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NHS
Barnsley Hospital
NHS Foundation Trust

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

Annual Report and Accounts 2023-24

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts
1 April 2023 to 31 March 2024

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Contents

Welcome from the Chair

We have seen tremendous pressures on our services over the last year and I would like to start by firstly saying thank you to all our dedicated colleagues, governors and volunteers who have all worked so tirelessly, with great dedication to meet these challenges.

During the last year we faced an unprecedented period of industrial action but I am always amazed how our clinical and non-clinical colleagues work with great dedication to ensure their commitment to our patients ensures they receive the highest possible standard of care throughout such difficult times.

Throughout the year we have continued to work collaboratively within the system and further strengthened our partnership working with The Rotherham NHS Foundation Trust.

On behalf of the Board, and as Chair of the Council of Governors I would like to record my thanks to our governors who provide essential oversight to the work we do.

Sheena McDonnell
Chair

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Performance Report

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Overview of Performance

About Barnsley Hospital NHS Foundation Trust

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

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

Barnsley Hospital NHS Foundation Trust was established in 2005 pursuant to Section 6 of the Health and Care (Community Health and Social Care) Act 2003. We are regulated by NHS England, are a membership based, public benefit corporation and the Care Quality Commission regulates the quality of the services the Trust provides.

The Trust is registered with the Care Quality Commission to carry out the following regulated services:

- Personal care
- Maternity and midwifery services
- Termination of pregnancies
- Nursing care
- Family planning
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detailed under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of blood and blood derived products
- Caring for adults over 65 years
- Caring for adults under 65 years
- Services for everyone.

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

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

Strategy and Objectives

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

Our Strategy: 2022-27

We are continuing to deliver on our Strategy launched in March 2022. It captures the mission for the Trust and our six new strategic goals to help us achieve this. We believe this strategy will shape an exciting, new and sustainable future for our services and the people of Barnsley.

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

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

Our Mission

Our Values

Respect

We treat people how they would like to be treated:

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

Teamwork

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

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

Diversity

We focus on your individual and diverse needs:

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

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

Our Six Strategic Priorities

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

Best for Patients and the Public

We will provide the best possible care for our patients.

Best for People

We will make our Trust the best place to work.

Best for Performance

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

Best Partner

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

Best for Place

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

Best for Planet

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

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

Our Ambitions to 2027

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

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

We will make our Trust the best place to work

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

We will embrace our role as an anchor institution.

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

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

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

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

We will provide care closer to home

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

We will deliver integrated care with partners

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

Barnsley Facilities Services (BFS)

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

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

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

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

Local Health and Care Community

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

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

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

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

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

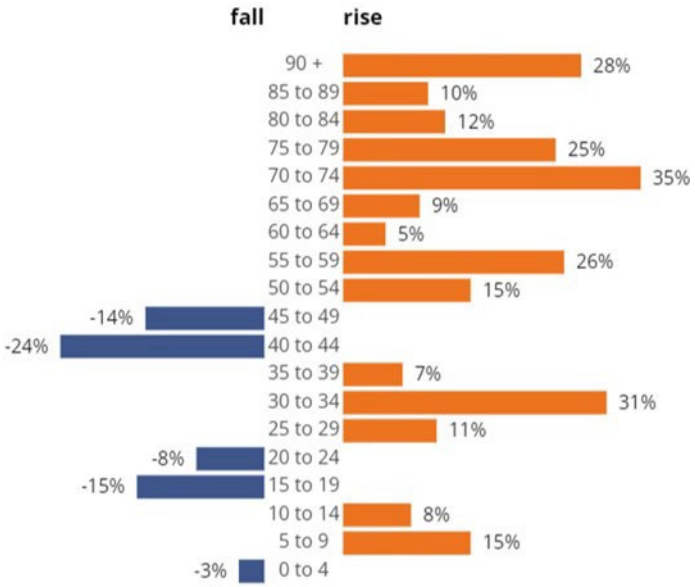
Partners in Barnsley are working together to do things differently when it comes to health and care and really understand the benefits of working in partnership across place. The Place Strategy for 2022-27 outlines these as two of the main priorities.

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

Overall Population

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

Population Change % by age group 2011-21

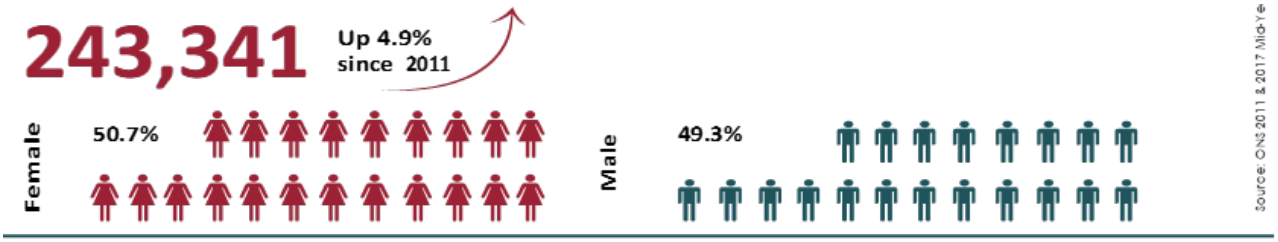


In 2021, Barnsley ranked 73rd for total population out of 317 local authority areas in England, maintaining the same position it held a decade ago.

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

*Source Barnsley population change, Census 2021 – ONS

Population breakdown by Gender



Barnsley 2030

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

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

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

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

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

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

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

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

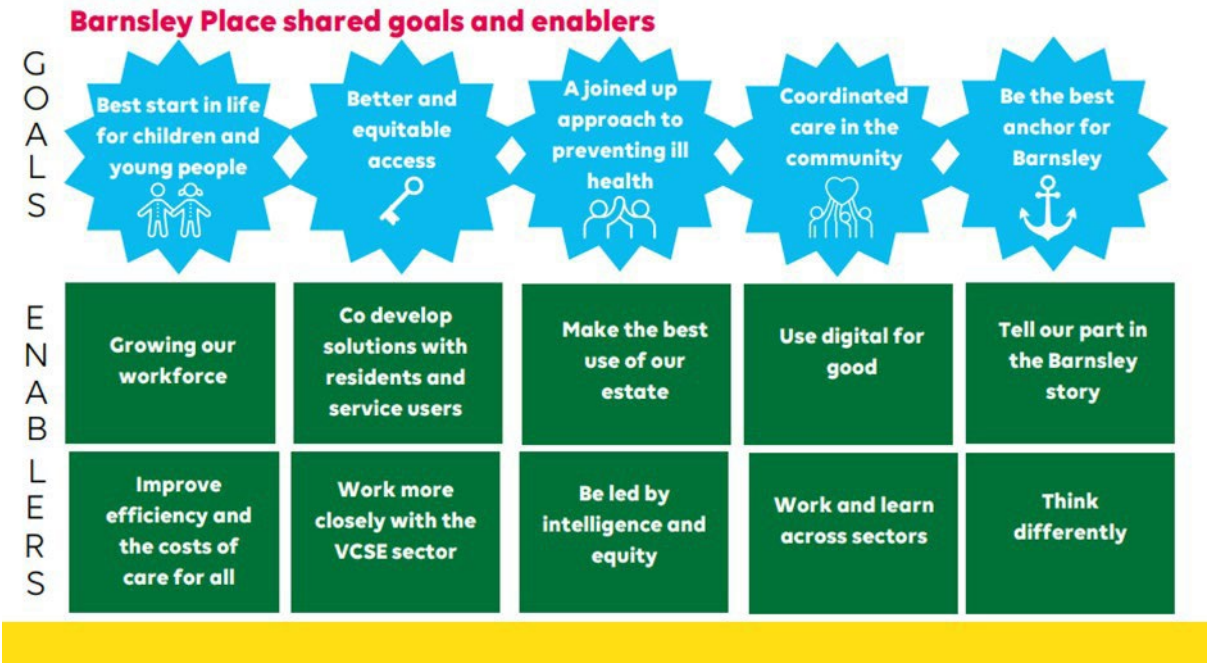
Barnsley Place Based Partnership

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

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

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

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



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

Key Issues, Opportunities and Risks

It is essential that we continue to maintain a high standard of quality care. The Board of Directors and senior managers within the Trust regularly review key metrics and risks that have the potential to undermine the achievement of our strategic priorities. The Board Assurance Framework has continued to be reviewed by the Executive Team, Board Committees and Board of Directors continuing to monitor its' relevance to ensure it reflects the risks within the Trust and remains relevant to the work we do.

The risks relevant for the end of the financial year and going forward as future risks relate to the following:

- Risk of non-recruitment to vacancies, retention of staff and inadequate provision for staff development
- Risk of inadequate support for culture, leadership and organizational development
- Risk of inadequate health and wellbeing support for staff
- Risk of patient harm due to inability to deliver constitutional and other

regulatory performance or waiting time

- Risk of lack of space and adequate facilities on site to support the future configuration and safe delivery of services
- Risk regarding the potential disruption of digital transformation
- Risk of computer systems failing due to a cyber-security incident
- Risk regarding the inability to deliver the in-year financial plan
- Inability to improve the financial stability of the Trust over the next 2-5 years
- Risk of failure to develop effective partnerships
- Risk regarding failure by the Trust to take action to address health inequalities in line with local public health strategy, and/or effectively work with partners (PLACE and ICS) to reduce health inequalities to improve patient and population health outcomes
- Risk of the Trust impact on the environment
- Risk of inability to maintain a positive reputation for the Trust

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Performance Analysis

Performance Analysis – Statement from the Chief Executive

The last year has been an exceptional one for the increasing demands on our services; despite this, all our colleagues have worked exceptionally hard to improve our performance and provide high quality care of all our patients. The impact of the industrial action cannot be underestimated and we are grateful for all colleagues who stepped in to ensure we delivered safe care to all our patients.

We are proud of our colleagues who have continued to provide care to our local population despite an incredibly challenging year. In addition to the normal challenges faced by the service Industrial action has added additional challenges. Influenza and Covid-19 infections have risen periodically, requiring colleagues to respond to changes in infection, prevention and control and revised testing guidance. This winter also saw a surge in influenza resulting in increased demand for urgent and emergency care with extensive ambulance delays reported across the country.

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

The way we measure performance

The Trust measures performance in a variety of ways. Clinical performance is monitored against key national standards with the Board having oversight of a range of internal and external metrics. We produce a monthly Integrated Performance Report (IPR) base around the four domains of quality, workforce, operational delivery and financial performance. This includes our performance against all the appropriate constitutional standards in addition to key local targets.

Following review at the Executive Team meeting, additional detailed scrutiny of the IPR is carried out at the Board Committees and discussed at the Board meetings held in public whereby any escalations from the Board Committees can be further discussed. The IPR comprises the latest performance against target, year-to-date performance and where available comparable benchmarking data.

In addition to the formal reporting process described above, additional opportunities for scrutiny of performance have been available through the performance meetings held with each of the Clinical Business Units and the Executive Team.

Operational Performance in 2023-24

Emergency Care

The four-hour emergency access standard was not delivered in 2023-24. The Trust achieved 66.7% against a constitutional standard of 95%. The number of attendances returned to levels seen prior to 2019-20 alongside repeated surges in infections of Norovirus, Influenza and Covid-19. The department continued to test all admissions to hospital for Influenza and Covid-19 to support appropriate placement and reduce cross infection.

The GP stream continued to provide support for patients with primary care presentations and the introduction of a low acuity pathway to enable patients with non-life threatening presentations to be seen away from the Majors area. Medical and Surgical Same Day Emergency Care (SDEC) areas continued to develop new pathways, including liaison with GP's, community services and the ambulance service to take patients directly into the unit, bypassing the Emergency Department.

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

Cancelled Operations

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

18-Week Referral to Treatment (RTT) Patient Pathway

The RTT target was not delivered due to the impact of industrial action. The Trust achieved 70.5% against a target of 92%.

Activity has recovered at approximately 98% of pre-pandemic levels and the Trust is focused on increasing productivity and efficiency improvements to return to previous levels of activity. The percentage of elective activity undertaken as a day-case has increased with all specialties reviewing and implementing examples of best practice from other hospitals.

The Trust ended 2023-24 with 8 patients over waiting over 65 weeks. The Trust has reviewed all patients awaiting a procedure against agreed criteria to minimise any harm from prolonged waits.

The Trust has continued with non-face-to-face appointments, where appropriate,

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

The Trust continues to explore and evaluate digital solutions to further develop remote services for the future in line with the NHS operating priorities for 2024-25.

Cancer Access Target: Urgent GP referrals seen within two weeks

NHS England published new cancer waiting time standards in August 2023 to speed up diagnosis and treatment for patients. The new reporting standards came into effect form the 1 October 2023.

There are now three cancer standards which combine all of the previous standards.

These standards are: -

28 Day Faster Diagnosis Standard

This standard is state's 75% of Patients with suspected cancer who are referred for urgent cancer checks from a GP; screening programme or other route should be diagnosed or have cancer ruled out within 28 days.

The Trust achieved 84.5% against a standard of 75% for the 28 Day Faster Diagnosis Standard.

31 Day Decision to Treat to Treatment Standard

The standard state's 96% of all patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, should then start that treatment within 31 days.

The Trust achieved 96.1% for the 31 Day Decision to Treat to Treatment Standard

62 Day Referral to Treatment Stand

The standards state that 85% of all patients who have been referred for suspected cancer via any route and go on to receive a diagnosis should start treatment within 62 days of their referral.

The Trust missed the 62 Day Referral to Treatment Standard achieving 74% against a standard of 96%

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

signposting to support services and information.

Diagnostic Tests

The Trust has not delivered on this target with 8.1% patients waiting longer than 6 weeks for a diagnostic test against a target of 1%. The Trust is ahead of schedule in recovery against the national requirements.

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

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

Service Delivery and Development

New Intensive Care Unit

We are very proud that our new state of the art £7.3m Intensive Care Unit opened in August 2023.

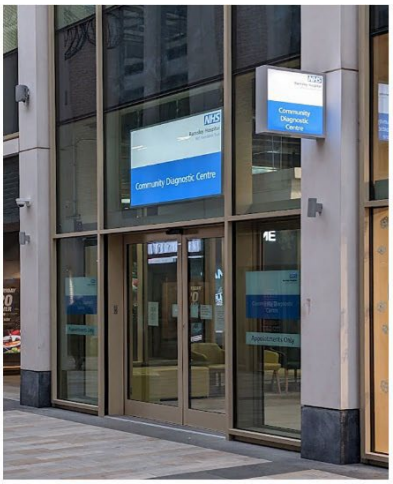
The new 16 bed unit, which has facilities to increase beds to 24 should the need arise, replaces the previous seven bed unit to meet current and future demand for critical care beds, supporting safe use of required equipment directly at the bedside. This extra

space will provide for delivery of physiotherapy and critical care rehabilitation at the bedside in line with national health guidelines.

The new unit officially received its first patient on 1 August 2023 providing the Trust with a modern critical care unit co-located ICU and Surgical High Dependency Unit (SHDU), improving patient journeys in an appropriate and safe care setting. Relatives also have improved facilities in the new unit and more space, closer to their loved ones.

Patients will benefit from access to natural light and improved privacy among many other general improvements which evidence indicates improved patient wellbeing leads to a shorter ICU stay, speedier recovery, and earlier discharge.

Community Diagnostic Centre (CDC)



Our Community Diagnostic Centre (CDC) based in The Glass Works in Barnsley Town Centre offers an increasing range of testing and screening services in a convenient location in a fresh and modern environment. The Glass Works is a town center mixed development comprising retail, restaurants, cafes and leisure facilities.

This high-tech healthcare unit in the heart of Barnsley is staffed by a multi-disciplinary team of hospital colleagues. The unit offers a convenient location and environment for patients requiring ultrasound, breast screening (Mammography), plain film X-ray and DEXA (bone density) scanning, recently magnetic resonance imaging (MRI) and Computed Tomography (CT) have also been made available.

The Trust is working in partnership with local and system partners regarding potential plans for further phase of the project, consolidating existing services at the CDC, whilst working towards extending the offer by the way of introducing new services/modalities as part of the Health on the High Street

The convenient and accessible location in the heart of Barnsley has not only provided

greater local capacity for these vital diagnostic services, but it's hoped more people will feel able to attend their regular check-ups and so help in early detection of disease.

Acorn Rehabilitation Unit

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

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

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

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

As part of the intermediate care review across Barnsley, plans are being drawn up to relocate the unit in 2024.

Our Commitment to Patient Safety and Quality

Patient safety remains our core priority and we continuously strive to improve our practice. The following are some of the Trust's achievements over the reporting period.

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

The Trust has continued to invest in providing colleagues with Quality Improvement (QI) training to help introduce new ways of working and improve patient safety. The 'Proud to Improve' team has developed partnerships with external quality improvement experts to further enhance quality improvement systems. Further detail in relation to our quality and safety work can be found in our Quality Account.

Freedom to Speak Up (FTSU) and Raising Concerns

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

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

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

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

How we work:

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

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

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

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

Investments in Digital

Electronic Prescribing and Digital Clinical Notes

The Trust continued to improve our new electronic prescribing solution by going live in outpatients to replace the paper prescriptions. We have improved our patient safety in respect of consistent checks on sepsis, blood clots and antibiotic use.

We continue our paper digital journey and we are live across all of our medical inpatient wards in addition to a considerable proportion of our outpatient services. We plan to go live across our surgical wards in the near future. We have invested in a senior nurse to drive our plans to fully digitize all nursing documentation. We are on track with our Information Communications and Technology (ICT) Digital Transformation Strategy.

New Maternity Solution

Over the year we have implemented a new maternity solution called Badger. This has been well received by our clinical teams and allows us to share birthing records instantly with all Trusts who currently use Badger. We are no longer using paper to capture the patient journey for our mums and babies. These records are now instantly accessible by all our patients, so they can read and contribute using the BadgerNet App. This has been an amazing piece of work to modernize our service and we thank all those who have been involved.

Clinical Workspace – Patient Overview

We are very proud about our Clinical Workspace portal that pulls all the information from our key clinical solutions in use in the Trust and presents it as a single overview to the clinician. They can add new notes, tasks and referrals, order new tests and prescribe new medications at just the click of a mouse. All of the clinical systems are linked with this workspace, making the clinicians working life easier by making the information they are looking for so much easier to find.

New Endoscopy Solution

In March 2024 we went live with our solution for booking, capturing and reporting diagnostic camera images and video. These investigations are in use across many of our services to diagnose and treat our patients. The reports and images that are produced from this solution will continue our successful JAG accreditation for this service which was an excellent achievement by all the team involved.

We have continued our commitment to improving sustainability during the last year and progress has been made in reducing our environmental impact of carbon emissions and air pollution including managing our waste.

We will keep under review our risk assessment relating to our impact on climate change with regular reporting through to Board.

Decarbonisation

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

Waste

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

Procurement

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

Travel

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

NHS Sustainability Day

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

Future Priorities and Key Objectives

Key priorities for 2024-25 include:

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

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

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

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

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

Financial Overview

The Trust finished 2023-24 with a consolidated year to date deficit of (£3.8m) against a planned deficit of (£11.2m) giving a favorable variance of £7.4m. This is as assessed by NHS England and excludes the Charity.

Principal Risks and Uncertainties for 2024-25

These risks are identified on the Trust's Corporate Risk Register and are actively reviewed on a regular basis by the Trust Board and Board Committees. Our risk management process is designed to identify, manage and mitigate business risks. Each risk has an identified director and management lead.

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

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

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

Preparation of the Annual Report and Accounts 2023-4

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2023-24.

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

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

The Board of Directors consider the Annual Report and Accounts 2023-24, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the performance, business model and strategy of Barnsley Hospital NHS Foundation Trust.

Going Concern Statement

After making enquiries, the Directors have a reasonable expectation that the services provided by Barnsley Hospital NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manuel.

Signed: R. Jenkins

Dr Richard Jenkins, Chief Executive

Date: 20 June 2024

PROUD to care

Accountability Report

Our Board of Directors (as of 31 March 2024)

Sheena McDonnell, Chair

Dr Richard Jenkins, Chief Executive

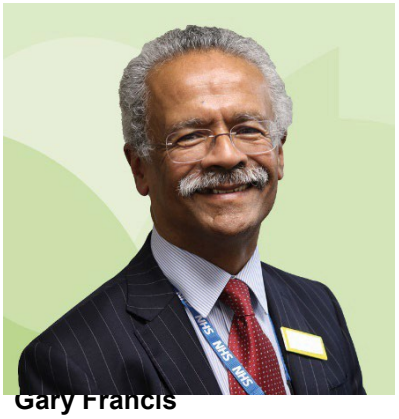
Nick Mapstone
Non-Executive Director

Sue Ellis
Non-Executive Director

Kevin Clifford OBE
Non-Executive Director

Stephen Radford
Non-Executive Director

David Plotts
Non-Executive Director



Gary Francis
Non-Executive Director

Bob Kirton
Managing Director

Dr Simon Enright
Medical Director

Steven Ned
Director of People

Chris Thickett
Director of Finance

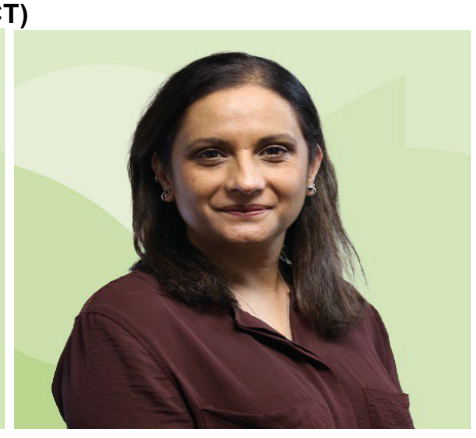
Sarah Moppett
Director of Nursing, Midwifery and Allied Health Professionals

Lorraine Burnett
Chief Operating Officer

Emma Parkes
Director of Marketing & Communications

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

Angela Wendzicha
Joint Director of Corporate Affairs



Jackie Murphy
Director of Nursing & Quality

Left 31 July 2023

PROUD to care

Directors' Report

Board Responsibilities

The Board operates as a Unitary Board with collective accountability for all aspects of the Trust's performance ranging from clinical, quality, to sustainability and financial performance.

The Board is led by Sheena McDonnell, Chair and the Executive Team is led by Dr Richard Jenkins, Chief Executive. The Board of Directors is responsible for setting the strategic direction having regard to priorities set by the NHS in addition to monitoring the performance against the Trust's objectives and Operational Plan.

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.

The Board of Directors are collectively responsible for exercising the powers of the Trust but has the ability and authority to delegate some of these powers to Board Committees. The Board has a number of Committees supporting the Board in seeking assurance on all matters relating to quality, people, performance and finance. The aforementioned Board Committees are Quality and Governance Committee, Audit Committee, Finance and People Committee.

The day to day management of the organisation is delegated from the Board of Directors through the Chief Executive to the Executive Directors. To ensure that the Trust is managed effectively, efficiently and to the highest standards in accordance with its values, clear objectives are set and progress towards their achievement is monitored on a monthly and quarterly basis. In addition, the Board has an agreed Scheme of Delegation, Standing Financial Instructions which articulate where Board approval is required for any decision and where decisions can be made by the Executive Team.

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.

The Board of Directors considers that it has the necessary range of skills, knowledge and experience to address the current challenges facing the organisation.

Composition of the Board of Directors

The membership of the Board of Directors from 1 April 2023 to 31 March 2024 was as follows:

Chair

- Sheena McDonnell, Chair

Non-Executive Directors

- Nick Mapstone (Senior Independent Director and Vice Chair)
- Sue Ellis
- Kevin Clifford OBE
- Stephen Radford
- David Plotts
- Gary Francis

Associate Non-Executive Directors (non-voting)

- Hadar Zaman (left 30 September 2023)
- Neil Murphy (Left 31 December 2023)
- Nahim Ruhi-Khan (Left 31 December 2023)

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

Chief Executive

- Dr Richard Jenkins

Executive Directors

- Bob Kirton, Managing Director
- Dr Simon Enright, Medical Director
- Jackie Murphy, Director of Nursing & Quality (retired 31 July 2023)
- Christopher Thickett, Director of Finance
- Steven Ned, Director of People (joint position with The Rotherham NHS Foundation Trust until 31 May 2023)
- Sarah Moppett, Director of Nursing, Midwifery and Allied Health Professionals (from 1 October 2023)

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

The Management Team

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

Non-Voting Directors

- Lorraine Burnett, Chief Operating Officer
- Emma Parkes, Director of Communications & Marketing
- Tom Davidson, Director of Information & Communications Technology
- Angela Wendzicha, Joint Interim Director of Corporate Governance (from 1 Feb 2023) Joint Director of Corporate Affairs from 1 October 2023

Register of Interests

There are no company Directorships held by the Directors or Governors where companies are likely to do business or are seeking to do business with The Trust, other than those highlighted in the related party note in the financial statements. Where there are Directorships with companies the Trust may do business with, we have mechanisms to ensure there is no direct conflict of interest and those Directors would not be involved. Based on the Register of Directors' Interests and known circumstances, there is nothing to preclude any of the current Non-Executive Directors from being declared as independent. The Register of Directors' and Governors' Interests is available on the Trust website or by emailing bdgh-tr.Barnsleynhsft.corporate.governance@nhs.net or writing to the Trust at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Tel 01226 431815.

NHS Well-led Framework

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

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

Stakeholder Relations

Local Partnership and Integrated Working

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

Barnsley Place and Partnership Board

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

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

Barnsley Hospital as an Anchor Institution

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

Local Authority Services

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

Local Medical Committee (LMC)

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

South Yorkshire Regional Working

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

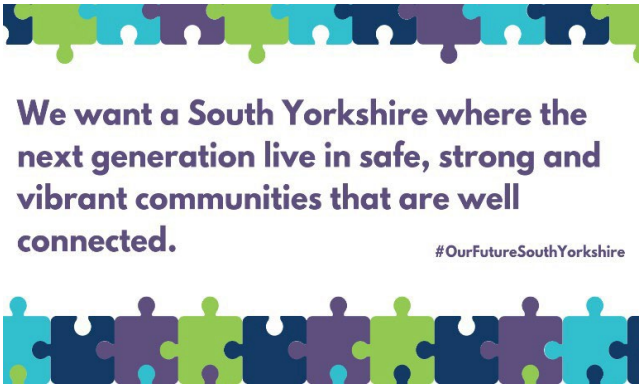
Integrated care involves collaboration and joined-up working across a number of regional health and care organisations in order to better serve the needs of their local population. Working across a clear geographical area, an Integrated Care System will include local authorities and the third sector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

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

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

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

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



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

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

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

South Yorkshire & Bassetlaw Acute Federation

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

The work of the Acute Federation, has, over the last financial year strengthened to improve patient care by looking across organisational boundaries with the support provided by the Managing Director. This programme is overseen by the Trust Chief Executives who meet on a monthly basis, with Trust Chairs also providing oversight once every two months via a Committees in Common. These groups in turn report into Trust Boards. Over the course of the last year the governance has been strengthened to support delivery of priorities.

Other NHS Organisations:

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

The Rotherham NHS Foundation Trust (TRFT)

During the last financial year, the Trust has worked closely with The Rotherham NHS Foundation Trust in establishing a strengthened programme of joint partnership working by creating a Joint Strategic Partnership Group comprising both Chairs, Joint Chief Executive, both Managing Directors, a Non-Executive Director from each Trust and the Joint Director of Corporate Affairs. The Group meets on a quarterly basis providing oversight on behalf of both Boards on the development and delivery against the planned programme.

During the last financial year we have also brought together a number of members from both Executive Teams to form the Joint Delivery Group, responsible for the delivery of the joint work programme on an ongoing basis. The partnership work was developed through a structured engagement approach involving both Executive Teams and the wider Senior Leadership groups. During this inaugural year, various individual pieces of work were grouped into three main themes, namely governance, major programmes and smaller projects.

Having successfully delivered a joint gastroenterology service and embedded this into business as usual, we looked at other opportunities to directly collaborate within services which will continue into 2024-25. During the last year there have been smaller, more discreet opportunities which nevertheless in the aggregate, will provide considerable benefits to both organisations. One notable benefit in the partnership has been the enablement of potential joint roles across both Trusts where they can support sustainability.

Yorkshire and Humber Academic Health Science Network (AHSN)

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

Sheffield Children's NHS Foundation Trust

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

Sheffield Teaching Hospitals NHS Foundation Trust

We also work with our main tertiary services provider, Sheffield Teaching Hospitals NHS Foundation Trust and a number of regional clinical networks to ensure the provision of specialist services for Barnsley people. Sheffield Teaching Hospitals is the host organisation for the South Yorkshire and Bassetlaw Pathology Network, which will see services maintained at each site as required for clinical care whilst also developing shared central facilities to provide resilience, optimal use of platforms and critical mass of technical, scientific and clinical capability for the delivery of the Network.

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

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

Yorkshire Ambulance Service (YAS)

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

Mid Yorkshire Teaching NHS Trust (MYTT)

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

The University of Sheffield

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

Sheffield Hallam University

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

Freedom of Information and Subject Access Requests

The Trust continues to respond to the Freedom of Information Act and Subject Access Requests, meeting requests for information from the public, politicians and the media. The majority of these requests are received by email and are responded to electronically within the 20 working day deadline. We continue to provide the information, where it exists, free of charge if the information can be gathered at a reasonable cost. In the financial year 2023-24, we received a total of 921 Freedom of Information requests and 2,178 Subject Access Requests.

Data Protection Toolkit

The Trust achieved compliance against the Data Protection Toolkit requirements and expect to publish this position by 31 July 2024. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly.

Formal Consultations

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

Important Events since the Year End

There have been no important events since the year end.

Details of Overseas Operations

The Trust does not have any overseas operations.

Off Payroll Arrangements

There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2023 and 31 March 2024.

Better Payment Practice Code

The Better Payment of Practice Code requires all undisputed invoices to be paid by the due date or within 30 days of receipt of the invoice, whichever is later. The Trust's performance (93.9% volume, 93.4% value) is below the target 95% of invoices, in terms of value and volume. However, this is a slight increase on the previous year's performance (91.8% volume, 93% value). Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for the reporting period was £7,000.

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

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the Trust's income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. Barnsley NHS Foundation Trust meets this requirement.

As required by Section 43(3A) of the NHS Act 2006, an NHS Foundation Trust must provide information on the impact that other income it has received has had on its provision of good and services for the purposes of the health service in England. Barnsley NHS Foundation Trust has not received any income which was not for the purposes of the health service in England during 2023-24.

Cost Allocation and Charging Requirements

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

Financial Risk

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

Health and Safety

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

Political or Charitable Donations

There have been no political donations in the year.

Under the Companies Act 2006 Limited Companies are permitted to make donations to charities. BFS as a Limited Company is permitted to make such donations, and BFS made one charitable donation of £375K in the year to the Trust. The donation made by BFS had no conditions or covenants attached it and the Trust will be free to determine how and when the funds are spent in line with our aims and objectives.

Countering Fraud

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

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

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

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

PROUD to care

Remuneration Report

Annual Statement of Remuneration

In accordance with the requirements of the HM Treasury Financial Reporting Manual and NHS England, the remuneration report is divided into the following:

- Annual Statement on Remuneration;
- Director's Remuneration Policy sets out the Trust's senior manager's remuneration policy; and
- The Annual Remuneration Report

I am pleased to present the Remuneration Report of the financial year 2023-24 on behalf of Barnsley Hospital NHS Foundation Trust. As delegated by the Board of Directors, the Remuneration and Nomination Committee has primary regard to the remuneration and terms of service of Executive Directors. The remuneration of Non-Executive Directors is dealt with by the Nominations and Remuneration Committee established by the Council of Governors.

The Remuneration and Nomination Committee met four times in 2023-24. It is chaired by the Trust Chair and includes all the Non-Executive Directors. The Chief Executive and Director of People (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 People.

The Trust has an agreed spot salary arrangement for Executive Directors and other Directors which is overseen by the Committee.

Our Standing Financial Instructions state that the Committee will make such recommendations to the Board on the remuneration and terms of service of Executive Directors (and other senior employees) to ensure that they are fairly rewarded for their individual contribution to the Trust, having proper regard to the Trust's financial circumstances and performance and to the provisions of any national arrangements for such colleagues, where appropriate.

Executive Directors of the Trust have defined annual objectives agreed with the Chief Executive. The Committee receives a report of their performance annually. The Directors do not receive performance-related bonuses. All Directors are entitled to receive expenses in line with the Trust Standing Financial Instructions and Travel Policy.

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

Executive Directors are appointed through open competition in accordance with Trust

recruitment and selection policies and procedures and NHS guidance, including the requirement for external assessors as appropriate.

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

During 2023-24, the Remuneration and Nominations Committee continued to utilise the annual benchmarked data, including that provided by NHS Providers as the pay and reward framework upon which to base Executive salary rewards.

For the period 2023-24 the Remuneration and Nominations Committee took into account the Executive Remuneration Framework whilst being mindful to ensure that levels of remuneration were sufficient to attract, retain and motivate directors with the skills and experience required by the Trust. In line with national guidance, the Executive Directors were awarded a 3% non-consolidated award on salaries in place as at 1 April 2023.

Sheena McDonnell
Chair of the Trust's Remuneration and Nomination Committee

20 June 2024

Senior Managers Remuneration Policy

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 aims of the pay and reward framework are to:

- Facilitate recruitment and retention of high quality senior staff, ensuring the remuneration reflects the extent of the role and responsibilities of individual posts and their contribution to the Trust;
- Ensure remuneration is justifiable and provides good value for money; and
- Provides a transparent framework for determining senior level remuneration

Senior Managers' Remuneration Policy

The Trust has an agreed spot salary arrangement for Executive Directors and other Directors which is overseen by the Remuneration and Nominations Committee (RemCo). For clarity the table below reflects the elements of the senior managers'pay as governed by the RemCo. The RemCo are responsible for giving due consideration to matters relating to loss of office. There were no such considerations in the period. The Trust exercises due consideration to employment considerations at all levels within the organisation.

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain colleagues	Reviewed annually taking account of benchmark data with regional and national comparators and internal and external factors affecting the Trust and the wider NHS, including any national pay agreements
Benefits	None	N/A

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

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain colleagues	Reviewed annually taking account of benchmark data available locally and from NHS Providers annual survey of board remuneration and internal and external factors affecting the Trust and the wider NHS
Benefits	There are no enhanced payments for roles such as the Audit Committee Chair and/or Senior Independent Director	N/A

Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2023-24 are as follows:

Director	Start Date	End Date
Sheena McDonnell, Chair	3 May 2022	N/A
Dr. Richard Jenkins, Chief Executive (interim to 18 Jun 2017, substantive thereafter) - Interim Joint CEO at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust - Joint CEO at Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust	3 Apr 2017 10 Feb 2020 1 Sept 2022	N/A 31 Aug 2022 N/A
Bob Kirton Chief Delivery Officer and Deputy Chief Executive Managing Director from 2023	22 Dec 2017	N/A
Jackie Murphy, Director of Nursing and Quality	22 Jul 2019	31 July 2023
Becky Hoskins, Interim Director of Nursing and Quality	1 August 2023	29 September 2023
Sarah Moppett, Director of Nursing, Midwifery and Allied Health Professionals	1 October 2023	N/A
Chris Thickett, Director of Finance	18 Mar 2019	N/A
Simon Enright, Medical Director (interim to 30 November 2017, substantive thereafter)	19 Apr 2017	N/A
Steve Ned, Director of People (Joint position, The Rotherham NHS Foundation Trust until 31 May 2023)	1 Apr 2019	N/A
Sue Ellis, Non-Executive Director	1 Jun 2019	31 May 2024
Nick Mapstone, Non-Executive Director	1 Apr 2015	31 May 2024
Kevin Clifford OBE, Non-Executive Director	1 Dec 2020	30 Nov 2026
Stephen Radford, Non-Executive Director	11 Oct 2021	10 Oct 2024
David Plotts, Non-Executive Director (previously Associate Non-Executive Director from 1 Oct 2021)	16 Nov 2022	17 Dec 2024
Hadar Zaman, Associate Non-Executive Director	1 Oct 2021	30 Sept 2023
Neil Murphy, Associate Non-Executive Director	1 Jan 2023	31 Dec 2023
Nahim Ruhi-Khan, Associate Non-Executive Director	1 Jan 2023	31 Dec 2003

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 awards made to past senior managers. No long-term or short-term performance related bonuses have been paid during the reporting period.

REMUNERATION REPORT
Salary and Pension entitlements of senior managers

A) Remuneration

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

The Single Total Figure Table

Name and Title	Year ended 31 March 2024						Prior Year					
	Salary and fees	Taxable Benefits	Pension related Benefits	Gross total	Recharges to RFT	Net total	Salary and fees	Taxable Benefits	Pension related Benefits	Gross total	Recharges to RFT	Net Total
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
Dr R Jenkins, Chief Executive [1]	**270-275**	**0**	**0**	**270-275**	**(160-165)**	**110-115**	250-255	0	80.0-82.5	330-335	(145-150)	185-190
Mr R Kirton, Deputy Chief Executive and Chief Delivery Officer	**145-150**	**0**	**0**	**145-150**	**0**	**145-150**	140-145	0	35.0-37.5	175-180	0	175-180
Mr C Thickett, Director of Finance	**135-140**	**0**	**22.5-25**	**160-165**	**0**	**160-165**	130-135	0	32.5-35.0	165-170	0	165-170
Dr S Enright, Medical Director [3]	**245-250**	**0**	**0**	**245-250**	**0**	**245-250**	230-235	0	382.5-385	610-615	0	610-615
Mr S Ned, Director of Workforce [2]	**150-155**	**0**	**0**	**150-155**	**0**	**150-155**	140-145	0	0	140-145	0	140-145
Ms J Murphy, Director of Nursing and Quality [4]	**45-50**	**0**	**0**	**45-50**	**0**	**45-50**	135-140	0	37.5-40	175-180	0	175-180
Ms B Hoskins [5]	**15-20**	**0**	**12.5-15**	**30-35**	**0**	**30-35**						
Ms S Moppet [6]	**65-70**	**0**	**80-82.5**	**145-150**	**0**	**145-150**						
Ms S McDonnell, Chair 04	**35-40**	**500**	**0**	**35-40**	**0**	**40-45**	35-40	0	0	35-40	0	35-40
Mr N Mapstone, Non Executive Director	**15-20**	**200**	**0**	**15-20**	**0**	**15-20**	15-20	0	0	15-20	0	15-20
Ms S Ellis, Non Executive Director	**15-20**	**0**	**0**	**15-20**	**0**	**15-20**	15-20	0	0	15-20	0	15-20
Mr K Clifford, Non Executive Director	**15-20**	**0**	**0**	**15-20**	**0**	**15-20**	15-20	0	0	15-20	0	15-20
Mr S Radford, Associate Non Executive Director	**15-20**	**0**	**0**	**15-20**	**0**	**15-20**	15-20	0	0	15-20	0	15-20
Mr D Plotts, Associate Non Executive Director	**15-20**	**0**	**0**	**15-20**	**0**	**15-20**	10-15	0	0	10-15	0	10-15
Mr H Zaman, Associate Non Executive Director 7	**5-10**	**0**	**0**	**5-10**	**0**	**5-10**	10-15	0	0	10-15	0	10-15
Dr G Francis, Non Executive Director	**15-20**	**0**	**0**	**15-20**	**0**	**15-20**	0-5	0	0	0-5	0	0-5
Mr N Murphy, Associate Non Executive Director 8	**5-10**	**0**	**0**	**5-10**	**0**	**5-10**	0-5	0	0	0-5	0	0-5
Ms N Ruhi-Khan, Associate Non Executive Director 9	**5-10**	**0**	**0**	**5-10**	**0**	**5-10**	0-5	0	0	0-5	0	0-5

	2023/24	2022/23
Band of Highest Paid Director's total Remuneration £' 000s	**245-250**	230-235
Median Total £' s	**34,581**	27,055
Ratio	**7.2**	8.6

The median for 2023/24 includes bank and agency costs

Notes to Single Total Figure Table

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

2. Mr S Ned, Director of Workforce. Between 1 April 23 to 6 June 23 he undertook a joint position with The Rotherham Hospital NHS Foundation Trust. From 7 June he worked solely for Barnsley Hospital NHS FT.

3. Dr S. Enright Medical Director - re-joined the pension scheme on 1st August 2022. In February 2024 he took his existing scheme pension, but remianed in the 2015 scheme and the figures are based on this remaining scheme.

4. J Murphy, Director of Nursing left 31 July 2023.

5. Becky Hoskins, Interim Director of Nursing commenced 1 August 2023 and left 29 September 2023.

6. S Moppet, Director of Nursing commenced 1 October 2023.

7. H Zaman, Associate Non Executive Director left 30 September 2023

8. N Murphy. Associate Non Executive Director left 31 December 2023

9. N Ruhi-Khan, Associate Non Executive Director left 31 December 2023

Salary and Pension entitlements of senior managers **2023/24**

B) Pension Benefits

Name and title	Real increase in pension at pension age (bands of £2500)	Real increase in pension lump sum at pension age (bands of £2500)	Total accrued pension at pension age at 31 March 2024 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5000)	Cash Equivalent Transfer Value at 1 April 2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2024 £000	Employer's Contribution to Stakeholder Pension To nearest £100
Ms J Murphy, Director of Nursing and Quality	0	0	0-5	0-5	1,580	0	24	0
Ms R Hoskins, Director of Nursing and Quality	0.0-2.5	0.0-2.5	35-40	100-105	703	13	859	0
Mrs S Moppett, Director of Nursing and Quality	2.5-5.0	7.5-10.0	45-50	130-135	848	80	1,113	0
Dr R Jenkins, Chief Executive	0	65.0-67.5	95-100	255-260	1,836	262	2,316	0
Mr R. Kirton, Deputy Chief Executive and Chief Delivery Officer	0.0-2.5	0	40-45	0-5	497	103	670	0
Mr C Thickett, Director of Finance	0.0-2.5	0	30-35	0-5	290	121	458	0
Mr S Ned, Director of Workforce	0	37.5-40.0	65-70	200-205	1,377	209	1,737	0
Mr S Enright, Medical Director	0	0	5-10	0-5	1,828	0	109	0

Notes to Pension Benefits Table

All the Directors have been affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero

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

Ned, Director of Workforce - refer to Note 2 of the Single Total Figure Table. However, the above figures relate to his total pension.

Dr S. Enright Medical Director - re-joined the pension scheme on 1st August 2022. In February 2024 he took his existing scheme pension, but remained in the 2015 scheme and the figures are based on this remaining scheme.

Ms J Murphy, Director of Nursing and Quality From 1 April 2023 to 23 July 2023 when she retired. Ms R Hoskins, Interim Director of Nursing and Quality from 24 July 2023 to 30 September 2023. Mrs S

Moppett, Director of Nursing, Midwifery and Allied Health Professionals From 1 October 2023.

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.

Fair Pay – Median Pay – Hutton disclosures – subject to audit

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £245,000 to £250,000 (for 2022-23: £230,000 to £235,000). This is a change between years of 6.5%.

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

For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £10,324 to £247,500 (2022-23 £9,405 to £232,500). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 6.4%. No employees received remuneration in excess of the highest-paid director in 2023-24.

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

The below ratios for include bank and agency staff.

2023/24	25th percentile	Median	75th percentile
Salary component of pay	£24,336	£34,581	£45,996
Total pay and benefits excluding pensions benefits	£24,336	£34,581	£45,996
Pay and benefits excluding pension: pay ratio for the highest paid director	10.2:1	7.2:1	5.4:1

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

Staff Costs

	Permanent	Other	Group 2023/24 Total	2022/23 Total
	£000	£000	£000	£000
Salaries and wages	160,514	10,709	**171,223**	167,533
Social security costs	16,748	-	**16,748**	15,084
Apprentice Levy	845	-	**845**	734
Employer's contributions to NHS pension scheme	25,667	-	**25,667**	23,745
Pension cost - other	197	-	**197**	160
Termination benefits	137	-	**137**	-
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Temporary staff	-	27,779	**27,779**	26,237
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**204,108**	**38,488**	**242,596**	233,493
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**204,108**	**38,488**	**242,596**	233,493
Of which				
Costs capitalised as part of assets	392		392	0

Exit Packages 2023-24

Reporting of compensation schedules - exit packages 2023/24

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost bank (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - £50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	1	-	1
£100,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	-	-
Total cost (£)	£137,000	£0	£137,000

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

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

	Year ended 31 March 2024		Year ended 31 March 2023	
	Directors*	Governors	Directors	Governors
Total Number in Office	18	23	19	29
Total Number receiving expenses in the reporting period	8	0	5	0
The aggregate sum of expenses paid in the reporting period	£6,300	£0	£4,100	£0

*The Directors figure includes NEDs who have left during the year, along with 3 Director of Nurses. Please see the remuneration report for more information.

Remuneration Report signed by the Chief Executive

Signed: R. Jenkins

Dr Richard Jenkins, Chief Executive

20 June 2024

PROUD to care

Staff Report

Our People Plan

Our people are our most important asset and we are committed to delivering the intentions set out in the NHS People Plan and Long-Term Workforce Plan.

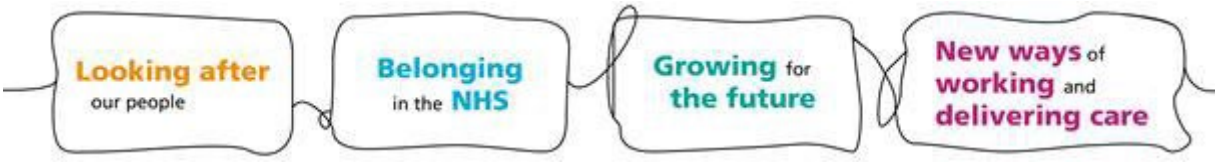
Events over recent years have exposed more than ever, what more needs to be done to support the health and wellbeing and retain our people, enabling them to perform to the best of their ability and reach their potential, thereby providing the best possible care to our patients and service users.

We have reviewed our staff survey results and consulted with various teams, professional groups, forums and colleague networks, which has led to the creation of the Trust People Plan 2022-27.

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

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

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



The Trust's People Plan outlines our commitment to champion and develop our people involving everyone in making improvements to our working environment. Underpinning all of this work, is a focus on leaders leading in a way that is compassionate and collaborative and our people at all levels living our values.

NHS Staff Survey Results

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

The NHS staff survey is conducted annually. The survey questions align to the seven elements of the NHS 'People Promise' – the experience our people want and indeed deserve at Barnsley:-

The 2023 Staff Survey results show colleagues at Barnsley Hospital in general feel better about their work and working culture than people do for the average Acute and Community Trust and we are delighted with our progress in creating an open and inclusive environment in which colleagues can develop and grow.

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

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

High-level 2023 Survey Results

Barnsley Hospital is benchmarked against 122 Acute and Community Trusts. A full paper survey was completed for 2023 and Barnsley Hospital achieved a 58% response rate of which the average response rate for Acute and Community Trusts was 45%.

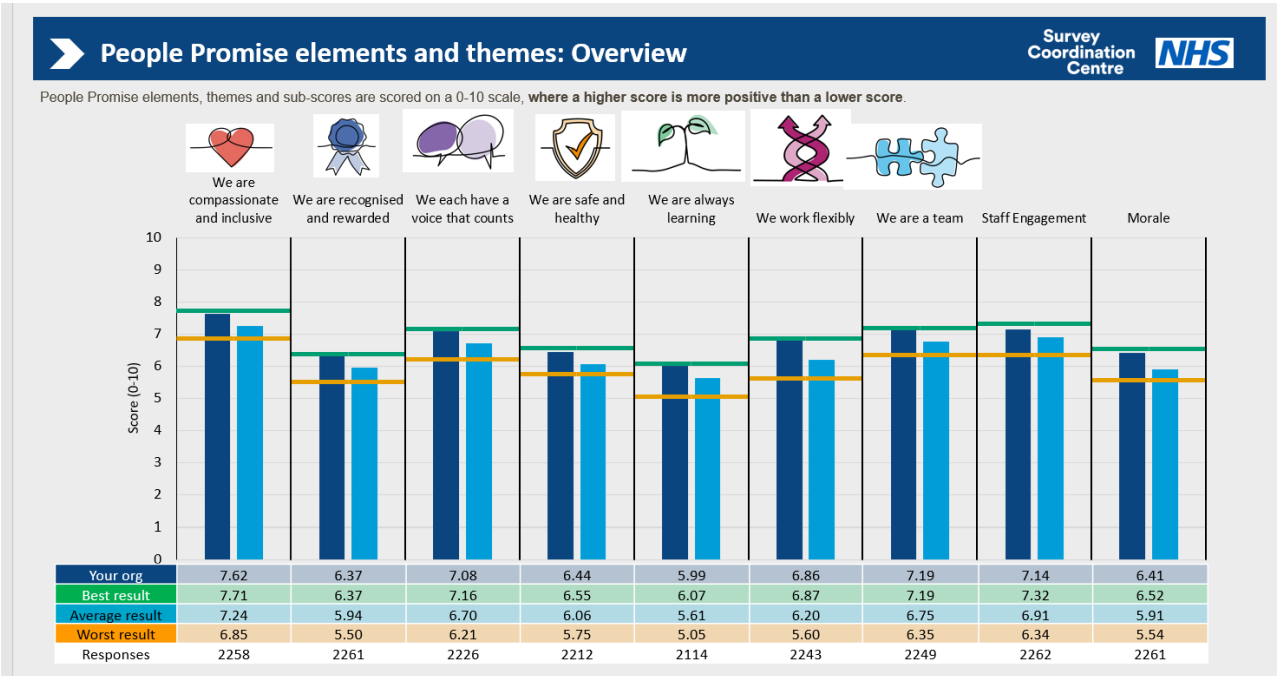
Since 2021 the Trust has consistently achieved a response rate above the average Acute and Community Trust

	2021	2022	2023
BHNFT	57.04%	56.30%	58.32%
Average Trust	46.38%	44.46%	45.23%

Out of the answers to the current survey 97 survey questions out of 118 were the same or significantly better than the previous year

The 2023 Survey results for the Trust were pleasing as we work towards our goal of being an Employer of Choice.

They showed an Employee Engagement score of 7.14 The Trust has scored above average scores for all of the People Promise elements and themes in the survey. Best in class scores could be seen in two of the nine themes 'We are recognised and rewarded and 'We are a team,' highlighting that above all it is the people who work at Barnsley that make it a great place to work. The Trust is also close to the highest scoring Trust for the other seven themes, with flexible working and adopting a compassionate approach being areas in which the Trust performs particularly well:-



A year by year comparison shows that the Trust has continued to improve on the People Promise Themes year on year since 2021:-

Theme	2021/2022		2022/2023		2023/2024	
	Trust	Benchmark	Trust	Benchmark	Trust	Benchmark
We are compassionate + inclusive	7.44	7.78	7.53	7.67	7.62	7.71
We are recognized and rewarded	6.13	6.47	6.11	6.36	6.37	6.37
We each have a voice that counts	6.94	7.31	6.98	7.14	7.08	7.16
We are safe and healthy	6.17	6.47	6.24	6.41	6.44	6.55
We are always learning	5.53	6.00	5.75	5.92	5.99	6.07
We work flexibly	6.48	6.70	6.61	6.64	6.86	6.87
We are a team	6.92	7.18	7.06	7.15	7.19	7.19
Staff engagement	6.99	7.44	6.97	7.28	7.14	7.32
Morale	6.08	6.46	6.15	6.31	6.41	6.52

The following tables highlight where Barnsley compares particularly well with other Trusts, as well as areas where Barnsley compares less well:-

Top 5 scores vs Organisation Average	Org	Picker Avg
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	65%	48%
q3h. Have adequate materials, supplies and equipment to do my work	70%	58%
q3g. Able to meet conflicting demands on my time at work	59%	47%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	85%	74%
q6c. Achieve a good balance between work and home life	66%	56%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q24a. Organisation offers me challenging work	65%	70%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	83%	87%
q22. I can eat nutritious and affordable food at work	52%	55%
q13d. Last experience of physical violence reported	68%	71%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	60%	63%

These reflect where we have worked very hard to create a working environment where people wish to stay, retaining our talented colleagues and also recruiting well to manage the pressures our people face from a resourcing perspective. They also highlight that we need to continue to work hard on colleague wellbeing whether that be in access to quality meals, protections against violence and aggression or managing the working hours of our teams.

Most improved scores	Org 2023	Org 2022
q3i. Enough staff at organisation to do my job properly	42%	34%
q4c. Satisfied with level of pay	39%	31%
q3h. Have adequate materials, supplies and equipment to do my work	70%	63%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	65%	58%
q5c. Relationships at work are unstrained	47%	41%

Most declined scores	Org 2023	Org 2022
q13d. Last experience of physical violence reported	68%	71%
q24a. Organisation offers me challenging work	65%	67%
q16b. Not experienced discrimination from manager/team leader or other colleagues	94%	95%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	83%	84%
q8d. Colleagues show appreciation to one another	68%	69%

As a Trust we have a relentless focus on improving colleague experience. In response to the Staff Survey, the approach taken is to develop actions both organisationally and locally. For example, in response to feedback about colleague wellbeing, an organisational Wellbeing Survey has been launched and a benchmarking exercise undertaken to better understand strengths and opportunities in this area. In addition, all CBUs have shared results of the survey and involved their teams in identifying actions appropriate to them. Examples of local actions include Time Outs, improvement in communication and recognition activity and listening sessions.

Communication and Engagement

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

The Trust has champions to hear colleague voice in many ways – Culture Champions, Freedom to Speak Up Champions, Wellbeing Champions, Quality Improvement, Staff Networks and more. Our people are closest to the care we deliver and have the best ideas as to different ways of operating to improve patient experience and safety.

Workforce Profile 31 March 2024

The Trust continues to maintain a growing workforce of 4,514 with investment in clinical posts remaining a priority.

Year	Workforce TRE)
2017-18	3,726
2018-19	3,879
2019-20	3,852
2020-21	4,219
2021-22	4,319
2022-23	4,532
2023-24	4,514

Ethnicity Profile

Ethnic Origin	Headcount	% of Trust
White - British	3725	82.52
White - Other	80	1.77
Mixed	42	0.93
Asian or Asian British	4.9	9.06
Black or Black British	114	2.53
Chinese	9	0.2
Other Ethnic	44	0.97
Undefined		
Not Stated	91	2.02
Total	4514	100

Gender Profile

Gender	Headcount	% of Trust
Female	3,699	81.3
Male	845	18.7
Total	4514	

Disability Profile

Disability	Headcount	% of Trust
No	4105	90.94
Not Declared	168	3.72
Prefer Not To Answer		
Yes	231	5.12
Total	4514	

Religious Profile

Religious Belief	Headcount	% of Trust
Atheism	878	19.45
Buddhism	17	0.38
Christianity	2,242	49.67
Hinduism	96	2.13
I do not wish to disclose	157	3.48
Islam	1	0.02
Judaism	736	16.30
Other	382	8.46
Sikhism	4	0.09
Unspecified	1	0.02
Total	4514	

Sexual Orientation Profile

Sexual Orientation	Headcount	% of Trust
Bisexual	47	1.04
Gay or Lesbian	65	1.44
Heterosexual or Straight	4,029	89.26
Not stated	368	8.15
Other sexual orientation	3	0.07
Undecided	2	0.04
Total	4514	

Age Profile

Age Profile	Headcount	% of Trust
<=20 Years	49	1.09
21-25	383	8.48
26-30	599	13.27
31-35	623	13.80
36-40	529	11.72
41-43	545	12.07
46-50	454	10.06
51-55	498	11.03
56-60	488	10.81
61-65	255	5.65
66-70	71	1.57
>=71 Years	20	0.44
Total	4514	

Gender Profile

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

We have a range of family friendly policies, supporting childcare, flexible working, fair rostering and leave provision. We have published a number of toolkits to help managers in applying these policies for our colleagues and have held a series of policy training sessions for managers. We intend to increase and showcase the flexible working arrangements in the Trust to create a flexible working culture, which is already one of the best in the NHS according to the 2023 NHS Staff Survey.

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

The Trust's gender pay gap information can be found on the Barnsley Hospital NHS Foundation Trust website here: Barnsley-Hospital-Gender-Pay-Gap-Report-2023.pdf (barnsleyhospital.nhs.uk)

The balance of male and female of our Directors and Senior Management Team at the year-end for 2023-24 is shown below:

	Female	Male
Board of Directors (Executive and Non-Executive Directors)	2	8
Senior Management Team (excluding Executive Directors)	3	1

The balance of male and female of our workforce at the year-end for 2023-24 is shown below:

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	78	25	103
Additional Clinical Services	863	127	990
Administrative and Clerical	699	186	885
Allied Health Professionals	224	59	283
Estates and Ancillary	290	95	385
Healthcare Scientists	74	33	107
Medical and Dental	176	227	403
Nursing and Midwifery Registered	1262	93	1355
Total	3666	845	4511
Students	3	0	3

BAME Profile

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

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

BAME breakdown per staff group:

	BME	White
Executive Senior Managers	3	13

Staff Group	BME	Not stated	White
Add Prof Scientific and Technic	19	1	83
Additional Clinical Services	82	18	889
Administrative and Clerical	29	12	843
Allied Health Professionals	31	1	252
Estates and Ancillary	10	3	372
Healthcare Scientists	8	1	98
Medical and Dental	227	1	175
Nursing and Midwifery Registered	232	54	1069
Students	0	0	3
Total	698	91	3725

Average number of employees (WTE basis)

Average number of employees (WTE basis)

	Permanent Number	Other number	2023/24 Total Number	2022/23 Total Number
Medical and dental	209	165	374	480
Ambulance staff	-	-	-	-
Administration	720	41	761	738
Healthcare assistants and other support staff	796	52	848	466
Nursing, midwifery and health visiting staff	1,182	11	1,193	1,669
Nursing, midwifery and health visiting learners	-	3	3	-
Scientific, therapeutic and technical staff	328	5	333	484
Healthcare science staff	101	0	101	186
Social care staff	-	-	-	-
Other		-		
	3,336	274	3,610	4,023

Performance and Support in Sickness Absence and Attendance

During 2023-24 colleagues sickness absence has shown a decrease at 5.3% compared to 6.2% in 2022-23 and 5.17% in 2021-22. A reduction in long-term sickness is one of the main causes of the decrease.

In line with the sickness absence reduction action plan, analysis of sickness hot spot areas is being monitored on a regular basis and action plans have been put in place to support this. There is also a particular focus on how the Trust uses workforce data to identify areas that may need support in regards to sickness absence.

There has been a particular focus in managing long-term sickness cases with the involvement of Occupational Health, Senior Management and Senior HR support. Long term sickness decreased within 2023-2024 from 4.29% in April 2023 to 3.03% by March 2024.

The health and wellbeing of colleagues is integral in achieving the Trust goals and ambitions. Having a healthy and well-motivated employee has been proven to result in cost savings through lower levels of sickness and higher levels of productivity.

In January 2024, the Trust introduced a new Supporting Staff Attendance policy with its primary focus on the Health and Wellbeing of colleagues. The policy promotes early discussions about anything that may affect a colleague's attendance at work. It also promotes using flexible working and informal arrangements to support employees to remain in work in some capacity rather than commencing a period of absence. The Occupational Health, Inclusion & Wellbeing and HR Business Partner teams are continuously working together to develop the Trusts Health and Wellbeing offer by adopting preventative and proactive strategies to develop and sustain ways to enhance the health and wellbeing of our colleagues supported by partnership working underpinned by a proactive and engaged approach with union and operational colleagues

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

The introduction of an Occupational Psychologist in early 2023, has helped the Trust to review and identify psycho-social interventions that could be in place to support the wellbeing of employees before an employee commences a period of absence. This will continue throughout 2024-2025 with the development of the stress at work policy and associated tools to support this. The Trust has also welcomed a mental health peer support worker so that dedicated mental health support can be offered to colleagues.

It is essential to measure the impact of interventions and monitor trends in exploring ways to improve colleagues health and wellbeing metrics and report ways that consider factors that can have a detrimental impact on sickness absence. Exploring ways will assist to identify particular areas of need to deliver specific interventions designed to improve health and wellbeing and invest in measures to address the causes and effects of sickness absences and reduce them.

Type of support	Menopause	Long-Term Sickness	Lifestyle Assessment	Financial Wellbeing	Mental Health
Interventions to understand needs, and invest in delivering accessible, effective practical preventative emotional support for colleagues	Workshops and peer support group established. Menopause at Work Guidance developed and launched. Menopause friendly employer accreditation application submitted.	Occupational Health Specialist assigned to each CBU H&WB passport designed and launched to aid a wellbeing conversation that will be supportive to prevent sickness absence and facilitate effective returns to work. Support from Occupational Health,HR, Senior Managers, Inclusion & Wellbeing Team	Lifestyle interventions screening to colleagues, provide education and raise awareness New VIVUP Your Care Wellbeing healthy lifestyle App and mental wellbeing and financial scores measure health indicators, provide recommendations to lifestyle interventions to achieve a healthier lifestyle and access to other resources	Salary Finance scheme – to support colleagues through financial difficulties, Financial, online resources to support and build resilience via Vivup Instant access to pay when earned via Wage stream with safeguard controls in place	Specialist in-house colleagues counsellor. Mental Health Support Worker and Registered Mental Nurse. Occupational Psychologist evaluating the mental health and wellbeing offer at the Trust throughout the employee lifecycle

Organisational Development and Culture

In December 2023 a new Organisational and Culture Development Strategy was approved to develop our culture through our Proud to Care Cultural Leadership Group and activities relating to Leadership and our values of Teamwork, Diversity and Respect. Already this

work has produced a new organizational Corporate Welcome event for all new starters; employee relations to support a restorative just culture; a Proud to Care conference for 150 of our people and the launch of Leadership and Management expectations. Future work includes a Welcome to Leadership orientation, improved management development; a new Leadership Development programme, a listening strategy and improvements in flexible working and exit interviews.

Appraisal

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

Appraisal Compliance	Overall March 2024
Appraisals (Non-Medical)	
BHNFT Non-Medical Total	**89.90%**
Corporate Services	**90.19%**
CBU 1 Medicine	**85.84%**
CBU 2 Surgery	**91.29%**
CBU 3 Women, Children & Clinical Support Services	**92.65%**
Barnsley Facilities Services	**95.28%**
Appraisals (Medical)	
BHNFT Medical Total	**95.88%**
Corporate Services	**95.66%**
CBU 1 Medicine	**97.14%**
CBU 2 Surgery	**94.44%**
CBU 3 Women, Children & Clinical Support Services	**96.08%**

Mandatory Training

During 2023-24 the Trust continued to support mandatory training compliance by utilising e-learning and delivery face-to-face via Microsoft teams. The Trust has achieved a year-end position of 92.2% against a target of 90%.

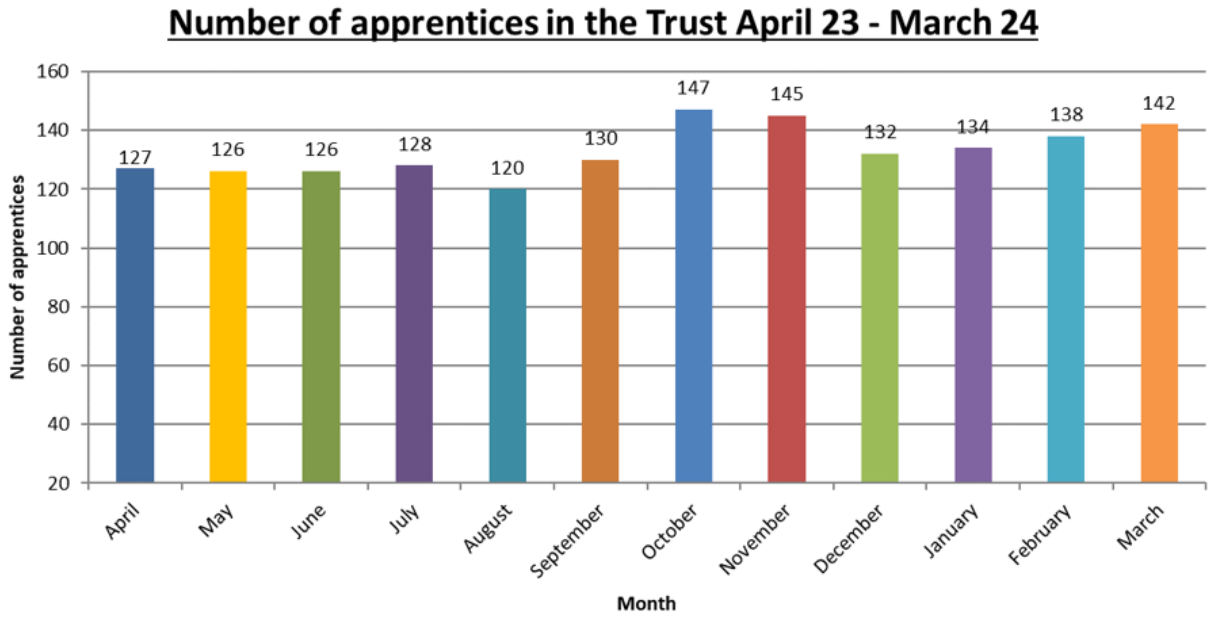
	Overall Apr 2023	Overall Mar 2024
Trust Overall	**87.4%**	**92.2%**
Corporate Services	**89.8%**	**93.9%**
CBU 1 Medicine	**84.6%**	**90.0%**
CBU 2 Surgery	**85.4%**	**90.4%**
CBU 3 Women, Children & Clinical Support Services	**90.0%**	**93.4%**
Barnsley Facilities Services	**90.1%**	**96.9%**

Apprenticeships at Barnsley Hospital

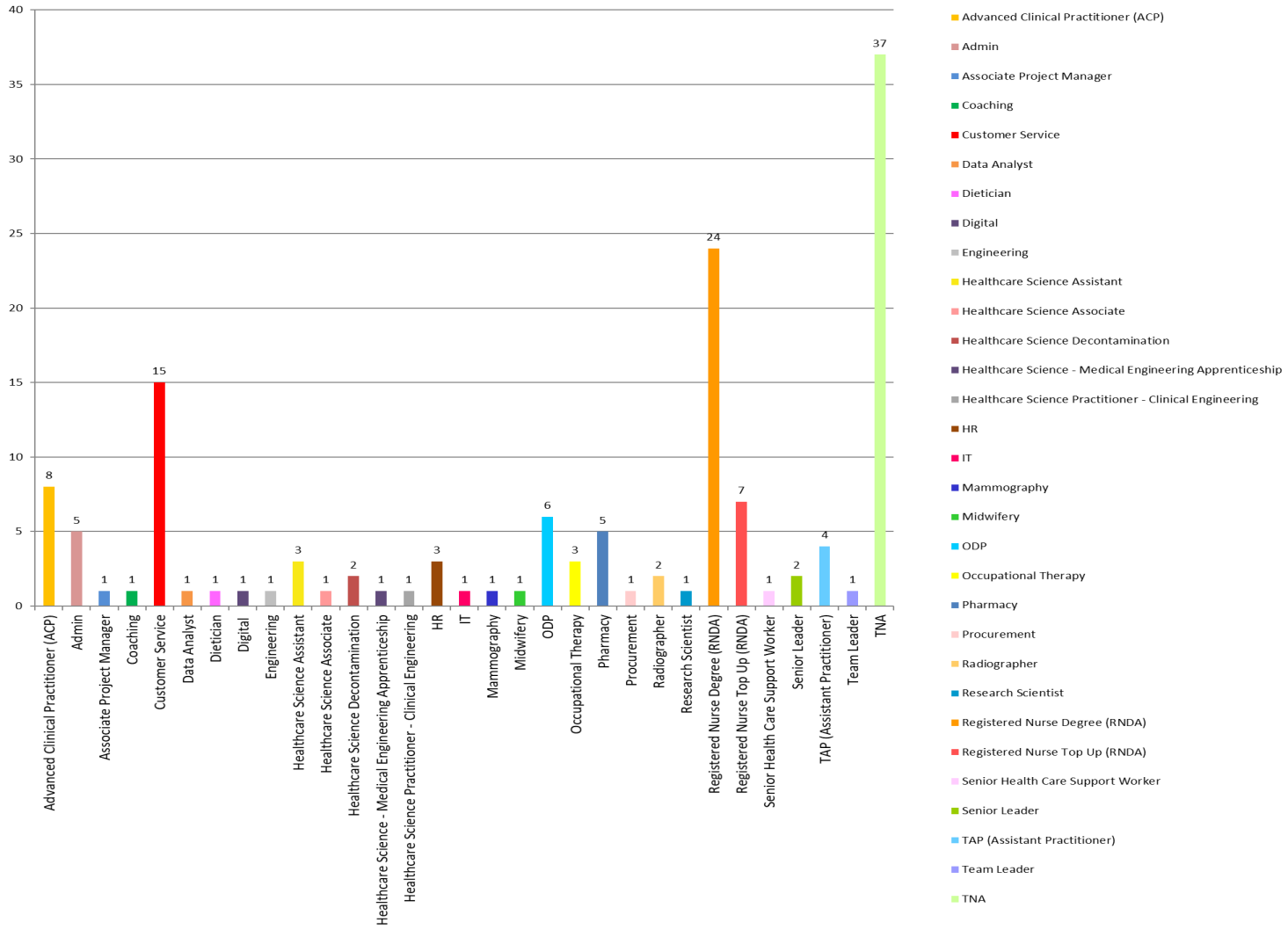
Barnsley NHS Foundation Trust (BHNFT) has supported apprenticeships for many years and many of our people within the Trust started their careers through this route, with a number of positive stories of their progression.

The Trust currently employs 142 apprentices across 32 subject and occupational areas.

Apprenticeships are supporting the Trust particularly for nursing roles - there are apprentices completing Trainee Nursing Associate, Registered Nurse Degree and the top up from Nursing Associate to Degree. Over 60% of our levy spend is spent on the nursing and AHP workforce.



Occupational Areas - March 2024



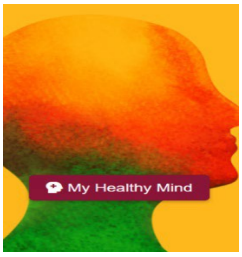
Health and Wellbeing

The Trust acknowledges the significance of supporting the health and wellbeing of our workforce, enabling them to perform at their best and provide the best possible care for our patients. The Trust demonstrates its commitment to the health and wellbeing agenda through a comprehensive range of support for colleagues. The Board of Directors has nominated a designated Board level Health and Wellbeing Guardian to ensure a strategic focus to this important area. Health and wellbeing of the workforce is a strategic priority for all our leaders and is everyone's responsibility. Everyone in our Trust will work collaboratively and supportively to keep our colleagues safe and promote good health and wellbeing. The Trust has an excellent Occupational Health service available to support colleagues with a wide range of issues. In addition to manager referrals, colleagues as individuals are able to self-refer to access support.

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

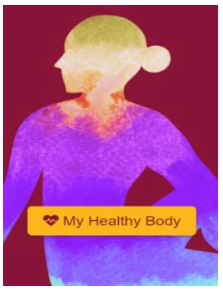
Underpinning this work is our in-house health and wellbeing service, 'Proud to be Healthy Together' for our workforce has a focus on both mind and body. Available on the internal Intranet site, the Healthy Together area provides a range of information and support packages for colleagues. In addition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

Inclusion & Wellbeing (IWB) Champions



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.



A network of staff across the Trust have volunteered to take on the role of IWB Champion, there are 75 as of March 2024. These include 11 Barnsley Facilities Services (BFS) Champions who were part of the pilot in establishing this role and are supported in house by HWB Team alongside our team too. The key role of the Champions is to disseminate Trust wide HWB information and share best practice. Moving forward the Champions role will be reviewed and refresher training offered.

Carers Forum

A staff Carers Forum provides direct support alongside signposting to internal / external support agencies for staff who identify themselves in a caring role. Regular network / support meetings have been established and these alternate between online / Face to Face to encourage attendance.
An event took place for carers week in June 2023. A range of internal / external teams / agencies supported the event which took place over three days with a different focus on each day.

Mediation

This service has been reinstated through the Inclusion & Wellbeing Team. There are currently 9 Mediators. Mediation provides a way for resolving interpersonal conflicts; misunderstandings and disagreements in the workplace. It encourages clearer communication, good working relationships and an emphasis on finding solutions. Mediation is voluntary, requiring all parties to agree and seek resolution

Wellbeing Wednesdays (WOW)

New from January 2024, the Inclusion & Wellbeing Team have introduced new 'Wellbeing on Wednesday' (WOW) sessions available to all colleagues across the Trust. These sessions cover health and wellbeing topics to inspire, motivate and encourage people to

maintain a positive outlook and healthy lifestyle both inside and outside of the workplace.

Schwartz Rounds

Schwartz rounds provides an ideal time for reflection and discussion where colleagues, can come together to discuss the emotional and social aspects of working in healthcare. The compassion shown by colleagues can make all the difference to a patient's experience of care. We held 3 Rounds in 2023 and 1 Round so far in 2024. The various Topics were 'Putting compassion to the test', 'Hindsight is a wonderful thing', 'I'm Human too' and 'In at the deep end'. All Rounds have been well attended, with the highest being 65. Colleagues have consistently praised Schwartz rounds for their positive impact where it's acceptable to discuss emotions and release any pent-up feelings related to personal experiences or stories. Participants have felt well-supported throughout the process, especially on the day of the round, which they greatly appreciated.

Menopause Friendly Accreditation Employer

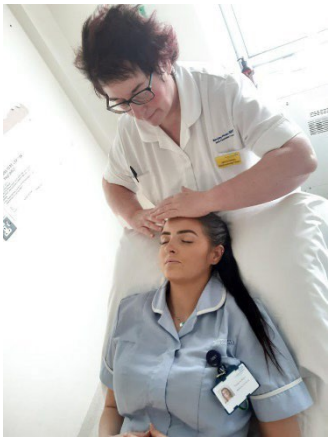
A wide range of support is offered to staff and managers across the Trust including Menopause Awareness sessions, Peer Support Group, Network of Advocates / Champions, Guidance, Flexible Working, Menopause Friendly Uniform Policy. The Trust achieved Menopause Friendly Accreditation in August 2023, achieving National recognition.

World Menopause Day / Awareness Event 2023:

A Trust wide event was hosted by the Inclusion & Wellbeing team to celebrate the achievement of the Accreditation and also to raise awareness of the support on offer at the Trust.

Barnsley Hospital Charity – Employee Wellbeing Support

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



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

Equality, Diversity and Inclusion

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

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

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

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

The People and Engagement group oversees the workforce delivery of Equality, Diversity & Inclusion and the Patient Experience & Insight group oversees the Patient element. 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 Trust ‘People Plan’. This strategy pulls together equality objectives and local engagement work. Delivery of the strategy objectives is monitored through both groups reflecting our public sector equality duties under the Equality Act 2010.

Colleagues Equality Networks

We are committed to creating a more diverse and inclusive organisation and ensuring that we harness the talents of all our colleagues fully. One of the ways we support this is through the colleague’s networks that provides a safe place for all under-represented and disadvantaged individuals to come together, share experiences and facilitate learning and development. We have four colleagues’ networks: Race Equality

and Inclusion Network; LGBTQ+ Network, the Disability Network, renamed Ability Network and the newly established Armed Forces Forum. The colleague networks have been collaborating with other partners to strengthen the role of the networks such as working in partnership with Rotherham Hospital and Doncaster & Bassetlaw Hospital Trust and Barnsley Metropolitan Borough Council (BMBC).




Managing Equality and Diversity Training Programme

Training is available for colleagues with line management responsibilities to equip leaders and managers and enhance their understanding of Equality, Diversity and Inclusion (EDI) principles. The training sessions have been well-received and colleagues have identified how it will enhance their job performance by applying the EDI principles in the workplace.

Bespoke EDI Training

Bespoke EDI training has been provided on request to both the Council of Governors and the physiotherapist team to raise awareness, and integrate effective EDI practices into their roles.

Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES)

The Trust remains committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services and its workforce. WRES and WDES are a requirement for NHS organisations to demonstrate progress against a number of indicators of workforce equality. The Trust is continuing to track required actions

against each of the objectives, providing assurance and monitoring to ensure we meet our targets.

Equality Delivery System (EDS)

EDS 2022 is an improvement tool for NHS organisations in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforce, and leadership. It is driven by evidence and insight related to EDI and health inequalities. The third version of the EDS (EDS 2023) was commissioned by NHS England and NHS Improvement. It is these ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics and to assist in meeting the public sector equality duty (PSED) and to shape the equality objectives.

Workforce health and wellbeing, Inclusive leadership domains and the following three services were chosen to focus on:

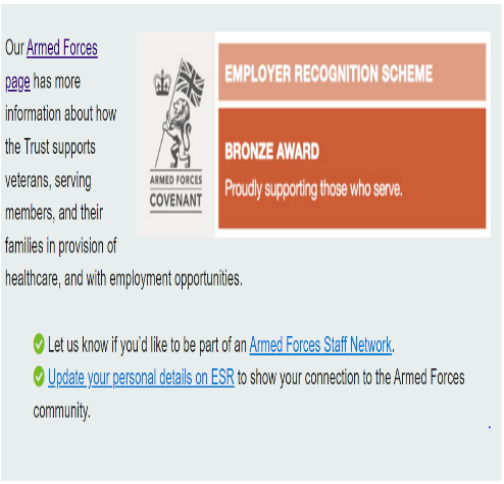
- Diabetes
- Neonatal
- Ophthalmology

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.

Veteran Aware Accreditation Status

The Trust has received 'Veteran Aware' accreditation, achieving Bronze accreditation as an armed forces-friendly employer. A plaque was proudly unveiled in the hospital's main reception by Barnsley Central MP Dan Jarvis, also a former Army officer. This recognise the hospital's ongoing commitment to supporting our Armed Forces veteran. Further work will be undertaken to strengthen our commitment through sustained actions and activities.



Project Search Supported Internship programme

We are delighted to be running the second cohort of the internship programme in collaboration with our partners. Nine interns commenced the programme in September 2023 and are undertaking their placements across various departments within the Trust. One of the interns secured a job after completing his first placement. His mother shared how the internship programme has positively changed his life and everyone in the family and increased his confidence. The interns are enjoying and gaining valuable skills and experience to maximise their potential and gain confidence to transfer to future employment.

Inclusive Culture Partnership Programme (reciprocal mentoring)

Following the success of our first cohort, South Yorkshire Integrated Care System (ICS) is running a second reciprocal mentoring programme from September 2023 to June 2024. Participants from Black, Asian and minority ethnic backgrounds aspiring to more senior roles (Aspiring Leaders) partner with Established Leaders (senior leaders). Together, they form a collaborative learning partnership and work as equal

partners in a reciprocal (reverse) mentoring process. The goal is to help create positive change and enhance the career development and talent pipeline for Black, Asian and minority ethnic backgrounds aspiring leaders.

Maternity Voice Partnership

The Maternity Voices Partnership (MVP is a team of Service Users, Lay people and Health care professionals who are passionate about improving the local maternity service offering by ensuring that families are at the centre of the care, given the best possible experience and the best possible start as a family. Work has been undertaken in reaching out to the Black Asian and Minority Ethnic community to understand barriers to service access and their overall experiences. The Inclusion and Wellbeing Lead and Co- Chair of MVP presented the BAME Women and Maternity report at the All-party parliamentary group (APPG) meeting at the House of Parliament.

Prince's Trust Programme

We are delighted to be hosting the Prince's Trust Pastoral Mentor (employed by Barnsley Council) for one day per week since September 2023. This has enabled the hospital to develop links and improve awareness and access for young local people to secure and remain in jobs and apprenticeships through the programme. Some of the young people who come through the programme experience multiple barriers to employment and face social exclusion, mental health challenges and learning

difficulties. Through dedicated support, they are building confidence, receiving careers advice and interview skills, gained access and secured various roles within the hospital. In 2023, five people through the support of the Prince's Trust programme have gained apprenticeships at the hospital.

Trade Union Activity

Table 1: Relevant union officials

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

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
31	**27.63**

Table 2: Percentage of time spent on facility time

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

Percentage of time	Number of employees
0%	**8**
1-50%	**21**
51%-99%	**0**
100%	**2**

Table 3: Percentage of pay bill spent on facility time

First Column	Figures
Provide the total cost of facility time	**£97,347**
Provide the total pay bill	**£242,372,000**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.040%**

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	1,470 / 62920 x 100 = **2.33%**

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

Modern Slavery Act 2015

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

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

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

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

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

PROUD to care

Governance Report

Our Approach to Governance

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

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

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

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

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

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

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

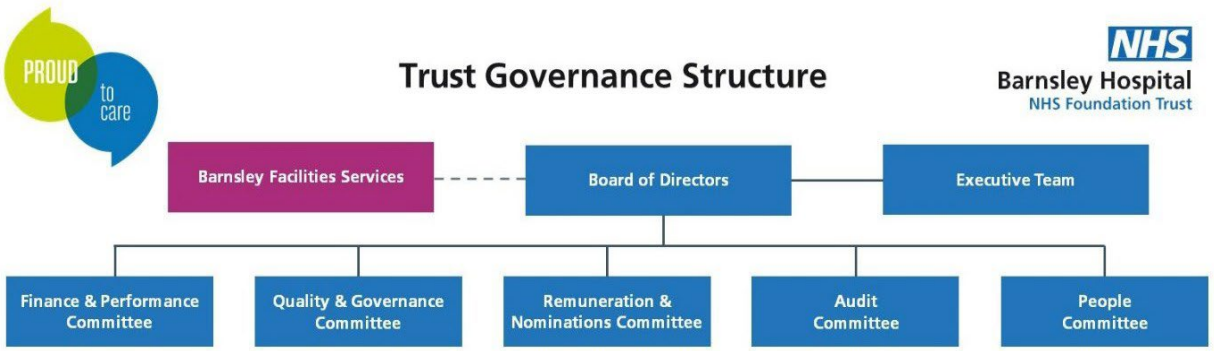
Our Governance Structure

The Trust's governance agenda is managed through the Board's governance committees each chaired by a Non-Executive Director, reporting directly to the Board.

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

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

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



Board Committees

Role of the Audit Committee

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

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

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

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

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

The Committee continues to include at least one member with recent and relevant financial experience and is supported at every meeting by the Trust's Director of Finance or his deputy.

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

KPMG LLP were external auditors for the year ended 31 March 2024.

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

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

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

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

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

Role of the Finance and Performance Committee

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

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

Role of the Quality and Governance Committee

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

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

Role of the People Committee

The People Committee oversee all aspects of the workforce agenda:

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

NHS England System Oversight Framework

NHS England's System Oversight Framework provides the framework for overseeing providers and identifying potential support needs. NHS organisations are allocated one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) Objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (quality of care, access and outcomes, people, preventing ill-health and reducing inequalities, leadership and capability, finance and use of resources, local strategic priorities)
b) Additional considerations focused on the assessment of system leadership and behaviors, and improvement capability and capacity.

Barnsley Hospital NHS Foundation Trust was classified by NHS England as being in segment 3 as at 31 March 2024. Current segmentation information is published on the NHE England website (https//www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation.com)

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).

Our Governors

Insert graphic tree of governors

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. We held one round of elections during 2023-24. All elections were supported by the UK-Engage, as independent scrutineers. While appointed by nomination rather than election, partner Governors are subject to reappointment at three-year intervals.

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 Meetings

The Council of Governors has continued to deal with a range of issues charged to it under legislation and to support the Trust in our strategic development, response and recovery to the pandemic and holding the Board and specifically the Non-Executive Directors to account for answers and assurance.

The Board has authority for all operational issues, the management of which is delegated to operational colleagues, in line with The Trust's standing orders. Throughout this challenging year the Board continued its 'open door' approach with Governors, being pleased to respond to questions and requests for information.

Governors' views and the feedback they provide on behalf of the members they represent, are always welcomed.

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

The Council of Governors continues to report the views and experiences of the people (public and colleagues) and the organisations they represent. As well as direct contact with their Governors, members and the public are invited to contact their Governors through the Trust's website and intranet sites and regular members' newsletters. This important feedback is shared with the Board through the routes outlined above and helps to inform and shape the Trust's development. This engagement also gives the Governors the opportunity to invite feedback from membership and the wider general public in relation to the Trust's forward plans. The Trust continues to value the contributions of all of its Governors.

During the financial year, the Governors did not exercise their power to require one or more of the Directors to attend a Council of Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Director's performance), under paragraph 10C of Schedule 7 of the NHS Act 2006.

Non-Executive Directors have continued to attend General and Sub-group meetings regularly throughout the year, with support from Executive Team members and colleagues leads on specific topics, to ensure the Governors are provided with updates on key issues. The Chief Executive, or his Executive representative, continues to attend every General Meeting.

Nominations Committee

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

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.

Terms of Office

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

Governor Expenses

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

Attendance at Board of Director & Council of Governors Meetings

Board and Board Committee Meetings: 2023-24

		Board of Directors		Extra-ordinary Board of Directors		Audit Committee		Finance & Performance		Quality & Governance		People Committee		REMCOM		
		Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	Total Eligible	Total Attended	NOTES
Non-Executive Directors																
McDonnell	Sheena	6	5	3	3	1	1	2	2	0	0	1	1	4	4	
Mapstone	Nick	6	6	3	3	5	5	13	10	0	0	0	0	4	2	
Clifford	Kevin	6	6	3	0	0	0	0	0	12	10	6	4	4	4	
Ellis	Sue	6	5	3	1	0	0	13	11	0	0	6	6	4	4	
Plotts	David	6	5	3	3	5	5	1	1	12	10	0	0	4	3	
Radford	Stephen	6	6	3	3	5	3	13	13	0	0	0	0	4	3	
Francis	Gary	6	5	3	3	1	1	1	1	12	11	6	4	4	4	
Zaman (up to 30.09.23)	Hadar	3	2	1	1	0	0	0	0	6	4	3	3	0	0	
Murphy (up to 31.12.23)	Neil	5	4	2	1	0	0	9	7	0	0	0	0	0	0	
Ruhi-Khan (up to 31.12.23)	Nahim	5	4	2	1	1	1	9	1	9	2	4	2	0	0	
Shading denotes Board / Committee Chair																
Executive Directors & Executive Team Members																
McCubbin	Robert	6	1	0	0	0	0	0	0	0	0	0	0	0	0	
Davidson	Tom	6	6	3	3	0	0	13	12	0	0	0	0	0	0	
Enright	Simon	6	5	3	2	0	0	0	0	12	10	6	3	0	0	
Jenkins	Richard	6	6	3	2	1	0	0	0	0	0	6	3	4	4	
Kirton	Bob	6	5	3	3	1	1	13	11	12	11	0	0	0	0	
Murphy (01.04.23 – 31.07.23)	Jackie	2	2	1	0	0	0	0	0	4	3	2	1	0	0	
Moppett (from 01.10.23)	Sarah	3	3	2	2	0	0	0	0	6	5	3	1	0	0	

Parkes	Emma	6	4	3	3	2	2	0	0	0	0	6	6	0	0	
Wendzicha	Angela	6	5	3	3	5	3	13	5	12	3	6	3	4	4	
Ned	Steve	6	6	3	2	0	0	0	0	0	0	6	5	4	3	
Thickett	Chris	6	5	3	2	5	5	13	12	0	0	0	0	0	0	
Burnett	Lorraine	6	6	3	2	0	0	13	11	1	1	0	0	0	0	
Lead Governors																
Wood (01.11.23 – 31.03.24)	Thomas	2	1	0	0	0	0	0	0	0	0	0	0	0	0	
Worsdale (Up to 31.10.23)	Graham	3	2	1	1	0	0	0	0	0	0	0	0	0	0	

Attendance at Board of Director and Council of Governors Meetings
Board and Board Committee Meetings: 2023 – 2024

Council of Governors Meetings - Governors (and Chair)

Staff and Partner Governors

Name		Term of Office	Constituency	General Meeting		Sub groups	
		Expiry Date Term				Membership & Engagement	Insight session
Partner Governors			Partner Constituency	Total Eligible	Attended	Attended	Attended
Paul	Ardron	N/A	Sheffield Hallam University	3	1	0	0
Martin	Jackson	N/A	Joint Trade Union Committee	4	2	0	1
Cllr Jenny	Platts	N/A	Barnsley Metropolitan Borough Council	1	1	0	0
David	Akeroyd	N/A	Barnsley College	4	3	1	0
Prof Michelle	Marshall	N/A	University of Sheffield	4	1	0	0
Jo	Newing	N/A	Barnsley Metropolitan Borough Council	3	1	0	0
Plus							
Sheena	McDonnell		Trust Chair	4	4	2	3
Richard	Jenkins		Chief Executive Officer	4	4	0	0
Chairs denoted by shading							

Name		Term of Office		Sub groups			
		End of Term		General Meeting		Membership & Engagement	Insight Sessions
Public Governors			Public Constituency	Total Eligible	Attended	Attended	Attended
Annie	Moody	Dec-23	Public Constituency	3	2	3	2
Adriana	Rrustemi	May-25	Public Constituency	4	3	1	1
Malcolm	Gibson	Dec-24	Public Constituency	4	1	2	0
Chris	Millington	Mar-25	Public Constituency	4	3	4	2
Graham	Worsdale	Dec-24	Public & Lead Constituency up to Oct-23	4	3	4	0
Phil	Hall	Dec-25	Public Constituency	4	2	1	0
Margaret	Sheard	Dec-26	Public Constituency	4	4	1	0
Alan	Parker	Left Sept-23	Public Constituency	2	0	0	0
Philip	Carr	Mar-26	Public Constituency	4	3	4	2
Robert	Lawson	Mar-26	Public Constituency	4	4	3	3
Lisa	Kelly	Left Sept-23	Public Constituency	2	1	0	1
Thomas	Wood	Mar-26	Public & Lead Constituency Nov- 23-31.03.24	4	4	1	2
Ann	Wilson	Mar-25	Public Constituency	4	3	2	3
Jenny	Platts	Jan-27	Public Constituency	1	1	2	3
Diane	Mansfield	Jan-27	Public Constituency	1	0	1	1
Roy	Richardson	Jan-27	Public Constituency	1	1	0	0

Name		Term of Office	Constituency	General Meeting		Sub Group	
		End of Term				Membership & Engagement	Insight Sessions
Staff Governors			Staff Constituency	Total Eligible	Attended	Attended	Attended
Joanne	Smith	Dec-25	Non-Clinical Support	4	4	2	2
Jon	Maskil	Dec-24	Clinical Support	4	3	0	0
Wissam	Al Ahmad	Dec-26	Medical & Dental	4	2	0	0
Nigel	Bullock	Dec-26	Nursing & Midwifery	4	0	0	0
Rebecca	Makinson	Apr-26	Nursing & Midwifery	4	2	1	0

Name		Role	General Meeting		Membership & Engagement	Insight Session
Board and management attendance			Eligible Eligible	Attended	Attended	Attended
Sue	Ellis	Non- Executive Director	4	3	0	0
Nick	Mapstone	Non- Executive Director	4	3	2	2
Kevin	Clifford	Non-Executive Director	4	3	0	0
Nahim	Ruhi-Khan	Associate Non-Executive Director – Up to 31.12.23	2	1	0	0
Gary	Francis	Non-executive Director – started Jan 23	4	4	0	1
Neil	Murphy	Associate Non-Executive Director- Up to 31.12.23	2	1	0	0
David	Plotts	Non-executive Director	4	4	0	2
Hadar	Zaman	Associate Non-Executive Director- Up to 29.09.23	2	2	0	0
Stephen	Radford	Non-Executive Director	4	3	0	0
Angela	Wendzicha	Director of Corporate Affairs	4	4	1	0
Jill	Jaratina	Interim Deputy Director of Corporate Affairs	1	1	1	0
Steven	Parsons	Interim Head of Corporate Affairs	1	1	0	1
Bob	Kirton	Managing Director	4	2	0	1

Council of Governors Meetings - Governors (and Chair)

Staff and Partner Governors

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

Note:
A – The membership of governor subgroup meetings is open to all governors to attend as there is no specified membership.

Public Governors

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

Staff Governors

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

Foundation Trust Membership

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

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

Engaging Members

The Trust launched its Membership and Engagement Strategy and implementation plan in November 2022 and continues to engage members via email communications through the membership database. These communications keep members informed about news around the hospital, the local community, important events and volunteering opportunities. Membership events are also held in public places such as local supermarkets, health care settings and educational venues. Governors attend these events and speak to the general public about membership and the role of hospital Governor.

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

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

Engaging Members 2023-2024

The Trust continues to engage with both staff and members of the public in a variety of ways.

Newsletter

The membership newsletter is circulated every two months through the membership database. The newsletter informs members about the Trust, local community groups and volunteering opportunities. The newsletter is also being utilised to form two way communication with members by asking what they would like to see in future publications.

Public Engagement

The Governors are encouraged to attend engagement events within the local community where they can meet members of the public and promote the Governor role. The events are also a means of gaining more members. Events during 2023-2024 were held at:

Date		Location & Event
16th March 2023		Barnsley College, Students Union
20th April 2023		Barnsley College, Health and Wellbeing Event
20th April 2023		St Helens Wards Alliance Meeting, Athersley North
9th May 2023		Metrodome
1 June 2023		Chilypep, Barnsley
15 July 2023		Barnsley Pride, Barnsley town centre.
27 July 2023		Resolute Event at Barnsley Metrodome
17 August 2023		Chilypep, Barnsley
11 September 2023		Barnsley College, old Mill lane
2 October 2023		Barnsley U3A- presentation & meeting at Priory Campus
6 October 2023		Healthwatch- Hygiene Poverty in Barnsley market
23 November 2023		Young commissioners meeting at Chilypep
7th February 2024		Barnsley Metrodome
28th February 2024		Barnsley Metrodome
20th March 2024		Barnsley Metrodome- Dementia event

Engagement on Trust site/Place sites

The Governors are invited to the Trust site and other healthcare settings within the wider PLACE area. The visits are provided so that Governors may gain a deeper understanding of service provision.

Date		Location & Event
24th March 2023		Intensive Care Unit Opening event, Barnsley hospital
18 May 2023		Community Diagnostic Centre, Barnsley, visit to site for Governors
5 October 2023		Barnsley Hospital – Physio Department
5 January 2024		Mexborough Elective Orthopaedic Centre – visit to site for Governors

Wider Community involvement

Relationships have been formed with multiple external agencies within the local community. Emphasis has been placed on increasing the number of young members. Local youth empowerment organisation 'Chilypep' have worked with Governors in order to bring the youth voice in to the Council of Governors.

Code of Governance

The purpose of the Code of Governance is to assist NHS Foundation Trust Boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. Whilst the Code is issued as best practice advice, some disclosures are required on a 'comply' or 'explain' basis.

The revised Code of Governance for NHS Provider Trusts was published in October 2022 and has been applicable since 1 April 2023.

Part of Schedule A	***Code* section**	**Summary of requirement**
Required disclosures		
Disclose	A 2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy. Within the Directors report and Annual Governance Statment
Disclose	A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce. Contained within the staff report
Disclose	A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements. Contained within the Performance Report

Part of Schedule A	*Code* section	Summary of requirement
	B 2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why. Within the Directors Report
Disclose		All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors. Within the Directors Report
	C 4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports. Within the Directors Report
	C 5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied. Within the Directors Report
	D 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. Within the Directors Report

Disclose	B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance. Within the Directors Report
Disclose	B 2.17	For foundation trusts, this schedule 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 the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors. Within the Directors report
Disclose	C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors. Not applicable during the reporting period
Disclose	C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference. Within the Directors Report
Disclose	C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience. Within the Directors Report

Part of Schedule A	*Code* section	Summary of requirement
Disclose	D 2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report. Within the Annual Governance Statement
Disclose	D 2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report. Within the Annual Governance Statement
Disclose	D 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare. Within the Performance Report
Disclose	E 2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings. Not applicable during the reporting period
Disclose	Appendix B, para 2.3 (not in Schedule A)	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. In the Governor section
Disclose	Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report. In the Governor section
Disclose	Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has 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, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations. In the Governor section

Provision	Requirement

Part of Schedule A	*Code* section	Summary of requirement
Disclose	Additional requirement of FT ARM resulting from legislation	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) Not applicable

Section A,2.2	The Board of Directors should develop, embody and articulate a clear vision and values for the Trust, with reference to the ICPs integrated care strategy and the Trust's role within system and place-based partnerships, and provider collaborative. This should be a formally agreed statement of the organisation's purpose and intended outcomes and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners, and other decisions. Comply
Section A, 2.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners, and to ensure that risk is managed effectively. The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaboratives. Comply

Section A, 2.5	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, e.g. from the internal audit function, to provide an adequate and reliable level of assurance. Comply
Section A, 2.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered. Comply
Section A, 2.7	The chair should regularly engage with stakeholders including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of the stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually. Comply
Section A, 2.9	The workforce should have a means to raise concerns in confidence and – if they wish – anonymously. The board of directors should routinely review this and the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action. Comply
Section A, 2.10	The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement. Comply

Section A, 2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has any such concerns, they should provide a written statement to the chair, for circulation to the board. Comply
Section B, 2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues. Comply
Section B, 2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary skills and knowledge to undertake their role. Comply
Section B, 2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive

	directors in particular, and ensuring a constructive relationship between executive and non-executive directors. Comply
Section B, 2.4 (NHS foundation trusts only)	A foundation trust chair is responsible for ensuring that the board and council work together effectively. Comply
Section B, 2.5	The chair should be independent on appointment when assessed against the criteria set out in Section B, provision 2.6. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director. Comply

Section B, 2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent. Comply
Section B, 2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time. Comply
Section B, 2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the council of governors should take into account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience. Comply

Section B, 2.10	Only the committee chair and members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee. Comply
Section B, 2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England as set out in the chair appraisal framework. Comply
Section B, 2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives. The chair should hold meetings with the non-executive directors without the executive directors present. Comply

Section B, 2.14	When appointing a director, the board of directors should take into account other demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chairship of such an organisation. Comply

Provision	**Requirement**
Section B, 2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board. Comply
Section B, 2.16	The board of directors as a whole is responsible for ensuring the quality and safety of the healthcare services, education, training and research delivered by the trust and applying the principles and standards of clinical governance set out by DHSC, NHS England, the CQC and other relevant NHS bodies. Comply
Section B, 2.17	All members of the board of directors have joint responsibility for every board decision regardless of their individual skills or status. This does not impact on the particular responsibilities of the chief executive as the accounting officer. Comply

Section B, 2.18	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented. Comply
Section B, 2.19	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. Comply
Section C, 2.1 (NHS foundation trusts only)	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and

	opportunities facing the trust and the skills and expertise required within the board of directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from the ICB, and the foundation trust should engage with NHS England to agree the approach. Comply
Section C, 2.2 (NHS foundation trusts only)	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.

	Comply
Section C, 2.3 (NHS foundation trusts only)	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair. Comply
Section C, 2.4 (NHS foundation trusts only)	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors. Comply
Section C, 2.5 (NHS foundation trusts only)	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team should generally be used for the appointment of the chair and non-executive directors. Comply

Provision	Requirement
Section C, 2.6 (NHS foundation trusts only)	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel. Comply
Section C, 2.7 (NHS foundation trusts only)	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position. Comply
Section C, 3.1 (NHS trusts only)	NHS England is responsible for appointing chairs and other non-executive directors of NHS trusts. A committee consisting of the chair and non-executive directors is responsible for appointing the chief officer of the trust. A committee consisting of the chair, non-executive directors and the chief officer is responsible for appointing the other executive directors. NHS England has a key advisory role in ensuring the integrity, rigour and fairness of executive appointments at NHS trusts. The selection panel for the posts should include at least one external assessor from NHS England. Not applicable
Section C, 4.1	Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for
	ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors. Comply

Section C, 4.3	The chair should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment the chair was an existing non-executive director. The need for extension should be clearly explained and should have been agreed with NHS England. Comply
Section C, 4.4 (NHS foundation trusts only)	Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles. Comply
Section C, 4.5	There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts. NHS foundation trusts and NHS trusts should make use of NHS Leadership Competency Framework for board level leaders. Comply

Provision	Requirement
Section C, 4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified. Comply
Section C, 4.8 (NHS foundation trusts only)	Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on: • holding the non-executive directors individually and collectively to account for the performance of the board of directors • communicating with their member constituencies and the public and transmitting their views to the board of directors • contributing to the development of the foundation trust's forward plans. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors. Comply
Section C, 4.10 (NHS foundation trusts only)	In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England's model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable. NHS England can only use its

	enforcement powers to require a trust to remove a governor in very limited circumstances: where they have imposed an additional condition relating to governance in the trust's licence because the governance of the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor. Comply
Section C, 4.11	The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning. Comply
Section C, 4.12	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment. Comply
Section C, 5.1	All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered. Comply
Section C, 5.2	The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training

	including on equality diversity and inclusion, including unconscious bias. Comply

Section C, 5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust. Comply
Section C, 5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme. Comply
Section C, 5.5	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board. Comply
Section C, 5.6 (NHS foundation trusts only)	A foundation trust board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately. Comply
Section C, 5.8	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary. Comply
Section C, 5.9	The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating appropriate induction and assisting with professional development as required. Comply

Section C, 5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The board of directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees. Comply
Section C, 5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the board of directors, but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate. Comply
Section C, 5.12	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment. Comply

Provision	Requirement
Section C, 5.13	Committees should be provided with sufficient resources to undertake their duties. The board of directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance. Comply
Section C, 5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles. Comply
Section C, 5.16 (NHS foundation trusts only)	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the forward plan, and then inform the council of governors which of their views have been incorporated in the NHS foundation trust's plans, and explain the reasons for any not being included. Comply
Section C, 5.17	The trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming foundation trust governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution. Comply
Section C, 2.1	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board

	of directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates. Comply
Section C, 2.2	The main roles and responsibilities of the audit committee should include: • monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them • providing advice (where requested by the board of directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy • reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself • monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors • reviewing and monitoring the external auditor's independence and objectivity • reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements • reporting to the board of directors on how it has discharged its responsibilities. Comply

Provision	Requirement
Section D, 2.3	A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this. Comply
Section D, 2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services.
Section E, 2.1	Any performance-related elements of executive directors' remuneration 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. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions. • Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. • Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to criteria which reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate. • Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed and must be limited to the lower of £17,500 or 10% of basic salary. • The remuneration committee should consider the pension consequences and associated costs to the trust of basic

Provision	Requirement
	salary increases and any other changes in pensionable remuneration, especially for directors close to retirement. Not applicable during the reporting period
Section E, 2.2	Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure. Comply
Section E, 2.4	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. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice. Comply
Section E, 2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity. Not applicable during the reporting period
Section E, 2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose and this should normally include the first layer of management below board level. Comply

The provisions listed below require information to be made **available to governors,** even in the case that the trust is compliant with the provision.

Provision	**Requirement**
Section C, 4.9	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and
(NHS foundation trusts only)	unjustifiably fails to attend its meetings or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. Not applicable in the reporting period
Section C, 5.7 (NHS foundation trusts only)	The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients. Statutory requirements on the provision of information from the foundation trust board of directors to the council of governors are provided in Your statutory duties: a reference guide for NHS foundation trust governors. Comply

The provisions listed below require supporting information to be made **available to members**, even in the case that the trust is compliant with the provision.

Provision	**Requirement**
Section C, 2.9 (NHS foundation trusts only)	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Comply
Section B, 2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available. Comply
Section C, 4.2	Alongside this, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website. Comply
Section E, 2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum membership of three. The remuneration committee should make its terms of reference available, explaining its role and the authority delegated to it by the board of directors. The board member with responsibility for HR should sit as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust. Comply

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

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

NHS England has given Accounts Directions which require Barnsley Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Barnsley Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS

foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

Signed: R. Jenkins

Dr Richard Jenkins, Chief Executive

Date: 20 June 2024

PROUD to care

Annual Governance Statement

Annual Governance Statement

Scope of Responsibility

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

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and priorities the risks to the achievement of the policies, aims and objectives of Barnsley Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realized and the impact should they be realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

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

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

Risk Management within the Trust is supported by the Risk Management Policy and Procedure, providing a framework or managing risks across the Trust. This Policy has been reviewed and refreshed in year. It provides a clear and systematic approach to risk management, recognising that risk assessment is essential to the efficient and effective delivery of its services, aims and objectives.

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

The Trust learns from good practice through a range of mechanisms including peer reviews, some of which have been conducted as part of our increasing partnership with The Rotherham NHS Foundation Trust. In addition, the Trust learns through effective performance management, continuing professional development, outcomes from clinical audits, after action reviews and reflective practice.

The Risk and Control Framework

The Trust's Risk Management Policy and Procedure provides the framework for managing risks across the Trust. The Trust has an established organisational structure in place promoting early identification of risk. The Trust has continued to develop and embed the Risk Management Committee, Chaired by the Director of Corporate Affairs.

The Risk Management Committee's function is to scrutinise, challenge and moderate on the risk descriptors, risk mitigation and controls in place and more importantly seeks assurance on the progress around closing any gaps in controls and mitigations. Risks are then escalated to the Executive Team meeting where appropriate. To ensure consistency throughout the assessment of risks, risks are identified using a standardised approach. Identified risks are analysed using the risk management grading matrix of consequence and likelihood (5X5), producing a risk score that enables consistent prioritisation within the risk register. Risks scored 15 and above are added to the Corporate Risk Register.

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

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

- Audit Committee: Reviews, on behalf of the Board the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives.
- Quality and Governance Committee: Provides assurance to the Trust Board and Audit Committee that there are adequate controls in place to monitor the care given to patients. This includes progress against any action plans following Serious Incident Investigations.
- Finance and Performance Committee: Responsible for scrutinising aspects of financial and operational performance as requested by the Board in addition to

scrutinising business cases, proposed investment decisions and regular review of contracts with key partners.

- People Committee: Responsible for providing leadership and oversight for the Trust on workforce issues that support the delivery of the Board's approved workforce objectives and for monitoring the operational performance of the Trust in people management, recruitment and retention and employee health and wellbeing

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

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

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

Compliance with Developing Workforce Safeguards

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

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

Information Governance

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

There were no Serious Incidents reportable to the Information Commissioner during the last financial year.

Data Quality and Governance

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

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

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

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

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

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

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

Engagement with Stakeholders

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

During the last financial year, the Trust has worked closely with The Rotherham NHS Foundation Trust in establishing a strengthened programme of joint partnership working. Further detail can be found in the annual report.

Provider Licence

From 1 April 2023, a new Provider Licence was issued by NHS England. The Board reviews compliance with the Provider Licence on an annual basis.

The NHS Oversight Framework outlines the approach NHS England take when overseeing performance. During the last financial year, the Trust was in Segment 3 for financial reasons.

Care Quality Commission

The Trust is registered with the Care Quality Commission and is registered 'without conditions'. The Care Quality Commission has not taken any enforcement action against the Trust during 2023-24.

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

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

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

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

Review of Effectiveness

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

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

The Audit Committee has supported the Board and provided an independent and objective review

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

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

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

- Four Significant Assurance relating to Freedom of Information and Subject Access Requests; Cleaning Standards; Data Quality (diagnostic patients waiting no more than 6 weeks); Financial ledger.
- One Moderate Assurance relating to Data Security and Protection Toolkit (NHS England Rating)
- Three Limited Assurance relating to Absence Management; Recruitment and Onboarding; and Nutrition and Hydration.
- One Split Significant/Limited relating to Business Continuity (IT Outage)

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

The Trust has received a statement from the Head of Internal Audit based upon the work undertaken during 2023-24 with the overall opinion as follows:

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

Strategic risk management and Board Assurance Framework – I am providing an opinion of significant assurance.

Internal audit outturn – I am providing an opinion of significant assurance. Three audits completed in 2023/24 have been allocated a limited assurance opinion, however, we recognise that the Trust has directed us to some areas already identified as requiring further improvement. Two high risk findings have been raised in year**.**

Implementation of internal audit actions – I am providing an opinion of significant assurance. In 2023/24, the Trust achieved a first follow up implementation rate of 84% and an overall implementation rate of 97%. "

Conclusion

The Board remains committed to continuous improvement of its governance arrangements to ensure robust systems are in place to identify and manage risks. In summary, I am assured that through the work carried out during the last financial year and the opinion of the Internal

Auditors through the Head of Internal Audit Opinion we have a sound system of internal control in place designed to meet the Trust's priorities and that controls are generally being applied consistently. I am pleased to report that at the time of this report, the Trust had no significant internal control issues.

Signed: R. Jenkins

Dr Richard Jenkins, Chief Executive

Date: 20 June 2024

PROUD to care

Financial Statements

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2024, have been prepared by Barnsley Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed: R. Jenkins (Chief Executive)

Name: Dr. Richard Jenkins

Date: 20 June 2024

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2024

	NOTE	**Group 2023/24 £000**	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Operating income from patient care activities	3	**299,783**	286,378	**299,770**	286,361
Other operating income	4	**29,777**	31,638	**29,720**	32,544
Total operating income		**329,560**	318,016	**329,490**	318,905
Operating expenses	5	**(334,581)**	(322,734)	**(335,686)**	(323,957)
OPERATING SURPLUS/(DEFICIT)		**(5,021)**	(4,718)	**(6,196)**	(5,052)
FINANCE COSTS					
Finance income		**1,900**	818	**2,557**	798
Finance expenses	8	**(24)**	(20)	**(838)**	(870)
Public Dividend Capital dividends payable		**(1,802)**	(1,662)	**(1,802)**	(1,662)
NET FINANCE COSTS		**74**	(864)	**(83)**	(1,734)
Other gains/(losses)		**(24)**	(26)	**(27)**	0
Corporation tax expense	9	**(223)**	(138)	**0**	0
SURPLUS/(DEFICIT) FOR THE YEAR		**(5,194)**	(5,746)	**(6,306)**	(6,786)
Other comprehensive income					
Will not be reclassified to income and expenditure					
Impairments	11	**0**	(182)	**0**	**(182)**
Other reserve movement		**0**	0	**0**	0
TOTAL COMPREHENSIVE EXPENSE FOR THE PERIOD		**(5,194)**	(5,928)	**(6,306)**	(6,968)

	2023/24 £000	2022/23 £000	**2023/24 £000**	2022/23 £000
(a) Surplus/(Deficit) for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**(5,194)**	(5,746)	**(6,306)**	(6,786)
TOTAL	**(5,194)**	(5,746)	**(6,306)**	(6,786)
(b) Total comprehensive expense for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**(5,194)**	(5,928)	**(6,306)**	(6,968)
TOTAL	**(5,194)**	(5,928)	**(6,306)**	(6,968)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2024

	NOTE	Group 31 March 2024 £000	Group 31 March 2023 £000	Trust 31 March 2024 £000	Trust 31 March 2023 £000
NON-CURRENT ASSETS					
Intangible assets	10	**4,210**	4,885	**4,207**	4,879
Property, plant and equipment	11	**99,540**	93,833	**78,060**	70,975
Right of use assets	11	**1,538**	2,033	**22,886**	24,697
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiary	12	**0**	0	**18,349**	19,105
Other investments		**0**	315	**0**	0
Receivables	14	**1,778**	1,745	**1,778**	1,745
Total non-current assets		**107,067**	102,812	**137,630**	133,752
CURRENT ASSETS					
Inventories	13	**2,207**	2,273	**1,290**	1,338
Receivables	14	**12,230**	17,074	**10,298**	15,108
Loans to subsidiary	12	**0**	0	**756**	731
Cash and cash equivalents	15	**31,509**	43,439	**27,439**	39,950
Total current assets		**45,946**	62,787	**39,783**	57,127
CURRENT LIABILITIES					
Trade and other payables	16	**(50,022)**	(62,157)	**(58,791)**	(69,808)
Borrowings	17	**(683)**	(688)	**(683)**	(2,390)
Provisions	18	**(639)**	(1,966)	**(519)**	(1,926)
Other liabilities	19	**(4,922)**	(5,143)	**(4,922)**	(5,143)
Total current liabilities		**(56,266)**	(69,954)	**(64,915)**	(79,267)
TOTAL ASSETS LESS CURRENT LIABILITIES		**96,747**	95,644	**112,498**	111,612
NON-CURRENT LIABILITIES					
Borrowings	17	**(867)**	(1,353)	**(24,051)**	(23,722)
Provisions	18	**(231)**	(283)	**(311)**	(283)
TOTAL NON-CURRENT LIABILITIES		**(1,098)**	(1,636)	**(24,362)**	(24,005)
TOTAL ASSETS EMPLOYED		**95,649**	94,008	**88,136**	87,607
FINANCED BY					
TAXPAYERS' EQUITY					
Public dividend capital		**154,008**	147,173	**154,008**	147,173
Revaluation reserve	20	**1,793**	1,793	**1,793**	1,793
Income and expenditure reserve		**(63,509)**	(57,871)	**(67,666)**	(61,359)
OTHERS' EQUITY					
Charitable fund reserves	12.1	**3,357**	2,913	**0**	0
TOTAL TAXPAYERS' AND OTHERS' EQUITY		**95,649**	94,008	**88,136**	87,607

The financial statements on pages 159 to 192 were approved by the Board on 20 June 2024 and signed on its behalf by:

Signed: R. Jelly (Chief Executive)

Date: 20 June 2024

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2024

Group	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Charitable fund reserves (Note 12)	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 brought forward	**147,173**	**1,793**	**(57,871)**	**2,913**	**94,008**
Surplus/(Deficit) for the year	**0**	**0**	**(5,631)**	**437**	**(5,194)**
Impairments	**0**	**0**	**0**	**0**	**0**
Transfers to the income and expenditure reserve in respect of assets disposed of	**0**	**0**	**0**	**0**	**0**
Public dividend capital received	**6,835**	**0**	**0**	**0**	**6,835**
Other reserve movements - charitable funds consolidation adjustments	**0**	**0**	**(7)**	**7**	**0**
Taxpayers' and others' equity at 31 March 2024	**154,008**	**1,793**	**(63,509)**	**3,357**	**95,649**

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

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

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

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

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

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

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

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2024

Trust	Public dividend capital	Revaluation reserve (Note 20 and below)	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 brought forward	**147,173**	**1,793**	**(61,359)**	**87,607**
Deficit for the year	**0**	**0**	**(6,306)**	**(6,306)**
Impairments	**0**	**0**	**0**	**0**
Transfers to the income and expenditure reserve in respect of assets disposed of	**0**	**0**	**0**	**0**
Public dividend capital received	**6,835**	**0**	**0**	**6,835**
Taxpayers' and others' equity at 31 March 2024	**154,008**	**1,793**	**(67,666)**	**88,136**

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

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

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2024

	NOTE	Group 2023/24 £000	Group 2022/23 £000	Trust 2023/24 £000	Trust 2022/23 £000
Cash flows from operating activities					
Operating surplus/(deficit)		**(5,021)**	(4,718)	**(6,196)**	(5,052)
Non-cash income and expenses					
Depreciation and amortisation		**7,886**	6,920	**7,821**	6,822
Net impairments		**1,860**	4,754	**1,860**	4,754
Income recognised in respect of capital donations		**(183)**	(3,807)	**(183)**	(3,807)
(Increase)/decrease in receivables and other assets		**4,008**	(9,068)	**3,937**	(8,960)
(Increase)/decrease in inventories		**66**	(342)	**48**	(352)
Increase/(decrease) in payables		**(9,897)**	11,089	**(9,670)**	14,938
Increase/(decrease) in other liabilities		**(221)**	364	**(221)**	364
Increase/(decrease) in provisions		**(1,379)**	(558)	**(1,380)**	(558)
Tax paid	9	**(195)**	(154)	**0**	0
Movements in charitable fund working capital		**115**	133	**0**	0
Other movements in operating cash flows		**0**	21	**5**	9
NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES		**(2,961)**	4,633	**(3,979)**	8,158
Cash flows from investing activities					
Interest received		**1,895**	798	**2,557**	798
Purchase or settlements of financial assets / investments		**0**	0	**731**	706
Purchase of intangible assets		**(908)**	(2,116)	**(908)**	(2,116)
Purchase of property, plant and equipment		**(15,077)**	(11,881)	**(14,364)**	(14,437)
Receipt of cash donations to purchase assets		**0**	3,729	**32**	3,729
Net cash flows from/(used in) investing activities		**(14,090)**	(9,470)	**(11,952)**	(11,320)
Cash flows from financing activities					
Public dividend capital received		**6,835**	6,466	**6,835**	6,466
Other Capital Receipts		**169**	0	**169**	0
Capital element of finance lease rental payments		**(704)**	(617)	**(1,590)**	(2,070)
Interest on loans		**0**	0	**0**	0
Other interest (eg overdrafts)		**(7)**	0	**(7)**	0
Interest element of finance lease		**(17)**	(20)	**(832)**	(870)
Public dividend capital dividend paid		**(1,155)**	(1,893)	**(1,155)**	(1,893)
Net cash flows from/(used in) financing activities		**5,121**	3,936	**3,420**	1,633
Increase/(decrease) in cash and cash equivalents	15	**(11,930)**	(900)	**(12,511)**	(1,528)
Cash and cash equivalents at 1 April - brought forward		**43,439**	44,339	**39,950**	41,478
Cash and cash equivalents at 31 March		**31,509**	43,439	**27,439**	39,950

Barnsley Hospital NHS Foundation Trust - Notes to the Accounts

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

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected.
The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going Concern Statement

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

Note 1.3 Consolidation

NHS Charitable Funds

The Trust is the corporate trustee to the NHS charitable fund titled 'Barnsley Hospital Charity' (Registered Charity number 1058037). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102 ("FRS 102").

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter- entity balances, transactions and gains/losses are eliminated in full on consolidation.

The charity is consolidated at a Group level.

Other Subsidiary

Subsidiary entities are those over which the Trust has control. 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 control over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

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

On 16 April 2012 the Trust established a wholly owned subsidiary company 'Barnsley Hospital Support Services Limited', this company changed its name to 'Barnsley Facilities Services' on 7 July 2017. The investment in Barnsley Facilities Services Limited is recognised at cost as this is a wholly owned subsidiary of the Trust. The financial statements of this subsidiary are prepared in accordance with Financial Reporting Standard (FRS) 101 ("FRS101").

References to 'Group' within the financial statements refer to the results and balances of the Trust and the subsidiaries, whilst references to 'Parent' refer only to those of the 'Trust'. All references to 'Trust' are for the 'Foundation Trust'.

1 Accounting policies and other information (continued)

Note 1.4 Revenue from contracts with customers

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

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), outpatient procedures, outpatient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

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

The Trust also receives income from the commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPF) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in the own right, instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

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

1 Accounting policies and other information (continued)

1.5 continued

Apprenticeship service income

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

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. Both schemes are unfunded, defined benefit schemes that covers NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

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

National Employment Savings Trust

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

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably
- the cost of the item can be measured reliably; and
- individual items:
  - have a cost of at least £5,000; or
  - form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000 where the assets are functionally interdependent, 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 lives.

1 Accounting policies and other information (continued)

Note 1.8 Property plant and equipment (continued)

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset(MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

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

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

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Asset lives fall into the following ranges:

- Buildings excluding dwellings 15 to 90 years
- Plant and machinery 1 to 10 years
- Information technology 1 to 10 years
- Furniture and fittings 1 to 10 years

Freehold land is considered to have an infinite life and is not depreciated. An engaged valuer (an external body to the Trust) considers that the remaining lives of the buildings is ranged between 15 and 90 years based on individual blocks and assets within those blocks.

Property, plant and equipment which has been reclassified as ‘Held for Sale’ ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust respectively.

Revaluation gains and losses

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

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of “other comprehensive income”.

1 Accounting policies and other information (continued)

Note 1.8 Property plant and equipment (continued)

Revaluation gains and losses (continued)

As the Trust values its buildings on a Modern Equivalent Basis it has determined that revaluation movements are considered on an overall aggregate basis across all building assets rather than each building asset having an individual revaluation reserve.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘Held for Sale’ once the criteria in IFRS 5 are met.

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

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

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

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

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

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

Note 1.9 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised.

1 Accounting policies and other information (continued)

Note 1.9 Intangible assets (continued)

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits. Software is amortised over a useful life of 1 to 10 years.

Note 1.10 Inventories

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

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

Note 1.11 Cash and cash equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement

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

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

1 Accounting policies and other information (continued)

Note 1.12 Financial assets and financial liabilities (continued)

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

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

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

The Trust as a lessee

Initial recognition and measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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

1 Accounting policies and other information (continued)

Note 1.13 Leases (continued)

Subsequent measurement

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

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

Operating leases

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

Leases of land and buildings

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

Initial application of IFRS 16

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

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

The Trust as a lessee

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

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

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of that amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using H M Treasury's discount rates effective from 31 March 2024.

		Nominal Rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceding 40 years	4.44%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Nominal Rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

1 Accounting policies and other information (continued)

1.15 Clinical negligence costs

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

1.16 Non-clinical risk pooling

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

1.17 Contingencies

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

Contingent liabilities are not recognised, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

Either possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control, or present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public dividend capital

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

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at *https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.*

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value added tax

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

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

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

1.20 Corporation tax

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

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

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

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

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

1 Accounting policies and other information (continued)

1.20 Corporation tax (continued)

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.

1.21 Third party assets

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

1.22 Losses and special payments

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

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

1.23 Cash and cash equivalents

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

1.24 Critical accounting judgements, estimates and assumptions

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

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

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

Expense accruals

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

Lang and Buildings valuation

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 selection of rebuild costs from within a published BCIS index range for each property type, along with physical and functional obsolescence adjustments made to reflect the current condition and service potential of the existing Estate. Given the complex nature of Asset valuation the Trust seeks professional advice from its valuers, to ensure that appropriate assumptions are used in the value calculation and the assessment of useful economic asset lives.

The Trust commissioned a desk-top valuation of its land and buildings as at 31 March 2024, which was undertaken by Cushman & Wakefield on a Modern Equivalent Asset (MEA) basis and reduced the residual value of the assets in 2023/24 by £1,860,073 (2022/23 by £4,754,330). The reduction is due to the MEA valuation not recognising the full level of capital investment made during the year largely offset by an increase in the underlying land and property prices in the region. The MEA assumes an instant build and cannot therefore reflect the significant cost associated with undertaking the alteration works within an operational hospital; and whilst the capital investment works have improved the functionality of the space, the accommodation does remain compromised in terms of its size and layout as well as the energy performance associated with the existing building envelope when compared to the modern equivalent.

1 Accounting policies and other information (continued)

1.24 Critical accounting judgements, estimates and assumptions (continued)

Impairment of Property, plant and equipment

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

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

1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early-adopted in 2023/24.

IFRS 18 was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FREM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

1.26 Transfers of functions to/from other NHS bodies

The five acute Trusts in South Yorkshire and Bassetlaw are working together to develop a single Pathology Service; this should benefit both patients and staff in a way that could not be achieved by each Trust in isolation. By working together Trusts can ensure the service their patients receive is equal across South Yorkshire and Bassetlaw. It will also allow wider access to new investigations and diagnostic systems for South Yorkshire and Bassetlaw patients, and improve future training and career development for staff.

The service will be hosted by Sheffield Teaching Hospitals NHS Foundation Trust with relevant pathology staff, assets and liabilities transferring to them on 1st April 2024.

The assets and liabilities once transferred will be de-recognised from the 2024/25 accounts as at the date of transfer. Any net loss / gain corresponding to the net assets/ liabilities transferred will be recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised will be transferred to the income and expenditure reserve.

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 2023/24, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process. The values disclosed are consistent to those reported to the Board in April 2023, with the exception of audit adjustments.

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

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

3. Operating income from patient care activities

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

3.1 Income from patient care activities (by source)	**Group 2023/24 £000**	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Income from patient care activities received from:				
NHS England	**24,857**	31,606	**24,857**	31,606
Clinical commissioning groups	**0**	61,286	**0**	61,286
Integrated care boards	**273,686**	191,823	**273,686**	191,823
Department of Health and Social Care	**12**	15	**12**	15
Other NHS Providers	**51**	523	**51**	523
Local authorities	**61**	124	**61**	124
Non-NHS: overseas patients (chargeable to patient)	**93**	109	**93**	109
Injury cost recovery scheme *	**970**	844	**970**	844
Non NHS: other	**53**	48	**40**	31
Total income from activities	**299,783**	286,378	**299,770**	286,361

*NHS injury cost recovery scheme income is subject to a provision for doubtful debts of 23.07% (2022/23 24.86%) to reflect expected rates of collection.

3.2 Income from patient care activities (by nature)	**Group 2023/24 £000**	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Income from commissioners under API contracts*	**279,180**	252,588	**279,180**	252,588
High cost drugs income from commissioners (excluding pass-through costs)	**11,009**	11,230	**11,009**	11,230
Other NHS clinical income	**582**	523	**582**	523
Elective recovery fund	**0**	7,163	**0**	7,163
Agenda for change pay award central funding***	**143**	6,645	**143**	6,645
Additional pension contribution central funding **	**7,680**	7,088	**7,680**	7,088
Other clinical income	**1,189**	1,141	**1,176**	1,124
Total income from activities	**299,783**	286,378	**299,770**	286,361

* Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation

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

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

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

3.3 Income from activities arising from commissioner requested services

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

	Group 2023/24 £000	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Income from services designated as commissioner requested services	**299,783**	286,378	**299,770**	286,361
Income from services not designated as commissioner requested services	**29,777**	31,638	**30,392**	32,544
Total	**329,560**	318,016	**330,162**	318,905

4. Other Operating Income

	Group 2023/24 £000	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Research and development	**517**	580	**517**	580
Education and training	**13,671**	11,332	**13,671**	11,332
Reimbursement and top up funding	**0**	360	**0**	360
Education and training - notional income from apprenticeship fund	**858**	644	**858**	644
Receipt of capital grants and donations	**183**	3,807	**183**	3,807
Charitable and other contributions to expenditure	**103**	616	**103**	616
Other income*	**14,010**	13,827	**14,388**	15,205
Charitable fund incoming resources	**435**	472	**0**	0
Total other operating income	**29,777**	31,638	**29,720**	32,544

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

Car parking	**1,197**	1,160	**1,197**	1,160
Non-clinical services recharged to other bodies**	**618**	869	**106**	432
Pharmacy sales	**83**	69	**25**	7
Staff recharges	**3,993**	3,599	**4,199**	3,820
Service recharges	**3,441**	5,176	**3,441**	5,176
Drugs recharges	**1,983**	1,906	**1,983**	1,910
Clinical excellence awards	**48**	95	**48**	95
Elimination of 'other income' on consolidation of charitable funds	**(368)**	(524)	**0**	0
Miscellaneous items	**3,015**	1,477	**3,389**	2,605
Total other income	**14,010**	13,827	**14,388**	15,205

5. Operating expenses

	Group 2023/24 £000	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	**1,128**	25	**1,128**	25
Staff and executive directors costs Notes 1 and 6.1	**242,204**	233,493	**229,332**	222,501
Remuneration of non-executive directors Note 1	**168**	174	**168**	174
Supplies and services - clinical (excluding drugs costs)	**28,527**	26,518	**26,355**	24,344
Supplies and services - general	**5,213**	5,249	**669**	544
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**19,871**	18,818	**20,230**	19,231
Consultancy costs	**491**	717	**97**	197
Establishment	**1,720**	1,909	**1,247**	2,142
Premises	**11,179**	10,341	**33,299**	30,037
Transport (including patient travel)	**1,464**	1,251	**1,298**	1,118
Depreciation on property, plant and equipment and right of use assets	**6,303**	5,910	**6,241**	5,815
Amortisation on intangible assets	**1,583**	1,010	**1,580**	1,007
Net impairments Note 3	**1,860**	4,754	**1,860**	4,754
Movement in credit loss allowance: contract receivables/ contract assets	**(109)**	407	**(108)**	407
Movement in other provisions	**0**	**(29)**	**0**	**(29)**
Fees payable to the external auditor : audit services statutory audit Note 2	**199**	153	**170**	137
Internal audit costs	**108**	110	**108**	110
Clinical negligence	**9,959**	9,663	**9,959**	9,663
Legal fees	**66**	110	**61**	76
Insurance	**469**	437	**4**	1
Research and development	**65**	142	**65**	142
Education and training - notional expenditure funded from apprenticeship fund	**858**	644	**858**	644
Rentals under operating leases	**0**	**0**	**0**	**0**
Car parking and security	**571**	510	**42**	15
Hospitality	**0**	1	**0**	1
Losses, ex gratia and special payments	**389**	328	**389**	328
Other	**295**	89	**634**	574
Total	**334,581**	322,734	**335,686**	323,957

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

Note 2 - Auditor's remuneration

KPMG LLP were external auditors for the year ended 31 March 2024.

The audit fee for the Trust statutory audit was £170,400 (2022/23 £137,000) including VAT. This was the fee for an audit in accordance with the Code of Audit Practice as issued by the National Audit Office. The audit fee for the subsidiary organisation, Barnsley Facilities Services was £23,000 exclusive of VAT (2022/23 - £15,600 exclusive of VAT). The expected audit fee for the subsidiary entity Barnsley Hospital Charity is £6,000 inclusive of VAT (2022/23 - £2,000 inclusive of VAT). The charity audit is not carried out by KPMG.

Note 3 - The Net impairment of £1,860,000 was due to change in market price (2022/23: £4,754,000 - due to change in market price).

6.1 Employee benefits

Group

	Total 2023/24 £000	Total 2022/23 £000
Salaries and wages	**171,223**	167,533
Social security costs	**16,748**	15,084
Apprenticeship levy	**845**	734
Employer's contributions to NHS pensions	**25,667**	23,745
Pension Cost - Other	**197**	160
Termination benefits	**137**	0
Temporary staff (including agency)	**27,779**	26,237
Total staff costs	**242,596**	233,493

In the year ended 31 March 2024, £392,000 of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2023 £411,000).

Trust

	Total 2023/24 £000	Total 2022/23 £000
Salaries and wages	**159,905**	157,901
Social security costs	**15,848**	14,322
Apprenticeship levy	**788**	687
Employer's contributions to NHS pensions	**25,272**	23,309
Pension Cost - Other	**51**	61
Termination benefits	**137**	0
Temporary staff (including agency)	**27,723**	26,221
Total staff costs	**229,724**	222,501

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

In the year ended 31 March 2024, £392,000 of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2023 £411,000).

6.2 Retirements due to ill-health (Group)

During 2023/24 there were 7 early retirements from the Trust agreed on the grounds of ill-health (7 in the year ended 31 March 2023). The estimates additional pension liabilities of these ill-health retirements is £122,051 (£654,000 in 2022/23).

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

7. Limitation on auditor's liability (Group)

The limitation on the auditor's liability for external work is £1,000,000 (2022/23 - £1,000,000).

8. Finance

8.1 Finance Income

	Group	Group	Trust	Trust
	2023/24	2022/23	**2023/24**	2022/23
	£000	£000	**£000**	£000
Interest on bank accounts	**1,895**	798	**1,885**	798
NHS charitable fund investment income	**5**	20	**0**	0
Interest on loan to subsidary	**0**	0	**672**	0
	1,900	818	**2,557**	798

8.2 Finance expense

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

	Group	Group	Trust	Trust
	2023/24	2022/23	**2023/24**	2022/23
	£000	£000	**£000**	£000
Finance Leases	**17**	20	**831**	870
Total finance costs	**17**	20	**831**	870

8.3 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	Group	Group	Group	Group
	2023/24	2022/23	**2023/24**	2022/23
	£000	£000	**£000**	£000
Total liability accruing in year under this legislation as a result of late payments	**7**	0	**7**	0

9. Corporation tax expense

Group

	2023/24	2022/23
	£000	£000
(There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax)		
Analysis of charge/(credit) during the year		
Current tax charge/(credit) for the year		
United Kingdom corporation tax	**233**	157
Adjustment in respect of previous periods	**(1)**	3
Total current tax	**232**	160
Deferred tax		
Current year	**(11)**	(18)
Effects of changes in tax rates	**2**	(4)
Total deferred tax	**(9)**	(22)
Total per Consolidated Statement of Comprehensive Income	**223**	138

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:

	2023/24	2022/23
	£000	£000
Surplus/(Deficit) for the year from continuing activities	**(4,971)**	**(5,608)**
Effective tax charge percentage	**25.00%**	19.00%
Tax if effective tax rate charged (credit) on surpluses before tax	**(1,243)**	**(1,066)**
Effects of		
Surpluses/(deficit) not subject to tax	**(1,466)**	**(928)**
Tax charge for the year	**223**	**138**

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

10. Intangible assets

10.1 Group 2023/24 (Trust figures not disclosed as no material difference)

	Software Licences £000	Assets under Construction £000	Total £000
Valuation/ gross cost at 1 April 2023 brought forward	15,757	311	16,068
Additions	204	704	908
Reclassifications	40	(40)	0
Valuation/gross cost at 31 March 2024	**16,001**	**975**	**16,976**
Amortisation at 1 April 2023 brought forward	11,183	0	11,183
Provided during the year	1,583	0	1,583
Amortisation at 31 March 2024	**12,766**	**0**	**12,766**
- Net book value at 1 April 2023	4,574	311	4,885
- Net book value at 31 March 2024	**3,235**	**975**	**4,210**

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

	Software Licences £000	Assets under Construction £000	Total £000
Valuation/ gross cost at 1 April 2022 brought forward	13,925	27	13,952
Additions	1,805	311	2,116
Reclassifications	27	(27)	0
Valuation/gross cost at 31 March 2023	15,757	311	16,068
Amortisation at 1 April 2022 brought forward	10,173	0	10,173
Provided during the year	1,010	0	1,010
Amortisation at 31 March 2023	11,183	0	11,183
- Net book value at 1 April 2022	3,752	27	3,779
- Net book value at 31 March 2023	4,574	311	4,885

11. Property, plant and equipment

11.1 Property, plant and equipment 2023/24

Group

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	4,940	63,998	9,384	21,414	10,476	1,183	111,395
Additions	0	7,528	51	4,607	562	286	13,034
Additions - donations of physical assets (non cash)	0	0	0	174	9	0	183
Additions - assets purchased from cash donations / grants	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	(4,748)	0	0	0	0	(4,748)
Impairments charged to the revalutaion account	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	(719)	0	0	(719)
Reclassifications	0	9,007	(9,038)	0	31	0	0
Valuation/gross cost at 31 March 2024	**4,940**	**75,785**	**397**	**25,476**	**11,078**	**1,469**	**119,145**
Accumulated depreciation at 1 April 2023 - brought forward	0	263	0	8,618	7,961	720	17,562
Provided during the year	0	3,055	0	1,774	698	68	5,595
Impairments charged to operating expenses	0	(2,888)	0	0	0	0	(2,888)
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0
Disposals/derecognition	0	0	0	(664)	0	0	(664)
Accumulated depreciation at 31 March 2024	**0**	**430**	**0**	**9,728**	**8,659**	**788**	**19,605**
Net book value							
- Owned - purchased at 1 April 2023	4,925	60,961	9,384	12,571	2,515	439	90,796
- Owned - Donated/granted at 1 April 2023	15	2,774	0	182	0	23	2,994
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	43	0	0	43
Net book value at 1 April 2023	**4,940**	**63,735**	**9,384**	**12,796**	**2,515**	**462**	**93,833**
- Owned - purchased at 31 March 2024	4,925	72,935	398	15,354	2,411	660	96,683
- Owned - Donated/granted at 31 March 2024	15	2,420	0	356	8	20	2,819
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	38	0	0	38
Net book value at 31 March 2024	**4,940**	**75,355**	**398**	**15,748**	**2,419**	**680**	**99,540**

The Trust has had a formal valuation as at 31 March 2024. Valuations are carried out by Cushman and Wakefield, professionally qualified independent valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Of the totals at 31 March 2024 there were no assets valued at open market value (as at 31 March 2023 - none).

The net book value of donations of property plant and equipment from DHSC/UKHSA for covid response (non-cash) for the year ended 31 March 2023 were £38,000 and there were no in year additions.

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

There were no assets on statement of Financial Position for PFI contracts as at 31 March 2024 (as at 31 March 2023 - none).

11. Property, plant and equipment

11.2 Property, plant and equipment 2023/24

Trust

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	3,378	42,896	9,385	20,149	10,469	1,124	87,401
Reclassification of existing finance leased assets to right of use assets on 1 April 2023	0	0	0	0	0	0	0
Additions	0	7,528	51	4,607	562	286	13,034
Additions - donations of physical assets (non cash)	0	0	0	174	9	0	183
Additions - assets purchased from cash donations / grants	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	(3,432)	0	0	0	0	(3,432)
Impairments charged to the revaluation account	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	(719)	0	0	(719)
Revaluation **Note 1**	0	0	0	0	0	0	0
Reclassifications	0	9,007	(9,038)	0	31	0	0
Disposals / derecognition	0	0	0	0	0	0	0
Valuation/gross cost at 31 March 2024	**3,378**	**55,999**	**398**	**24,211**	**11,071**	**1,410**	**96,467**
Accumulated depreciation at 1 April 2023 - brought forward	0	262	0	7,545	7,952	667	16,426
Reclassification of existing finance leased assets to right of use assets on 1 April 2023	0	0	0	0	0	0	0
Provided during the year	0	2,257	0	1,711	698	68	4,734
Impairments charged to operating expenses	0	(2,089)	0	0	0	0	(2,089)
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0
Disposals/derecognation	0	0	0	(664)	0	0	(664)
Accumulated depreciation at 31 March 2024	**0**	**430**	**0**	**8,592**	**8,650**	**735**	**18,407**
Net book value							
- Owned - purchased at 1 April 2023	3,363	39,860	9,385	12,379	2,517	434	67,938
- Owned - Donated/granted at 1 April 2023	15	2,774	0	182	0	23	2,994
- Owned - equipment donated from DHSC for COVID response at 1 April 2023	0	0	0	43	0	0	43
Net book value at 1 April 2023	**3,378**	**42,634**	**9,385**	**12,604**	**2,517**	**457**	**70,975**
- Owned - purchased at 31 March 2024	3,363	52,795	398	15,225	2,413	655	74,849
- Owned - Donated/granted at 31 March 2024	15	2,774	0	351	8	20	3,168
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	43	0	0	43
Net book value at 31 March 2024	**3,378**	**55,569**	**398**	**15,619**	**2,421**	**675**	**78,060**

11. Property, plant and equipment (continued)

11.3 Property, plant and equipment 2022/23

Group

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	4,190	64,688	5,342	18,651	11,848	1,146	105,865
Additions	0	6,101	5,757	3,827	367	37	16,089
Impairments charged to operating expenses **Note 1**	750	(8,193)	0	0	0	0	(7,443)
Impairments charged to revaluation reserve	0	0	0	(421)	0	0	(421)
Reclassifications	0	1,429	(1,715)	286	0	0	0
Disposals/derecognition	0	(27)	0	(929)	(1,739)	0	(2,695)
Valuation/gross cost at 31 March 2023	**4,940**	**63,998**	**9,384**	**21,414**	**10,476**	**1,183**	**111,395**
Accumulated depreciation at 1 April 2022 - brought forward	0	170	0	7,987	9,079	664	17,900
Provided during the year	0	2,809	0	1,799	621	56	5,285
Impairments charged to operating expenses	0	(2,689)	0	0	0	0	(2,689)
Impairments charged to the revaluation reserve	0	0	0	(239)	0	0	(239)
Disposals/derecognition	0	(27)	0	(929)	(1,739)	0	(2,695)
Accumulated depreciation at 31 March 2023	**0**	**263**	**0**	**8,618**	**7,961**	**720**	**17,562**
Net book value							
- Owned - purchased at 1 April 2022	4,175	64,304	5,342	10,292	2,769	457	87,339
- Owned - Donated at 1 April 2022	15	214	0	372	0	25	626
Net book value at 1 April 2022	**4,190**	**64,518**	**5,342**	**10,664**	**2,769**	**482**	**87,965**
- Owned - purchased at 31 March 2023	4,925	60,961	9,384	12,571	2,515	439	90,796
- Owned - Donated/granted at 31 March 2023	15	2,774	0	225	0	23	3,037
Net book value at 31 March 2023	**4,940**	**63,735**	**9,384**	**12,796**	**2,515**	**462**	**93,833**

11. Property, plant and equipment

11.3 Property, plant and equipment 2022/23

Trust

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	4,190	64,688	5,343	17,983	11,841	1,087	105,132
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	(1,324)	(23,603)	0	(597)	0	0	(25,524)
Additions	0	2,372	5,757	3,749	367	37	12,282
Additions - donations of physical assets (non cash)	0	0	0	78	0	0	78
Additions - assets purchased from cash donations / grants	0	3,729	0	0	0	0	3,729
Impairments charged to operating expenses	512	(5,692)	0	0	0	0	(5,180)
Impairments charged to the revalutaion account	0	0	0	(421)	0	0	(421)
Disposals / derecognition	0	(27)	0	(929)	(1,739)	0	(2,695)
Revaluation **Note 1**	0	0	0	0	0	0	0
Reclassifications	0	1,429	(1,715)	286	0	0	0
Disposals / derecognition	0	0	0	0	0	0	0
Valuation/gross cost at 31 March 2023	**3,378**	**42,896**	**9,385**	**20,149**	**10,469**	**1,124**	**87,401**
Accumulated depreciation at 1 April 2022 - brought forward	0	169	0	7,607	9,070	611	17,457
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	0	0	0	0	0	0	0
Provided during the year	0	1,847	0	1,106	621	56	3,630
Impairments charged to operating expenses	0	(1,727)	0	0	0	0	(1,727)
Impairments charged to the revaluation reserve	0	0	0	(239)	0	0	(239)
Disposals/derecognation	0	(27)	0	(929)	(1,739)	0	(2,695)
Accumulated depreciation at 31 March 2023	**0**	**262**	**0**	**7,545**	**7,952**	**667**	**16,426**
Net book value							
- Owned - purchased at 1 April 2022	4,175	64,305	5,343	10,004	2,771	451	87,049
- Owned - Donated/granted at 1 April 2022	15	214	0	150	0	25	404
- Owned - equipment donated from DHSC for COVID response at 1 April 2022	0	0	0	222	0	0	222
Net book value at 1 April 2022	**4,190**	**64,519**	**5,343**	**10,376**	**2,771**	**476**	**87,675**
- Owned - purchased at 31 March 2023	3,363	39,860	9,385	12,379	2,517	434	67,938
- Owned - Donated/granted at 31 March 2023	15	2,774	0	182	0	23	2,994
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	43	0	0	43
Net book value at 31 March 2023	**3,378**	**42,634**	**9,385**	**12,604**	**2,517**	**457**	**70,975**

11. Property, plant and equipment

11.4 Right of use assets 2023/24

Group

	Property (land and buildings)	Plant and machinery	Transport Equipment	Total
	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	584	2,044	30	2,658
Additions - lease liability	109	125	0	234
Disposals/derecognition	(115)	0	0	(115)
Valuation/gross cost at 31 March 2024	**578**	**2,169**	**30**	**2,777**
Accumulated depreciation at 1 April 2023 - brought forward	108	506	11	625
Provided during the year	155	542	11	708
Disposals/derecognition	(94)	0	0	(94)
Accumulated depreciation at 31 March 2024	**169**	**1,048**	**22**	**1,239**
Net book value at 31 March 2024	**409**	**1,121**	**8**	**1,538**
Net book value of right of use assets from other providers	0	0	5	
Net book value of right of use assets from DHSC group bodies	0	0	0	

Trust

	Property (land and buildings)	Plant and machinery	Transport Equipment	Total
	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	23,248	2,641	30	25,919
Additions - lease liability	109	125	0	234
Impairments charged to operating expenses	(1,316)	0	0	(1,316)
Disposals/derecognition	(115)	0	0	(115)
Valuation/gross cost at 31 March 2024	**21,926**	**2,766**	**30**	**24,722**
Accumulated depreciation at 1 April 2023 - brought forward	108	1,103	11	1,222
Provided during the year	954	542	11	1,507
Impairments charged to operating expenses	(799)	0	0	(799)
Disposals/derecognition	(94)	0	0	(94)
Accumulated depreciation at 31 March 2024	**169**	**1,645**	**22**	**1,836**
Net book value at 31 March 2024	**21,757**	**1,121**	**8**	**22,886**
Net book value of right of use assets from other providers	0	0	5	
Net book value of right of use assets from DHSC group bodies	0	0	0	

11.5 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note

	Group 2023/24 £000	Group 2022/23 £000	**Trust 2023/24 £000**	Trust 2022/23 £000
Carrying value at 1 April 2023 brought forward	**2,041**	0	**26,112**	25,524
Financing cash flows - principal	**(704)**	(617)	**(1,590)**	(2,070)
Financing cash flows - interest	**(17)**	(20)	**(832)**	(870)
Non Cash movements				
IFRS 16 implementation - adjustment for existing operating leases	**0**	2,261	**0**	2,261
Transfers by absorption	**0**	0	**0**	0
Lease additions	**234**	397	**234**	397
Lease liability remeasurements	**0**	0	**0**	0
Interest charge arising in year	**17**	20	**831**	870
Lease payments (cash outflows)	**0**	0	**0**	0
Other changes	**(21)**	0	**(21)**	0
Carrying value at 31 March 2024	**1,550**	2,041	**24,734**	26,112

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

Cashflow outflows in respect of leases recognised on SoFP are disclosed in the reconciliation above.

The additional obligation under finance leases in the Trust (£23,184,000) arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

11.6 Maturity analysis of future lease payments at March 2024

	Group		**Trust**	
	Total 31 March 2024 £000	**Of which leased from DHSC bodies 31 March 2024 £000**	**Total 31 March 2024 £000**	**Of which leased from DHSC bodies 31 March 2024 £000**
Undiscounted future lease payments payable in				
- no later than one year;	683	5	2,385	5
- later than one year and not later than five years	886	0	7,694	0
- later than 5 years.	0	0	22,833	0
Total gross future lease payments	1,569	5	32,912	5
Finance charges allocated to future periods	**(19)**	0	**(8,178)**	0
Net lease liabilities at 31 March 2024	**1,550**	**5**	**24,734**	**5**
Of which				
- not later than one year	683	5	1,601	5
- later than one year and not later than five years	867	0	4,870	0
- later than five years	0	0	18,263	0

11.7 Maturity analysis of finance lease liabilities at March 2023

	Group 2022/23 £000	leased from DHSC bodies 31 March 2023	Trust 2022/23 £000	leased from DHSC bodies 31 March 2023
Undiscounted future lease payments payable in				
- no later than one year;	688	6	2,390	6
- later than one year and not later than five years	1,386	5	8,194	5
- later than 5 years.	0	0	24,536	0
Total gross future lease payments	2,074	11	35,120	11
Finance charges allocated to future periods	**(33)**	0	**(9,008)**	0
Net lease liabilities at 31 March 2023	**2,041**	**11**	**26,112**	**11**
Of which				
- not later than one year	677	6	1,564	6
- later than one year and not later than five years	1,364	5	5,232	5
- later than five years	0	0	19,316	0

12. Investments in subsidiaries

Barnsley Hospital NHS Foundation Trust has two subsidiaries; the Barnsley Hospital Charity and Barnsley Facilities Services Limited.

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 2024 and 31 March 2023 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, which is incorporated in England and Wales. The principal activity of Barnsley Facilities Services Limited is the provision of an Operating Healthcare facility and Outpatient Pharmacy Services.

13. Inventories

	Group 31 March 2024 £000	Group 31 March 2023 £000	**Trust 31 March 2024 £000**	Trust 31 March 2023 £000
Raw materials and consumables	**2,207**	2,273	**1,290**	1,338
Total inventories	**2,207**	2,273	**1,290**	1,338

14. Receivables

Current - Group	**Total 31 March 2024 £000**	Total 31 March 2023 £000
Contract receivables		
Contract assets		
Capital Receivables (including accrued capital related income)		
Prepayments	**8,300**	13,640
Public Dividend Capital Dividend Receivable	**860**	711
Value Added Tax receivable	**0**	169
Clinician pension tax provision reimbursement funding from NHSE	**1,316**	1,216
Other receivables	**27**	674
NHS Charitable Funds - receivables	**3,149**	2,240
Allowance for impaired contract receivables/assets	**3**	2
Allowance for other impaired receivables	**0**	0
Total current receivables	**25**	12
	(1,450)	(1,590)
Current - Trust	**0**	0
	12,230	17,074
Contract receivables		
Contract assets		
Prepayments		
Capital Receivables (including accrued capital related income)	**8,191**	13,676
Public Dividend Capital Dividend Receivable	**860**	711
Value Added Tax receivable	**381**	281
Clinician pension tax provision reimbursement funding from NHSE	**0**	169
Deposits and advances	**27**	674
Other receivables	**2,252**	1,150
Allowance for impaired contract receivables/assets	**3**	2
Allowance for other impaired receivables	**756**	731
Total current receivables	**0**	0
	(1,416)	(1,555)
Non - current Group	**0**	0
Contract assets	**11,054**	15,839
Clinician pension tax provision reimbursement funding from NHSE		
Total non-current receivables		
	1,639	1,572
Non - current Trust	**139**	173
Contract assets	**1,778**	1,745
Clinician pension tax provision reimbursement funding from NHSE		
Total non-current receivables		
	1,639	1,572
Of which receivable from NHS and DHSC group bodies:	**138**	173
Current - Group	**1,777**	1,745
Current - Trust		
Non - current Group		
Non - current Trust	**4,098**	9,434
	4,091	9,416
	139	173
	139	173

15. Cash and cash equivalents	Group 31 March 2024 £000	Group 31 March 2023 £000	Trust 31 March 2024 £000	Trust 31 March 2023 £000
At 1 April	**43,439**	41,853	**39,950**	41,478
Net change in year	**(11,930)**	1,586	**(12,511)**	(1,528)
At 31 March	**31,509**	43,439	**27,439**	39,950
Broken down into:				
Cash at commercial banks and in hand	**1,019**	863	**522**	496
Cash with Government Banking Service	**26,917**	39,454	**26,917**	39,454
Charity cash at commercial banks	**3,573**	3,122	**0**	0
Total cash and cash equivalents as in statement of financial position	**31,509**	43,439	**27,439**	39,950

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 2024 £000	Total 31 March 2023 £000
Trade payables	**10,515**	11,325
Capital payables	**7,580**	9,623
Social security costs	**4,615**	3,942
Value added tax payable	**0**	0
Other taxes payable	**347**	434
Other payables	**42**	57
Pension Contribution payables*	**2,505**	2,272
NHS charitable funds: trade and other payables	**241**	436
Accruals	**21,980**	31,204
Annual leave accrual	**2,197**	2,864
Total current trade and other payables	**50,022**	62,157
Of which payables from NHS and DHSC group bodies:		
Current	**8,853**	5,680

Current - Trust		
Trade payables	**7,270**	7,975
Amount due to subsidiary company	**19,855**	19,862
Capital payables	**1,586**	2,916
Social security costs	**4,426**	3,775
Value added tax payable	**0**	0
Other taxes payable	**264**	266
Other payables	**67**	4
Pension Contribution payables*	**2,458**	2,272
Accruals	**20,668**	29,874
Annual leave accrual	**2,197**	2,864
Total current trade and other payables	**58,791**	69,808
Of which payables from NHS and DHSC group bodies:		
Current	**8,653**	25,293

17. Borrowings

	Group 31 March 2024 £000	Group 31 March 2023 £000	Trust 31 March 2024 £000	Trust 31 March 2023 £000
Current liabilities				
Obligations under lease obligations	**683**	688	**1,601**	2,390
Total Other current liabilities	**683**	688	**1,601**	2,390
Non-current liabilities				
Obligations under finance leases	**867**	1,353	**23,133**	23,722
Total Other non-current liabilities	**867**	1,353	**23,133**	23,722

Reconciliation of liabilities arising from financing activities	£000	£000	£000	£000
Carrying value at 1 April	**2,041**	0	**26,112**	25,524
Cash movements:				
Financing cash flows - payments and receipts of principal	**(704)**	(617)	**(1,590)**	(2,070)
Financing cash flows - payments of interest	**(17)**	(20)	**(832)**	(870)
Non-cash movements:				
Impact of implementing IFRS16 on 1st April 2022	**0**	2,261	**0**	2,261
Additions	**234**	397	**234**	397
Application of effective interest rate (interest charge arising in year)	**17**	20	**831**	870
Termination of lease	**(21)**	0	**(21)**	0
Closing value as at 31 March	**1,550**	2,041	**24,734**	26,112

The additional obligation under finance leases in the Trust (£23,184,000) arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

18. Provisions

Group (Trust figures not disclosed as no material difference)

	Total	Equal Pay	Clinicians' pension reimbursement	Other
	£000	£000	£000	£000
At 1 April 2023	**2,249**	**1,077**	**175**	**997**
Change in the discount rate	**(29)**	**0**	**(29)**	**0**
Arising during the year	**51**	**22**	**0**	**29**
Utilised during the year - accruals	**0**	**0**	**0**	**0**
Utilised during the year - cash	**(22)**	**0**	**(5)**	**(17)**
Reversed unused revenue	**(1,388)**	**(627)**	**(8)**	**(753)**
Unwinding of discount	**9**	**0**	**9**	**0**
At 31 March 2024	**870**	**472**	**142**	**256**
Expected timing of cash flows:				
- not later than one year;	**639**	**472**	**3**	**164**
- later than one year and not later than five years;	**75**	**0**	**5**	**70**
- later than five years.	**156**	**0**	**134**	**22**
Total	**870**	**472**	**142**	**256**

Clinical negligence liabilities

At 31 March 2024, £92,691,818 was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnsley Hospital NHS Foundation Trust (31 March 2023: £118,594,407).

19. Other liabilities

Group and Trust	**31 March 2024**	31 March 2023
	£000	£000
Deferred income: contract liabilities	**(4,922)**	(5,143)
Total	**(4,922)**	(5,143)

20. Revaluation Reserve

Group and Trust	**Total Revaluation Reserve**	**Revaluation Reserve Intangibles**	**Revaluation Reserve Property Plant and Equipment**
2023/24	**£000**	**£000**	**£000**
Revaluation reserve at 1 April 2023	**1,793**	**120**	**1,673**
Net Impairments	**0**	**0**	**0**
Transfer to I and E reserve upon asset disposal	**0**	**0**	**0**
Revaluation reserve at 31 March 2024	**1,793**	**120**	**1,673**
2022/23			
Revaluation reserve at 1 April 2023	2,016	120	1,896
Net Impairments	(182)	0	(182)
Transfer to I and E reserve upon asset disposal	(41)	0	(41)
Revaluation and impairments property, plant and equipment	0	0	0
Revaluation reserve at 31 March 2024	1,793	120	1,673

21. Commitments

(i) Contractual capital commitments

	Group 3 March 2024 £000	Group 31 March 2023 £000	**Trust 31 March 2024 £000**	Trust 31 March 2023 £000
Property, plant and equipment	**2,253**	1,022	**0**	0
Intangible assets	**0**	0	**0**	0
Total	**2,253**	1,022	**0**	0

(ii) Other financial commitments

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

Group	**31 March 2024 £000**	31 March 2023 £000
- Not later than one year	**8,034**	8,620
- Later than one year and not later than five years	**7,867**	7,136
- Later than five years	**796**	811
Total	**16,697**	16,567

Trust	**31 March 2024 £000**	31 March 2023 £000
- Not later than one year	**3,562**	5,732
- Later than one year and not later than five years	**4,695**	4,215
- Later than five years	**71**	811
Total	**8,328**	10,758

22. Events after the reporting date

There have been no events after the reporting period.

23. Contingent Liabilities

	31 March 2024 £000	31 March 2023 £000
NHS Resolution legal claims **Note 1**	**36**	56
Net value of contingent liability	**36**	56

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.

24. Related Party Transactions

Barnsley Hospital NHS Foundation Trust (The Trust) is a public benefit corporation which was established by the granting of authorisation by the Independent Regulator for NHS Foundation Trusts. The Department of Health and Social Care is the parent department of the Trust.

Government departments and their agencies are considered by HM Treasury as being related parties. During the year the Trust has had a significant number of material transactions with other NHS bodies. Examples of such bodies are those which commission the services of the Trust, the most significant of these is South Yorkshire Integrated Care Body (ICB). Furthermore the following entities have had transactions with the Trust in excess of £1,000,000 in 2023/24: West Yorkshire ICB, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, The Rotherham NHS Foundation Trust, NHS Professionals, Northumbria Healthcare NHS FT, NHS Pension Schemes, NHS England, NHS Resolution and System C Healthcare Ltd.

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)

With regards to the Chief Executive at Barnsley Hospital NHS FT , he is also the Chief Executive at The Rotherham NHSFT which is a related party. None of the other 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:

	2023/24	2022/23
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive directors	**1,064**	1,035
- Non-executive directors	**158**	171
	1,222	1,206
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive directors	**128**	98
Aggregate of remuneration and other benefits receivable by the directors	**1,350**	1,304
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive directors)*	**8**	6

* this includes 3 Director of Nursing during 2023/24.

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 riskorganisations.

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 2024 £000	Group 31 March 2023 £000	**Trust 31 March 2024 £000**	Trust 31 March 2023 £000
Carrying values of financial assets				
Receivables	**8,442**	14,085	**8,191**	18,265
Other investments/financial assets	**0**	0	**19,105**	19,836
Cash and cash equivalents	**27,936**	40,317	**27,439**	39,950
Consolidated NHS Charitable fund financial assets	**3,598**	3,449	**0**	0
Total	**39,976**	57,851	**54,735**	78,051

Receivables comprise, trade and other receivables less prepayments.
Financial assets are at amortised cost.

Carrying values of financial liabilities				
Obligations under finance leases	**1,550**	2,041	**24,734**	26,112
Trade and other payables excluding non financial liabilities	**40,075**	57,345	**48,677**	63,495
Total	**41,625**	59,386	**73,411**	89,607

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	**40,758**	57,345	**50,278**	65,885
In more than one year but not more than five years	**886**	1,386	**4,870**	8,194
In more than five years	**0**	0	**18,263**	24,536
Total	**41,644**	58,731	**73,411**	98,615

26. Third party assets held by the Trust

The Trust held £946 and cash equivalents at 31 March 2024 (£555 as at 31 March 2023) 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	**2023/24**	**2023/24**	2022/23	2022/23
Losses:	**Total number of cases Number**	**Total value of cases £000's**	Total number of cases Number	Total value of cases £000's
1. Losses of cash due to:				
a. overpayment of salaries	**0**	**0**	0	0
b. other causes	**3**	**0**	0	0
2. Bad debts and claims abandoned in relation to:				
a. overseas visitors	**11**	**34**	21	33
b. other	**154**	**174**	174	199
3. Damage to buildings, property (including store losses) due to				
a. other	**48**	**166**	47	61
Total losses	**216**	**374**	242	293
Special Payments				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**17**	**5**	24	15
b. personal injury with advice	**9**	**16**	11	37
c. Overtime corrective payments (nationally funded)	**0**	**0**	0	0
d. Overtime corrective payments (additional amounts locally agreed and funded)	**0**	**0**	0	0
e. other	**2**	**1**	2	351
Total Special Payments	**28**	**22**	37	403
Total Losses and Special Payments	**244**	**396**	279	696

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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

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.