PROUD to care

NHS
Barnsley Hospital
NHS Foundation Trust

Barnsley Hospital NHS Foundation Trust

Annual Report 2024-25

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Welcome from the Chair

Over this past year I have been privileged once again to have the opportunity to serve alongside such a dedicated, compassionate and resilient team of professionals at Barnsley Hospital.

It has been a pleasure to lead and support some of the fantastic work happening across our Trust, and work with the colleagues driving forward new ways of working and some truly innovative developments to benefit our patients.

This year more than ever, I have been moved by the overwhelming dedication from both clinical and non-clinical staff at Barnsley Hospital who are working hard to meet significant operational challenges, and am inspired by the determination our staff have for improving services, patient and staff experience, and helping to reduce health inequalities in our town.

The ambition and professionalism of colleagues across Barnsley Hospital has been showcased through many developments, including our refreshed green plan and other sustainability initiatives such as solar panels and ground source heat pumps. Mexborough Elective Orthopaedic Centre of Excellence has been further developed and established. Digital transformation has gathered further momentum. And our pioneering health on the high street plans for the Alhambra Shopping Centre are truly leading the way. I look forward to seeing how we continue to develop our ambitions over the next 12 months.

Throughout the year, we have continued to work collaboratively across the region with the development of the South Yorkshire Pathology service, as well as further strengthening the Trust's partnership with The Rotherham NHS Foundation Trust. I am pleased with the positive developments and improvements to patient care that are underway due to this partnership, which will deliver great benefits to the communities of both towns.

As Chair, I would like to thank our Council of Governors for holding us to account, representing the public and helping ensure we provide the best possible care.

I would like to thank Sue Ellis and Nick Mapstone for their service to the Board. We were pleased to welcome Nicky Clarke and Alison Knowles as non-executive directors and Mark Strong and Grant Whiteside who joined us as associate non-executive directors. They will all be assets to our leadership.

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:

- Hospital
- 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
- Community Services- Healthcare
- Hospice
- Urgent Care Centres

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

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

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

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 2017 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:

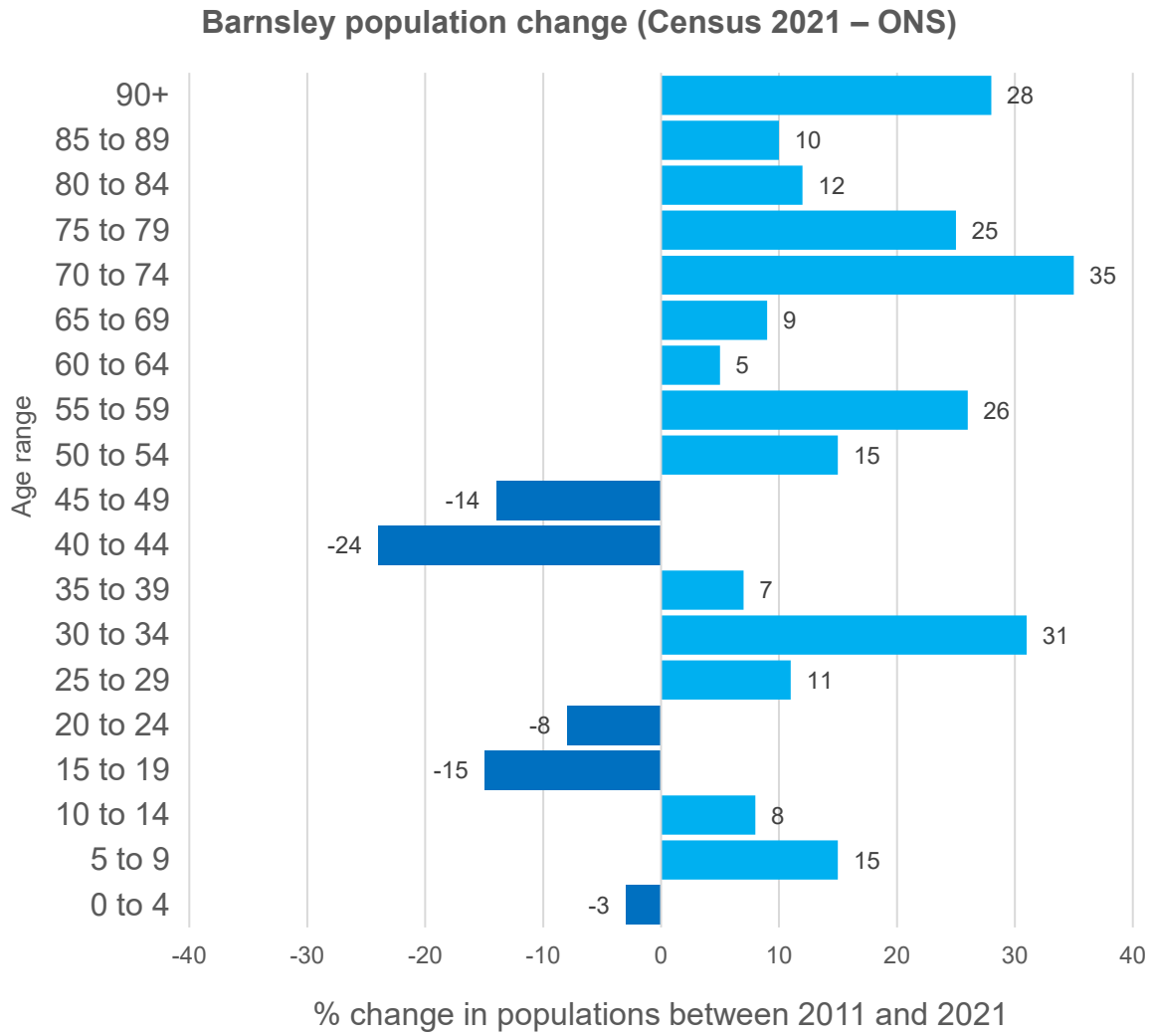
- Income (22.5%)
- Employment (22.5%)
- Education (13.5%)
- Health (13.5%)
- Crime (9.3%)
- Barriers to Housing & Services (9.3%)
- Living Environment (9.3%)

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.

Overall population

The population of Barnsley has been growing since 2001. In Barnsley the population 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.



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.

50.7% of our local population are female.

Barnsley 2030

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

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

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

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

Healthy Barnsley

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

Everyone is able to enjoy a life in **good physical and mental health**.

Fewer people live in poverty, and everyone has the resources they need to look after themselves and their families.

People can access the right support, at the right time and place and are able to **tackle problems early**.

Our diverse places are welcoming, supportive and adaptable.

Learning Barnsley

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

Children and young people aim high and achieve their full potential with **improved educational achievement and attainment**.

Everyone has the opportunity to **create wider social connections** and enjoy cultural experiences.

Lifelong learning is promoted and encouraged, with an increase in opportunities that will enable people get into, progress at and stay in work.

Everyone fulfils their learning potential, with more people completing higher-level skills studies than ever before.

Growing Barnsley

Open for business, with our great location, excellent links to road networks, digital connectivity and attractive local offer.

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.

Sustainable Barnsley

We all have a part to play in protecting our borough for future generations.

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.

The group has been working to deliver Barnsley's Health and Care Plan 2023-25 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

Barnsley Place shared goals and enablers

Goals

- Best start in life for young people
- Better and equitable access
- A joined-up approach to ill health
- Coordinated care in the community
- Be the best anchor for Barnsley

Enablers

- Growing our workforce
- Improve efficiency and the costs of care for all
- Co-develop solutions with residents and service users
- Work more closely with the VCSE sector
- Make the best use of our estate
- Be led by intelligence and equity
- Use digital for good
- Work and learn across sectors
- Tell our part in the Barnsley story
- Think differently

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 positively influencing the causes of health inequalities.

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

PROUD to care

Performance Report

Performance report

Performance analysis – statement from the Chief Executive

In the last year, we have continued to see increasing demand for our services. I am proud that colleagues across the trust have worked hard to provide high-quality care for all of our patients, and improve our performance.

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) based 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. The IPR was reviewed and refreshed in 2024/25, and the new framework will be used for reporting in 2025/26. The IPR comprises the latest performance against target, year-to-date performance and, where available, comparable benchmarking data.

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.

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

Operational performance in 2024-25

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.

Emergency care

The four-hour emergency access standard was not delivered in 2024-25. The Trust achieved 81% performance in March and a full year performance of 67.46% against a constitutional standard of 95%. The number of attendances continued to rise with over one hundred and six thousand attendances to the Emergency Department compared to just over one hundred and three thousand in 2023-24 financial year.

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 threating 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 GPs, 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 1.34% against our target of less than 0.8%. This is slightly above target due to, workforce absence due to sickness, complex cases impacting on theatre capacity and other short-term infrastructure issues.

18-week Referral to Treatment (RTT) patient pathway

In line with other hospitals across the region and nationally, the RTT target of 92% was not achieved. The Trust achieved 72.2%, which was an increase from the 70.5% achieved in 2023/24.

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 2024-25 with 1 patient 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. Referral to Treatment (RTT) training for staff in conjunction with the Trusts access policy and booking processes the validation of the waiting list continues to improve supporting timely patient access top appropriate care.

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

Cancer access target: Urgent GP referrals seen within two weeks

The Trust's cancer performance, in line with the revised 2023 NHS England standards, was good across the three standards set out below:

28-day faster diagnosis standard

This standard requires a minimum of 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. Against this standard the Trust achieved full compliance all year with 81.5% of patients meeting the standard.

31-day decision to treat to treatment standard

The standard states that 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. Against this standard we delivered 93% compliance across the year.

62-day referral to treatment standard

The standards state that 70% (interim target) of 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. Against this standard we delivered 75% compliance across the year

The oversight and involvement of cancer services and the tracking of individual patients has supported the Trust in maintaining contact with patients 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 achieved 5% patients waiting longer than 6 weeks for a diagnostic test against the interim target of 5% as part of the recovery to 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 centre delivers imaging including MRI alongside increased phlebotomy, capsule endoscopy, breast screening, diabetic eye screening and respiratory tests.

Service delivery and development

The Mexborough Elective Orthopaedic Centre (MEOC)

The Mexborough Elective Orthopaedic Centre of Excellence (MEOC) is a collaboration between Doncaster and Bassetlaw Teaching Hospitals, Barnsley Hospital NHS Foundation Trust and The Rotherham Hospital Foundation Trust, to provide a dedicated orthopaedic hub offering additional services for the people of South Yorkshire.

The MEOC is a £14.9 million project, starting its planning phase in 2021, completed in December 2023, with the first patients admitted for surgery on 15 January 2024.

Patients on orthopaedic waiting lists at all of the three hospital trusts can have their surgery at the MEOC. The procedures available at the MEOC include hip and knee replacement alongside foot, ankle, hand, wrist, and shoulder surgery. This service is an additional facility, with applicable patients to be offered their preference of receiving care and treatment at their nearest hospital or the specialised service at the MEOC.

The centre is a specialised unit and will operate 50 weeks per year, initially for five days per week, rising to a six-day service.

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

National Guardian
Freedom to Speak Up

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

We have continued our programme of investing in digital transformation throughout 2024-2025 with some significant improvements for patient experience and clinical care.

In 2024-25, the Trust's investment in the digital technologies facilitated the following:

- 64,000 Letters a month are sent digitally to our patients and our health and care partners.
- Of our 227,252 appointments a year up to 25% are delivered virtually.
- We have 50,000+ Careflow Connect Digital Handovers a month.
- We have 910,000 Digital healthcare documents created, 230 Forms, 52 in testing as part of our paper to digital programme.
- We have scanned 97M Pages of Clinical Paper Notes.
- There are 5,430 Digital devices in the trust, including PCs, Laptops, Chromebooks, Carts, Ipads and mobile phones.
- 427 of our staff worked from home on a single day during 2024.

This gives an indication of how the trust works digitially to help manage the complex needs of our patients and support our staff. We would like to thank all our engaged staff and patients for working with us through these challenging changes to make sure we deliver the best and safe care for our patients.

Key investments in digital implemented during 2024-25

Our digital Emergency Department

In July 2024 we went live with our clinical documentation in the emergency department. We then went on to implement electronic prescribing of medication in October 2024.

Maternity Badgernet solution

We implemented a new digital maternity solution that supports a fully integrated digital record, which is accessible digitally by future mums. This record is also accessible by other trusts using Badgernet Maternity. This was gratefully received by the fully engaged maternity teams.

Our inpatient medical notes

Throughout the financial year 2024–25 we went live with all our inpatient medical noting culminating in Paediatrics in February 2025. We also have made significant inroads into Theatre and Surgery digital noting. We are looking forward to fully digitising the nursing documentation over the coming year.

Our outpatient clinic notes and Yorkshire and Humber Shared Care Record integration

We made fantastic progress during the period, with all clinic history sheets being digitised except some specialist clinics, Paediatrics and Ophthalmology. We enabled access to the Yorkshire and Humber Shared Care Record.

Pharmacy stock control solution

A project was started during 2024-25 to replace our Pharmacy Stock Control System. This project will create a single medication digital record for outpatients and stock in the organisation.

Digital enablement

As we implemented digital solutions across our trust we engaged and set up delivery groups, communicated and provided appropriate training through needs analysis. We supported staff through videos, competency tests, face to face, 1:1s, floor walking and drop ins. We have enabled our staff to use their own mobile and home technology securely, to be really convenient. There are plans over the coming financial year to run digital inclusion sessions to make sure the learning is well embedded and staff are getting the most out of the new technologies. We also have plans to provide speech recognition, AI and Ambient Voice Technology to support staff to minimise admin time and increase time to care for our patients.

Barnsley Hospital as a sustainable organization

Task force on climate-related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. These disclosures are provided below.

Environmental Sustainability and Green Plan Progress

At Barnsley Hospital NHS Foundation Trust, sustainability is a core priority in delivering high-quality healthcare and planning for the future. Our Green Plan 2022–2027 outlines an ambitious roadmap to reduce environmental impact, supporting the NHS's target to achieve net-zero carbon emissions by 2040.

Key objectives include:

- Reduce direct emissions by 80% between 2028-2032
- Embed sustainable practices across all departments
- Improve health outcomes through climate resilience
- Collaborate with South Yorkshire Integrated Care System (ICS) partners to deliver greener healthcare

2024-25 achievements by focus area

Energy & carbon reduction

- LED lighting upgrade: Over 95% of site lighting converted to energy-efficient LEDs, funded by a £420,000 grant, saving 404 tonnes of CO_2e annually. This project has placed Barnsley Hospital among the top ten NHS Trusts nationally for LED adoption.
- Sub-metering: Installed via a £43,000 NHS Energy Efficiency Fund, enabling more accurate energy monitoring and improved energy efficiency as well as providing data to support future bids.
- Desflurane: Elimination of desflurane anaesthetic gas in Theatres, reducing emissions 161 tonnes CO_2e annually.
- Energy policy: New energy policy aligns with our Green Plan to ensure sustainable energy principles are embedded in both capital and operational planning.
- EV charging: Existing EV chargers delivered 120,000 kWh over the year, saving 67 tCO2e
- Operational efficiency: Through our Energy Efficiency Group, theatre time schedules have been optimised, saving £21,000 and 29 tonnes of carbon emissions
- ISO 14001 accreditation: Barnsley Facilities Services Limited achieved this environmental management standard.

Sustainable procurement and waste reduction

- Digitalisation: Our ongoing digitalisation programme has reduced paper use by approximately 200,000 pages per month through targeted action in high-usage areas
- Recycling Theatres: Introduction of metal waste recycling in theatres
- Zero Waste to Landfill: None of Trust's waste is sent to landfill, ensuring responsible disposal and maximum diversion through recycling, recovery, or energy conversion
- Product switch: Blood gas syringes with needles have been switched to syringes without needles in ED, saving £9,600 and 2.8 tCO_2e per annum
- Embedding Social Value: Procurement tenders now include social value, ensuring suppliers contribute to our environmental and social goals.

Buildings and green spaces

- Sustainability Capital Projects: All new installations now meet high efficiency standards
- Staff garden: A Green space has been offered to staff to plant and maintain their own garden to improve their health and wellbeing
- Wildflower Meadow: Planted near the waste yard to enhance biodiversity and support pollinators.

Sustainable travel

- Active Travel Support: 12 free electric bikes issued to staff in partnership with Barnsley Metropolitan Borough Council
- Dr Bike Clinics: Free bike repair sessions offered for staff, patients and visitors
- Cycle Storage: Expanded to secure over 100 bikes
- Exclusion Zone: Maintained a 1-mile exclusion zone on parking permits to promote walking, cycling, and public transport.

Governance, risk management, and performance

Environmental sustainability is overseen by a dedicated Sustainability Group with an Executive Sponsor. Regular progress updates against the Green Action Plan are provided to the Executive Team, Finance and Performance Committee, and the Trust Board. Climate-related risks are integrated in the corporate risk register, with Heatwave and severe weather plans in place and timely warnings issued to key operational staff. Strategic suppliers are coordinated during high-risk periods to maintain service continuity. Sustainability requirements are also embedded in capital investment decisions to mitigate future climate risks and rising energy costs.

2025-26 priorities

Looking ahead, our focus is on accelerating impact, to build on our successes and continue the momentum:

- LED completion: We aim to achieve 100% LED coverage by upgrading the final two wards
- Renewable energy: Installation of over 1,000 solar PV panels by mid-2025 (funded by a £677k grant from the National Energy Efficiency Fund)
- Decarbonise IT building: Install a 29kWp solar array with a low-carbon heat pump and making improvements to the building fabric (funded by a £399k Salix grant)
- Refreshing our green plan: Publish an updated Green Plan by October 2025, reflecting new NHS guidance and local priorities
- Heat networks and funding opportunities: Explore heat network connections with strategic partners and further decarbonisation funding opportunities
- EV charging expansion: Extend EV charging points to 30 as part of the Hilder House acquisition.

Challenges and commitments

We have made considerable progress in 2024/25, but despite this, we acknowledge ongoing challenges ahead, including securing long-term funding for decarbonisation projects, managing the end-of-life of existing Combined Heat and Power (CHP) systems, and balancing the transition costs away from fossil fuels. Despite these challenges, we remain firmly committed to achieving our *'Best for Planet'* objective and playing a leading role in delivering a healthier, more sustainable future for Barnsley and our wider communities and partners.

Financial overview

The plan approved by the Board of Directors for 2024/25 was a £5.5m deficit, in the context of a South Yorkshire (SY) system £49.0m deficit plan. The Trust received £5.0m deficit support funding, reducing the planned deficit to £0.5m.

The Trust finished the year with a consolidated surplus of £1.0m, which after excluding depreciation on donated and granted assets, revaluation impairments and the Charity, is a surplus of £2.1m as assessed by NHS England; giving a favourable variance against plan of £2.6m. Income from NHS patient related activities was £330.7m an increase of 10.3%, mainly due to inflation uplifts, deficit support funding and additional elective activity recovery.

Operating expenditure increased by 6.8% to £357.4m, mainly due to inflation uplifts and costs in respect of delivering additional activity.The Efficiency and Productivity Programme (EPP) achieved £11.3m which despite being slightly below target was sufficient to enable the Trust to achieve the financial plan.Cash balances at the end of the year were £22.3m a decrease of £9.2m due to the payment of trade and capital creditors, along with an increase in outstanding NHS debtors.

Principal risks and uncertainties

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 2025-26 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 the Annual Governance Statement.

Preparation of the Annual Report and Accounts 2024-25

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2024-25.

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 2024-25, 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:

Dr Richard Jenkins, Chief Executive

Date: 25 June 2025

PROUD to care

Accountability Report

Accountability report

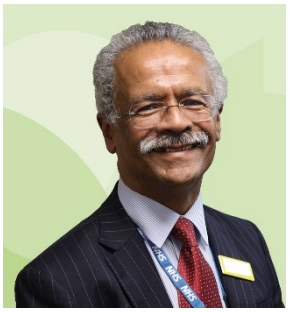
Our Board of Directors (as of 31 March 2025)

Sheena McDonnell
Chair

Richard Jenkins
Chief Executive

Stephen Radford
Non-Executive Director

David Plotts
Non-Executive Director



Gary Francis
Non-Executive Director

Kevin Clifford OBE
Non-Executive Director

Alison Knowles
Non-Executive Director

Nicky Clarke
Non-Executive Director

Mark Strong
Associate Non-Executive Director

Grant Whiteside
Associate Non-Executive Director

Michael Wright
Managing Director

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
Joint Director of Communications

Tom Davidson
Director of Information Communication & Technology (ICT)

Angela Wendzicha
Joint Director of Corporate Affairs


PROUD
to
care
Directors'
Report

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 2024 to 31 March 2025 was as follows:

Chair

- Sheena McDonnell, Chair

Non-Executive Directors

- Stephen Radford (Senior Independent Director)
- Kevin Clifford OBE (Vice Chair)
- Stephen Radford
- Alison Knowles (from 1 June 2024)
- David Plotts
- Nicky Clarke (from 1 June 2024)
- Gary Francis
- Nick Mapstone (left 31 May 2024)
- Sue Ellis (left 31 May 2024)

Associate Non-Executive Directors (non-voting)

- Grant Whiteside (from 1 June 2024)
- Mark Strong (from 1 June 2024)

The details of 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

- Michael Wright, Deputy Chief Executive (from 6 January 2025)
- Dr Simon Enright, Medical Director
- Bob Kirton, Deputy Chief Executive (left 5 January 2025)
- Christopher Thickett, Director of Finance
- Steven Ned, Director of People
- Sarah Moppett, Director of Nursing, Midwifery and Allied Health Professionals
- Lorraine Burnett, Chief Operating Officer

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

- Emma Parkes, Joint Director of Communications & Marketing
- Tom Davidson, Director of Information & Communications Technology
- Angela Wendzicha, Joint Director of Corporate Affairs

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 bdg-tr.barnsleynhsft.corporategovernance@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 is a group of stakeholders, from different businesses and organisations that 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 Berneslai 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 Managing Director 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.

Supporting people to live 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.

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 continued to work closely with The Rotherham NHS Foundation Trust. The Joint Strategic Partnership Group has continued to meet on a quarterly basis providing oversight on behalf of both Boards on the development and delivery against the planned programme.

Partnership working with The Rotherham NHS Foundation Trust has been in place for the last five years. A number of joint initiatives gained traction through 2024/25, including a joint procurement exercise to secure a contractor to run catering services across both Trusts. During 2024/25, the partnership also developed a business case for a joint Haematology inpatient service. This will be further developed through 2025/26. During the last twelve months, there have been smaller, more discreet opportunities which nevertheless in the aggregate, 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. During 2024/25, we saw the appointment of a Joint Director of Communications and a more recently the appointment of a joint Director of Finance of Finance, commencing in July 2025.

The Trusts Pathology service known as The Barnsley and Rotherham Integrated Laboratory Services, which was run in partnership with The Rotherham NHS Foundation Trust, transferred into The South Yorkshire and Bassetlaw Pathology Service on the 1st April 2024. The transfer was as part of an ongoing national initiative to transform Pathology Services.

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 2024-25, we received a total of 1,016 Freedom of Information requests and 2,336 Subject Access Requests.

Data Protection Toolkit

The Trust achieved compliance against the Data Protection Toolkit requirements. 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 2024 and 31 March 2025.

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 in 2024-25 is 94.5% for the number of invoices paid and 91.7% with regards to value. Both are below the target 95% of invoices, in terms of value and volume. However, there is a slight increase on the previous year's performance with regards to the number of invoices paid (93.9% - 2023-24), but a decrease in the value paid (93.4% - 2023-24). Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for the reporting period was £0 (2023-24 £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 2024-25.

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 £275K 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.

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.

There was one enforcement action was taken against the Trust in the reporting period. On 28 June 2024 The Care Quality Commission issued one improvement notice to the Trust relating to Section 21 of the Health and Safety and work Act 1974 following Inspection of Nuclear Medicine department. On October 2024, CQC confirmed that the Trust was compliant.

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 £275k in the year to the Barnsley Hospital Charity. 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 identified or alleged, 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 Claire Croft, 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

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 2024-25 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 2024-25. 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 2024-25, 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 2024-25 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 5% consolidated award on salaries in place as at 1 April 2024.

Signed:

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

Date: 24 June 2025

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

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	N/A

Annual report on remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2024-25 are as follows:

Person	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
Michael Wright, Managing Director and Deputy Chief Executive	6 Jan 2025	N/A
Bob Kirton, Managing Director and Deputy Chief Executive	22 Dec 2017	5 Jan 2025
Sarah Moppett, Director of Nursing, Midwifery and Allied Health Professionals	1 Oct 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
Lorraine Burnett, Director of Operations • Lorraine Burnett, Director of Operations from 01 April 2023 and became voting Executive Director from 06 June 2024 • Chief operating officer from 01 April 2022	6 Jun 2024	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

Person	Start Date	End Date
Stephen Radford, Non-Executive Director	11 Oct 2021	10 Oct 2027
Gary Francis, Non-Executive Director	01 Jan 2023	31 Dec 2026
David Plotts, Non-Executive Director (previously Associate Non-Executive Director from 1 Oct 2021)	16 Nov 2022	31 Dec 2025
Nicky Clarke, Non-Executive Director	1 June 2024	31 May 2027
Alison Knowles, Non-Executive Director	1 June 2024	31 May 2027
Mark Strong, Associate Non-Executive Director	1 June 2024	31 May 2026
Grant Whiteside, Associate Non-Executive Director	1 June 2024	31 May 2026

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.

Name and Title	**Salary and fees** (bands of £5000) **£000**	**Taxable Benefits** Rounded to the nearest £100	**Pension related Benefits** (bands of £2500)	**Gross total** (bands of £5000) **£000**	**Recharges to RFT** (bands of £5000) **£000**	**Net total** (bands of £5000) **£000**
Dr R Jenkins, Chief Executive[1]	285-290	0	0	285-290	(160-165)	120-125
Mr B Kirton, Managing Director[2]	115-120	0	7.5-10	125-130	0	120-125
Mr M Wright, Managing Director[3]	35-40	0	5-7.5	40-45	0	40-45
Mr C Thickett, Director of Finance	145-150	0	27.5-30	170-175	0	170-175
Dr S Enright, Medical Director	250-255	0	50-52.5	300-305	0	300-305

[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 B Kirton, Managing Director left 5 January 2025
[3] Mr M Wright, Managing Director commended 6 January 2025

Name and Title	**Salary and fees** (bands of £5000) **£000**	**Taxable Benefits** Rounded to the nearest £100	**Pension related Benefits** (bands of £2500)	**Gross total** (bands of £5000) **£000**	**Recharges to RFT** (bands of £5000) **£000**	**Net total** (bands of £5000) **£000**
Mr S Ned, Director of Workforce	135-140	0	0	135-140	0	135-140
Ms S Moppet, Director of Nursing, Midwifery and AHPs	140-145	0	0	140-145	0	140-145
Ms L Burnett, Chief Operating Officer	130-135	0	0	130-135	0	30-135
Ms S McDonnell, Chair	50-55	500	0	50-55	0	50-55
Mr N Mapstone, Non-Executive Director[4]	0-5	100	0	0-5	0	0-5
Ms S Ellis, Non-Executive Director[5]	0-5	0	0	0-5	0	0-5
Mr K Clifford, Non-Executive Director	15-20	0	0	15-20	0	15-20
Mr S Radford, Non-Executive Director	15-20	0	0	15-20	0	15-20
Mr D Plotts, Non-Executive Director	15-20	0	0	15-20	0	15-20
Dr G Francis, Non-Executive Director	15-20	0	0	15-20	0	15-20

[4] Mr N Mapstone, Non-Executive Director left 31 May 2024
[5] Ms S Ellis, Non-Executive Director left 31 May 2024

Name and Title	Salary and fees (bands of £5000) £000	Taxable Benefits Rounded to the nearest £100	Pension related Benefits (bands of £2500)	Gross total (bands of £5000) £000	Recharges to RFT (bands of £5000) £000	Net total (bands of £5000) £000
N Clarke, Non-Executive Director[6]	10-15	0	0	10-15	0	10-15
A Knowles, Non-Executive Director[7]	10-15	0	0	10-15	0	10-15

[6] N Clarke, Non-Executive Director commenced 1 June 2024
[7] A Knowles, Non-Executive Director commenced 1 June 2024

Salary and pension entitlements of senior managers 2024/25[8]

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 2025 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2025 (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 2025 £000	Employer's Contribution to Stakeholder Pension To nearest £100
Mrs S Moppett, Director of Nursing and Quality	0.0-2.5	0	50-55	130-135	1,113	0	1,193	0
Dr R Jenkins, Chief Executive[9]	0	0	0-5	0	2,316	0	0	0

[8] 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. As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.
[9] Dr R Jenkins, Chief Executive - refer to Note 1 of the Single Total Figure Table. However, the above figures relate to his total pension. In 2024-25 he drew down his 1995 & 2015 scheme.

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 2025 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2025 (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 2025 £000	Employer's Contribution to Stakeholder Pension To nearest £100
Mr B. Kirton, Managing Director	0.0-2.5	0	45-50	0	670	7	743	0
Mr M Wright, Managing Director	0.0-2.5	0	40-45	0	563	28	0	0
Mr C Thickett, Director of Finance	0.0-2.5	0	35-40	0	458	16	523	0
Mr S Ned, Director of Workforce[10]	0	0	5-10	0	1,737	0	95	0

[10] Mr S Ned took draw down on his 1995 pension and has stayed in the 2015 pension

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 2025 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2025 (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 2025 £000	Employer's Contribution to Stakeholder Pension To nearest £100
Mr S Enright, Medical Director[11]	2.5-5.0	0	10-15	0	109	40	181	0
Ms L Burnett, Chief Operating Officer [12]	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

[11] 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.
[12] Ms L Burnett, Chief Operating officer pension details were not available at the time of publishing.

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 2024-25 was £250,000 to £255,000 (for 2023-24: £245,000 to £250,000). This is a change between years of 2% (2023-24 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 2024-25 was from £12,514 to £252,500 (2023-24 £10,324 to £247,500). 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 7.8% (2023-24 6.4%). No employees received remuneration in excess of the highest-paid director in 2024-25.

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 data below is dividing the full time equivalent salary for each employee in to four equal groups. The lower quartile represents the 25th percentile meaning that 25% of the employees full time equivalent salary is £25,674 and below and this is 9.8 times lower than the highest paid director.

The below ratios for include bank and agency staff. The methodology has changed for 2024-25 and only those bank and agency shifts worked on the 31st March 2025 have been used in the quartile calculation. In 2023-24, the calculation was based on bank and agency staff who worked throughout March 2024.

2024/25	25th percentile	Median	75th percentile
Salary component of pay	£25,674	£32,324	£44,962
Total pay and benefits excluding pensions benefits	£25,674	£32,324	£44,962
Pay and benefits excluding pension: pay ratio for the highest paid director	9.8:1	7.8:1	5.6:1

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

Staff costs

Cost	Permanent £000	Other £000	2024/25 Total £000	2023/24 Total £000
Salaries and wages	171,637	11,470	183,107	171,223
Social security costs	17,215	0	17,215	16,748
Apprentice Levy	864	0	864	845
Employer's contributions to NHS pension scheme	31,291	0	31,291	25,667
Pension cost - other	214	0	214	197
Termination benefits	41	0	41	137
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Temporary staff	0	29,104	29,104	27,779
NHS charitable funds staff	0	0	0	0
Total gross staff costs	**221,262**	**40,574**	**261,836**	**242,596**
Recoveries in respect of seconded staff	0	0	0	0
Total staff costs	**221,262**	**40,574**	**261,836**	**242,596**
Costs capitalised as part of assets	400		400	392

Exit packages

Reporting of compensation schedules - exit packages 2024/25

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost bank (including any special payment element)	Number	Number	Number
<£10,000	1	0	1
£10,000 - £25,000	0	0	0
£25,001 - £50,000	1	0	1
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£100,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	2	0	2
Total cost (£)	**£41,000**	**£0**	**£41,000**

Reporting of compensation schedules - exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost bank (including any special payment element)	Number	Number	Number
<£10,000	0	0	0
£10,000 - £25,000	0	0	0
£25,001 - £50,000	0	0	0
£50,001 - £100,000	0	0	0
£100,001 - £150,000	1	0	1
£100,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	1	0	1
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 2025

	Directors[13]	Governors
Total Number in Office	16	26
Total Number receiving expenses in the reporting period	4	0
The aggregate sum of expenses paid in the reporting period	£5,200	£0

Year ended 31 March 2024

	Directors[14]	Governors
Total Number in Office	18	23
Total Number receiving expenses in the reporting period	8	0
The aggregate sum of expenses paid in the reporting period	£6,300	£0

Remuneration report signed by the Chief Executive

Signed:

Dr Richard Jenkins, Chief Executive

Date: 25 June 2025

[13] The Directors figure includes NEDs who have left during the year, along with two Managing Directors. Please see the remuneration report for more information.
[14] See note 12

PROUD to care

Staff Report

Our people: 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 reviewed our staff survey results and consulted with various teams, professional groups, forums and colleague networks, which 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 seven elements of the NHS People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The 2024 Staff Survey results once again showed colleagues at Barnsley Hospital in general feel better about their work, colleagues and organisation than people typically do in other Acute and Community Trusts. We remain pleased 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 2024 survey results

Barnsley Hospital is benchmarked against 122 Acute and Community Trusts. A full paper survey was completed for 2024 and Barnsley Hospital achieved a 59% response rate where the median response rate for Acute and Community Trusts was 49%. Since 2021 the Trust has consistently achieved a comparatively higher response rate.

Out of the answers to the current survey 90 survey questions were broadly the same and 10 were worse, with most of these relating to increasing work pressures, in line with the national picture. In such an environment, to hold a relatively steady position, with a number of ‘best in class’ areas should be seen as positive for the Trust.

"Best in class" results for 3 survey questions

Question	Result
q25c. Would recommend organisation as a place to work	69%
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	69%
q25a. Care of patients/service users is organisations top priority	75%

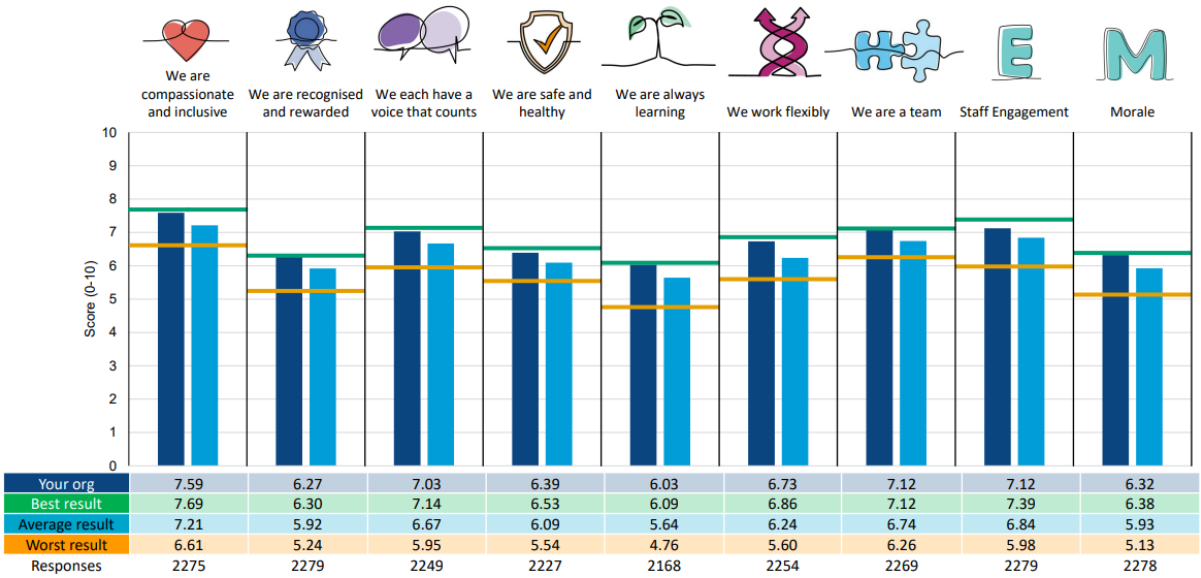
The 2024 Survey results for the Trust were pleasing as we work towards our goal of being an Employer of Choice.

They showed an Employee Engagement score of 7.12 compared with 7.14 last year. The Trust has scored above average scores for all of the People Promise elements and themes in the survey.

As with last year, ‘best in class’ scores could be seen in some of the nine themes - ‘We are recognised and rewarded’; ‘We are always learning’ and ‘We are a team,’ highlighting good practice and leadership within the Trust (‘Compassionate Leadership’ is also best in class).

The Trust is also close to the highest scoring Trust for most of the other seven themes as can be seen in table "NHS People Promise elements, themes, and sub-scores overview".

NHS People Promise elements, themes, and sub-scores overview



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.59	6.27	7.03	6.39	6.03	6.73	7.12	7.12	6.32
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	2275	2279	2249	2227	2168	2254	2269	2279	2278

Element/Theme	Your Org	Best Result	Average Result	Worst Result	Responses
We are compassionate and inclusive	7.59	7.69	7.21	6.61	2275
We are recognised and rewarded	6.27	6.30	5.92	5.24	2279
We each have a voice that counts	7.03	7.14	6.67	5.95	2249
We are safe and healthy	6.39	6.53	6.09	5.54	2227
We are always learning	6.03	6.09	5.64	4.76	2168
We work flexibly	6.73	6.86	6.24	5.60	2254
We are a team	7.12	7.12	6.74	6.26	2269
Staff Engagement	7.12	7.39	6.84	5.98	2279
Morale	6.32	6.38	5.93	5.13	2278

A year by year comparison shows that the Trust has continued to benchmark well on the People Promise Themes year on year since 2021.

Theme	Trust 2021	Benchmark 2021	Trust 2022	Benchmark 2022	Trust 2023	Benchmark 2023	Trust 2024	Benchmark 2024
We are compassionate and inclusive	7.44	7.78	7.53	7.67	7.62	7.71	7.59	7.69
We are recognised and rewarded	6.13	6.47	6.11	6.36	6.37	6.37	6.27	6.30
We each have a voice that counts	6.94	7.31	6.98	7.14	7.08	7.16	7.03	7.14
We are safe and healthy	6.17	6.47	6.24	6.41	6.44	6.55	6.39	6.53
We are always learning	5.53	6.00	5.75	5.92	5.99	6.07	6.03	6.09
We work flexibly	6.48	6.70	6.61	6.64	6.86	6.87	6.73	6.86
We are a team	6.92	7.18	7.06	7.15	7.19	7.19	7.12	7.12
Staff engagement	6.99	7.44	6.97	7.28	7.14	7.32	7.12	7.39
Morale	6.08	6.46	6.15	6.31	6.41	6.52	6.32	6.38

The following tables highlight specific questions where Barnsley compares particularly well/less well with other Trusts and also the most significant changes since last year.

Top 5 scores vs organisation average

Question	Barnsley Hospital	Picker Average
Q10c: Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	65%	51%
Q11a: Organisation takes positive action on health and well-being	66%	55%
Q25f: Feel organisation would address any concerns I raised	58%	48%
Q25c: Would recommend organisation as a place to work	69%	59%
Q3h: Have adequate materials, supplies and equipment to do my work	67%	57%

Bottom 5 scores vs organisation average

Question	Barnsley Hospital	Picker Average
Q22: I can eat nutritious and affordable food at work	48%	56%
Q13d: Last experience of physical violence at work	68%	71%
Q13a: Not experienced physical violence from patients/service users, their relatives or other members of the public	84%	86%
Q24a: Organisation offers me challenging work	67%	68%
Q10b: Don't work any additional paid hours per week for this organisation, over and above contracted hours	63%	64%

Barnsley Hospital most improved scores compared to previous year

Question	2024	2023
Q14d: Last experience of harassment/bullying/abuse reported	55%	51%
Q10b: Don't work any additional paid hours per week for this organisation, over and above contracted hours	63%	60%
Q25d: If friend/relative needed treatment would be happy with standard of care provided by the organisation	69%	67%
Q11e: Not felt any pressure from manager to come to work when not feeling well enough	79%	77%
Q14c: Not experienced harassment, bullying or abuse from other colleagues	86%	84%

Barnsley Hospital most declined scores compared to previous year

Question	2024	2023
Q3b: Able to meet conflicting demands on my time at work	40%	48%
Q7b: Team members often meet to discuss the team's effectiveness	42%	49%
Q3h: Have adequate materials, supplies and equipment to do my job	67%	70%
Q22: I can eat nutritious and affordable food at work	48%	52%
Q7d: Team members understand each other's roles	75%	78%

These reflect positively on our desire and activity to create a compassionate and inclusive culture where our people are involved and are encouraged to express their views, ideas and concerns. Our Leadership Way sets high expectations of leaders to be compassionate, collaborative and curious as we know how important their role is in making Barnsley a great place to work.

Our emphasis on looking after colleague wellbeing is also reflected although there are some indications that time pressures have increased.

As a Trust we have a continued focus on improving our people's experience, aligned to our People Promise. 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 Health and Wellbeing Strategy is being developed as well as new ways to measure stress and wellbeing within our teams and a new Stress Policy.

Other ongoing actions include continued improvement of recognition, with the launch of our weekly Proud News newsletter and our continued investment in Leadership in order to continue to support and develop our people. In addition, all CBUs have an Action Plan following the survey and have involved their teams in identifying actions appropriate to them.

Examples of local actions include Time Outs, leadership coaching; 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.

Colleagues' stories are regularly on the Agenda for Board meetings and our senior leaders sponsor our Staff Networks.

Much work has taken place in our Maternity area, where the Even Better Together programme has sought to improve communication and involvement; develop leadership and embed our values and behaviours.

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 annual Proud to Care Conference is a key event in our calendar and nearly 200 people attended in 2024 for sessions based on our People Promise and Our Leadership Way.

We aim to provide the best possible healthcare to the people of Barnsley at all stages of their life and it is our people who deliver on this, day-in and day-out. It is only by relentlessly focusing on our people – their learning, wellbeing and engagement – that we will succeed.

Workforce profile 31 March 2025

The Trust continues to maintain a growing workforce of 4,723 (4,523 excluding bank) with investment in clinical posts remaining a priority. The group profiles below consist of BDHFT, BFS, GP VTS and Acute Federation employees

Year	Workforce (FTE)
2018-19	3,879
2019-20	3,852
2020-21	4,219
2021-22	4,319
2022-23	4,532
2023-24	4,514
2024-25	4,523

Ethnicity profile

Ethnic Origin	Headcount	% of Trust
White - British	3,600	79.59%
White - Other	86	1.90%
Mixed	42	0.95%
Asian or Asian British	460	10.17%
Black or Black British	138	3.05%
Chinese	9	0.2%
Other Ethnic	50	1.11%
Not Stated	137	3.03%
Total	4523	100%

Disability profile

Disability	Headcount	% of Trust
No	4036	89.23%
Not declared	207	4.58%
Prefer not to answer	12	0.27%
Yes	268	5.93%
Total	**4523**	**100%**

Religious profile

Religious Belief	Headcount	% of Trust
Atheism	891	19.70%
Buddhism	26	0.57%
Christianity	2,222	49.13%
Hinduism	103	2.28%
I do not wish to disclose	747	16.52%
Islam	176	3.89%
Judaism	3	0.02%
Other	351	7.76%
Sikhism	3	0.07%
Unspecified	1	0.02%
Total	**4523**	**100%**

Sexual orientation profile

Sexual Orientation	Headcount	% of Trust
Bisexual	46	1.02%
Gay or Lesbian	65	1.44%
Heterosexual or Straight	4,040	89.32%
Not stated	366	8.09%
Other sexual orientation	1	0.02%
Undecided	5	0.11%
Total	**4523**	**100%**

Age profile

Age Profile	Headcount	% of Trust
<=20 Years	52	1.15%
21-25	352	7.78%
26-30	592	13.09%
31-35	645	14.26%
36-40	555	12.27%
41-45	538	11.89%
46-50	461	10.19%
51-55	459	10.15%
56-60	487	10.77%
61-65	282	6.23%
66-70	76	1.68%
>=71 Years	24	0.53%
Total	**4523**	**100%**

Gender profile

Gender	Headcount	% of Trust
Female	3,653	80.76%
Male	870	19.24%
Total	**4523**	**100%**

As a trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. As part of our Organisational Development Strategy, we have explored the NHS-wide Scope for Growth initiative, and introduced nursing career coaching clinics, which seek to develop more effective career conversations, talent identification and development support. We continually seek to expand our internal Coaching and Mentoring capability as part of the OD strategy, providing more support for the career progression of our Talent. With regards to Leadership, we regularly run a Compassionate and Inclusive Leadership module and have trained senior clinical and non-clinical leaders.

We have a range of family friendly policies, supporting childcare and other carer commitments, flexible working, fair rostering and leave provision. We have published a number of toolkits and guidance to help managers in applying these policies for our colleagues. Last year we set up a multi-disciplinary working group of flexible working culture champions, to help develop and sustain flexible working across all our wards and departments in practice. The group has reviewed our approach and access to flexible working and fair rostering, learning from best practice areas and national toolkits. This is showcased in staff stories case studies and our flexible working intranet hub showing what is possible as we work towards embedding a flexible working culture for all.

We are committed to embedding fair and inclusive values-based recruitment, selection and promotion process and practices that target under representation and lack of diversity. With this in mind, last year we set up a task & finish group to review our recruitment and selection process and strengthen inclusive recruitment to ensure practice is consistently fair, objective, reliable and free from bias. Regular updates on our progress are provided to the Trust's People and Engagement Group.

The Trust's gender pay gap information can be found on the Barnsley Hospital NHS Foundation Trust website here:
https://www.barnsleyhospital.nhs.uk/sites/default/files/2025-06/Gender%20Pay%20Gap%20Report%202024.pdf

The balance of male and female of our Directors and Senior Management Team at the year-end for 2024-25

Group	Female	Male
Board of Directors (Executive and Non-Executive Directors)	5	9
Senior Management Team (Excluding Executive Directors)	2	1
Total	7	10

The balance of male and female of our workforce at the year-end for 2024-25

Staff group	Female	Male	Total
Add. Prof Scientific and Technic	86	32	118
Additional Clinical Services	849	131	980
Administrative and Clerical	671	181	852
Allied Health Professionals	236	59	295
Estates and Ancillary	296	102	398
Healthcare Scientists	32	18	50
Medical and Dental	188	250	438
Nursing and Midwifery Registered	1290	97	1387
Students	5	0	5
Total	**3653**	**870**	**4523**

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/news/latest-workforce-reports-published

BAME breakdown per staff group

	BME	Not stated	White	Total
Executive Senior Managers	0	0	11	11
Add. Prof Scientific and Technic	20	1	97	118
Additional Clinical Services	86	23	871	980
Administrative and Clerical	36	11	805	852
Allied Health Professionals	32	3	260	295
Estates and Ancillary	17	4	377	398
Healthcare Scientists	2	1	47	50
Medical and Dental	268	1	169	438
Nursing and Midwifery Registered	239	93	1055	1387
Students	0	0	5	5
Total	**700**	**137**	**3697**	**4534**

Average number of employees (WTE basis)

Average number of employees (WTE basis)	Permanent number	Other number	2024/25 total	2023/24 total
Medical and dental	204	314	518	506
Ambulance staff	0	0	0	0
Administration	698	62	760	772
Healthcare assistants and other support staff	639	12	651	617
Nursing, midwifery and health visiting staff	1,425	280	1,705	1,665
Nursing, midwifery and health visiting learners	1	3	4	3
Scientific, therapeutic and technical staff	487	35	522	489
Healthcare science staff	83	3	86	186
Social care staff	0	0	0	0
Other	0	0	0	0
Total	**3,537**	**709**	**4,246**	**4,238**

Performance and support in sickness absence and attendance

During 2024-25 colleagues' sickness absence has plateaued out at 5.4% compared to 5.3% in 2023-24, 6.2% in 2022-23 and 5.17% in 2021-22. We have continued to see a reduction in long-term sickness absence to 3.7% in March 2025, compared to 3.9% in March 2024 and 4.0% in March 2023. This coming year we will be shifting the focus to consider what more can be done to address short term sickness absence.

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

The Trust Strategy sets out the ambition to make Barnsley the best place to work. Our People Plan sets out our actions to deliver our strategic People goals, including a priority to support our colleagues' health and wellbeing. Within this context of developing and sustaining a wellbeing culture, we felt it important to shift the narrative from sickness management to proactive wellbeing support to enable colleagues to stay well and at work. The Sickness Absence Management policy became the Supporting Staff Attendance policy and underpinning its delivery was the Health and Wellbeing Passport.

We introduced the passport as a live electronic interactive tool to prompt and record proactive discussions between managers and colleagues, continuously exploring ways to support attendance at work and identifying supportive mechanisms to help with this, such as flexible working and reasonable adjustments. Through partnering with OD colleagues to deliver management coaching & training, and appropriate enhanced liaison with Occupational Health and Clinical Business Unit senior leadership teams, support has been made available to colleagues who experience health problems.

In the past year, to accompany the passport, the Occupational Health team has introduced an online Return to Work and Reasonable Adjustments guide toolkit to provide advice and guidance on alternatives to sickness absence, with sign posting provided within the passport.

The Occupational Health & 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.

Last year saw the introduction of a new Stress Risk Assessment policy and toolkit and a new Acute Distressing Events psychological support policy and procedure, including the provision of trained Trauma informed practitioners and facilitators.

In the past year, there has been further investment in the Occupational Psychologist role and the in-house Counselling Service which has helped the Trust to strengthen and sustain the mental health and wellbeing offer throughout the employee lifecycle. This will continue throughout 2025-2026 with the piloting of a new digital tool designed to measure and mitigate stress within our teams.

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. Pivotal to the delivery and success of this work, will be an organisational Health and Wellbeing Strategy which is currently being developed for launch next year.

Organisational development and culture

Our Organisational Development and Culture Strategy was developed to shape our culture through our Proud to Care Cultural Leadership Group and activities relating to Leadership and our values of Teamwork, Diversity and Respect.

Last year saw the introduction of a new organisational Corporate Welcome event for all new starters; employee relations to support a restorative just culture; a Proud to Care conference for 200 of our people and the launch of Leadership and Management expectations.

This past year has seen the introduction of a Welcome to Leadership orientation; the development of Learning from our Leavers; embedding the People Promise; a new Proud to Manage development programme and a wide-ranging review of Leadership. There has also been support for our Inclusion agenda in the form of Career Coaching and Development.

Upcoming developments include a systematic approach to Talent and Succession; development of new Leadership Development opportunities; Career Conversations and the development of our Employee Value Proposition.

Appraisals

Trust appraisal data confirms that 85% of non-medical colleagues have received an appraisal and 96% of medical colleagues have received an appraisal.

Group	Appraisal compliance (Non-Medical) Mar 2025	Appraisal compliance (Medical) Mar 2025
Corporate Services	85.8%	n/a
CBU 1 Medicine	84.0%	97.3%
CBU 2 Surgery	82.5%	91.7%
CBU 3 Women, Children & Clinical Support Services	88.6%	84.0%
Barnsley Facilities Services	95.1%	n/a
BHNFT Medical (VTS Removed) Total	n/a	**96.1%**
Total	**85.4%**	76.7%

Mandatory Training

During 2024-25 the Trust continued to support mandatory training compliance by utilising e-learning, delivery face-to-face and virtually via Microsoft teams. The Trust has achieved a year-end position of 91% against a target of 90%.

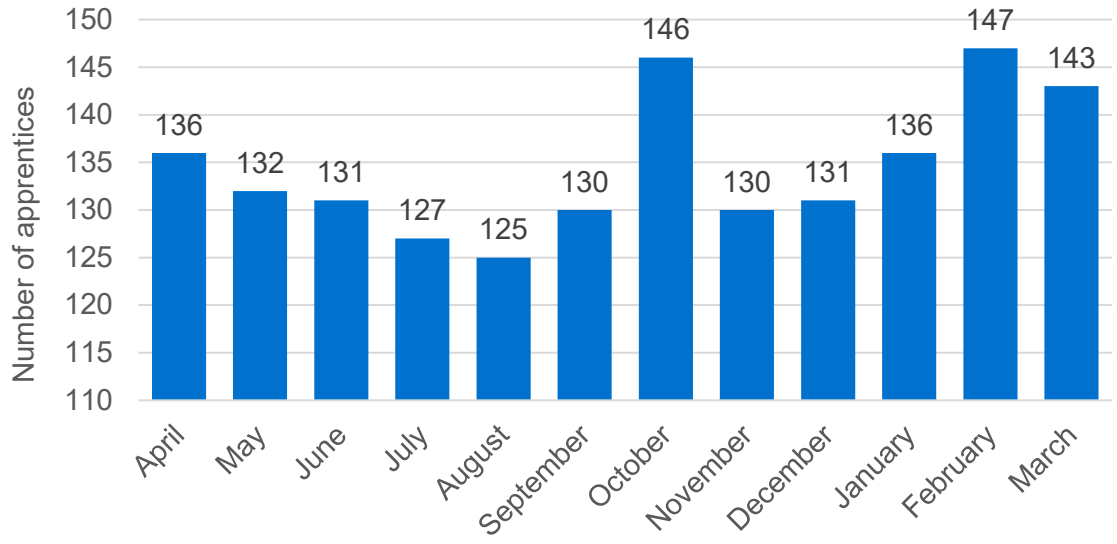
Group	Compliance
Corporate Services	92.5%
CBU 1 Medicine	87.5%
CBU 2 Surgery	88.7%
CBU 3 Women, Children & Clinical Support Services	93.1%
Barnsley Facilities Services	97.6%
Trust	**90.9%**

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, which are celebrated in National Apprenticeship week in February each year.

The Trust currently employs 143 apprentices across 29 subject and occupational areas.

Number of Apprentices in the Trust, April 2024 to March 2025



Number of apprentices by occupational areas, March 2025

Occupational area	Number of apprentices
Accounts	1
Advanced Clinical Practitioner (ACP)	10
Admin	5
Associate Project Manager	2
Chartered Manager Degree	1
Customer Service	9
Data Analyst	1
Dietician	1
Fundraising	1
Healthcare Support Worker	1
Healthcare Science Assistant	5
Healthcare Science – Medical Engineering Apprenticeship	1
Healthcare Science Practitioner – Clinical Engineering	1
HR Consultant	2
HR Support	2
IT	1
Midwifery	1
Operating Department Practitioner	8
Occupational Therapy	3
Pharmacy	8
Physiotherapy	1
Procurement	1
Radiographer	1
Registered Nurse Degree	28
Registered Nurse Top Up	16
Senior Leader	2
TAP (Assistant Practitioner)	5
Team Leader	1
TNA (Trainee Nursing Associate)	24

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 and Wellbeing 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 throughout the past year are our Occupational Health and Inclusion & Wellbeing Teams. Available on the internal Intranet site, the Occupational Health and Healthy Together area provide 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 increased cost of living.

Inclusion and Wellbeing (IWB) Champions

Currently there are 67 Champions. Quarterly support meetings continue where best practice is shared, HWB info disseminated, updates given.

Review taken of the role with support of the QI team. Survey carried out with all Champions, response rate of 46.5%.

Key findings of survey include:

- Need for refresher training for Champions
- With split of HWB from EDI, new name to be suggested to replace 'IWB Champions'.
- Workplace demands make it difficult for many to attend meetings
- Some Champions would like further recognition of their role at all levels.
- Develop clearer outline of role and expectations
- To consider a relaunch of the role across the Trust

Carers' Forum

Currently there are 39 members in the forum. The forum continues to meet quarterly.

Contributions made to Barnsley Wide Carers Strategy development / review. Carers Week recognised and celebrated. Review of Forum to be carried out following HWB merging with Occupational Health (April 2025)

Mediation

This service has been running over the last year. There are currently 8 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 on 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. We are running again from 2025, with the first session showing good attendance and valuable topics for staff.

January 2025 – Healthy Eating

The session topic was ‘Healthy Eating is for life, not just for the new year’ and was hosted by a Healthy Lifestyle Nutritional Advisor from BPL. It covered:

- Nutrition Millionaire (Healthy Eating based quiz)
- Understanding portion sizes
- Healthy and simple meal planning

February 2025 – Cancer Awareness – Macmillan

This is for World Cancer Day - an international day marked on 4 February to raise awareness of cancer and to encourage its prevention, detection, and treatment. To mark this day, the February Wellbeing on Wednesday (WOW) session topic was cancer awareness and was hosted by the Cancer Services team at BHNFT.

In this session, the team provided cancer information and support and provide an overview of how we use the Macmillan POD as well as giving information about the Barnsley Cancer Information (BCI) website.

March 2025 – Stop Smoking

This session topic is Support to Quit Smoking as a part of National No Smoking Day 12th March 2025 and was hosted by the Healthy Lives / QUIT Team.

- Quit for in-patients
- Quit for staff
- Health & Financial Benefits

Schwartz Rounds



We have had 3 Schwartz Rounds running from May 2024 - to Dec 2024, with good engagement - 65 in May - Topic was ‘It’s not easy being new’, the attendance was our highest to date, attendee’s included directors and junior doctors which was really positive.

We are now seeing good attendance and regular staff attending. 30 in October – the Topic was ‘Extra miles we have walked’ and 8 in December, with the Topic ‘A Colleague I will never forget’. The attendance was quite low due to the later time: 3:00pm as the medical education centre was not available. 8 members of staff attended, reflected and the intimacy of the round stimulated some interesting conversations.

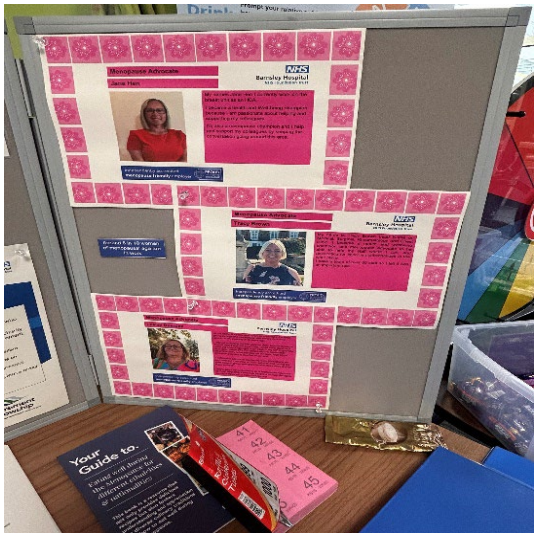
Date of Schwartz Round	Staff in attendance	Completed surveys	Percentage of attendees who completed surveys
31 January 2024	66	36	54%
17 May 2024	65	20	31%
2 October 2024	23	23	100%
11 December 2024	8	8	100%

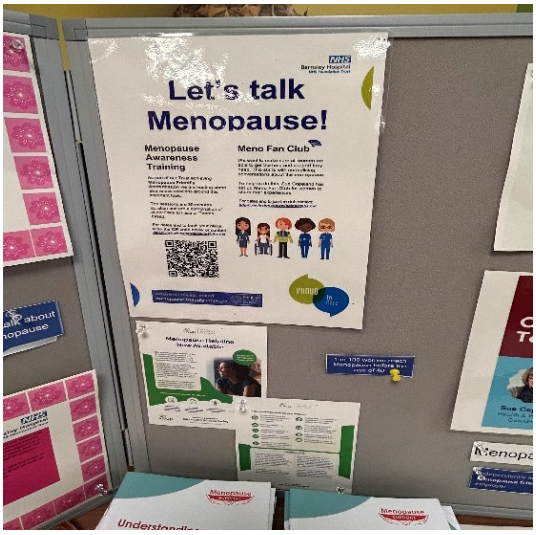
Menopause Friendly Accreditation Employer

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. We are committed to the ongoing reaccreditation process to ensure that our positive menopause initiatives are embedded and sustained.

The Trust was successful in securing funding for a proposal submitted for the ICS Bright ideas scheme. The initiative `Meno Mingle – Let's Talk & Support each other ` aims to raise further awareness for staff about menopause and empower the menopause advocates and champions by enhancing their skills and confidence

World Menopause Day / Awareness Event 2024



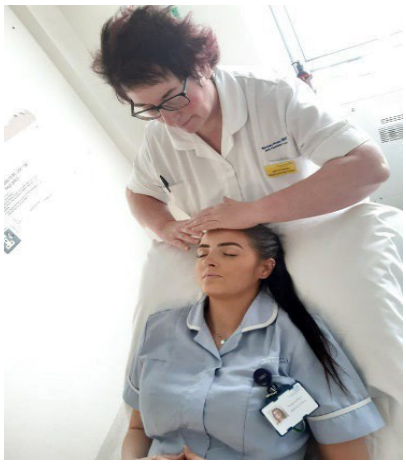


A Trust wide event was hosted by the Inclusion & Wellbeing team to celebrate World Menopause day in October 2024 and raise awareness of the support on offer at the Trust.

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.

- 588 complementary therapies to support colleagues' wellbeing including massages, reiki, reflexology, Indian head massage and facials.
- 5,600 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.
- Two themed celebration events, including an NHS birthday celebration with summer treats and a Shine Bright festive lights switch on event where colleagues could have a festive treat.
- Equipment to support colleagues' wellbeing including transformed staff areas.



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, ensuring we fully harness the talents, perspectives, and experiences of all our colleagues.

One of the key ways we support this is through our staff networks, which provide safe and supportive spaces for diverse staff to connect, share lived experiences, and actively influence organisational culture, policy, and practice. With **over 530 members involved**, our networks play a vital role in driving change and championing equity throughout the organisation.

We currently have four staff networks:

- Race Equality and Inclusion Network
- LGBTQ+ Network
- Ability Network (formerly the Disability Network)
- Armed Forces Forum

Each staff network benefits from **executive sponsorship**, providing senior-level support and advocacy to help influence positive change across the organisation.

Our staff networks are also proud to collaborate with a range of external partners to amplify their impact. These partnerships include **Barnsley Metropolitan Borough Council (BMBC), TransBarnsley, Barnsley LGBTQ+ Forum, Barnsley Civic, South Yorkshire Police**, and **Barnsley Football Club Charity**.

Together, these staff networks **drive change**, challenge inequality, and help us build a more inclusive culture where every voice is heard and valued.




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. Colleagues have identified how the training will enhance their job performance by applying the EDI principles in the workplace. The Passport to Management Programme has been reviewed to align in line with the new Expectations of Line Managers and is now known as the Proud to Manage training programme.

EDI Mandatory training

Virtual EDI mandatory training has been introduced for staff across the Trust to have the option of accessing the training virtually or via e-learning. The training has been well received from colleagues and positive feedback provided.

Partnership working

The Equality, Diversity and Inclusion (EDI) team continues to play a vital role in embedding inclusive practices and fostering a strong sense of belonging across the Trust. By working in close collaboration both internally and with external partners, the team ensures our services are responsive to the needs of our diverse communities. The EDI team has established meaningful partnerships with organisations such as **South Yorkshire Police, Barnsley Metropolitan Borough Council, Barnsley Civic, TransBarnsley, Barnsley LGBTQ+ Forum, Barnsley College** and the **Barnsley Football Club Charity**.

One recent example of this collaboration is a **hate crime awareness session** co-delivered with South Yorkshire Police, which aimed to raise awareness, promote reporting, and offer support to both staff and service users affected by hate-related incidents. These partnerships continue to strengthen the Trust's commitment to equity and inclusion, reinforcing our shared goal of delivering safe, inclusive, and person-centered care for all.

Workforce Race Equality Standards (WRES)

See WRES report published on the Trust Website:
https://www.barnsleyhospital.nhs.uk/about/our-publications

Key findings from the 2024 WRES report

- **13.7% of NHS staff are BME for 2024** – positive increase from 12.4% in 2023
- **25.2% of BME staff reported harassment/ bullying/ abuse from patients/ relatives/ public** in last 12 months (Slight improvement on previous year 25.7%)
- **25.5% of staff experiencing bullying, harassment, abuse from staff** in last 12 months, slight improvement 26.8% in 2023
- **1 (0.38) BME staff entered formal disciplinary** compared to 16 cases White staff
- **White applicants are 1.00 times (this means equity) more likely to be appointed from shortlisting than BME applicants** (improvement from previous year 0.89)
- **1.00 White staff (this means equity) more likely to access non-mandatory training compared to BME staff** (previous year 1.25)
- **BME Trust Board Voting membership is +1.68%**
  Executive members -3.7%
  Overall membership -1.94%
- **BME 17.5% staff experiencing discrimination from manager/team leader/colleagues** (negative increase, last year 14.4%)
- **BME staff believe the Trust provides equal opportunities for career progression / promotion** (previous year: 49%)

Workforce Disability Equality Standard (WDES)

See WDES report published on the Trust Website:
https://www.barnsleyhospital.nhs.uk/about/our-publications

Key findings from the 2024 WDES report

- **5.16%** (previously 4.48%) of disabled staff in the Trust for 2023 – compared to 4.48% in 2022
- **42.7% of Disabled staff** are feels the organisation values their work compared to non-disabled staff 55.2%
- **0.0% (unchanged)** - No board members have a declared disability compared to disabled staff in the wider workforce
- **Disabled job applicants are 1.14 times** (previously 1.62) more likely to be appointed from shortlisting compared to non-disabled job applicants
- **27.8% of disabled staff** reported harassment, bullying or abuse in 2023 from Patients/public 10.5%, managers and Colleagues 23.2%
- **27%** (previously 31.7%) of disabled staff feel pressure to come to work despite not feeling well compared to 18% of non-disabled staff
- **56% of disabled staff** reported incidents, showing an improvement from the previous year of 53.2%
- **0.0 (unchanged)** Likelihood of Disabled staff compared to non-disabled entering the formal capability process
- **Staff engagement score is 6.8** (previously 6.5%), disabled staff are less likely than non-disabled with a engagement score 7.1
- **64.4% of disabled** believe their Trust provides equal opportunities for career progression or promotion, this is a slight increase from 63.4% in 2022
- **85.4%** (previously 80.7%) of disabled felt their employer made adequate adjustments so they could carry out their work

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.

- Domain 1 – Commissioned or provided services
- Domain 2 – Workforce health and wellbeing
- Domain 3 – Inclusive leadership

For Domain 1, three key services were selected for focused review: ICU, Dementia Services, and Maternity.

The Trust has achieved an overall rating of Excelling in Domain 1, and Achieving across Domains 2 and 3.

AccessAble

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.

Accessible tool software

Accessible tool 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 recognises 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.

We are working towards reaccreditation next year, having regular meetings with the Veteran aware steering group and regional lead, while continuing to sustain and build on our solid foundation and enhance veteran-aware initiatives**.**

Project Search Supported Internship programme

We continue and collaborate and work well with Barnsley College and Barnsley Metropolitan Borough Council hosting Project Search internship programme from September 2022.

The programme aim to improve employment and health outcomes for young adults with learning disabilities and autism, significantly enhancing their life chances.

Over the past year, two interns have secured employment within the Trust, while six others gained valuable experience and life skills to help them find future employment. The third cohort began in September 2024, with 9 interns who will soon be graduating in June 2025.

The Project Search and Inclusion & Wellbeing team received the Hospital Trust Heart Awards for their strong partnership and collaboration, providing interns with meaningful work experience, essential skill development, and employment opportunities.

Project Search was recognised, shortlisted and won the Partnership Award, in the non-clinical team at the Heart Awards event in May 2024 category. This remarkable achievement highlights the dedication and collaborative efforts of the Project Search Partnership. Their commitment to running the Project within the organisation is commendable and continues to inspire progress.

Inclusive culture partnership programme (reciprocal mentoring)

Following the success of our first cohort, South Yorkshire Integrated Care System (ICS) is running a third reciprocal mentoring programme from September 2024 to June 2025.

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.

Programme objectives

- **OPTIMISE** the career development aspiring leaders
- **INCREASE** the confidence, capability and capacity of both aspiring and senior leaders as inclusive compassionate leaders
- **BUILD** a culture that fosters mutual learning, respect and appreciation of professional, personal and cultural similarities and differences

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.

Human library

Our leaders demonstrated exceptional dedication by actively engaging with staff and network representatives through sessions inspired by the Human Library approach. These sessions created meaningful opportunities for connection, ensuring staff voices were heard while leaders listened, learned, and shared experiences. This initiative fostered a deeper culture of understanding and inclusivity across the organisation.



Hate Crime Awareness Sessions

During Hate Crime Awareness Week, the Trust partnered with South Yorkshire Police to deliver two hate crime awareness sessions via Microsoft Teams.

These sessions, led by the SYP Hate Crime Coordinator, were accessible to all staff and actively promoted within staff networks to encourage widespread participation and engagement.

Hello Wednesday Campaign

Since June 2024, we have been visiting staff in and around the hospital on a Wednesday, a minimum of once a month to connect with and inform staff about upcoming events, staff networks and the Inclusion & Wellbeing support and resources available.




To date, we have visited 312 members of staff across 26 different departments.

King's Trust Programme

We are delighted to be hosting the King'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.

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 of Union Funded Employees	Full-time equivalent Funded by Trust
15	143.82wte or 11.99wte monthly	35.03wte or 2.92wte monthly

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%	0
1-50%	13
51%-99%	0
100%	2

Table 3: Percentage of pay bill spent on facility time

Request	Response
Provide the total cost of facility time	£126,354
Provide the total pay bill	£261,665,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.048%

Table 4: Paid trade union activities

Request	Response
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	1,314 / 68,496 x 100 = 1.92%

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

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.

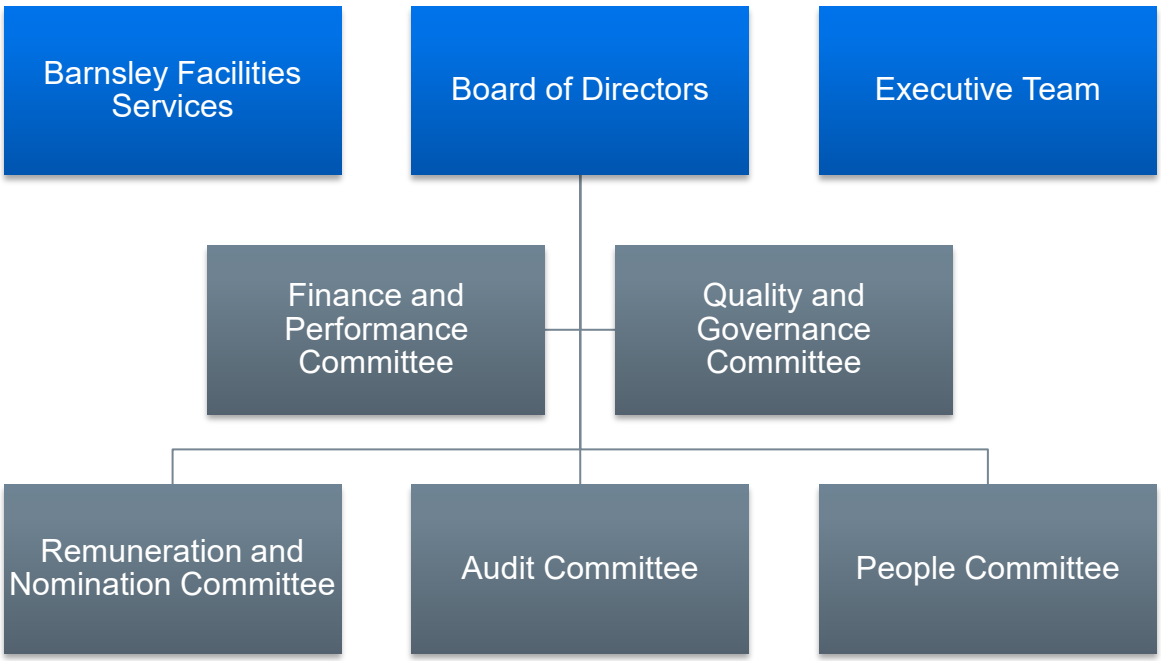
Our governance structure

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.



The Board's governance 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 2025.

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.
- Accounting for expenditure 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 approval of 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.
- Oversight of the financial and operational performance of Research and Development against the annual business plan.
- Review of the operational performance of ICT against Trust and monitor information governance compliance.
- Review of the BAF and Corporate Register risks 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 risks 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 risks 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 2025. Current segmentation information is published on the NHE England website:
https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

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-to-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).

Structure of the Council of Governors

Chair of the Council of Governors

Trust Chair
Sheena McDonnell

Public Governors

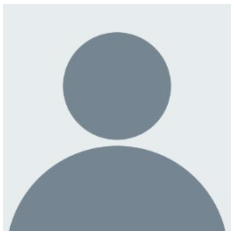
Lead Governor
Rob Lawson

Graham Worsdale

Malcolm Gibson

Diane Mansfield

Michael Potter



Janet Neville

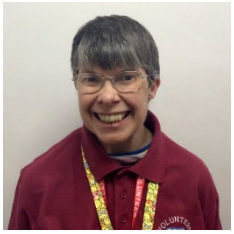
Jenny Platts

Phil Hall

Phil Carr

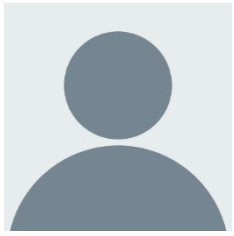
Margaret Sheard

Roy Richardson



Rhiannon Rees

Tom Wood



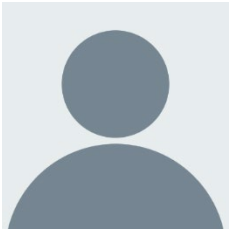
Vacant
Out of area

Staff Governors

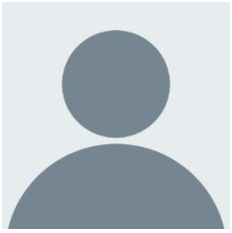
Roya Pourali
Non-Clinical

Nigel Bullock
Nursing & Midwifery

Wissam Al Ahmad
Clinical Support



Vacant
Medical & Dental



Vacant
Nursing & Midwifery

Partner Governors

Kieron Campbell
Barnsley Football Club Charity

Jonathan Williams
Fareshare Yorkshire

David Akeroyd
Barnsley College

Matt Hall
Barnsley Facilities Services

Michelle Marshall
Sheffield Hallam University

Andy Martin
Sheffield Health & Social Care NHS Foundation Trust

Martin Jackson
Joint Trade Union Committee

Local Authority Governor

Jo Newing

Co-opted Advisors

Ann Wilson

Chris Millington

Jon Maskill

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 2024-25. All elections were supported by Civica, 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 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 Directors' performance), under paragraph 10C of Schedule 7 of the NHS Act 2006.

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

Non-Executive Director attendance at Board and Board Committee meetings: 2024-25

Name	Board of Directors	Extra-ordinary Board of Directors	Audit Committee	Finance & Performance	Quality & Governance	People Committee	Remuneration Committee
Sheena McDonnell	5/6	2/2	1/1	1/1	1/1	0/0	3/4
Nick Mapstone *Until 31.05.24*	1/1	0/0	1/1	2/2	0/0	0/0	0/0
Kevin Clifford	6/6	1/2	1/1	0/0	10/12	5/6	2/4
Sue Ellis *Until 31.05.24*	1/1	0/0	0/0	1/1	0/0	1/1	0/0
David Plotts	6/6	1/2	3/5	0/0	11/12	0/0	3/4
Stephen Radford	5/6	2/2	5/5	10/12	0/0	0/0	1/4
Gary Francis	6/6	2/2	0/0	0/0	11/12	6/6	3/4
Alison Knowles *From 01.06.24*	5/5	1/2	4/4	10/12	0/0	0/0	3/4
Nicky Clarke *From 01.06.24*	4/5	2/2	0/0	8/10	0/0	5/5	2/4
Grant Whiteside *From 01.06.24*	5/5	0/2	0/0	2/2	0/0	0/0	1/4
Mark Strong *From 01.06.24*	5/5	1/2	0/0	1/1	5/6	1/1	0/4

Figures denote the number of meetings attended of the number of meetings eligible to attend (attended/eligible).
Shading denotes Board/Committee Chair.

Executive Director and Executive Team member attendance at Board and Board Committee meetings: 2024-25

Name	Board of Directors	Extra-ordinary Board of Directors	Audit Committee	Finance & Performance	Quality & Governance	People Committee	Remuneration Committee
Tom Davidson	5/6	2/2	0/0	11/12	0/0	0/0	0/0
Simon Enright	4/6	2/2	0/0	0/0	10/12	5/6	0/0
Richard Jenkins	5/6	2/2	1/1	0/0	0/0	2/2	0/0
Bob Kirton *Until 05.01.25*	5/5	2/2	0/0	5/9	7/9	0/0	0/0
Michael Wright *From 06.01.25*	1/1	0/0	0/0	3/3	3/3	0/0	0/0
Sarah Moppett	4/6	1/2	0/0	0/0	10/12	5/6	0/0
Emma Parkes	4/6	2/2	0/0	0/0	0/0	6/6	0/0
Angela Wendzicha	5/6	2/2	4/5	3/12	3/12	3/6	0/0
Steve Ned	6/6	2/2	0/0	0/0	0/0	5/6	0/0
Chris Thickett	5/6	2/2	5/5	12/12	0/0	0/0	0/0
Lorraine Burnett	6/6	2/2	0/0	12/12	0/0	0/0	0/0

Figures denote the number of meetings attended of the number of meetings eligible to attend (attended/eligible).

Lead Governor attendance at Board and Board Committee meetings: 2024-25

Name	Board of Directors	Extra-ordinary Board of Directors	Audit Committee	Finance & Performance	Quality & Governance	People Committee	REMCOM
Thomas Wood *01.11.23 – 31.03.24*	4/6	0/2	0/0	0/0	0/0	0/0	0/0

Figures denote the number of meetings attended of the number of meetings eligible to attend (attended/eligible).

Board member attendance at Council of Governors meetings 2024-25

Name	Term of office expires	Constituency	Council of Governors (attended/eligible)	Membership and Engagement sub-group (attended)	Insight session (attended)
Sheena McDonnell	N/A	N/A	4/4	2	3
Richard Jenkins	N/A	N/A	4/4	0	0

Figures denote the number of meetings attended of the number of meetings eligible to attend (attended/eligible).
Shading denotes Board/Committee Chair.

Partner Governor attendance at Council of Governors meetings 2024-25

Name	Term of office expires	Partner Constituency	Council of Governors (attended/eligible)	Membership and Engagement sub-group (attended)	Insight session (attended)
Paul Ardron	N/A	Sheffield Hallam University	1/3	0	0
Martin Jackson	N/A	Joint Trade Union Committee	2/4	0	1
Jenny Platts	N/A	Barnsley Metropolitan Borough Council	1/1	0	0
David Akeroyd	N/A	Barnsley College	3/4	1	0
Michelle Marshall	N/A	University of Sheffield	1/4	0	0
Jo Newing	N/A	Barnsley Metropolitan Borough Council	1/3	0	0

Public Governor attendance at Council of Governors meetings 2024-25

Name	Term of office expires	Constituency	Council of Governors (attended/eligible)	Membership and Engagement sub-group (attended)	Insight session (attended)
Annie Moody	Dec-23	Public Constituency	2/3	3	2
Adriana Rrustemi	May-25	Public Constituency	3/4	1	1
Malcolm Gibson	Dec-24	Public Constituency	1/4	2	0
Chris Millington	Mar-25	Public Constituency	3/4	4	2
Graham Worsdale	Dec-24	Public & Lead Constituency up to Oct-23	3/4	4	0
Phil Hall	Dec-25	Public Constituency	2/4	1	0
Margaret Sheard	Dec-26	Public Constituency	4/4	1	0
Alan Parker	Left Sept-23	Public Constituency	0/2	0	0
Philip Carr	Mar-26	Public Constituency	3/4	4	2
Robert Lawson	Mar-26	Public Constituency	4/4	3	3
Lisa Kelly	Left Sept-23	Public Constituency	1/2	0	1
Thomas Wood	Mar-26	Public & Lead Constituency Nov-23-31.03.24	4/4	1	2
Ann Wilson	Mar-25	Public Constituency	3/4	2	3
Jenny Platts	Jan-27	Public Constituency	1/1	2	3
Diane Mansfield	Jan-27	Public Constituency	0/1	1	1
Roy Richardson	Jan-27	Public Constituency	1/1	0	0

Staff Governor attendance at Council of Governors meetings 2024-25

Name	Term of office expires	Staff Constituency	Council of Governors (attended/eligible)	Membership and Engagement sub-group (attended)	Insight session (attended)
Joanne Smith	Dec-25	Non-Clinical Support	4/4	2	2
Jon Maskil	Dec-24	Clinical Support	3/4	0	0
Wissam Al Ahmad	Dec-26	Medical & Dental	2/4	0	0
Nigel Bullock	Dec-26	Nursing & Midwifery	0/4	0	0
Rebecca Makinson	Apr-26	Nursing & Midwifery	2/4	1	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 Surgeries 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 2024-2025

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

Membership Aims 2024-2025

- Create a diverse membership base
- Community engagement
- Engage with Trust colleagues
- Work alongside active partners
- Governor engagement
- Create meaning and worth to membership

Newsletter

Our membership newsletter, distributed bi-monthly via our membership database, keeps members updated on Trust activities, local community groups, and volunteering opportunities. We collaborate closely with our Partner Governors, ensuring that updates from them are included whenever possible and shared with the public. Trust members were also sent invitations to the Annual General Meeting in 2024.

Public Engagement

Public events and site visits during 2024-2025 were:

- 10 April, GXO – Canteen
- 18 April, Barnsley College - Health and Wellbeing Event
- 24 April, Governor Visit to Trust Site (BFS Tour)
- 16 May, IBIS, Trust Quality Conference with Staff Governors
- 13 June, Governor Surgery - Barnsley Library, Town Centre
- 03 July, Priory Campus
- 11 July, Cancer Awareness Roadshow, Shaw Lane, Barnsley
- 13 July, Barnsley Pride, Barnsley Town Centre
- 28 July, Barnsley Trust AGM, Barnsley College, Town Centre
- 06 September, Barnsley College, Sixth Form College, Freshers Week

- 09 September, Barnsley College, Old Mill Lane Site, Freshers Week
- 10 September, Barnsley College, Honeywell Site, Freshers Week
- 26 September, Barnsley Metrodome
- 02 October, Migration Partnership open day event, Barnsley Town Centre
- 15 October, Mapplewell & Staincross, Health and Wellbeing Event
- 05 December, Barnsley Markets
- 10 December, Barnsley Markets
- 12 December, Birdwell Winter Wellbeing Event
- 14 January, Hoyland Library, Livewell Event
- 05 February, Priory Campus
- 04 March, Barnsley Metrodome
- 05 March, Joint Meeting Barnsley & Rotherham Governors
- 20 March, Governor Visit to Trust Site (BFS Tour)
- 26 March, Barnsley Metrodome

Public to Governor Feedback

Barnsley Hospital Governors are active within the local community, speaking to members of the public is an important way for Governors to reflect public opinion back in to the Trust.

Engagement at the Trust and in the wider Place

Governors are invited to visit the Trust site and other healthcare settings within the wider Place area. These visits are designed to help Governors gain a deeper understanding of service provision.

Lead Governor Statement

As the Lead Governor of Barnsley NHS Foundation Trust, I am proud to reflect on the achievements and progress we have made over the past year. Our Trust has continued to prioritise patient care, safety, and innovation, ensuring that we provide the highest quality of service to our community.

Achievements: Community Diagnostics Centre – the community diagnostic centre based in Barnsley town centre opened in April 2022 and has proven to be a great success with Medical Imaging seeing 43,059 patients and performing 55,853 examinations from 01.04.24 to 31.03.25 Offering a range of diagnostic services, such as CT scans, ultrasounds, x-ray, and blood services. The centre is delivering real results for local people with a 22% increase in uptake in breast screening appointments, for example.

Future Plans: Health on the High Street - The new health and wellbeing hub will expand the range of services and facilities available at the Alhambra Shopping Centre in Barnsley town centre. Barnsley Hospital is planning to move some of its outpatient services out of the hospital into the new hub at the Alhambra. This will help reduce missed appointments and help improve health outcomes for people who will be more able to access vital services in a place familiar to them rather than having to go to hospital.

I am grateful for the dedication and hard work of our staff, volunteers, and partners. Together, we will continue to strive for excellence and make a positive impact on the lives of those we serve.

Images of Governors in the community

NHS Foundation Trust Code of Governance disclosures

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.

Required disclosures

Part of Schedule A	Code Section	Summary of requirement	Notes
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 Statement

Part of Schedule A	Code Section	Summary of requirement	Notes
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

Disclose	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 form 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

Part of Schedule A	Code Section	Summary of requirement	Notes
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 Director report
Disclose	B 2.19	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 and annual governance statement
	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.

Part of Schedule A	Code Section	Summary of requirement	Notes
	C 4.7	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.	The trust is considering commissioning a review in 2025/26
	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

Part of Schedule A	Code Section	Summary of requirement	Notes
	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

Part of Schedule A	Code Section	Summary of requirement	Notes
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	Notes
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

Part of Schedule A	Code Section	Summary of requirement	Notes
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 Governors 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 Governors 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 Governors section

Part of Schedule A	Code Section	Summary of requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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, 2.15	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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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
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

Provision	Requirement	Notes
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

Provision	Requirement	Notes
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	Notes
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.	Comply

Provision	Requirement	Notes
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 salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.	Not applicable during the reporting period

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	Notes
Section C, 4.9 (NHS Foundation Trusts only)	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and 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	Notes
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

Provision	Requirement	Notes
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:

Dr Richard Jenkins, Chief Executive

Date: 25 June 2025

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 prioritise 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 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 2025 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 all staff 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 inability to improve the financial stability of the Trust over the next 2 to 5 years;
- 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 'Moderate Assurance' opinion on relation to the operation of the BAF, highlighting that all agreed actions were completed closed. These actions have further strengthened part the BAF development work as we move into 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 3 Information Governance Incident reported to the ICO during 2024/25. They were all dealt with to the ICO's satisfaction and no further follow up actions are outstanding.

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 to ensure key risks and issues were resolved 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 2024, 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. On 28 June 2024 The Care Quality Commission issued one improvement notice to the Trust relating to Section 21 of the Health and Safety and work Act 1974 following Inspection of Nuclear Medicine department. On October 2024, CQC confirmed that the Trust was compliant.

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:

- Five Significant Assurance relating to Asset register (2023/24); Mandatory Training; Patient Safety Incident Response Framework (PSIRF), Charitable Funds and Governance: focus on Quality and Governance Committee.
- Four Moderate / Split Assurance relating to Capital (approval, monitoring and reporting 2023/24); Board Assurance Framework; NHS Staff Survey, Safeguarding (split significant /Limited).
- Three Limited Assurance relating to CBU Governance (focus on CBU 3 (2023/24); Medicines Management (focus on governance and audit) and discharge management (focus on 'no criteria to reside').
- Other assurances received, Data Security and Protection Toolkit (moderate assurance (NHSE assurance rating)).
- In progress, Conflicts of interest (final draft report with Trust), Job planning (final draft report with Trust) and Waiting lists: focus on Surgery (in progress)

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 2024-25 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.

We have issued three limited assurance and four moderate assurance/split opinions so far in-year; we recognise that the Trust has directed us to some areas identified as requiring improvement'.

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:

Dr Richard Jenkins, Chief Executive

Date: 25 June 2025

PROUD to care

Financial Statements

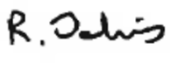
BARNSLEY HOSPITAL NHS FOUNDATION TRUST

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2025, have been prepared by Barnsley Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:  (Chief Executive)

Name: Dr. Richard Jenkins

Date: 25/06/2025

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025

	NOTE	**Group 2024/25 £000**	Group 2023/24 £000	**Trust 2024/25 £000**	Trust 2023/24 £000
Operating income from patient care activities	3	**330,739**	299,783	**330,731**	299,770
Other operating income	4	**28,904**	29,777	**29,076**	29,720
Total operating income		**359,643**	329,560	**359,807**	329,490
Operating expenses	5	**(357,447)**	(334,581)	**(358,712)**	(335,686)
OPERATING SURPLUS/(DEFICIT)		**2,196**	(5,021)	1,095	(6,196)
FINANCE COSTS					
Finance income		**1,398**	1,900	**2,027**	2,557
Finance expenses	8	**(17)**	(24)	**(801)**	(838)
Public Dividend Capital dividends payable		**(2,282)**	(1,802)	**(2,282)**	(1,802)
NET FINANCE COSTS		**(901)**	74	**(1,056)**	(83)
Other gains/(losses)		**(23)**	(24)	**(20)**	(27)
Corporation tax expense	9	**(264)**	(223)	**0**	0
SURPLUS/(DEFICIT) FOR THE YEAR		**1,008**	(5,194)	**19**	(6,306)
Other comprehensive income					
Will not be reclassified to income and expenditure					
Impairments	11	**1,123**	0	**1,123**	**0**
Other reserve movement		**0**	0	**0**	0
TOTAL COMPREHENSIVE INCOME/ (EXPENSE) FOR THE PERIOD		**2,131**	(5,194)	**1,142**	(6,306)

	2024/25 £000	2023/24 £000	**2024/25 £000**	2023/24 £000
(a) Surplus/(Deficit) for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**1,008**	(5,194)	**19**	(6,306)
TOTAL	**1,008**	(5,194)	**19**	(6,306)
(b) Total comprehensive income/(expense) for the period attributable to:				
(i) Barnsley Hospital NHS Foundation Trust	**1,008**	(5,194)	**19**	(6,306)
TOTAL	**1,008**	(5,194)	**19**	(6,306)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

	NOTE	**Group 31 March 2025 £000**	Group 31 March 2024 £000	**Trust 31 March 2025 £000**	Trust 31 March 2024 £000
NON-CURRENT ASSETS					
Intangible assets	10	**6,015**	4,210	**6,012**	4,207
Property, plant and equipment	11	**104,033**	99,540	**83,756**	78,060
Right of use assets	11	**884**	1,538	**20,967**	22,886
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiary	12	**0**	0	**17,567**	18,349
Receivables	14	**1,757**	1,778	**1,757**	1,778
Total non-current assets		**112,689**	107,067	**142,409**	137,630
CURRENT ASSETS					
Inventories	13	**2,406**	2,207	**1,354**	1,290
Receivables	14	**15,842**	12,230	**13,811**	10,298
Loans to subsidiary	12/14	**0**	0	**783**	756
Cash and cash equivalents	15	**22,297**	31,509	**18,038**	27,439
Total current assets		**40,545**	45,946	**33,985**	39,783
CURRENT LIABILITIES					
Trade and other payables	16	**(49,740)**	(50,022)	**(59,176)**	(58,791)
Borrowings	17	**(670)**	(683)	**(1,620)**	(1,601)
Provisions	18	**(187)**	(639)	**(147)**	(519)
Other liabilities	19	**(2,791)**	(4,922)	**(2,791)**	(4,922)
Total current liabilities		**(53,388)**	(56,266)	**(63,734)**	(65,833)
TOTAL ASSETS LESS CURRENT LIABILITIES		**99,846**	96,747	**112,660**	111,580
NON-CURRENT LIABILITIES					
Borrowings	17	**(225)**	(867)	**(21,542)**	(23,133)
Provisions	18	**(264)**	(231)	**(264)**	(311)
TOTAL NON-CURRENT LIABILITIES		**(489)**	(1,098)	**(21,806)**	(23,444)
TOTAL ASSETS EMPLOYED		**99,357**	95,649	**90,854**	88,136
FINANCED BY					
TAXPAYERS' EQUITY					
Public dividend capital		**156,708**	154,008	**156,708**	154,008
Revaluation reserve	20	**1,793**	1,793	**1,793**	1,793
Income and expenditure reserve		**(62,699)**	(63,509)	**(67,647)**	(67,666)
OTHERS' EQUITY					
Charitable fund reserves	12	**3,555**	3,357	**0**	0
TOTAL TAXPAYERS' AND OTHERS' EQUITY		**99,357**	95,649	**90,854**	88,136

The financial statements on pages 188 to 221 were approved by the Board on 23rd June 2025 and signed on its behalf by:

Signed: R. Dalis (Chief Executive)

Date: 25/6/25

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2025

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 2024 brought forward	**154,008**	**1,793**	**(63,509)**	**3,357**	**95,649**
Surplus/(Deficit) for the year	**0**	**0**	**458**	**550**	**1,008**
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	**2,700**	**0**	**0**	**0**	**2,700**
Other reserve movements - charitable funds consolidation adjustments	**0**	**0**	**352**	**(352)**	**0**
Taxpayers' and others' equity at 31 March 2025	**156,708**	**1,793**	**(62,699)**	**3,555**	**99,357**

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	0	0	0	0	0
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

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 2025

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 2024 brought forward	**154,008**	**1,793**	**(67,666)**	**88,136**
Surplus for the year	**0**	**0**	**19**	**19**
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	**2,700**	**0**	**0**	**2,700**
Taxpayers' and others' equity at 31 March 2025	**156,708**	**1,793**	**(67,647)**	**90,854**

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
Other reserve movements	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

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2025

	NOTE	Group 2024/25 £000	Group 2023/24 £000	Trust 2024/25 £000	Trust 2023/24 £000
Cash flows from operating activities					
Operating surplus/(deficit)		**2,196**	(5,021)	**1,095**	(6,196)
Non-cash income and expenses					
Depreciation and amortisation		**8,378**	7,886	**8,329**	7,821
Net impairments		**1,123**	1,860	**1,123**	1,860
Income recognised in respect of capital donations		**0**	(183)	**0**	(183)
(Increase)/decrease in receivables and other assets		**(3,618)**	4,008	**(3,542)**	3,937
(Increase)/decrease in inventories		**(199)**	66	**(64)**	48
Increase/(decrease) in payables		**(1,566)**	(9,897)	**(1,437)**	(9,670)
Increase/(decrease) in other liabilities		**(2,131)**	(221)	**(2,131)**	(221)
Increase/(decrease) in provisions		**(422)**	(1,379)	**(422)**	(1,380)
Tax paid	9	**(262)**	(195)	**0**	0
Movements in charitable fund working capital		**142**	115	**0**	0
Other movements in operating cash flows		**0**	0	**0**	5
NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES		**3,641**	(2,961)	**2,951**	(3,979)
Cash flows from investing activities					
Interest received		**1,398**	1,895	**2,027**	2,557
Purchase or settlements of financial assets / investments		**0**	0	**782**	731
Purchase of intangible assets		**(2,938)**	(908)	**(2,938)**	(908)
Purchase of property, plant and equipment		**(11,074)**	(15,077)	**(10,283)**	(14,364)
Receipt of cash donations to purchase assets		**0**	0	**0**	32
Net cash flows from/(used in) investing activities		**(12,614)**	(14,090)	**(10,412)**	(11,952)
Cash flows from financing activities					
Public dividend capital received		**2,700**	6,835	**2,700**	6,835
Other Capital Receipts		**0**	169	**0**	169
Capital element of finance lease rental payments		**(666)**	(704)	**(1,583)**	(1,590)
Interest on loans		**0**	0	**0**	0
Other interest (eg overdrafts)		**0**	(7)	**0**	(7)
Interest element of finance lease		**(14)**	(17)	**(798)**	(832)
Public dividend capital dividend paid		**(2,259)**	(1,155)	**(2,259)**	(1,155)
Net cash flows from/(used in) financing activities		**(239)**	5,121	**(1,940)**	3,420
Increase/(decrease) in cash and cash equivalents	15	**(9,212)**	(11,930)	**(9,401)**	(12,511)
Cash and cash equivalents at 1 April - brought forward	15	**31,509**	43,439	**27,439**	39,950
Cash and cash equivalents at 31 March	15	**22,297**	31,509	**18,038**	27,439

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 2024/25 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.

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. Trust 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.

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; 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, following the creation of Barnsley Facilities Services Limited. The Trust lease back the assets from Barnsley Facilities Services Limited.

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. Desktop revaluations are performed, by a professional valuer every year. A full valuation is undertaken every five years. However, a full valuation will be 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 valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the first in first out (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. Distribution of inventories by the Department ceased in March 2024.

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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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.

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 2025.

		Nominal Rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.44%

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 2025:

	Nominal Rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
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 2.40% in real terms (prior year: 2.45%).

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.

Land 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 2025, which was undertaken by Cushman & Wakefield on a Modern Equivalent Asset (MEA) basis and reduced the residual value of the assets in 2024/25 by £1,123,206 (2023/24 by £1,860,073). 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 2024/25.

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the Frémy. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

The above changes are not expected to have a material impact on the financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

1.26 Transfers of functions to/from other NHS bodies

On the 1st April 2024 five acute Trusts in South Yorkshire and Bassetlaw created the South Yorkshire and Bassetlaw Pathology Board. This created a single Pathology Service to benefit both patients and staff in a way that could not be achieved by each Trust in isolation. On this day the service, staff, assets (excluding fixed assets) and liabilities was transferred to Sheffield Teaching Hospitals NHS Foundation Trust.

The fixed assets for the Pathology service have not been de-recognised from the 2024/25 accounts. The partnership is transferring these in quarter one of 2025-26. . 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 2024/25, 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 2025, 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 2024/25 £000**	Group 2023/24 £000	**Trust 2024/25 £000**	Trust 2023/24 £000
Income from patient care activities received from:				
NHS England	**30,026**	24,857	**30,026**	24,857
Integrated care boards	**299,674**	273,686	**299,674**	273,686
Department of Health and Social Care	**5**	12	**5**	12
Other NHS Providers	**18**	51	**18**	51
Local authorities	**0**	61	**0**	61
Non-NHS: overseas patients (chargeable to patient)	**133**	93	**133**	93
Injury cost recovery scheme *	**829**	970	**829**	970
Non NHS: other	**54**	53	**46**	40
Total income from activities	**330,739**	299,783	**330,731**	299,770

*NHS injury cost recovery scheme income is subject to a provision for doubtful debts of 24.45% (2023/24 23.07%) to reflect expected rates of collection.

3.2 Income from patient care activities (by nature)	**Group 2024/25 £000**	Group 2023/24 £000	**Trust 2024/25 £000**	Trust 2023/24 £000
Income from commissioners under API contracts*	**305,173**	279,180	**305,173**	279,180
High cost drugs income from commissioners (excluding pass-through costs)	**10,972**	11,009	**10,972**	11,009
Other NHS clinical income	**595**	582	**595**	582
Elective recovery fund	**0**	0	**0**	0
Agenda for change pay award central funding***	**779**	143	**779**	143
Additional pension contribution central funding **	**12,213**	7,680	**12,213**	7,680
Other clinical income	**1,007**	1,189	**999**	1,176
Total income from activities	**330,739**	299,783	**330,731**	299,770

* Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2024/25 NHS Payment Scheme documentation

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

** increases to the employer contribution rate for NHS pensions since April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24:20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

*** Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the back dated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme process and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

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 2024/25 £000	Group 2023/24 £000	**Trust 2024/25 £000**	Trust 2023/24 £000
Income from services designated as commissioner requested services	**330,739**	299,783	**330,731**	299,770
Income from services not designated as commissioner requested services	**28,904**	29,777	**29,076**	29,720
Total	**359,643**	329,560	**359,807**	329,490

4. Other Operating Income

	Group 2024/25 £000	Group 2023/24 £000	Trust 2024/25 £000	Trust 2023/24 £000
Research and development	**683**	517	**683**	517
Education and training	**15,098**	13,671	**15,098**	13,671
Reimbursement and top up funding	**0**	0	**0**	0
Education and training - notional income from apprenticeship fund	**737**	858	**737**	858
Receipt of capital grants and donations	**0**	183	**0**	183
Charitable and other contributions to expenditure	**35**	103	**35**	103
Other income*	**11,795**	14,010	**12,523**	14,388
Charitable fund incoming resources	**556**	435	**0**	0
Total other operating income	**28,904**	29,777	**29,076**	29,720

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

Car parking	**1,375**	1,197	**1,375**	1,197
Non-clinical services recharged to other bodies**	**549**	618	**72**	106
Pharmacy sales	**64**	83	**27**	25
Staff recharges	**4,739**	3,993	**4,983**	4,199
Service recharges	**1,351**	3,441	**1,351**	3,441
Drugs recharges	**2,019**	1,983	**2,020**	1,983
Clinical excellence awards	**74**	48	**74**	48
Elimination of 'other income' on consolidation of charitable funds	**(627)**	(368)	**0**	0
Miscellaneous items	**2,251**	3,015	**2,621**	3,389
Total other income	**11,795**	14,010	**12,523**	14,388

5. Operating expenses

	Group 2024/25 £000	Group 2023/24 £000	Trust 2024/25 £000	Trust 2023/24 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	**636**	1,128	**636**	1,128
Staff and executive directors costs Notes 1 and 6.1	**261,436**	242,204	**248,093**	229,332
Remuneration of non-executive directors Note 1	**179**	168	**179**	168
Supplies and services - clinical (excluding drugs costs)	**30,275**	28,527	**27,960**	26,355
Supplies and services - general	**5,973**	5,213	**695**	669
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**20,423**	19,871	**20,925**	20,230
Consultancy costs	**421**	491	**148**	97
Establishment	**2,792**	1,720	**2,302**	1,247
Premises	**10,443**	11,179	**33,863**	33,299
Transport (including patient travel)	**635**	1,464	**582**	1,298
Depreciation on property, plant and equipment and right of use assets	**7,245**	6,303	**7,196**	6,241
Amortisation on intangible assets	**1,133**	1,583	**1,133**	1,580
Net impairments Note 3	**1,123**	1,860	**1,123**	1,860
Movement in credit loss allowance: contract receivables/ contract assets	**21**	(109)	**21**	(108)
Movement in other provisions	**(3)**	0	**(3)**	0
Fees payable to the external auditor : audit services statutory audit Note 2	**204**	199	**174**	170
Internal audit costs	**133**	108	**133**	108
Clinical negligence	**11,304**	9,959	**11,304**	9,959
Legal fees	**78**	66	**73**	61
Insurance	**480**	469	**1**	4
Research and development	**30**	65	**30**	65
Education and training - notional expenditure funded from apprenticeship fund	**737**	858	**737**	858
Car parking and security	**588**	571	**16**	42
Hospitality	**3**	0	**3**	0
Losses, ex gratia and special payments	**960**	389	**937**	389
Other	**198**	295	**451**	634
Total	**357,447**	334,581	**358,712**	335,686

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 2025.

The audit fee for the Trust statutory audit was £178,400 (2023/24 £170,400) 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 £23,700 exclusive of VAT (2023/24 - £23,000 exclusive of VAT). The expected audit fee for the subsidiary entity Barnsley Hospital Charity is £6,000 inclusive of VAT (2023/24 - £6,000 inclusive of VAT). The charity audit is not carried out by KPMG.

Note 3 - The Net impairment of £1,123,000 was due to change in market price (2023/24: £1,860,000 - due to change in market price)

6.1 Employee benefits

Group

	Total 2024/25 £000	Total 2023/24 £000
Salaries and wages	**183,107**	171,223
Social security costs	**17,215**	16,748
Apprenticeship levy	**864**	845
Employer's contributions to NHS pensions	**31,291**	25,667
Pension Cost - Other	**214**	197
Termination benefits	**41**	137
Temporary staff (including agency)	**29,104**	27,779
Total staff costs	**261,836**	242,596

In the year ended 31 March 2025, £400,000 of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2024 £392,000).

Trust

	Total 2024/25 £000	Total 2023/24 £000
Salaries and wages	**171,419**	159,905
Social security costs	**16,299**	15,848
Apprenticeship levy	**807**	788
Employer's contributions to NHS pensions	**30,935**	25,272
Pension Cost - Other	**40**	51
Termination benefits	**41**	137
Temporary staff (including agency)	**28,952**	27,723
Total staff costs	**248,493**	229,724

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

In the year ended 31 March 2025, £400,000 of staff costs were capitalised in property, plant and equipment (for year ended 31 March 2024 £392,000).

6.2 Retirements due to ill-health (Group)

During 2024/25 there were 4 early retirements from the Trust agreed on the grounds of ill-health (7 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £728,348 (£122,051 in 2023/24).

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 (2023/24 - £1,000,000).

8. Finance

8.1 Finance Income

	Group	Group	Trust	Trust
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Interest on bank accounts	**1,398**	1,895	**1,381**	1,885
NHS charitable fund investment income	**0**	5	**0**	0
Interest on loan to subsidary	**0**	0	**646**	672
	1,398	1,900	**2,027**	2,557

8.2 Finance expense

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

	Group	Group	Trust	Trust
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Finance Leases	**14**	17	**798**	831
Unwinding of discount on provisions	**3**	0	**3**	0
Total finance costs	**17**	**17**	**801**	**831**

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

	Group	Group	Trust	Trust
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Total liability accruing in year under this legislation as a result of late payments	**0**	7	**0**	7

9. Corporation tax expense

Group

	2024/25	2023/24
(There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax)	**£000**	£000

Analysis of charge/(credit) during the year

Current tax charge/(credit) for the year		
United Kingdom corporation tax	**241**	233
Adjustment in respect of previous periods	**0**	(1)
Total current tax	**241**	232
Deferred tax		
Current year	**19**	(11)
Effects of changes in tax rates	**4**	2
Total deferred tax	**23**	(9)
Total per Consolidated Statement of Comprehensive Income	**264**	223

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:

	2024/25	2023/24
	£000	£000
Surplus/(Deficit) for the year from continuing activities	**1,272**	(4,971)
Effective tax charge percentage	**25.00%**	25.00%
Tax if effective tax rate charged (credit) on surpluses before tax	**318**	(1,243)
Effects of		
Surpluses/(deficit) not subject to tax	**54**	(1,466)
Tax charge for the year	**264**	223

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

10. Intangible assets

10.1 Group 2024/25 (Trust figures not disclosed as no material difference)

	Software Licences £000	Assets under Construction £000	Total £000
Valuation/ gross cost at 1 April 2024 brought forward	16,001	975	16,976
Additions	741	2,197	2,938
Reclassifications	584	(584)	0
Valuation/gross cost at 31 March 2025	**17,326**	**2,588**	**19,914**
Amortisation at 1 April 2024 brought forward	12,766	0	12,766
Provided during the year	1,133	0	1,133
Amortisation at 31 March 2025	**13,899**	**0**	**13,899**
- Net book value at 1 April 2024	3,235	975	4,210
- Net book value at 31 March 2025	**3,427**	**2,588**	**6,015**

10.2 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

11. Property, plant and equipment

11.1 Property, plant and equipment 2024/25

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 2024 - brought forward	4,940	75,785	397	25,476	11,078	1,469	119,145
Additions	0	1,920	7,507	2,327	426	39	12,219
Additions - donations of physical assets (non cash)	0	0	0	0	0	0	0
Additions - assets purchased from cash donations / grants	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	(5,169)	0	0	0	0	(5,169)
Impairments charged to the revalutaion account	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	(704)	0	0	(704)
Reclassifications	0	0	(397)	0	397	0	0
Valuation/gross cost at 31 March 2025	**4,940**	**72,536**	**7,507**	**27,099**	**11,901**	**1,508**	**125,491**
Accumulated depreciation at 1 April 2024 - brought forward	0	430	0	9,728	8,659	788	19,605
Provided during the year	0	3,758	0	2,284	451	87	6,580
Impairments charged to operating expenses	0	(4,046)	0	0	0	0	(4,046)
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0
Disposals/derecognition	0	0	0	(681)	0	0	(681)
Accumulated depreciation at 31 March 2025	**0**	**142**	**0**	**11,331**	**9,110**	**875**	**21,458**
Net book value							
- Owned - purchased at 1 April 2024	4,925	72,935	397	15,354	2,411	660	96,682
- Owned - Donated/granted at 1 April 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 1 April 2024	**4,940**	**75,355**	**397**	**15,748**	**2,419**	**680**	**99,540**
- Owned - purchased at 31 March 2025	4,925	70,129	7,507	15,464	2,784	614	101,424
- Owned - Donated/granted at 31 March 2025	15	2,265	0	271	7	18	2,576
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	33	0	0	33
Net book value at 31 March 2025	**4,940**	**72,394**	**7,507**	**15,768**	**2,791**	**632**	**104,033**

The Trust has had a formal valuation as at 31 March 2025. 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 2025 there were no assets valued at open market value (as at 31 March 2024 - 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 2024 were £33,000 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 2025 (as at 31 March 2024 - none).

11. Property, plant and equipment

11.2 Property, plant and equipment 2024/25

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 2024 - brought forward	3,378	55,999	398	24,211	11,071	1,410	96,467
Reclassification of existing finance leased assets to right of use assets on 1 April 2024	0	0	0	0	0	0	0
Additions	0	1,920	7,507	2,213	426	39	12,105
Additions - donations of physical assets (non cash)	0	0	0	0	0	0	0
Additions - assets purchased from cash donations / grants	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	(3,904)	0	0	0	0	(3,904)
Impairments charged to the revaluation account	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	0	0	0	0
Revaluation **Note 1**	0	0	0	0	0	0	0
Reclassifications	0	0	(398)	0	398	0	0
Disposals / derecognition	0	0	0	(596)	0	0	(596)
Valuation/gross cost at 31 March 2025	**3,378**	**54,015**	**7,507**	**25,828**	**11,895**	**1,449**	**104,072**
Accumulated depreciation at 1 April 2024 - brought forward	0	430	0	8,592	8,650	735	18,407
Reclassification of existing finance leased assets to right of use assets on 1 April 2024	0	0	0	0	0	0	0
Provided during the year	0	2,793	0	2,235	451	87	5,566
Impairments charged to operating expenses	0	(3,081)	0	0	0	0	(3,081)
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0
Disposals/derecognation	0	0	0	(576)	0	0	(576)
Accumulated depreciation at 31 March 2025	**0**	**142**	**0**	**10,251**	**9,101**	**822**	**20,316**
Net book value							
- Owned - purchased at 1 April 2024	3,363	52,795	398	15,225	2,413	655	74,849
- Owned - Donated/granted at 1 April 2024	15	2,774	0	351	8	20	3,168
- Owned - equipment donated from DHSC for COVID response at 1 April 2024	0	0	0	43	0	0	43
Net book value at 1 April 2024	**3,378**	**55,569**	**398**	**15,619**	**2,421**	**675**	**78,060**
- Owned - purchased at 31 March 2025	3,363	51,608	7,507	15,273	2,787	609	81,147
- Owned - Donated/granted at 31 March 2025	15	2,265	0	271	7	18	2,576
- Owned - equipment donated from DHSC, UKHSA and NHSE for COVID response	0	0	0	33	0	0	33
Net book value at 31 March 2025	**3,378**	**53,873**	**7,507**	**15,577**	**2,794**	**627**	**83,756**

11. Property, plant and equipment (continued)

11.3 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	4,781	571	286	13,217
Impairments charged to operating expenses **Note 1**	0	(4,748)	0	0	0	0	(4,748)
Impairments charged to revaluation reserve	0	0	0	0	0	0	0
Reclassifications	0	9,007	(9,038)	0	31	0	0
Disposals/derecognition	0	0	0	(719)	0	0	(719)
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	90,795
- Owned - Donated 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**	**463**	**93,833**
- Owned - purchased at 31 March 2024	4,925	72,935	397	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**	**397**	**15,748**	**2,419**	**680**	**99,540**

11. Property, plant and equipment

11.3 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 revalutaion 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

11.4 Right of use assets 2024/25

Group

	Property (land and buildings)	Plant and machinery	Transport Equipment	Total
	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	578	2,169	30	2,777
Additions - lease liability	50	0	0	50
Disposals/derecognition	0	(84)	0	(84)
Valuation/gross cost at 31 March 2025	**628**	**2,085**	**30**	**2,743**
Accumulated depreciation at 1 April 2024 - brought forward	169	1,048	22	1,239
Provided during the year	141	516	8	665
Disposals/derecognition	0	(45)	0	(45)
Accumulated depreciation at 31 March 2025	**310**	**1,519**	**30**	**1,859**
Net book value at 31 March 2025	**318**	**566**	**0**	**884**
Net book value of right of use assets from other providers	0	0	0	
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 2024 - brought forward	21,926	2,766	30	24,722
Additions - lease liability	50	0	0	50
Impairments charged to operating expenses	(1,265)	0	0	(1,265)
Disposals/derecognition	0	(84)	0	(84)
Valuation/gross cost at 31 March 2025	**20,711**	**2,682**	**30**	**23,423**
Accumulated depreciation at 1 April 2024 - brought forward	169	1,645	22	1,836
Provided during the year	1,106	516	8	1,630
Impairments charged to operating expenses	(965)	0	0	(965)
Disposals/derecognition	0	(45)	0	(45)
Accumulated depreciation at 31 March 2025	**310**	**2,116**	**30**	**2,456**
Net book value at 31 March 2025	**20,401**	**566**	**0**	**20,967**
Net book value of right of use assets from other providers	0	0	0	
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 17.

	Group 2024/25 £000	Group 2023/24 £000	**Trust 2024/25 £000**	Trust 2023/24 £000
Carrying value at 1 April 2024 brought forward	**1,550**	2,041	**24,734**	26,112
Financing cash flows - principal	**(666)**	(704)	**(1,583)**	(1,590)
Financing cash flows - interest	**(14)**	(17)	**(798)**	(832)
Non Cash movements				
IFRS 16 implementation - adjustment for existing operating leases	**0**	0	**0**	0
Transfers by absorption	**0**	0	**0**	0
Lease additions	**50**	234	**50**	234
Lease liability remeasurements	**0**	0	**0**	0
Interest charge arising in year	**14**	17	**798**	831
Lease payments (cash outflows)	**0**	0	**0**	0
Other changes	**(39)**	(21)	**(39)**	(21)
Carrying value at 31 March 2025	**895**	1,550	**23,162**	24,734

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 (£22,266,000) 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 2025

	Group		**Trust**	
	Total 31 March 2025 £000	**Of which leased from DHSC bodies 31 March 2025 £000**	**Total 31 March 2025 £000**	**Of which leased from DHSC bodies 31 March 2025 £000**
Undiscounted future lease payments payable in				
- no later than one year;	670	0	2,372	0
- later than one year and not later than five years	232	0	7,040	0
- later than 5 years.	0	0	21,132	0
Total gross future lease payments	902	0	30,544	0
Finance charges allocated to future periods	**(7)**	0	**(7,382)**	0
Net lease liabilities at 31 March 2025	**895**	0	**23,162**	0
Of which				
- not later than one year	670	0	1,620	0
- later than one year and not later than five years	225	0	4,368	0
- later than five years	0	0	17,174	0

11.7 Maturity analysis of finance lease liabilities at March 2024

	Group 2023/24 £000	Of which leased from DHSC bodies 31 March 2024 £000	Trust 2023/24 £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

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 2025 and 31 March 2024 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 2025 £000	Group 31 March 2024 £000	**Trust 31 March 2025 £000**	Trust 31 March 2024 £000
Raw materials and consumables	**2,406**	**2,207**	**1,354**	**1,290**
Total inventories	**2,406**	**2,207**	**1,354**	**1,290**

14. Receivables

Current - Group	**Total 31 March 2025 £000**	Total 31 March 2024 £000
Contract receivables	**12,016**	8,300
Contract assets	**653**	860
Capital Receivables (including accrued capital related income)	**0**	0
Prepayments	**1,342**	1,316
Public Dividend Capital Dividend Receivable	**4**	27
Value Added Tax receivable	**3,205**	3,149
Clinician pension tax provision reimbursement funding from NHSE	**3**	3
Other receivables	**0**	0
NHS Charitable Funds - receivables	**21**	25
Allowance for impaired contract receivables/assets	**(1,402)**	(1,450)
Allowance for other impaired receivables	**0**	0
Total current receivables	**15,842**	12,230
Current - Trust		
Contract receivables	**11,949**	8,191
Contract assets	**653**	860
Prepayments	**310**	381
Capital Receivables (including accrued capital related income)	**0**	0
Public Dividend Capital Dividend Receivable	**4**	27
Value Added Tax receivable	**2,259**	2,252
Clinician pension tax provision reimbursement funding from NHSE	**3**	3
Loan to Subsidary - please refer to note 12	**783**	756
Other receivables	**0**	0
Allowance for impaired contract receivables/assets	**(1,368)**	(1,416)
Allowance for other impaired receivables	**0**	0
Total current receivables	**14,594**	11,054
Non - current Group		
Contract assets	**1,611**	1,639
Clinician pension tax provision reimbursement funding from NHSE	**146**	139
Total non-current receivables	**1,757**	1,778
Non - current Trust		
Contract assets	**1,611**	1,639
Clinician pension tax provision reimbursement funding from NHSE	**146**	138
Total non-current receivables	**1,757**	1,777
Of which receivable from NHS and DHSC group bodies:		
Current - Group	**7,276**	4,098
Current - Trust	**7,259**	4,091
Non - current Group	**146**	139
Non - current Trust	**146**	139

15. Cash and cash equivalents

	Group 31 March 2025 £000	Group 31 March 2024 £000	**Trust 31 March 2025 £000**	Trust 31 March 2024 £000
At 1 April	**31,509**	43,439	**27,439**	39,950
Net change in year	**(9,212)**	(11,930)	**(9,401)**	(12,511)
At 31 March	**22,297**	31,509	**18,038**	27,439
Broken down into:				
Cash at commercial banks and in hand	**715**	1,019	**369**	522
Cash with Government Banking Service	**17,669**	26,917	**17,669**	26,917
Charity cash at commercial banks	**3,913**	3,573	**0**	0
Total cash and cash equivalents as in statement of financial positio	**22,297**	31,509	**18,038**	27,439

The Trust and Group cash balances are held with RBS Natwest and Lloyds Banking Group. These are considered low risk institutions. Within the commercial bank is £40,000 of patient monies. This value is also reflected in other payables.

16. Trade and other payables

Current - Group	**Total 31 March 2025 £000**	Total 31 March 2024 £000
Trade payables	**9,698**	10,515
Capital payables	**8,726**	7,580
Social security costs	**4,615**	4,615
Value added tax payable	**0**	0
Other taxes payable	**352**	347
Other payables	**121**	42
Pension Contribution payables*	**2,673**	2,505
NHS charitable funds: trade and other payables	**379**	241
Accruals	**22,603**	21,980
Annual leave accrual	**573**	2,197
Total current trade and other payables	**49,740**	50,022
Of which payables from NHS and DHSC group bodies:		
Current	**10,127**	8,853

Current - Trust		
Trade payables	**7,564**	7,270
Amount due to subsidiary company	**19,121**	19,855
Capital payables	**3,408**	1,586
Social security costs	**4,414**	4,426
Value added tax payable	**0**	0
Other taxes payable	**267**	264
Other payables	**122**	67
Pension Contribution payables*	**2,629**	2,458
Accruals	**21,078**	20,668
Annual leave accrual	**573**	2,197
Total current trade and other payables	**59,176**	58,791
Of which payables from NHS and DHSC group bodies:		
Current	**9,924**	8,653

17. Borrowings

	Group 31 March 2025 £000	Group 31 March 2024 £000	**Trust 31 March 2025 £000**	Trust 31 March 2024 £000
Current liabilities				
Obligations under lease obligations	**670**	683	**1,620**	1,601
Total Other current liabilities	**670**	683	**1,620**	1,601
Non-current liabilities				
Obligations under finance leases	**225**	867	**21,542**	23,133
Total Other non-current liabilities	**225**	867	**21,542**	23,133

Reconciliation of liabilities arising from financing activities

	£000	£000	**£000**	£000
Carrying value at 1 April	**1,550**	2,041	**24,734**	26,112
Cash movements:				
Financing cash flows - payments and receipts of principa	**(666)**	(704)	**(1,583)**	(1,590)
Financing cash flows - payments of interest	**(14)**	(17)	**(798)**	(832)
Non-cash movements:				
Impact of implementing IFRS16 on 1st April 2022	**0**	0	**0**	0
Additions	**50**	234	**50**	234
Application of effective interest rate (interest charge arising in year)	**14**	17	**798**	831
Termination of lease	**(39)**	(21)	**(39)**	(21)
Closing value as at 31 March	**895**	1,550	**23,162**	24,734

The additional obligation under finance leases in the Trust (£22,266,000) 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 2024	**870**	**472**	**142**	**256**
Change in the discount rate	**(4)**	**0**	**(1)**	**(3)**
Arising during the year	**69**	**0**	**4**	**65**
Utilised during the year - accruals	**(361)**	**(353)**	**(3)**	**(5)**
Utilised during the year - cash	**(14)**	**0**	**0**	**(14)**
Reversed unused revenue	**(119)**	**(119)**	**0**	**0**
Unwinding of discount	**10**	**0**	**7**	**3**
At 31 March 2025	**451**	**0**	**149**	**302**
Expected timing of cash flows:				
- not later than one year;	**187**	**0**	**3**	**184**
- later than one year and not later than five years;	**80**	**0**	**6**	**74**
- later than five years.	**184**	**0**	**140**	**44**
Total	**451**	**0**	**149**	**302**

Clinical negligence liabilities

At 31 March 2025, £123,164,131 was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnsley Hospital NHS Foundation Trust (31 March 2024: £92,691,818).

19. Other liabilities

Group and Trust	**31 March 2025**	31 March 2024
	£000	£000
Deferred income: contract liabilities	**(2,791)**	(4,922)
Total	**(2,791)**	(4,922)

20. Revaluation Reserve

Group and Trust	**Total Revaluation Reserve**	**Revaluation Reserve Intangibles**	**Revaluation Reserve Property Plant and Equipment**
2024/25	**£000**	**£000**	**£000**
Revaluation reserve at 1 April 2024	**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 2025	**1,793**	**120**	**1,673**
2023/24			
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 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 31 March 2025 £000	Group 31 March 2024 £000	**Trust 31 March 2025 £000**	Trust 31 March 2024 £000
Property, plant and equipment	**5,024**	2,253	**0**	0
Intangible assets	**0**	0	**0**	0
Total	**5,024**	2,253	**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 2025 £000**	31 March 2024 £000
- Not later than one year	**6,312**	8,034
- Later than one year and not later than five years	**18,785**	7,867
- Later than five years	**301**	796
Total	**25,398**	16,697

Trust	**31 March 2025 £000**	31 March 2024 £000
- Not later than one year	**1,499**	3,562
- Later than one year and not later than five years	**3,346**	4,695
- Later than five years	**0**	71
Total	**4,845**	8,328

22. Events after the reporting date

There have been no events after the reporting period.

23. Contingent Liabilities

	31 March 2025 £000	31 March 2024 £000
NHS Resolution legal claims **Note 1**	**28**	36
Net value of contingent liability	**28**	36

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 2024/25: 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 and NHS Resolution.

In addition, the Trust has had a significant number of material transactions in the ordinary course of its business with other Government Departments and other central and local Government bodies. Most of those transactions have been with his 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:

	2024/25	2023/24
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive directors	**1,272**	1,064
- Non-executive directors	**156**	158
	1,428	1,222
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive directors	**147**	128
Aggregate of remuneration and other benefits receivable by the directors	**1,575**	1,350
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive directors)	**7**	8

25. Financial Instruments

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

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

Currency risk

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

Credit Risk

Exposure to risk -The majority of the Trust's income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non- NHS customers form only a small proportion of total income and the majority of those customers are organisations that are unlikely to cease trading in the short term of default on payments (e.g. councils, universities, etc).

Managing risk -To manage credit risk, the Trust has documented debt collection procedures that ensures its finance staff are adequately trained and resourced. Potential payment defaulters are identified at an early stage and appropriate action is taken on a timely basis.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds according to it treasury management policy. The Trust is not, therefore, exposed to significant liquidity risks in relation to maturity of the financial instruments.

Interest Rate Risk

All of the Trust's financial assets and all of its financial liabilities carry nil or fixed rates of interest. Barnsley Hospital NHS Foundation Trust is not, therefore, exposed to significant interest-rate risk.

25. Financial Instruments (continued)

	Group 31 March 2025 £000	Group 31 March 2024 £000	**Trust 31 March 2025 £000**	Trust 31 March 2024 £000
Carrying values of financial assets				
Receivables	**12,165**	8,442	**11,949**	8,191
Other investments/financial assets	**0**	0	**18,350**	19,105
Cash and cash equivalents	**18,384**	27,936	**18,038**	27,439
Consolidated NHS Charitable fund financial assets	**3,934**	3,598	**0**	0
Total	**34,483**	39,976	**48,337**	54,735

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

Carrying values of financial liabilities				
Obligations under finance leases	**895**	1,550	**23,162**	24,734
Trade and other payables excluding non financial liabilities	**41,027**	40,075	**32,050**	48,677
Total	**41,922**	41,625	**55,212**	73,411

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	**41,697**	40,758	**34,422**	50,278
In more than one year but not more than five years	**232**	886	**7,040**	4,870
In more than five years	**0**	0	**21,132**	18,263
Total	**41,929**	41,644	**62,594**	73,411

26. Third party assets held by the Trust

The Trust held £40,117 in cash equivalents at 31 March 2025 (£946 as at 31 March 2024) which relates to monies by the Trust on behalf of patients. This is included in the cash and cash equivalents figure reported in the held accounts and also in other payables.

27. Losses and Special Payments

Group and Trust	**2024/25**	**2024/25**	2023/24	2023/24
Losses:	**Total number of cases**	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000's**	Number	£000's
1. Losses of cash due to:				
a. overpayment of salaries	**8**	**1**	0	0
b. other causes	**1**	**0**	3	0
2. Bad debts and claims abandoned in relation to:				
a. overseas visitors	**18**	**99**	11	34
b. other	**454**	**461**	154	174
3. Damage to buildings, property (including store losses) due to				
a. other	**47**	**53**	48	166
Total losses	**528**	**614**	216	374
Special Payments				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**18**	**6**	17	5
b. personal injury with advice	**11**	**32**	9	16
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	**0**	**0**	2	1
Total Special Payments	**29**	**38**	28	22
Total Losses and Special Payments	**557**	**652**	244	396

28. Pension Costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. 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.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

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.

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust ("the Trust") for the year ended 31 March 2025 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers' Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Group and the Trust as at 31 March 2025 and of the Group's and the Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2025 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

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

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

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

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

We did not identify any additional fraud risks.

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

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals containing unusual cash and expenditure combinations and journal entries posted by senior finance staff.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Assessing the completeness of recorded expenditure through inspecting a sample of expenditure invoices around the year end and carrying out a search for unrecorded liabilities to determine whether expenditure had been recognised in the correct period.

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

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

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

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

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

Secondly, the Group is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery and employment law recognising the nature of the Group's and the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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

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

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

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

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

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25, except in relation to the Directors' and senior managers pension benefit disclosure. The Trust has been unable obtain the pension data required to be disclosed for one of its directors.

Accounting Officer's and Audit Committee's responsibilities

As explained more fully in the statement set out on page 174, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Group and the Trust or dissolve the Group and the Trust without the transfer of their services to another public sector entity.

The Audit Committee is responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 174, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the Trust has achieved value for money during the year.

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

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006; or

- we make a referral to the Regulator under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

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

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

DELAY IN CERTIFICATION OF COMPLETION OF THE AUDIT

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the trust accounts consolidation pack of the Trust for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of Barnsley Hospital NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the NAO Code of Audit Practice.

Christopher Paisley

for and on behalf of KPMG LLP
Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE
27 June 2025