PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Barnsley Hospital
NHS Foundation Trust

Annual Report and Accounts 2021-22

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts
1 April 2021 to 31 March 2022

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Contents

Chief Executive's Statement

Barnsley Hospital NHS Foundation Trust's Annual Report and Accounts for 2021-22 sets out how the Trust has performed over the year, together with some of the things we are proud of at our hospital.

More than two years on and many of us feel the worst of the Covid-19 pandemic is in the rear-view mirror. We were proud that Barnsley unveiled one of the UK's first permanent Covid-19 memorials in November, and just as proud when our Intensive Care Unit staff were awarded 'Freedom of the Borough' – the highest honour Barnsley Council can bestow. We will never forget that our hospital along with the whole NHS rose to the extraordinary challenge of Covid-19 and showed that our people are magnificent.

The pandemic exposed both strengths and weaknesses in our healthcare systems. It showed demand for treatment is growing faster than ever. Using innovation and technology to increase value received from every pound spent will be vital. It will require a far greater emphasis on keeping people healthy rather than treating people who are sick.

In light of the unprecedented challenge that the Trust has faced, some of our performance targets have not been fully achieved, as detailed later in the report. Throughout the year, our primary focus has remained on patient safety and quality. We have made good progress in reducing waiting times that have increased as a result of the pandemic. Looking forward, as a Board we are focusing on the continued recovery of services and delivering the best possible levels of care together with support for our colleagues.

Health and wellbeing is a major focus for us. Last summer, with help from Barnsley Council, we became the first hospital site in the country to introduce surrounding smoke-free roads, supporting our QUIT stop smoking service.

Barnsley Hospital Charity arranged 576 complementary therapies to support staff, gave out 4,400 treat packs to celebrate staff awareness days and opened our new wellbeing garden outside the hospital restaurant. Thank you to the people of Barnsley and beyond for their generous support of the charity.

In March, we launched our first Green Plan, detailing the Trust's actions to reduce our impact on the environment in the next five years. 'Best for Planet' is a key goal in our new five-year strategy, launched in March 2022.

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

Dr Richard Jenkins, Chief Executive

SECTION 2 COVER PAGE

Barnsley Hospital
NHS Foundation Trust

Performance Report

Overview of Performance

About Barnsley Hospital

Since the 1970s Barnsley Hospital has provided acute healthcare for the people of Barnsley and surrounding areas. We're a medium-sized district general hospital serving around a quarter of a million people. We pride ourselves on our community as so many of our patients have relatives employed here it feels like we're one large family.

In recent years we have undertaken several largescale renovations across our site. Our state of the art Children's Emergency Department and Assessment Unit opened during the pandemic in early 2021 and has received glowing feedback from patients and from our staff who work there.

Our next large project is to completely redevelop our critical care provision with a unit which will expand capacity and improve patient experience.

Our specialised services include cancer and surgical services in partnership with other local healthcare providers such as neighbouring hospitals in Rotherham and Sheffield. We also have an Assistive Technology team which serves a large part of the North of England.

We firmly believe our staff are our greatest asset as an organisation and it is essential we continue to invest in a wide range of benefits to support their health and wellbeing. We provide access to psychological support and counselling, healthy living initiatives such as discounted local gym membership, yoga and meditation classes, and of course the cycle to work scheme.

Our on-site facilities have been significantly improved this year by a dedicated outdoor space for staff to spend time in a health and wellbeing garden. The garden has been funded by Barnsley Hospital Charity following feedback from colleagues that this was something they would value.

Our annual staff survey results demonstrate consistent, strong results in how staff feel about working at Barnsley Hospital, and our leadership team act on issues raised through this and other feedback.

Barnsley Hospital Strategy 2022-2027

In 2022 we started work on developing a new five year strategy. The Covid-19 pandemic has fast-tracked a lot of change for the NHS and has given all NHS organisations a need to reset and refocus their vision for the longer term.

Our new Strategy runs until 2027. It captures the new mission for the Trust and our 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 for the next five years that will build on our previous work using continuous quality improvement and introduce innovative new ways of working and new technology to improve our services and deliver holistic care that balances both the physical and mental health needs of our patients and service users.

Underpinning all of this work will be an active focus on culture so that we provide a kind, caring and compassionate environment for our patients, service users and staff that makes us the healthcare provider of choice for care and the best place to work.

Our organisation and the country have been hit by the biggest challenge of our lifetime with the pandemic but we will recover and build back better and fairer from the impact of Covid-19. This strategy looks forward to how we will ambitiously deliver new and modern services over the coming years.

We have developed our strategic plans in consultation with our staff, patients, the public and our partners. Through this 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.

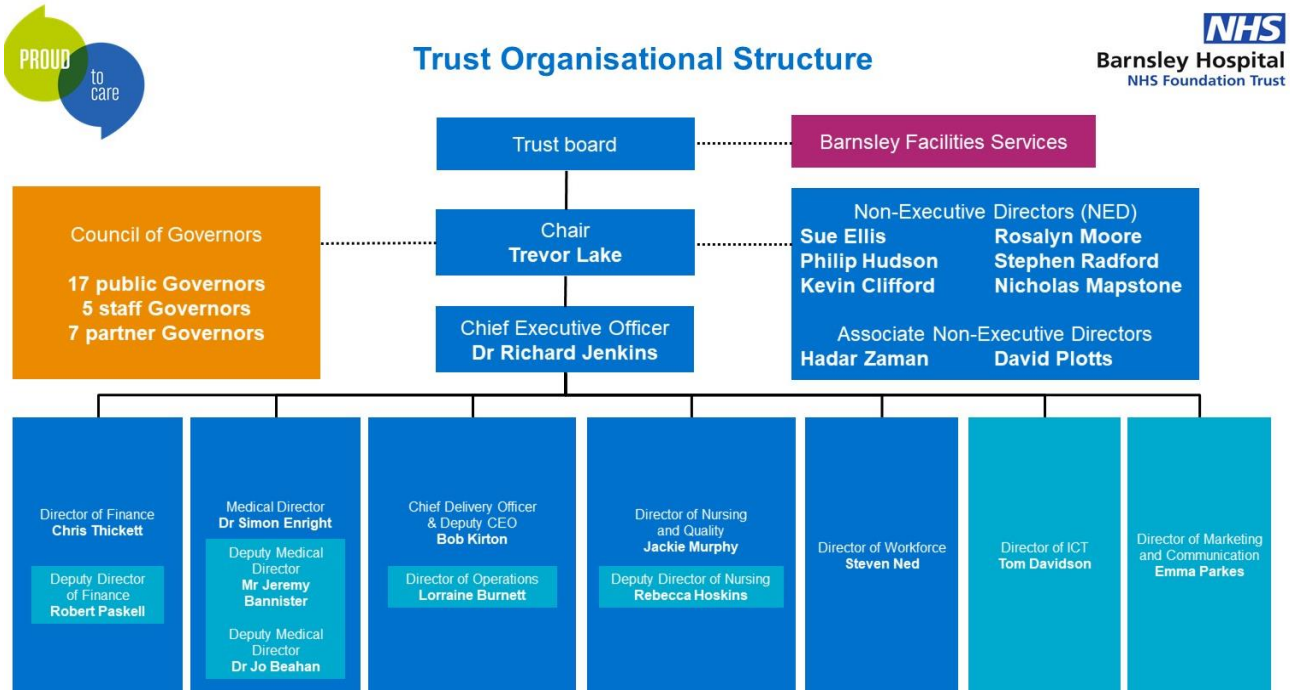
Our mission is simple:

Supporting this, 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 and service users.
- 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.

Our values remain as important as ever alongside our goals. It is important people are aware of our values, the things we stand for and the way we like to operate. We care about how people think and feel about us, so every time we present ourselves it is important that we make the right impression – whenever and wherever this may be.

Organisational Structure



Barnsley Facilities Services (BFS)

Barnsley Facilities Services Ltd (BFS) was established in 2012 as a wholly-owned subsidiary of the Trust, and has over 40 years heritage in providing the following high quality 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 staff (both from NHS and commercial organisations) and, importantly, ensuring the continued delivery of high quality of services to the Trust and the wider healthcare sector.

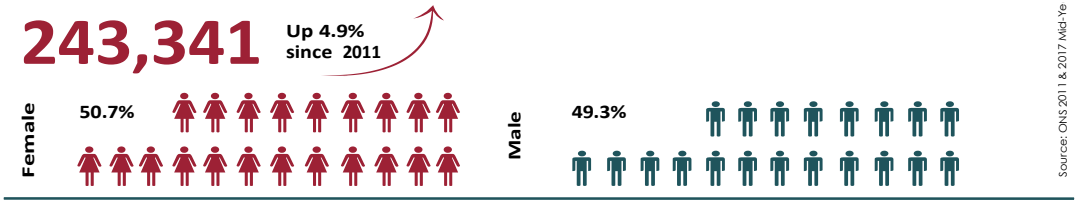
The Trust Board firmly believe we should aim to keep services locally at our hospital, serving our local population and therefore BFS as a wholly owned subsidiary is led by a BFS Board which is chaired by a non-executive director and the management team are all employees/engaged by the Trust.

Local Health and Care Community

Barnsley is faced with global challenges such as climate change, the digital revolution and local issues such as low pay, low skills, unemployment, health inequalities and areas of deprivation. The Covid-19 pandemic and increased cost of living has also had a significant impact on the individuals who live, study and work in the town and the businesses and services that operate in Barnsley.

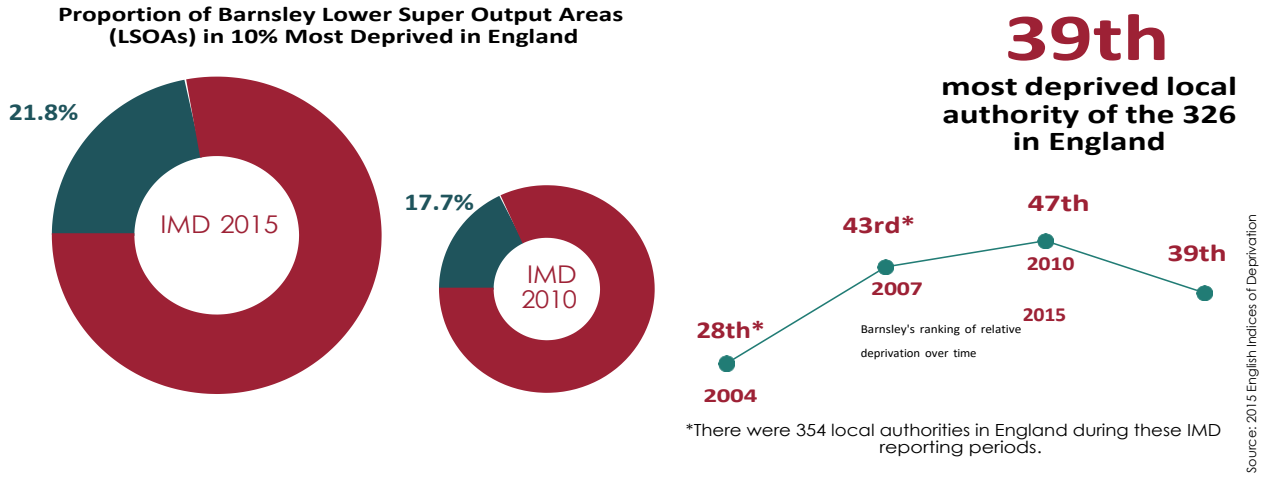
Overall Population

The population of Barnsley has been growing since 2001. Since the 2011 Census, the resident population has increased by 4.9%; 0.2% higher than the England rate and 1.8% higher than the regional rate. These increases were mainly due to more births than deaths and international migration inflows into the borough. The age profile of the population is changing. Using the mid-2016 population projections (and if recent trends of births, deaths and migration continue), Barnsley's resident population is predicted to reach 257,000 by 2025 and 263,500 by 2030. Barnsley's population is ageing and the number of residents aged 65+ is projected to reach 60,800 by 2030.



Indices of Multiple Deprivation 2015

Barnsley is the 39th most deprived local authority of the 326 local authorities in England. This is calculated based on seven domains of deprivation, which in turn are composed of a number of indicators that are scored and ranked to produce an overall domain score.



Barnsley 2030

In Barnsley we want everyone to have a good life. This means everything from a quality place to call home, to good physical and mental wellbeing and a sense of self-worth through diverse and secure employment opportunities. It's also about having access to the best possible local facilities in a community that values our people and our place.

Barnsley aims to be an exemplar place to live and a great place to do business. We want to both retain and attract new people and businesses to the area, creating an inclusive and diverse community enriched with skills, knowledge and experiences. We want to meet the needs of today, without compromising the needs of the future and encourage people to connect to each other as well as to our place.

The Vision for Barnsley in 2030 is:

'Barnsley - the place of possibilities'

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

Our communities are united by a shared sense of pride in the borough where we look after and support each other. Loving where you live has a big impact on physical and mental wellbeing. Everyone can enjoy the borough's excellent cultural attractions, community groups, leisure facilities and outdoor spaces. In times of need, people can get additional care and support, at the right time and in the right place.

Everyone can fulfil their learning potential, with opportunities for young and adult learners, helping people build their skills to get into, progress at and stay in work. Barnsley is forward thinking and investing in skills for the future, so that learning creates opportunities. For example, Barnsley College offers degrees from Sheffield Hallam University.

There is enormous growth potential and the Local Plan nurtures commercial development and more quality jobs to boost the economy. Barnsley is a great place to invest, where businesses and customers support an economy that benefits everyone. Barnsley is the place for entrepreneurs, for establishing thriving start-ups and growing local businesses. An inclusive place where everyone can find suitable employment, a quality, affordable home that's right for them and make use of the fast and affordable digital resources they need.

People can get around in Barnsley more easily, with an increase in walking and cycle routes and better connections between workplaces, education, residential areas and countryside. We're proud of our borough and must look after our local environment by reusing our resources. Together, we can reduce pollution, minimise waste, and support people to heat and power their homes, cars and businesses with affordable, sustainable energy.

Barnsley Covid-19 Memorial

Barnsley Hospital worked together with partners across Barnsley to create a permanent memorial to those who have died during the pandemic and to recognise the key workers and unsung heroes of the pandemic

Reverence, by sculptor Graham Ibbeson, was unveiled in November 2021.

The sculpture depicts seven figures cast in bronze, demonstrating that everyone has been affected by Covid-19, and represent a tribute to key workers. The figures include a young girl, older man, volunteer, nurse, carer, police officer and a teacher – representing different generations and various communities, and be reflective of everyone that has been affected throughout the pandemic.

Barnsley poet Ian McMillan wrote a powerful phrase to be engraved on the plinth, to mark the moment as a key point in our history and to epitomise the efforts of the council, key workers, volunteers and local communities to provide love, care and support during the pandemic. The words are: Barnsley's fierce love holds you forever in its heart.

Key workers and bereaved families attended the unveiling ceremony, led by former Archbishop of York Lord Sentamu and the Lord Lieutenant of South Yorkshire, Prof Dame Hilary Chapman DBE.

The project and its initiatives will provide a way for people to remember their loved ones and acknowledge the admirable and inspirational contribution of key workers and others during the pandemic crisis.

Performance Analysis

Our Strategic Aims and Objectives 2021-22

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

Our key achievements against each strategic objective:

We will support the health and wellbeing of our workforce:

A number of health and wellbeing actions have taken place throughout the year to support our staff, these include:

- An Integrated Care System (ICS) mental health and wellbeing hub including counselling and online resources is available and 104 staff attended online training courses in Sept-Dec 2021.
- Additional staff counsellor in place. Recruitment to an in-house trauma based counsellor continues.
- Equality networks (race, disability, LGBT) and Board level workforce wellbeing guardian are now in place. Exercise underway to self-assess the Trust against the re-launched national NHS Health & Wellbeing framework standards.
- To complement the existing Occupational Health wellbeing checks service an ICS funded Equality, Diversity and Inclusion Health & Wellbeing Lead and Health & Wellbeing Support Officer are being recruited to carry out ward-based life-style and wellbeing checks.
- Working together with staff networks to progress Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) improvement plans.
- The Freedom To Speak Up Guardian attended Governance summit meetings and Clinical Business Unit Governance meetings to raise awareness.
- Senior Nurses have received compassionate leadership development training.
- Black, Asian and minority ethnic (BAME) aspiring leaders and senior leaders participants on Inclusive Cultures programme have commenced their reciprocal mentoring sessions.
- The 2020 staff survey results improvement plan progress report was presented to People and Engagement Group in November 2021.
- A total of 90 international nurses have been recruited and a pipeline of a further 100 international nurses has been established.
- A total of 75 new graduate Registered Nurses, 7 Midwifery graduates and 27 Allied Health professional new graduates are currently working through their preceptorship programme.
- New Nursing and Midwifery graduates appointed through ICS system Apprenticeship funding supported 15 Trainee Nursing Associates positions in 2021 and a further 15 recruited to commence February 2022.

We will continue to respond to the ongoing Covid-19 demand and maximise capacity in all settings to treat non Covid-19 patients:

Patient Safety

- The Patient Safety Specialist provides a monthly report on the national updates to Patient Safety Panel. Urgent patient safety issues are addressed at the weekly Patient Safety Panel.
- Other patient safety measures such as Sepsis screening are now reported through the Trust's governance structure and in the monthly Integrated Performance Report (IPR) at the Trust Board.

Patient Experience & Engagement

- Observations of Care visits to clinical care areas were re-commenced in December 2021. Themes and overall monitoring of outcomes and effectiveness is undertaken via the Senior Nurse Forum and Patient Experience, Engagement and Information Group.
- Newly admitted inpatients are to be provided with a welcome pack.
- A Patient Engagement toolkit is being used to support the roll out of various design and re-design projects across the Trust.
- Inpatient Friends and Family Test (FFT) data is now being collected via text messaging supporting the Trust's strategy to increase the response rate. There is still access to easy-read information for those requiring this. SMS Text collection of the mandated NHS question is also enhanced by locally developed question sets to help evaluate some of the patient experience initiates being introduced.
- Local patient experience dashboards - the aim continues to be to provide ward/department level information on a range of patient experience feedback metrics including the results of FFT, Observations of Care and targeted patient feedback.
- Over 100 volunteers have returned to the hospital site following their vaccinations and many more are in the process of returning. Recruitment to the new 'Enhanced Support Volunteer' role has been successfully undertaken.

Quality Improvement (QI)

- Staff are undertaking QI training throughout the Trust.
- An inventory of improvement work is held and is available for all staff to view via the QI intranet page. Monthly QI reports are produced for Clinical Effectiveness Group and CBU Leadership Teams.
- The Integrated Performance Report has been redesigned to following Executive Team training on 'making the data count'.
- The importance of patient and public representation within improvement work continues to be covered in training and as support for QI projects.
- The Trust is engaged with regional Innovation network, for shared learning and potential regional engagement in new projects.

Clinical Effectiveness

- Mortality indicators remain within expected confidence limits and are reported in the monthly mortality paper to Quality and Governance Committee (Q&G).

Financial

- Breakeven position delivered for the year, excluding asset revaluation.
- Monthly cash position and reasons for any variance to plan is reported monthly to Finance & Performance Committee (F&P). Cash balances remained healthy throughout 2021-22.
- New operational planning guidance for 2022-23 has been released and the new funding allocations result in significant financial challenges.
- The Efficiency and Productivity Programme (EPP) achieved £4.13m and despite being slightly below target was sufficient to meet the Trust financial plan for 2021-22.
- Run rate analysis completed. Further work on cost changes as a result of Covid-19 and inefficiencies is taking place as part of the business planning cycle and EPP development to inform budgets for 2022-23.
- Financial analysis being undertaken across Barnsley.
- Deep dives undertaken on non-contract pay expenditure and monthly reporting of agency spend to Executive Team and F&P. A focus on non-contract and agency spend is now expected as we recover from Covid-19.
- Critical Care business case developed with works underway. External funding received for Glassworks Community Diagnostic Centre with works complete.

Technology

- A new scanning of paper healthcare record notes project commenced in November 2021 and is live across all specialities except Vascular, Maternity and Paediatrics by the end of the year. These services will be live by end of June 2022. We will be able to share our records electronically with our partner organisations and our patients to help us deliver and transfer care efficiently and safely.
- We successfully implemented Electronic Prescribing and administration of medicines across all our inpatient wards and theatres. We anticipate implementing electronic outpatient prescribing during 2022-23. This is a fantastic achievement for our patient care and significantly helps to improve safety.
- Following successful engagement with our staff and patients we approved a new Digital Transformation Strategy 2022-27 in September 2021. This has a clear emphasis on improving sharing records with our patients and putting them in control of their appointments. This Strategy is available here: https://www.barnsleyhospital.nhs.uk/news/ict-strategy-for-2022-27-agreed-at-board/

Risk Management

- Risk management training module for staff went live on 1 December 2021.
- Risk advice and support continued to be provided following identification of a need at the Risk Management Group, personal request, or recommendation. Attendance and support at local meetings are in place and done on request.
- The Board Assurance Framework (BAF) has been further enhanced to present the optimum level of detail. The Corporate Risk Register (CRR) is also being developed to ensure that the all risks are articulated clearly. Risk appetite and tolerance has been added to the BAF and CRR.
- Regular reports continue to be provided by Executive Team, Risk Management Group, Assurance Committees and the Board.

We will build back better together, learning lessons from Covid-19 and developing plans for the future

Work has commenced nationally on integrated urgent and emergency care at all places in South Yorkshire and Bassetlaw (SYB) and the discovery phase has now concluded. An analysis of the availability of alternatives to the Emergency Department has been shared with each place.

Work continued on the place planned care:

- Review of all system waiting lists and act as a warning bell for any issues regarding recovery.
- Put measures in place to ensure safe and effective care for people waiting for treatment.
- Extend Advice and Guidance, patient initiated follow-up, video appointments and other innovations to create more efficient pathways.
- Target interventions to reduce health inequalities and mitigate the impact of the Covid-19 pandemic.

The Trust leads on the Urgent and Emergency Care (UEC) Hosted Network and host the manager for the UEC and Gastro Networks. A new interim manager commenced in post in January 2022 until the Spring when the incumbent manager returns. Regular reporting on the work associated with the Hosted Network(s) will soon commence and further information will be provided in the next update.

A Pathology network outline business case approved by all Trust Boards and a full business case will be progressed ready for approval by all Trusts involved.

Development and delivery of the new Community Diagnostic Centres at Barnsley Glassworks.

The first pilot of the reusable Personal Protective Equipment (PPE) project with re-usable gowns trialled on ICU for a two week period. Feedback was very positive in that staff liked the look and feel of the gown and ease of the process used.

We will work even more closely with partners in place and the Integrated Care System (ICS) to improve patient outcomes and reduce health inequalities

The Barnsley Health and Care plan has been agreed with eight priorities:

1. Look after our people
2. Deliver the Covid-19 vaccination programme
3. Accelerate recovery of specialist and secondary care services and transform delivery
4. Children and young people
5. Mental health
6. Joining up care and support in thriving communities
7. Responsive and accessible care in a crisis
8. Strengthen our partnership

An integrated Project Management Office has been established and monthly reporting has been put in place with programme leads working to clear measures and milestones. These are reported monthly to the Integrated Care Partnership Group along with the risk register and intelligence report.

Despite significant operational pressures the programme reports continued improvements across many of the health and care plan indicators, including; improvements in performance across many parts of planned care as well as waits for diagnostics and referrals to treatment, increasing numbers of referrals to the My Best Life social prescribing service, early help assessments and physical health checks for people on the serious mental illness register.

Work is ongoing to ensure Barnsley place is ready for transition to the South Yorkshire Integrated Care Board from July 2022 following the sign off of the Barnsley Place agreement by all organisations.

A governance structure is in development, together with an assessment of the current partner portfolio, including an analysis of existing agreements. Detailed actions and milestones are being developed for 2022-23 to feed into the more detailed strategic implementation plan.

Barnsley Hospital Trust Objectives 2022/2023

NHS
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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

PROUD to care

Our Performance in 2021-22

Operational Performance

We are proud of our staff who have continued to provide care to our local population despite an incredibly challenging year. The Covid-19 pandemic continued in year and required repurposing of facilities and redeployment of staff to ensure a safe environment for staff and patients whilst complying with national guidance on infection, prevention and control and social distancing.

Whilst the impact on headline operational performance metrics has been challenging, the Trust has continued to provide emergency care and enable rapid access for those patients requiring urgent access to treatment.

Emergency Care

The four-hour emergency access standard was not delivered in 2021-22. The Trust achieved 68.7% against a target of 95%. The department has responded positively to ongoing restrictions, continuing to isolate those presenting with symptoms of Covid-19, nursing those affected separate from patients with other conditions. The number of attendances returned to levels seen prior to 2019-20 alongside repeated surges in Covid-19 presentations. The department continue to test all admissions to hospital for Covid-19 to support appropriate care on the wards. The winter period was extremely challenging with complex presentations, increased ambulances and increased staff absence due to Covid-19 isolation guidelines.

The Trust delivered on plans to improve the patient experience in the Emergency Department and provide increased capacity and resilience. The ‘majors’ department was expanded to enable the Trust to meet the needs of our population. The work on the Children’s Emergency and Assessment department and the expansion of resus capacity have been fully utilised throughout the year.

New on site surgical and medical Same Day Emergency Care (SDEC) units opened and provide facilities for patients to be assessed, diagnosed and treated without the need for overnight admission. The units are collocated with the Emergency Department enabling patients to be transferred to the right area, improving the effective use of available resources.

Work has commenced on the new Critical Care Unit which will be completed late 2022-23. The unit will provide improved facilities for both patients and staff working in the area.

Cancelled Operations

Overall the number of cancelled operations in the year remained low with the Trust achieving 0.6% against our target of less than 0.8%. There have been in month rises across the year related to increases in the population Covid-19 infections and cancellations due to positive tests prior to surgery.

18-Week Referral to Treatment (RTT) Patient Pathway

The RTT target was not delivered in 2021-22 due to the pressures of managing the Covid-19 pandemic. The Trust achieved 85.8% against a target of 92%. Elective outpatient and inpatient work were temporarily suspended in October 2021 and January 2022 due to a surge in Covid-19 infections affecting staff and patients. Activity was swiftly reintroduced and has remained at approximately 85% of pre-pandemic levels due to ongoing infection prevention and control guidance regarding social distancing, testing, cleaning and adequate ventilation.

The number of elective procedures has recovered over the year as the Trust works to treat those patients whose surgery was delayed due to the pandemic. The orthopaedic elective ward has functioned for the majority of the year and delivered significant improvements to the waiting list.

The Trust ended 2021-22 with no patients waiting over two years and a 70% reduction in those waiting over 52 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 across outpatients, which alongside the triage of referrals and advice and guidance services, has reduced the need for unnecessary attendance at hospital.

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 2022-23.

Cancer Access Target: Urgent GP referrals seen within two weeks

The Trust has not delivered the target for suspected cancer patients to be seen within two weeks. The Trust achieved 90.7% against a target of 93%. An additional Breast Radiologist has been recruited which should contribute to the delivery of this standard in 2022-23. The Trust closely monitors the standard for any changes. There has been an increase in patient choice delays due to people travelling abroad and isolation due to Covid-19 infection or exposure.

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

The Trust has not delivered this standard for 2021-22. The Trust achieved 74.6% 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 2022.

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 have been introduced in 2021-22 to improve the patient experience by improved communication and signposting to support services and information.

Cancer Access Target: First treatment within 31 days

This target was achieved for subsequent surgery or chemotherapy but was slightly below target for the first definitive treatment. Increased oversight of all tumour sites and a review of pathway tracking has been put in place to support recovery early 2022-23.

Diagnostic Tests

The Trust continues to improve against this target as services recover their capacity and work to reduce backlogs.

Endoscopy services have continued with evening and weekend working with the waiting list reducing from 1,165 on 1 April 2021 to 835 by 31 March 2022 and all urgent requests being completed in 4-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.

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 hospital acquired infections.

The adjusted Hospital Standardised Mortality Rate (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI) have remained within the externally set statistical limits. It is recognised the statistical modelling is not designed for pandemic activity and depending on the model used, will exclude some or all of the Covid-19 activity.

The Trust has a robust Learning from Deaths system which is used to monitor and improve the care we deliver. The system 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 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 National Quality Board requirements.

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. For 2021-22 the Trust set the following quality targets:

Target	Performance
To achieve less than 53 (9%) category two pressure ulcers resulting from lapses in care and less than 51 (9%) deep tissue injury skin damage resulting from lapses in care.	The Trust successfully achieved the 9% reduction in Deep Tissue Injuries resulting from lapses in care. However, the 9% reduction in hospital acquired category 2 pressure ulcers resulting from lapses in care was not achieved this year.
To achieve and sustain 90% or greater on Perfect Ward Pressure Ulcer Prevention audit.	The Trust achieved 90% compliance in 8 of the 12-month period.

In-patient falls are recognised as a cause of patient harm in acute hospitals. At the start of 2021-22 the Trust aspired to deliver high standards of care for the prevention of falls. The standards of care were measured monthly in all in-patient wards through the Perfect Ward Falls Prevention Intervention audit. The Trust achieved and sustained a greater than 90% compliance over the course of 2021-22.

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 staff. 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 staff 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 continued to maintain its high compliance with ensuring patients are assessed for their risk of thromboembolism at over 95% and is achieving the national targets for Sepsis screening. The Trust is committed to reduce the physical and emotional side effects of sepsis and acute kidney injury.

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 staff 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 staff during the year.

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

Clinical:

- Provided infection prevention and control advice to staff and patients.
- Acted on all positive in-patient results of alert organisms, giving advice and support to staff 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.
- Conduct a consultant microbiologist led ward round to review those patients with an infectious/potential infectious organism.
- Conduct a daily consultant microbiologist ward round on ICU.
- Undertook and supported ward teams in undertaking root cause analysis.

Training:

- Provided training on the correct use of personal PPE to clinical and non-clinical staff.
- Undertook mask fit testing of staff and 'train the trainer' programme.
- Developed infection prevention and control update sessions to be accessed via Vimeo.
- Provided infection prevention and control training to clinical and non-clinical staff in the Trust, primary care and to care providers.
- Promoted awareness events; hand hygiene and infection prevention and control.
- Maintained public information boards.
- Maintained the *'hand hygiene champion'* programme.

Operational

- Provided regular communications to ensure that infection prevention and control advice was available to staff 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 web site with the Communications team designed to be accessed by community care providers and primary care staff.
- Worked alongside staff on the Acorn Unit to develop a process to safety re-introduce visiting.
- Liaised with the CBUs on how to safely return to providing elective care.
- 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

During what has been a challenging year for the NHS, at Barnsley Hospital we remained fully committed to creating a culture where staff feel comfortable and empowered to raise concerns in the knowledge that this will be taken seriously.

This year has seen the development of the Freedom to Speak up Strategy and Vision which states:

'Our Staff will feel safe and confident to speak up and know that their voice will be heard and concerns acted upon as a means to improve patient and staff experience.'

The Trust's senior leaders have been working closely with the FTSU Guardian to create an open and transparent culture across the hospital so that every member of staff feels able to speak up about concerns they have within the workplace.

The ultimate aim of supporting staff to speak up is to ensure the best and safest care for all our patients, achieved by learning from and sharing outcomes from concerns raised. Putting our staff and colleagues at the heart of everything we do and look after them will enable them to look after our patients.

This last year we have worked hard to raise awareness – so that everyone knows how to raise concerns and to whom concerns can be raised.

We have also seen a rise in the numbers of concerns being raised which indicates an increased confidence in speaking up – concerns are heard, promptly and thoroughly investigated, feedback is provided and outcomes are shared wherever possible working towards the ultimate realisation of an open and transparent culture.

We have also welcomed the addition of national training for all staff including leaders and managers to assist them with understanding their own behaviours and dealing with concerns.

October saw many events across the Trust to raise awareness including the planting of a tree at the hospital entrance.

The tree symbolised the embedding the roots of cultural change as well as the Trust valuing and supporting speaking up.

Patient Experience and Engagement

Person Centred Care

During 2021-22 the Trust has continued to deliver progress in person centred activities and quality achievements with a key focus on ensuring the best experience possible for patients, carers and loved ones during what has been one of our most challenging years. The Patient Experience, Engagement and Insight Group (PEEIG) 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

Throughout 2021-22 the Patient Experience and Engagement Team have continued to support service improvement, design and re-design programmes across the organisation and have developed an Engagement Toolkit to provide service leads with the guidance to lead on their own initiatives but with support, as required, from the Patient Experience and Engagement Team.

In June 2021, engagement events were held with past service users and family members of service users to discuss the re-design of the new Critical Care Unit. A similar engagement event was held more recently to support the implementation of a new Community Diagnostics Centre (CDC) that is located at the Glassworks in Barnsley Town Centre. Feedback from both engagement events were provided to the appropriate service teams to incorporate into the business planning of their new environments and service delivery.

Engagement work was undertaken in 2021 to support the improvement of the Mortuary Environment. This work has been co-designed with service users, with the transformed space ensuring those visiting their loved ones can do so in calm and comfortable surroundings. The refurbishment was coordinated for the re-opening of the unit for relatives to view their loved ones, following an eighteen-month closure due to the Covid-19 pandemic. The re-opening is expected in quarter one of 2022-23.

In early 2021, the Trust also saw the introduction of personal bags which provides a sensitive way of returning belongings to a family member when a loved one has passed away at the hospital.

The Always Campaign

The Always Campaign was launched with the aim of engaging with local service user groups to identify what they considered to be the things that the Trust should always do. These Always Events were agreed via the Executive Team in February 2022 and are based on five key themes of feedback:

Values and Behaviours

- We will always treat you with kindness and patience.
- We will always support you through your fears and worries.
- We will always take the time to get to know you.

Communication

- 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.
- We will always tell you who to contact for information about the person in hospital.

Care and Treatment

- 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.

Appointments

- We will always ensure that you know who to contact for information about your hospital appointment.
- We will always tell you why your appointment is delayed or cancelled.

Discharge

- We will always involve you in decisions about your discharge.
- We will always tell you who to contact for support and advice following discharge from hospital.
- We will always ensure that you are discharged from hospital at the right time, to the right place and in the right way.

The Always Events will be evaluated by re-engaging with service users and asking for feedback after each event has been launched throughout the year. Through a cycle of continuous improvement, we will then act on any feedback obtained to ensure effective sustainability of the initiatives.

The Patient Experience and Engagement Team continues to provide support to the implementation and action plans associated with the Carers' Strategy and the Mental Health Implementation Strategy. Having established key links with local groups such as Barnsley Carers, the Patient Experience and Engagement team are working on a quality improvement programme to enhance the support that carers receive when attending their own appointments.

The Patient Experience team distributed a survey in late Autumn to local carer forums to ask about the challenges they face and what improvements we can make to enhance their experience of attending their own hospital appointments. The valuable feedback received has formed the development of an action plan to drive forward improvements. Some of the identified improvements will be led by the Patient Experience team whilst others will feed into the wider Carer Strategy work programme.

The team continue to provide support to internal transformation and improvement programmes such as the Outpatient Transformation Programme and the Discharge workstreams.

Patient Experience at Barnsley Hospital has historically had a focus upon improving services through feedback via mechanisms such as National Surveys, the Friends and Family Test (NHS FFT), Complaints and Concerns and local surveys. Whist in the main our feedback via these mechanism is positive, our CQC inpatient survey has identified a number of improvements that we would like to make to enhance patient experience and the quality of care we provide. This work will be delivered by the Clinical Business Units and monitored by the Senior Nursing team and our internal governance processes.

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.

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 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.

Throughout 2021-22 the Trust has continued to enhance the digital collection of NHS FFT data and has rolled out a text message service to all inpatient areas following discharge from hospital. This means information is immediately available within our in-house system and we have more intelligence about the Trust discharge processes and required improvements. Moving into 2022-23, the Trust aims to incorporate dashboards that allow for real-time feedback and proactive resolution to any issues that may arise.

In 2021-22, the Patient Experience and Engagement Team supported the transition of the Interpreting and Translation service to a new supplier. The team are currently working towards the implementation of video link interpreting to support communication needs in emergency situations.

Complaints

During 2021-22 the Trust handled 305 formal complaints, an increase on the previous year's total of 216. All complaints were acknowledged within three working days in line with the national standards.

During quarter two of 2021 there was a change in the performance indicator target for response timeframes for formal complaints. The Trust changed from a complexity based tiered response timeframe system to a single response timeframe of 40 working days for all complaints. Given the significant increase in formal complaints, this target has been challenging, with 57% 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 71% of the cases it investigated, and did not uphold 29% of the complaints investigated during the year. This is directly comparable to data from 2020-21.

Learning and actions from complaints continue to be reported and monitored monthly, 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 3,073 concerns and general enquiries, which is an increase from 2,808 in 2020-2021.

Voluntary Services

There are currently 100 active volunteers in a range of roles, including Meet & Greet, 'Enhanced Support' and Chaplaincy. The Voluntary Services team are continuing to work with service leads to highlight additional areas where volunteers can support, including the implementation of volunteers in Theatre Arrivals and the new Community Diagnostics Centre (CDC).

The recruitment of Enhanced Support Volunteers is ongoing with over 40 individuals going through the recruitment process with the support of our current 24 Enhanced Support Volunteers who are assisting with training new starters.

The Voluntary Services team have also recruited an Enhanced Support Volunteer Coordinator to join the team on a fixed-term position of 12 months. This role will focus on the recruitment and coordination of Enhanced Support Volunteers to all areas where required and will provide ongoing support to Volunteers as they carry out their roles.

The team continue to engage and involve volunteers through various channels including the introduction of a monthly volunteers meeting and newsletter to communicate updates to volunteers and provide the opportunity to ask questions and inform them of any Trust activities or events that they can be part of.

Service Delivery and Development

Investments in Digital

Electronic Prescribing Solution

The Trust implemented a new electronic prescribing solution for our inpatient wards to replace the paper medication charts that sometimes went missing. We are improving our patient safety in respect to medications and there is substantial research that supports this. This major technology investment is designed to put the Trust at the forefront of digital excellence and is a continuation of our Information, Communications (ICT) and Technology Digital Transformation Strategy to improve our patient care and our staff's working lives.

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. 29 million pages of patient notes are now stored in this solution. We have been recognised at numerous events for our work on this solution. The ease and speed of this system frees up our clinicians to spend more time on direct patient care.

New Digital Transformation Strategy Published

We have published a new digital transformation strategy that outlines our vision and plans for the next five years. We fully intend to innovate with digital solutions to further improve our patients' experience. Some examples of this are patients will be able to access their own records remotely and manage their appointments online.

New Critical Care System and Ophthalmology digital system

We have started work on building a new critical care computer system that will monitor our patients and digitally build a fully digital record. It will mean our specialist intensivist staff will understand completely how the patients are improving and reacting to medication and treatment changes. We are also shortly going live with a fully digital record for ophthalmology eye clinics, so patients will have a full record of their pathway, which includes complex calculations relating to eye treatments and improvement.

Barnsley Hospital as a Sustainable Organisation

We are passionate about our place in the local community and we take great care to minimise our impact on the environment.

Since the development of our first Sustainable Development Management Plan in 2015 Barnsley Hospital has been committed to improving our sustainability position. Significant progress has been made in reducing our environmental impact of carbon emissions and air pollution and managing our waste.

In 2020 the World Health Organisation declared climate change a global health emergency, with it widely accepted as one of the greatest threats to public health in the 21st Century. As the need to take action to address the climate crisis has become more urgent, the NHS has set the ambitious target to become carbon net-zero by 2040, ten years ahead of the nationally mandated target.

Barnsley Hospital is one of the largest employers in the region, we have a significant opportunity as a Trust to lead the way in promoting the sustainability agenda and we will use our influence to embed sustainability throughout our organisation and the wider region.

In line with these ambitions, Barnsley Hospital launched an ambitious Green Plan. The Plan details the actions the Trust will take to reduce its impact on the environment for the next five-years. This is our first step towards assisting in achieving the NHS carbon net-zero target by 2040.

To inform the plan and shape our sustainability strategy, we sought the input of senior leaders and colleagues from throughout the organisation. This strategy is composed of two sections. The Green Plan document establishes our strategic objectives and organisational targets to improve the Sustainability performance for the Trust. Secondly, the Sustainable Action Plan, a separate document which supports this strategy, will act as a framework to support the implementation of specific interventions and help monitor the Trust's progress in sustainability.

A separate annual carbon emission monitoring tool accompanies these sections of the report. This Green Plan has been approved by the Trust Board.

To achieve the new targets, we need to radically change the way we operate our buildings, how our staff commute to work, how we deliver services, how we purchase goods, how we deliver patient care, how we reduce and manage our waste and much more. The new Green Plan sets out our strategic objectives and organisational targets.

Teams across the hospital have also tried out new reusable surgical masks, gowns and theatre caps. The aim is not only to significantly reduce the waste volume of single-use personal protective equipment (PPE) – but also to invest in a recyclable product to further reduce our impact on the environment.

The Green Plan covers other aspects of sustainability including:

- adaptation to climate change
- travel
- green space
- new models of healthcare
- improvements infrastructure
- resource efficiency.

We will work with our local partners across Barnsley and South Yorkshire to create sustainable change and help meet internal, local and national objectives. To meet our targets and become a truly sustainable organisation, we will also require the continued dedication of all our staff 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.

The Trust has successfully achieved our Clinical Research Network (CRN) annual recruitment target and have recruited 939 participants in 2021-22 against a target of 704.

A large proportion of our workload has included Covid-19 studies. We have tried to ensure a balanced portfolio rather than reliance on a single study to reach this target.

Our top recruiting studies are:

Category	Specialty	Study Name	Recruitment
Large Observational	Infection	Clinical Characterisation Protocol for Severe Emerging Infection	449
Commercial	Infection	COV-COMPARE Immunogenicity of vaccine VLA2001 compared to AZD1222	114
Observational	Respiratory	Post-hospitalisation COVID-19 study: a national consortium to understand and improve long-term health outcomes: PHOSP-COVID-19	100
Large Observational	Mental Health	Psychological impact of COVID-19 - 19 - pandemic and experience: An international survey.	67
Observational	Critical Care	The psychological impact of surviving an intensive care admission due to coronavirus disease 2019 (COVID-19) on patients in the United Kingdom: Psychological impact of COVID-19	29

Valneva

This Covid-19 commercial clinical trial involving a medicinal product was identified in April 2021. A randomized, observer-blind, controlled, superiority study to compare the immunogenicity against Covid-19, of VLA2001 vaccine to AZD1222 vaccine, in adults 18 years and older. The Trust applied in open competition to deliver the study at the trial vaccination hub at Barnsley and was selected by the study sponsor. This meant that we were one of 27 English sites and the only Trust in Yorkshire & Humber delivering the trial. This an opportunity to be involved in a large-scale commercial trial enabled the team to develop skills in delivering large, complex studies in Barnsley.

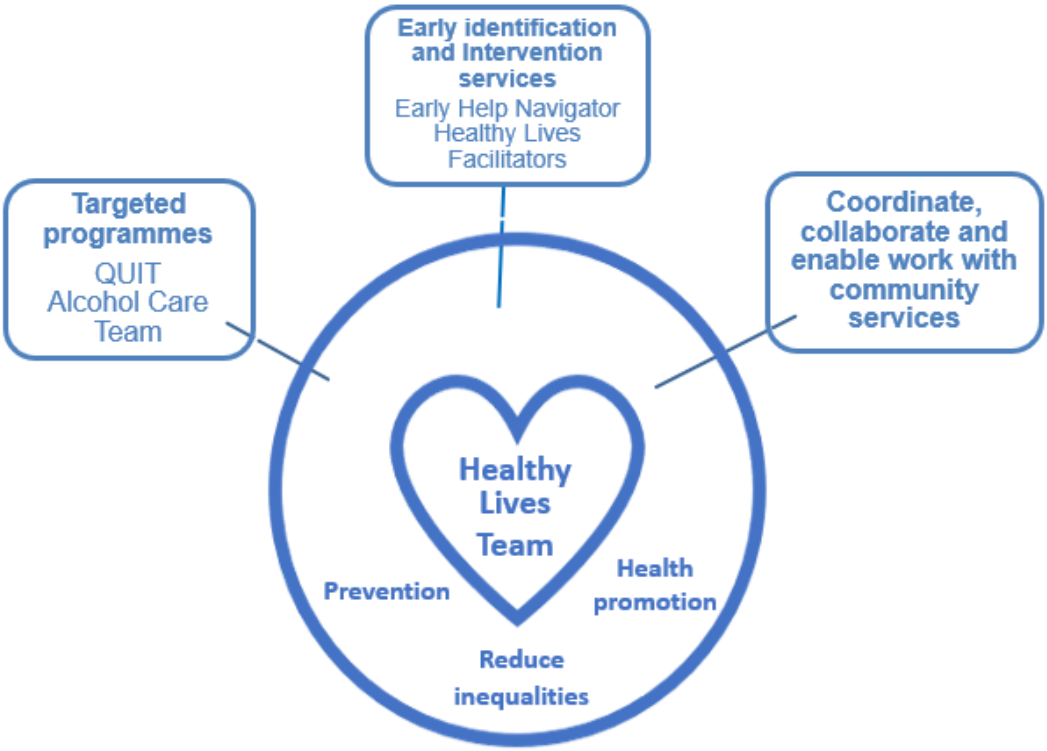
Barnsley successfully led as the lead vaccine trial site and worked initially with Rotherham R&D in setting up and delivering the trial. The trial commenced on the 11 May and successfully recruited 114 participants within 14 days. All participants received two doses or either the Valneva or AstraZeneca vaccine and continue to be regularly monitored. In addition to the main study, the Trust completed a booster arm of the study and we are pleased to report that the Medicines and Health care Products Regulatory Agency has licenced the drug for use in the UK for those 18-50 years.

Education Programme

The team have delivered a series of education sessions across the Trust. A short video has been produced, that demonstrates a walkthrough of research. The video follows one of our research participants journey of taking part in a clinical trial and describes various stages within the research process. The video can be viewed on the R&D intranet site. Our in-house training programme is developing and we are hoping to expand this to the wider Trust. We have two Good Clinical Practice (GCP) facilitators and our focus will be to deliver taught GCP sessions at the Trust to ensure that we are research ready when opportunities arise.

Healthy Lives Programme

Barnsley Hospital's Healthy Lives Programme continues to support the roll out of Chapter 2 of the NHS Long Term Plan by delivering services focused on disease prevention, health promotion and tackling health inequalities. Alongside actions to enhance existing services and build a more inclusive local society and economy (through the Trusts role as an anchor institution), the Healthy Lives programme also plays a key role in achieving our commitment to reduce local inequalities in health outcomes, as outlined in a new Action Plan for Improving Public Health and Reducing Health Inequalities.



Within the Healthy Lives programme, the QUIT team support clinical areas to embed tobacco addiction treatment into routine care. Through this Yorkshire Cancer Research supported service we aim to routinely identify all smokers who are admitted as patients, provide nicotine replacement therapy and inpatient support from specialist QUIT advisors and refer to local stop smoking services on discharge. The Quit Team received almost 2,000 referrals in 2021-22, supporting over 100 people to stop smoking. To compliment the hospital's smoke free site, the hospital has worked collaboratively with Local Authority colleagues to launch a 'smoke free' roads initiative for roads surrounding the hospital.

This year saw the launch of an Alcohol Care Team at Barnsley Hospital. The team of dedicated alcohol specialist nurses support dependent and high-risk drinkers with specialised, personalised care. The service aims to improve the quality of care for these patients, and reduce alcohol related-accident and emergency attendances, bed days, readmissions and ambulance call-outs.

The hospital's Healthy Lives Facilitators support patients to identify risks to health, make lifestyle changes and signpost to community services where required, often working with complex and vulnerable individuals to help them make steps towards significant lifestyle changes focused on improving their overall physical and mental health and well-being.

Based in the Emergency Department, the Early Help Navigator (EHN) service aims to identify issues early and provide the right community support to children, young people and families, so as to prevent escalation and the need for statutory and specialist services and ultimately improve longer term outcomes. The EHN has received nearly 200 referrals this year, with mental health being the most likely reason for referral.

The Healthy Lives Team is an essential part of a three-tiered framework and action plan which has been developed to improve health inequalities in Barnsley. The Trust's three-tier approach is aligned with local health and care partners and upholds our commitments to delivering the Trust's strategy, Barnsley 2030, Barnsley's Health and Wellbeing Strategy as well as the NHS Long Term Plan.

The framework comprises of Tier 1, establishing new services, which recognises the vital work of Healthy Lives Team does in narrowing the inequality gap in the healthy life expectancy across Barnsley. Tier 2, enhancing existing services, focuses on addressing disparities in patient care and outcomes. Across the trust we are now monitoring services through a health inequalities lens to inform our service improvement plans. Tier 3 focusses on building a more inclusive society and economy in Barnsley and harnesses the role of the trust as an anchor institution. Lots of great work is ongoing across the trust to reconsider how we procure goods, how we deliver our services, how we work in partnership and pursue environmental sustainability for the benefit of the health and wellbeing of Barnsley's population.

ICU Team bestowed with Freedom of the Borough

Barnsley Hospital's Intensive Care Unit Team was awarded Freedom of the Borough, the highest honour that Barnsley Council can bestow, at a special Full Council meeting at Barnsley Town Hall.

Freedom of The Borough is a tradition that goes back to ancient times when the recipient received various privileges within the borough. Over time, granting the title of Freeman of the Borough has become more of an honorary accomplishment.

Colleagues in the ICU are recognised for their highly regarded services to the people of Barnsley and held in the highest of esteem by the Council and the people of our borough.

NHS Staff Survey and Staff Engagement

The annual NHS Staff Survey was undertaken in the reporting period. Staff 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 staff.

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the national NHS People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of the following elements:

The Trust had a response rate in the 2021 survey of 57% and 2,058 completed survey which represents a small increase from the 2020 survey response rate of 56% and 1,927 completed questionnaires. The survey was again undertaken in paper format with the option for colleagues to complete digitally should this be their personal preference.

Among the positive highlights are the above-average results for each of the nine survey themes or domains. Of particular note is the Trust's rating within the Equality, Diversity and Inclusion and Immediate Manager domains where we are almost level with the best in the country within our comparator group.

Although above average, the Trust has seen a drop in the Morale domain. This is in alignment with staff feedback throughout the year that the second year of the pandemic had an emotional toll on staff in the main.

Detailed information on the NHS Staff Survey results is on page 88.

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 2021-22.

The plan agreed for 2021-22 was for the Trust to deliver breakeven, although, this was after reallocation of additional ICS resource, due to the national funding mechanisms for top-up resulting in the Trust's full capacity being unfunded.

The Trust finished 2021-22 with a deficit of £0.503m, however, this was inclusive of a £0.529m fixed asset impairment.

The NHS England and Improvement (NHSE/I) adjusted financial performance after taking into account donated asset additions credit (£0.148m), depreciation on donated assets £0.142m, donated revenue equipment £0.001m and land & buildings revaluation impairments £0.529m is a surplus of £0.021m, in line with the national expectations to manage within the financial allocation given for the year.

Principal Risks and Uncertainties for 2022-23

At the time of writing the Trust has a planned deficit position for 2022-23 of £8.8m, 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.

A summary of the key financial risks, mitigations and impacts for the year ahead is included in the table on page 145. We will continue to manage these risks throughout 2022-23 and ensure that we again deliver our financial plan.

Looking forward to 2022-23

2022-23 will see a continuation of the funding arrangements that were introduced in 2020-21, with a financial allocation to the ICS for both revenue and capital purposes. This funding will be distributed to Trusts, and each Trust will again be expected to breakeven whilst delivering the service expectations. The current allocations do not enable the Trust to breakeven, given an issue with the original Top-up allocation and significant urgent care demand being seen above pre-pandemic levels.

For 2022-23 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 104% of 2019/20 inflated weighed cost value. The 2021-22 average is 85% across planned care points of delivery, so there is a lot of work required to significantly increase planned care activity levels during 2022-23, 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 2022-23.

Preparation of the Annual Report and Accounts 2021-22

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2021-22.

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

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

The Board of Directors consider the Annual Report and Accounts 2021-22, 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 2021-22 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 2021-22, in keeping with the performance expectations seen in recent years. The performance in-year showed a surplus of £0.021m, after excluding exceptional items as assessed by NHSE/I.

The 2022-23 financial plan, at this stage, is a deficit of £8.8m, with some allocation issues still being resolved within the ICS. The ICS are required to submit a system breakeven plan, and it is likely that the final plan, submitted at the end of June, will be breakeven. Further discussion is required about redistribution of system resource to enable all organisations to breakeven.

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: **Dr Richard Jenkins, Chief Executive**

Date: 16 June 2022

SECTION 3 COVER PAGE

Barnsley Hospital
NHS Foundation Trust

Accountability Report

Directors' Report

Board of Directors (as of 31 March 2022)

Trevor Lake
Chair

Dr Richard Jenkins
Chief Executive

Nick Mapstone
Non-Executive Director

Rosalyn Moore
Non-Executive Director

Philp Hudson
Non-Executive Director

Stephen Radford
Non-Executive Director

Sue Ellis
Non-Executive Director

Kevin Clifford OBE
Non-Executive Director

Hadar Zaman,
Associate Non-Executive Director

David Plotts
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

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.

Integrated Development were appointed during 2019 to review Trust governance arrangements. This included how the shared understanding of the collective purpose of the Trust can be enhanced and how the Trust will continue ensure the mechanisms and process are in place to govern effectively.

Further to the NHS Improvement developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts (June 2017), the Trust commissioned PWC Consultants to complete a Well-led Governance Review which was completed at the end of March 2020. The content of the report was reviewed and implemented during 2020-21.

Membership of the Board of Directors

The membership of the Board of Directors from 1 April 2021 to 31 March 2022 was as follows:

Chair

- Trevor Lake

Non-Executive Directors

- Rosalyn Moore
- Nick Mapstone (Senior Independent Director and Vice Chair)
- Keely Firth (until 30 September 2021)
- Philip Hudson
- Sue Ellis
- Kevin Clifford OBE
- Stephen Radford (from 11 October 2021)

Associate Non-Executive Directors

- David Plotts (from 1 October 2021)
- Hadar Zaman (from 1 October 2021)

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 (Dr Richard Jenkins also carried out an Interim Chief Executive role for The Rotherham NHS Foundation Trust throughout the reporting period)

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:

- Tom Davidson, Director of Information & Communications Technology
- Emma Parkes, Director of Communications & Marketing (until August 2021 held an interim joint position with The Rotherham NHS Foundation Trust)
- Lorraine Christopher, Managing Director of Barnsley Facilities Services
- Mel Brown, Interim Director of Corporate Governance
- Lorraine Burnett, Director of Operations

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 Improvement's 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 NHS Improvement's (NHSI) well led 6 inspection framework for NHS Trusts and Foundation Trusts published in 2018. The Trust last commissioned an independent well-led review using the NHSI framework in 2019 – 2020 . The report identified a number of strengths and good practice, and areas for development. These were presented to the Board of Directors, and an action plan drawn up and followed during 2020-21.

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. This year it has been more important than ever to come together and work as one team.

As with the previous year, the continuation of the pandemic required a continuation of the effective collaborative response across the whole of Barnsley and across South Yorkshire and Bassetlaw, as every statutory organisation and health and care providing organisation continued to respond of the changing needs of the pandemic with each subsequent wave.

Throughout the year we continued to meet as part of the Barnsley integrated care partnership, with updates from this group reported regularly at Trust Board meetings. We also continued to be a member of the Barnsley Health and Wellbeing Board and the regional Local Resilience Forum.

We have also been a partner in the development of Barnsley 2030 strategy. Barnsley 2030 is an opportunity to work together to tell the story of our borough - so we can visualise a future for everyone. A lot can change in a short amount of time, so we need to start thinking about how the Barnsley borough might be different in 2030.Barnsley 2030 focuses on what every one of us does across the borough that makes Barnsley the place that it is.

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.

Integrated Care Partnership Board

Strategic level Barnsley Place based group chaired by Barnsley Hospital's Chair in 2021-22. 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.

Integrated Care Delivery Group

Chaired at Director level with Director level input from patient groups, Barnsley Hospital NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, Barnsley Metropolitan Borough Council, Barnsley CCG and Barnsley Healthcare Federation in attendance. The group oversees the senior partnership agenda. This group is an assurance group managing progress on key services delivered in partnership across the Barnsley system and leads partnership working on other key priorities in health and social care and also oversees a focus on Population Health Management, using a data driven approach tailored to meet the diverse needs of the Barnsley population.

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 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 partnership. 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 System (ICS)

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, Bassetlaw, Doncaster, Rotherham and Sheffield make up the region of South Yorkshire and Bassetlaw. 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, as below:

More information about the ICS can be found here: www.sybics.co.uk.

South Yorkshire 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 it's predecessor, has been in place delivering projects to improve patient care by looking across organisational boundaries. To enable this the ICS supports a hospital services programme that includes networks across a range of clinical and non-clinical service areas.

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.

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.

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.

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

The Trust works with SWYPFT who provide community 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.

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 nursing placements and associated training for The Trust.

Freedom of Information and Subject Access Requests

The Trust continues to meet its duties under 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 2021-22, we received a total of 1,085 Freedom of Information requests and 1,935 Subject Access Requests.

Data Protection Toolkit

The Trust achieved compliance against the Data Protection Toolkit requirements and expect to publish this position in 31 July 2022. 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 2021 and 31 March 2022.

Better Payment Practice Code

The Better Payment of Practice Code requires all valid invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. The Trust's performance (88.5% volume, 86.6% value) is below the target 95% of invoices, in terms of value and volume; however, as the reported performance does not currently adjust for invoices which have been held in dispute or query, compliance is likely to be under stated. 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.

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 the BFS Board and Trust Board unanimously supported the opportunity to do so, given the financial performance. BFS made two charitable donations in the year; £0.03m to Barnsley Hospice and £0.77m 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.

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 staff on an annual basis and all new members of staff 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.

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

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust.

The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the 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 my letter of appointment as an Accountable Officer.

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

Date: 16 June 2022

SECTION 4 COVER PAGE

Barnsley Hospital
NHS Foundation Trust

Remuneration Report

Annual Statement of Remuneration

The Remuneration Committee (RemCo) is responsible for the appointment of the Chief Executive and, together with the Chief Executive, other executive members of the Board of Directors. It reviews and recommends the terms and conditions of service for the Executive Directors and other Directors and reviews the performance of these staff annually.

The Committee met ten times in 2021-22. It is chaired by the Trust Chair and includes all the Non-Executive Directors. The Chief Executive and Director of Workforce (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 staff, where appropriate.

Executive Directors of the Trust have defined annual objectives agreed with the Chief Executive. The Committee receives a report of their performance annually. The Directors do not receive performance-related bonuses. All Directors are entitled to receive expenses in line with the Trust 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 three months. Any termination payment would take account of national guidance.

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

The Trust's Policy on Equality, Diversity, Inclusion and Human Rights (available on the Trust's Approved Documents site) is used by the Remuneration 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 staff are fairly remunerated for their work and in line with their peers in England, ensuring we do not lose staff on the basis of inequitable salaries. Nevertheless, maintaining the right balance for our senior staff continues to be challenging in view of the increased demands on our management leads, the challenging financial position facing the Trust and the need to ensure best value for money across every area.

In December 2021 the Committee agreed a 2% non-consolidated pay award for directors. 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 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 high quality staff	Reviewed annually taking account of benchmark data with regional and national comparators and internal and external factors affecting the Trust and the wider NHS, including any national pay agreements
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 high quality staff	Reviewed annually taking account of benchmark data available locally and from NHS Providers annual survey of board remuneration and internal and external factors affecting the Trust and the wider NHS
Benefits	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 2021-22 are as follows:

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

A) Remuneration – The Single Total Figure Table

Name and Title	Year ended 31 March 2022						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	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000)
Ms J Murphy, Director of Nursing and Quality	135-140	0	87.5-90.0	225-230	0	225-230	125-130	0	0	125-130	0	125-130
Dr R Jenkins, Chief Executive [01]	245-250	0	60.0-62.5	305-310	(145-150)	155-160	245-250	0	35.0-37.5	280-285	(110-115)	170-175
Mr R Kirton, Deputy Chief Executive and Chief Delivery Officer	135-140	0	35.0-37.5	170-175	0	170-175	130-135	0	20.0-22.5	150-155	0	150-155
Mr C Thickett, Director of Finance	130-135	0	40.0-42.5	170-175	0	170-175	120-125	0	15.0-17.5	135-140	0	135-140
Dr S Enright, Medical Director	225-230	0	0	225-230	0	225-230	220-225	0	0	220-225	0	220-225
Mr S Ned, Director of Workforce [02]	65-70	0	30.0-32.5	100-105	0	100-105	65-70	0	25.0-27.5	90-95	0	85-90
Mr T Lake, Chairman	45-50	0	0	45-50	0	45-50	45-50	0	0	45-50	0	45-50
Ms R Moore, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15	0	10-15
Mr N Mapstone, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15	0	10-15
Mrs K Firth, Non Executive Director [03]	5-10	0	0	5-10	0	5-10	10-15	0	0	10-15	0	10-15
Mr P Hudson, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15	0	10-15
Ms S Ellis, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15	0	10-15
Mr K Clifford, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15	0	10-15
Mr S Radford, Non Executive Director [04]	5-10	0	0	5-10	0	5-10						
Mr D Plotts, Associate Non Executive Director [05]	5-10	0	0	5-10	0	5-10						
Mr H Zaman, Associate Non Executive Director [06]	5-10	0	0	5-10	0	5-10						
Mr F Patton, Non Executive Director							10-15	0	0	10-15	0	10-15
	2021/22						2020/21					
Band of Highest Paid Director's total Remuneration £' 000s	225-230						220-225					
Median Total £' s	27,780						26,970					
Ratio	8.2						8.2					
	227,500.00						222,500.00					

Notes to Single Total Figure Table

1. Dr R Jenkins, Chief Executive costs are after a recharge to The Rotherham NHS Foundation Trust (RFT) for his capacity as their Chief Executive. From 1 April 2021 - 30 September 2021 he received 10% of his salary for clinical activity during this period. From 1 October 2021 his salary was split 50/50 with The Rotherham NHS Foundation Trust when the clinical activity ceased.

2. Mr S Ned, Director of Workforce. He undertakes a joint position with The Rotherham NHS Foundation Trust. The salary and fees are the recharge from The Rotherham NHS Foundation Trust.

3. Mrs K Firth, Non-Executive Director left 30 September 2021.

4. Mr S Radford, Non-Executive Director commenced 11 October 2021.

5. Mr D Plotts, Associate Non-Executive Director commenced 1 October 2021.

6. Mr H Zaman, Associate Non-Executive Director commenced 1 October 2021.

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 2021-22 was £225,000 to £230,000 (for 2020-21: £220,000 to £225,000). This is a change between years of 2.25%. The percentage change between 2019-20 and 2020-21 is a reduction of 2.20% and this is due to a change in the highest paid director from February 2020 when the Chief Executive was split between the Trust and The Rotherham NHS Foundation Trust.

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 2021-22 was from £8,408 to £227,500 (2020-21 £8,114 to £222,500). 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 2.4%. No employees received remuneration in excess of the highest-paid director in 2021-22. The percentage change between 2019-20 and 2020-21 was 8.49% due to changes in the agenda for change spinal point bandings.

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 below ratios do not include external bank and agency staff.

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

2020-21	25th percentile	Median	75th percentile
Salary component of pay	£19,737	£26,970	£37,890
Total pay and benefits excluding pensions benefits	£19,737	£26,970	£37,890
Pay and benefits excluding pension: pay ratio for the highest paid director	11.3:1	8.2:1	5.9:1

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 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	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	12.5-15.0	60.0-65.0	185.0-190.0	1,306	122	1,454	0
Dr R Jenkins, Chief Executive	2.5-5.0	0.0-2.5	85.0-90.0	165.0-170.0	1,553	68	1,661	0
Mr R. Kirton, Deputy Chief Executive and Chief Delivery Officer	2.5-5.0	0.0-2.5	30.0-35.0	0.0-5.0	393	24	438	0
Mr C Thickett, Director of Finance	2.5-5.0	0.0-2.5	25.0-30.0	0.0-5.0	218	14	252	0
Mr S Ned, Director of Workforce	2.5-5.0	0.0-2.5	65.0-70.0	145.0-150.0	1,255	44	1,325	0

Notes to Pension Benefits Table

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.

Dr S. Enright Medical Director - opted out and left pension scheme 30 April 2018

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Information Relating to the Expenses of the Governors and the 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 2022		Year ended 31 March 2021	
	Directors	Governors	Directors	Governors
Total number in office	14	29	14	23
The number receiving expenses in the reporting period	3	0	2	1
The aggregate sum of expenses paid in the reporting period	£700	£0	£600	£0

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

Date: 16 June 2022

SECTION 5 COVER PAGE

Barnsley Hospital
NHS Foundation Trust

Staff Report

Proud of all our Colleagues

Barnsley Hospital recognises that our people are key to everything we do. Without their commitment and hard work we would not be the organisation we are so proud of.

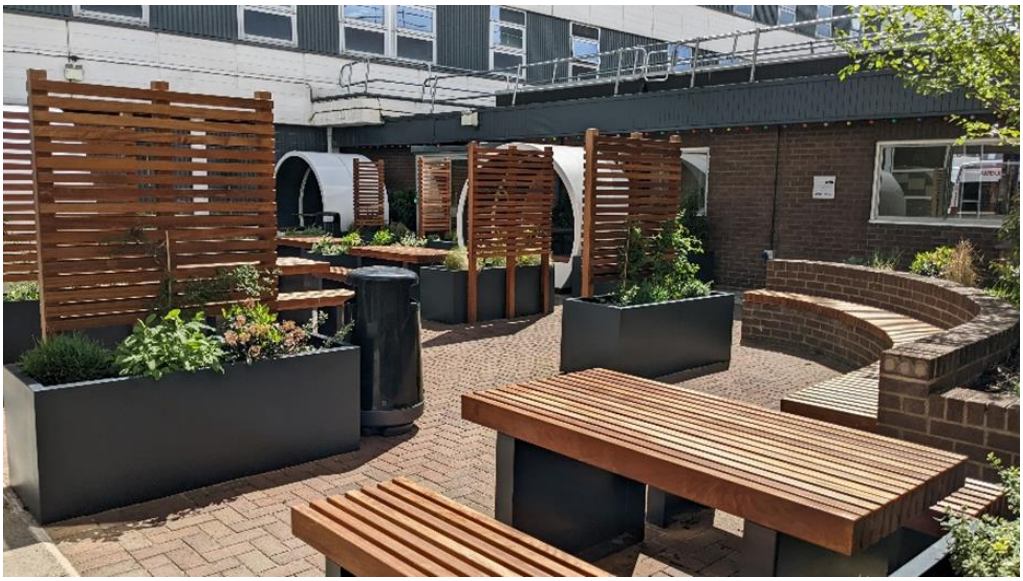
Our colleagues are integral to the Trust delivering our strategic objectives and ensuring safe, high quality care to the patients we serve. It is therefore essential that we have the right number of staff with the right skills who are supported to deliver our objectives.

Staff support and engagement has been even more important in 2021-22 as the Trust and our staff responded to second and third waves of the Covid-19 pandemic whilst having little time to reflect on and process the rapid change and different ways of working the pandemic demanded in the previous year.

All our colleagues, in the complex variety of roles across the organisation have continued to respond incredibly to the changes and continued changes and challenges of the second year of the pandemic.

We recognise our colleagues are feeling the strain in this second year and their welfare and how we engage with colleagues remain and core objective for the Trust.

We have continued to invest of the right support for our people, providing both intensive psychological support where it is needed and less intensive wellbeing support such as therapeutic treatments. Barnsley Hospital Charity opened the new Wellbeing Garden, transforming the previously run down space outside the hospital restaurant into a place for reflection at the request of colleagues.



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

- 576 complementary therapies to support staff wellbeing including massages, reiki, reflexology, Indian head massage and facials.
- 46 visits from Thunder the therapy huskie.
- 4,400 treat packs to celebrate staff awareness days including Nurses Day, Midwives Day, Admin Day, AHP Day, ODP and Nursing Support Day.
- Two themed celebration events, Barnsley by the Sea, where the charity brought the seaside to our staff with themed treats, many of whom could not get away for a holiday and Barnsley by the Tree, a festive celebration event with a visit from reindeer.
- 325 meals to celebrate the NHS Birthday.
- Ice-cream van on-site for the day with 1,250 ice-creams distributed during the summertime.
- Random Acts of Kindness – 624 treats for staff – including flowers, mugs, chocolate, fruit, afternoon teas.
- Monthly treats trolley initiative across the hospital providing refreshments.

The Trust's Executive Team have undertaken weekly wellbeing visits to every team within the hospital, enabling open conversations to understand how colleagues are feeling and what they would like to see and giving them the opportunity to feedback directly to a Director.

The Board would like to recognise the commitment of all staff colleagues during the year.

Workforce Profile 31 March 2022

The Trust continues to maintain a stable and growing workforce of 4369 (4157 excluding bank) (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15, 3,337 in 2015-16, 3,522 in 2016- 17, 3,726 in 2017-18, 3879 in 2018 – 19, 3852 in 2019- 20 4219 in 2020-21) with investment in doctor and nursing posts remaining a priority.

Ethnicity Profile

Ethnic Origin	Headcount	% of Trust
White - British	3705	84.80%
White - Other	88	2.01%
Mixed	41	0.94%
Asian or Asian British	296	6.78%
Black or Black British	88	2.01%
Chinese	17	0.39%
Other Ethnic	50	1.14%
Undefined	1	0.02%
Not Stated	83	1.90%
Total	4369	

Gender Profile

Gender	Headcount	% of Trust
Female	3477	79.58%
Male	892	20.42%
Grand Total	4369	

Disability Profile

Disabled	Headcount	% of Trust
No	4043	92.54%
Not Declared	152	3.48%
Prefer Not To Answer	3	0.07%
Yes	171	3.91%
Grand Total	4369	

Religious Profile

Religious Belief	Headcount	% of Trust
Atheism	629	14.40%
Buddhism	16	0.37%
Christianity	2335	53.44%
Hinduism	71	1.63%
I do not wish to disclose my religion/belief	675	15.45%
Islam	171	3.91%
Judaism	2	0.05%
Other	462	10.57%
Sikhism	8	0.18%
Grand Total	4369	

Sexual Orientation Profile

Sexual Orientation	Headcount	% of Trust
Bisexual	21	0.48%
Gay or Lesbian	59	1.35%
Heterosexual or Straight	3834	87.75%
Not stated (person asked but declined to provide a response)	451	10.32%
Other sexual orientation not listed	2	0.05%
Undecided	2	0.05%
Grand Total	4369	

Age Profile

Age band	Headcount	% of Trust
<=20 Years	65	1.49%
21-25	378	8.65%
26-30	599	13.71%
31-35	569	13.02%
36-40	486	11.12%
41-45	525	12.02%
46-50	480	10.99%
51-55	512	11.72%
56-60	444	10.16%
61-65	235	5.38%
66-70	59	1.35%
>=71 Years	17	0.39%
Grand Total	4369	

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 staff 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.

Work has commenced to raise awareness and increase recognition of staff 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: https://www.barnsleyhospital.nhs.uk/news/gender-pay-gap-report-2021/

The balance of male and female of our Directors and Senior Management Team at the year-end for 2021-22 is shown below:

	Female	Male
Board of Directors (Executive and Non Executive Directors)	3	11
Senior Management Team (excluding Executive Directors)	2	1

The balance of male and female of our workforce at the year-end for 2021-22 is shown below:

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	79	22	101
Additional Clinical Services	815	114	929
Administrative and Clerical	678	163	841
Allied Health Professionals	217	50	267
Estates and Ancillary	277	111	388
Healthcare Scientists	73	35	108
Medical and Dental	219	323	542
Nursing and Midwifery Registered	1119	74	1193
Grand Total	3477	892	4369

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 staff have as good an experience of working here as our other staff. 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
Execs and Senior Managers	1	16

Staff group	BME	Not Stated	White
Add Prof Scientific and Technic	15	3	83
Additional Clinical Services	44	21	864
Administrative and Clerical	24	6	811
Allied Health Professionals	22	3	242
Estates and Ancillary	7	2	379
Healthcare Scientists	8	2	98
Medical and Dental	287	6	249
Nursing and Midwifery Registered	86	40	1067
Grand Total	**493**	**83**	**3793**

Average number of employees (WTE basis)

	Permanent Number	Other number	2021-22 Total Number	2020/21 Total Number
Medical and dental	213	253	466	362
Ambulance staff	-	-	-	-
Administration	653	86	739	739
Healthcare assistants and other support staff	374	13	387	379
Nursing, midwifery and health visiting staff	1,394	285	1,679	1,543
Nursing, midwifery and health visiting learners	-	-	-	21
Scientific, therapeutic and technical staff	449	26	475	472
Healthcare science staff	178	19	197	189
Social care staff	-	-	-	-
Other		-		
	3,261	682	3,943	3,705

Staff Cost Summaries

Staff Costs							
					Group		
	Permanent		Other		2021-22		2020-21
					Total		Total
	£000		£000		£000		£000
Salaries and wages	134,622		18,007		**152,629**		144,471
Social security costs	13,449		-		**13,449**		12,311
Apprentice Levy	693		-		**693**		640
Employer's contributions to NHS pension scheme	22,572		-		**22,572**		21,441
Pension cost - other	137		-		**137**		107
Other post-employment benefits	-		-		**-**		-
Other employment benefits	-		-		**-**		-
Temporary staff	-		24,596		**24,596**		21,451
Termination payments	-				**-**		28
NHS charitable funds staff	-		-		**-**		-
Total gross staff costs	**171,473**		**42,603**		**214,076**		200,449
Recoveries in respect of seconded staff	-		-		**-**		-
Total staff costs	**171,473**		**42,603**		**214,076**		200,449
Of which							
Costs capitalised as part of assets	0						5

Sickness and Absence

During 2021-22, staff sickness absence has shown an increase at 5.17% compared to 4.35% in 2020-21.

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 staff 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.

The Inclusion & Wellbeing team is continuously adopting strategies to develop and sustain ways to enhance the health and wellbeing of our staff 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 staff health and wellbeing.

It is essential to measure the impact of interventions and monitor trends in exploring ways to improve staff 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	Long Covid-19	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 staff	Peer Support Group established, sharing experiences, disseminating useful additional information	Workshops and peer support group established. Menopause Guidance being developed to form part of revised Staff Absence Policy (in partnership with HR	Support from Occupational Health, HR Senior Managers, Inclusion & Wellbeing Team	Lifestyle interventions screening to staff, provide education and raise awareness	Salary Finance scheme – to support staff through financial difficulties, Financial, online resources to support and build resilience via Vivup	VIVUP 24/7 Employee assistance, counselling and support and self-help resources online

Appraisal

Trust appraisal data confirms that 77.2% of non-medical staff have received an appraisal and 81.4% of medical staff have received an appraisal.

Appraisal Compliance	Overall Mar 2022
Appraisals (Non-Medical)	
BHNFT Non-Medical Total	**77.2%**
Corporate Services	**86.6%**
CBU 1 Medicine	**77.1%**
CBU 2 Surgery	**65.9%**
CBU 3 Women, Children & Clinical Support Services	**79.0%**
Barnsley Facilities Services	**97.8%**

Appraisals (Medical)	
BHNFT Medical Total	**81.4%**
Corporate Services	**14.8%**
CBU 1 Medicine	**88.7%**
CBU 2 Surgery	**91.7%**
CBU 3 Women, Children & Clinical Support Services	**85.1%**

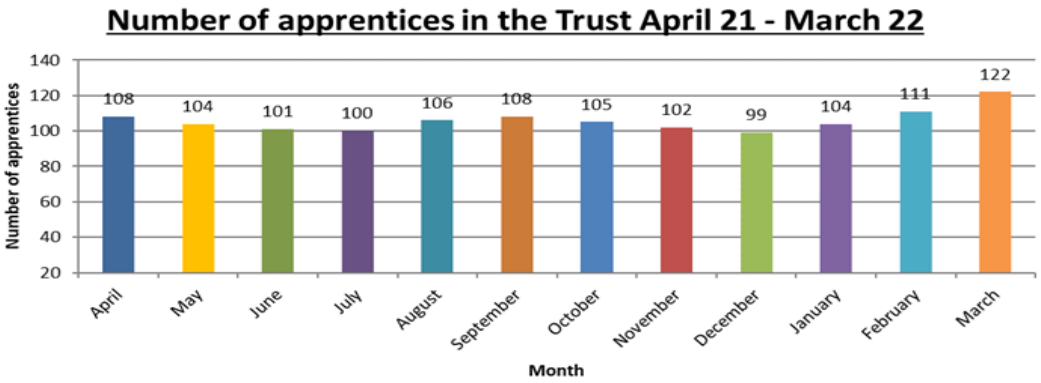
Mandatory Training

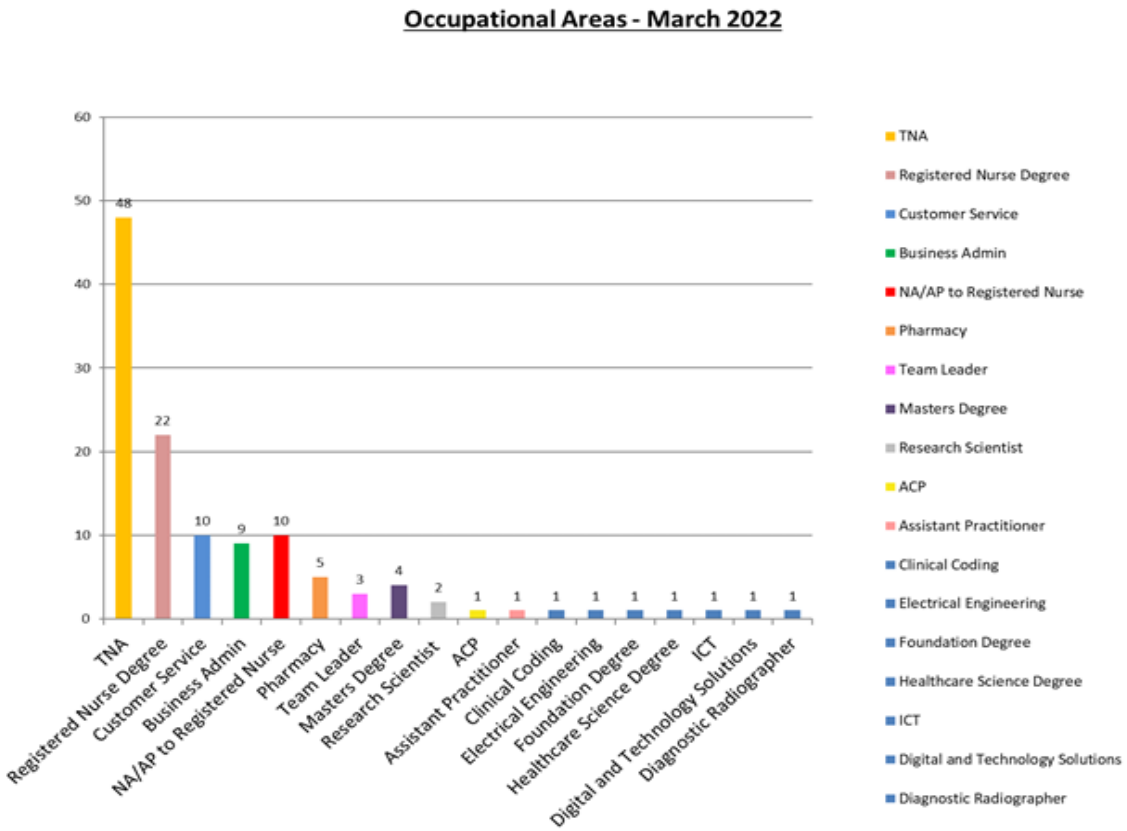
During 2021-22 the Trust continued to support mandatory training compliance by utilizing e-learning and delivery face-to-face via Microsoft teams. The Trust has achieved a year-end target of 86.2% against a target of 90%.

Training Compliance	Overall Apr 2021	Overall May 2021	Overall Jun 2021	Overall July 2021	Overall Aug 2021	Overall Sept 2021	Overall Oct 2021	Overall Nov 2021	Overall Dec 2021	Overall Jan 2022	Overall Feb 2022	Overall Mar 2022
Training												
Trust	88.8%	88.8%	88.9%	88.3%	86.4%	87.8%	87.8%	87.6%	87.5%	86.4%	85.9%	86.2%
Corporate Services	91.7%	90.7%	91.1%	90.8%	89.4%	90.9%	91.4%	91.0%	90.4%	89.7%	89.2%	88.8%
CBU 1 Medicine	85.6%	86.3%	86.7%	86.3%	83.3%	84.7%	85.0%	85.1%	84.7%	84.0%	84.0%	84.2%
CBU 2 Surgery	87.7%	88.1%	87.9%	85.9%	84.3%	86.3%	85.6%	84.9%	85.0%	83.7%	83.4%	84.9%
CBU 3 Women, Children & Clinical Support Services	90.6%	90.1%	90.2%	89.9%	88.4%	88.9%	89.3%	89.2%	89.0%	87.4%	87.0%	87.4%
Barnsley Facilities Services	90.8%	90.3%	90.3%	90.2%	90.4%	92.8%	92.0%	91.9%	92.9%	91.9%	89.2%	87.9%

Apprenticeships at Barnsley Hospital

The Trust currently employs 122 apprentices across 18 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 staff 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. The Trust has been able to support the gifting of apprenticeship levy to support local GP practices and Yorkshire Ambulance Service.





The NHS Staff Survey

Feedback from staff colleagues via the national NHS Staff Survey is one of the best ways for staff to share their views about their role, our organisation and the NHS. Importantly, results from this survey are used to improve care for patients and working conditions.

The benchmarking report for Barnsley Hospital NHS Foundation Trust contains the results of the 2021 NHS staff survey and historical results dating back to 2017 where possible.

For the 2021 survey onwards the questions in the NHS staff survey are aligned to the people promise. In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes.

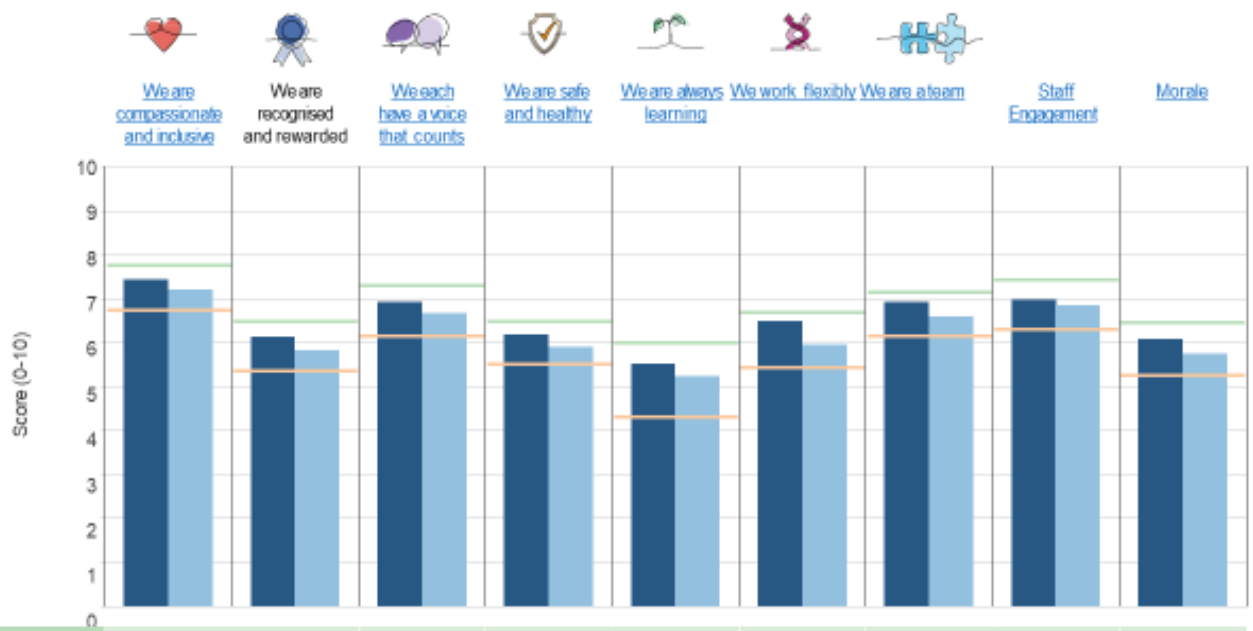
The Trust's full NHS Staff Survey Report can be found here:
https://www.nhsstaffsurveys.com/results/local-results/

A full paper staff survey was completed for 2021 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%

Overall our results illustrate that we continue to make progress towards our aspiration that Barnsley Hospital is an outstanding place to work.

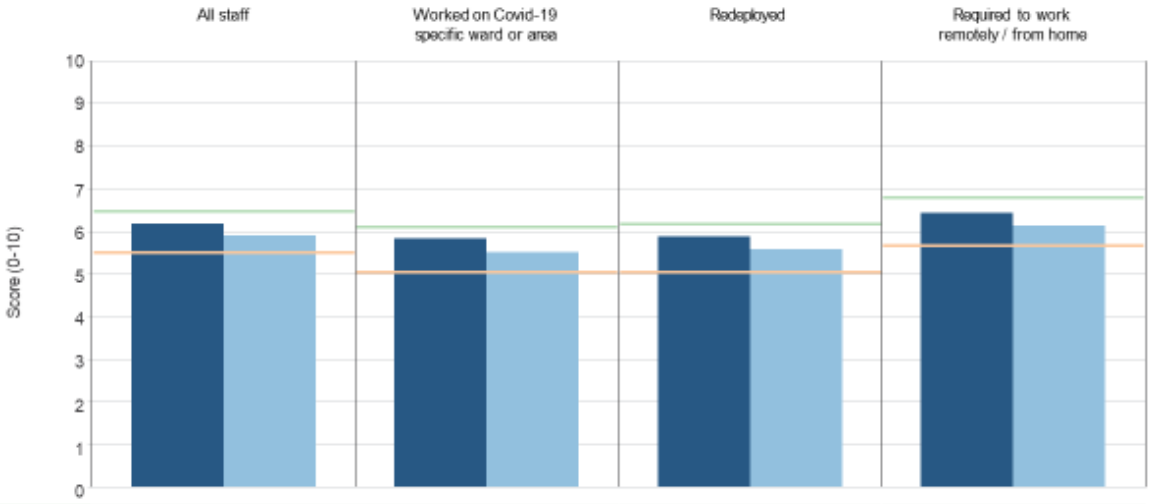
Our staff have rated us as above average for each of the People Promise and Theme Domains however there is always further work to do to achieve our aspiration particularly in the themes that focus on learning, morale and staff feeling safe and healthy where although we remain above average, we have, along with the wider NHS, seen a decline in the rating for this domain.

2021 NHS Staff Survey Results > People Promise and theme results > **Overview**



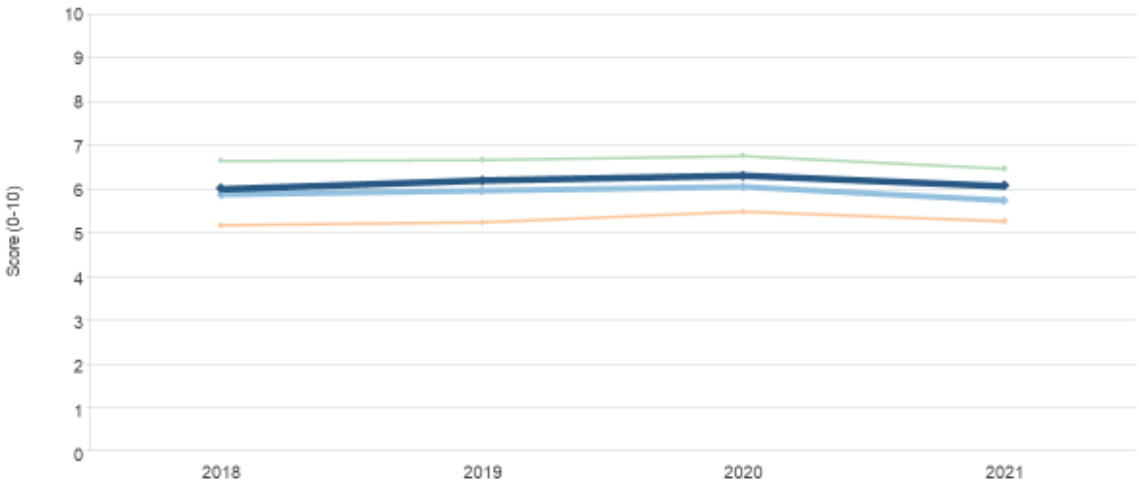
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.4	6.1	6.9	6.2	5.5	6.5	6.9	7.0	6.1
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	2,031	2,040	1,998	1,988	1,951	2,022	2,026	2,039	2,039

2021 NHS Staff Survey Results > People Promise element and theme results – Covid-19 classification breakdowns > **We are safe and healthy**



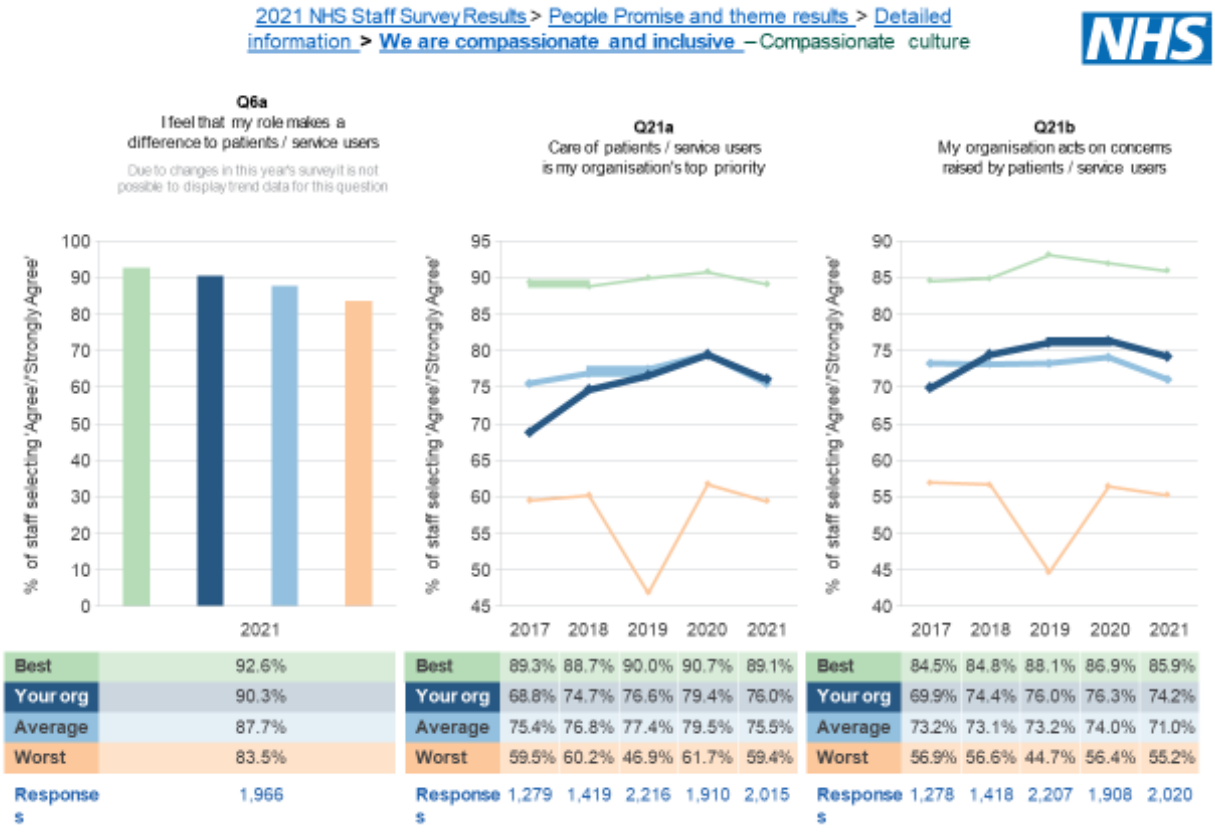
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.1	6.2	6.8
Your org	6.2	5.8	5.9	6.4
Average	5.9	5.5	5.6	6.1
Lowest	5.5	5.1	5.1	5.7
Responses	1,988	939	393	603

2021 NHS Staff Survey Results > People Promise and theme results > **Morale**



	2018	2019	2020	2021
Best	6.7	6.7	6.8	6.5
Your org	6.0	6.2	6.3	6.1
Average	5.9	5.9	6.0	5.7
Worst	5.2	5.2	5.5	5.3
Responses	1,463	2,233	1,921	2,039

The following diagram illustrates that although staff have rated the Trust as almost close to the 'Best' score for compassionate culture, other subsequent questions show an overall decline in the number of positive responses. This is mirrored in the national feedback however it is an area that the Trust will focus on in 2022-23.



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 staff and leaders, continue to improve staff 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.

The PEG meets monthly to review action plans to strengthen workforce engagement. Membership comprises of directors and senior leaders from across all areas of the Trust, including leads for equality, diversity and inclusion and organisational development. Examples of the activity monitored and recommended by the PEG include:

- Health and Wellbeing support for our staff colleagues
- Scrutiny of the annual NHS Staff Survey results
- Regular internal 'Pulse Check' surveys to understand how staff are feeling about certain topics
- Redevelopment of the Trust's intranet site to include a centralised staff zone containing easy access to all staff benefits and health and wellbeing information
- Monitoring of the annual flu vaccination campaign and the introduction of peer vaccinators across all wards to increase take-up
- Monitoring of quality and uptake of Trust appraisals for Agenda for Change staff
- Development and expansion of the number of apprenticeship programmes
- Continued annual cohorts of staff on the in-house development programmes.

Additionally, 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 Staff survey is not the only way staff 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 Staff 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 staff colleagues, enabling them to share their views.

The Trust actively engages with Trade Union colleagues on a regular basis via formal meetings and via an open invitation to attend regular meetings such as a monthly Senior Leaders meeting. The Trust also has a very proactive Freedom to Speak Up Guardian to enable staff to share concerns openly.

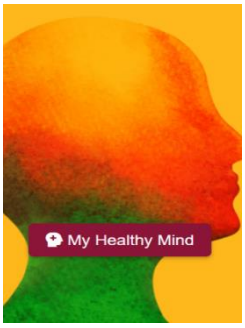
Health and Wellbeing

The Trust recognises the significant impact of the pandemic on staff and provide a wide range of support for colleagues. Since September 2021 the Board of Directors has nominated a designated Board level Health and Wellbeing Guardian to ensure a strategic focus to this important area.

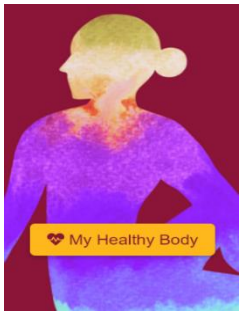
The Trust has an excellent Occupational Health service available to support staff with a wide range of issues. In addition to manager referrals, staff as individuals are able to self-refer to access support.

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 staff 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.

Staff Communication and Engagement

The Trust has a range of different methods to ensure the effective communication of key organisational messages.

The use of digital methods of communication adopted during the pandemic have continued to be fully utilised with positive feedback from staff. The online monthly Chief Executive led Team Brief enables a far wider range of clinical and non clinical colleagues to engage in the briefing session and ask real time questions wherever they were working from, the hospital or remotely.

Throughout each wave of the pandemic, regular dedicated communication briefings have been issued to ensure colleagues were aware of the latest information they needed to know to undertake their roles effectively.

Feedback from colleagues has highlighted the transformed communications are easier for them to access and engage with.

Equality, Diversity and Inclusion

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

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

A disability staff network exists to improve the working experience of employees who have a disability and to assist the Trust to meet its requirements under the Equality Act. Additional guidance has been produced for managers helping them manage disability at work and how to make reasonable adjustments. The Trust has AccessAble membership to support patients, carers, families by producing accessibility guides for visiting the Trust.

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

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

The 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.

Diversity Champions

Diversity Champions are Trust staff who are self-nominated with a real passion and commitment to the Equality Diversity & Inclusion agenda. The work of the Diversity Champions continues to develop and their initiatives across the Trust demonstrate inclusive leadership in the workplace. The Diversity Champions encourage staff to personalise care through inclusive behaviour. High quality training is delivered by our Equality Partners and the Equality, Diversity & Inclusion Lead. This includes LGBTQ2+Q2+ awareness, disability awareness and deaf awareness.

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

The Trust remains committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services and its workforce. WRES WDES and EDS2 are a requirement for NHS organisations to demonstrate progress against a number of indicators of workforce equality. The Trust is continuing to track required actions against each of the objectives, providing assurance and monitoring to ensure we meet our targets.

Equality Impact Assessments

The Trust's Equality Impact Assessment 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 high quality impact assessment. Additional training is provided. Good practice is now embedded in the Trust, whereby all new policies include evidence that an Equality Impact Assessment has been undertaken by the author of the policy and has demonstrated that due regard for equality and elimination of unlawful discrimination has been considered in the formulation or review of a policy.

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 staff to show they are aware of issues that lesbian, gay, bisexual and trans (LGBTQ2+Q2+) people face when accessing healthcare. Basic education and access to resources are provided for staff who want to sign up. Information is also given outlining the challenges LGBTQ2+Q2+ people can face in relation to accessing healthcare and the degree of negative attitudes still found towards LGBTQ2+Q2+ people.

NHS Diversity & Inclusion Partners

Equality and Diversity training continues to be delivered throughout the Trust. The Diversity and Inclusion status is determined against a number of measurable indicators (EDS2). The partner status assumes that the Trust can be held up as exemplars in the field of Equality, Diversity & Inclusion. The Trust is required to demonstrate that it meets minimum requirements and has in place a robust Equality & Diversity work plan.

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.

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
31	**27.72**

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%	**4**
1-50%	**25**
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	**£103,173**
Provide the total pay bill	**£204,245,201**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.050%**

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	2,381 / 68,504 x 100 = 3.48%

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

Explanatory Note

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

Regulation 2 defines certain terms.

Regulation 3 specifies who is to be treated, for the purposes of section 172A, as the employer of a relevant union official who is employed by the Crown and makes connected provision about the meaning of "employee".

Regulation 4 provides how to calculate the total cost of facility time. Regulation 5 provides how to calculate the total pay bill.

Regulation 6 provides how to calculate the full-time equivalent employee number.

Regulation 7(1) and (2) specifies Government Departments (other than the Secret Intelligence Service, the Security Service and the Government Communications Headquarters), the Scottish Ministers and public authorities described or listed in Schedule 1 for the purposes of the meaning of 'relevant public sector employer' under section 172A. Regulation 7(3) excludes devolved Welsh authorities covered by a description in Schedule 1 from being specified for the purposes of the meaning of 'relevant public sector employer'.

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

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

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. Staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our adult safeguarding policy and procedures.

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

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

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

SECTION 7 COVER PAGE

Barnsley Hospital
NHS Foundation Trust

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.

Additionally, the Board continues to meet jointly with the Governors at least once annually, by invitation to join the meeting. Unfortunately, this was not possible this year due to Covid-19 related challenges. Some Governors also sit on Trust-wide committees and forums and provides feedback to the wider Council of Governors.

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 from September 2021 (previously called the People Finance and Performance Committee)
- People Committee (established in September 2021)
- Quality and Governance Committee
- Remuneration and Nominations Committee

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

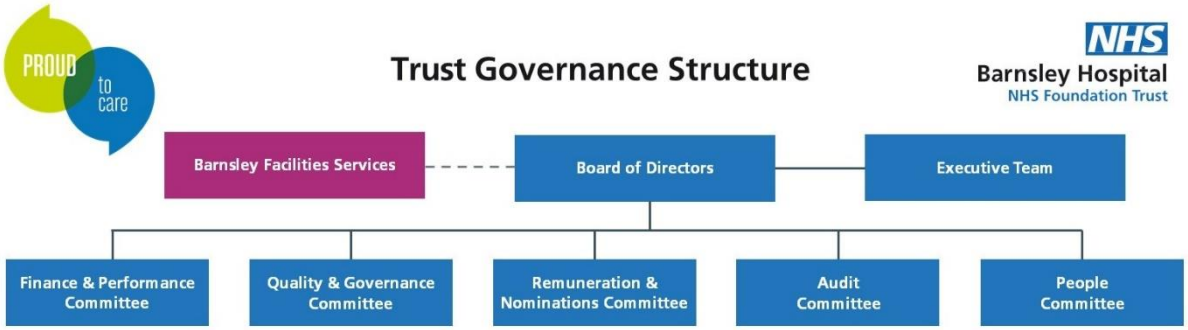
Our Governance Structure

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

The Governors' appointed KPMG as external auditors for the three-year period commencing January 2021 with an option to renew for a further two-year period.

The audit fee for the Trust statutory audit was £126,480 (2020-21 £114,000) including VAT. This was the fee for an audit in accordance with the Code of Audit Practice as issued by the National Audit Office. The audit fee for the subsidiary organisation, Barnsley Facilities Services was £15,300 exclusive of VAT (2020-21 - £15,000 exclusive of VAT). The expected audit fee for the subsidiary entity Barnsley Hospital Charity was £6,000 inclusive of VAT (2020-21 - £6,000 inclusive of VAT).

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

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

- The results of internal audit work over the year as summarised in their annual Head of Internal Audit Opinion.
- The results of external audit and in particular:
  - Evidence and disclosures related to the Trust's financial position and going concern status.
  - Treatment of property revaluation and associated accounting transactions for the expansion of BFS.
  - Accounting for contract income recognition.
- The results of the work performed by the Trust's Local Counter Fraud Specialist.
- Assurance from the work of Quality 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.

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

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 robust 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 robust 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 robustness, 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 staff 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 and NHS Improvement's Oversight Framework

Under the Single Oversight Framework introduced in 2016, the Trust fell within segmentation 3. Following the issue of the Compliance Certificate and removal of all enforcement undertakings in 2018-19 the Trust moved to segmentation 2; this has been maintained during 2021-22.

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).

Public Governors are elected by, and represent, members from all areas across the borough and outside of the region. Partner Governors are nominated by their respective organisations, strengthening our links with key partners across the community working together to improve services for patients. Page 119 highlights the number of Council of Governors' general and sub-group meetings attended by members of the Board, to enable more opportunities for listening to Governors, sharing information and responding to challenges.

The Council of Governors has continued to deal with a range of issues charged to it under legislation and to support the Trust in our strategic development, response and recovery to the pandemic. This included, but was by no means limited, to challenging the Board on its response to the Covid-19 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 staff, 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 and hold open and transparent discussions with the Governors.

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

The Governors in post at the end of March 2021 are:

Barnsley Public Constituency:

- Gilly Cockerline (to 31 December 2023)
- Alan Higgins, Lead Governor (to February 2022)
- Graham Worsdale (to 31 December 2021)
- 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 2022)
- Rebecca Peace (to 31 December 2024)

Out of Area (rest of England & Wales):

- Vacancy

Staff Governors:

- Janice Munford (to 31 January 2024)
- Ray Raychaudhuri (to 31 December 2021)
- Jon Maskill (to 31 December 2025)
- Helen Doyle (to 23 July 2021)
- Bryony Lazenby (to 22 April 2022)
- Joanne Smith (to 31 December 2025)

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
- 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 2021-22 (for appointment/re-appointment from 1 January 2022), six seats for Public Governors (including one for out of area) and three staff Governor seats were put forward for election. Elections were also held in March for six public governors (including one for out of area) due to a large number of vacancies. Both 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.

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 115. 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 but was postponed in December 2020 due to Covid-19 related challenges. This meeting is in addition to the many other routes by which Governors and Directors communicate throughout the year.

During the financial year, the Governors did not exercise their power to require one or more of the Directors to attend a Council of Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Director's performance), under paragraph 10C of Schedule 7 of the NHS Act 2006. Non-Executive Directors have continued to attend General and Sub-group meetings regularly throughout the year, with support from Executive Team members and staff leads on specific topics, to ensure the Governors are provided with updates on key issues. The Chief Executive, or his Executive representative, continues to attend every General Meeting.

Committees and Sub-groups

Nominations Committee

The Nominations Committee is a formal committee of the Council of Governors. It comprises the 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 2021-22 included:

- Paul Ardron, Partner Governor
- Tony Dobell, Public Governor
- Trevor Lake, Trust Chair
- 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/I 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.

To ensure alignment to the national remuneration structure, the Council of Governors did not apply a discretionary annual uplift to the Non-Executive Directors' or the Chair's pay in 2021-22. The salary for Non-Executive Directors has therefore remained the same at £13,500. The salary for the new 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 is supported by three sub-groups, designed to reflect the Boards support system: namely Quality & Governance, Membership and Engagement, and People, Finance & Performance. Mindful of the demands on Governors' schedules, these continue to be informal groups of the Council of Governors and are open to all Governors. They are led by a Chair elected from the Governors.

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

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

- Continued focus on patient's experiences, with Governors providing feedback from their constituency members as well as reviewing the quarterly reports on complaints, compliments and related issues highlighted from Board reports. Feedback was also given on patient experience during the pandemic.
- Continued review of progress against key performance indicators and targets for quality and patient safety issues, including pressure ulcers and reduction in the levels of harm from inpatient falls.
- Overview of the Trust response to the pandemic, the recovery and impact on quality and governance.
- Leading the Governors' review of the Trust's Quality Account
- Continued focus on Infection Prevention and Control and the use of PPE.

People, Finance & Performance Sub Group (Chair: Graham Worsdale)

- Review of performance against and input to development of the Trust's business plan, including challenge against financial progress and variations against plan and the cost improvement programme in year.
- Response to the pandemic and recovery plan.
- Review of progress made against the Trust's People Plan.
- Review of workforce planning activity.
- Review of key reporting issues - sickness absence, mandatory training and appraisals.
- Review of health and wellbeing of staff and support available.
- Raising and exploring feedback from staff, helping to ensure their concerns and suggestions continue to be listened to.

Membership & Engagement Sub Group (Chair: Trevor Lake)

- Overseeing the development and implementation of the Trust's Membership and Engagement Strategy, advising on ways in which equity of representation can be achieved and evaluate progress.
- Supporting the development of effective recruitment mechanisms.
- Promoting the development and implementation of the engagement plan to ensure effective communication with members and real involvement with the Trust and evaluate.
- Ensuring that the role of Governors as 'ambassadors' of the Trust is maximised.

Shared Themes

The groups are very aware of the constant demands on Trust's staff throughout the year, particularly over peak periods. Throughout the year, they have recommended to the wider Council that Governors' thanks be recorded and distributed Trust-wide, to express sincere thanks to all staff to express their sincere appreciation and admiration for their hard work and tremendous efforts ensuring safe, quality services for our patients. They are also very aware of the potential impact of the major changes facing the NHS, not least the development of integrated care services. Both groups continue to challenge the reports shared with Governors by the Board of Directors.

This ensures that they, as Governors, fully understand the information provided to them and are able to obtain full assurance from the Non-Executive Directors that they continue to challenge the Trust's Executive Team to drive delivery of plans and improvements for the Barnsley wide membership that they represent.

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 and Council of Governors Meetings

Board and Board Committee Meetings: 2021-22

		Board of Directors		Extra-ordinary Board of Directors		Audit Committee		People, Finance & Performance		Quality & Governance		People Committee		REMCO		
		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	NOTES
Non-Executive Directors																
Clifford	Kevin	6	6	1	0	0	0	1	1	12	12	4	4	10	9	
Ellis	Sue	6	6	1	1	0	0	12	12	0	0	4	4	10	7	
Hudson	Philip	6	6	1	0	5	5	2	2	12	12	3	4	10	10	
Firth (to 31.09.21)	Keely	3	3	1	1	3	3	6	6	0	0	0	0	5	5	
Mapstone	Nick	6	6	1	1	5	5	12	9	3	2	0	0	10	10	
Moore	Ros	6	5	1	1	0	0	1	1	12	10	0	0	10	10	
Plotts (from 01.10.21)	David	3	3	0	0	2	2	4	4	0	0	0	0	5	5	
Radford (from 11.10.21)	Stephen	2	1	0	0	2	0	5	5	0	0	0	0	5	4	
Lake	Trevor	6	6	1	1	1	1	4	4	2	2	0	0	10	10	
Zaman (from 01.10.21)	Hadar	3	1	0	0	0	0	1	1	6	5	0	4	5	4	
Shading denotes Board / Committee Chair																
Executive Directors & Executive Team Members																
Christopher	Lorraine	0	0	0	0	0	0	0	0	0	0	0	0			
Davidson	Tom	6	5	1	1	0	0	12	10	0	0	0	0			
Enright	Simon	6	6	1	1	0	0	0	0	12	11	4	4			
Jenkins	Richard	6	6	1	1	1	1	1	1	0	0	3	4			
Kirton	Bob	6	6	1	1	0	0	12	11	12	11	0	0			
Murphy	Jackie	6	5	1	1	0	0	5	4	12	12	4	4			
Parkes	Emma	6	5	1	1	0	0	0	0	0	0	2	4			
Brown	Mel	6	6	1	1	5	5	12	12	12	11	3	4			
Ned	Steve	6	6	1	1	0	0	0	0	0	0	4	4			
Thickett	Chris	6	6	1	1	5	4	12	11	0	0	0	0			
Burnett	Lorraine	6	5	1	1	0	0	12	12	2	2	0	0			
Governors																
Higgins (Lead Governor)	Alan	5	3	0	0	0	0	0	0	0	0	0	0			
Dobell	Tony	0	0	0	0	5	3	0	0	0	0	0	0			

Council of Governors Meetings - Governors (and Chair)

Partner Governors

Name		Term Of Office		Constituency	General Meeting		Joint Meeting with Board	Sub groups	
		Expiry Date Term	Note					Finance & Performance	Quality & Governance
Partner Governors				Partner Constituency	Total Eligible	Attended	Attended	Attended	Attended
Paul	Ardron		A	Sheffield Hallam University	5	4	0	0	0
Martin	Jackson		A	Joint Trade Union Committee	5	2	0	0	3
Chris	Millington		A	NHS Barnsley Clinical Commissioning Group	5	5	0	5	5
Cllr Jenny	Platts		A	Barnsley Metropolitan Borough Council	5	4	0	0	3
David	Akeroyd		A	Barnsley College	5	2	0	0	1
Prof Michelle	Marshall		A	University of Sheffield	5	3	0	0	0
John	Marshall		A	Voluntary Action Barnsley (VAB)	5	0	0	0	0
Plus									
Trevor	Lake	May-22		Chairman	5	5	0	2	3
Richard	Jenkins			Chief Executive Officer	5	5	0	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.
B – Non-Executive Directors attend the Governor Sub-group meeting which most closely reflects their aligned Board Committee membership.

Public Governors

Name		Term Of Office		Constituency				Sub groups	
		Expiry Date	Note		General Meeting		Joint Meeting with Board	Finance & Performance	Quality & Governance
Public Governors				Public Constituency	Total Eligible	Attended	Attended	Attended	Attended
Gilly	Cockerline	Dec-23	A	Public Constituency	5	1	0	0	0
Tony	Conway	Dec-21	A	Public Constituency	4	0	0	0	0
Tony	Dobell	Dec-22	A	Public Constituency	5	5	0	4	5
Alan	Higgins	Feb-22	A	Public Constituency	5	5	0	4	4
Annie	Moody	Dec-23	A	Public Constituency	5	5	0	4	5
Robert	Slater	Dec-22	A	Public Constituency	5	0	0	1	0
Graham	Worsdale	Dec-25	A	Public Constituency	5	3	0	5	5
Patricia	Bevis	Dec-21	A	Public Constituency	0	0	0	0	0
John	Bower	Nov-21	A	Public Constituency	3	2	0	2	1
Janet	Lancaster	Dec-22	A	Public Constituency	5	2	0	0	0
Margaret	Sheard	Dec-22	A	Public Constituency	5	5	0	4	5
Rebecca	Peace	Dec-23	A	Public Constituency	5	4	0	1	2
Stephen	Long	Dec-21	A	Public Constituency	3	3	0	1	2
Malcolm	Gibson	Dec-25	A	Public Constituency	1	1	0	1	1
Phil	Hall	Dec-25	A	Public Constituency	1	1	0	0	0
Chairs denoted by shading									

Staff Governors

Name		Term Of Office		Constituency	General Meeting		Joint Meeting with Board	Sub groups	
		Expiry Date	Note					Finance & Performance	Quality & Governance
Staff Governors				Staff Constituency	Total	Attended	Attended	Attended	Attended
Jon	Maskil	Dec-25	A	Medical & Dental	1	1	0	0	0
Joanne	Smith	Dec-25	A	Non- Clinical	1	1	0	1	1
Helen	Doyle	Dec-22	A	Clinical Support	2	1	0	0	0
Janice	Munford	Dec-23	A	Nursing & Midwifery	5	4	0	2	4
Bryony	Lazenby (left 22.04.22)	Apr-22	A	Nursing & Midwifery	2	0	0	0	0
Co-Opted Advisor									
Colin	Brotherston-Barnett	Dec-21	A	Non-Clinical Support	3	1	0	2	1
Joe	Unsworth	Dec-22	A	Public Constituency	5	5	0	2	2
Ray	Raychaudhuri	Dec-22	A	Medical & Dental	5	4	0	2	4

Board and Management

Name		Role	General Meeting		Joint Meeting with Board	Sub groups	
						Finance & Performance	Quality & Governance
Board and management attendance			Total Eligible	Attended	Attended	Attended	Attended
Sue	Ellis	Non- Executive Director	5	4	0	5	0
Keely (left 31.09.21)	Firth	Non- Executive Director	3	2	0	5	0
Philip	Hudson	Non- Executive Director	5	5	0	0	2
Nick	Mapstone	Non- Executive Director	5	5	0	1	2
Ros	Moore	Non- Executive Director	5	5	0	0	4
Stephen (commenced 11.10.21)	Radford	Non-Executive Director	2	2	0	3	0
Kevin	Clifford	Non- Executive Director	4	2	0	0	4
Hadar (commenced 01.10.21)	Zaman	Associate Non-Executive Director	2	2	0	0	2
David (commenced 01.10.21)	Plotts	Associate Non-Executive Director	2	2	0	0	2
Richard	Jenkins	Chief Executive Officer	5	5	0	0	1
Mel	Brown	Interim Director of Corporate Governance	5	5	0	3	2

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/staff represented. The most important benefit of becoming a Foundation Trust is that it puts doctors, nurses, managers and local people around the same table to think about what is best for patients. Members of 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 staff are not lost to the membership, exit interview forms for individuals leaving the Trust enable them to retain their membership by converting to public membership on departure.

Engaging Members

The Trust 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, important events and volunteering opportunities.

A membership pack for new members contains a welcome letter, information about the hospital, events for the membership and charity, extra signup sheets for friends and family, 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 staff. Signup sheets, posters and information sheets are also in the waiting areas of GP Surgery's in the Barnsley Area.

The Trust is supporting the Governors to engage with and attract new members. This includes a Governor pack of information about The Trust and the benefits of becoming a member and having a voice about the hospital. Our membership registration leaflet 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 2022 the Trust had 11,593 eligible members, comprising of 7,471 public members and 4,122 staff members.

Public Constituency	31 March 2022 Actual Members
0-16	1
17-21	22
22+	7,692
White	7117
Mixed	18
Asian or Asian British	70
Black or Black British	21
Other/Not Stated	512
Gender	
Male	2,709
Female	5,004
Unspecified/Other	25
Socio-economic Groupings	
AB - upper/middle class	1,635
C1 - lower middle class	2,127
C2 - skilled working class	1,861
DE – working/casual class	2,109

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 has applied the principles of the NHS Foundation Trust Code of Governance, most recently revised in July 2014, based on the principles of the UK Corporate Governance Code issued in 2012. The Trust is compliant with all elements of the 'comply or explain' provisions of the Code of Governance.

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.	101, 107
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 committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Part of this requirement is also contained within paragraph 2.25 as part of the directors' report.	103-106
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.	108

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.	113 - 117
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.	55
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	55
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.	66
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.	118
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.	66
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 2.98.	155
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.	135
2: Disclose	Audit Committee/ control environment	C.2.2	A trust should disclose in the annual report: if it has an internal audit function, how the function is structured and what role it performs; or 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.	103
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.	103
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.	109, 113-117

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.	118
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.	118
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.	118
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. See also ARM paragraph 2.25 as directors' report requirement.	143

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	101
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	101
6: Comply or explain	Board	A.1.6	The board should report on its approach to clinical governance.	101
6: Comply or explain	Board	A.1.7	The chief executive as the accounting officer should follow the procedure set out by NHS Improvement (Monitor) for advising the board and the council and for recording and submitting objections to decisions.	101
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	11
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.	11
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.	55

6: Comply or explain	Board	A.4.2	The chairperson holds 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.	109
6: Comply or explain	Council of Governors	A.5.2	The council of governors should not be so large as to be unwieldy.	108
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.	109
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.	109
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.	55

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.	55
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.	66
6: Comply or explain	Nomination Committee(s)	B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	66
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.	110
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.	103
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.	109
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.	N/A
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. See also ARM paragraph 2.13.	50
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	The board of directors must notify NHS Improvement 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. The board of directors must notify NHS Improvement 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 likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust.	Yes
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	103

			finances, operations and forward plans of the NHS foundation trust.	
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 Improvement 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.	32
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.	69
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.	69
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

Annual Governance Statement (AGS)

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 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 Trust Accountable Officer Memorandum.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnsley Hospital, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnsley Hospital for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

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

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

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

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

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

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

Lessons learned from serious incidents, complaints, claims and other learning from instances where things have gone wrong are communicated via the corporate and CBU governance frameworks and via the weekly Patient Safety Bulletin and Learning from Deaths Bulletin sponsored by the Medical Director and Director of Nursing and Quality. In 2021-22 the Trust had no never events. The Trust has an annual programme of Clinical Audit (reflecting national, regional and local priorities) providing assurance of quality improvement. The multidisciplinary programme covers all CBUs and is delivered with the support of the Quality Assurance and Effectiveness Team in accordance with best practice, policies and procedures. The Clinical Audits are reported at appropriate forums and practice re-audited as necessary.

The Risk and Control Framework

The Trust is committed to embedding a culture that encourages staff to: identify and control risks which may adversely affect the Trust's operational ability; analyse each risk using the approved risk grading matrix and where possible; eliminate or transfer risks or else reduce them to an acceptable and cost-effective level. In this way the Board is sighted on the remaining residual risks. Low scoring risks are managed within the area in which they are owned while higher scoring risks are managed progressively through the levels of management and authority within the Trust, as described within the Risk Management Strategy and Policy. All high risks are reviewed by the Executive Team and recorded on the Corporate Risk Register. Risk control measures are identified and implemented to reduce the potential of residual risk.

Risk Management Arrangements

Risk Management is embedded in the activity of the Trust. Risk Registers and the Board Assurance Framework (BAF) are fully integrated meaning that the management of risks is embedded both strategically and operationally into the daily practice of Trust-wide business.

The Trust encourages the reporting of incidents underpinned by a culture of transparency and openness. Incident reporting is supported and encouraged to ensure that the Trust learns from mistakes, errors and near misses.

From September 2021 the NHS England and Improvement Patient Safety team moved to an annual publication schedule for the Organisation and National Level Patient Safety Incident Reports (OPSIR and NAPSIR). The annual publications covering the most recent financial year of data, data for April 2021 – March 2022 will be published in September 2022. The Trust's rate of incident reporting will not be available until this time. The Trust has seen an increase in the number of patient safety incidents reported in 2021-22 which is suggestive of an open and positive approach to incident reporting that promotes a culture of high quality and safe care for patients and staff.

During the period 1 April 2021 to 31 March 2022 there were 32 reported patient safety incidents that resulted in severe harm and 18 that resulted in death out of a total of 13.347 incidents reported in the same period representing 0.37. This is the same percentage as in 2020-21.

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

Following a comprehensive risk management review between November and January a Risk Management Group was established, led by the Chief Delivery Officer, which meets bi-monthly. The Risk Management Group provides assurance and advice to the Audit Committee, People, Finance and Performance Committee and Quality and Governance Committee in respect of the risks facing the Trust and plans to mitigate these risks.

It also considers whether the Corporate Risk Register and the Board Assurance Framework are fit for purpose and adequately reflect the strategic risks to the delivery of the Trust's objectives.

The Group scrutinises, challenges, considers and moderates the description of risks, risk scores, risk mitigation and treatment plans provided by executive leads / CBUs and corporate areas / project leads to meet the Trust's risk management standards and take account of the Trust Board's risk appetite.

The Group also oversees the Trust's risk management systems and consider whether they are embedded across the Trust and, where necessary, to clarify the responsibility for managing risks and the delivery of mitigation plans. Future, the Group oversees the escalation and / or de-escalation of risk(s) from Clinical Business Units / teams to the Trust Board and from the Trust Board back to Clinical Business Units / teams.

Training is provided to staff on incident reporting and investigating incidents at bespoke CBU study days, on the Trust's Passport to Management programme and on the Preceptorship programme. One to one training is also provided as individual's request. As part of the risk review a training needs analysis was undertaken and to identify the learning each group of staff involved in risk management should complete. An associated training programme will continue to be rolled out in 2022-23.

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

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

Any lessons learned as a result of incidents, Serious Incidents, Complaints and Claims are shared with the patient and if appropriate, with their family, to impart the findings of any investigation and provide assurances that lessons learned have been implemented.

The Board Assurance Framework

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

The Board Assurance Framework:

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

The Extreme Risks Facing the Trust

The Board of Directors oversee the management of both clinical and corporate operational risks via the Trust Risk Management Strategy and policy. Risks assessed as extreme are escalated onto the Corporate Risk Register (CRR). Extreme risks are reviewed quarterly and reported to the Board Committees and at public Board meetings. The reports include details of the key controls, mitigating actions being applied to reduce the risk, the outcomes of these actions and assessment of the effect of the changes in reducing the risk. All extreme risks assessed on a frequent basis and also monitored by the Risk Management Group. The Trust's Integrated Performance Report supports the on-going monitoring of performance by the Board of Directors.

The Audit Committee meets at least five times per year reviewing audit plans which have been agreed by management with Internal and External Auditors. The audit plans focus assurance activity on the areas it deems to be of the highest priority. The Corporate Risk Register and BAF are reviewed at each meeting of the Audit Committee where additional reviews are commissioned when required in order to provide assurance to the Board of Directors. During 2021-22 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit.

The 2021-22 Internal Audit Opinion is detailed below.

> I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
>
> This opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated.

Covid-19 Pandemic

The Trust's structure of governance was sufficiently well designed to enable a prompt response to the outbreak of the Covid-19 pandemic which has continued. The Trust implemented the planned major incident response, via the Covid-19 Programme Governance Overview establishing a Silver Tactical Coordinating Group (TCG) and Gold Strategic Coordinating Group (SCG)

The Trust continued to maintain control over its decision making by continuing to implement the existing control risk mechanisms, see above. Board Committees continued to operate as usual. Governance arrangements supporting the Board Committees were reviewed and adapted to ensure continuation of robust governance arrangements. The Council of Governors continued to be kept fully informed of the Trust response.

The Trust's response was consistent with the control environment which reasonable adjustment made tailored to meet the circumstances, e.g. revised annual reporting timescales, revision to production of the annual Quality Report and Accounts.

The Trust implemented appropriate business continuity plans to maintain service provision following national guidance. Trust Business Continuity Plans were implemented in response to the pandemic to maintain service provision following national guidance. Following regular debriefs all learning will be incorporated into revised plans

The Covid-19 pandemic was considered by the Head of Internal Audit in 2020 -21 with the conclusion there no detrimental effect on reaching the opinion reached.

Quality Governance Arrangements

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

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

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

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

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

Engagement with Stakeholders

There are well established and effective arrangements in place for working with key public stakeholders across the local health economy. The Trust is part of the South Yorkshire & Bassetlaw ICS and also a key partner in Barnsley place working as part of the Integrated Care Partnership Group. Alongside this the Trust has a place on the Health and Wellbeing Board and continues to ensure they work closely, for the benefit of patients, with all local partners. Wherever possible and appropriate, The Trust works closely with stakeholders to manage identified risks which impact on them.

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

Barnsley Hospital has continued to implement the Trust-wide Quality Strategy establishing a framework around which the quality of care and services provided by Barnsley Hospital are monitored and against which improvements in the quality of care will be defined and implemented. Our achievement against the key performance targets for each of the priority areas has been continually reviewed. It is based on these achievements that new targets for 2022-23 will be agreed.

Care Quality Commission Compliance

Barnsley Hospital is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions" and it is fully compliant with the registration requirements. The CQC has not taken enforcement action against the Trust during 2021-22 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has continued to respond to the implementation and sustainability of actions to maintain adherence to the CQC Key Lines of Enquires (KLOEs). The Trust has maintained detailed action plans and has undertaken a programme of mock inspections in year with the aim of:

- Reviewing sustainability of actions to address all 'must do' and 'should do' findings from the core service inspection in October 2017 (urgent & emergency services, medical care, surgery, services for children and young people).
- To assess Barnsley Hospital's compliance against the key findings are recommendations in relevant CQC and NHSI publications.
- To identify evidence of good and outstanding practice across all core services.

In line with our strategy for preparation and readiness for future CQC inspections the Trust will continue to embed quality improvements across all core services. Progress towards continues improvement and sustainability will be monitored Trust-wide which will be the mechanism to forward plan for improvement. We will continue to identify and share good and best practice and will align work programmes with the 2021-22 Quality Improvement (QI) programmes.

Compliance with NHS Licence

The Trust is compliant with its licence conditions.

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

Well-Led Review

Further to the NHS Improvement Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts (June 2017), the Trust commissioned PwC Consultants to complete a Well Led Governance Review. Work commenced in January 2020 and the final report completed in April 2020. The report was positive overall and the Trust has implemented the recommendations.

Our Workforce and Compliance with Developing Workforce Safeguards

The Board of Directors and Board Committees (Quality and Governance, Finance & Performance, and People) receive regular reports detailing the staffing arrangements in place to provide assurance in respect of safety, sustainability and effectiveness. The reports detail areas of risk and mitigation strategies in relation to workforce. Workforce assurance is also provided through the Board Committees in respect of key workforce metrics, e.g. establishment data, sickness absence and turnover.

The Board has an approved 'People Strategy' (to be further refined in this coming year in support of delivery of the Trust's new five-year Organisational Strategy launched on 1st April 2022) which has a key objective to support and enable Clinical Business Units and Corporate 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 strategies and safe staffing systems. This approach includes utilising evidence based tools, e.g. establishment reviews, roster information together with professional judgement and patient outcome measures. The Nursing Director provides reports to the Board detailing the outcomes of this evidence based approach.

The Trust has published on its website a register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) which is refreshed annually, 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.

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

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

NHS Improvement Review of the Trust's Position

The Trust has worked closely with the Integrated Care System (ICS) and NHS England/Improvement (NHSE/I) delivering the annual plan in an open and transparent manner. This work is monitored by the system and regulators with clear goals being achieved. NHSE/I and the ICS are involved in reviewing our performance against our plan and regular feedback is provided on progress being made against objectives and goals set.

The Trust had an Efficiency and Productivity Programme (EPP) as part of the system funding allocations for 2021-22, which was achieved. The Trust has a clearly defined Quality Impact Assessment (QIA) process and governance to ensure EPP schemes are safe and sustainable.

The Trust has established a group to focus on further opportunities for efficiency across our services and the wider system. Regular benchmarking exercises are undertaken to examine economy, efficiency and effectiveness. In addition, the Trust has significantly improved its business planning approach over the last three years to improve productivity and efficiency across the organisation and this work will continue in 2022-23.

The Trust's annual plan outlined the approach to implementation of a plan over the next year to be a clinically and financially sustainable organisation delivering high quality services in line with NHSE/I planning guidance and national objectives. There will be a continued focus on the Trust's Covid-19 Recovery Plans, and the need to become financially sustainable as an ICS. The Trust continues to work closely with the ICS, NHSE/I, local and system partners in an open and transparent manner through the planning process and governance.

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 2022-23, with the exception of the elective recovery fund (ERF) element, 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 2022-23. **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 commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. **Mitigation:** Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen 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 commissioners 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 commissioners 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.

Information Governance

Information governance risks are managed as an integral part of the described risk management process and are assessed in terms of their alignment to the Data Protection Act 2018 legislation using the national Data Protection Toolkit. They are managed and controlled via the risk management system with risks to data quality and data security being continuously assessed and recorded on the ICT risk register. Data protection incidents are managed using The Trust electronic incident reporting system.

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

The Trust Board reported a position of full compliance with national data protection requirement. This includes ensuring more than 95% of staff are trained in data protection and receiving significant assurance from an internal audit.

During 2021-22 there were no serious information governance incidents reported to the Information Commissioner's Office (ICO) compared to six in 2020-21.

Data Quality and Governance

Data quality and governance risks are managed as an integral part of the described risk management process and are assessed in terms of their alignment to the Data Protection Act 2018 legislation using the national Data Protection Toolkit. Data quality and governance risks are managed and controlled via the risk management system with risks to data quality being continuously assessed and recorded on the ICT risk register.

The Trust publishes the data quality indicators as part of the Integrated Performance Report on a monthly basis to the Board. The quality and accuracy of elective waiting time data are validated monthly by a dedicated team of data quality validators and all exceptions reported for further scrutiny to Clinical Business Unit teams for immediate attention. This position is reported monthly to NHSI via statutory reporting mechanisms.

The Data Quality (DQ) meeting meets monthly and includes representatives from all clinical areas. This group analyses data quality reports on the Trust business intelligence solution dashboards that report a live position on the Trust's strategic data quality measures. The chairs log and annual review are reported to the Audit Committee a sub group of the Trust Board. It is the responsibility of the DQ groups to make sure the data quality of the Trust has the appropriate controls in place to ensure accuracy and there is compliance with the data quality policy. Any important action plans agreed by this group are reported to the People, Finance and Performance Committee of the Board as part of the ICT Strategic Update Report until the matter is fully resolved.

Annual Quality Report

The Quality Account requirements are outlined in NHS Improvement's Annual Reporting Manual (ARM) which is issued by NHS Improvement in the exercise of the statutory functions in relation to the annual accounts and reports of NHS foundation trusts. For 2021-22 NHS foundation trusts are no longer required to produce a Quality Report as part of their Annual Report nor is there a requirement for Foundation Trusts to commission external assurance on its Quality Report for 2021-22. NHS foundation trusts will continue to produce a separate Quality Account for 2021-22.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS 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, the People, Finance and Performance Committee and the Quality and Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

- Information governance assurance framework including the Information Governance Toolkit
- Results of national patient and staff surveys
- Investigation reports and action plans following serious incidents
- Council of Governors reports and clinical audit reports

During 2021-2022 Internal Audit issued nine completed reports relating to the 2021-22 Audit Plan with the following levels of assurance:

- 6 reports were issued with Significant Assurance;
- 1 report was issued with Limited Assurance;
- 1 report was issued with Significant/Limited Assurance
- 1 report was issued as 'Advisory'.

There were no high-risk issues identified from the reports issued in 2021-22. Internal audit in a consultancy role targets the areas where we think there may be things we need to review in greater detail. As a result, this can result in a report with 'limited assurance'. When this is the case, the Audit Committee and the Trust undertake the required and recommended actions.

Conclusion

As Accountable Officer, based on the processes that have been outlined above, the Trust has identified no significant internal control issues which is supported by the significant assurance opinion from Internal Audit. This is further supported by the external auditors unmodified opinion of the Trust accounts, including the removal of the emphasis of matter regarding the valuation of property, plant and equipment which was in place last year.

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

Date: 16 June 2022

Independent Auditors 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 2022 which comprise the Group Statement 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 2022 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 Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2021/22.

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 Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of its 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 Directors' conclusions, we considered the inherent risks to the Group's and Trust's business model and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified and concur with the Directors' 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 control totals delegated to the Group by NHS Improvement
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing 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 and the risk that Group management may be in a position to make inappropriate accounting entries.

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 accruals and provisions.

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. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted to expenditure and material post close journals.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

Identifying and responding to risks of material misstatement related to non-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 directors (as required by auditing standards), and discussed with the directors the policies and procedures regarding compliance with laws and regulations.

As the Group is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

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 Group is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting 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 Group 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 Directors are responsible for the other information presented in the Annual Report together with the financial statements. 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.
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion that report has been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required 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 2021/22. 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 accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 160, 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 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

The Trust is responsible for putting 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 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 the use of 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:

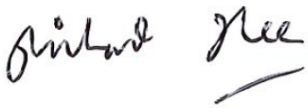
- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006 in the course of, or at the end of the audit.

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 and the terms of our engagement by the Trust. 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 the further matters we are required to state to them in accordance with the terms agreed with the Trust, 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 2022 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

22 June 2022

Financial Statements

Summary of In-Year 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 2021-22.

The plan agreed for 2021-22 was for the Trust to deliver breakeven, although, this was after reallocation of additional ICS resource, due to the national funding mechanisms for top-up resulting in Trusts full capacity being unfunded.

The Trust finished 2021-22 with a deficit of £0.503m, however, this was inclusive of a £0.529m fixed asset impairment following a desktop valuation of land and buildings as at 31st March 2022 on a Modern Equivalent Asset basis.

The NHS England and Improvement (NHSE/I) adjusted financial performance after taking into account donated asset additions credit (£0.148m), depreciation on donated assets £0.142m, donated revenue equipment £0.001m and land and buildings revaluation impairments £0.529m is a surplus of £0.021m, in line with the national expectations to manage within the financial allocation given for the year.

The revenue impact of Covid-19 for the year on NHS clinical activity income was less stark in 2021-22 with an £8m increase in urgent care demand offsetting a £8m reduction in planned care demand, when compared to pre-pandemic levels. This is compared to a net £44m reduction that was seen in 2020-21. The effects of the changes in NHS clinical activity income has been offset by the block arrangements in the year.

Revenue spend directly attributable to Covid-19 totalled £12.6m.

Cash balances at the end of the year were £44.3m an increase of £8.5m which is mainly due to the block arrangements introduced for the year, timing of a large proportion of the capital programme which will see cash outflows in 2022-23; alongside additional annual leave carried forward into 2022-23.

Income from Activities

The income from our core patient related activities in 2021-22 was £274.3m compared with £244.3m in 2020-21, an increase of 12.3% as a result of the financial allocations now including the full Covid-19 and top up funding within income from activities. All areas of activity saw decreases during 2020-21 as a result of the Covid-19 pandemic, however, during 2021-22 activity has increased significantly, and activity is much closer to pre-pandemic levels. There will be a continued focus on planned care recovery in 2022-23.

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

Point of Delivery	2019-20	2020-21	2021-22	% Change vs 2020-21	% Change vs 2019-20
Outpatients	345,100	146,963	293,515	99.72%	(14.95%)
Elective Inpatients	3,794	2,193	3,755	71.23%	(1.03%)
Elective Day Cases	29,162	15,134	22,805	50.69%	(21.80%)
Non Elective Spells	42,803	33,115	38,681	16.81%	(9.63%)
A&E Attendances	102,047	77,932	101,824	30.66%	(0.22%)

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, international nurse recruitment monies, services to other NHS bodies and a range of non-clinical activities. Also included in 2021-22 are offsets to additional costs in respect of centrally procured consumables and donated equipment received from the Department of Health and Social Care (DHSC).

Expenditure

Operating expenditure for the Trust increased by 1.7%, from £290.7m to £295.1m. This was attributable to both the pay and non-pay bills; and includes the impact of Covid-19, planned care activity increases, cost of additional annual leave carried forward into 2022-23, additional costs in respect of centrally procured consumables and donated equipment received from DHSC and land and buildings revaluation impairment. The expenditure increase is 6.5% when ignoring the impact of the impairments in each of the years.

Capital Expenditure

During 2021-22 the Trust had a capital programme of £14.8m which is an incredible achievement given the scale of works delivered in the final quarter, which included accelerating £3m of Medical and surgical equipment spend. This investment is far in excess of the normal capital programme value which would usually be nearer £7m per annum. The investments are split into our main categories of spend as summarised below and include:

- Estate upgrades and backlog maintenance - £10.1m
- Information Management and Technology - £1.3m
- Medical and surgical equipment - £3.4m

Looking Ahead to 2022-23

2022-23 will see a continuation of the funding arrangements that were introduced in 2020-21, with a financial allocation to the ICS for both revenue and capital purposes. This funding will be distributed to Trusts, and each Trust will again be expected to breakeven whilst delivering the service expectations. The current allocations do not enable the Trust to breakeven, given an issue with the original Top-up allocation and significant urgent care demand being seen above pre-pandemic levels.

The 2022-23 financial plan, at this stage, is a deficit of £8.8m, with some allocation issues still being resolved within the ICS. The ICS are required to submit a system breakeven plan, and it is likely that the final plan, submitted at the end of June, will be breakeven. Further discussion is required about redistribution of system resource to enable all organisations to breakeven.

For 2022-23 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 104% of 2019/20 inflated weighed cost value. The current year average is 85% across planned care points of delivery, so there is a lot of work required to significantly increase planned care activity levels during 2022-23, 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 2022-23. The plan includes a £16.5m efficiency requirement as a result of allocation reductions in 2022-23.

Statement of accounting officer's responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Barnsley Hospital NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, 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 Improvement, 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: 16 June 2022

Financial Accounts

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2022, 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: 16 June 2022

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2022

	NOTE	**Group 2021/22 £000**	Group 2020/21 £000	**Trust 2021/22 £000**	Trust 2020/21 £000
Operating income from patient care activities	3	**274,316**	244,323	**274,303**	244,314
Other operating income	4	**22,722**	37,754	**23,943**	37,688
Total operating income		**297,038**	282,077	**298,246**	282,002
Operating expenses	5	**(295,102)**	(290,694)	**(296,607)**	(291,488)
OPERATING SURPLUS/(DEFICIT)		**1,936**	(8,617)	**1,639**	(9,486)
FINANCE COSTS					
Finance income		**26**	5	**19**	1
Finance expenses	8	**0**	(1)	**(921)**	(997)
Public Dividend Capital dividends payable		**(1,832)**	(1,574)	**(1,832)**	(1,574)
NET FINANCE COSTS		**(1,806)**	(1,570)	**(2,734)**	(2,570)
Other gains/(losses)		**9**	73	**0**	0
Corporation tax expense	9	**(134)**	(141)	**0**	0
SURPLUS/(DEFICIT) FOR THE YEAR		**5**	(10,255)	**(1,095)**	(12,056)
Other comprehensive income					
Will not be reclassified to income and expenditure					
Impairments	11	**(33)**	(3)	**(33)**	(3)
TOTAL COMPREHENSIVE EXPENSE FOR THE PERIOD		**(28)**	(10,258)	**(1,128)**	(12,059)

	2021/22 £000	2020/21 £000	**2021/22 £000**	2020/21 £000
(a) Surplus/(Deficit) for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**5**	(10,255)	**(1,095)**	(12,056)
TOTAL	**5**	(10,255)	**(1,095)**	(12,056)
(b) Total comprehensive expense for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**(28)**	(10,258)	**(1,128)**	(12,059)
TOTAL	**(28)**	(10,258)	**(1,128)**	(12,059)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2022

	NOTE	**Group 31 March 2022 £000**	Group 31 March 2021 £000	**Trust 31 March 2022 £000**	Trust 31 March 2021 £000
NON-CURRENT ASSETS					
Intangible assets	10	**3,779**	4,337	**3,770**	4,326
Property, plant and equipment	11	**87,965**	79,835	**87,676**	79,450
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiary	12	**0**	0	**19,836**	20,542
Other investments		**344**	338	**0**	0
Receivables	14	**1,556**	2,031	**1,556**	2,031
Total non-current assets		**93,644**	86,541	**125,188**	118,699
CURRENT ASSETS					
Inventories	13	**1,931**	2,449	**986**	1,595
Receivables	14	**7,956**	8,897	**6,132**	5,731
Loans to subsidiary	12	**0**	0	**706**	682
Cash and cash equivalents	15	**44,339**	35,773	**41,478**	33,445
Total current assets		**54,226**	47,119	**49,302**	41,453
CURRENT LIABILITIES					
Trade and other payables	16	**(46,818)**	(42,555)	**(53,315)**	(45,599)
Borrowings	17	**0**	0	**(2,078)**	(2,078)
Provisions	18	**(2,479)**	(1,353)	**(2,438)**	(1,313)
Other liabilities	19	**(4,779)**	(1,675)	**(4,779)**	(1,675)
Total current liabilities		**(54,076)**	(45,583)	**(62,610)**	(50,665)
TOTAL ASSETS LESS CURRENT LIABILITIES		**93,794**	88,077	**111,880**	109,487
NON-CURRENT LIABILITIES					
Borrowings	17	**0**	0	**(23,446)**	(25,672)
Provisions	18	**(324)**	(771)	**(325)**	(771)
TOTAL NON-CURRENT LIABILITIES		**(324)**	(771)	**(23,771)**	(26,443)
TOTAL ASSETS EMPLOYED		**93,470**	87,306	**88,109**	83,044
FINANCED BY					
TAXPAYERS' EQUITY					
Public dividend capital		**140,707**	134,514	**140,707**	134,514
Revaluation reserve	20	**2,016**	2,049	**2,016**	2,049
Income and expenditure reserve		**(51,741)**	(51,237)	**(54,614)**	(53,519)
OTHERS' EQUITY					
Charitable fund reserves	12.1	**2,488**	1,980	**0**	0
TOTAL TAXPAYERS' AND OTHERS' EQUITY		**93,470**	87,306	**88,109**	83,044

The financial statements on pages 163 to 196 were approved by the Board on 16 June 2022 and signed on its behalf by:

Signed: R. Dalus (Chief Executive)

Date: 16 June 2022

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**

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2021

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 2020 brought forward	51,745	2,052	(39,720)	717	14,794
Surplus/(Deficit) for the year	0	0	(11,870)	1,615	(10,255)
Impairments	0	(3)	0	0	(3)
Public dividend capital received	82,769	0	0	0	82,769
Other reserve movements - charitable funds consolidation adjustments	0	0	352	(352)	0
Taxpayers' and others' equity at 31 March 2021	134,514	2,049	(51,237)	1,980	87,306

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 2022

Trust	Public dividend capital £000	Revaluation reserve (Note 20 and below) £000	Income and expenditure reserve £000	Total £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**

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2021

Trust	Public dividend capital £000	Revaluation reserve (Note 20 and below) £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 brought forward	51,745	2,052	(41,463)	12,334
Deficit for the year	0	0	(12,056)	(12,056)
Impairments	0	(3)	0	(3)
Public dividend capital received	82,769	0	0	82,769
Taxpayers' and others' equity at 31 March 2021	134,514	2,049	(53,519)	83,044

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2022

	NOTE	Group 2021/22 £000	Group 2020/21 £000	Trust 2021/22 £000	Trust 2020/21 £000
Cash flows from operating activities					
Operating surplus/(deficit)		**1,936**	(8,617)	**1,639**	(9,486)
Non-cash income and expenses					
Depreciation and amortisation		**6,639**	6,310	**6,541**	6,218
Net impairments		**529**	11,757	**529**	11,757
Income recognised in respect of capital donations		**(147)**	(203)	**(147)**	(203)
Decrease/(increase) in receivables and other assets		**1,058**	4,205	**(285)**	5,818
Decrease in inventories		**518**	1,282	**609**	308
Increase in payables		**3,680**	14,361	**8,136**	18,830
Increase/(decrease) in other liabilities		**3,104**	(175)	**3,104**	(175)
Increase in provisions		**679**	1,235	**679**	1,239
Tax paid	9	**(134)**	(141)	**0**	0
Movements in charitable fund working capital		**26**	134	**0**	0
Other movements in operating cash flows		**10**	7	**1**	0
NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES		**17,898**	30,155	**20,806**	34,306
Cash flows from investing activities					
Interest received		**19**	1	**19**	1
Purchase or settlements of financial assets / investments		0	0	**682**	659
Purchase of intangible assets		**(358)**	(951)	**(358)**	(951)
Purchase of property, plant and equipment		**(13,731)**	(22,225)	**(14,707)**	(25,285)
Receipt of cash donations to purchase assets		**19**	0	**19**	0
Net cash flows from/(used in) investing activities		**(14,051)**	(23,175)	**(14,345)**	(25,576)
Cash flows from financing activities					
Public dividend capital received		**6,192**	82,769	**6,192**	82,769
Movement on loans from the Department of Health and Social Care		0	(67,376)	**0**	(67,376)
Capital element of finance lease rental payments		0	0	**(2,226)**	(2,150)
Interest on loans		0	(191)	**0**	(191)
Interest element of finance lease		0	0	**(921)**	(996)
Public dividend capital dividend paid		**(1,473)**	(2,291)	**(1,473)**	(2,291)
Net cash flows from/(used in) financing activities		**4,719**	12,911	**1,572**	9,765
Increase in cash and cash equivalents	15	**8,566**	19,891	**8,033**	18,495
Cash and cash equivalents at 1 April - brought forward	15	**35,773**	15,882	**33,445**	14,950
Cash and cash equivalents at 31 March	15	**44,339**	35,773	**41,478**	33,445

Barnsley Hospital NHS Foundation Trust - Notes to the Financial Statements

Barnsley Hospital NHS Foundation Trust ('the Trust') is a public benefit corporation authorised, in England, by Monitor in accordance with the National Health Act 2006. The Trust provides healthcare mainly to the region. The address of the Trust is Gawber Road, Barnsley, S75 2EP.

1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 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

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

Going Concern Statement

These financial statements 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.

1.1 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 financial statements are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102 ("FRS 102").

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under 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.

1 Accounting policies and other information (continued)

Other Subsidiary

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

The amounts consolidated are drawn from the financial statements of the subsidiaries for the year.

On 16 April 2012 the Trust established a wholly owned subsidiary company 'Barnsley Hospital Support Services Limited', this company changed its name to 'Barnsley Facilities Services' on 7 July 2017. The investment in Barnsley Facilities Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. 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'.

1.2 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

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. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements the trust receives block funding from its commissioners where funding envelopes are set at a Integrated Care System level. For the first half of 2020/21 comparative year these blocks were set for individual NHS providers directly, but revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

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.

1 Accounting policies and other information (continued)

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security 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 employers, 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 charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust

National Employment Savings Trust - 'NEST' is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. As a defined contribution scheme, the Trust makes disclosures in the financial statements as required by paragraph 50 onwards of IAS 19.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- individual items:
  - 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.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

1 Accounting policies and other information (continued)

1.5 Property plant and equipment (continued)

Subsequent expenditure

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

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

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

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed, by a professional valuer periodically but at least every three years. Valuations are performed more frequently where there is evidence that the carrying amounts for land and buildings may be materially different from fair value. Fair values are determined as follows:

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5:

- Land, non-specialised buildings and non-operational buildings - in accordance with the GAM, this is determined to be market value for existing use.

- Specialised buildings - depreciated replacement cost, based on providing a modern equivalent asset.

Interest on borrowings is not capitalised within fixed assets in line with the GAM.

Buildings in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as permitted by IAS 23 in respect of assets measured at fair value.

Operational equipment is held at cost less depreciation as a proxy.

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.

1 Accounting policies and other information (continued)

1.5 Property plant and equipment (continued)

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating 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”.

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 donation 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.

1 Accounting policies and other information (continued)

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

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.

1.7 Inventories

Inventories are valued at the lower of cost and net realisable value using the first in first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of inventories. Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

In 2020/21 and 2021/22, 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.

1.8 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.

1 Accounting policies and other information (continued)

1.8 Financial assets and financial liabilities (continued)

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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.

1 Accounting policies and other information (continued)

1.9 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property plant and equipment. The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where this is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.10 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of that amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published by HM Treasury.

1.11 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 18 but is not recognised in the Trust's accounts.

1.12 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1 Accounting policies and other information (continued)

1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, 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.

1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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.

1.15 Value added tax

Most of the activities of the Trust are outside the scope of value added tax and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable value added tax is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input value added tax is recoverable, the amounts are stated net of value added tax.

The Trust established a wholly owned subsidiary Barnsley Facilities Services Limited that provides services to the Trust and other organisations. Any transactions between the Trust and Barnsley Facilities Services Limited include value added tax where applicable.

1.16 Corporation tax

The Finance Act 2004 amended S519A Income and Corporation Taxes Act 1998 to provide power to HM Treasury to make certain non-core activities of NHS Foundation Trusts potentially subject to corporation tax.

NHS Foundation Trusts may also incur corporation tax through NHS charitable funds or subsidiary organisations which are consolidated into their financial statements.

Corporation tax expense recognised in these financial statements represents the sum of the tax currently payable and deferred tax.

Current tax is the expected tax payable on the taxable surpluses generated during the year, using rates enacted or substantively enacted at the statement of financial position date, and any adjustments to tax payable in respect of previous years.

Deferred tax is provided, using the liability method, on all temporary differences at the statement of financial position reporting date between the tax bases of assets and liabilities and their carrying amounts for the financial reporting purposes.

Deferred tax assets are recognised to the extent that it is probable that taxable profits will be available against which deductible temporary differences can be utilised. The carrying amount of deferred tax assets is reviewed at each Statement of Financial Position date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered. Deferred tax assets and liabilities are not discounted.

1.17 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 Accounting policies and other information (continued)

1.18 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.

1.19 Cash and cash equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

1.20 Critical accounting judgements, estimates and assumptions

The preparation of the accounts requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and 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 2022, which was undertaken by Cushman & Wakefield on a Modern Equivalent Asset (MEA) basis and reduced the residual value of the assets in 2021/22 by £529,413. The small 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)

1.20 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.

1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early-adopted in 2021/22.

1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IASB standards and IFRIC interpretations

The following presents a list of recently issues accounting standards and amendments which have not yet been adopted within the FReM, and are therefore not applicable to the Department of Health and Social Care group accounts in 2021/22.

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 'Leases', IFRIC 4 'Determining whether an arrangement contains a lease' and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the Statement of Financial Position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

After a comprehensive exercise undertaken by the Trust, the impact is considered not material as at 31 March 2022.

1 Accounting policies and other information (continued)

2. Operating segments

All of the Trust's activities are in the provision of healthcare, which is an aggregate of all the individual specialty components included therein, and the large majority of the healthcare services provided occur at the one geographical main site. Similarly, the large majority of the Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature. On this basis one segment of 'Healthcare' is deemed appropriate.

The operating results of the Trust are reviewed monthly by the Trust's chief operating decision maker which is the overall Trust Board and which includes non - executive directors. For 2021/22, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process. The values disclosed are consistent to those reported to the Board in March 2022, 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 2021/22 £000**	Group 2020/21 £000	**Trust 2021/22 £000**	Trust 2020/21 £000
Income from patient care activities received from:				
NHS England	**24,745**	26,378	**24,745**	26,378
Clinical commissioning groups	**247,903**	217,022	**247,903**	217,022
Department of Health and Social Care	**35**	0	**35**	0
Other NHS Providers	**483**	19	**483**	19
Local authorities	**134**	144	**134**	144
Non-NHS: overseas patients (chargeable to patient)	**89**	56	**89**	56
Injury cost recovery scheme *	**881**	670	**881**	670
Non NHS: other	**46**	34	**33**	25
Total income from activities	**274,316**	244,323	**274,303**	244,314

*NHS injury cost recovery scheme income is subject to a provision for doubtful debts of 23.76% (2020/21 22.43%) to reflect expected rates of collection.

3.2 Income from patient care activities (by nature)	**Group 2021/22 £000**	Group 2020/21 £000	**Trust 2021/22 £000**	Trust 2020/21 £000
Block contract / system envelope income	**253,901**	227,686	**253,901**	227,686
High cost drugs income from commissioners (excluding pass-through costs)	**9,961**	9,325	**9,961**	9,325
Other NHS clinical income	**483**	19	**483**	19
Elective recovery fund	**2,056**	0	**2,056**	0
Additional pension contribution central funding *	**6,730**	6,389	**6,730**	6,389
Other clinical income	**1,185**	904	**1,172**	895
Total income from activities	**274,316**	244,323	**274,303**	244,314

*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.

3. Operating income from patient care activities

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 2021/22 £000	Group 2020/21 £000	**Trust 2021/22 £000**	Trust 2020/21 £000
Income from services designated as commissioner requested services	**274,316**	244,323	**274,303**	244,314
Income from services not designated as commissioner requested services	**22,722**	37,754	**23,943**	37,688
Total	**297,038**	282,077	**298,246**	282,002

4. Other Operating Income

	Group 2021/22 £000	(Restated) Group 2020/21 £000	**Trust 2021/22 £000**	(Restated) Trust 2020/21 £000
Research and development	**707**	498	**707**	498
Education and training	**10,410**	9,540	**10,410**	9,540
Education and training - notional income from apprenticeship fund	**507**	343	**507**	343
Receipt of capital grants and donations	**147**	203	**147**	203
Charitable and other contributions to expenditure **	**703**	4,916	**703**	4,916
Reimbursement and top up funding	**414**	12,734	**414**	12,734
Other income*	**9,595**	7,982	**11,055**	9,454
Charitable fund incoming resources	**239**	1,538	**0**	0
Total other operating income	**22,722**	37,754	**23,943**	37,688
* Further details of 'other income' are as follows:				
Car parking	**257**	10	**257**	10
Estates recharges	**400**	285	**65**	50
IT recharges	**0**	130	**12**	142
Pharmacy sales	**89**	44	**37**	6
Staff recharges	**3,357**	2,116	**3,586**	2,343
Service recharges	**3,312**	3,762	**3,312**	3,762
Drugs recharges	**1,736**	1,106	**1,736**	1,106
Clinical excellence awards	**82**	46	**82**	46
Property rentals	**1**	4	**1**	0
Elimination of 'other income' on consolidation of charitable funds	**(511)**	(352)	**0**	0
Miscellaneous items	**872**	831	**1,967**	1,989
Total other income	**9,595**	7,982	**11,055**	9,454

** 2020/21 restated in Group and Trust columns to align with the disclosures in the 'optional linked template for providers ' include costs previously disclosed in 2020/21 as:

- Other contributions to expenditure - received from other bodies - £34,000
- Receipt of equipment donated from DHSC for COVID response below capitalisation threshold - £61,000
- Contributions to expenditure - receipt of centrally procured inventories from DHSC £4,821,000

5. Operating expenses

	Group 2021/22 £000	(Restated) Group 2020/21 £000	Trust 2021/22 £000	(Restated) Trust 2020/21 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	**519**	23	**519**	23
Remuneration of non-executive directors **Note 1**	**151**	148	**151**	148
Staff and executive directors costs **Notes 1 and 6.1**	**214,076**	200,444	**203,383**	190,346
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**17,353**	14,393	**17,786**	14,808
Supplies and services - clinical (excluding drugs costs) *	**24,644**	25,096	**22,941**	23,065
Supplies and services - general **	**4,321**	5,566	**396**	1,393
Establishment	**3,489**	3,255	**3,153**	2,927
Research and development	**92**	51	**92**	51
Premises *** **Note 3**	**7,466**	8,046	**26,331**	27,213
Transport **** - (including patient travel)	**1,671**	1,689	**1,565**	1,427
Increase in other provisions	**(18)**	3	**(18)**	3
Education and training - notional expenditure funded from apprenticeship fund	**507**	343	**507**	343
Rentals under operating leases	**569**	114	**569**	114
Movement in credit loss allowance: contract receivables/ contract assets	**566**	121	**532**	121
Net impairments **Note 4**	**529**	11,757	**529**	11,757
Depreciation on property, plant and equipment	**5,723**	5,335	**5,627**	5,246
Amortisation on intangible assets	**916**	976	**913**	973
Fees payable to the external auditor : audit services statutory audit **Note 2**	**148**	135	**126**	114
Clinical negligence	**9,943**	10,298	**9,943**	10,298
Legal fees	**59**	83	**50**	83
Insurance	**352**	293	**0**	2
Consultancy costs	**284**	422	**192**	413
Internal audit costs	**97**	96	**97**	96
Car parking and security	**442**	423	**7**	1
Hospitality	**0**	3	**0**	0
Losses, ex gratia and special payments	**333**	257	**362**	197
Other	**870**	1,324	**854**	327
Total	**295,102**	290,694	**296,607**	291,488

Note 1 - As required by the Companies Act 2006, 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 2022.

The audit fee for the Trust statutory audit was £126,480 (2020/21 £114,000) including VAT. This was the fee for an audit in accordance with the Code of Audit Practice as issued by the National Audit Office. The audit fee for the subsidiary organisation, Barnsley Facilities Services was £15,300 exclusive of VAT (2020/21 - £15,000 exclusive of VAT). The expected audit fee for the subsidiary entity Barnsley Hospital Charity was £6,000 inclusive of VAT (2020/21 - £6,000 inclusive of VAT).

Note 3 - Premises is net of a credit for £913,000 for a business rate refund.

Note 4 - the Net impairment of £529,000 was due to change in market price (2021: £11,757,000 - due to change in market price).

Four reallocation of costs rows for 2020/21 have been made to align with the disclosures in the 'optional linked template for NHS Providers'. Refer below for further details:

* Restated in Group and Trust columns to include costs of £4,821,000 previously disclosed in 2020/21 as 'Supplies and services - clinical: utilisation of DHSC centrally procured inventories'.

** Restated in Group and Trust columns to include costs of £61,000 previously disclosed in 2020/21 as 'Supplies and services - general: notional cost of equipment donated from DHSC for COVID respone'.

*** Restated in Group and Trust columns to include costs of £897,000 previously disclosed in 2020/21 as 'Premises - business rates payable to local authorities'.

**** Restated to include costs of £1,491,000 for Group and £1,233,000 for Trust previously disclosed in 2020/21 as 'Transport -other (including patient travel)'.

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.

	Group 2021/22 £000	Group 2020/21 £000	**Trust 2021/22 £000**	Trust 2020/21 £000
Operating lease expense				
Minimum lease payments	**569**	114	**569**	114

	Group 2021/22 £000	Group 2020/21 £000	**Trust 2021/22 £000**	Trust 2020/21 £000
Future minimum lease payments due:				
Not later than one year;	**598**	104	**598**	104
Later than one year and not later than five years.	**1,679**	159	**1,679**	159
Later than five years	**14**	0	**14**	0
Total	**2,291**	263	**2,291**	263

6.1 Employee benefits

Group

	Total 2021/22 £000	(Restated) Total 2020/21 £000
Salaries and wages	**152,629**	144,471
Social security costs	**13,449**	12,311
Apprenticeship levy	**693**	640
Employer's contributions to NHS pensions *	**22,572**	21,441
Pension Cost - Other	**137**	107
Termination benefits	**0**	28
Temporary staff (including agency) **	**24,596**	21,451
Total staff costs	**214,076**	200,449

In the year ended 31 March 2022, £Nil of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2021 £5,175).

Trust

	Total 2021/22 £000	(Restated) Total 2020/21 £000
Salaries and wages	**143,360**	135,661
Social security costs	**12,743**	11,677
Apprenticeship levy	**648**	597
Employer's contributions to NHS pensions *	**22,110**	20,968
Pension Cost - Other	**49**	35
Termination benefits	**0**	28
Temporary staff (including agency) **	**24,473**	21,380
Total staff costs	**203,383**	190,346

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

Two reallocation of costs rows for 2020/21 have been made to align with the disclosures in the 'optional linked template for NHS Providers'. Refer below for further details:

* Restated to include costs of £6,389,000 previously disclosed in 2020/21 as 'Pension cost - employer contributions paid by NHSE on providers behalf 6.3%'.

** Restated to include costs of £8,329,000 for Group and £8,258,000 for Trust previously disclosed in 2020/21 as 'Agency/Contract staff'.

6. Employee benefits (continued)

6.2 Retirements due to ill-health (Group)

During 2021/22 there were 2 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimates additional pension liabilities of these ill-health retirements is £61,000 (£74,000 in 2020/21).

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 (2020/21 - £1,000,000).

8. Finance expense

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

	Group	Group	**Trust**	Trust
	2021/22	2020/21	**2021/22**	2020/21
	£000	£000	**£000**	£000
Loans from the Department of Health and Social Care	**0**	1	**0**	1
Finance Leases - inter group	**0**	0	**921**	996
Total finance costs	**0**	1	**921**	997

9. Corporation tax expense

Group

	2021/22	2020/21
(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	**151**	125
Adjustment in respect of previous periods	**0**	0
Total current tax	**151**	125
Deferred tax		
Current year	**(13)**	4
Effects of changes in tax rates	**(4)**	12
Total deferred tax	**(17)**	16
Total per Consolidated Statement of Comprehensive Income	**134**	141

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:

	2021/22	2020/21
	£000	£000
Surplus/(Deficit) for the year from continuing activities	**139**	(10,114)
Effective tax charge percentage	**19.00%**	19.00%
Tax if effective tax rate charged on surpluses before tax	**26**	(1,922)
Effects of		
Surpluses not subject to tax	**108**	2,063
Tax charge for the year	**134**	141

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

10. Intangible assets

10.1 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**

10.2 Group 2020/21 (Trust figures not disclosed as no material difference)

	Software Licences £000	Assets under Construction £000	Total £000
Valuation/ gross cost at 1 April 2020 brought forward	10,658	1,985	12,643
Additions	189	762	951
Reclassifications	1,374	(1,374)	0
Valuation/gross cost at 31 March 2021	12,221	1,373	13,594
Amortisation at 1 April 2020 brought forward	8,281	0	8,281
Provided during the year	976	0	976
Amortisation at 31 March 2021	9,257	0	9,257
- Net book value at 1 April 2020	2,377	1,985	4,362
- Net book value at 31 March 2021	2,964	1,373	4,337

11. Property, plant and equipment

11.1 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	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**	**18,651**	**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/granted at 1 April 2021	15	271	0	401	0	0	687
Net book value at 1 April 2021	**3,515**	**62,593**	**2,356**	**8,563**	**2,418**	**390**	**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**	**10,664**	**2,769**	**482**	**87,965**

The Trust performed a full revaluation of the Land and Buildings as at 31 March 2021. The Trust agreed to have 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).

Donations of property plant and equipment for the year ended 31 March 2022 were £128,000 of which £40,000 were additions donated from DHSC/UKHSA for Covid response (non-cash).

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 2021 - none).

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2022 was £25,769,793 these were land and building hospital facilities (as at 31 March 2021 - £27,995,514).

11. Property, plant and equipment (continued)

11.2 Property, plant and equipment 2020/21

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 2020 - brought forward	3,515	65,207	0	10,270	10,393	724	90,109
Additions	0	9,637	6,876	4,048	376	283	21,220
Additions - equipment donated from DHSC for COVID response (non-cash)	0	0	0	203	0	0	203
Impairments charged to the revaluation reserve	0	0	0	(10)	0	0	(10)
Impairments charged to operating expenses **Note 1**	0	(16,601)	0	0	0	0	(16,601)
Reclassifications	0	4,520	(4,520)	0	0	0	0
Valuation/gross cost at 31 March 2021	**3,515**	**62,763**	**2,356**	**14,511**	**10,769**	**1,007**	**94,921**
Accumulated depreciation at 1 April 2020 - brought forward	0	2,456	0	4,101	7,453	592	14,602
Provided during the year	0	2,558	0	1,854	898	25	5,335
Impairments charged to the revaluation reserve	0	0	0	(7)	0	0	(7)
Impairments charged to operating expenses Note 1	0	(4,844)	0	0	0	0	(4,844)
Accumulated depreciation at 31 March 2021	**0**	**170**	**0**	**5,948**	**8,351**	**617**	**15,087**
Net book value							
- Owned - purchased at 1 April 2020	3,500	62,357	0	5,875	2,940	132	74,804
- Government granted as at 1 April 2020	0	0	0	46	0	0	46
- Owned - Donated at 1 April 2020	15	394	0	248	0	0	657
Net book value at 1 April 2020	**3,515**	**62,751**	**0**	**6,169**	**2,940**	**132**	**75,507**
- Owned - purchased at 31 March 2021	3,500	62,322	2,356	8,162	2,418	390	79,148
- Owned - Donated/granted at 31 March 2021	15	271	0	401	0	0	687
Net book value at 31 March 2021	**3,515**	**62,593**	**2,356**	**8,563**	**2,418**	**390**	**79,835**

Note 1

The Trust performed a full revaluation of the Land and Buildings as at 31 March 21, the financial effect is as detailed in rows labelled Note 1 above. Valuations are carried out by Cushman and Wakefield, professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Of the totals at 31 March 2021 there were no assets valued at open market value (as at 31 March 2020 - none).

To the best of the Trust's knowledge there are not any restrictions that apply to donated assets.

There were no assets for on statement of financial position PFI contracts as at 31 March 2021 (as at 31 March 2020 - none).

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2021 was £27,995,514 these were land and building hospital facilities (as at 31 March 2020 - £30,145,969).

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 2022 and 31 March 2021 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
	2021/22	**2021/22**	**2021/22**	2020/21	2020/21	2020/21
	£000	**£000**	**£000**	£000	£000	£000
Statement of Financial Activities						
Incoming resources: excluding investment income	**1,009**	**(770)**	**239**	1,538	0	1,538
- with Barnsley Hospital NHS Foundation Trust	**(511)**	**511**	**0**	(352)	352	0
- audit fee (payable to the external auditor)	**(6)**	**0**	**(6)**	0	0	0
Total operating expenditure	**(517)**	**511**	**(6)**	(352)	352	0
Incoming resources: investment income	**7**	**0**	**7**	4	0	4
Net (outgoing)/incoming resources before other recognised gains and losses	**499**	**(259)**	**240**	1,190	352	1,542
Fair value movements on investment properties and other investments	**9**	**0**	**9**	73	0	73
Net movement in funds	**508**	**(259)**	**249**	1,263	352	1,615
Balance Sheet						
Non-current assets						
Other investments	**344**	**0**	**344**	338	0	338
Total non-current assets	**344**	**0**	**344**	338	0	338
Current assets						
Trade and other receivables	**3**	**49**	**52**	2	6	8
Cash and cash equivalents	**2,486**	**0**	**2,486**	1,915	0	1,915
Total current assets	**2,489**	**49**	**2,538**	1,917	6	1,923
Current liabilities						
Trade and other payables	**345**	**49**	**394**	275	6	281
Total current liabilities	**345**	**49**	**394**	275	6	281
Creditors: amounts falling due after more than 1 year	**0**	**0**	**0**	0	0	0
Net assets	**2,488**	**0**	**2,488**	1,980	0	1,980
Funds of the charity						
Restricted funds	**279**	**0**	**279**	488	0	488
Unrestricted income funds	**2,209**	**0**	**2,209**	1,492	0	1,492
Total Charitable Funds	**2,488**	**0**	**2,488**	1,980	0	1,980

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 2022 £000**	31 March 2021 £000
Current assets	**48,619**	50,067
Current liabilities	**(13,785)**	(15,201)
Total current net assets	**34,834**	34,866
Non-current assets	**297**	396
Non-current liabilities	**0**	0
Total non-current net assets	**297**	396
Provision for other liabilities	**(74)**	(91)
Creditors:amounts falling due after more than 1 year	**(19,836)**	(20,542)
Net assets	**15,221**	**14,629**
Gross assets	**48,916**	50,463

Summarised Profit and Loss Account	**2021/22 £000**	2020/21 £000
Revenue	**51,972**	55,872
Expenses	**(51,447)**	(55,445)
Interest receivable	**921**	996
Interest payable and similar charges	**(720)**	(744)
Corporation tax	**(134)**	(141)
Post tax profit from continuing operations	**592**	538
Total comprehensive income	**592**	538

The amounts presented above are the amounts before intercompany transactions.

Investments in Subsidiary Undertakings	**31 March 2022 £000**	31 March 2021 £000
Shares in subsidiary undertakings	**12,350**	12,350
Loans to subsidiary undertakings > 1 year	**19,836**	20,542
	32,186	32,892
Loans to subsidiary undertakings < 1 year	**706**	682
	32,892	33,574

The principal activity of Barnsley Facilities Services Limited is the provision of an Operated Healthcare Facility and Outpatient Pharmacy Services.

13. Inventories

	Group 31 March 2022 £000	Group 31 March 2021 £000	**Trust 31 March 2022 £000**	Trust 31 March 2021 £000
Raw materials and consumables	**1,931**	2,449	**986**	1,595
Total inventories	**1,931**	2,449	**986**	1,595

14. Receivables

	Total 31 March 2022 £000	Financial assets £000	Non Financial assets £000	Total 31 March 2021 £000	Financial assets £000	Non Financial assets £000
Current - Group						
Contract receivables	**4,354**	**4,354**	**0**	3,038	3,038	0
Contract assets	**692**	**692**	**0**	519	519	0
Prepayments	**1,395**	**0**	**1,395**	1,004	0	1,004
Public Dividend Capital Dividend Receivable	**443**	**0**	**443**	802	0	802
Value Added Tax receivable	**2,280**	**0**	**2,280**	4,088	0	4,088
Clinician pension tax provision reimbursement funding from NHSE	**4**	**0**	**4**	31	0	31
Other receivables	**0**	**0**	**0**	126	126	0
NHS Charitable Funds - receivables	**3**	**0**	**3**	2	0	2
Allowance for impaired contract receivables/assets	**(1,215)**	**(1,215)**	**0**	(692)	(692)	0
Allowance for other impaired receivables	**0**	**0**	**0**	(21)	(21)	0
Total current receivables	**7,956**	**3,831**	**4,125**	8,897	2,970	5,927
Current - Trust						
Contract receivables	**4,234**	**4,234**	**0**	3,013	3,013	0
Contract assets	**692**	**692**	**0**	519	519	0
Prepayments	**489**	**0**	**489**	452	0	452
Public Dividend Capital Dividend Receivable	**443**	**0**	**443**	802	0	802
Value Added Tax receivable	**1,451**	**0**	**1,451**	1,563	0	1,563
Clinician pension tax provision reimbursement funding from NHSE	**4**	**0**	**4**	31	0	31
Other receivables	0	**0**	**0**	4	4	0
Allowance for impaired contract receivables/assets	**(1,181)**	**(1,181)**	**0**	(632)	(632)	0
Allowance for other impaired receivables	0	**0**	**0**	(21)	(21)	0
Total current receivables	**6,132**	**3,745**	**2,387**	5,731	2,883	2,848
Non - current Group						
Contract assets	**1,387**	**1,387**	**0**	1,434	1,434	0
Clinician pension tax provision reimbursement funding from NHSE	**169**	**0**	**169**	597	0	597
Total non-current receivables	**1,556**	**1,387**	**169**	2,031	1,434	597
Non - current Trust						
Contract assets	**1,387**	**1,387**	**0**	1,434	1,434	0
Clinician pension tax provision reimbursement funding from NHSE	**169**	**0**	**169**	597	0	597
Total non-current receivables	**1,556**	**1,387**	**169**	2,031	1,434	597

Of which receivable from NHS and DHSC group bodies:	
Current - Group	**4,143**
Current - Trust	**4,146**
Non - current Group	**169**
Non - current Trust	**169**
	3,301
	3,956
	597
	597

15. Cash and cash equivalents	**Group 31 March 2022 £000**	Group 31 March 2021 £000	**Trust 31 March 2022 £000**	Trust 31 March 2021 £000
At 1 April	**35,773**	15,882	**33,445**	14,950
Net change in year	**8,566**	19,891	**8,033**	18,495
At 31 March	**44,339**	35,773	**41,478**	33,445
Broken down into:				
Cash at commercial banks and in hand	**3,411**	2,863	**550**	535
Cash with Government Banking Service	**40,928**	32,910	**40,928**	32,910
Total cash and cash equivalents as in statement of financial position	**44,339**	35,773	**41,478**	33,445

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	**Total 31 March 2022 £000**	**Financial liabilities £000**	**Non Financial liabilities £000**	Total 31 March 2021 £000	Financial liabilities £000	Non Financial liabilities £000
Trade payables	**5,756**	**5,756**	**0**	4,972	4,972	0
Capital payables	**5,493**	**5,493**	**0**	4,937	4,937	0
Social security costs	**3,631**	**0**	**3,631**	3,528	0	3,528
Value added tax payable *	**0**	**0**	**0**	1,809	0	1,809
Other taxes payable	**442**	**0**	**442**	439	0	439
Other payables	**6,325**	**6,325**	**0**	4,830	4,830	0
NHS charitable funds: trade and other payables	**296**	**0**	**296**	269	0	269
Accruals	**20,368**	**20,368**	**0**	17,572	17,572	0
Annual leave accrual	**4,507**	**4,507**	**0**	4,199	4,199	0
Total current trade and other payables	**46,818**	**42,449**	**4,369**	42,555	36,510	6,045
Of which payables from NHS and DHSC group bodies:						
Current	**4,217**			4,020		

Current - Trust						
Trade payables	**2,694**	**2,694**	**0**	2,716	2,716	0
Amount due to subsidiary company	**19,906**	**19,906**	**0**	17,879	17,879	0
Capital payables	**1,342**	**1,342**	**0**	1,762	1,762	0
Social security costs	**3,631**	**0**	**3,631**	3,375	0	3,375
Value added tax payable *	**0**	**0**	**0**	32	0	32
Other taxes payable	**257**	**0**	**257**	263	0	263
Other payables	**5,992**	**5,992**	**0**	4,776	4,776	0
Accruals	**14,986**	**14,986**	**0**	10,597	10,597	0
Annual leave accrual	**4,507**	**4,507**	**0**	4,199	4,199	0
Total current trade and other payables	**53,315**	**49,427**	**3,888**	45,599	41,929	3,670
Of which payables from NHS and DHSC group bodies:						
Current	**22,356**			20,325		

* For 2021/22 Value Added Tax payable was reclassified within Value Added Tax receivable - refer note 14

17. Borrowings

	Trust 31 March 2022 £000	Trust 31 March 2021 £000
Current liabilities		
Obligations under finance leases	**2,078**	2,078
Total Other current liabilities	**2,078**	2,078
Non-current liabilities		
Obligations under finance leases	**23,446**	25,672
Total Other non-current liabilities	**23,446**	25,672

The Trust Finance Leases have been accounted for in accordance with the DH GAM.

The £25,524,000 obligation under finance leases in the Trust arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

Reconciliation of liabilities arising from financing activities	**2021/22 £000**	2020/21 £000
Carrying value at 1 April	**0**	67,567
Cash movements:		
Financing cash flows - payments and receipts of principal	**0**	(67,376)
Financing cash flows - payments of interest	**0**	(191)
Closing value as at 31 March	**0**	**0**

2020/21 is in relation to loans from the Department of Health and Social Care.

17.1 Finance Lease Obligations - Trust

	31 March 2022 £000	31 March 2021 £000
Gross Lease Liabilities	**35,350**	38,496
Of which liabilities are due :		
- Not later than one year	**2,304**	3,147
- Later than one year and not later than five years	**6,808**	7,410
- Later than five years	**26,238**	27,939
Finance charges allocated to future periods	**(9,826)**	(10,746)
Net Lease Liabilities	**25,524**	27,750
of which payables		
- Not later than one year	**2,078**	2,078
- Later than one year and not later than five years	**6,716**	6,716
- Later than five years	**16,730**	18,956
	25,524	27,750

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 2021	**2,124**	**1,182**	**628**	**314**
Arising during the year	**1,254**	**744**	**0**	**510**
Utilised during the year	**(37)**	**(22)**	**0**	**(15)**
Reversed unused	**(538)**	**(52)**	**(455)**	**(31)**
At 31 March 2022	**2,803**	**1,852**	**173**	**778**
Expected timing of cash flows:				
- not later than one year;	**2,479**	**1,852**	**4**	**623**
- later than one year and not later than five years;	**74**	**0**	**3**	**71**
- later than five years.	**250**	**0**	**166**	**84**
Total	**2,803**	**1,852**	**173**	**778**

Clinical negligence liabilities

At 31 March 2022, £122,997,419 was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnsley Hospital NHS Foundation Trust (31 March 2021: £106,573,730).

19. Other liabilities

Group and Trust	**31 March 2022**	31 March 2021
	£000	£000
Deferred income: contract liabilities	**(4,779)**	(1,675)
Total	**(4,779)**	(1,675)

20. Revaluation Reserve

Group and Trust	**Total Revaluation Reserve**	**Revaluation Reserve Intangibles**	**Revaluation Reserve Property Plant and Equipment**
2021/22	**£000**	**£000**	**£000**
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**
Prior year : 2020/21			
Revaluation reserve at 1 April 2020	2,052	120	1,932
Transfer to I and E reserve upon asset disposal	(3)	0	(3)
Revaluation reserve at 31 March 2021	2,049	120	1,929

21. Commitments

(i) Contractual capital commitments

	Group 31 March 2022 £000	Group 31 March 2021 £000	**Trust 31 March 2022 £000**	Trust 31 March 2021 £000
Property, plant and equipment	**7,482**	2,795	**68**	24
Intangible assets	**83**	143	**83**	143
Total	**7,565**	2,938	**151**	167

(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 2022 £000**	31 March 2021 £000
- Not later than one year	**8,306**	8,577
- Later than one year and not later than five years	**7,499**	14,337
- Later than five years	**1,623**	677
Total	**17,428**	23,591

Trust	**31 March 2022 £000**	31 March 2021 £000
- Not later than one year	**5,143**	4,722
- Later than one year and not later than five years	**4,428**	6,033
- Later than five years	**1,623**	677
Total	**11,194**	11,432

22. Events after the reporting date

There have been no events after the reporting period.

23. Contingent Liabilities

	31 March 2022 £000	31 March 2021 £000
NHS Resolution legal claims **Note 1**	**32**	34
Net value of contingent liability	**32**	34

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 Barnsley CCG. Furthermore the following entities have had transactions with the Trust in excess of £1,000,000 in 2021/22: Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, The Rotherham NHS Foundation Trust, NHS Kirklees CCG, NHS Rotherham CCG, NHS Sheffield 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:

	2021/22	2020/21
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive directors	**938**	911
- Non-executive directors	**151**	148
	1,089	1,059
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive directors	**93**	82
Aggregate of remuneration and other benefits receivable by the directors	**1,182**	1,141
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive directors)	**5**	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 2022 £000	Group 31 March 2021 £000	**Trust 31 March 2022 £000**	Trust 31 March 2021 £000
Carrying values of financial assets				
Receivables	**5,218**	4,404	**5,132**	4,317
Other investments/financial assets	**0**	0	**20,542**	21,224
Cash and cash equivalents	**41,853**	33,858	**41,478**	33,445
Consolidated NHS Charitable fund financial assets	**2,833**	2,255	**0**	0
Total	**49,904**	40,517	**67,152**	58,986

Receivables comprise, trade and other receivables less prepayments.

Financial assets are at amortised cost.

Carrying values of financial liabilities				
Obligations under finance leases	**0**	0	**25,524**	27,750
Trade and other payables excluding non financial liabilities	**42,449**	36,510	**49,427**	41,929
Total	**42,449**	36,510	**74,951**	69,679

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	**42,449**	36,510	**51,731**	45,075
In more than one year but not more than five years	**0**	0	**6,808**	7,410
In more than five years	**0**	0	**26,238**	27,940
Total	**42,449**	36,510	**84,777**	80,425

26. Third party assets held by the Trust

The Trust held £905 and cash equivalents at 31 March 2022 (£1,008 as at 31 March 2021) 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	**2021/22**	**2021/22**	2020/21	2020/21
Losses:	**Total number of cases Number**	**Total value of cases £000's**	Total number of cases Number	Total value of cases £000's
1. Losses of cash due to:				
a. overpayment of salaries	**0**	**0**	0	0
b. other causes	**0**	**0**	1	1
2. Bad debts and claims abandoned in relation to:				
a. overseas visitors	**17**	**33**	54	111
b. other	**310**	**282**	358	192
3. Damage to buildings, property (including store losses) due to				
a. other	**46**	**0**	48	61
Total losses	**373**	**315**	461	365
Special Payments				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**12**	**2**	12	1
b. personal injury with advice	**12**	**40**	11	30
c. Overtime corrective payments (nationally funded) *	**0**	**0**	1	189
d. Overtime corrective payments (additional amounts locally agreed and funded) *	**0**	**0**	1	38
e. other	**2**	**30**	1	0
Total Special Payments	**26**	**72**	26	258
Total Losses and Special Payments	**399**	**387**	487	623
Of which special payments of £95,000 or more				
7(f). Overtime corrective payments (nationally funded payment)	**0**	**0**	1	189

* Prior year adjustments per guidance

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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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.