PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Annual Report 2020-21

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts

1 April 2020 to 31 March 2021

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

Contents

Chair and Chief Executive's Statement

Barnsley Hospital NHS Foundation Trust's Annual Report and Accounts for 2020-21 sets out how the Trust has performed over the year, together with some of the things we are proud of at our hospital.

The last year will be a year we will remember for a long time. The Covid-19 pandemic challenged the NHS like nothing before ever has. The impact on the NHS, on our hospital, our colleagues and our patients has been enormous and at Barnsley Hospital, being 'Proud to Care' has never been more relevant.

Our colleagues in the hospital have worked incredibly hard under new and unprecedented challenges. They have worked harder and dug deeper than ever before all in the midst of uncertainty about the pandemic. We would like to extend our heartfelt thanks to every single member of staff and volunteer who has supported the hospital and our patients over the last year. The work we have achieved together is remarkable.

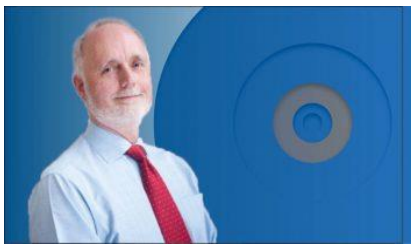
We would also like to thank the people of Barnsley and beyond for their generous support of the hospital and of the NHS. We have received many generous donations through our Barnsley Hospital Charity which have enabled us to provide much needed additional support and care for our colleagues.

The pandemic has meant we have changed and adapted to how we deliver care, for example, utilising technology for video consultations in order that we can continue to provide care out of the hospital environment for some patients. Patient safety and the quality of care we provide are central to all we do.

We are delighted that Barnsley Hospital has once again seen improvement in the NHS Staff Survey. We have fundamentally changed how we listen to and engage with colleagues, again harnessing technology, to enable them to access information and most importantly of all, talk to us when they needed to.

Looking forward, as a Board we are producing a new five-year strategy with a focus on recovery of services and provision of care together with continued support for our colleagues.

On behalf of the Board, thank you to every member of staff, volunteer, our partners, our patients and their family members.



Trevor Lake, Chair

Dr Richard Jenkins, Chief Executive

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NHS
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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.

Not only do we have a full range of the services you would expect in a hospital of our size, we also have a fantastic new Children's Emergency Department and Assessment Unit which we completed during the Covid-19 pandemic in early 2021. Our state-of-the art Neonatal unit opened in 2018 and has received glowing feedback from families and the 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.

Because we feel so strongly about our place in the local community, we take care to look after our environment. We have green credentials with features such as electric charging points in our staff car parks and access to the NHS car lease scheme for easy access to electric vehicles.

The Covid-19 pandemic has brought into sharp focus how our teams feel about working in the local healthcare community. We have supported staff with 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 will soon be bolstered by a dedicated outdoor space for staff to spend time in a health and wellbeing garden. Our annual staff survey results demonstrate year on year improvements in how staff feel about working at Barnsley Hospital, and our leadership team act on issues raised through this and other feedback.

In 2020 our investment and commitment to digital working saw the first ever introduction of a major IT system achieved remotely. This puts us at the forefront of digital excellence - the project was shortlisted in the Nursing Times Awards 2020 in the Technology and Data in Nursing category. Our innovative teams also set up an 'E-Midwife' service on Facebook, and developed a communications app for intubated patients to communicate with staff. Because we had committed early to digital working, we could move quickly to respond to the pandemic and were offering video appointments within days.

Our Vision, Values and Behaviours

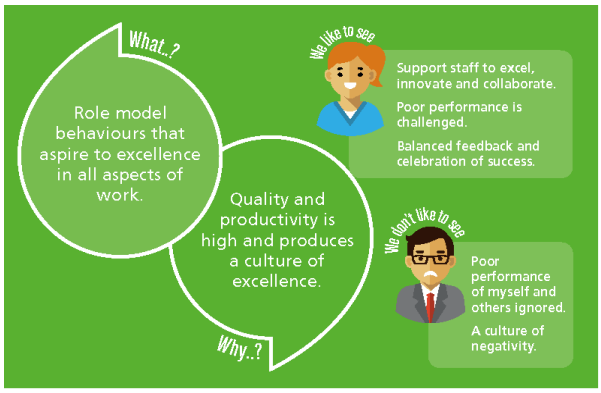
Our Trust vision is "to provide outstanding, integrated care".

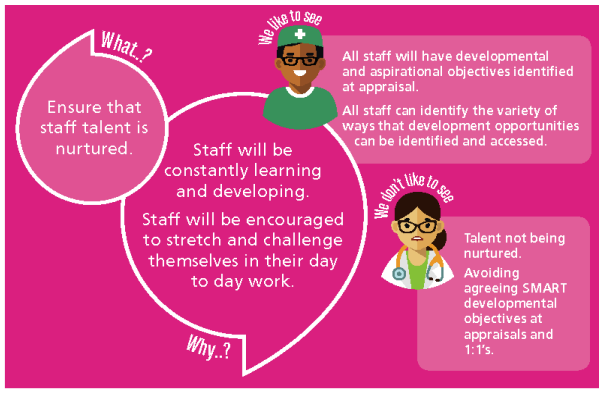
It is important people are aware of our values, the things we stand for and the way we like to operate. We care about how people think and feel about us, so every time we present ourselves it is important that we make the right impression – whenever and wherever this may be.

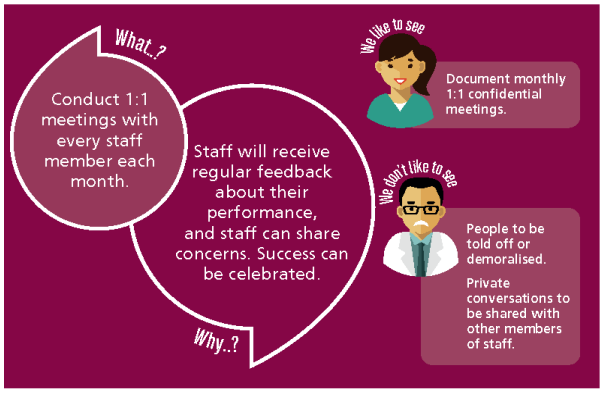
Our values and associated behaviours are:

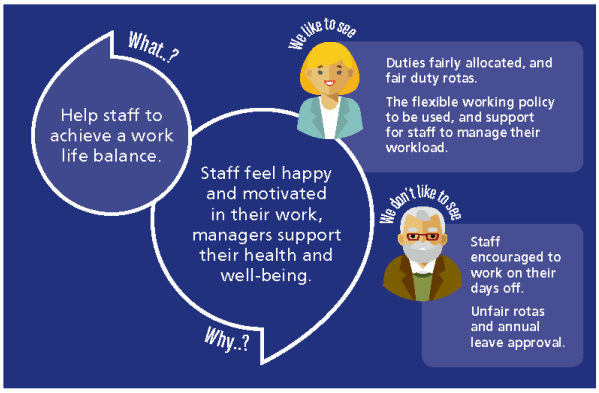
Our Value	Our Behaviours
Respect: We treat people how we would like to be treated ourselves	• Respect, courtesy, professionalism • Kindness, compassion, dignity • Clear, honest and responsible communication
Teamwork: We work together to provide the best quality care	• We share the same goal • We treat people fairly and equally • We share and develop together
Diversity: We focus on your individual and diverse needs	• Personalised care • Involve people in decisions • Listen to others

Our leadership behaviours and competencies support our values and behaviours:

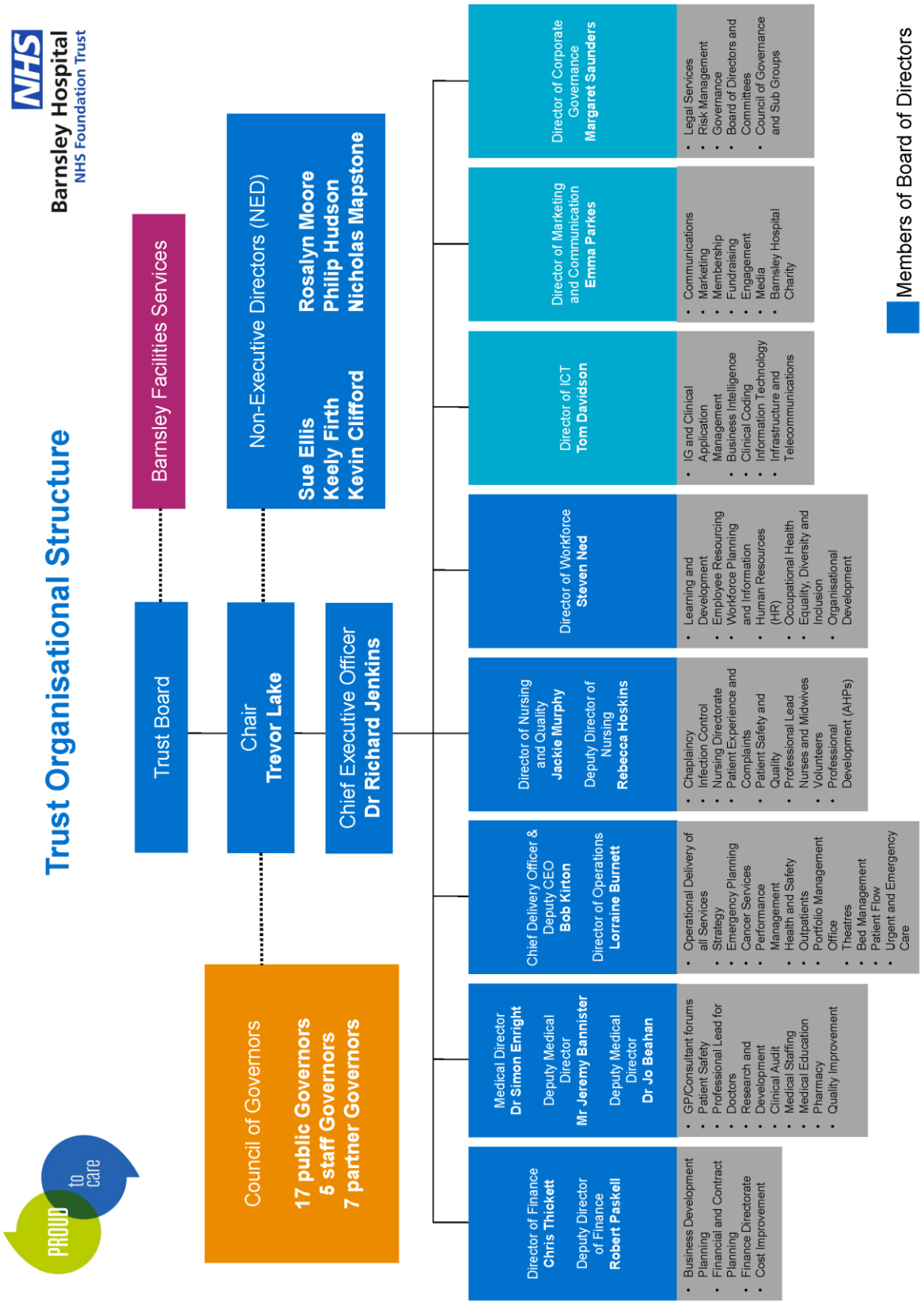








Organisational Structure



PROUD to care

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

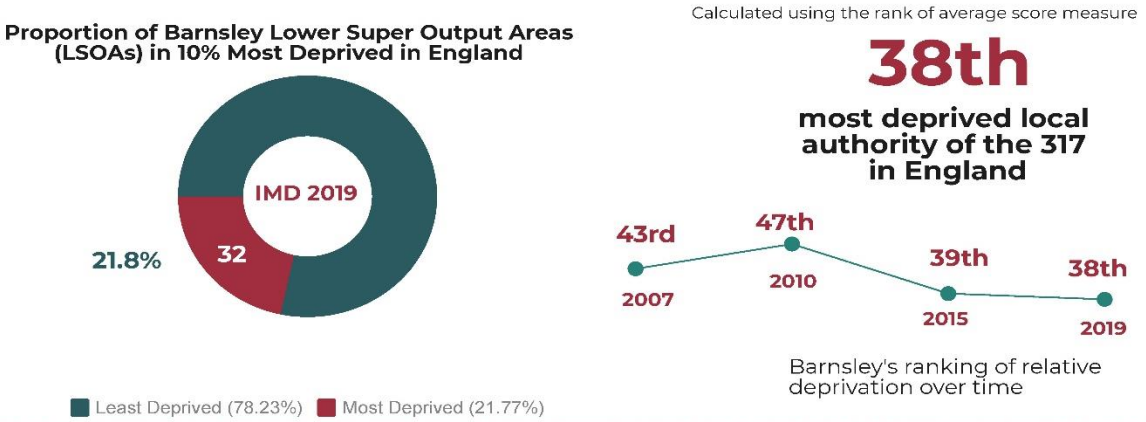
The BFS ethos centres on developing its staff as its most important asset. The BFS team have focussed heavily on the successful transition of staff (both from NHS and commercial organisations) and, importantly, ensuring the continued delivery of high quality of services to the Trust and the wider healthcare 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. This allows BFS to provide excellent services to the Trust and explore potential commercial opportunities more widely.

2020-21 has seen BFS providing extensive support to the Trust during the Covid-19 pandemic. Examples of this include support from procurement services, domiciliary and other services to support the rapid changes required to the physical hospital environment as a result of the pandemic.

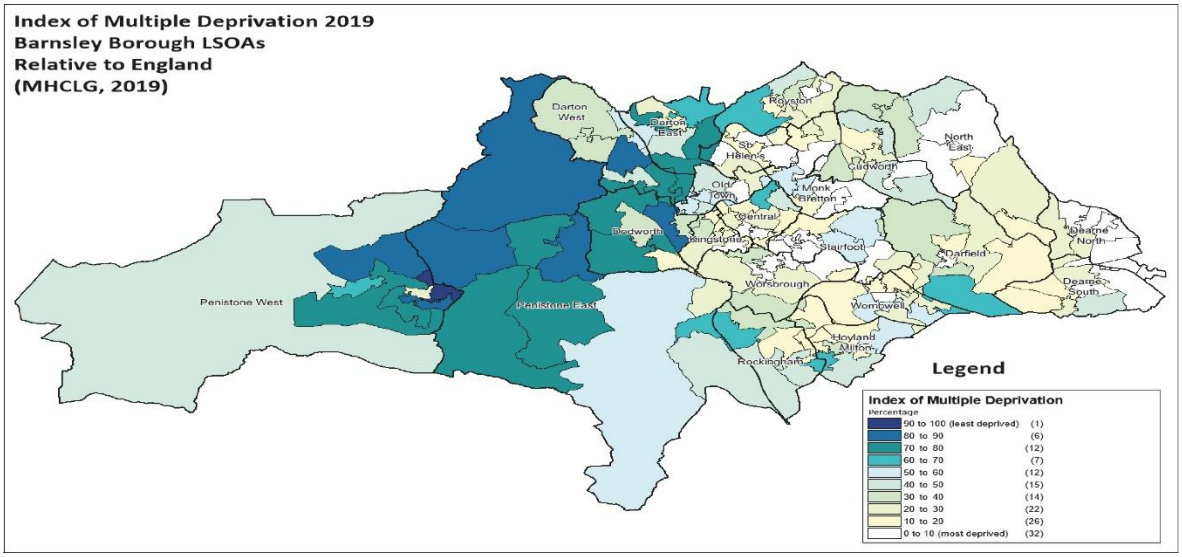
Local Health and Care Community

The health of people in Barnsley is impacted by local deprivation factors. Barnsley is the 38th most deprived local authority in England. Premature death from chronic diseases such as cancer, cardiovascular disease and lung disease is strongly linked to deprivation.



The Seven Domains of Deprivation and how Barnsley Performs

Below are the rankings for Barnsley relative to the other 316 local authorities using the rank of average score by domain (where 1 = most deprived, 317 = least deprived):



Performance Analysis

Our Strategic Aims and Objectives 2020-21

Our strategic objectives are agreed by our Trust Board. They are focused to support the delivery of our four 'P's which are **Patients, People, Performance** and **Partnerships**. They are designed to support us by ensuring we remain a hospital that is run well, that delivers the care that our patients need and that our staff are supported in delivering this care. The Trust Objectives for 2020-21 were developed prior to the pandemic therefore some of the work we have hoped to undertake has not been delivered as we had planned. Our objectives for the forthcoming year reflect this and we will work to deliver these objectives over the next year but will also work closely with staff, patients and visitors on the response to and recovery from Covid-19, adopting new practices and continuing the deliver safe services.

Patients: will experience outstanding care

- We will continue work on a new co-located Emergency Department and Children's Assessment Unit to transform emergency and inpatient paediatric care
- We will develop a strategy to define what we expect of our nurses and the care they deliver
- We will ensure the care we give accommodates both the mental and physical needs of our patients, delivered by a trained and knowledgeable workforce
- We will change and develop how we work with implementation of our Clinical, Quality Improvement and Innovation Strategies
- We will improve patient experience, productivity and efficiency through delivery of our Ready Together Out-Patients Programme
- We will improve patient flow internally and across the system
- We will work with partners to develop a Barnsley Cancer Strategy and improve patient pathways
- We will increase the level of involvement of service users and carers in developing and enhancing our services

Our Key Achievements:

- Delivery of the new co-located paediatric Children's Emergency Department and Children's Assessment Unit.
- Increased our focus on patient engagement to continue to improve experience.
- Implemented a Quality Improvement approach, encompassing learning from our work throughout the pandemic.
- Developed our outpatients service as a result of working differently through the pandemic. Patients have benefited from increased use of telecommunication facilities with virtual video appointments where appropriate.

Our Key Achievements:

- Over the last year we have increased our focus on staff communication and engagement.

  The pandemic has provided opportunities to do this differently, for example, virtual live information sessions that enable real time discussions, question and answers with colleagues has enabled greater inclusion and engagement with clinical colleagues who may previously have been unable to leave their work area to attend a face to face briefing. Feedback from staff colleagues has been overwhelmingly positive.

- We have retained and increased our focus on emotional and physical support. The health and wellbeing of staff colleagues has been at the forefront of our work this year. Examples of this have included access to phycological support, a staff 'wobble room' on site and a robust health and wellbeing offer focused on mental wellbeing.

- Our work on diversity and inclusion remains vitally important. You can read more about this on page 98.

Performance: we will achieve our goals sustainably

- We will achieve the highest possible standards of sustainable performance
- We will achieve our agreed financial plan by:
  - A continued focus on cost reduction and further improving productivity
  - Effectively planning multi-year capital priorities and remaining ready and open to the possibility of future external funding opportunities
- We will work collaboratively with partners to achieve a balanced Barnsley place financial position
- We will develop and deliver a Trust Sustainability Plan to ensure we operate sustainably in relation to the environment
- We will implement new and improved governance arrangements

Our Key Achievements:

- We achieved our financial plan for the reporting period and delivered on our capital improvement projects.
- We have retained our focus on Barnsley Hospital as a sustainable organisation. You can read More about our work this year on page 36.
- We have strengthened our governance arrangements and our approach to risk management during the year, developing an improved Board Assurance Framework and Corporate Risk Register.

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

- We will play a leading role in integrating care in Barnsley, building on existing relationships with key partners
- We will work with local Trusts and build on existing partnerships in 2020/21 to sustain local services for the people of Barnsley
- We will work with partners across the NHS, including Social Care and the developing South Yorkshire & Bassetlaw Integrated Care System, to ensure sustainable local services and support others regionally in 2020/21
- We will work with our partners in the South Yorkshire & Bassetlaw Integrated Care System to implement the new Hosted Networks across the region

Our Key Achievements:

- Throughout the year we have worked collaboratively with partners from across Barnsley and the South Yorkshire and Bassetlaw region.
  You can read more about our work in this area on PAGE 58.

Our Strategic Objectives 2021-22

Our strategic objectives for the coming year will focus on recovery of activity and services impacted by the Covid-19 pandemic. We will retain a strong focus on the health and wellbeing of staff colleagues who have worked throughout the pandemic.

Our Performance in 2020-21

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 has 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 2020-21. The department has responded positively to ongoing restrictions, disaggregating into two areas to treat those presenting with symptoms of Covid-19 separate from patients with other conditions. Whilst numbers in the first half of the year where significantly lower than expected, the number of attendances rose in Quarter 3 and 4 with seasonal pressures alongside a further surge in Covid-19 presentations.

The Trust continued the implementation of its plans to improve the patient experience in the Emergency Department and provide increased capacity and resilience. The resuscitation area was reviewed to enhance air flow and enable an isolation cubicle to support those acutely unwell and requiring a high level of support. A new Paediatric Emergency Department and Children's Assessment Unit opened in March 2021 providing better facilities with a collocated emergency care and assessment unit. Further work will be completed in 2021-22 to expand the adult area and provide an ambulatory medical and surgical unit to support same day emergency care and avoid the need for hospital admission. Both developments will continue to expand the capacity of the Emergency Department and enable the Trust to meet the needs of our population.

An early response to the pandemic was the repurposing of two wards to enable relocation of the critical care unit to double available capacity. Whilst the area was fundamental to supporting patient care over the year the area is only a temporary arrangement. The Trust has approved plans to rebuild its critical care unit next to theatre and near by the Emergency Department and imaging department. We plan to commence the work in 2021-22 enabling the Trust to provide critical care facilities that meet the expectations of patients and staff early in 2022-23.

Cancelled Operations

The number of cancelled operations in the year remained low. The number of elective procedures was significantly reduced over the year as staff were redeployed to support acute areas and respond to the pandemic. The Trust completed clinical prioritisation of all patients awaiting a procedure and this was used to identify those patients requiring urgent operations. The Trust accessed other providers in the South Yorkshire Integrated Care System (ICS) for a small number of patients to ensure they received treatment within necessary timescales.

18-Week Referral to Treatment (RTT) Patient Pathway

The RTT target was not delivered in 2020-21 due to the pressures of managing the Covid-19 pandemic. Elective outpatient and inpatient work was temporarily suspended following national guidance on the first wave of the pandemic. Activity was reintroduced in Quarter 2 however further increases in Covid-19 inpatients and pressure on critical care necessitated ongoing reductions in planned activity. The Trust has some patients who have waited longer than 52 weeks for routine surgery, primarily within orthopaedics and general surgery. A small number have requested treatment delays until the end of the pandemic, these patients remain on the waiting list with regular contact to meet their treatment choice.

The Trust has implemented a ring-fenced orthopaedic ward and maintained infection control guidance to support theatres and minimise any infection risk. The refurbishment of two surgical wards has enhanced the patient and staff experience providing improved facilities.

The Trust has implemented 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.

Cancer Access Target: Urgent GP referrals seen within two weeks

The Trust has exceeded the target of 93% in 2020-21 for patients seen within two weeks. This level of performance was despite a return to expected referral levels in the second half of the year and higher levels in Q4 for suspected lower GI cancer and referrals to the breast service.

Straight to test pathways were implemented over the course of the year for lower-gastrointestinal, upper gastrointestinal, lung, and urology referrals. This reduced waiting times for patients and the number of outpatient appointments required.

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

The Trust has not achieved this standard for 2020-21. Over Quarter 1 and 2, the impact of the pandemic restricted some diagnostic services alongside a reduction screening and referral rates. The Trust is working with other South Yorkshire providers to reduce the numbers of patients waiting a long time for cancer treatment and this is being overseen by the Cancer Alliance. The diagnosis and treatment of those suspected of cancer remained a priority within 2020-21 and every effort was made to prioritise their care whilst maintaining the required infection prevention and control guidance.

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.

Cancer Access Target: First treatment within 31 days

This target was achieved consistently through the year. Increased staffing of tumour site teams helped improve the coordination of complex pathways and reduced waiting times for treatment.

Diagnostic Tests

The Trust has not achieved this target due to the suspension of some services within the first half of the year. The Trust has recovery plans in place but further surges in Covid-19 presentations in Quarter 3 and 4 limited capacity for several months in 2020-21. The Trust has invested in further imaging equipment with a second CT and MRI scanner being functional from early 2021-22. A higher specification breast scanner is supporting the recovery of breast services and the Trust is exploring options to maximise the utilisation of its endoscopy services alongside the introduction of other modalities such as CT and FIT testing.

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 on the agreed targets for avoidable hospital acquired infections.

The adjusted Hospital Standardised Mortality Rate (HSMR) has remained within the externally set statistical limits. It is recognised the HSMR is not designed for pandemic activity and the statistical modelling may not be as robust as in previous years. The HSMR excludes Covid-19 activity.

The Trust has a Learning from Deaths system which is used to monitor and improve the care we deliver. During the year we also enhanced the Medical Examiner (ME) system to improve the accuracy of death certification. 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 the Trust has contributed to the Royal College of Physicians Covid-19 study; a national review to assess care quality, decision making and communication during the Covid-19 pandemic in survivors and non-survivors.

We have a strong focus on the prevention and management of hospital acquired avoidable pressure ulcers and all pressure ulcer incidents are reviewed in detail using root cause analysis methodology and learning from this analysis is implemented. During 2019-20 there were some pleasing improvements and the Trust remained in line with or below the national average for reported pressure ulcers. We were, however, disappointed that we did not achieve our stretching internal targets to achieve a 50% reduction in category 2 pressure ulcers and to eliminate medical device related pressure ulcers.

Clinical leadership in Venous Thromboembolism, National Early Warning Scores, Mortality, Acute Kidney Injury and Sepsis has enabled the development of systems to prevent avoidable harm. Effective team-working has been enhanced through the delivery of human factors (ergonomics) training. We have continued to ensure care and treatment is based on the best available evidence using clinical audit to benchmark against national guidance and inform improvement plans.

The Trust has built capacity in the Patient Safety and Quality Improvement team to reflect the importance of improvement, innovation and quality in making services better for patients and staff. Further developments are planned to help ensure this is the way all staff think about and approach work every day to bring about improvements.

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 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. In Q4 89.27% of patients who screened as being at risk of sepsis received their antibiotic within an hour, just short of our 90% target.

The Trust's level of patient satisfaction has remained high with 97% of patients from all in-patient areas across the Trust reporting that they would recommend our hospital to their family or friends.

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.

Effective infection prevention and control was vital to support the Trust's efforts in caring for patients with Covid-19 and prevent and control additional infections.

The Trust put into place the following measures, safeguards and support:

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 infections organism.
- Supported care homes and GP practices with advice, support and outbreak management in line with the current contract.
- Conducted a daily ward round with the Consultant Microbiologist on all wards with patients positive for Covid-19
- Conducted a weekly ward round with the Consultant Microbiologist to identify and review patients with an infectious /potential infectious organism.
- Undertook and supported ward teams in undertaking root cause analysis.

Training

- Provided training on the correct use of personal protective equipment (PPE) to clinical and non-clinical staff.
- Provided training on the correct process of donning and doffing PPE developing a video that could be accessed by staff on-line.
- Undertook mask fit testing of staff and increased the 'train the trainer' programme in relation to mask fit testing, developing annual updates and competency assessments.
- Developed infection prevention and control update sessions to be accessed on-line.
- 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 in relation to Covid-19
- Maintained the *'hand hygiene champion'* programme

Operational

- Liaised with the Communications team 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.
- Reviewed donated PPE to ensure the products are fit for purpose.
- Liaised with outside agencies to aid with the mask fit testing 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.
- Developed 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 Clinical Business Units 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 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.

Service Delivery and Development

The Trust celebrated some major achievements throughout the year, pushing ahead with investments in technology, recruitment, supportive therapies and staff wellbeing despite the pandemic.

Investments in Technology

Medway Clinical System

The Trust migrated from Lorenzo to System C's EPR Medway in a successful in year deployment, reported to be the first remote go-live under Covid-19 lockdown conditions.

This major technology investment is designed to put the Trust at the forefront of digital excellence. The Medway project was shortlisted in the Nursing Times Awards 2020 in the Technology and Data in Nursing category.

Midwifery Advancements

The hospital established a new 'E-Midwife' service for Facebook. The service, monitored by a qualified, experienced midwife from Monday to Friday, 9am to 5pm, is for anyone who has concerns or questions about Barnsley Hospital maternity services.

Barnsley Hospital maternity unit also became the first in the UK to use the innovative electrostimulation device, the 'geko.' The device reduces the risk of blood clots in high-risk patients during pregnancy. Developed via a partnership between Barnsley Hospital and Sky Medical Technology, a UK industry-leading medical devices company, the achievement was recognised at the February 2021 Bionow Awards ceremony.

Patient Communications

The Trust continued to innovate by developing a new app for patients unable to communicate in intensive care because they were on a ventilator. The Intensive Care Unit (ICU) Communication App was designed to support the response to Covid-19 and the increased number of patients who were being ventilated.

Supportive Therapies

The charity Look Good Feel Better helps patients undergoing chemotherapy and radiotherapy at Barnsley Hospital and is a free service that works alongside the hospital, supporting newly-diagnosed cancer patients with skincare while they are having treatment.

Within a week of the first lockdown, the Barnsley team rallied to introduce virtual workshops via Zoom to replace their usual face-to-face sessions and in May, the team started male only workshops.

Other therapies continued to help hard-working staff at the Trust. Among these were the incredibly popular visits from 'Thunder the therapy Husky.'

Staff reported the huge benefits Thunder's visits brought to their mental health and wellbeing at a time when they were battling the Covid-19 pandemic and feeling fatigued, vulnerable and emotional.

Adapting to Change

Wards and departments worked hard throughout the pandemic on moving services to accommodate the hospital's needs, with many staff redeployed to other areas.

Colleagues on PIU were among these and celebrated the grand opening of their new PIU in March. PIU were moved off ward 30 to support additional inpatient space that was required. The team had been working out of three different spaces alongside other teams. Staff continued to deliver first-class patient care in challenging circumstances.

The endoscopy team, carrying out high risk procedures during Covid-19, was also praised after some of its staff were redeployed to the frontline of Barnsley Hospital work force. Some worked in ITU and ward 18 as well as other wards assigned to look after patients with Covid-19

International Recruitment

The Trust was delighted to welcome its first cohort of new nurses from Kerala in India.

The Trust is recruiting a total of 90 nurses – in nine cohorts – who will come to work here and the first cohort have completed local training before starting at the hospital.

The nurses are joining the Trust as part of an international recruitment plan managed by the hospital's Workforce Development and Student Support Team. They will initially work as Care Support workers until they pass their Objective Structured Clinical Examinations.

Our new international staff have a wide range of knowledge, experience and skills and will be providing a variety of care across the Trust. Some already have experience working in Ireland, Dubai, Malta and United Arab Emirates.

Celebrating our Staff and Awards

The Trust continued to recognise and celebrate its staff across departments, sharing stories of their successes for NHS Awareness Days such as World No Tobacco Day in May, Cycle to Work Day in August and World Cancer Day in February.

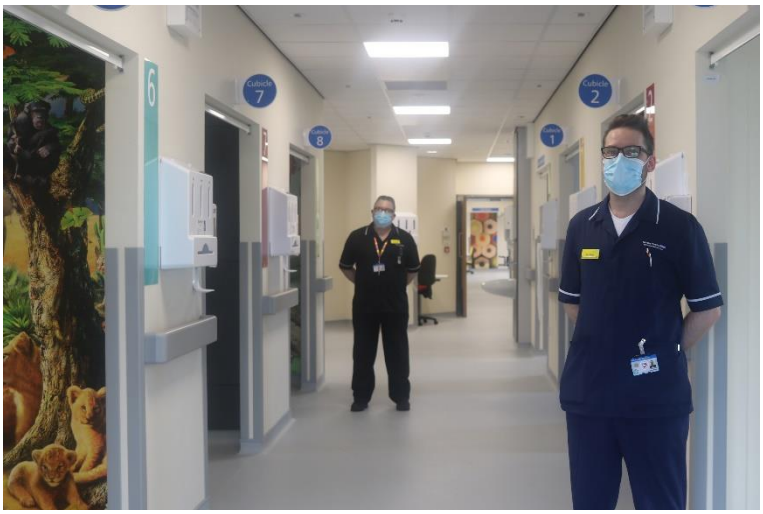
We also shared stories for Healthcare Science Week in March showing how science and tech is vital in modern patient care and changes lives for the better. Many staff and volunteers were nominated for Proud of Barnsley Awards, including Leanne Batley from ICU, porter Tony Fieldsend and volunteers Allie Hunton and David Armitage. The 'Barnsley Superstars' group which makes and delivers face coverings was also nominated.

Other staff received prestigious awards including Professor Adebajo, Consultant Rheumatologist at Barnsley Hospital, who received an MBE in the New Year Honours list.

Nurse Bryony Lazenby was also awarded Sheffield Hallam University Nursing and Midwifery prize for Academic Achievement and the Nursing and Midwifery Prize for Student Engagement.

Paediatric Emergency Department and Assessment Unit

In March 2021, Barnsley Hospital opened its doors to a new £4million Children's Emergency Department and Assessment Unit – a state-of-the-art facility developed in the midst of the pandemic.



The dedicated unit provides wraparound care for young patients requiring urgent help and assessments and will be open 24 hours a day, seven days a week.

The new facility in an extension at the front of the current Emergency Department and offers emergency access along with the new Children's Assessment Unit. Previously, the two services were in separate areas on the hospital site, so now paediatric specialists can work together in closer proximity with improved communication and logistics.

Our new, more spacious facilities will provide seamless care which is child-friendly and supportive for families and carers. It means the children who arrive with injuries from accidents, infections or other conditions can be seen in a specialist area.

The new units have space for all the teams and equipment needed and the freshly-decorated units have colourful and comforting décor, enhanced play areas and rooms named by a patient panel. The TV screens installed will loop specially designed animated videos for young patients to make them feel at ease and understand more about common procedures.

The new units have been designed with the input of children, young people and service users who have helped specify lighting, wayfinding, decorations, and how services are referred to with sensitive and appropriate language. Some families involved in consultations also volunteered to be part of the series of video animations which will welcome people to the units.

The second phase of planned works will see a 50% increase in adult bays within the adult Emergency Department. The existing Emergency Department was designed for around 150 patients a day, while the Trust currently sees attendances in excess of 300 per day, so the new unit is aligned with regional and national ambitions to future-proof local hospital services.

The plan is in line with the South Yorkshire and Bassetlaw Hospital Services Review, which recommends that every hospital site in the region should have facilities to care for children. This includes all Emergency Departments being equipped to receive children and all sites having a Paediatric Assessment Unit.

Healthy Lives Programme

The Healthy Lives Programme has been supporting the roll out of the NHS Chapter 2 Long Term Plan: Prevention and Health inequalities by supporting patients live healthier lives by offering advice and sign posting for patients for the following;

- Smoking
- Alcohol
- Diet and Nutrition
- Physical Activity
- Support with social issues including homelessness

The Team of Healthy Lives Facilitators support patients in making lifestyle changes and signpost to community services where required, often working with really complex and vulnerable individuals supporting them in making the first steps of significant lifestyle changes which can have a massive impact on their overall health and well-being.

Within our team the hospital tobacco treatment team 'QUIT', funded by Yorkshire Cancer Research, is due to expand this year with the recruitment of specialist Tobacco Treatment Advisors who will be able to work directly with patients and staff who smoke.

We have continued to build on the roll out of the smokefree site in 2019 and are now embedding treatment for smokers as routine medical practice.

All smokers who are admitted as patients are advised that the site is smoke free and as part of their hospital care and treatment they will be offered nicotine replacement therapy and supported by specialist QUIT advisors and referred to local stop smoking services on discharge. Research shows that up to 25 percent of patients in hospitals smoke and they actually expect health professionals to raise the issue with them. Supporting them with nicotine replacement medication means they are much more likely to quit for good. Support is also available for staff with protected time away from duties, support and free stop smoking medication (which will be soon available directly from the outpatients pharmacy).

The QUIT programme is more than a smoke free site for patients and staff. It involves a cultural shift in the hospital's role in proactively supporting patients to quit smoking based on four steps:

Q ask the question: all hospital patients should be asked if they are a current smoker.

U understand their addiction: all hospital patients should be asked to exhale into a CO monitor and their result noted in patient records. This provides not only evidence of the conversation taking place but provides a strong indicator of level of addiction which will support and indicate further treatment, but also contributes to triggering quit attempts.

I inform patients about smoke free sites: all patients should be informed that the hospital site is smoke free and that patients and visitors are not permitted to smoke anywhere on site but that they can access support for nicotine replacement.

T initiate treatment: refer patients to smoking cessation support including advice and treatment as soon as possible, enabling them to quit during their inpatient stay where possible and ensuring appropriate on-going support after discharge. Patients should be offered nicotine replacement support within 6 hours of arrival on the ward.

Barnsley Hospital as a Sustainable Organisation

Barnsley Hospital is fully committed to sustainability and tackling the climate crisis despite the challenges that Covid-19 posed this year. Although the impact of Covid-19 will have its influence for years to come, we have adapted very quickly by successfully implementing new ways of working using technology to allow our staff to work from home, conducting meetings and consultations using video conferencing all of which have contributed to reducing car related travel and improving local air quality.

Sustainability Initiatives

This year we have completed phase 2 of our LED lighting project. We have installed over 4,800 LED light fittings in total now which have built-in motion and daylight harvesting. As part of the Trust's commitment to supporting the environmental sustainability agenda and providing cycle storage facilities to support staff cycling to work; we installed a new secure staff cycle storage facility located adjacent to the main hospital entrance. The new facility is open 24/7 and is free to use with no requirement for registration and access is controlled via existing ACT enabled staff cards. The new facility has been kindly funded by Barnsley Hospital Charity.

Our restaurant achieved the Soil Association's *"Food for Life"* bronze catering mark. This is an independent endorsement, backed by annual inspections confirming that the restaurant serves fresh food, serves fish from sustainable sources as well as fair trade goods. The restaurant also sends food waste to an anaerobic digestion plant to create energy and fertiliser for farming and agriculture use.

We have also developed a new waste and utilities management plan for the restaurant which incorporates energy and waste reduction targets. The new plan sets out our ambitious strategy to provide a highly sustainable catering service.

The number of electric vehicles and plug-in electric vehicles has substantially grown to over 130 vehicles this year driven by the fact we have 10 onsite EV charging points, lower tax on ultra-low emission vehicles as well as some great deals being offered on the Trust's salary sacrifice lease scheme.

Future Priorities and Key Objectives

As we embark on the next financial year our focus will shift to developing a new Trust green plan which will set out our plans to achieve net zero emissions by 2040. Some of our key priorities for 2021-22 include:

- Source all grid electricity from renewable sources
- Trial of reusable sharp bin system
- Introduce mixed waste recycling bins in clinical areas
- Eliminate single use plastic cups
- Ban diesel vehicles from Trust lease scheme
- Focus on reduction of single plastics
- Participate in trial of reusable bin system for sharps disposal
- Participate in NHS Sustainability Day and Clean Air Day
- Submit bids for external grant funding to support installation of energy efficient technology infrastructure and decarbonisation
- Develop Trust Green & Decarbonisations Plans
- Work with our clinicians and other partners to switch from Metered Dose Inhalers to Dry Powder Inhalers.

Research and Development (R&D)

The Trust has invested heavily in research and development over recent year which has seen the area develop with a number of successful outcomes. We have continued to perform exceptionally well and research opportunities have been maximised.

We are one of the top recruiting Trusts in the Yorkshire and Humber region to date and have achieved the highest recruitment of all the District General Hospitals in the region.

Covid-19

Our research priorities changed significantly with the Covid-19 pandemic. Based on Public Health England advice the team ensured that the Trust was "research ready" by diverting all resources to collect urgent public health emergency data in relation to Covid-19. By late 2020 the Clinical Research Network (CRN) recommended that Trusts begin considering the re-start of studies where possible.

This commenced, however research activity is still being impacted due to the reduction in clinical activity. Despite all our challenges this year we are pleased to report that we opened a commercial Covid-19 diabetes trial in Quarter 3 and have successfully doubled our recruitment target.

Covid-19 studies are still being prioritised by the team and there is an that we will recruit 10% of all Covid-19 positive patients into a study. Our ongoing studies include:

Study
CCP - Clinical Characterisation Protocol for Severe Emerging Infection
RECOVERY trial - Randomised Evaluation of COVID-19 Therapy
Psychological Impact of COVID-19
GenOMICC - Genetics of susceptibility and mortality in critical care
ARCADIA - Alleviation of cardio respiratory complications in patients with COVID-19 and diabetes.

The R&D team apply in open competition for funding opportunities as they arise. The CRN have acknowledged the hard work undertaken by the R&D team and have awarded a number of successful competitive funding bids in 2020-21 to support Covid-19 research delivery. Funding has been utilised to support the growth of research in clinical areas for example, gastroenterology and to provide staff training opportunities such as Good Clinical Practice (GCP) training.

In December 2020, Barnsley Hospital was selected to develop a Vaccine Trial Hub. The proposal to develop the South Yorkshire Vaccine Trial Hub undertaken in partnership with The Rotherham NHS Foundation Trust, with Barnsley being the lead site to deliver Urgent Public Health (UPH) vaccination studies.

Funding has been received to invest in research infrastructure and project management of the hub set up. The hub will offer us the opportunity to be involved in many more Clinical Trials Involving Medicinal Products (CTIMPs) potentially generating significant income for the Trust and offering patients the opportunity to be involved in important research as a treatment option. This is an excellent opportunity to equip a suitable space for a Barnsley Clinical Research Facility that we can utilise as we continue to grow our R&D capabilities

As a result of developing the hub collaboration the hospital has secured our first Covid-19 vaccine trial. The Valneva Trial ('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') is funded by Pharma-Olam. Barnsley is the lead site for the trial. After a competitive site evaluation process, our hospital, along with Rotherham, has been selected as a centre to deliver this important study. We are one of only 20 sites in the UK to be selected for this and the only site being selected in Yorkshire and Humber.

The Valneva trial is due to start from the beginning of May 2021 with the aim of recruiting 120 participants who will be screened and vaccinated in the first month and will be followed up for one year. We have had an overwhelming response to our request for support from Trust staff and this demonstrates the importance of research to our hospital and its staff.

NHS Staff Survey and Staff Engagement

The annual NHS Staff Survey was undertaken in the reporting period, with a dedicated set of questions about the experience of staff working during the pandemic. The Trust's report showed a number of improvements since the 2019 survey which had a 56 per cent response rate. This is 10 per cent better than the national average which is 45 per cent. Detailed information on the NHS Staff Survey results is on page 92.

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.

Among the positive highlights are the above-average results for 'staff engagement', 'safety culture', 'team working', 'safe environment', 'quality of care', 'morale', immediate manager', 'staff health and wellbeing' and equality, diversity and inclusion. The graphic on the next page gives the key highlights of where we have scored well, what we have improved on, and where we have further work to do, which may be Trust-wide or within departments or other areas.

NHS Staff Survey 2020 Results for Barnsley Hospital

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NHS Foundation Trust

We had a fantastic response rate of 56% in our 2020 survey and you've told us we're doing significantly better than the average NHS Acute Trust in just over half of all questions

Our staff have rated Barnsley Hospital as better than most NHS Acute Trusts for...

- Quality of Care
- Equality, Diversity and Inclusion
- Health and Wellbeing
- Safety Culture
- Bullying and harassment
- Morale
- Team Working
- Staff Engagement
- Immediate Managers

Key improvements since last year...

- Enough staff at organisation to do my job properly
- Satisfied with opportunities for flexible working patterns
- In last 3 months, have not come to work when not feeling well enough to perform duties
- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
- I have realistic time pressures

OUR CORE STRENGTHS

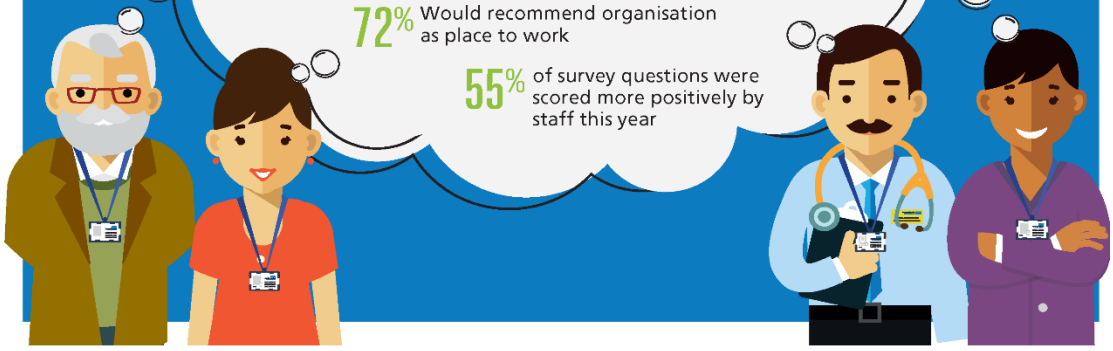
- Disability: organisation made adequate adjustment(s) to enable me to carry out work
- Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
- Satisfied with level of pay
- Staff given feedback about changes made in response to reported errors/near misses/incidents
- Enough staff at organisation to do my job properly

Areas where we aspire to do better...

- Time often/always passes quickly when I am working
- Not put myself under pressure to come to work when not feeling well enough
- Last experience of physical violence reported
- Don't work any additional paid hours per week for this organisation, over and above contracted hours

What staff think about the Trust

- 80% Care of patients/service users is organisation's top priority
- 74% If friend/relative needed treatment would be happy with standard of care provided by organisation
- 72% Would recommend organisation as place to work
- 55% of survey questions were scored more positively by staff this year



PROUD to care

Financial Overview

In 2020-21, in response to the Covid-19 pandemic, the national funding arrangements were changed in order to simplify processes and ensure that providers received sufficient funding to deal with the pressures of the pandemic.

In October 2020 the Trust was required to submit a plan for the second half of the financial year following the end of the full rebate mechanism that was in place in months 1-6. The submitted plan was a deficit of £2.3m, after an assumed £2.0m accrual movement in relation to expected annual leave carry over. This resulted in a £0.3m deficit if the annual leave accrual was excluded, and the Trust was required to mitigate this in year to come back to break even, based on NHSE/I assessment of financial performance.

The outturn position of a deficit of £10.3m at the end of the financial year compared to the £2.3m planned deficit, however, this was after an impairment and donated asset movements totalling £11.7m and an increase in Charity funds of (£1.3m) which are excluded from the NHSE/I assessment of performance, therefore the adjusted financial performance is a £0.1m surplus in line with the national expectations to manage within the financial allocation given for the year.

Principal Risks and Uncertainties for 2021-22

The Trust has a planned breakeven position for 2021-22, which is based on a centrally allocated Control Target. 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 sub-committee and to the Board of Directors via the Integrated Performance Report, key strategic action plans and the Board Assurance Framework. Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The Corporate Risk Register is regularly reviewed by the Executive Team and presented quarterly to the Board. The risks and associated mitigations are also reviewed by the Board Committees on a regular basis.

A summary of the key financial risks, mitigations and impacts for the year ahead is included in the table on page 150. The block arrangements, introduced by NHS England and Improvement (NHSE/I) at the start of last year, are to continue throughout the first half (H1) of 2021-22 and similar to the second half of last year, the Trust will be required to operate within a financial allocation. Given the uncertainty surrounding funding mechanisms post September 21 these risks have been prepared to cover several funding eventualities; both block and a return to normal funding mechanisms.

We will continue to manage these risks throughout 2021-22 and ensure that we again deliver our financial plan.

Looking forward to 2021-22

2021-22 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. So far, the funding allocation has only been released for the first half of the year. As a result, the Trust has estimated the potential funding allocation for the second half of the year to derive an annualised plan.

For 2021-22 the Trust is expected to deliver elective 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 70% in April, 75% in May, 80% in June and 85% from July onwards. The Trust is confident these trajectories will be delivered. If the Trust delivers above the trajectories then additional funding is available as part of the Elective Recovery Fund (ERF).

Delivering the planned break even position whilst recovering elective 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 2021-22.

Preparation of the Annual Report and Accounts 2020-21

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2020-21.

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 2020-21, 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.

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 2020-21 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 2020-21, in keeping with the performance expectations seen in recent years. The performance in-year showed a surplus of £0.1m, after excluding exceptional items as assessed by NHSE/I and 2021-22 financial plans are for break even. 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.

Dr Richard Jenkins, Chief Executive

Date: 1 July 2021

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Directors' Report

Strategy
Patient Care
Trust Board
Objectives
Partnerships
Volunteers

Barnsley Hospital Board of Directors

Trevor Lake, Chair

Dr Richard Jenkins, Chief Executive

Nick Mapstone, Non-Executive Director

Rosalyn Moore, Non-Executive Director

Keely Firth, Non-Executive Director

Philip Hudson, Non-Executive Director

Sue Ellis, Non-Executive Director Director

Kevin Clifford OBE, 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 throughout the reporting period of 1 April 2020 to 31 March 2021 was as follows:

Chair

- Trevor Lake

Non-Executive Directors*

- Francis Patton (until 31 December 2020)
- Rosalyn Moore
- Nick Mapstone (Senior Independent Director and Vice Chair)
- Keely Firth
- Philip Hudson
- Sue Ellis
- Kevin Clifford OBE (from 1 December 2020) – (Associate Non-Executive Director between 1 April 2020 – 30 November 2020)

*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 a part time 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 (from 14 September 2020, held an interim joint position with The Rotherham NHS Foundation Trust)
- Lorraine Christopher, Managing Director of Barnsley Facilities Services
- Margaret Saunders, Director of Corporate Governance
- Lorraine Burnett, Director of Operations (from 10 August 2020)

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 at https://www.barnsleyhospital.nhs.uk/uploads/2021/01/Annual-Declarations-of-Interest-Register-2020.doc or by emailing bdghtr.Barnsleynhsft.corporate.governance@nhs.net at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 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 underpinned by NHS Improvement's (NHSI) well led 6 inspection framework for NHS Trusts and Foundation Trusts published in 2018.

During the year, the Trust commissioned an independent well-led review using the NHSI framework. The report identified a number of strengths and good practice, and areas for development. These will be presented to the Board of Directors, and an action plan drawn up and followed for 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.

Person Centred Care

During 2020-21 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

During the year the Patient Experience and Engagement Team have supported a number of service improvement programmes and patient experience initiatives across the organisation.

In 2019-20 we reported that we had held a series of engagement events around the development of the new Paediatric Emergency Department and Assessment Unit. Children, young people and their families and those representing groups such as ChilyPEP and Barnardo's Young Carer's were invited to share their views on four key aspects of the new build which included Environment, Communication, Facilities and Signage/information.

Towards the end of this reporting year we have seen this project come to an end with the opening of the new unit taking place on 22 March 2021. We are immensely proud of the impact the engagement work has had in helping us design this new build. From the colours and design of the unit to the mode of delivery of refreshments to young people and their families attending to access these services, everything has been considered based on the feedback and insight from our engagement activities.

Some of the highlights from this engagement project has seen service users name and design the new CAMHS Room or '*The Haven*' as it will be known within the new unit. Service users have also specified the design of Visualites they would like to see in the play area above the waiting room and also on the ceiling of the treatment room.

We continue to work with our team of service users to create our very own 'welcome video' and also continue to work in collaboration with Barnsley College to produce artwork and graphic designs for the teenage waiting area.

We are immensely proud to have our new Children's Emergency Department and Assessment Unit designed by Barnsley young people, for Barnsley young people.

Amongst the challenges of 2020-21 this is the year where we have seen the implementation of some of the most wonderful patient experience initiatives. Supporting our patients, carers and their loved ones through the COVID-19 pandemic has driven the efforts and commitment of the Patient Experience and Engagement team and the wider workforce at Barnsley Hospital.

With thanks to all those that helped make our work possible this year we have been able to make a small difference to so many:

- We have responded to many individual personal needs and requests of patients and families. We have had the honour of facilitating three inpatient marriage ceremonies for three wonderful couples. We have supported couples who have sadly both been cared for as inpatients at the same time to spend some precious time together when it was needed the most. We have been privileged to support and facilitate specific end of life requests for both patients and their loved ones.
- The teams have supported hundreds of patients and loved ones to stay connected by personal messages, telephone and video calls; we have held video calls with loved ones from as far afield as America, the Caribbean and Australia.
- With thanks to the kindness of staff and the wider Barnsley Community we were able to introduce a the 'patient goody trolley' which is taken around the wards each day offering snacks, drinks, toiletries, newspapers an such like to those having to spend time in hospital without the comfort of having loved ones visit.

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. In quarter four of 2020-21 strong links were established with the Barnsley Carers Group which in turn has supported Barnsley Hospital to set up its first Carers virtual '*Coffee and Chat'* meeting. Working closely with our carers we want to understand what we can do to improve their experiences of receiving care from Barnsley Hospital. As we move into 2021-22 we will continue this important work and continue to develop a partnership engagement core team with a view to connecting with the hard to reach, vulnerable and minority groups.

We have commenced on a piece of work to engage with families and loved ones with a focus on '*Care after Death'*. A key part of caring for someone when they die is to ensure we are able to support those who are important to the deceased. Working with those who have had the difficult experience of having a loved one pass away at Barnsley Hospital we want to work in collaboration to improve our hospital mortuary environment and provide a welcoming and comforting space for those choosing to visit their deceased loved ones at the hospital mortuary. We also look forward to implementing a very special project we have been working on this year whereby people who have had loved ones die at Barnsley Hospital will now be given personal bags for the deceased's belongings. The aim of this being to provide a sensitive way of returning belongings to family members.

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, Complaints and Concerns and local surveys. The Patient Experience and Engagement team are focussed 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 now 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.

As we move into 2021-22 the Patient Experience and Engagement team will continue to drive engagement into the culture of the organisation so that it is considered at the start of any new work-stream, service design or re-design and/or service improvement works.

The Trust has a mechanism of responding to feedback via Complaints, concerns, the NHS Friends and Family Test (NHS FFT) and other national and local sources of feedback, though a monthly reporting structure. The Clinical Business Units' use this intelligence to inform local action planning when considering service improvement. This year the Trust has begun to roll out plans which support the move towards real-time patient feedback.

Due to the Covid-19 pandemic, FFT data submission was suspended from March 2020. Data submission resumed from December 2020 for acute and community providers with the first being published in February 2021. Whilst the response rate at Barnsley Hospital for December 2020 was only 3.2% the overall positivity rate was 91%.

Throughout 2020-21 the Trust has made steps to move towards the digital collection of NHS FFT data which means information is immediately available within our in-house system. Mobile devices have been provided to all inpatient wards and will continue to be rolled out across all areas that collect FFT data. The re-implementation of the NHS FFT following the nine month suspension will remain a priority for the Trust as we move into early 2021-22.

Complaints

During 2020-21 the Trust handled 216 formal complaints, a decrease on the previous year's total of 259. One hundred percent of complaints were acknowledged within three working days in line with the national standards.

Barnsley Hospital continued to implement the NHS Complaints process in full throughout the Covid-19 pandemic acknowledging the continued importance to respond to complaints and implement any necessary learning in a timely and effective manner. Despite the increased pressures and demands of this reporting year the team successfully responded to 223 formal complaints, with 83% of these responded to in the initial agreed timeframe.

On 1 July 2020 a new reporting performance indicator was introduced which measures formal complaints that have been closed with an initial agreed timeframe only and does not consider any extensions that may have been agreed.

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 24%, partially upheld 48%, and did not uphold 28% of the complaints investigated during the year.

Our process for ensuring timely and effective learning from complaints has also changed. Clinical Business Units are now issued with specific learning points from individual complaints and specific themes or areas of note on a monthly basis, in addition to formal actions being planned where required. The identified learning points are considered at monthly CBU governance meetings for wider discussion and embedding of learning.

In addition to formal complaints our Patient Advice & Complaints Team handled a total of 2,808 concerns and general enquiries.

Voluntary Services

The Trust currently has 217 volunteers actively involved in supporting patients and staff across The Trust. Prior to Covid-19 our volunteers were deployed across inpatient wards, outpatient clinics, coffee shop, in support of Barnsley Hospital Charity, in meet and greet roles and we have our long-standing Patient Advice Volunteers. Some volunteers work off site at The Well, Cancer Support Centre. Many of these roles were suspended during the reporting year due to the restrictions put in place to help manage the pandemic.

In November 2020 the Trust received notification that it had been successful in a bid for the NHS England and NHS Improvement Winter Volunteering Programme 2020-21 to support the development and implementation of the following volunteering initiatives during the Covid-19 pandemic:

- Additional resource to support volunteers to remain onsite undertaking their volunteer duties during the pandemic
- Environment adaptation of Volunteer Coffee shop to provide a Covid-19 secure take-away service
- The purchase of equipment to enable safe volunteering activity
- Recruitment, training and supervision of new volunteers, including recruitment of young volunteers
- The development and roll out of and new Enhanced Volunteer Role in key priority areas.

The Enhanced Support Volunteer role was in development prior to Covid-19 but there has been some re-focus from the teams who support Volunteers, and a new perspective that came from working directly with patients over the last few months and understanding the small things that can make a significant difference to the patient and their experience.

This new innovative volunteering role will have a direct focus on achieving the voluntary strategy vision by enhancing the experience of patients, visitors and staff and will achieve this by offering specialised support to patients; engaging with patients to support wellbeing; and supporting patients, visitors and staff

The recruitment for the first cohort of Enhanced Support Volunteers has begun and there have been over 40 applications thus far. Following a successful interview, online training packages are in development for all mandatory Trust training and specialised role training requirements.

The first cohort of volunteers will focus on two wards to begin with and will be provided with peer support each shift for the first two weeks by Voluntary Services and Patient Experience Team. Once the first cohort of volunteers are established on the ward then the recruitment for the second cohort will begin, following the same process with training and support on the ward from Voluntary Services and the Patient Experience Team.

Recruitment and training of Enhanced Support Volunteers will continue until they are established on all inpatient ward areas seven days a week. Support will be provided via the Patient Experience, Voluntary Services and associated clinical teams to ensure these roles are utilised to their utmost potential in providing an excellent patient experience to our service users.

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.

A swift and effective emergency response was put into place across the whole of Barnsley and across South Yorkshire and Bassetlaw, as every statutory organisation and health and care providing organisation responded to the unprecedented needs emerging from the pandemic.

Throughout the year we also 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 South Yorkshire and Bassetlaw Local Resilience Forum.

We are in the second year of the NHS Long Term Plan, which was launched in January 2019. As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years' time we have a service fit for the future. The NHS Long Term Plan was drawn up by frontline staff, patient groups, and national experts to be ambitious but realistic.

South Yorkshire and Bassetlaw Integrated Care System (ICS) published plans to significantly invest and improve healthcare for local people – including aims to significantly reduce the number of preventable deaths and illness that are caused by smoking, obesity and mental illness.

Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average, and there are high levels of the common causes of disability and death including smoking, obesity, physical inactivity and hospital admissions due to alcohol. The plan aims to address these issues by tackling the 'burden of illness' where it can be prevented from occurring in the first place.

Highlights from the plan included improved community-based services to prevent unnecessary hospital admissions; investment in digital systems to enhance patient accessibility to online appointments and working more closely with community-based institutions like schools to teach children about good mental health.

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. 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, 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.

Alliance Management Team

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

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 where issues can be dealt with by the senior medical cohort, Medical Director and Chief Executive.

South Yorkshire and Bassetlaw Integrated Care System (ICS)

The South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) formally launched as an ICS in October 2018. It is a collaboration of partners including Local Authorities, the NHS and the voluntary sector in neighbourhoods, places and in provider collaboratives in South Yorkshire and Bassetlaw.

The majority of the work of the ICS takes place in its five Places – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield – and their neighbourhoods. Increasingly, work is taking place across collaborations of provider partners in mental health, acute hospitals and primary care. The focus of all the partnerships within the ICS is to improve the health and healthcare of the population, tackle unequal outcomes and access, enhance productivity and value for money and help the NHS to support broader social and economic development.

The ICS serves a population of 1.5million, covers 75,000 members of staff, 208 GP practices, 36 neighbourhoods, 6 acute hospital and community trusts, 6 local authorities, 5 clinical commissioning groups, 4 care/ mental health trusts, with a total health and social care budget of £3.9 billion.

The Integrated Care System's Five-Year Plan (2019 – 2024) set out key priority areas based on the NHS Long Term Plan, including aims to significantly reduce the number of preventable deaths and illnesses that are caused by smoking, obesity and mental illness.

Since March 2020, the ICS has been continuing to work on these key transformation priorities but has also faced new unprecedented challenges due to the Covid-19 global pandemic forcing the system to pause, review and adapt priorities to meet the new heath and care needs of the population.

In February 2021, NHS England/Improvement made five recommendations to Government on the question of how to legislate Integrated Care Systems on a statutory footing, having gathered the views of the NHS, local government and wider stakeholders. Following this, the Government published the White Paper 'Integration and Innovation: working together to improve health and social care for all' (February 2021). These proposals will shape the future of the SYB ICS which, legislation pending, will become an Integrated Care Authority in 2022.

Throughout the journey the ICS continues to work towards its vision - for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well for longer. More information about the ICS can be found on the ICS website: www.sybics.co.uk. Some of the South Yorkshire and Bassetlaw health and care partner achievements in 2020-21 have included:

COVID-19, Reset and Recovery

All across SYB, partner organisations and the ICS Programme Management Office were able to ensure the rapid reconfiguration of essential services and safeguarding measures were quickly put in place to protect patients and support frontline staff when it was needed most. SYB had a significantly better critical care survival rate than the national average during wave 1 ensuring we did not need to transfer a single patient out of the region. This was attributable to a flexible workforce management programme which saw high numbers of staff moving into critical care roles through selective redeployment (and retraining) where appropriate.

Key developments and outcomes regarding critical incident planning include:

- Set-up Critical Care Operational Delivery Networks (ODN) to ensure SYB's critical care response continued to perform and function effectively.
- Facilitated critical response meetings between SYB's health and care leaders to manage the unfolding pandemic including the initial Strategic Health Co-ordination Group before being replaced by a weekly ICS Health and Care Management Team meeting to align strategic priorities.
- Took a leading role in a national piece of work which identified five key areas as being integral to the NHS' recovery; endoscopy, outpatients, diagnostics (CT / MRI scans), theatres and cancer.
- Joined up with Local Authorities across SYB's five places to support the development of Local Outbreak Management Plans.
- Received national praise by Keith Willett, Director for Acute Care at NHS E/I, who stated that the SYB Wave 2 Plan, born out of the Phase 3 Recovery Plan, was both impressive and assured.
- Developing the SYB COVID-19 Vaccine Steering Group to oversee the extensive and complex roll out of the vaccination across nine priority groups set out by the Joint Committee on Vaccination and Immunisation.
- Awarded £5m from the Regional Capital panel as part of a bid for COVID-19 diagnostic money, directly benefit patients across SYB as further services moved closer with restoration plans.
- Redistribution of 1600 pallets of PPE to a new warehouse facility for our supplementary stockholding - saving over £5000 per week in storage and retrieval fees.
- The temporary arrangement of consolidating all children's surgery across SYB at Sheffield Children's Hospital NHS Foundation Trust (SCH) which was restored in June - evaluation outcomes recorded 130 children used the pathway and received excellent patient and staff feedback.

- Published a co-produced Rapid Insights report with Yorkshire and the Humber Academic Health Science Network about the transformations that took place during the first wave of Covid-19 using research into patient and public experiences during the pandemic (March 2020 - onwards).
- Extended license for an enhanced support service for bereavement through Listening Ear to support communities while in-person services had been impacted.
- Released a region-wide 'Help Us, Help You' campaign animation video to inform local people about which health services were running and why it was important to continue using them.
- Scaling-up appropriate treatment and rehabilitation services for Long Covid-19 patients through a funding award of £250,000 and leading on a regional engagement study of individuals still feeling persistent ill-effects from the virus.
- Released a Covid-19 Safety Strategy on behalf of SYB's Local Maternity System providing helpful guidance to support our most vulnerable patient groups during and after pregnancy.
- Roll-out of the NHS 111 scheme after extensive collaboration with national and regional partners.

Barnsley and Rotherham stroke survivors and their families/carers asked for feedback about their care

Following the introduction of three Regional Hyper Acute Stroke Units in 2019 to provide specialist care 24/7 for people in South Yorkshire and Bassetlaw, the views from people affected by the change to the service have been sought as part of the service change evaluation. Feedback has been collected from people from Barnsley and Rotherham who had a stroke and were treated at either Doncaster Royal Infirmary, the Royal Hallamshire Hospital or Pinderfields Hospital in Wakefield before either being discharged home or transferred to Barnsley or Rotherham Hospitals.

The findings from the survey have helped to evaluate whether the HASU Transformation achieved the anticipated benefits – one of which was to improve patient experience. Gaining the patient and carer feedback proved invaluable and the team are now looking at setting up a Stroke Survivor and Carer Panel to help secure meaningful patient engagement into the work programme. The team are also producing regional patient information and supporting work on improving communication with patients and their families as part of their work programme.

ICS Governance and Trust Involvement

The System Health Oversight Board (HOB)

The System Health Oversight Board (HOB) is the ICS primary governance group comprising Executive and Non-executive members from across SYB statutory bodies and the regional NHS Bodies. The HOB provides a joint forum between health providers, health commissioners, NHS England and NHS Improvement and other national arm's length bodies, to respond to the national policy direction for health and implementation of the NHS Long Term Plan.

A key purpose of the HOB is to give assurance to partners on progress and delivery and to give strategic direction on healthcare issues. The HOB meets quarterly. Membership of the HOB is drawn from the SYB health community, the regions and arm's length bodies and includes Chairs from the Mental Health Alliance, Joint Committee of CCGs, Acute Providers Committees in Common, Health and Wellbeing Boards and Healthwatch as well as a lead for Primary Care Networks from each place and the Executive membership.

Collaborative Partnership Board

As well as including the chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, umbrella Voluntary Action organisations, Healthwatch organisations, NHS England and other arm's length bodies the Collaborative Partnership Board is a key forum for engaging with the chief executives and directors of public health from the local authorities in South Yorkshire and Bassetlaw.

The System Health Executive Group

The System Health Executive Group (HEG) is the primary executive group comprising Chief Executive and Accountable Officer members from each health statutory organisations across the ICS and other partner organisations across Yorkshire and the Humber, to plan and deliver strategic health priorities which require collaborative working across the SYB ICS footprint.

The Integrated Assurance Committee

The Integrated Assurance Committee has non-executive and lay member representatives as well as executive membership. The purpose of the Integrated Assurance Committee is to provide assurance to the partners and to regulators on the performance, quality and financial delivery of health and care services within the five places and across the system in South Yorkshire & Bassetlaw.

The ICS System Health and Care Management Team

The ICS System Health and Care Management Team includes accountable officers and chief executives, directors of strategy, transformation and delivery and directors of finance.

Workstream Programme Boards

There are also a range of programme boards responsible for delivering the workstreams. These are led by a chief executive and senior responsible officer (an accountable officer from a clinical commissioning group) and supported by a director of finance and a project manager/workstream lead.

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.

Improvement Academy

We work with the Improvement Academy's team of improvement scientists, patient safety experts and clinicians to deliver a theory-based approach to improvement that is practical, tried and tested.

Sheffield Children's Hospital NHS Foundation Trust

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

Sheffield Teaching Hospitals NHS Foundation Trust

We also work with our main tertiary services provider, Sheffield Teaching Hospitals NHS Foundation Trust and a number of regional clinical networks to ensure the 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:

Sheffield University

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

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 2020-21, we received a total of 936 Freedom of Information requests and 1,555 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 2021. 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.

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.

Better Payment Practice Code

The Better Payment of Practice Code has a target that 95% of suppliers are paid within 30 days. In the main, the Trust has been unable to adhere to the better payment practice code due to the current financial position and the related availability of cash. The Trust ended the year with extended creditor days and it has in the main, not been possible to make payments within terms. Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for the reporting period were minimal. The percentage of suppliers paid within 30 days was 88.3%; a considerable improvement upon the previous year's figure of 40.5%.

Off Payroll Arrangements

There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2020 and 31 March 2021.

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 in an exceptional year. BFS made two charitable donations in the year; £0.03m to Barnsley Hospice and £0.97m 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.

Fraud risk assessments are undertaken throughout the year and used to inform counter fraud work. Where fraud is identified or suspected it is formally investigated in accordance with the Trust's Fraud Policy. During the year, activity has concentrated on informing and involving staff colleagues to raise fraud awareness and deter fraudulent activity.

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 & 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 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 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.

Dr Richard Jenkins, Chief Executive

Date: 1 July 2021

PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Remuneration Report

Performance Remuneration Leadership Barnsley

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 five times in 2020-21. It is chaired by the Trust Chair and includes all the Non-Executive Directors:

- Trevor Lake, Chair
- Francis Patton, Non-Executive Director (left 31 December 2020)
- Keely Firth, Non-Executive Director
- Philip Hudson, Non-Executive Director
- Nick Mapstone, Non-Executive Director
- Rosalyn Moore, Non-Executive Director
- Sue Ellis, Non-Executive Director
- Kevin Clifford OBE, Associate Non-Executive Director, (non-voting) (from 1 December 2019) became Non-Executive Director from 1 December 2020

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, Finance and Performance 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 June 2020 the Committee agreed a 1.67% uplift of salary for executive directors (capped at Agenda for Change band 8c level) in line with the national pay deal. The Committee also reviewed the pay of the senior directors, to ensure alignment with the agreed salary scales and national guidance. The criteria were to ensure that the terms and conditions for these key posts supported the attraction and retention of executives of the quality the Trust requires to deliver successfully on its long-term strategic aims and compared fairly with their peers.

Trevor Lake
Chair of the Remuneration Committee

Date: 1 July 2021

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 Committee, The RemCo Committee are responsible for giving due consideration to matters relating to loss of office. There were no such considerations in the period. The Trust exercises due consideration to employment considerations at all levels within the organisation.

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data with regional and national comparators and internal and external factors affecting the Trust and the wider NHS, including any national pay agreements
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	None – there are no enhanced payments for roles such as the Audit Committee Chair and/or Senior Independent Director	N/A

Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2020-21 are as follows:

Director	Start Date	End Date
Trevor Lake, Chair	1 Jan 2019	31 Dec 2022
Dr. Richard Jenkins, Chief Executive (interim to 18 June 2017, Substantive thereafter) (from 10 February 2020, Interim part-time CEO at The Rotherham NHS Foundation Trust)	3 Apr 17	-
Bob Kirton Chief Delivery Officer and Deputy Chief Executive (Previously Executive Director of Business Development and Strategy)	22 Dec 17 (1 Sept 16)	-
Jackie Murphy, Director of Nursing and Quality	22 Jul 2019	-
Chris Thickett, Director of Finance	18 March 2019	-
Simon Enright, Medical Director (interim to 30 November 2017, substantive thereafter)	19 April 2017	-
Steve Ned, Director of Workforce (Joint position with The Rotherham NHS Foundation Trust)	1 April 2019	-
Sue Ellis, Non-Executive Director	1 Jun 2019	31 May 2022
Keely Firth, Non-Executive Director	1 Jan 2017	31 Dec 2022
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
Francis Patton, Non-Executive Director	1 Jan 2008	31 Dec 2020
Kevin Clifford OBE, Non-Executive Director (Previously Associate Non-Executive Director)	1 Dec 2020 (1 Dec 2019)	31 Nov 2023

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 2021					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	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
Ms J Murphy, Director of Nursing and Quality	125-130	0	0	125-130	0	125-130	85-90	0	17.5-20.0	105-110
Dr R Jenkins, Chief Executive [01]	245-250	0	35.0-37.5	280-285	(110-115)	170-175	160-165	0	72.5-75.0	230-235
Mr R Kirton, Deputy Chief Executive and Chief Delivery Officer	130-135	0	20.0-22.5	150-155	0	150-155	130-135	0	45.0-47.5	175-180
Mr C Thickett, Director of Finance	120-125	0	15.0-17.5	135-140	0	135-140	125-130	0	87.5-90.0	215-220
Dr S Enright, Medical Director [02]	220-225	0	0	220-225	0	220-225	220-225	0	0	220-225
Mr S Ned, Director of Workforce [03]	65-70	0	25.0-27.5	90-95	0	85-90	65-70	0	187.5-190.0	255-260
Mrs H McNair, Director of Nursing and Quality	0	0	0	0	0	0	30-35	0	0	30-35
Ms A Bielby, Acting Director of Nursing and Quality	0	0	0	0	0	0	10-15	0	27.5-30.0	40-45
Mr T Lake, Chairman	45-50	0	0	45-50	0	45-50	45-50	0	0	45-50
Ms R Moore, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15
Mr N Mapstone, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15
Mrs K Firth, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15
Mr P Hudson, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15
Ms S Ellis, Non Executive Director	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15
Ms K Clifford, Non Executive Director [04]	10-15	0	0	10-15	0	10-15	0-5	0	0	0-5
Mr F Patton, Non Executive Director [05]	10-15	0	0	10-15	0	10-15	10-15	0	0	10-15
	2020/21			2019/20						
Band of Highest Paid Director's total Remuneration £'000s	220-225			220-225						
Median Total £'s	26,970			26,970						
Ratio	8.2			8.2						

Notes to Single Total Figure Table

1. Dr R Jenkins, Chief Executive costs are after a recharge of 2.25 days to The Rotherham NHS Foundation Trust for his capacity as their Interim Chief Executive. He also received 10% of his salary for clinical activity during this period. His total salary is in the bands £245 - 250,000. In 20-21 he received a £15,000 increase in his salary due to his due interim role across two Foundation Trusts.

2. Dr S Enright - From 1st April 2020 he moved to a full time Executive Director contract. In 19-20 he received 78% of his salary for clinical activity during this period.

3. Mr S Ned, Director of Workforce appointed from 1 April 2019 being a joint position with The Rotherham Hospital NHS Foundation Trust. The salary and fees are the recharge from The Rotherham NHS Foundation Trust.

4. Mr K Clifford was appointed as a Non-Executive Director from 1 December 2020. Previously he was an Associate Non-Executive Director.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual

Highest Paid Director (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the Trust in the financial year 2020-21 was £220,000 to £225,000 (for 2019-20: £220,000 to £225,000). This was 8.2 times (2019-20 8.2 times) the median remuneration of the workforce which was £26,970 (2019-20: £26,970).

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

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

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

The mid-point of the banded remuneration of the highest paid director (see paragraph 5.2.6), whether or not this is the Accounting Officer or Chief Executive, and the ratio between this and the median remuneration of the reporting entity's staff. The calculation is based on the full-time equivalent staff of the reporting entity at the reporting period end date of 31 March 2021 on an annualised basis. For departments, the calculation should exclude arm's length bodies within the consolidation boundary. Entities shall disclose information explaining the calculation, including causes of significant variances where applicable. Further guidance is provided on the Manual's dedicated website.

Basis of calculation for Median - The median remuneration of the reporting entity's staff is the total remuneration of the staff member(s) lying in the middle of the linear distribution of the total staff, excluding the highest paid director. This is based on annualised, full time equivalent remuneration as at the reporting period date.

A median will not be significantly affected by large or small salaries that may skew an average (mean) - hence it is more transparent in highlighting a Director is being paid significantly more than the middle staff in the organisation.

B) Pension Benefits

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 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash Equivalent Transfer Value at 1 April 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer's Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000	£000	£000	To nearest £100
Mr C Thickett, Director of Finance	0.0-2.5	0.0-2.5	20.0-25.0	0.0-5.0	196	1	218	0
Dr R Jenkins, Chief Executive	2.5-5.0	0.0-2.5	80.0-85.0	160.0-165	1,454	42	1,553	0
Mr R. Kirton, Deputy Chief Executive and Chief Delivery Officer	0.0-2.5	0.0-2.5	30.0-35.0	0.0-5.0	366	12	393	0
Ms J Murphy, Director of Nursing and Quality	0.0-2.5	0.0-2.5	55.0-60.0	170.0-175.0	1,246	21	1,306	0
Mr S Ned, Director of Workforce	0.0-2.5	0.0-2.5	60.0-65.0	140.0-145.0	1,179	35	1,255	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 3 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 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 2021		Year ended 31 March 20	
	Directors	Governors	Directors	Governors
Total number in office	14	23	16	26
The number receiving expenses in the reporting period	2	1	5	7
The aggregate sum of expenses paid in the reporting period	£600	£0	£8,000	£900

Dr Richard Jenkins, Chief Executive

Date: 1 July 2021

PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Staff Report

Equality Diversity Inclusion

Health and wellbeing

Trade Unions

Our people

NHS Staff survey

Communication

Proud of our Colleagues

Barnsley Hospital recognises that our people are key to delivering our strategic ambitions 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 2020-21 as the Trust and its staff responded to the most challenging year the NHS has faced, responding to the Covid-19 global pandemic.

Throughout the year the staff of the Trust have responded magnificently to the challenges including expanding our critical care capacity to meet the increased number of Covid-19 patients presenting at the Trust. We have also had to significantly change working practices in the Hospital to ensure safe environments for both staff and patients. This has been done whilst maintaining urgent and emergency services. We have also delivered a successful and unprecedented Covid-19 vaccination programme, ensuring priority Health and Care staff across the wider Barnsley area received protection through vaccination. The Trust provided staff with free car parking and free meals during the height of the pandemic which was greatly appreciated by staff as were the many donations from the general public and other charitable donations.

Staff engagement remained a key objective for the Trust and, despite the challenges of responding to the pandemic, the Trust achieved a positive response rate to the annual NHS Staff Survey (56% compared to comparator Trusts at 45%). The results continued to be positive with 9 of the 10 themes measured by the staff survey being above comparator Trusts and all 10 themes showing a positive trend since 2016. In 2021-22 we will continue to build on this improvement and aim to improve staff engagement and satisfaction even further.

One of the lessons learned during the pandemic response was the importance of supporting our staff particularly in relation to their health and wellbeing. We will also be working with other partners in our local Integrated Care System to ensure we have the right health and wellbeing offer for our staff. In particular, we will build on the psychological support offer made to our staff during 2020-21

Maintaining staff health and wellbeing is a risk to the Trust meeting its objectives for 2021-22. In recognising this, the Trust will place an even greater emphasis in supporting staff. We have re-focused our Occupational Health Service, including additional investment, and also provided a dedicated wellbeing service for staff.

Another risk to the Trust achieving its objectives is the need to continue to ensure that we have the right number of staff to deliver our services. We will continue to actively recruit to all vacancies and look for innovative ways of filling roles, this will include looking at the development of new roles and building on the success of our international nurse recruitment programme.

Workforce Profile 31 March 2021

The Trust continues to maintain a stable and growing workforce of 4219 (3,987 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), with investment in doctor and nursing posts remaining a priority. This figure includes BFS employees.

Ethnicity

Ethnic Origin	Headcount	% of Trust
White - British	3703	87.77%
White - Other	67	1.59%
Mixed	41	0.97%
Asian or Asian British	225	5.33%
Black or Black British	82	1.94%
Chinese	14	0.33%
Other Ethnic	40	0.95%
Undefined	2	0.05%
Not Stated	45	1.07%
Total	4219	

Religion

Religious Belief	Headcount	% of Trust
Atheism	597	14.15%
Buddhism	16	0.38%
Christianity	2276	53.95%
Hinduism	48	1.14%
I do not wish to disclose my religion/belief	649	15.38%
Islam	169	4.01%
Judaism	2	0.05%
Other	444	10.52%
Sikhism	8	0.19%
Unspecified	10	0.24%

Disability

Disabled	Headcount	% of Trust
No	3930	93.15%
Prefer not to answer	3	0.07%
Not Declared	125	2.96%
Yes	161	3.82%

Sexual Orientation

Sexual Orientation	Headcount	% of Trust
Bisexual	14	0.33%
Gay or Lesbian	61	1.45%
Heterosexual or Straight	3689	87.44%
Not stated (person asked but declined to provide a respons	442	10.48%
Other sexual orientation not listed	1	0.02%
Undecided	2	0.05%
Unspecified	10	0.24%

Age

Age Band	Headcount	% of Trust
<=20 Years	74	1.75%
21-25	367	8.70%
26-30	596	14.13%
31-35	489	11.59%
36-40	510	12.09%
41-45	489	11.59%
46-50	468	11.09%
51-55	514	12.18%
56-60	413	9.79%
61-65	233	5.52%
66-70	48	1.14%
>=71 Years	18	0.43%

Gender

Gender	Headcount	% of Trust
Female	3365	79.76%
Male	854	20.24%
Total	4219	

The balance of male and female of our Directors and Senior Management Team at the yearend for 2020-21 is shown below:

	Female	**Male**
Board of Directors (Executive and Non Executive Directors)	4	8
Senior Management Team (excluding Executive Directors)	1	1

The balance of male and female of our workforce at the yearend for 2020-21 is:

Staff Group	Female	Male	Total
Add Prof Scientific and Technic	113	38	151
Additional Clinical Services	779	104	883
Administrative and Clerical	671	160	831
Allied Health Professionals	198	37	235
Estates and Ancillary	264	106	370
Healthcare Scientists	73	37	110
Medical and Dental	216	306	522
Nursing and Midwifery Registered	1051	65	1116
Students	0	1	1
Total	3365	854	4219

The Trust's gender pay gap information can be found on the Barnsley Hospital NHS Foundation Trust website here:
https://www.barnsleyhospital.nhs.uk/uploads/2021/06/Gender-Pay-Gap-Report-2020.pdf

Average Number of Employees (WTE Basis)

	Permanent Number		Other number		2020-21 Total Number		2019-20 Total Number
Medical and dental	213		149		362		331
Ambulance staff	-		-		-		-
Administration	652		87		739		702
Healthcare assistants and other support staff	370		9		379		359
Nursing, midwifery and health visiting staff	1,263		280		1,543		1,426
Nursing, midwifery and health visiting learners	1		20		21		-
Scientific, therapeutic and technical staff	452		20		472		453
Healthcare science staff	177		12		189		177
Social care staff	-		-		-		-
Other			-				
	3,128		577		3,705		3,448

Staff Cost Summaries

					Group		
	Permanent		Other		20-21		2019-20
					Total		Total
	£000		£000		£000		£000
Salaries and wages	127,484		16,987		**144,471**		128,929
Social security costs	12,311		-		**12,311**		11,441
Apprentice Levy	640		-		**640**		592
Employer's contributions to NHS pension scheme	21,441		-		**21,441**		19,617
Pension cost - other	107		-		**107**		85
Other post-employment benefits	-		-		**-**		-
Other employment benefits	-		-		**-**		-
Temporary staff	-		21,451		**21,451**		14,907
Termination payments	28		-		**28**		-
NHS charitable funds staff	-		-		**-**		-
Total gross staff costs	**162,011**		**38,438**		**200,449**		175,571
Recoveries in respect of seconded staff	-		-		**-**		-
Total staff costs	**162,011**		**38,438**		**200,449**		175,571
Of which							
Costs capitalised as part of assets	5						

Compensation Schemes and Exit Packages

Reporting of compensation schemes - exit packages 2020-21						
				Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
				Number	Number	Number
Exit package cost band (including any special payment element)						
£25,001 - £50,000				1	-	1
Total number of exit packages by type				1	-	1
Total cost (£)				£28,000	£0	£28,000
Reporting of compensation schemes - exit packages 2019-20						
				Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
				Number	Number	Number
Exit package cost band (including any special payment element)						
£10,000 - £25,000				1	-	1
£25,001 - £50,000				1	-	1
Total number of exit packages by type				2	-	2
Total cost (£)				£49,000	£0	£49,000

Staff Appraisals

Our appraisal data confirms that 82.7% of non-medical staff have received an appraisal and 45.6% of medical staff have received an appraisal. An audit of the appraisal process provided positive feedback.

	Overall Mar 2021
Appraisals (Non-Medical)	
Trust	**82.7%**
Corporate Services	**87.1%**
CBU 1 Medicine	**82.7%**
CBU 2 Surgery	**72.0%**
CBU 3 Women, Children & Clinical Support Services	**82.3%**
Barnsley Facilities Services	**94.1%**
Appraisals (Medical)	
Trust	**49.6%**
Corporate Services	**9.5%**
CBU 1 Medicine	**58.2%**
CBU 2 Surgery	**50.6%**
CBU 3 Women, Children & Clinical Support Services	**45.8%**

Staff Sickness

Staff sickness absence has shown an increase at 5.18% compared to 4.35% in 2019-20. 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 of the plan is on managing long-term sickness cases with the involvement of Occupational Health, senior management and senior HR support. The Occupational Health team continue to find innovative approaches to health and wellbeing and reduce staff sickness. These include a menopause peer support group, using lifestyle assessments with BP, BMI and other tests for staff to help maintain their resilience at work and improve overall health. Staff are able to access to the VIVUP employee assistance programme for 24/7 counselling and self-help online resources continues, which also includes access to financial well-being support from NEYBER, together with the Remploy scheme supporting staff with mental health at work.

Mandatory Training

During 2020-21 the Trust has utilised E learning and Microsoft teams to support Mandatory training delivery. The Trust achieved 87.58% compliance in year against an internal target of 90%

Apprenticeships at Barnsley Hospital

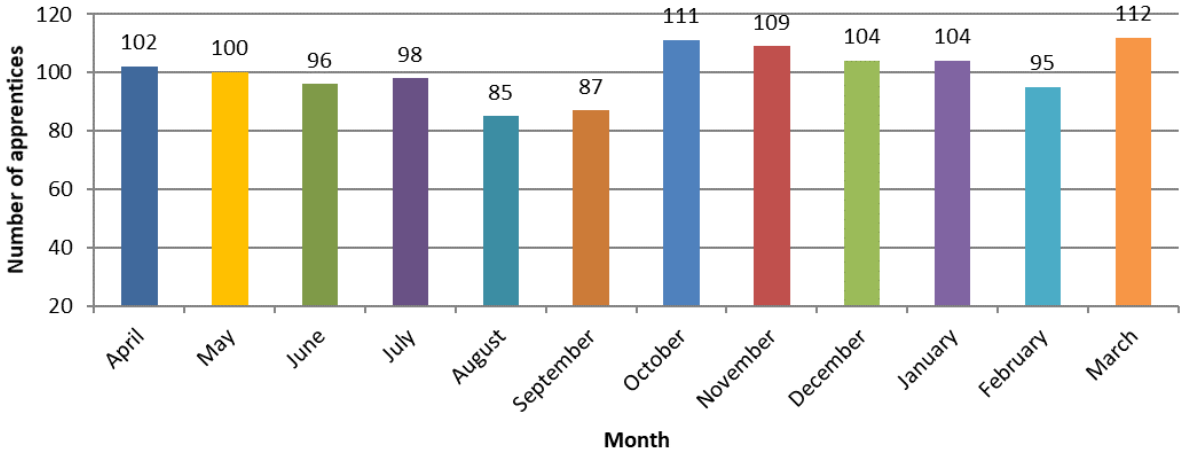
We have employed apprentices at Barnsley Hospital for many years and a lot of our staff, including staff in senior roles, started their career here as an apprentice or trainee.

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

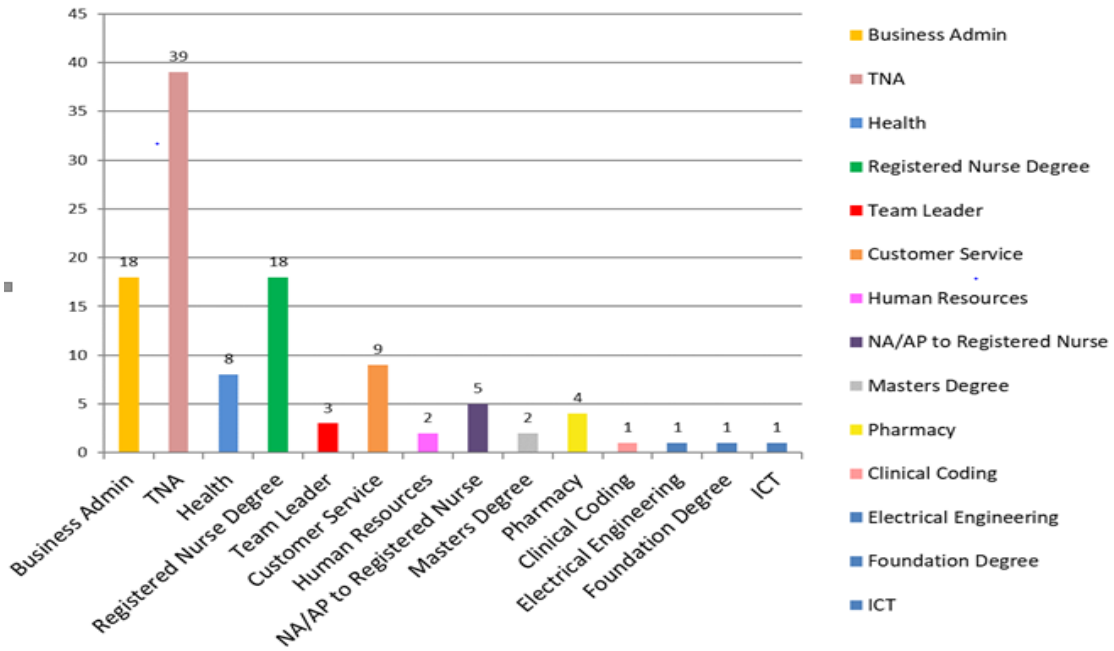
We have been able to utilise apprenticeships across a wide range of sectors and have utilised apprenticeship standards to support new role development for example the trainee nursing associates, assistant practitioners and registered nursing. Apprenticeships have supported the workforce from Band 2 to Associate Director level.

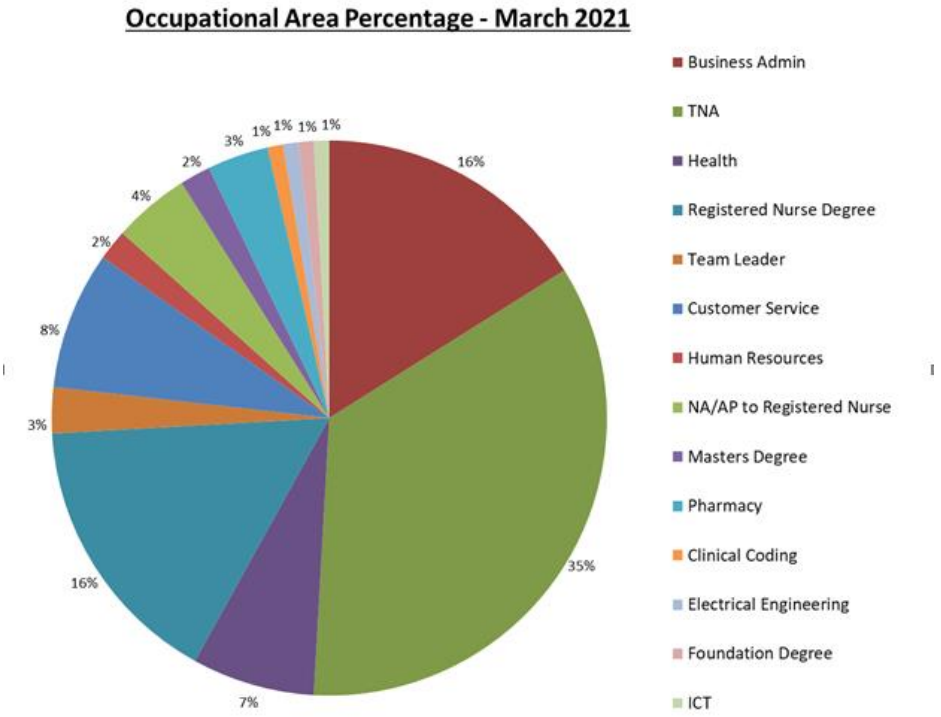
During the pandemic the recruitment of apprenticeships continued and technology as utilised to ensure that remote learning continued.

Number of apprentices in the Trust April 20 - March 21



Occupational Areas - March 2021





School Engagement

Health Education England now have a school's engagement team who are working with schools to provide lesson plans and interactive sessions to promote the NHS as an employer of choice.

Due to the pandemic a large place based careers event including a simulation pathway has had to be postponed however the regional plan is to utilise large events specifically focussed on the NHS.

Organisational Development

The Trust has a talent framework which outlines the range of leadership and management qualifications available to current leaders or those aspiring to leadership. Organisational Development delivers a range of interventions to support all aspects of the organisation including management processes, and team interventions. Learning and development have continued to support assessment centres for senior recruitment. There has been an increased usage of psychometric and 360˚feedback tools. Individual and team coaching capacity within the Trust has been increased this year and is available to all staff. The Trust's talent management programmes Aspiring and Ascending talent were paused for a time due to the pandemic.

Library and Resource Centre

The library and resource centre (LRC) has a range of resources to support staff with their requirements, supporting clinical and non-clinical decision making through its literature searching service. The Centre was closed during the first lockdown offering a remote service during this time following that the centre has been fully opened and have implemented all COVID-19 measures to ensure safe working practices.

Investors in People

In 2020 the Trust's Investors in People annual review was completed to review the action plan from the last accreditation and to plan for the 2021 reaccreditation assessment.

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. A full staff survey was completed in year. 56% of staff colleagues completed the survey. The average response rate for similar trusts was 45%.

Overall Response Data

	2019	2020
Total number of eligible staff	3535	3890
Returned completed	2576	2257
Response rate	71%	59%
Average Picker response rate	51%	49%

The Picker Facilitated Report

Barnsley Hospital was placed in the top six of all Trust's surveyed by Picker. When comparing the question responses year on year out of 75 comparable questions the Trust has improved on 20 questions and worsened on 4 question, the remaining 51 questions demonstrate no significant difference.

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

2019-20	24
2020-21	20

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

2019-20	5
2020-21	4

The NHS England report clusters the NHS staff survey questions into eleven key themes.

Out of ten themes our staff have rated Barnsley Hospital the same as or better than the average across all NHS trusts in England themes including team working, immediate managers and appraisals.

Our Staff rated us as the best performing NHS Trust in the country for equality, diversity and inclusion. Among other positive highlights are above-average results for 'staff engagement', 'safety culture', 'team working', 'safe environment', 'quality of care', 'morale', immediate manager', 'staff health and wellbeing' and equality, diversity and inclusion.

Overall, our results show we continue to make good progress towards our aspiration that Barnsley Hospital should be an outstanding place to work however there are some areas that we would aspire to improve further in the coming year. This is highlighted in the table below.

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.4	6.4	7.2	6.4	7.6	8.4	9.4	6.9	7.1	6.8
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	1,906	1,915	1,918	1,910	1,702	1,898	1,900	1,915	1,922	1,903

Whilst the Staff Survey results have improved year on year for the previous four years, 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, Finance and Performance 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. More information about the work of the Guardian in the year can be found on page 28.

Detailed Results Against Each Theme

Theme	2020-21		2019-20		2019-18	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversity & Inclusion	9.4	9.1	9.4	9.1	9.2	9.1
Health & Wellbeing	6.4	6.1	6.1	5.9	6.1	5.9
Immediate Managers	7.2	6.8	7.1	6.9	6.9	6.8
Morale	6.4	6.2	6.4	6.1	6.2	6.1
Quality of Care	7.6	7.5	7.7	7.5	7.5	7.4
Environment Bullying & Harassment	8.4	8.1	8.2	8.0	8.3	8.0
Environment Violence	9.4	9.5	9.3	9.4	9.4	9.4
Safety Culture	6.9	6.8	6.8	6.7	6.8	6.7
Staff Engagement	7.1	7.0	7.1	7.0	7.0	7.0
Team Working	6.8	6.5	6.8	6.6	6.8	6.6

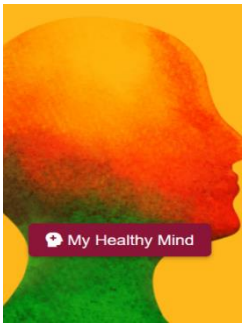
Health and Wellbeing

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.

In 2020-21 The Trust recognised the significant potential impact of the pandemic on staff and took action to ensure a wide range of support is available.

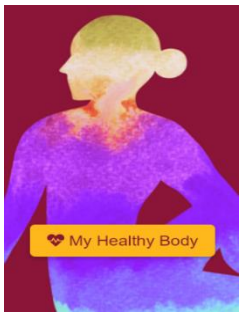
We now have a hospital Public Health "**Healthy Lives Team**" to focus on this. The team work closely with other organisations across Barnsley and South Yorkshire to help prevent illness from things we know can cause harm, such as tobacco use, unhealthy foods and poor living environments, and improve wellbeing by promoting things we know support good physical and mental health.

A relaunched 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 Trust significantly adapted its communication and engagement approaches during Covid-19 pandemic to support staff working differently.

The use of digital methods of communication were significantly increased, to great effect. The monthly CEO Team Brief, historically a face to face briefing, was undertaken use Microsoft Teams. This enabled colleagues to engage in the briefing session and ask real time questions wherever they were working from, the hospital or remotely. Furthermore, the Trust saw a significant increase in the number of clinical colleagues accessing the briefings, having previously been unable to attend the in person briefings due to the nature of their work.

Specifically, to support the wealth of information in relation to Covid-19, a dedicated thrice weekly email bulletin provided colleagues with 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.

We continue to pay tribute to our staff with the monthly BRILLIANT staff awards. Three awards are handed out each month. Two of the awards, for our Brilliant Individual and Brilliant Team, are selected by the Chair and Chief Executive from nominations received by staff within the hospital. The third, Public Brilliant award is compiled of nominations received by members of the public. Our award winners are celebrated each month with Board recognition, social media coverage and internally to the wider organisation.

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 currently working towards becoming a 'disability confident leader'. 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. Work is ongoing to merge the work of the Diversity Champions with the Health & Well-being Champions to help mitigate the health inequalities between some of the protected characteristic groups.

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. The Trust has completed the WRES Experts programme which has been created to help organisations improve on their performance for BME staff compared to white staff.

Community Engagement

The Trust continues to engage with Equality Forums and Service User Groups such as the My Barnsley Too (Disability Forum) and LGBTQ2+ community under the umbrella of 'Your Voice Barnsley' Outcomes and learning are shared with internal committees through updates and awareness raising. Examples of internal groups receiving updates are Patient Experience, Engagement & Insight Group (PEEIG) Diversity Champions and staff mandatory training and the People & Engagement Group.

Equality Impact Assessments

The Trust's Equality Impact Assessment Toolkit is being refreshed to include considerations of the potential 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 and on-going coaching is provided as an additional support mechanism from the Trust's Head of Inclusion & Wellbeing. 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.

Staff Engagement

The Trust has created the post of Equality, Diversity & Engagement Officer to increase staff engagement and initiatives so that our diverse staff can have a greater visibility and recognition.

Diversity Awareness Events/Training

Equality and Diversity training continues to be delivered throughout the year within the Trust's induction process and Passport to Management training. and has continued to achieve high levels of overall compliance and satisfaction within the Trust. Equality Impact Assessment Toolkit and unconscious bias awareness is also provided. Cultural awareness training will be provided soon by the Equality, Diversity & Inclusion Engagement Officer.

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. Over 700 staff now wear their badges. The Rainbow Badge Scheme will receive more attention in the coming year as disappointingly despite the Staff Survey showing positive results in the theme of ED&I the experience for LGB staff has shown disappointing results.

Carers' Charter and Strategy

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

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

The Strategy has now been produced alongside an action plan to help embed this in the workplace. The Trust has worked alongside specialist carers' organisation, consulted with carers on our strategy and action plan and continues to work towards a joined up approach across the borough. Due to the pandemic progress on the strategy has been slow but with the reduction in demands for Covid-19 this will help a greater focus on driving this forward.

NHS Diversity & Inclusion Partners

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

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	**£102,943**
Provide the total pay bill	**£190,494,143**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.054%**

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	**6,530 / 69,947 x 100 = 9.33%**

(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.

PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Governance Report

Quality & governance
People and finance
Council of Governors
Risk
Board committees
NHS Staff survey
People and finance
Audit

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 (e.g. Equality and Diversity Steering Group and Patient Experience Group), providing feedback to the wider Council of Governors.

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

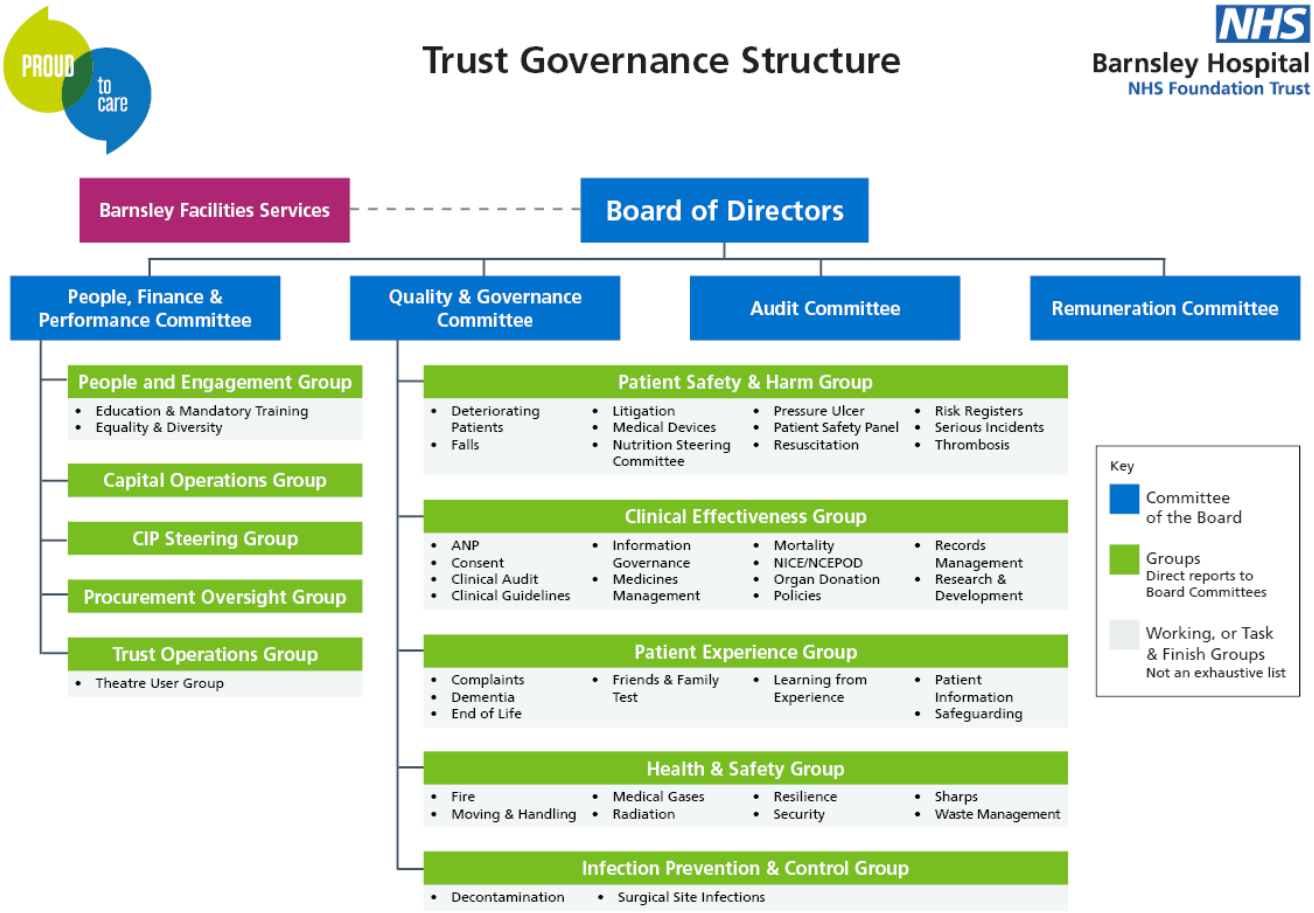
- Audit Committee
- People, Finance & Performance Committee (PFP)
- Quality & Governance Committee
- Remuneration Committee (Rem Com)

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 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.



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, Grant Thornton UK 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, excluding quality accounts review, was £114,000 (2019-20 £55,440) including VAT. The audit fee for the subsidiary organisation, Barnsley Facilities Services Limited, was £15,000 (2019-20 £15,000) exclusive of VAT.

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

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

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

- The results of external audit and in particular:

  - Evidence and disclosures related to the Trust's financial position and going concern status
  - Treatment of property revaluation and associated accounting transactions for the expansion of BFS
  - Accounting for contract income recognition.

- The results of the work performed by the Trust's Local Counter Fraud Specialist.

- Assurance from the work of Quality & Governance Committee and External Audit on the Quality Account.

- Wording of the Annual Governance statement to ensure that this is consistent with matters considered by the Committee.

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

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

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

Role of the People, Finance and Performance Committee

The People Finance and Performance committee oversee all aspects of the people, 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
- Maintain oversight of the People Strategy to include monitoring of the staff profile and trends, sickness absence, turnover, mandatory training, appraisal completion, staff engagement and wellbeing.
- Monitor progress against the Trust's People Strategy and Organisational Development Strategy with particular reference to recruitment, leadership and professional development, organisational development, talent management and succession planning, workforce planning, performance 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 & Governance Committee

The 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.

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 2020-21.

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 as at the end of March 2021 are:

Barnsley Public Constituency:

- Joe Unsworth (to 31 December 2021)
- Tony Conway (to 31 December 2021)
- Gilly Cockerline (to 31 December 2021)
- Graham Worsdale (to 31 December 2021)
- Annie Moody (to 31 December 2023)*
- Stephen Long (to 31 December 2021)
- Tony Dobell (to 31 December 2022)
- Robert Slater (to 31 December 2022)
- Alan Higgins (to 31 December 2022)
- Patricia Bevis (to 31 December 2022)
- John Bower (to 31 December 2022)
- Janet Lancaster (to 31 December 2022)
- Margaret Sheard (to 31 December 2022)
- Rebecca Peace (newly elected on 1 January 2021)

* Re-elected

Out of Area (rest of England & Wales):

- Vacancy

Staff Governors:

- Clinical Support: Helen Doyle (to 31 December 2022)
- Medical & Dental: Mr Ray Raychaudhuri (to 31 December 2022)
- Non-clinical Support: Vacancy
- Nursing & Midwifery: Janice Munford (elected on 1 January 2021). There is also one vacancy.

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 2020-21 (for appointment/re- appointment from 1 January 2021), six seats for Public Governors (including one for out of area) and three staff Governor seats were put forward for election; the elections were supported by the UK-Engage, as independent scrutineers. While appointed by nomination rather than election, partner Governors are subject to reappointment at three-year intervals. 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.

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

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

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

Council of Governors and Board member attendance at Governors' meetings and the Annual General Meeting is noted in the table on page 119. 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 2020-21 included:

- Paul Ardron, Partner Governor
- Tony Dobell, Public Governor
- Stephen Long, Public Governor
- Alan Higgins Public and Lead Governor
- Ray RayChaudhuri, Staff Governor
- Trevor Lake, Trust Chair
- Professor Michelle Marshal, Partner 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 NHS England & Improvement 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 2020-21. The salary for Non-Executive Directors has therefore remained the same at £13,500. The salary for the Chair has remained the same at £47,500.

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 two sub-groups, designed to reflect the Boards support system: namely Quality & Governance 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. As mentioned earlier, the sub-groups are also attended by other Directors and lead staff to provide more information on key topics and provide more detailed reports on performance and improvement plans.

In 2020-21 the groups addressed a wide range of issues, some of which are:

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

- Continued focus on patient's experiences, with Governors providing feedback from their constituency members as well as reviewing the quarterly reports on complaints, compliments and related issues highlighted from Board reports. 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: Alan Higgins, until 16 February 2021 and then Graham Worsdale from 17 February 2021)

- 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.

Shared Themes

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

Working Groups

It should be noted that ad hoc working groups can be established as and when required. In November 2020, a Constitution Task and Finish Group was established to carry out a review of the Constitution.

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: 2020 – 2021

		Board of Directors		Audit Committee		People, Finance & Performance		Quality & Governance		REMCO		
		Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	NOTES
Non-Executive Directors												
Clifford	Kevin	8	8	5	5	1	1	12	10	6	4	
Ellis	Sue	8	8	0	0	12	12	0	0	6	6	
Firth	Keely	8	8	5	4	12	11	0	0	6	6	
Hudson	Philip	8	7	5	5	1	1	12	11	6	6	
Mapstone	Nick	8	8	5	5	4	4	10	8	6	6	
Moore	Ros	8	7	0	0	1	1	12	11	6	5	
Patton (up to 31/12/2020)	Francis	7	6	0	0	9	9	0	0	4	3	
Lake	Trevor	8	8	1	1	0	5	0	6	6	6	
Shading denotes Board / Committee Chair												
Executive Directors & Executive Team Members												
Davidson	Tom	8	8	0	0	12	11	0	0			
Enright	Simon	8	8	0	0	0	0	12	10			
Jenkins	Richard	8	8	1	1	0	1	0	0			
Kirton	Bob	8	6	1	1	12	8	12	7			
Murphy	Jackie	8	8	0	1	12	10	12	11			
Parkes	Emma	8	7	1	2	0	0	0	0			
Saunders	Margaret	8	4	5	3	12	5	12	5			
Ned	Steve	8	8	0	0	12	9	0	0			
Thickett	Chris	8	8	5	5	12	0	0	0			
Burnett	Lorraine	3	2	0	0	8	8	0	1			
Governors												
Higgins (Lead Governor)	Alan	7	4	-	-	-	-	-	-			
Dobell	Tony	-	-	5	2	-	-	-	-			

Council of Governors Meetings - Governors (and Chair)

Staff and Partner Governors

Name		Term Of Office		Constituency	General Meeting		Sub groups	
		Expiry Date Term	Note				Finance & Performance	Quality & Governance
Partner Governors				**Partner Constituency**	Total Eligible	Attended	Attended	Attended
Paul	Ardron		A	Sheffield Hallam University	4	3	0	0
Martin	Jackson		A	Joint Trade Union Committee	4	4	3	2
Chris	Millington		A	NHS Barnsley Clinical Commissioning Group	4	4	5	5
Cllr Jenny	Platts		A	Barnsley Metropolitan Borough Council	4	4	0	3
David	Akeroyd		A	Barnsley College	4	3	1	1
Prof Michelle	Marshall		A	University of Sheffield	4	2	0	0
John	Marshall		A	Voluntary Action Barnsley (VAB)	4	0	0	0
Trevor	Lake	Dec-24		Chair	4	4	3	4
Richard	Jenkins		B	Chief Executive Officer	4	4	0	1

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

Name		Term Of Office		Constituency			Sub groups	
		Expiry Date	Note		General Meeting		Finance & Performance	Quality & Governance
Public Governors				Public Constituency	Total Eligible	Attended	Attended	Attended
Tricia	Adcock	Dec-21	A	Public Constituency	4	2	0	0
Gilly	Cockerline	Dec-23	A	Public Constituency	4	2	0	0
Tony	Conway	Dec-21	A	Public Constituency	4	0	1	0
Tony	Dobell	Dec-22	A	Public Constituency	4	3	1	5
Alan	Higgins	Dec-22	A	Public Constituency	4	4	5	5
Steve	Long	Dec-21	A	Public Constituency	4	2	4	4
Annie	Moody	Dec-23	A	Public Constituency	4	3	4	5
Harshad	Patel	Dec-23	A	Public Constituency	4	4	5	2
Carol	Robb	Dec-20	A	Public Constituency	4	0	2	0
Robert	Slater	Dec-22	A	Public Constituency	4	1	4	2
Joe	Unsworth	Dec-21	A	Public Constituency	4	4	4	5
Graham	Worsdale	Dec-21	A	Public Constituency	4	4	4	5
Patricia	Bevis	Dec-22	A	Public Constituency	4	0	0	0
John	Bower	Dec-22	A	Public Constituency	4	4	3	4
Janet	Lancaster	Dec-22	A	Public Constituency	4	0	0	1
Margaret	Sheard	Dec-22	A	Public Constituency	4	3	3	3
Rebecca	Peace	Dec-23	A	Public Constituency	4	4	0	1
Chairs denoted by shading								

Due to the Covid-19 Pandemic, some of our governor colleagues were physically unable to attend every meeting however they did fully participate by providing comments and feedback to the Chair in advance of each meeting they were unable to attend.

Name		Term Of Office		Constituency	General Meeting		Sub groups	
		Expiry Date	Note				Finance & Performance	Quality & Governance
Staff Governors				**Staff Constituency**	Total Eligible	Attended	Attended	Attended
Colin	Brotherston-Barnett	Dec-20	A	Non-Clinical Support	3	2	0	2
Emma	Cotney	Dec-20	A	Nursing & Midwifery	3	0	1	0
Helen	Doyle	Dec-22	A	Clinical Support	4	3	0	1
Claire	Grant	Dec-20	A	Nursing & Midwifery	3	0	1	1
Ray	Raychaudhuri	Dec-22	A	Medical & Dental	4	4	3	3
Janice	Munford	Dec-23	A	Nursing & Midwifery	1	1	1	1
Co-Opted Advisor								
Colin	Brotherston-Barnett*	Feb-22	A	N/A	1	1	0	1

*Staff governor until 31 December 2020. Appointed as a Co-opted Advisor from 1 March 2021 – 28 February 2022

Name		Role	General Meeting		Sub groups	
					Finance & Performance	Quality & Governance
Board and management attendance			Total Eligible	Attended	Attended	Attended
Sue	Ellis	Non- Executive Director	4	3	5	0
Keely	Firth	Non- Executive Director	4	3	5	0
Philip	Hudson	Non- Executive Director	4	4	0	2
Nick	Mapstone	Non- Executive Director	4	4	1	2
Ros	Moore	Non- Executive Director	4	2	0	4
Francis	Patton	Non- Executive Director (up to 31/12/20)	3	3	4	0
Kevin	Clifford	Non-Executive Director (from 01/12/20)	4	4	0	4
Richard	Jenkins	Chief Executive Officer	4	4	0	1
Margaret	Saunders	Director of Corporate Governance	1	1	2	0

*Not a member of committee

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 engages 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 2021 the Trust had 11,986 eligible members, comprising of 7,738 public members and 4,248 staff members.

Public Constituency	31 March 2021 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 Governance* 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.	112
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.	50, 109, 119,
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.	121
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.	122-123

2: Disclose	Board	B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	N/A
2: Disclose	Board	B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	50
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	71
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.	71
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.	117

			The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	
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.	49
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.	49

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.	43
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.	51
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.	109
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.	109
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.	112
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	123

			engagement and report on this in the annual report.	
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.	123
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.	123
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.	51

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	107
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	107
6: Comply or explain	Board	A.1.6	The board should report on its approach to clinical governance.	107
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.	107
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	107
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.	107
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.	50
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.	120
6: Comply or explain	Council of Governors	A.5.2	The council of governors should not be so large as to be unwieldy.	120
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.	112
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.	119
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.	119
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.	119
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.	119
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.	50
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.	51

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.	71
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.	71
6: Comply or explain	Nomination Committee(s)	B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	71
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.	71
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.	116
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	N/A

			trust or another organisation of comparable size and complexity.	
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.	107-111
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.	107-111
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.	107-111
6: Comply or explain	Board/Committees	B.5.4	Committees should be provided with sufficient resources to undertake their duties.	107-111
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.	107-111

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.	107-111
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.	43
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.	20
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	Yes

			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.	
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.	109
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.	109
6: Comply or explain	Council of Governors/Audit Committee	C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	109
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.	109
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.	71
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.	71
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.	71
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.	71
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.	71
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.	117
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.	58

Annual Governance Statement

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 2021 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 2020-21 the Trust reported four 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.

Every six months NHS Improvement publishes official statistics as a breakdown by NHS Trust of the incidents reported to the NRLS in an Organisation Patient Safety Incident Report (OPSIR). The reports no longer rank Trusts against each other, organisations are encouraged to compare against themselves over periods of time, rather than with other organisations. The latest data to be published was in September 2020 (October 2018 to March 2019 compared to October 2019 to March 2020).

During the period 1 October 2019 to 31 March 2020 there were 13 reported patient safety incidents resulting in severe harm (11) or death (two) out of a total of 4,940 in the same reporting period; 0.3%. This is an increase in the proportion of severe harm and in death compared to the previous six months. The Trust remains to a high reporting organisation and continues to demonstrate the Trust's open and positive approach to incident reporting to promote a culture of high quality and safe care for patients and staff.

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 is being developed and will be rolled out in 2021-22.

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 2020-21 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit.

The 2020-21 Internal Audit Opinion is detailed below.

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

The Trust has made progress this year to strengthen its BAF and risk management arrangements. We recognise that, at the time of our Opinion, these new arrangements are still embedding and we will further assess the operation of these in 2021-22.

Whilst we have allocated significant assurance for follow up of agreed actions, we note that there are two high and three medium risk actions which are ongoing. Although the Trust has generally had a robust follow up process, we will be monitoring this in 2021 to evaluate the progress being made to achieve an improved follow up position.

The 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 with the conclusion there no detrimental effect on reaching the opinion reached. The Covid-19 pandemic does not affect the Chief Executive's overall review of effectiveness of the control environment. For further information please see page 114.

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 2021-22 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 2020-21 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 2020-21 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 and People, Finance & Performance) receive regular reports detailing the staffing arrangements in place to provide assurance in respect of safety, sustainability and effectiveness. The reports detail areas of risk and mitigation strategies in relation to workforce. Workforce assurance is also provided through the Board Committees in respect of key workforce metrics, e.g. establishment data, sickness absence and turnover.

The Board has also approved a 'People Strategy' which has a key objective to support and enable Clinical Business Units and Corporate Departments to develop robust workforce planning strategies. In accordance with the recommendations of 'Developing Workforce Safeguards' the Trust will use a triangulated approach to maintaining assurance around workforce strategies and safe staffing systems. This approach will include utilising evidence based tools, e.g. establishment reviews, roster information together with professional judgement and patient outcome measures. The Nursing and Medical Directors will provide a statement to the Board detailing the outcome of this evidence based approach.

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) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

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

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

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

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

The Trust had a Cost Improvement Plan as part of the system funding for H2 last year which it did not achieve. Prior to this, the Trust had delivered on its cost improvement target for the previous seven years. The Trust did achieve its financial targets for 2020-21. The Trust has a clearly defined Quality Impact Assessment (QIA) process and governance to ensure Cost Improvement Programmes (CIP) 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 2021-22.

The Trust's draft 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 NHS Improvement's objectives and the Trust's Covid-19 Recovery Plans. Planning has been temporarily paused nationally due to the impacts of Covid-19, and therefore a final plan is yet to be agreed. The Trust continues to work closely with NHS England and NHS Improvement in an open and transparent manner and meetings and calls will be held with the regulator and members of the Board of Directors to review our performance against our plan. The Trust also continues to works closely with the rest of the local and regional health and care system through the Integrating Care System (ICS) planning process and governance.

Financial Sustainability

A summary of the key financial risks, mitigations and impacts for the year ahead is included in the table below. The block arrangements, introduced by NHS England and Improvement (NHSE/I) at the start of last year, are to continue throughout the first half (H1) of 2021-22 and similar to the second half of last year, the Trust will be required to operate within a financial envelope. Given the uncertainty surrounding funding mechanisms post September 21 these risks have been prepared to cover several funding eventualities; both block and a return to normal funding mechanisms. We will continue to manage these risks throughout 2021-22 and ensure that we again deliver our financial plan.

Area	Financial Risk Description and Mitigation	Potential Impact
Control target breakeven	Delivering the breakeven control target assigned to the Trust for 2021-22. **Mitigation:** Ensure that key cost pressures are effectively challenged and managed including control over agency staff expenditure and effective management of EPP programme of £4.6m.	Failure to achieve the target may result in The Trust not being able to access national monies.
Efficiency and Productivity Programme (EPP)	EPPs planned for delivery to 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.	Any unmitigated loss of EPP savings would be a £ for £ impact on the Control Target.
Activity	The plan has been set jointly with the commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. **Mitigation:** Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen 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 non-elective admissions requiring additional capacity to manage the pressures at additional cost. **Mitigation:** Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased non-elective activity would have an impact on the ability to meet the Control Target.
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 commissioner.
Covid-19	Covid-19 creates significant financial uncertainty, on the wider NHS finances, for a number of reasons. However, we do not believe this impacts on the Trusts ability to continue as a going concern, as detailed in the going concern section of the report. **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. **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.
Supplier payments	The cash flow and hence statement of position assumes the continued management of supplier payments. There could be pressure to reduce creditor days which would have an impact on the cash position and funding requirements. **Mitigation:** The senior finance team maintain the weekly review of cash payments and follow the same cash management processes as the prior year.	Any reduction to payables would have an adverse impact on cash available to maintain services.

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 2020-21 there were 6 serious information governance incidents reported to the Information Commissioner's Office (ICO). None of these resulted in further action by the ICO and the matters were closed. Appropriate actions were put in place to remind staff of their responsibilities through training and communications to all staff. All incidents were due to human error. These have been raised as examples in the communications to all staff to aid learning and understanding to help prevent future issues.

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

In February 2021 the Annual Reporting Manual was published detailing the requirements for the 2020-21 Quality Accounts and Quality Report. Together with other guidance it has been confirmed that regulations will be amended to change the 30 June 2021 deadline for publication of the Quality Account and Report. There is no requirement for Foundation Trusts to prepare a quality report and include it in its annual report for 2020-21 nor is there a requirement for Foundation Trusts to commission external assurance on its quality report for 2020-21.

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 2020-201 Internal Audit issued nine completed reports relating to the 2020-21 Audit Plan with the following levels of assurance:

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

There were no high risk issues identified from the reports issued in 2020-21. 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.

Dr Richard Jenkins, Chief Executive

Date: 1 July 2021

KPMG

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BARNSLEY HOSPITAL NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2021 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 2020/21.

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 absence of reference to a material uncertainty in this auditor's report is 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 and Risk Committee and internal audit and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve control totals delegated to the Group by NHS Improvement.
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any usual 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 the current financial regime, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk of incentive for revenue to be manipulated into the wrong period around the year end.

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. We consider this risk to be applicable to non-payroll and non-depreciation expenditure.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account pairings, unexpected users and seldom used accounts.
- Evaluating the business purpose of significant unusual transactions.
- Assessing significant estimates for bias.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify revenue had been recognised in the correct accounting period.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify expenditure had been recognised in the correct accounting period.
- Evaluating accruals posted as at 31 March 2021 and verifying accruals are appropriate and accurately recorded.
- 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 due 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 from inspection of the

Group's and Trust's regulatory and legal correspondence and discussed 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.

Firstly, the Group is subject to laws and regulations that directly affect the financial statements including 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.

We are also required to make a referral to the relevant NHS regulatory body under Paragraph 6 of Schedule 10 of the National Health Service Act 2006 if we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required 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 2020/21. 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 2020/21.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page AR141, 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 the 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 the 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 the 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.

We have nothing to report in these respects.

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 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Clare Partridge
for and on behalf of KPMG LLP
Chartered Accountants
One Sovereign Square
Leeds
LS1 4DA

15 July 2021

PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Financial Statements

Spending
Accounts
Balance
£ £ £
Capital
Investment

Summary of In-Year Performance

In 2020-21, in response to the Covid-19 pandemic, the national funding arrangements were changed in order to simplify processes and ensure that providers received sufficient funding to deal with the pressures of the pandemic. This took to the form of block contracts and a full rebate mechanism for the first half of the year, with the rebate mechanism being replaced by a financial allocation in the second half and an expectation to break even, based on NHSE/I assessment of financial performance.

The outturn position for the year was a deficit of £10.3m, however, this was after an impairment and donated asset movements totalling £11.7m and an increase in Charity funds of (£1.3m) which are excluded from the NHSE/I assessment of performance. Therefore the adjusted financial performance is a £0.1m surplus 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, before offsets and blocks, is a reduction in NHS clinical activity income by £44.0m, non-NHS income has fallen by £1.6m and revenue spend directly attributable to Covid-19 totalling £10.1m. The effects of the reduction in NHS clinical activity income has been offset by the block arrangements introduced for the year.

The Trust undertook a full revaluation of land and buildings as at 31st March 2021 on a Modern Equivalent Asset basis, resulting in a revised valuation of £66.1m, leading to an impairment charged to expenditure of £11.8m.

In September 2021, £67.4m of historic debt in the form of interim loans was converted into Public Dividend Capital (PDC). The Trust has no outstanding loans with the Department of Health and Social Care (DHSC).

Cash balances at the end of the year were £35.8m an increase of £19.9m 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 2021-22; along with cash receipts to cover lost non-clinical income due to Covid-19 and additional annual leave carried forward into 2021-22.

Income from Activities

The income from our core patient related activities in 2020-21, increased by 9.54% on the previous year as a result of the financial allocation for the second half of the year and reimbursement of the cost of additional annual leave carried forward into 2021-22. All areas of activity have seen significant decreases as a result of the Covid-19 pandemic however the financial effects of this have been offset by the block arrangements introduced for the year.

A summary of activity in 2020-21 compared to 2019-20 is provided in the table below:

Point of Delivery	2019-20	2020-21	% Change
Outpatients	345,100	146,963	(57.41%)
Elective Inpatients	3,794	2,193	(42.20%)
Elective Day Cases	29,162	15,134	(48.10%)
Non Elective Spells	42,803	33,115	(22.64%)
A&E Attendances	102,047	77,932	(23.63%)

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 2020-21 are offsets to additional costs in respect of centrally procured consumables and donated equipment received from the Department of Health and Social Care (DHSC) along with top-up funding. Total other operating income increased by 24.01% on the previous year.

Expenditure

Year on year expenditure for the Trust and its subsidiary, BFS Ltd, (our operating expense) increased by 11.78%. This was attributable to both the pay and non-pay bills; and includes the impact of Covid-19, cost of additional annual leave carried forward into 2021-22, additional costs in respect of centrally procured consumables and donated equipment received from DHSC and land and buildings revaluation impairment.

Capital Expenditure

During 2020-21 the Trust had a capital programme of £22.2m which is an incredible achievement given the scale of works delivered in the final quarter, which included accelerating £1.5m 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 - £13.8m
- Information Management and Technology - £1.3m
- Medical and surgical equipment - £4.5m
- Covid-19 - £2.6m

Looking Ahead to 2021-22

2021-22 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. So far, the funding allocation has only been released for the first half of the year. As a result, the Trust have estimated the potential funding allocation for the second half of the year to derive an annualised plan.

For 2021-22 the Trust are expected to deliver elective 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 70% in April, 75% in May, 80% in June and 85% from July onwards. The Trust are confident these trajectories will be delivered. If the Trust deliver above the trajectories then additional funding is available as part of the Elective Recovery Fund (ERF).

We start the year facing a planned break even position. This will be challenging to deliver whilst recovering elective activity levels and given the underlying financial position of the Trust has shifted significantly since 2019-20 as a result of general inflationary pressures, capital charges increases, quality and safety investments, recurrent cost increases due to Covid-19 and reductions in other income. This is a common picture across the NHS. The Trust will have a renewed focus on efficiency and productivity for 2021-22, the financial plan includes the requirement for a £4.6m efficiency in year.

Dr Richard Jenkins, Chief Executive

Date: 1 July 2021

Barnsley Hospital NHS Foundation Trust
Financial Accounts

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2021, 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: ……1 July 2021

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2021

	NOTE	**Group 2020/21 £000**	Group 2019/20 £000	**Trust 2020/21 £000**	Trust 2019/20 £000
Operating income from patient care activities	3	**244,323**	221,583	**244,314**	221,551
Other operating income	4	**37,754**	30,445	**37,688**	31,340
Total operating income		**282,077**	252,028	**282,002**	252,891
Operating expenses	5	**(290,694)**	(250,351)	**(291,488)**	(251,307)
OPERATING (DEFICIT)/SURPLUS		**(8,617)**	1,677	**(9,486)**	1,584
FINANCE COSTS					
Finance income		**5**	129	**1**	118
Finance expense	8	**(1)**	(1,021)	**(997)**	(2,098)
Public Dividend Capital dividends payable		**(1,574)**	0	**(1,574)**	0
NET FINANCE COSTS		**(1,570)**	(892)	**(2,570)**	(1,980)
Other gains/(losses)		**73**	(20)	**0**	0
Corporation tax (charge)	9	**(141)**	(206)	**0**	0
(DEFICIT)/SURPLUS FOR THE YEAR		**(10,255)**	559	**(12,056)**	(396)
Other comprehensive income					
Items that will not be reclassified to income or expenditure					
Revaluation and impairments property, plant and equipment	11	**(3)**	(152)	**(3)**	(152)
Other reserve movement		**0**	(12)	**0**	(14)
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		**(10,258)**	395	**(12,059)**	(562)

ALLOCATION OF (DEFICIT)/SURPLUS FOR THE YEAR	**2020/21**	2019/20	**2020/21**	2019/20
	£000	£000	**£000**	£000
(a) (Deficit)/Surplus for the year attributable to:				
(i) owners of the parent	**(10,255)**	559	**(12,056)**	(396)
TOTAL	**(10,255)**	559	**(12,056)**	(396)
(b) Total comprehensive income for the year attributable to:				
(i) owners of the parent	**(10,258)**	395	**(12,059)**	(562)
TOTAL	**(10,258)**	395	**(12,059)**	(562)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2021

	NOTE	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
NON CURRENT ASSETS					
Intangible assets	10	**4,337**	4,362	**4,326**	4,348
Property, plant and equipment	11	**79,835**	75,507	**79,450**	75,109
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiary	12	**0**	0	**20,542**	21,224
Other investments		**338**	268	**0**	0
Trade and other receivables	14	**2,031**	1,791	**2,031**	1,791
Total non current assets		**86,541**	81,928	**118,699**	114,822
CURRENT ASSETS					
Inventories	13	**2,449**	3,731	**1,595**	1,903
Trade and other receivables	14	**8,897**	12,663	**5,731**	11,072
Loans to subsidiary	12	**0**	0	**682**	659
Cash and cash equivalents	15	**35,773**	15,882	**33,445**	14,950
Total current assets		**47,119**	32,276	**41,453**	28,584
CURRENT LIABILITIES					
Trade and other payables	16	**(42,555)**	(29,104)	**(45,599)**	(30,910)
Borrowings	17	**0**	(67,567)	**(2,078)**	(69,645)
Provisions	18	**(1,353)**	(188)	**(1,313)**	(144)
Other liabilities	19	**(1,675)**	(1,850)	**(1,675)**	(1,850)
Total current liabilities		**(45,583)**	(98,709)	**(50,665)**	(102,549)
TOTAL ASSETS LESS CURRENT LIABILITIES		**88,077**	15,495	**109,487**	40,857
NON CURRENT LIABILITIES					
Borrowings	17	**0**	0	**(25,672)**	(27,822)
Provisions	18	**(771)**	(701)	**(771)**	(701)
TOTAL NON CURRENT LIABILITIES		**(771)**	(701)	**(26,443)**	(28,523)
TOTAL ASSETS EMPLOYED		**87,306**	14,794	**83,044**	12,334
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		**134,514**	51,745	**134,514**	51,745
Revaluation reserve	20	**2,049**	2,052	**2,049**	2,052
Income and expenditure reserve		**(51,237)**	(39,720)	**(53,519)**	(41,463)
OTHERS' EQUITY					
Charitable reserves	12.1	**1,980**	717	**0**	0
TOTAL TAXPAYERS' EQUITY		**87,306**	14,794	**83,044**	12,334

The financial statements on pages 1 to 34 were approved by the Board on 1 July 2021 and signed on its behalf by:

Signed: R. Dalis (Chief Executive)

Date: 1 July 2021

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Group	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Charitable funds reserves (Note 12)	Total taxpayers' equity
2020/21	**£000**	**£000**	**£000**	**£000**	**£000**
Taxpayers' equity at 1 April 2020	**51,745**	**2,052**	**(39,720)**	**717**	**14,794**
Total Comprehensive Income for the year					
Surplus/(Deficit) for the year	**0**	**0**	**(11,870)**	**1,615**	**(10,255)**
Net impairments	**0**	**(3)**	**0**	**0**	**(3)**
Public dividend capital received	**82,769**	**0**	**0**	**0**	**82,769**
Others' equity					
Other reserve movements - charitable funds consolidation adjustments	**0**	**0**	**352**	**(352)**	**0**
Taxpayers' equity at 31 March 2021	**134,514**	**2,049**	**(51,237)**	**1,980**	**87,306**
Prior year : 2019/20					
Taxpayers' equity at 1 April 2019	47,455	2,204	(40,139)	589	10,109
Total Comprehensive income for the year					
Surplus/(Deficit) for the year	0	0	213	346	559
Net impairments	0	(152)	0	0	(152)
Public dividend capital received	4,290	0	0	0	4,290
Others' equity					
Other reserve movements	0	0	(12)	0	(12)
Other reserve movements - charitable funds consolidation adjustments	0	0	218	(218)	0
Taxpayers' equity at 31 March 2020	51,745	2,052	(39,720)	717	14,794

Nature and function of classes of Taxpayers' and others' equity

Public dividend capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.

The Revaluation reserve is used to record revaluation gains/losses and impairment reversals on Property plant and equipment and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of Property plant and equipment and intangibles.

The surplus or deficit for the year is recognised in income and expenditure, together with any other gain or loss for the financial year that is not recognised in any other reserve.

NHS charitable funds reserves - this balance represents the ring-fenced funds held by the NHS charitable funds consolidated within these accounts. These reserves are classified as restricted or unrestricted.

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

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Trust 2020/21	Public dividend capital £000	Revaluation reserve (Note 20 and below) £000	Income and expenditure reserve £000	Total taxpayers' equity £000
Taxpayers' equity at 1 April 2020	**51,745**	**2,052**	**(41,463)**	**12,334**
Total Comprehensive income for the year				
Deficit for the year	**0**	**0**	**(12,056)**	**(12,056)**
Net impairments	**0**	**(3)**	**0**	**(3)**
Public dividend capital Received	**82,769**	**0**	**0**	**82,769**
Taxpayers' equity at 31 March 2021	**134,514**	**2,049**	**(53,519)**	**83,044**
Prior year : 2019/20				
Taxpayers' equity at 1 April 2019	47,455	2,204	(41,053)	8,606
Total Comprehensive income for the year				
Deficit for the year	0	0	(396)	(396)
Transfer to retained earnings on disposal of assets	0	(152)	0	(152)
Public dividend capital received	4,290	0	0	4,290
Others' equity				
Other reserve movements	0	0	(14)	(14)
Taxpayers' equity at 31 March 2020	51,745	2,052	(41,463)	12,334

Nature and function of classes of Taxpayers' Equity

Public dividend capital - is a type of public sector equity finance, it represents the Government's net investment in the Trust, this is notionally repayable.

The Revaluation reserve is used to record revaluation gains/losses and impairment reversals on Property plant and equipment and intangibles that are recognised in Other Comprehensive Income. When an asset is sold, or otherwise disposed of, any remaining revaluation reserve balance for the asset in the reserve is transferred to Retained Earnings. The balance is wholly in respect of Property plant and equipment and intangibles.

The surplus or deficit for the year is recognised in income and expenditure, together with any other gain or loss for the financial year that is not recognised in any other reserve.

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2021

	NOTE	Group 2020/21 £000	Group 2019/20 £000	Trust 2020/21 £000	Trust 2019/20 £000
Cash flows from operating activities					
Operating (deficit)/surplus		**(8,617)**	1,677	**(9,486)**	1,584
Non-cash income and expenses					
Depreciation and amortisation		**6,310**	5,744	**6,218**	5,672
Impairments and reversals		**11,757**	0	**11,757**	0
Income recognised in respect of capital donations (cash)		**(203)**	(52)	**(203)**	(52)
Decease in trade and other receivables		**4,205**	6,951	**5,818**	6,956
Decrease/(increase) in inventories		**1,282**	(163)	**308**	(166)
Increase/(decrease) in trade and other payables		**14,361**	(43)	**18,830**	1,087
(Decrease) in other liabilities		**(175)**	(51)	**(175)**	(51)
Increase in provisions		**1,235**	569	**1,239**	525
Corporation tax (paid)	9	**(141)**	(206)	**0**	0
NHS Charitable Funds working capital movements		**134**	9	**0**	0
NHS Charitable Funds: other movements in operating cash flows		**7**	(12)	**0**	0
Other movements in operating cash flows		**0**	(15)	**0**	(17)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES		**30,155**	14,408	**34,306**	15,538
Cash flows from investing activities					
Interest received		**1**	120	**1**	118
Purchase or settlements of financial assets / investments		**0**	0	**659**	637
Purchase of intangible assets		**(951)**	(2,554)	**(951)**	(2,554)
Purchase of property, plant and equipment		**(22,225)**	(5,908)	**(25,285)**	(4,634)
Receipt of cash donations to purchase capital assets		**0**	52	**0**	52
Net cash (outflow) from investing activities		**(23,175)**	(8,290)	**(25,576)**	(6,381)
Cash flows from financing activities					
Public dividend capital received		**82,769**	4,290	**82,769**	4,290
Movement in loans from the Department of Health and Social Care		**(67,376)**	(3,050)	**(67,376)**	(3,050)
Capital element of finance lease rental payments		0	0	**(2,150)**	(2,078)
Interest on loans		**(191)**	(1,024)	**(191)**	(1,024)
Interest element of finance lease		0	0	**(996)**	(1,077)
Public dividend capital dividend paid		**(2,291)**	0	**(2,291)**	0
Net cash inflow/(outflow) from financing activities		**12,911**	216	**9,765**	(2,939)
Increase in cash and cash equivalents	15	**19,891**	6,334	**18,495**	6,218
Cash and cash equivalents at 1 April	15	**15,882**	9,548	**14,950**	8,732
Cash and cash equivalents at 31 March	15	**35,773**	15,882	**33,445**	14,950

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 2020/21 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

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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. 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 has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds 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.

In 2020/21 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.

Assets under construction intangible assets

The Trust includes such expenditures as software packages and Medicine Management systems, in year this includes the E-rostering system upgrade.

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, 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

'Determining whether an arrangement contains a lease'

At inception of an arrangement, the Trust determines whether such an arrangement is or contains a lease. This will be the case if the following two criteria are met:

- the fulfilment of the arrangement is dependent on the use of a specific asset or assets: and

- the arrangement contains the right to use of the asset(s)

At inception or on reassessment of the arrangement, the Trust separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Trust concludes for a finance lease that it is impracticable to separate the payments reliably, then an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Trust's incremental borrowing rate.

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 in the financial statements, 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 Borrowings

Borrowings are held at amortised cost; any difference between the proceeds (net of transaction costs) and the redemption value is recognised in the income statement over the period of the borrowings in line with our loan agreements issued by the Department of Health and Social Care.

1 Accounting policies and other information (continued)

1.18 Exit packages

Exit packages are payable when employment is terminated by the Trust before normal retirement date, or whenever an employee accepts voluntary redundancy in exchange for these packages. The Trust recognises the packages at the point there is a constructive obligation to do so, this will include: when the Trust can no longer withdraw the offer of the package. In the case of an offer for voluntary redundancy, the benefits are based on the number of employees who have or are expected to accept the offer. Benefits falling due after more than 12 months after the end of end of the reporting period are discounted.

1.19 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 full valuation of its land and buildings as at 31 March 2021, which was undertaken by Cushman & Wakefield on a Modern Equivalent Asset (MEA) basis and reduced the residual value of the assets in 2020/21 by £11,757,207. The large reduction is due to the MEA valuation not recognising the full value of the significant level of capital investment since the last revaluation on 31 March 2019. 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.

1.20 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 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of 'HM Treasury's Financial Reporting Manual' ["FReM"].

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

1.23 Operating Segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Trust Board.

1.24 Charitable fund investments

Investments are stated at market value as at the Statement of Financial Position date. The Statement of Comprehensive Income Includes the net gains and losses arising on revaluation and disposals throughout the year.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase date if later).

1.25 Accounting standards that have been adopted early

No new accounting standards or revisions to existing standards have been early-adopted in 2020/21.

1.26 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 2020/21.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM which is expected to be from April 2023: early adoption is not therefore permitted.

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.

1 Accounting policies and other information (continued)

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted (continued)

IFRS 16 Leases (continued)

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively 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. Currently this rate is 0.91% but this may change between now and adoption of the standard. 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 2021.

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 2020/21, 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 2021, with the exception of audit adjustments.

Within the Group financial statements are two subsidiary entities as detailed in note 1.1 and the pages within the financial statements.

The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

3. Income from activities

3.1 Income from activities comprises	**Group 2020/21 £000**	Group 2019/20 £000	**Trust 2020/21 £000**	Trust 2019/20 £000
NHS England	**26,378**	22,734	**26,378**	22,734
Foundation Trusts	**3**	401	**3**	401
NHS Trusts	**16**	12	**16**	12
CCGs	**217,022**	197,052	**217,022**	197,052
NHS Other	**0**	86	**0**	86
Non NHS:				
- Local Authorities	**144**	148	**144**	148
- Overseas patients chargeable to patient	**56**	125	**56**	125
- NHS injury cost recovery scheme*	**670**	930	**670**	930
- Other	**34**	95	**25**	63
	244,323	221,583	**244,314**	221,551

*NHS injury cost recovery scheme income is subject to a provision for doubtful debts of 22.43% (2019/20 21.79%) to reflect expected rates of collection.

3.2 Analysis of income from patient care by nature	**Group 2020/21 £000**	Group 2019/20 £000	**Trust 2020/21 £000**	Trust 2019/20 £000
Block contract / system envelope income	**227,686**	203,287	**227,686**	203,287
High cost drugs income from commissioners	**9,325**	10,661	**9,325**	10,661
Other NHS clinical income	**19**	499	**19**	499
Additional pension contribution central funding	**6,389**	5,839	**6,389**	5,839
Other clinical income	**904**	1,297	**895**	1,265
Total income from patient care activities	**244,323**	221,583	**244,314**	221,551

As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

3.2 Analysis of income from activities (continued)

Income from Commissioner Requested Services (CRS) and Income from non- Commissioner Requested Services (non-CRS)

	Group 2020/21 £000	Group 2019/20 £000	**Trust 2021/20 £000**	Trust 2019/20 £000
Commissioner Requested Services(CRS)	**244,323**	221,583	**244,314**	221,551
Non- Commissioner Requested Services (non-CRS)	**37,754**	30,445	**37,688**	31,340
TOTAL	**282,077**	252,028	**282,002**	252,891

4. Other Operating Income	**Group 2021/20 £000**	Group 2019/20 £000	**Trust 2020/21 £000**	Trust 2019/20 £000
Research and development	**498**	454	**498**	454
Education and training	**9,540**	8,141	**9,540**	8,141
Education and training - notional income from apprenticeship fund	**343**	269	**343**	269
Donated equipment from DHSC for COVID response (non-cash)	**203**	0	**203**	0
Received from NHS Charities- grant for capital acquisitions	**0**	52	**0**	52
Other contributions to expenditure - received from other bodies	**34**	32	**34**	32
Receipt of equipment donated from DHSC for COVID response below capitalisation threshold	**61**	0	**61**	0
Provider sustainability fund / Financial recovery fund / Marginal rate emergency tariff funding	**0**	10,814	**0**	10,814
Reimbursement and top up funding	**12,734**	0	**12,734**	0
Contributions to expenditure - receipt of centrally procured inventories from DHSC	**4,821**	0	**4,821**	0
Other income*	**7,982**	10,326	**9,454**	11,578
Charitable fund incoming resources	**1,538**	357	**0**	0
	37,754	30,445	**37,688**	31,340

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

Car parking	**10**	1,609	**10**	1,662
Estates recharges	**285**	695	**50**	392
IT recharges	**130**	142	**142**	151
Pharmacy sales	**44**	59	**6**	16
Staff recharges	**2,116**	1,532	**2,343**	1,653
Service recharges	**3,762**	3,770	**3,762**	4,244
Drugs recharges	**1,106**	1,251	**1,106**	974
Staff contribution to employee benefit schemes	**0**	10	**0**	10
Clinical excellence awards	**46**	113	**46**	113
Property rentals	**4**	31	**0**	0
Elimination of 'other income' on consolidation of charitable funds	**(352)**	(218)	**0**	0
Miscellaneous items	**831**	1,332	**1,989**	2,363
	7,982	10,326	**9,454**	11,578

5. Operating expenses

	Group 2020/21 £000	Group 2019/20 £000	**Trust 2020/21 £000**	Trust 2019/20 £000
Purchase of healthcare from NHS and DHSC bodies **Note 3**	**0**	0	**0**	0
Purchase of healthcare from non-NHS and non-DHSC bodies **Note 3**	**23**	101	**23**	101
Non-executive directors' costs **Note 1**	**148**	140	**148**	140
Staff and executive directors costs **Notes 1 and 6.1**	**200,444**	175,571	**190,346**	166,312
Drugs costs	**14,393**	16,098	**14,808**	16,432
Supplies and services - clinical (excluding drugs costs) **Note 3**	**20,275**	24,382	**18,244**	24,848
Supplies and services – clinical: utilisation of DHSC centrally procured inventories	**4,821**	0	**4,821**	0
Supplies and services - general	**5,505**	4,160	**1,332**	3,686
Supplies and services - general: notional cost of equipment donated from DHSC for COVID response	**61**	0	**61**	0
Establishment	**3,255**	2,027	**2,927**	2,059
Research and development	**51**	41	**51**	41
Premises - business rates payable to local authorities	**897**	887	**897**	887
Premises	**7,149**	6,413	**26,316**	16,449
Transport (business travel only)	**198**	258	**194**	251
Transport - other (including patient travel)	**1,491**	1,038	**1,233**	1,044
Increase in other provisions	**3**	27	**3**	27
Change in provisions discount rate	**0**	4	**0**	4
Education and training - notional expenditure funded from apprenticeship fund	**343**	269	**343**	269
Rentals under operating leases	**114**	114	**114**	114
Movement in credit loss allowance: contract receivables/ assets	**121**	592	**121**	592
Impairments net of (reversals)	**11,757**	0	**11,757**	0
Depreciation on property, plant and equipment	**5,335**	4,807	**5,246**	4,735
Amortisation on intangible assets	**976**	937	**973**	937
Audit services - statutory audit **Note 2.1**	**129**	70	**114**	55
Other auditor's remuneration - further assurance services **Note 2.2**	**0**	2	**0**	0
Clinical negligence	**10,298**	10,295	**10,298**	10,295
Legal fees	**83**	143	**83**	89
Insurance	**293**	281	**2**	0
Consultancy costs	**422**	543	**413**	536
Internal audit costs	**96**	103	**96**	103
Car parking and security	**423**	478	**1**	436
Hospitality	**3**	26	**0**	298
Losses, ex gratia and special payments	**257**	70	**197**	70
Other	**1,330**	474	**327**	497
	290,694	250,351	**291,488**	251,307

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 2.1 - Auditor's remuneration

KPMG LLP were external auditors for the year ended 31 March 2021.

The audit fee for the Trust statutory audit including excluding a quality accounts review was £114,000 (2019/20 £55,440 excluding a fee for quality accounts) 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 £15,000 exclusive of VAT (2019/20 - £15,000 exclusive of VAT).

Note 2.2 - Other auditor's remuneration - further assurance services	**Group 2020/21 £000**	Group 2019/20 £000	**Trust 2020/21 £000**	Trust 2019/20 £000
Independent Examiners Report for Barnsley Hospital Charity	**0**	2	**0**	0
	0	2	**0**	0

The above costs are inclusive of VAT.

Note 3 - 2019/20 costs have been restated by £8,616,000 Group and £8,611,000 Trust after reconsideration of these cost categories. Where similar expenditure has taken place in 2020/21 they are reported consistent with this revised allocation.

5. Operating expenses (continued)

5.1 Operating leases

Operating expenses include: Group

	Group 2020/21	Group 2019/20	**Trust 2020/21**	Trust 2019/20
Payments recognised as an expense	**£000**	£000	**£000**	£000
Minimum lease payments	**114**	114	**114**	114

Total future minimum lease payments:

	Group 2020/21	Group 2019/20	**Trust 2020/21**	Trust 2019/20
	£000	£000	**£000**	£000
Total future minimum lease payments				
No later than one year	**104**	357	**104**	357
Later than one year and no later than five years	**159**	66	**159**	66
	263	423	**263**	423

Operating leases are inclusive of leases for digital detectors, mammography lease agreements and GE Gamma Cameras.

6.1 Staff costs

Group	**Total 2020/21**	Total 2019/20
	£000	£000
Salaries and wages	**144,471**	128,929
Social security costs	**12,311**	11,441
Apprenticeship levy	**640**	592
Employer contributions to NHS pensions	**15,052**	13,778
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**6,389**	5,839
Pension Cost - NEST	**107**	85
Termination payments	**28**	0
Temporary staff - external bank	**13,122**	9,572
Agency/Contract Staff	**8,329**	5,335
Totals	**200,449**	175,571

In the year ended 31 March 2021, £5,175 of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2020 £Nil).

Trust	**Total 2020/21**	Total 2019/20
	£000	£000
Salaries and wages	**135,661**	121,040
Social security costs	**11,677**	10,854
Apprenticeship levy	**597**	553
Employer contributions to NHS pensions	**14,579**	13,302
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**6,389**	5,839
Pension Cost - NEST	**35**	33
Termination payments	**28**	0
Temporary staff - external bank	**13,122**	9,572
Agency/Contract Staff	**8,258**	5,119
Totals	**190,346**	166,312

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

Within Medical and Dental staff numbers are 75.12 whole time equivalents (WTE) recharges from other NHS Trusts at a cost of £6,593,250 (77.63 WTE at a cost of £6,154,000 in 2019/20) which are not processed on the Trust's payroll but which appear in the total staff costs for the Trust.

6. Staff costs and numbers (continued)

6.2 Retirements due to ill-health

During the year there were 2 early retirements (Nil in 2019/20) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of this ill-health retirement is £73,946 (£Nil 2019/20). The cost of these ill-health retirements will be borne by the NHS Pension Scheme.

7. Limitation on auditors' liability

The limitation on the auditor's liability with regards to the audit of the financial statements, as per the engagement letter is £1,000,000 (2019/20 Grant Thornton £2,000,000).

8. Finance expense

	Group	Group	**Trust**	Trust
	2020/21	2019/20	**2020/21**	2019/20
	£000	£000	**£000**	£000
Capital loans from the Department of Health and Social Care	**0**	3	**0**	3
Interim revenue loans from the Department of Health and Social Care	**1**	1,018	**1**	1,018
Finance Leases - inter group	**0**	0	**996**	1,077
	1	1,021	**997**	2,098

9. Corporation tax charge

Group

	2020/21	2019/20
(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	**125**	184
Adjustment in respect of previous periods	**0**	7
Total current tax	**125**	191
Deferred tax		
Current year	**4**	13
Effects of changes in tax rates	**12**	2
Total deferred tax	**16**	15
Total per Consolidated Statement of Comprehensive Income	**141**	206

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:

	2020/21	2019/20
	£000	£000
Surplus/(Deficit) for the year from continuing activities	**(10,114)**	765
Effective tax charge percentage	**19.00%**	19.00%
Tax if effective tax rate charged on surpluses before tax	**(1,922)**	145
Effects of		
Surpluses not subject to tax	**2,063**	61
Tax charge for the year	**141**	206

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

10. Intangible assets

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

2020/21:	**Software Licences £000**	**Assets under Construction £000**	**Total £000**
Gross cost at 1 April 2020	10,658	1,985	12,643
Additions purchased	189	762	951
Reclassifications	1,374	(1,374)	0
Gross cost at 31 March 2021	**12,221**	**1,373**	**13,594**
Accumulated amortisation at 1 April 2020	8,281	0	8,281
Provided during the year	976	0	976
Accumulated amortisation at 31 March 2021	**9,257**	**0**	**9,257**
Net book value			
- Total at 1 April 2020	2,377	1,985	4,362
- Total at 31 March 2021	**2,964**	**1,373**	**4,337**

Prior year 2019/20:	**Software Licences £000**	**Assets under Construction £000**	**Total £000**
Gross cost at 1 April 2019	10,089	0	10,089
Additions purchased	569	1,985	2,554
Gross cost at 31 March 2020	10,658	1,985	12,643
Accumulated amortisation at 1 April 2019	7,344	0	7,344
Provided during the year	937	0	937
Accumulated amortisation at 31 March 2020	8,281	0	8,281
Net book value			
- Total at 1 April 2019	2,745	0	2,745
- Total at 31 March 2020	2,377	1,985	4,362

11. Property, plant and equipment

11.1 Property, plant and equipment at the Statement of Financial Position date comprise the following elements:

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

	Land	Buildings and dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	3,515	65,207	0	10,270	10,393	724	90,109
Additions - purchased	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
At 31 March 2021	**3,515**	**62,763**	**2,356**	**14,511**	**10,769**	**1,007**	**94,921**
Accumulated depreciation at 1 April 2020	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							
- 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
- Donated at 1 April 2020	15	394	0	248	0	0	657
Revised Total at 1 April 2020	**3,515**	**62,751**	**0**	**6,169**	**2,940**	**132**	**75,507**
- Purchased at 31 March 2021	3,500	62,322	2,356	8,162	2,418	390	79,148
- Donated at 31 March 2021	15	271	0	198	0	0	484
- Owned - equipment donated from DHSC for COVID response	0	0	0	203	0	0	203
Total 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).

11. Property, plant and equipment (continued)

11.2 Property, plant and equipment at the Statement of Financial Position date comprise the following elements: (continued)

Group (Trust figures not disclosed as no material difference)

2019/20:	Land	Buildings and dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	3,515	59,519	0	9,349	9,137	702	82,222
Additions - purchased	0	5,688	0	1,159	1,256	22	8,125
Additions - purchased from cash donations/grants	0	0	0	52	0	0	52
Impairments charged to the revaluation reserve	0	0	0	(264)	0	0	(264)
Disposals	0	0	0	(26)	0	0	(26)
At 31 March 2020	**3,515**	**65,207**	**0**	**10,270**	**10,393**	**724**	**90,109**
Accumulated depreciation at 1 April 2019	0	167	0	2,544	6,652	570	9,933
Provided during the year	0	2,289	0	1,695	801	22	4,807
Impairments charged to the revaluation reserve	0	0	0	(112)	0	0	(112)
Disposals	0	0	0	(26)	0	0	(26)
Accumulated depreciation at 31 March 2020	**0**	**2,456**	**0**	**4,101**	**7,453**	**592**	**14,602**
Net book value							
- Purchased at 1 April 2019	3,500	58,942	0	6,472	2,485	132	71,531
- Government granted as at 1 April 2019	0	0	0	66	0	0	66
- Donated at 1 April 2019	15	410	0	267	0	0	692
Revised Total at 1 April 2019	**3,515**	**59,352**	**0**	**6,805**	**2,485**	**132**	**72,289**
- Purchased at 31 March 2020	3,500	62,357	0	5,875	2,940	132	74,804
- Government granted as at 31 March 2020	0	0	0	46	0	0	46
- Donated at 31 March 2020	15	394	0	248	0	0	657
Total at 31 March 2020	**3,515**	**62,751**	**0**	**6,169**	**2,940**	**132**	**75,507**

Of the totals at 31 March 2020 there were no assets valued at open market value (as at 31 March 2019 - 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 2020 (as at 31 March 2019 - none).

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2020 was £30,145,969 these were land and building hospital facilities (as ay 31 March 2019 - £32,223,751).

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 2021 and 31 March 2020 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
	2020/21	**2020/21**	**2020/21**	2019/20	2019/20	2019/20
	£000	**£000**	**£000**	£000	£000	£000
Statement of Financial Activities						
Incoming resources: excluding investment income	**1,538**	**0**	**1,538**	357	0	357
- with Barnsley Hospital NHS Foundation Trust	**(352)**	**352**	**0**	(218)	218	0
- audit fee (payable to the external auditor)	**0**	**0**	**0**	0	0	0
Total operating expenditure	**(352)**	**352**	**0**	(218)	218	0
Incoming resources: investment income	**4**	**0**	**4**	9	0	9
Net (outgoing)/incoming resources before other recognised gains and losses	**1,190**	**352**	**1,542**	148	218	366
Fair value movements on investment properties and other investments	**73**	**0**	**73**	(20)	0	(20)
Net movement in funds	**1,263**	**352**	**1,615**	128	218	346
Balance Sheet						
Non-current assets						
Other investments	**338**	**0**	**338**	268	0	268
Total non-current assets	**338**	**0**	**338**	268	0	268
Current assets						
Trade and other receivables	**2**	**6**	**8**	3	4	7
Cash and cash equivalents	**1,915**	**0**	**1,915**	586	0	586
Total current assets	**1,917**	**6**	**1,923**	589	4	593
Current liabilities						
Trade and other payables	**275**	**6**	**281**	140	4	144
Total current liabilities	**275**	**6**	**281**	140	4	144
Creditors: amounts falling due after more than 1 year	**0**	**0**	**0**	0	0	0
Net assets	**1,980**	**0**	**1,980**	717	0	717
Funds of the charity						
Restricted funds	**488**	**0**	**488**	343	0	343
Unrestricted income funds	**1,492**	**0**	**1,492**	374	0	374
Total Charitable Funds	**1,980**	**0**	**1,980**	717	0	717

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 2021 £000**	31 March 2020 £000
Current assets	**50,067**	41,245
Current liabilities	**(15,201)**	(6,261)
Total current net assets	**34,866**	34,984
Non-current assets	**396**	410
Non-current liabilities	**0**	0
Total non-current net assets	**396**	410
Provision for other liabilities	**(91)**	(79)
Creditors:amounts falling due after more than 1 year	**(20,542)**	(21,224)
Net assets	**14,629**	14,091
Gross assets	**50,463**	41,655

Summarised Profit and Loss Account	**2020/21 £000**	2019/20 £000
Revenue	**55,872**	39,731
Expenses	**(55,445)**	(39,001)
Interest receivable	**996**	1,069
Interest payable and similar charges	**(744)**	(766)
Corporation tax	**(141)**	(206)
Post tax profit from continuing operations	**538**	827
Total comprehensive income	**538**	827

The amounts presented above are the amounts before intercompany transactions.

Investments in Subsidiary Undertakings	**31 March 2021 £000**	31 March 2020 £000
Shares in subsidiary undertakings	**12,350**	12,350
Loans to subsidiary undertakings > 1 year	**20,542**	21,224
	32,892	33,574
Loans to subsidiary undertakings < 1 year	**682**	659
	33,574	34,233

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 2021 £000	Group 31 March 2020 £000	**Trust 31 March 2021 £000**	Trust 31 March 2020 £000
Raw materials and consumables	**2,449**	3,731	**1,595**	1,903
TOTAL	**2,449**	3,731	**1,595**	1,903

14. Trade and other receivables	Total 31 March 2021 £000	Financial assets £000	Non Financial assets £000	Total 31 March 2020 £000	Financial assets £000	Non Financial assets £000
Current - Group						
Contract receivables : invoiced	**3,038**	**3,038**	**0**	8,066	8,066	0
Contract receivables : not yet invoiced /non-invoiced	**0**	**0**	**0**	1,428	1,428	0
Contract assets	**519**	**519**	**0**	809	809	0
Prepayments	**1,004**	**0**	**1,004**	941	0	941
PDC Dividend Receivable	**802**	**0**	**802**	85	0	85
Value Added Tax receivable	**4,088**	**0**	**4,088**	2,071	0	2,071
Clinician pension tax provision reimbursement funding from NHSE	**31**	**0**	**31**	33	0	33
Other receivables	**126**	**126**	**0**	85	85	0
NHS Charitable Funds - trade and other	**2**	**0**	**2**	3	0	3
Allowance for impaired contract receivables/assets	**(692)**	**(692)**	**0**	(837)	(837)	0
Allowance for impaired other receivables	**(21)**	**(21)**	**0**	(21)	(21)	0
Total current trade and other receivables	**8,897**	**2,970**	**5,927**	12,663	9,530	3,133
Current - Trust						
Contract receivables : invoiced	**3,013**	**3,013**	**0**	7,929	7,929	0
Contract receivables : not yet invoiced / non-invoiced	**0**	**0**	**0**	1,428	1,428	0
Contract assets	**519**	**519**	**0**	809	809	0
Prepayments	**452**	**0**	**452**	458	0	458
PDC Dividend Receivable	**802**	**0**	**802**	85	0	85
Value Added Tax receivable	**1,563**	**0**	**1,563**	1,123	0	1,123
Clinician pension tax provision reimbursement funding from NHSE	**31**	**0**	**31**	33	0	33
Other receivables	**4**	**4**	**0**	65	65	0
Allowance for impaired contract receivables/assets	**(632)**	**(632)**	**0**	(837)	(837)	0
Allowance for impaired other receivables	**(21)**	**(21)**	**0**	(21)	(21)	0
Total current trade and other receivables	**5,731**	**2,883**	**2,848**	11,072	9,373	1,699
Non - current Group						
Contract assets	**1,434**	**1,434**	**0**	1,279	1,279	0
Clinician pension tax provision reimbursement funding from NHSE	**597**	**0**	**597**	512	0	512
Total non current trade and other receivables	**2,031**	**1,434**	**597**	1,791	1,279	512
Non - current Trust						
Contract assets	**1,434**	**1,434**	**0**	1,279	1,279	0
Clinician pension tax provision reimbursement funding from NHSE	**597**	**0**	**597**	512	0	512
Non current trade and other receivables	**2,031**	**1,434**	**597**	1,791	1,279	512
Of which receivable from NHS and DHSC group bodies:						
Current - Group	**3,301**			8,491		
Current - Trust	**3,956**			8,491		
Non - current Group	**597**			512		
Non - current Trust	**597**			512		

15. Cash and cash equivalents	**Group 31 March 2021 £000**	Group 31 March 2020 £000	**Trust 31 March 2021 £000**	Trust 31 March 2020 £000
At 1 April	**15,882**	9,548	**14,950**	8,732
Net change in year	**19,891**	6,334	**18,495**	6,218
At 31 March	**35,773**	15,882	**33,445**	14,950
Made up of:				
Cash at commercial banks and in hand	**2,863**	1,245	**535**	313
Cash with Government Banking Service	**32,910**	14,637	**32,910**	14,637
Cash and cash equivalents as in statement of financial position	**35,773**	15,882	**33,445**	14,950

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 2021 £000**	**Financial liabilities £000**	**Non Financial liabilities £000**	Total 31 March 2020 £000	Financial liabilities £000	Non Financial liabilities £000
Trade payables	**4,972**	**4,972**	**0**	4,132	4,132	0
Capital payables	**4,937**	**4,937**	**0**	5,980	5,980	0
Social security costs	**3,528**	**0**	**3,528**	3,144	0	3,144
Value added tax payable	**1,809**	**0**	**1,809**	1,416	0	1,416
Other taxes payable	**439**	**0**	**439**	219	0	219
Other payables	**4,830**	**4,830**	**0**	4,866	4,866	0
NHS Charitable Funds	**269**	**0**	**269**	136	0	136
Accruals	**17,572**	**17,572**	**0**	8,681	8,681	0
Annual leave accrual	**4,199**	**4,199**	**0**	531	531	0
Total current trade and other payables	**42,555**	**36,510**	**6,045**	29,104	24,189	4,915
Of which payables from NHS and DHSC group bodies:						
Current	**4,020**			3,760		

Current - Trust						
Trade payables	**2,716**	**2,716**	**0**	1,410	1,410	0
Amount due to subsidiary company	**17,879**	**17,879**	**0**	7,617	7,617	0
Capital payables	**1,762**	**1,762**	**0**	5,903	5,903	0
Social security costs	**3,375**	**0**	**3,375**	3,144	0	3,144
Value added tax payable	**32**	**0**	**32**	49	0	49
Other taxes payable	**263**	**0**	**263**	0	0	0
Other payables	**4,776**	**4,776**	**0**	4,664	4,664	0
Accruals	**10,597**	**10,597**	**0**	7,592	7,592	0
Annual leave accrual	**4,199**	**4,199**	**0**	531	531	0
Total current trade and other payables	**45,599**	**41,929**	**3,670**	30,910	27,717	3,193
Of which payables from NHS and DHSC group bodies:						
Current	**20,325**			3,760		

17. Borrowings

	Group 31 March 2021 £000	Group 31 March 2020 £000
Current liabilities		
Capital loans from Department of Health and Social Care	**0**	1,806
Interim revenue loans from Department of Health and Social Care	**0**	65,761
Total Other current liabilities	**0**	67,567
Non-current liabilities		
Capital loans from Department of Health and Social Care	**0**	0
Interim revenue loans from Department of Health and Social Care	**0**	0
Total Other non-current liabilities	**0**	0

	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Current liabilities		
Capital loans from Department of Health and Social Care	**0**	1,806
Interim revenue loans from Department of Health and Social Care	**0**	65,761
Obligations under Finance Leases	**2,078**	2,078
Total Other current liabilities	**2,078**	69,645
Non-current liabilities		
Capital loans from Department of Health and Social Care	**0**	0
Interim revenue loans from Department of Health and Social Care	**0**	0
Obligations under Finance Leases	**25,672**	27,822
Total Other non-current liabilities	**25,672**	27,822

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

The £27,750,000 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	**2020/21 £000**	2019/20 £000
Carrying value at 1 April	**67,567**	70,623
Cash movements:		
Financing cash flows - principal	**(67,376)**	(3,050)
Financing cash flows - interest (for liabilities measured at amortised cost)	**(191)**	(1,024)
Application of effective interest rate (interest charge arising in year)	**0**	1,018
Closing value as at 31 March	**0**	**67,567**

17.1 Finance Lease Obligations - Trust

	31 March 2021 £000	31 March 2020 £000
Gross Lease Liabilities	**27,750**	29,900
Of which liabilities are due :		
- Not later than one year	**3,147**	3,147
- Later than one year and not later than five years	**7,410**	8,855
- Later than five years	**27,939**	29,641
Finance charges allocated to future periods	**(10,746)**	(11,743)
Net Lease Liabilities	**27,750**	29,900
- 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	**18,956**	21,106
	27,750	29,900

18. Provisions

Group (Trust figures not disclosed as no material difference)

	31 March 2021 £000	31 March 2020 £000
Non current		
Clinicians' pensions reimbursement	**597**	512
Other	**174**	189
Total	**771**	701
Current		
Equal Pay	**1,182**	0
Clinicians' pensions reimbursement	**31**	33
Other	**140**	155
Total	**1,353**	188

	£000 Total	£000 Equal Pay	£000 Clinicians' pension reimbursement	£000 Other
At 1 April 2020	**889**	**0**	**545**	**344**
Arising during the year	**1,278**	**1,182**	**93**	**3**
Utilised during the year accruals	**(19)**	**0**	**0**	**(19)**
Utilised during the year cash	**(14)**	**0**	**0**	**(14)**
Reversed unused during the year	**(10)**	**0**	**(10)**	**0**
At 31 March 2021	**2,124**	**1,182**	**628**	**314**
Expected timing of cash flows:				
Current : Within one year	**1,353**	**1,182**	**31**	**140**
Non current :				
Between one and five years	**131**	**0**	**59**	**72**
After five years	**640**	**0**	**538**	**102**

Provisions do not include £106,573,730 (£108,638,227 in 2019/20) included in the accounts of NHS Resolution as at 31 March 2021 in respect of clinical negligence liabilities of the Trust. It is not expected that any of these amounts will be reimbursed.

19. Other liabilities

Group and Trust	31 March 2021 £000	31 March 2020 £000
Deferred income	**(1,675)**	(1,850)
	(1,675)	(1,850)

20. Revaluation Reserve

Group and Trust	Total Revaluation Reserve	Revaluation Reserve Intangibles	Revaluation Reserve Property Plant and Equipment
2020/21	**£000**	**£000**	**£000**
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**
Prior year : 2019/20			
Revaluation reserve at 1 April 2019	2,204	120	2,084
Transfer to I and E reserve upon asset disposal	(152)	0	(152)
Revaluation reserve at 31 March 2020	2,052	120	1,932

21. Commitments

(i) Contractual capital commitments

	Group 31 March 2021 £000	Group 31 March 2020 £000	**Trust 31 March 2021 £000**	Trust 31 March 2020 £000
Property, plant and equipment	**2,795**	6,176	**24**	17
Intangible assets	**143**	384	**143**	371
	2,938	6,560	**167**	388

(ii) Other financial commitments

The Trust is committed to making payments under non-cancellable executory contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2021 as follows, analysed by the period during which the payment is made:

Group	**31 March 2021 £000**	31 March 2020 £000
- Not later than one year	**8,577**	4,958
- Later than one year and not later than five years	**14,337**	12,803
- Later than five years	**677**	2,602
	23,591	20,363

Trust	**31 March 2021 £000**	31 March 2020 £000
- Not later than one year	**4,722**	1,987
- Later than one year and not later than five years	**6,033**	5,411
- Later than five years	**677**	2,602
	11,432	10,000

22. Events after the reporting date

There have been no events after the reporting period.

23. Contingent Liabilities

	31 March 2021 £000	31 March 2020 £000
NHS Resolution legal claims **Note 1**	**34**	37
Net value of contingent liability	**34**	37

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 2020/21: Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, The Rotherham NHS Foundation Trust, NHS Greater Huddersfield 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:

	2020/21	2019/20
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive directors	**911**	953
- Non-executive directors	**148**	141
	1,059	1,094
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive directors	**82**	89
Aggregate of remuneration and other benefits receivable by the directors	**1,141**	1,183
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive directors)	**5**	6

25. Financial Instruments

Financial reporting standard IFRS 7 (Financial Instruments: Disclosures) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities. Investments made by the Charity are not deemed to be high risk.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally with the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors. Cash is held in banks that are deemed to be low risk organisations.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit Risk

Exposure to risk -The majority of the Trust's income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non- NHS customers form only a small proportion of total income and the majority of those customers are organisations that are unlikely to cease trading in the short term 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 2021 £000	Group 31 March 2020 £000	**Trust 31 March 2021 £000**	Trust 31 March 2020 £000
Financial assets by category				
Receivables	**4,404**	10,809	**4,317**	10,652
Other investments/financial assets	**0**	0	**21,224**	21,883
Cash and cash equivalents	**33,858**	15,296	**33,445**	14,950
NHS Charitable Funds - Financial assets	**2,255**	857	**0**	0
Total	**40,517**	26,962	**58,986**	47,485

Receivables comprise, trade and other receivables less prepayments.

Financial assets are at amortised cost.

Financial liabilities by category				
DHSC Loans	**0**	67,567	**0**	67,567
Obligations under finance leases	**0**	0	**27,750**	29,900
Payables	**36,510**	24,189	**41,929**	27,717
NHS Charitable Funds - Financial liabilities	**0**	136	**0**	0
Total	**36,510**	91,892	**69,679**	125,184

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	**36,510**	91,892	**45,075**	95,443
In more than one year but not more than five years	**0**	0	**7,410**	6,716
In more than five years	**0**	0	**27,940**	23,184
Total	**36,510**	91,892	**80,425**	125,343

26. Third Party Assets

The Trust held £1,008 and cash equivalents at 31 March 2021 (£150 as at 31 March 2020) 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	**2020/21**	**2020/21**	2019/20	2019/20
Losses:	**Total number of cases**	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000's**	Number	£000's
1. Losses of cash due to:				
a. overpayment of salaries	**0**	**0**	0	0
b. other causes	**1**	**1**	0	0
2. Bad debts and claims abandoned in relation to:				
a. overseas visitors	**54**	**111**	7	11
b. other	**358**	**192**	383	196
3. Damage to buildings, property (including store losses) due to				
a. other	**48**	**61**	47	48
Total losses	**461**	**365**	437	255
Special Payments				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**12**	**1**	8	3
b. personal injury with advice	**11**	**30**	11	38
c. other	**1**	**0**	2	1
Total Special Payments	**24**	**31**	21	42
Total Losses and Special Payments	**485**	**396**	458	297

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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 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 was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced 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.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

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.