304	5,342	10,292	2,769	457	87,339
- Owned - Donated/granted at 31 March 2022	15	214	0	372	0	25	626
Net book value at 31 March 2022	**4,190**	**64,518**	**5,342**	**10,665**	**2,768**	**482**	**87,965**

Note 1

The Trust has had a formal desk-top valuation as at 31 March 2022. Valuations are carried out by Cushman and Wakefield, professionally qualified independent valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Of the totals at 31 March 2022 there were no assets valued at open market value (as at 31 March 2021 - none).

The net book value of donations of property plant and equipment from DHSC/UKHSA for covid response (non-cash) for the year ended 31 March 2022 were £128,000 of which £40,000 were in year additions.

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 2022 (as at 31 March 20201- none).

11. Property, plant and equipment

11.4 Right of use assets 2022/23

Group

	Property (land and buildings)	Plant and machinery	Transport Equipment	Total
	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing leased assets	0	0	0	0
IFRS 16 implementation - adjustments for existing operating leases / sub leases	288	1,960	13	2,261
Additions - lease liability	296	84	17	397
Valuation/gross cost at 31 March 2023	**584**	**2,044**	**30**	**2,658**
IFRS 16 implementation - reclassification of existing leased assets	0	0	0	0
IFRS 16 implementation - adjustments for existing operating leases / sub leases	0	0		0
Provided during the year	108	506	11	625
Accumulated depreciation at 31 March 2023	**108**	**506**	**11**	**625**
Net book value at 31 March 2023	**476**	**1,538**	**19**	**2,033**
Net book value of right of use assets from other providers	0	0	19	
Net book value of right of use assets from DHSC group bodies	0	0	0	

Trust

	Property (land and buildings)	Plant and machinery	Transport Equipment	Total
	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing leased assets	24,927	597	0	25,524
IFRS 16 implementation - adjustments for existing operating leases / sub leases	288	1,960	13	2,261
Additions - lease liability	296	84	17	397
Impairments charged to operating expenses	(2,263)	0	0	(2,263)
Valuation/gross cost at 31 March 2023	**23,248**	**2,641**	**30**	**25,919**
IFRS 16 implementation - reclassification of existing leased assets	0	0	0	0
IFRS 16 implementation - adjustments for existing operating leases / sub leases	0	0	0	0
Provided during the year	1,070	1,103	11	2,184
Impairments charged to operating expenses	(962)	0	0	(962)
Accumulated depreciation at 31 March 2023	**108**	**1,103**	**11**	**1,222**
Net book value at 31 March 2023	**23,140**	**1,538**	**19**	**24,697**
Net book value of right of use assets from other providers	0	0	19	
Net book value of right of use assets from DHSC group bodies	0	0	0	

11.5 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note

	Group 2022/23 £000	Group 2021/22 £000	**Trust 2022/23 £000**	Trust 2021/22 £000
Carrying value at 1 April 2022 brought forward	**0**	0	**25,524**	27,750
Financing cash flows - principal	**(617)**	0	**(2,070)**	(2,226)
Financing cash flows - interest	**(20)**	0	**(870)**	(921)
Non Cash movements				
IFRS 16 implementation - adjustment for existing operating leases	**2,261**	0	**2,261**	0
Transfers by absorption	**0**	0	**0**	0
Lease additions	**397**	0	**397**	0
Lease liability remeasurements	**0**	0	**0**	0
Interest charge arising in year	**20**	0	**870**	921
Lease payments (cash outflows)	**0**	0	**0**	0
Other changes	**0**	0	**0**	0
Carrying value at 31 March 2023	**2,041**	0	**26,112**	25,524

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index

Cashflow outflows in respect of leases recognised on SoFP are disclosed in the reconciliation above.

The additional obligation under finance leases in the Trust (£24,071,000) arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

11.6 Maturity analysis of future lease payments at March 2023

	Group		**Trust**	
	Total 31 March 2023 £000	**Of which leased from DHSC bodies 31 March 2023 £000**	**Total 31 March 2023 £000**	**Of which leased from DHSC bodies 31 March 2023 £000**
Undiscounted future lease payments payable in				
- no later than one year;	688	6	2,390	6
- later than one year and not later than five years	1,386	5	8,194	5
- later than 5 years.	0	0	24,536	0
Total gross future lease payments	2,074	11	35,120	11
Finance charges allocated to future periods	**(33)**	0	**(9,008)**	0
Net lease liabilities at 31 March 2023	**2,041**	**11**	**26,112**	**11**

11.7 Maturity analysis of finance lease liabilities at March 2022

	Group 2021/22 £000	Trust 2021/22 £000
Undiscounted future lease payments payable in		
- no later than one year;	0	2,304
- later than one year and not later than five years	0	6,808
- later than 5 years.	0	26,238
Total gross future lease payments	0	35,350
Finance charges allocated to future periods	0	(9,826)
Net lease liabilities at 31 March 2022	**0**	**25,524**
Of which		
- not later than one year	0	2,078
- later than one year and not later than five years	0	6,716
- later than five years	0	16,730

11.8 Initial application of IFRS16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statement with an initial application date of 1 April 2022.

The standard has been applied using a modified respective approach without the restatement of comparatives. Practical expedients by the Trust on initial application are detailed in the leases accounting policy in note 13.

Lease liabilities created for existing operation on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022.

Trust figures not disclosed as no material difference.

	Group 2022/23 £000
Operating lease commitments under IAS 17 at 31 March 2022	2,291
IAS 17 operating lease commitment discounted at incremental borrowing rate	2,247
Correction of immaterial prior period error in IAS 17 disclosure	14
Total Lease liabilities under IFRS 16 as at 1 April 2022	**2,261**

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.

As at 31 March 2023 and 31 March 2022 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 Barnsley Facilities Services Limited is the provision of an Operated Healthcare Facility and Outpatient Pharmacy Services.

Extracts from the subsidiaries are as follows:

(i) From Charitable Funds

	Charitable Fund accounts	**Consolidation adjustments**	**Charitable Fund numbers for consolidation**	Charitable Fund accounts	Consolidation adjustments	Charitable Fund numbers for consolidation
	2022/23	**2022/23**	**2022/23**	2021/22	2021/22	2021/22
	£000	**£000**	**£000**	£000	£000	£000
Statement of Financial Activities						
Incoming resources: excluding investment income	**957**	**(485)**	**472**	1,009	(770)	239
- with Barnsley Hospital NHS Foundation Trust	**(524)**	**524**	**0**	(511)	511	0
- audit fee (payable to the external auditor)	**(2)**	**0**	**(2)**	(6)	0	(6)
Total operating expenditure	**(526)**	**524**	**(2)**	(517)	511	(6)
Incoming resources: investment income	**20**	**0**	**20**	7	0	7
Net (outgoing)/incoming resources before other recognised gains and losses	**451**	**39**	**490**	499	(259)	240
Fair value movements on investment properties and other investments	**(26)**	**0**	**(26)**	9	0	9
Net movement in funds	**425**	**39**	**464**	508	(259)	249
Balance Sheet						
Non-current assets						
Other investments	**315**	**0**	**315**	344	0	344
Total non-current assets	**315**	**0**	**315**	344	0	344
Current assets						
Trade and other receivables	**12**	**100**	**112**	3	49	52
Cash and cash equivalents	**3,122**	**0**	**3,122**	2,486	0	2,486
Total current assets	**3,134**	**100**	**3,234**	2,489	49	2,538
Current liabilities						
Trade and other payables	**536**	**100**	**636**	345	49	394
Total current liabilities	**536**	**100**	**636**	345	49	394
Creditors: amounts falling due after more than 1 year	**0**	**0**	**0**	0	0	0
Net assets	**2,913**	**0**	**2,913**	2,488	0	2,488
Funds of the charity						
Restricted funds	**626**	**0**	**626**	279	0	279
Unrestricted income funds	**2,287**	**0**	**2,287**	2,209	0	2,209
Total Charitable Funds	**2,913**	**0**	**2,913**	2,488	0	2,488

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)

(ii) Barnsley Facilities Services Limited

Summarised Balance Sheet	**31 March 2023**	31 March 2022
	£000	£000
Current assets	**46,548**	48,619
Current liabilities	**(11,767)**	(13,785)
Total current net assets	**34,781**	34,834
Non-current assets	**200**	297
Non-current liabilities	**0**	0
Total non-current net assets	**200**	297
Provision for other liabilities	**(40)**	(74)
Creditors:amounts falling due after more than 1 year	**(19,105)**	(19,836)
Net assets	**15,836**	15,221
Gross assets	**46,748**	48,916

Summarised Profit and Loss Account	**2022/23**	2021/22
	£000	£000
Revenue	**57,717**	51,972
Expenses	**(57,118)**	(51,447)
Interest receivable	**850**	921
Interest payable and similar charges	**(697)**	(720)
Corporation tax	**(138)**	(134)
Post tax profit from continuing operations	**614**	592
Total comprehensive income	**614**	592

The amounts presented above are the amounts before intercompany transactions.

Investments in Subsidiary Undertakings	**31 March 2023**	31 March 2022
	£000	£000
Shares in subsidiary undertakings	**12,350**	12,350
Loans to subsidiary undertakings > 1 year	**19,105**	19,836
	31,455	32,186
Loans to subsidiary undertakings < 1 year	**731**	706
	32,186	32,892

The principal activity of Barnsley Facilities Services Limited is the provision of an Operated Healthcare Facility and Outpatient Pharmacy Services.

13. Inventories

	Group	Group	**Trust**	Trust
	31 March 2023	31 March 2022	**31 March 2023**	31 March 2022
	£000	£000	**£000**	£000
Raw materials and consumables	**2,273**	1,931	**1,338**	986
Total inventories	**2,273**	1,931	**1,338**	986

14. Receivables	Financial assets £000	Non Financial assets £000	Total 31 March 2023 £000	Financial assets £000	Non Financial assets £000	Total 31 March 2022 £000
Current - Group						
Contract receivables	**13,640**	**0**	**13,640**	4,354	0	4,354
Contract assets	**711**	**0**	**711**	692	0	692
Capital Receivables (including accrued capital related income)	**169**	**0**	**169**	0	0	0
Prepayments	**0**	**1,216**	**1,216**	0	1,395	1,395
Public Dividend Capital Dividend Receivable	**0**	**674**	**674**	0	443	443
Value Added Tax receivable	**0**	**2,240**	**2,240**	0	2,280	2,280
Clinician pension tax provision reimbursement funding from NHSE	**0**	**2**	**2**	0	4	4
Other receivables	**0**	**0**	**0**	0	0	0
NHS Charitable Funds - receivables	**0**	**12**	**12**	0	3	3
Allowance for impaired contract receivables/assets	**(1,590)**	**0**	**(1,590)**	(1,215)	0	(1,215)
Allowance for other impaired receivables	**0**	**0**	**0**	0	0	0
Total current receivables	**12,930**	**4,144**	**17,074**	3,831	4,125	7,956
Current - Trust						
Contract receivables	**13,676**	**0**	**13,676**	4,234	0	4,234
Contract assets	**711**	**0**	**711**	692	0	692
Prepayments	**0**	**281**	**281**	0	489	489
Capital Receivables (including accrued capital related income)	**169**	**0**	**169**	0	0	0
Public Dividend Capital Dividend Receivable	**0**	**674**	**674**	0	443	443
Value Added Tax receivable	**0**	**1,150**	**1,150**	0	1,451	1,451
Clinician pension tax provision reimbursement funding from NHSE	**0**	**2**	**2**	0	4	4
Deposits and advances	**0**	**731**	**731**	0	706	706
Other receivables	**0**	**0**	**0**	0	0	0
Allowance for impaired contract receivables/assets	**(1,555)**	**0**	**(1,555)**	(1,181)	0	(1,181)
Allowance for other impaired receivables	**0**	**0**	**0**	0	0	0
Total current receivables	**13,001**	**2,838**	**15,839**	3,745	3,093	6,838
Non - current Group						
Contract assets	**1,572**	**0**	**1,572**	1,387	0	1,387
Clinician pension tax provision reimbursement funding from NHSE	**0**	**173**	**173**	0	169	169
Total non-current receivables	**1,572**	**173**	**1,745**	1,387	169	1,556
Non - current Trust						
Contract assets	**1,572**	**0**	**1,572**	1,387	0	1,387
Clinician pension tax provision reimbursement funding from NHSE	**0**	**173**	**173**	0	169	169
Total non-current receivables	**1,572**	**173**	**1,745**	1,387	169	1,556
Of which receivable from NHS and DHSC group bodies:						
Current - Group			**9,434**			4,143
Current - Trust			**9,416**			4,146
Non - current Group			**173**			169
Non - current Trust			**173**			169

15. Cash and cash equivalents

	Group 31 March 2023 £000	Group 31 March 2022 £000	Trust 31 March 2023 £000	Trust 31 March 2022 £000
At 1 April	**41,853**	33,858	**41,478**	33,445
Net change in year	**(1,536)**	7,995	**(1,528)**	8,033
At 31 March	**40,317**	41,853	**39,950**	41,478
Broken down into:				
Cash at commercial banks and in hand	**3,985**	3,411	**496**	550
Cash with Government Banking Service	**39,454**	40,928	**39,454**	40,928
Total cash and cash equivalents as in statement of financial position	**40,317**	41,853	**39,950**	41,478

The Trust and Group cash balances are held with RBS Natwest and Lloyds Banking Group. These are considered low risk institutions.

16. Trade and other payables

Current - Group	Financial liabilities £000	Non Financial liabilities £000	Total 31 March 2023 £000	Financial liabilities £000	Non Financial liabilities £000	Total 31 March 2022 £000
Trade payables	**11,325**	**0**	**11,325**	5,756	0	5,756
Capital payables	**9,623**	**0**	**9,623**	5,493	0	5,493
Social security costs	**0**	**3,942**	**3,942**	0	3,631	3,631
Value added tax payable	**0**	**0**	**0**	0	0	0
Other taxes payable	**0**	**434**	**434**	0	442	442
Other payables	**57**	**0**	**57**	6,325	0	6,325
Pension Contribution payables*	**0**	**2,272**	**2,272**	0	0	0
NHS charitable funds: trade and other payables	**0**	**436**	**436**	0	296	296
Accruals	**31,204**	**0**	**31,204**	20,368	0	20,368
Annual leave accrual	**2,864**	**0**	**2,864**	4,507	0	4,507
Total current trade and other payables	**55,073**	**7,084**	**62,157**	42,449	4,369	46,818

* This is a new heading for 2022/23, prior year has not been restated. For 2021/22 the figure was included in Other payables.

Of which payables from NHS and DHSC group bodies:						
Current			**5,680**			4,217

Current - Trust						
Trade payables	**7,975**	**0**	**7,975**	2,694	0	2,694
Amount due to subsidiary company	**19,862**	**0**	**19,862**	19,906	0	19,906
Capital payables	**2,916**	**0**	**2,916**	1,342	0	1,342
Social security costs	**0**	**3,775**	**3,775**	0	3,631	3,631
Value added tax payable	**0**	**0**	**0**	0	0	0
Other taxes payable	**0**	**266**	**266**	0	257	257
Other payables	**4**	**0**	**4**	5,992	0	5,992
Pension Contribution payables*	**2,272**	**0**	**2,272**	0	0	0
Accruals	**29,874**	**0**	**29,874**	14,986	0	14,986
Annual leave accrual	**2,864**	**0**	**2,864**	4,507	0	4,507
Total current trade and other payables	**65,767**	**4,041**	**69,808**	49,427	3,888	53,315

Of which payables from NHS and DHSC group bodies:						
Current			**25,293**			22,356

17. Borrowings

	Group 31 March 2023 £000	Group 31 March 2022 £000	**Trust 31 March 2023 £000**	Trust 31 March 2022 £000
Current liabilities				
Obligations under lease obligations	**688**	0	**2,390**	2,078
Total Other current liabilities	**688**	0	**2,390**	2,078
Non-current liabilities				
Obligations under finance leases	**1,353**	0	**23,722**	23,446
Total Other non-current liabilities	**1,353**	0	**23,722**	23,446

Reconciliation of liabilities arising from financing activities

	£000	£000	**£000**	£000
Carrying value at 1 April	**0**	0	**25,524**	27,750
Cash movements:				
Financing cash flows - payments and receipts of principal	**(617)**	0	**(2,070)**	(2,226)
Financing cash flows - payments of interest	**(20)**	0	**(870)**	(921)
Non-cash movements:				
Impact of implementing IFRS16 on 1st April 2022	**2,261**	0	**2,261**	0
Additions	**397**	0	**397**	0
Application of effective interest rate (interest charge arising in year)	**20**	0	**870**	921
Closing value as at 31 March	**2,041**	0	**26,112**	25,524

The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in Note 13.

The additional obligation under finance leases in the Trust (£24,071,000) arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

18. Provisions

Group (Trust figures not disclosed as no material difference)

	Total	Equal Pay	Clinicians' pension reimbursement	Other
	£000	£000	£000	£000
At 1 April 2022	**2,803**	**1,852**	**173**	**778**
Change in the discount rate	**(184)**	**0**	**(155)**	**(29)**
Arising during the year	**738**	**303**	**153**	**282**
Utilised during the year - accruals	**(15)**	**0**	**0**	**(15)**
Utilised during the year - cash	**(455)**	**(439)**	**0**	**(16)**
Reversed unused	**(642)**	**(639)**	**0**	**(3)**
Unwinding of discount	**4**	**0**	**4**	**0**
At 31 March 2023	**2,249**	**1,077**	**175**	**997**
Expected timing of cash flows:				
- not later than one year;	**1,966**	**1,077**	**2**	**887**
- later than one year and not later than five years;	**60**	**0**	**6**	**54**
- later than five years.	**223**	**0**	**167**	**56**
Total	**2,249**	**1,077**	**175**	**997**

Clinical negligence liabilities

At 31 March 2023, £118,594,407 was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnsley Hospital NHS Foundation Trust (31 March 2022: £122,997,419).

19. Other liabilities

Group and Trust	**31 March 2023**	31 March 2022
	£000	£000
Deferred income: contract liabilities	**(5,143)**	(4,779)
Total	**(5,143)**	(4,779)

20. Revaluation Reserve

Group and Trust	**Total Revaluation Reserve**	**Revaluation Reserve Intangibles**	**Revaluation Reserve Property Plant and Equipment**
2022/32	**£000**	**£000**	**£000**
Revaluation reserve at 1 April 2022	**2,016**	**120**	**1,896**
Net Impairments	**(182)**	**0**	**(182)**
Transfer to I and E reserve upon asset disposal	**(41)**	**0**	**(41)**
Revaluation reserve at 31 March 2023	**1,793**	**120**	**1,673**
2021/22			
Revaluation reserve at 1 April 2021	2,049	120	1,929
Transfer to I and E reserve upon asset disposal	(33)	0	(33)
Revaluation reserve at 31 March 2022	2,016	120	1,896

21. Commitments

(i) Contractual capital commitments

	Group 3 March 2023 £000	Group 31 March 2022 £000	**Trust 31 March 2023 £000**	Trust 31 March 2022 £000
Property, plant and equipment	**1,022**	7,482	**0**	68
Intangible assets	**0**	83	**0**	83
Total	**1,022**	7,565	**0**	151

(ii) Other financial commitments

The Group/Trust is committed to making payments under non-cancellable executory contracts (which are not leases, PFI contracts or other service concession arrangements) analysed by the period during which the payment is made:

Group	**31 March 2023 £000**	31 March 2022 £000
- Not later than one year	**8,620**	8,306
- Later than one year and not later than five years	**7,136**	7,499
- Later than five years	**811**	1,623
Total	**16,567**	17,428

Trust	**31 March 2023 £000**	31 March 2022 £000
- Not later than one year	**5,732**	5,143
- Later than one year and not later than five years	**4,215**	4,428
- Later than five years	**811**	1,623
Total	**10,758**	11,194

22. Events after the reporting date

There have been no events after the reporting period.

23. Contingent Liabilities

	31 March 2023 £000	31 March 2022 £000
NHS Resolution legal claims **Note 1**	**56**	32
Net value of contingent liability	**56**	32

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 cash flows it would be impractical to estimate the value and the timings of the amounts and cash flows.

24. Related party transactions

Barnsley Hospital NHS Foundation Trust (The Trust) is a public benefit corporation which was established by the granting of authorisation by the Independent Regulator for NHS Foundation Trusts. 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 South Yorkshire Integrated Care Body (ICB) for months July 2022 to March 2023 and Barnsley CCG (for the months April 2022 to June 2022). Furthermore the following entities have had transactions with the Trust in excess of £1,000,000 in 2022/23: West Yorkshire ICB, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, The Rotherham NHS Foundation Trust, NHS Kirklees CCG, NHS Wakefield CCG, NHS Professionals, NHS Pension Schemes, Health Education England, NHS England and NHS Resolution.

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.

24. Related party transactions (continued)

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 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.

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:

	2022/23	2021/22
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive directors	**1,035**	938
- Non-executive directors	**171**	151
	1,206	1,089
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive directors	**98**	93
Aggregate of remuneration and other benefits receivable by the directors	**1,304**	1,182
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive directors)	**6**	5

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 of 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

All of the Trust's financial assets and all 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.

25. Financial Instruments (continued)

	Group 31 March 2023 £000	Group 31 March 2022 £000	**Trust 31 March 2023 £000**	Trust 31 March 2022 £000
Carrying values of financial assets				
Receivables	**14,085**	5,218	**18,265**	5,132
Other investments/financial assets	**0**	0	**19,836**	20,542
Cash and cash equivalents	**40,317**	41,853	**39,950**	41,478
Consolidated NHS Charitable fund financial assets	**3,449**	2,833	**0**	0
Total	**57,851**	49,904	**78,051**	67,152

Receivables comprise, trade and other receivables less prepayments.

Financial assets are at amortised cost.

Carrying values of financial liabilities				
Obligations under finance leases	**2,041**	0	**26,112**	25,524
Trade and other payables excluding non financial liabilities	**57,345**	42,449	**63,495**	49,427
Total	**59,386**	42,449	**89,607**	74,951

Book value/ carrying value is a reasonable approximation of fair value.

Financial liabilities are at amortised cost.

Maturity of financial liabilities				
In one year or less	**57,345**	42,449	**65,885**	51,731
In more than one year but not more than five years	**1,386**	0	**8,194**	6,808
In more than five years	**0**	0	**24,536**	26,238
Total	**58,731**	42,449	**98,615**	84,777

26. Third party assets held by the Trust

The Trust held £555 and cash equivalents at 31 March 2023 (£905 as at 31 March 2022) 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.

27. Losses and Special Payments

Group and Trust	**2022/23**	**2022/23**	2021/22	2021/22
Losses:	**Total number of cases**	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000's**	Number	£000's
1. Losses of cash due to:				
a. overpayment of salaries	**0**	**0**	0	0
b. other causes	**0**	**0**	0	0
2. Bad debts and claims abandoned in relation to:				
a. overseas visitors	**21**	**33**	17	33
b. other	**174**	**199**	310	282
3. Damage to buildings, property (including store losses) due to				
a. other	**47**	**61**	46	0
Total losses	**242**	**293**	373	315
Special Payments				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**24**	**15**	12	2
b. personal injury with advice	**11**	**37**	12	40
c. Overtime corrective payments (nationally funded)	**0**	**0**	0	0
d. Overtime corrective payments (additional amounts locally agreed and funded)	**0**	**0**	0	0
e. other	**2**	**351**	2	30
Total Special Payments	**37**	**403**	26	72
Total Losses and Special Payments	**279**	**696**	399	387
Of which special payments of £95,000 or more				
7(f). Overtime corrective payments (nationally funded payment)	**0**	**0**	0	0

28. 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 for Health and Social Care 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 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 to 20.6% of pensionable pay. The 2016 funding valuation tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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.