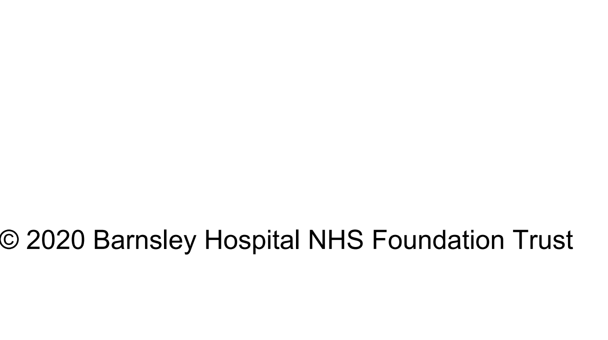
Annual Report & Accounts

1 April 2019 - 31 March 2020

Barnsley Hospital NHS Foundation Trust

Annual Report and Accounts
1 April 2019 to 31 March 2020

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



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Performance Report

Proud to Care

Performance Report

The purpose of this section of the report is to provide a short summary of Barnsley hospital NHS Foundation Trust, our purpose, the key risks to achievement of our objectives and how The Trust has performed during the reporting period.

About Barnsley Hospital

Barnsley Hospital NHS Foundation Trust is a district general hospital built in the 1970s and serving a population of approximately a quarter of a million people within the areas served by Barnsley Metropolitan Borough Council.

The hospital provides a full range of district hospital services to the local community and surrounding area. These services include emergency and intensive care, medical and surgical care, elderly care, paediatric and maternity services, along with diagnostic and clinical support. The Trust provides a number of specialised services, such as cancer and surgical services in partnership with other NHS organisations. The Trust also provides national assistive technology services. Barnsley Assistive Technology is a nationally recognised specialised service that works with other professionals in local teams to provide electronic assistive technology. The service works with a wide range of electronic assistive technologies and with a wide range of individuals with severe disabilities.

The Trust's principal commissioner is Barnsley Clinical Commissioning Group (CCG), which is responsible for commissioning health services for the population of Barnsley.

Operationally, the Trust has three Clinical Business Units (CBUs) and a Corporate Services Unit. Each CBU is led by a team made up of a Clinical Director, an Associate Director of Nursing/Midwifery and an Associate Director of Operations, who are supported by a Matron, Clinical Lead and Service Manager together with human resources, finance and data analyst teams. The CBU operational structure in 2019-20 comprised Medicine; Surgery & Critical Care; and Women's, Children's and Clinical Support Services, supported by the Corporate Services Unit.

Our 4,064 whole time equivalent employees (Trust and BFS staff as of 31 March 2019) are supported by a People Strategy which focus on the physical health and emotional wellbeing of staff, as well as a dedicated learning and development programme and a fully equipped Education Centre.

Trust Organisational Structure

Trust Board ··· **Barnsley Facilities Services**

Council of Governors ··· **Chairman** ··· **Non-Executive Directors (NED)**

Council of Governors
- 17 public Governors
- 5 staff Governors
- 7 partner Governors

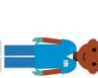
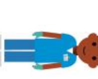
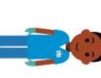
Chairman
Trevor Lake

Non-Executive Directors (NED)
- Sue Ellis
- Keely Firth
- Philip Hudson
- Nicholas Mapstone
- Rosalyn Moore
- Francis Patton
- Kevin Clifford (Associate NED)

Chief Executive Officer
Dr Richard Jenkins

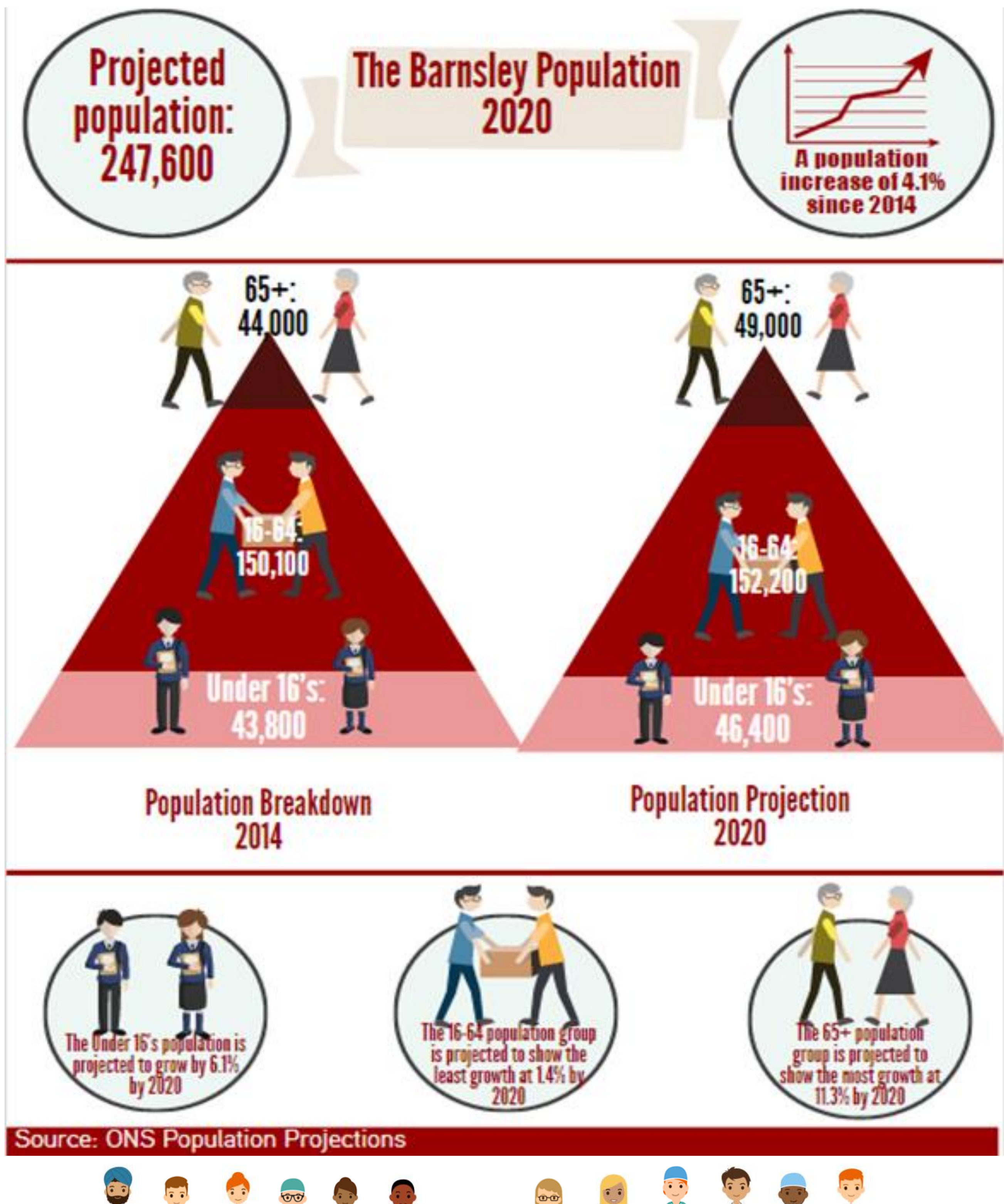
Director of Finance **Chris Thickett** Deputy Director of Finance **Robert Paskell**	Medical Director **Dr Simon Enright** Deputy Medical Director **Mr Jeremy Bannister** Deputy Medical Director **Dr Jo Beahan**	Chief Delivery Officer & Deputy CEO **Bob Kirton** Deputy Director of Operations **Andrew Potts** Deputy Director of Nursing (Operations) **Abigail Trainer**	Director of Nursing and Quality **Jackie Murphy** Deputy Director of Nursing (Operations) **Abigail Trainer** Deputy Director of Nursing (Corporate) **Rebecca Hoskins**	Director of Workforce **Steven Ned**	Director of ICT **Tom Davidson**	Director of Marketing and Communication **Emma Parkes**
Business Development Planning Financial and Contract Planning Finance Directorate Cost Improvement	GP/Consultant forums Patient Safety Professional Lead for Doctors Research and Development Clinical Audit Medical Staffing Medical Education Pharmacy Quality Improvement	Operational Delivery of all Services Strategy Emergency Planning Cancer Services Performance Management Health and Safety Outpatients Portfolio Management Office Theatres Bed Management Patient Flow Urgent and Emergency Care	Chaplaincy Legal Services Infection Control Nursing Directorate Patient Experience and Complaints Patient Safety and Quality Professional Lead Nurses and Midwives Volunteers Risk Management Governance Professional Development (AHPs)	Capacity and Learning/ Resource Development Workforce Planning and Information Human Resources (HR) Occupational Health Organisational Development Training	IG and Clinical Application Management Management Information Services Clinical Coding Information Technology	Communications Marketing Membership Fundraising Engagement Media Barnsley Hospital Charity

■ Members of Board of Directors

Local Health and Care Community

The health of people in Barnsley is affected by local deprivation factors. Barnsley is the 38th most deprived local authority of the 317 in England (2019 data). Premature death from chronic diseases such as cancer, cardiovascular disease and lung disease is strongly linked to deprivation. The resident population is shown below.



Our Vision

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

Our Values and Behaviours

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

Our values and associated behaviours are:

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

In July 2019, the Trust celebrated the NHS values and those of the hospital by participating in national NHS Values Week.

We have developed a series of leadership behaviours and competencies to support our values and behaviours:

What..? Ensure that staff are compliant with mandatory and statutory training.

Why..? Staff are trained appropriately in order to maintain their own and patient safety.

We like to see: Staff given time to complete their mandatory and statutory training.

We don't like to see: Ignoring out of date training. Using 'no time' as an excuse not to release staff for training.

What..? Create an environment of support and nurture.

Why..? Staff will engage in doing things differently if they feel supported by their manager.

We like to see: Support provided to staff when things don't go to plan, to celebrate what went well and share learning.

We don't like to see: An environment of fear, blame and punishment.

What..? Role model behaviours that aspire to excellence in all aspects of work.

Why..? Quality and productivity is high and produces a culture of excellence.

We like to see: Support staff to excel, innovate and collaborate. Poor performance is challenged. Balanced feedback and celebration of success.

We don't like to see: Poor performance of myself and others ignored. A culture of negativity.

What..? Ensure that staff talent is nurtured.

Why..? Staff will be constantly learning and developing. Staff will be encouraged to stretch and challenge themselves in their day to day work.

We like to see: All staff will have developmental and aspirational objectives identified at appraisal. All staff can identify the variety of ways that development opportunities can be identified and accessed.

We don't like to see: Talent not being nurtured. Avoiding agreeing SMART developmental objectives at appraisals and 1:1's.

What..? Encouraging staff to engage with staff surveys and engagement initiatives.

Why..? Engagement provides staff with a voice. Staff feedback highlights good practice and areas for change.

We like to see: Positive communication which encourages staff, highlights the importance of feedback. Discussion of the staff survey results.

We don't like to see: Positional power used to intentionally withhold information, or to provide dishonest feedback from surveys or engagement activities.

What..? Encourage all staff to be open, transparent, empowered and enquiring to enable them to achieve team goals

Why..? Staff will be engaged, and focussed on achieving objectives.

We like to see: Staff encouraged to discuss new ways of working in a collaborative manner. A focus on achieving team objectives. Staff free to speak up to raise concerns as soon as they're identified.

We don't like to see: Relevant information withheld. A culture of blame. Concerns ignored.

What..? Conduct 1:1 meetings with every staff member each month.

Why..? Staff will receive regular feedback about their performance, and staff can share concerns. Success can be celebrated.

We like to see: Document monthly 1:1 confidential meetings.

We don't like to see: People to be told off or demoralised. Private conversations to be shared with other members of staff.

What..? Help staff to achieve a work life balance.

Why..? Staff feel happy and motivated in their work, managers support their health and well-being.

We like to see: Duties fairly allocated, and fair duty rotas. The flexible working policy to be used, and support for staff to manage their workload.

We don't like to see: Staff encouraged to work on their days off. Unfair rotas and annual leave approval.

Chairman and Chief Executive's Report

Trevor Lake, Chairman **Dr Richard Jenkins, Chief Executive**

Our Performance in 2019-20

Operational Performance

We are pleased to report strong clinical and operational performance during 2019-20 despite substantial growth in the elective referrals and emergency attendances. Excellent patient access was delivered as demonstrated by achievement of the mandated standards of 18 week treatment for elective care, 62 day treatment for cancer care, and 6 week access to diagnostic services. The Trust was on course to achieve the four hour emergency care standard until early onset of winter caused a reduction in performance which was then compounded by the impact of Covid-19 at the end of the year.

Emergency Care

The four hour emergency access standard was not delivered in 2019-20 with performance of 91.5% against the standard of 95% of patients being admitted or discharged within four hours. Strong performance was maintained until November despite growth of around 5% in Emergency Department attendances and non-elective admissions.

Despite not achieving the standard, Barnsley Hospital was consistently one of the top ten trusts in England including being the highest performing trust in October 2019. The early onset of winter made achievement of the target particularly challenging and the Trust's ability to recover was compromised by the impact of Covid-19.

The Trust commenced the implementation of plans to improve the patient experience in the Emergency Department and provide increased capacity and resilience. Medical and nurse staffing was reviewed the teams were expanded to reflect the growth in the number of patient attendances. Work also started on a new Paediatric Emergency Department and Children's Assessment Unit which is planned to be completed in 2020-21 and will provide expanded and purpose designed facilities and enable improved care.

Cancelled Operations

The number of cancelled operations in 2019-20 was low. The Trust's required standard of less than 0.8% of operations being cancelled was met in all four quarters despite the challenges arising from the loss of an operating theatre for almost the whole year due to the replacement of the operating theatre air handling unit.

18-Week Referral to Treatment (RTT) Patient Pathway

The RTT waiting time standard was achieved for the year as a whole with performance of 93.6% against the standard of 92%. The standard was met every month during 2019-20 other than in March 2020 when most elective surgery had to be cancelled as a result of the Covid-19 pandemic.

Despite substantial growth in referrals, the Trust's performance demonstrated an effective approach to ensuring timely access by patients to initial assessment, diagnostic tests, and treatment. Barnsley Hospital was in the top eight performing trusts in England throughout the year.

Cancer Access Target: Urgent GP referrals seen within two weeks

The Trust fell fractionally short of achieving this target in 2019-20 with 92.8% of patients seen within two weeks against the target of 93%. This level of performance was despite a 5% increase in referrals, with referral growth being particularly pronounced for suspected lower-gastrointestinal cancer and breast cancer.

In response to this referral growth additional medical posts were established in colorectal surgery and breast surgery and the colorectal nurse specialist team was also increased. Straight to test pathways were implemented over the course of the year for lower-gastrointestinal, upper gastrointestinal, lung, and urology referrals. This reduced waiting times for patients and the number of outpatient appointments required. Forecasting tools were used in a number of specialties to inform capacity planning and ensure sufficient clinic appointments were available during periods of peak demand.

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

The Trust achieved the 62 day standard with 85.2% of patients commencing treatment within 62 days. This demonstrated effective coordination of complex patient pathways in order to reduce the time to cancer treatment. The Trust's performance was the fifth best in England out of 128 trusts.

In addition to the implementation of straight to test approaches, improvements were made to urology patient pathways to reduce waiting times for biopsies and for decisions at multi-disciplinary team meetings. A pathway for high risk prostate patient was introduced enabling investigations to be undertaken on a single visit to hospital. A streamlined head and neck lump pathway was also agreed.

Cancer Access Target: First treatment within 31 days

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

Diagnostic Tests

The Trust maintained excellent access to diagnostic tests achieving the six weeks target for tests in every month during 2019-20. The proportion of tests not provided within six weeks did not exceed 0.5% in any month.

Coronavirus (Covid-19)

In quarter 4 of 2019-20 the Trust, along with the NHS nationally, had to work differently at all levels to be able to care for patients with and protect staff and the public from Coronavirus (Covid-19).

We would like to thank our staff for their continued commitment and dedication and our patients and the general public for their understanding, patience and cooperation at such a difficult time.

During this time, the Trust undertook a series of actions to ensure patients and staff were safe within the hospital. These included, but are not limited to:

Temporary Service Relocation

Emergency Children's Surgery

As part of our response to the Covid-19 pandemic, in partnership with other hospitals and commissioners in South Yorkshire and Bassetlaw, all emergency children's surgery that would ordinarily have taken place at Barnsley Hospital was moved temporarily to Sheffield Children's Hospital for the duration of the Covid-19 period. The exception was children who have very time-critical conditions. This change was developed with input and support from paediatricians, managers, nurses from all Trusts, including ours, and NHS transport services. All other local children's services continued as normal.

The Acorn Unit

All patients in the Acorn Unit, which provided rehabilitation care, were temporarily moved out of hospital to receive their care in a community setting.

Outpatients Phlebotomy Relocation

The Phlebotomy Outpatients Department at Barnsley Hospital was temporarily relocated off the hospital site in support of social distancing guidance and to protect our vulnerable patients who require vital blood tests.

Service Developments to support Covid-19 Positive Patients

'Hot and Cold' Emergency Department

To protect staff and patients during the Covid-19 outbreak new arrangements were put into operation at the front entrance of the Emergency Department to separate suspected Covid-19 patients and non-Covid-19 patients. All patients visiting the Emergency Department were directed to an external reception area to receive an initial assessment. This area is staffed by a consultant and nurse 24 hours a day, with social distancing measures in place within this area. Patients were then directed to the area dedicated to support patients with Covid-19 symptoms via the existing Emergency Department entrance; assessed by the Consultant and if possible sent home without having to enter the hospital; or directed to a new entrance to a completely separate Emergency Department area dedicated for patients not showing signs of coronavirus. This change applied to both children and adult emergency care.

New critical care landing

A new critical care landing was created to provide an 8 bed respiratory care unit and 44 critical care beds.

Infection Prevention Control in support of Covid-19

Effective infection prevention and control was vital to support the Trust's efforts in caring for patients with Covid-19. The Trust put into place the following measures, safeguards and support for staff during this time.

Clinical

- Provided infection prevention and control advice to staff and patients.
- Took action on all positive in-patient results, giving advice and support to staff on how to manage care.
- Supported care homes and GP practices with advice, support and outbreak management in line with the current contract.
- Conducted a daily ward round with the Consultant Microbiologist on all wards with patients positive for Covid-19.

Training

- Provided training on the correct use of personal protective equipment (PPE) to clinical and non-clinical staff.
- Provided training on the correct process of donning and doffing PPE, working with the Communications team to ensure on and off line resources regarding training were available.
- Undertook mask fit testing of staff and increased the 'train the trainer' programme in relation to mask fit testing.

Operational

- Worked with the Emergency Department to devise a process of patient swabbing that was safe for staff and patients, ensuring that practice was in line with Infection Prevention Control and Public Health England guidelines whilst maintaining pathways and protecting front line services.
- Collaborated with the CBU's to develop standard operating procedures including patient swabbing, staff screening, patient admission pathways and the safe discharge of patients.
- Liaised with the Communications team to ensure that infection prevention and control advice was available to staff through a variety of accessible formats.
- Worked alongside procurement to source alternative PPE
- Reviewed donated PPE to ensure the products are fit for purpose.
- Liaised with Barnsley Facilities Services (BFS) to source portable hand wash basins and place on the entrance/exit to several wards to improve hand hygiene following the removal of PPE.
- Liaised with outside agencies to provide assistance with the mask fit testing programme.
- Supported the rapid turnaround of a new intensive care unit (ICU) to accommodate an increase in ICU beds maintaining compliance with infection prevention and control policies.
- Liaised with the mortuary team regarding care of the deceased patient.
- Liaised with Silver Command on the numbers of Covid-19 positive in-patients.
- Maintain a Covid-19 database and daily updates from the Trust.

Utilising Technology

E-Midwife Facebook Service

Barnsley Hospital introduced a new digital suite of video consultations between staff and patients to ensure that communication between mum and midwife can continue throughout the pregnancy. The Barnsley Hospital E-Midwife profile on Facebook is run by our experienced midwives. It allows women to get in touch electronically via the messenger service for non-urgent queries and enables the maternity service to post the most up to date, reliable information for women and also continue to post important health and wellbeing information relating to pregnancy. The Barnsley Hospital E-Midwife can respond to queries and concerns on other posts and pages reassuring women that this is a reliable source of information monitored by a qualified midwife.

Outpatient Services

Barnsley Hospital was able to provide both telephone and video consultations in order to minimise face to face contact between patients and clinicians, without compromising on the quality of care given.

Infrastructure and Governance

Barnsley Hospital made full use of technology to ensure effective communication between teams internally, externally with patients and the public and to link with our partners in Barnsley and South Yorkshire and Bassetlaw.

Support for Patients

Keeping in touch with loved ones

Our Patient Experience Team supported supporting a number of initiatives to help families and loved ones in hospital stay in touch. These included:

- Personal message cards were created and placed inside one of the hospital's 'rainbow' message cards and hand delivered to the patient.
- The hospital supported video calls with patients and their families during the reduced visiting hours.
- Family and friends were encouraged to communicate directly with inpatients directly by using a mobile phone.

Support and Wellbeing for Staff

A significant amount of support was put into place to support colleagues working through Covid-19. Our Health and Wellbeing team worked to support everyone through this difficult time. A helpline established by the Occupational Health & Wellbeing Service provided psychological and emotional support to staff.

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Service Delivery and Development

Enhanced Children's Emergency Services

Construction began in September 2019 at Barnsley Hospital on a new co-located Emergency Department (ED) and Assessment Unit for children.

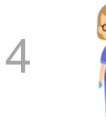
The new build Children's Assessment Unit (CAU) and children's ED is being constructed on the front of the current Emergency Department and will also see a 50% increase in adult bays within the department.

The existing ED was designed for around 150 patients a day, while the Trust currently sees attendances in excess of 300 per day, so the new scheme is aligned with regional and national ambitions to future-proof local hospital services.

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

Currently, Barnsley has a children's assessment unit and ward area which is separate to the children's emergency department. The new plans will see staff caring for children in two areas of the hospital instead of three, meaning more time can be spent with patients and less time walking between departments for both patients and staff.

The new development will see an increased amount of space for the children's emergency department and the children's assessment unit in a co-located new building so that teams can work much more closely together in brand new facilities which will be open 24 hours a day, seven days a week. Phase 2 of the development temporarily closed down the site during the Covid-19 pandemic however completion of the build is expected in 2020-21



Investment in Technology

Barnsley Hospital has invested in a new 3D camera system to make keyhole surgery (laparoscopy) quicker and easier for patients and surgeons. The camera system is cutting edge technology and Barnsley is now able to offer 3D laparoscopy surgery.

The EinsteinVision 3D camera system consists of a high definition camera used for minimally invasive (keyhole) surgery. It displays 3D images as well as conventional 2D images via an endoscope - a flexible tube with a light and camera attached to it used for example, to view pictures of the digestive tract on a colour TV monitor.

The camera system also has technology which eliminates moisture from the tip of the endoscope, a problem sometimes associated with conventional endoscopic camera systems.

The combined features of 3D images with heated endoscopes enables faster surgery, resulting in reduced anaesthesia for patients. More complex procedures can be performed by keyhole approach reducing the need for much more invasive, open surgical techniques. This ensures minimal hospital stays for patients, reduced post-operative pain, faster recovery, and quicker return home.

The camera is user friendly meaning a reduced learning curve for surgeons and junior surgeons in training. Surgeons also report that they experience less fatigue when performing complex surgery using the EinsteinVision 3D camera because they are viewing images in 3D and can see all the internal structures more clearly.

Expansion of the Physiotherapy Service

Innovations in the Physiotherapy team have improved patient experience and quality of care, resulting in reduced length of stay on the wards after patients are discharged from intensive care.

The team recruited an additional Specialist Physiotherapist to enable more flexible and focussed working. Having an increased presence on the Intensive Care Unit has enhanced the multidisciplinary team, working together more closely to develop patient treatment plans.

The improved level of rehabilitation now provided, in line with national standards, has resulted in patients leaving the unit physically stronger. Patients also generated very positive feedback comments within a feedback survey.

A Smoke Free Hospital

On World No Tobacco Day, 31 March 2019, Barnsley Hospital launched the QUIT Programme alongside reinvigorating the hospital site as smoke free.

No-one in the hospital should be exposed to second-hand smoke or cigarette litter. All patients, staff and visitors to the hospital are asked not to smoke on or around the site.

Barnsley Hospital aims to support everybody who smokes to stop, including staff and patients at the hospital and create a hospital free from tobacco and smoking.

The QUIT programme is more than a smoke free site for patients and staff.

It involves a cultural shift in the hospital's role in proactively supporting patients to quit smoking based on four steps:

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

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

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

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

All smokers who are admitted as patients are advised that the site is smoke free and as part of their hospital care and treatment they will be offered nicotine replacement therapy and referred to local stop smoking services. Research shows that up to 25 percent of patients in hospitals smoke and they actually expect health professionals to raise the issue with them. Supporting them with nicotine replacement medication means they are much more likely to quit for good.

Midwife of the Year Award 2019

Barnsley Hospital Midwife Lisa Rich was recognised in her profession by being awarded the Bereavement Midwife of the Year award in 2019 by Charlie's Angel Centre, a charity that provides support and aftercare for bereaved parents and families.

The accolade was presented for her work in supporting families, who have unfortunately suffered the death of a baby during pregnancy or shortly after birth. Lisa was nominated by families who she has supported through the Maternity Bereavement service at Barnsley Hospital, receiving tributes for her support and dedication.

Lisa's inspiring work went above and beyond. Alongside her wonderful day-to-day duties, she found innovative solutions, helping families to find further support networks to help access counseling after such trauma. Additionally she set up a peer support group within closed social media channels where families could support one another and share experiences.

Nurse of the Year Award 2019

Lead Nurse Louise Gallagher received the prestigious Chief Nursing Officer Silver Award in 2019. The Silver and Gold Awards were introduced by the NHS in 2019 to recognise performance which goes above and beyond expectations.

Louise was presented the award by Margaret Kitching, Chief Nurse, North East and North West NHS England/NHS Improvement at a surprise presentation at the hospital's annual Nursing and Midwifery Conference.

Louise was nominated for the award by her senior nursing team. Louise works in elderly care and is making Barnsley Hospital a place where other people now also want to work. She provides outstanding care and leadership for her team.

Barnsley Hospital as a Sustainable Organisation

As a healthcare organisation, Barnsley Hospital is working hard to protect the public's health from air pollution. The Trust is taking action to reduce staff dependence on using cars to travel to and from work and has taken measures such as installing electric vehicle points in the hospital, encouraging car share schemes, and increasing the number of bike lockers on site. The hospital is also reviewing its Active Travel Plan.

Barnsley Hospital is an official supporter of Clean Air Day, the nation's largest air pollution awareness campaign which this year had a theme of anti-idling. Anti-idling encourages people to turn their car engines off and not sit stationary for long periods with the engine running. On Clean Air Day in June 2019 the Trust was among 3,200 organisations in England that took part. On the day, the hospital had an air pollution information stand and Councillor Jim Andrews, Deputy Leader of Barnsley Council, visited the hospital to support the event while hospital staff were encouraged to make a Clean Air Day pledge.

Additionally, Barnsley Hospital is signed up to the Clean Air Hospital Framework. This is an initiative led by the charity Global Action Plan. The project's aim is to help all hospitals in the country minimise the air pollution they cause and give health advice to their patients so that they know how to protect themselves against air pollution.

The Clean Air Hospital Framework suggests hospitals lead in tackling air pollution and show what we should expect from every workplace, particularly those sites causing much more pollution than hospitals. The framework is supported by the NHS Sustainable Development Unit, NHS Improvement, NHS England and the Department for Health and Social Care.

STARS of Active Travel

Mayor of Barnsley Pauline Markham and the Mayor's Consort Larry Markham visited Barnsley Hospital in March 2020 to present a national award recognising its effort in sustainable travel.

The Trust won the Modeshift STARS national bronze award for travel initiatives such as installing electric vehicle charging points, switching the Trust's diesel van to electric, increasing uptake of electric and hybrid vehicles and investing in new bike lockers, a refurbished changing room, free electric loan bikes, free bike repairs and free travel passes. The Trust continues to look at areas where we can make further improvements to become more sustainable.

NHS Staff Survey and Staff Engagement

We're really pleased with our progress and the positive steps we are taking to make everyone's experience of working at Barnsley Hospital the best it can it be. This is the third year in a row that we have seen improvements in our survey findings. We know there are still some things we can improve on but staff feedback has told us we are going in the right direction.

The survey is split into eleven core themes. We were as good as, or better than average, across all NHS trusts in England for each theme, these being:

- Quality of Care
- Equality, Diversity and Inclusion
- Health and Wellbeing
- Safety Culture
- Morale
- Quality of appraisals
- Safe Environment (bullying and harassment)
- Safe environment (violence)
- Staff Engagement
- Immediate Managers
- Team working

Our key headline results from those who responded to the survey are:

What staff think about the Trust

- 76.6% of staff agree patient care is our top priority
- 64% of survey questions were scored more positively by staff this year
- 69.1% of staff would recommend Barnsley Hospital as a place to work
- 70.7% of staff would be happy to have a friend or relative to come and be treated here

Key improvements since last year

- The organisation acts fairly when it comes to career progression
- Staff have adequate materials, supplies and equipment to do their job
- We are making adequate reasonable adjustments for our staff who have a disability
- Staff are not working as many additional unpaid hours per week over and above contracted hours.
- Significant improvements in equality and diversity. The Trust was the best rated trust in its peer group within England in this category.

Our core strengths

- Staff have had an appraisal review in the last 12 months.
- Staff are given feedback about changes made in response to reported errors/near misses/incidents.
- Staff are unlikely to look for another job at a new organisation in the next 12 months.
- The organisation acts fairly on career progression

Areas where we aspire to do better

- My appraisal/review helped me improve how I do my job
- I often/ always look forward to going to work
- Being able to make improvements happen in my area
- Coming to work when not feeling well enough to perform my duties

Our results show some real improvements in how it feels to work at our hospital since our 2018 survey and we are making progress towards our aspiration that Barnsley hospital should be an outstanding place to work, for everyone. However, the survey shows that for some people the experience of working here is not always as good as we would want it to be. So whilst this is a positive survey, we know there is further work to do. Additional information about our results and our future plans is on page 80.

Supporting our work to engage with our staff, our new Team Brief questions process, enables anyone within the Trust to ask an anonymous question and be guaranteed an answer. Over the year, 303 anonymous Team Brief questions were both asked and answered.

Health and Wellbeing

A Health and Wellbeing Fayre for NHS workers at Barnsley Hospital in January 2020 supported staff with learning innovative ways to look after their own health.

The event at the hospital's education centre was supported by a range of internal and external agencies around the theme of mental health. Those with stands included Barnsley Sexual Abuse and Rape Crisis Services, Independent Domestic Abuse Service and Neyber – an organisation which allows employees to access free financial benefits.

Among others attending were Remploy, which provides employment placement services for disabled people, Barnsley Bereavement Service, The Well/Cancer Services, and Barnsley Beacon Support Services which helps parents, friends and carers of substance misusers. There were also hand massages and a yoga taster session. As a result of staff feedback, a weekly yoga session is now available on site for hospital staff.

Innovations in Supportive Therapy

Animal therapy is routinely used in supporting the recovery of patients in health and care settings. In 2019, Flora the therapy dog joined the team supporting patients at Barnsley Hospital.

Intensive care can feel like a daunting place to patients. One of the things that can offer reassurance and comfort is seeing a friendly dog. 'Flora' is registered with a pet therapy charity and since the beginning of November 2019 has been visiting the hospital once a week to see intensive care patients who have expressed a wish to interact with a therapy dog.

Flora stays ten to 15 minutes with each patient and a staff member throughout the visits. Feedback from patients has been positive. In the critical care environment, Flora brings sense of comfort and security to people especially when they've got their own dogs at home. It improves their mood and reduces pain.

Two Nurses selected for Prestigious Leadership Programme

Two of our nurses were awarded scholarships delivered by the prestigious Florence Nightingale Foundation in the year.

2019 was the first year the Foundation has opened the scholarships to nursing associates. Nurse associate Jessica Jackson has become one of 70 Nurse Associates in the country to receive the scholarship.

Claire Lawson, Advanced Nurse Practitioner Claire will receive funding from the Florence Nightingale Foundation sponsored by the Burdett Trust for Nursing, investing in leadership skills. This will enable Claire to travel to Harvard in Boston to complete a unique leadership course and develop her skills further. Claire is attached to senior NHS mentors throughout her Scholarship. Claire will complete and publish an improvement project as part of her scholarship work to benefit patients in Barnsley by working closely with colleagues to develop a fracture liaison service to improve outcomes for fragility fracture patients and raising awareness to improve outcomes for frail trauma patients.

Infection Control

In the year, we had 22 hospital acquired cases of Clostridium difficile against a target of no more than 19. We had 0 MRSA bacteraemia within the period against a target of 0. The Trust has reviewed all cases to ensure any learning has been shared appropriately with the relevant staff. Our wider programme of work on infection control on areas such as e-coli and line infections continue to operate well.

The Trust actively participated in World Antibiotic Awareness Week in November 2019. The theme of "The future of antibiotics depends on us all" was promoted to raise awareness of antibiotic resistance and encourage best practices among communities, policy makers and health workers in both the human and animal health fields.

Whistleblowing and Raising Concerns

At Barnsley Hospital we remain committed to creating a culture where staff feel comfortable and empowered to raise concerns in the knowledge that this will be taken seriously. Our Freedom to Speak up Guardian has undertaken a significant amount of work in this area, encouraging a culture where speaking up is welcomed. We have worked to create different channels for speaking up about anything that gets in the way of delivering safe and high-quality care or affects individual's experience in the workplace. It is something that should happen as 'business as usual'.

Speaking up may take many forms including a quick discussion with a line manager, a suggestion for improvement submitted as part of a staff suggestion scheme, raising an issue with a Freedom to Speak Up Guardian, or bringing a matter to the attention of a regulator. It is essential for patient safety and continual improvement that staff are free to speak up and raise concerns. There are many ways in which staff can raise concerns. We have a clear and available whistleblowing policy which informs staff of all the formal ways in which to raise a concern. Informally, staff have the opportunity to raise questions anonymously or otherwise at the monthly Chief Executive's Team Brief.

Our Commitment to Patient Safety and Quality

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

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

The adjusted Hospital Standardised Mortality Rate (HSMR) has remained within the externally set statistical limits and has reduced over the year.

The Trust has a Learning from Deaths system which is used to monitor and improve the care we deliver. During the year we also enhanced the Medical Examiner (ME) system to improve the accuracy of death certification. The ME system removes unnecessary distress for families by listening to concerns and providing answers to questions about the cause of death as well as explaining the medical terminology used in the death certification process.

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

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

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

The 'Proud to Improve' team has developed partnerships with external quality improvement experts to further enhance quality improvement systems and training together with an Innovation Forum to capture ideas and explore the potential of bespoke innovations for patients.

Through the inclusion of patient representation our healthcare scientists continue to be leaders in the development of assistive technology, giving an improved level of independence to many patients.

The Trust has continued to maintain its high compliance with ensuring patients are assessed for their risk of thromboembolism at over 95% and is achieving the national targets for Sepsis screening. The Trust is committed to reduce the physical and emotional side effects of sepsis and mortality from Acute Kidney Injury has reduced over the last year.

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

A Patient Safety Bulletin is issued via email to all staff within the Trust to rapidly cascade any important patient safety matters and a Time to Learn Bulletin enables reflection and learning from incidents. These are issued from the Director of Nursing and Quality and the Medical Director.

Freedom of Information

The Trust continues to meet its duties under the Freedom of Information Act, 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 2019-20, we received a total of 1061 requests.

Data Protection Toolkit

The Trust achieved compliance against the Data Protection Toolkit requirements and published this position in 31 March 2020. 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.

Research and Development

Being a research active Trust is an integral part of a successful organisation and demonstrates a commitment to providing high quality patient care and embeds a culture of quality and innovation across the Trust. It is widely known that being research active enhances the performance of NHS organisations.

The Trust has performed exceptionally well as a research active organisation. Research flourishes due to the dedication of the research team, clinicians and staff.

Professor Suzanne Mason who is Professor of Emergency Medicine employed at the University of Sheffield and holds an Honorary contract with Barnsley Hospital Foundation NHS Trust where she undertakes her clinical work and is also the Director of Research and Development

There is increased clinician and patient involvement in clinical trials across most specialty groups and the Trust continues to build and enhance its research culture through increasing research awareness, activity and capacity with support from the Executive Team.

Patients have embraced the opportunity to participate in clinical research. We are now offering a range of diverse studies to patients.

Clinicians are keen to be involved in research and patients have embraced the opportunity to participate in research offered at the Trust. Our studies appeal to those patients with long term chronic conditions who wish to be part of improving healthcare and health outcomes for future generations.

In 2019-2020:

- 635 participants were recruited into research studies
- 86 studies were active
- 61 studies were non-commercial and 25 studies were commercial
- 44 Principal Investigators were appointed

Examples of trials undertaken include:

The Fast Track Study

This study was a prospective assessment of the Predictive Power of Faecal Calprotectin in Patients with Fast track Colorectal Symptoms. The research nurses recruited 441 patients for this study who were attending for a lower GI 2 week wait referral. Permission was asked to compare the results of the FIT Test against the results of any investigations the patients had with a view to validating a test that can be completed at home, therefore reducing the number of patients referred to hospital and avoid invasive testing.

RACCENO

Reducing **A**sthma **A**ttacks in **C**hildren using **E**xhaled **N**itric **O**xide as a biomarker to inform treatment strategy - a randomised trial.

Fourteen children aged between 6 and 14 with asthma have been recruited to Racceno. Each child was randomised to receive either standard care or standard care and FeNO measurements.

The study aims to investigate whether adding exhaled nitric oxide measurements to standard asthma care will help prevent asthma attacks in children. The study was conducted with support of the paediatric asthma clinical nurse specialist who engaged in collaborative working with the research nurse.

Address-2 After Diabetes Diagnosis Research Support System2

The Research Team are recruiting both adults and children to the trial.

This consists of a database of both data and biological samples from over 3,000 people in England with newly diagnosed Type 1 Diabetes. It is open-access, which means that researchers around the world can access the data and use it as a foundation for new studies.

Address-2 is also helping to meet the challenge of recruiting people with Type 1 Diabetes to clinical trials in the UK. It helps researchers recruit the participants and pioneer new immunotherapies to prevent or reduce the impact of Type 1 Diabetes.

GEKO

GEKO is a commercial study designed to evaluate the efficacy of the GekoTM device when worn for either 6 hours or 12 hours daily, in conjunction with Standard Care (multilayer compression therapy), compared with Standard Care alone, for the treatment of Venous leg ulcers. Of those randomised to the GekoTM device, patients expressed faster wound healing as well as greater pain reduction, compared with the Standard Care they had previously received.

Barnsley Facilities Services (BFS)

Barnsley Facilities Services Ltd (BFS), (formerly Barnsley Hospital Support Services Limited, BHSS), was established in 2012 as a wholly owned subsidiary of the Trust, and has over 40 years heritage in providing the following high quality services:

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

The BFS ethos centres on developing their staff as their most important asset. Since its major expansion in service from 2017, the BFS team have focussed heavily on the successful transition of staff (both from NHS and commercial organisations) and, importantly, ensuring the continued delivery of high quality of services to the Trust and the wider healthcare sector.

Our Trust Board firmly believes we should aim to keep services locally at our hospital, serving our local population and therefore BFS as a wholly owned subsidiary is led by a BFS Board which is chaired by a Non-Executive Director and the management team are all employees/engaged by the Trust. This allows BFS to provide excellent services to the Trust and explore potential commercial opportunities more widely.

2019-20 has seen BFS delivering financial benefits to the Trust through operational innovation and procurement efficiencies; and an increase on the previous year in revenues generated through customers external to the Trust.

Across the last two years, BFS has seen the business grow by over 35% to c.£37m turnover, with the team size more than doubling to having over 420 employees and providing over £5.7m of financial contribution back into the Trust, directly reinvested into supporting front line patient services.

In addition the work of the BFS team in 2019-20 has seen over £1million of income to support our sustainability agenda and embed LED lighting throughout the hospital. Their work has also paved the way for the commencement of £4.4m of capital works to construct our Paediatric Emergency Department and Children's Assessment Unit and deliver the hospital's 'O Block' major refurbishments.

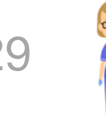
Our Strategic Aims and Objectives 2019-20

Progress against each of the Trust's strategic objectives during 2019-20 is provided below:

Patients: will experience outstanding care

Objective	Actions In Year	Position at 31 March 2020
We will continue the delivery of our Quality Strategy and goals in 2019-20	Achieve the 2019-20 targets aligned to each of the quality priorities - quarterly reporting on KPIs/progress via Q&G Achievement of Friends & Family Test Response Rate targets (>30% for inpatients and >10% for ED) – reported via Q&G	Partially achieved. Actions plan in place however Covid-19 has impacted on this work during quarter 4 of 2019-20 Achieved
Deliver the Trust's agreed quality improvement "Ready Now" targets including approach to innovation in 2019-20	An approved Innovation Strategy. • Establish a Proud to Improve Group and Innovation Forum • Have a Virtual and Physical Hub space available with supporting resources • Establish the framework for assessment delivery of innovations and improvements • Strengthen partnerships with external experts	Achieved
We will continue delivery of our Clinical Strategy 2018-2021 (Year 2)	A significant amount of progress has been made against the priorities described in the Clinical Strategy (2018-21). Approximately half of all the actions identified are now complete at the end of year two. The expectation is that the Trust will deliver against all actions in the final year.	Achieved
We will work to improve patient experience, productivity and efficiency through delivery of our outpatient programme	A successful staff launch event was held in September to promote year 1 of the Outpatients Modernisation Programme	Achieved

<table>
<tr>
<td>We will continue to improve patient flow internally and across the whole system</td>
<td>A review of winter 2019 has taken place. Actions include:
• ED medical model and relationship with patient flow
• Portering and review of their workforce to meet demand
• Review of space on site to ensure there is a plan to move PIU into a non-ward environment, review of decant space, review of surgical assessment area space and ensure there is space to create a further ward for seasonal pressures.
• Review AMU pathways and utilisation of AMAC
• Review of roles that will support registered nurses, these include pharmacy technicians undertaking medicines, international recruitment and discharge support workers.
• Review of system wide plans in relation to patient flow
• Case management support and potential investment into the team as they manage complex patients with complex discharge plans.</td>
<td>Mostly achieved. Actions plan in place however Covid-19 has impacted on this work during quarter 4 of 2019-20</td>
</tr>
<tr>
<td></td>
<td>A virtual advice model for patients in care homes who require a GP appointment has rolled out to 23 care homes and funding has been secured from the CCG to roll out borough wide.</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td>Continue the Ready Together Flow programme including:
- Further embed the same day emergency care pathways as detailed in the NHS Long Term Plan
- Ensure full implementation of ward processes including SAFER and Red to Green
- Implement a new IT solution for live bed status reports
- Launch the long length of stay root cause analysis process
- Review the Discharge Unit function and develop a transfer team</td>
<td>Achieved</td>
</tr>
</table>



We will deliver the Barnsley Hospital Digital Roadmap and use technology to improve patient experience and communications	Medway EPR Phase 1 – Lorenzo replacement planned for launch on 6 April 2020.	Partially achieved. The project has been temporarily postponed as a result of Covid-19. Implementation is anticipated later in 2020.
We will work with partners to develop a Cancer Strategy for Barnsley in 2019-20	• Development of strategy including stakeholder work • Strategy complete for sign off	To be continued into 2020-21
We will commence the first phase of delivery of a new co-located ED and CAU	Phase 1 of the project has completed.	Achieved
We will focus on delivering our capital plan in 2019-20 to ensure that patients, visitors and staff are provided with facilities and equipment that reflect the requirements of the current and future healthcare service needs, are safe, secure, fit for purpose and sustainably developed in relation to the environment.	• Prioritise spend and obtain Board approval to progress • Further assessment of Capital requirements and funding opportunities with services • Major estates schemes for 2019-20 include: - LED lighting replacement scheme - O Block continued development - Pathology Equipment Upgrades	Achieved On-going

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

Objective	Actions in Year	Position at 31 March 2020
We will play a leading role in integrating care in Barnsley, building on existing relationships with key partners in 2019-20 to meet the needs of the whole person	Continue to work with partners from across the system on the Barnsley Plan priorities including: • CVD, Frailty and Neighbourhoods and primary care networks • Development of Integrated Care networks • Delivery of Public Health Priorities including alcohol control and QUIT Programme (smoking cessation) • Continued delivery of integrated 'Alliance' services • Identify further opportunities to support improved care including mental health, social prescribing and population health management • Delivery of new integrated Stroke Service	Achieved
	Work with partners on delivery of: • The Digital Roadmap • Barnsley Estates Strategy • Barnsley Engagement Approach • The Barnsley Integrated Workforce Development Group	Achieved

We will continue to work with partners across the South Yorkshire & Bassetlaw Integrated Care System to ensure sustainable local services and support others regionally in 2019-20	Support the delivery of Integrated Care System priorities including: • Lead the Urgent & Emergency Care Hosted Network and support the establishment of four other Networks • Cancer Alliance System Efficiency Board • Pathology Programme including BRILS Partnership • Workforce Programme	Achieved

Performance: we will achieve our goals sustainably

Objective	Actions in Year	Position at 31 March 2020
We will hit our financial plans and work towards a back to balance position in 2019-20	• Delivery of the 2019-20 cost improvement target • Continue reduction of agency/locum spend – Target <£4.3m • Ensure robust and accurate data capture and further improve accuracy of clinical coding • Ensure system wide planning approach Understand future financial and contractual models including system wide incentives as part of the ICS • Return the Trust to a break-even financial position	Achieved Achieved Achieved Achieved Achieved
We will focus on increased efficiency & productivity across the organisation	• Review productivity opportunities versus national benchmarks and take forward identified opportunities • Delivery of the Carter Action Plan including Model Hospital analysis • Delivery of existing GIRFT action plans	Achieved Achieved Achieved

We will ensure all teams are aware of the Trust objectives and performance targets by June 2019	• Publication of Trust Objectives • Briefings with teams and key stakeholders • Link to staff appraisals to ensure all staff are aware of The Trust's Strategy and Objectives • On-going communication and objectives/business plan development	Achieved Achieved Achieved Achieved
We will work closely with CBU teams in 2019-20 to ensure they have the right support in place, understand the performance framework and reporting arrangements from "Ward to Board".	• On-going delivery of the constitutional standards (4hr, RTT, cancer) and Trust Objectives • Revised performance framework, information and reporting schedule • Continue development sessions for CBU teams • Improve corporate support for CBU teams	Partially achieved. Covid-19 has impacted on the achievement of all of the constitutional standards during Quarter 4. Achieved Achieved Achieved

People: will be proud to work for us

Objective	Actions in Year	Position at 31 March 2020
We will continue delivery of our People Strategy to ensure a sufficient, capable, sustainable and motivated workforce	A full annual paper-based staff survey was run from October to December 2019, with an overall response rate of 72%. Launch of a Carers' Strategy New Trans Equality Policy and Protocol for workforce and patients The Trust has joined the Workforce Race Equality Standard – Experts programme to create the conditions where Equality, Diversity and Inclusion thrive. A revised Capability Policy has been expanded to raise awareness and ensure the needs of staff with disabilities are assessed and considered when managing work performance issues. The fourth cohort of the Aspiring and Ascending talent programmes commenced Audit of appraisals - e-1:1 monthly review form and an e-criminal records annual self- declaration form Remploy support for staff suffering from mental ill health. An internal audit report on absence management through Occupational Health intervention was completed in Nov 2019. The Staff Flu vaccine target of 80% achieved. Achieved 1.7% of staff as new apprentice starts in 2019	Achieved priorities for year 2 of the strategy. The strategy is a five year strategy. Plans for implementation of Year 3 are in place.

Our Strategic Objectives 2020-21

The Trust's implementation of its Covid-19 recovery plan will underpin the strategic objectives for the 2020-21 period.

Patients: will experience outstanding care

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

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

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

Performance: we will achieve our goals sustainably

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

People: will be proud to work for us

We will work to enable a sufficient, capable, motivated and sustainable workforce in 2020/21 through:

- Increased staff engagement
- A focus on staff retention and recruitment: making The Trust an employer of choice
- Developing our Leaders
- Ensuring that we create an environment where our people are physically and emotionally sustained
- We will create a diverse and inclusive workplace that values all staff

Financial Overview

The Trust began the 2019-20 year with a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £6.7m was set to deliver the planned financial breakeven position.

During the year the cost improvement plan performed well and the Trust overachieved its Cost Improvement Target and ended 2019-20 with a surplus of £0.4m. The key drivers leading to the achievement of this position included the strong performance of clinical income and ability to deliver the increased activity levels in a more productive way, the delivery of a well-managed cost improvement plan and robust cost control.

Principal Financial Risks and Uncertainties for 2020-21

Prior to the Covid-19 pandemic the Trust had a planned breakeven position for 2020-21, which was based on the centrally allocated Control Target. This created a number of financial risks and challenges. These risks are identified on the Trust's Corporate Risk Register and are actively reviewed on a regular basis by the Trust Board and Board Committees. Our risk management process is designed to identify, manage and mitigate business risks. Each risk has an identified director and management lead.

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

A summary of the key financial risks, mitigations and impacts for the year ahead is included in the table overleaf. There are currently temporary funding mechanisms in place during April 2020 – July 2020 which result in the Trust being reimbursed for all expenditure incurred. Given there is no certainty regarding funding mechanisms post July 20, these risks have been reviewed upon the basis that funding mechanisms, and therefore control total requirements, will return to normal.

We will continue to manage these risks throughout 2020-21 and ensure that we again deliver our financial plan.

Area	Financial Risk Description and Mitigation	Potential Impact
Control total breakeven	Delivering the breakeven control target assigned to the Trust for 2020-21. **Mitigation:** Ensure that key cost pressures are effectively challenged and managed including control over agency staff expenditure and effective management of CIP programme of £5.9m.	Failure to achieve the target would result in the Trust not being able to access national Financial Recovery Fund
Cost Improvement Programme (CIP)	CIPs planned for delivery to not either fully or partially deliver or the realisation of the saving is delayed. **Mitigation:** The delivery of other CIP savings is advanced, either by being able to advance the delivery of an existing scheme or of a pipeline scheme. Other CIP savings over perform to plan.	Any unmitigated loss of CIP savings would be a £ for £ impact to the deficit in year.
Activity	The plan has been set jointly with the commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. **Mitigation:** Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen.	This would depend on the specific area of under activity and whether any resulting excess resource or costs could be removed.
Activity	Significant levels of non-elective admissions requiring additional capacity to manage the pressures at additional cost. **Mitigation:** Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased non-elective activity would have an impact on the ability to meet the Control Target Deficit
System Affordability	It is clear that financial affordability across the Barnsley Place is more challenged than ever creating a significant pressure. **Mitigation:** Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased activity levels would have an impact on the ability to meet the Control Target Deficit as well as being unaffordable for the commissioner.

Covid-19	Covid-19 creates significant financial uncertainty, on the wider NHS finances, for a number of reasons. Operational planning and contract discussions have been paused, activity levels have reduced across the board, and funding mechanisms post July 20 are currently unknown. However, we do not believe this impacts on the Trusts ability to continue as a going concern, as detailed in the going concern section of the report. **Mitigation:** Monitor and adhere to the guidance issued by the national teams. Undertake scenario modelling and develop internal recovery plan based upon current knowledge.	Services are required to be delivered which may not be appropriately funded depending upon what funding mechanisms are put in place.
Inflation on non-pay costs	Inflationary increases on non-pay costs have been assumed in the plan; any increases beyond these would increase The Trust's cost base. **Mitigation:** Procurement to work with suppliers and source new suppliers to remove cost increases, alternative products to be sourced, usage levels to be reduced when possible.	Any cost increases due to inflation beyond the assumptions made within plan assumptions would be a £ for £ impact to the deficit.
Supplier payments	The cash flow and hence statement of position assumes the continued management of supplier payments. There could be pressure to reduce creditor days which would have an impact on the cash position and funding requirements. **Mitigation:** The senior finance team maintain the weekly review of cash payments and follow the same cash management processes as the prior year.	Any reduction to payables would have an adverse impact on cash available to maintain services.

Looking forward to 2020-21

We start the year facing a planned break even position. This will be challenging to deliver given the continued pressure being seen within the Barnsley Place, with regards to increasing activity levels and system affordability.

Whilst the level of funding has increased, there are a number of financial challenges that have resulted in a cost improvement plan requirement of £5.9m. Delivery of the plan will be challenging and controlling rising activity levels will be a key factor in achieving the plan. There is also a requirement to convert existing loans totalling £67.6m into Public Dividend Capital which will incur increased loan charges.

There are temporary funding mechanisms in place during the current Covid-19 period, which in essence means all expenditure will be reimbursed..

Preparation of the Annual Report and Accounts 2019-20

The Trust's Board of Directors is responsible for preparing the Annual Report and Accounts 2019-20.

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

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

The Board of Directors consider the Annual Report and Accounts 2019-20, 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.

Trevor Lake, Chairman ....

Dr Richard Jenkins, Chief Executive ....

Date: 23/6/2020

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, The Trust's ability to continue as a going concern. In accordance with the Department of Health Group Accounting Manual 2019-20 the financial statements have been prepared on a going concern basis as we do not either intend to apply to the Secretary of State for the dissolution of The Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

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

The Trust delivered upon all financial requirements during 2019-20, in keeping with the performance expectations seen in recent years. The performance in-year showed a surplus of £0.6m, following the receipt of further national Provider Sustainability Funding, £0.4m, relating to performance in 2018-19. The Group and Trust's operating and cash flow forecasts have identified no requirement for additional financial support to enable it to meet debts as they fall due over the foreseeable future; which is defined as a period of 18 months from the date these accounts are signed.

Prior to the Covid-19 pandemic the Trust had a planned breakeven position for 2020-21 which was based on the centrally allocated Control Target. This was supported by receipt of income from the national Financial Recovery Fund. Whilst the pandemic has brought with it a number of risks and uncertainties with regards activity, income and expenditure, these are mitigated by the revised funding mechanisms introduced by NHS England. The mechanisms are expected to remain in place throughout the year, giving surety around cash flows and confirmation that all expenditure during this period will be paid for.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020-21 financial year. During 2020-21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £67.6m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust. The Trust is not planning to draw down additional cash funding in the form of revenue loans via the Department of Health and Social Care for 2020-21.

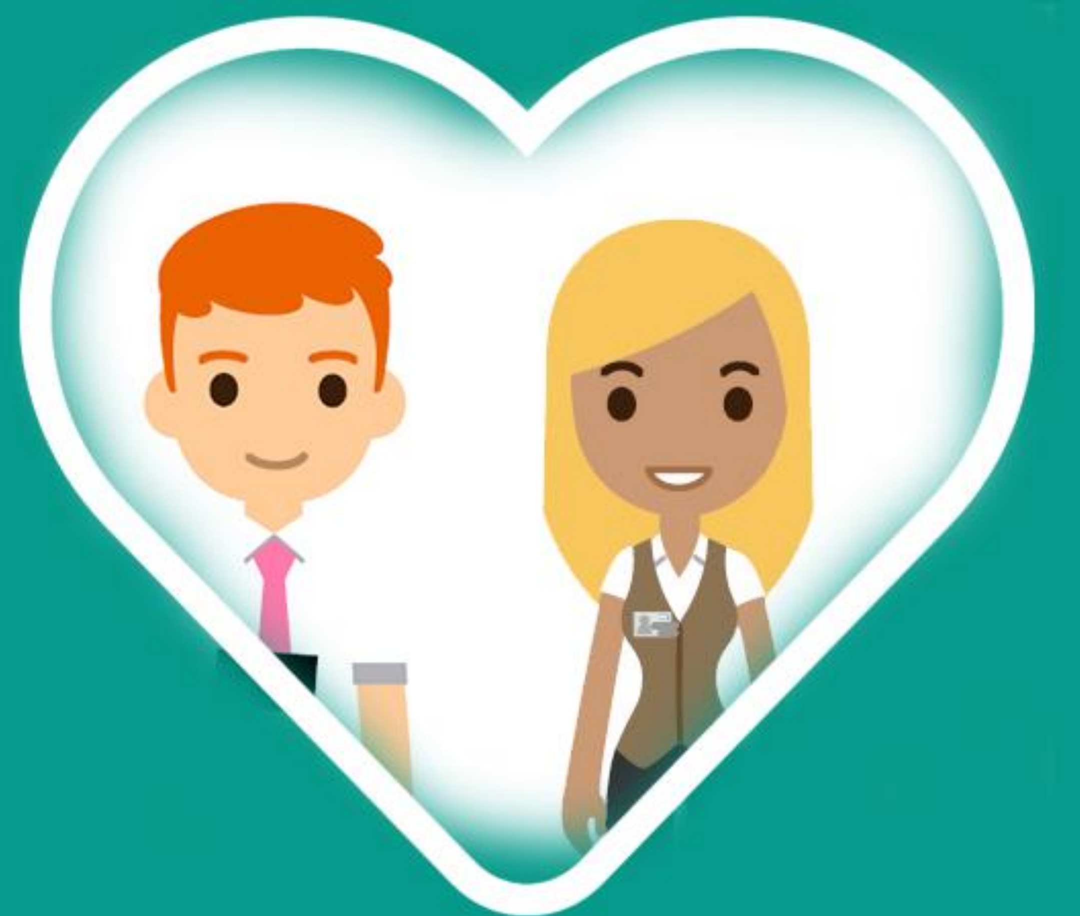
The Trust is also required to disclose material uncertainties in respect of events or conditions that cast doubt upon the going concern ability of the NHS Foundation Trust. We do not believe there are any such items to disclose this year.

Having considered these factors, particularly the fact that historic loans are no longer required to be repaid; the Directors have determined that it remains appropriate to prepare these accounts on a going concern basis. The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

Dr Richard Jenkins, Chief Executive ....

Date: 23rd June 2020

Director's Report



Proud to Care

Barnsley Hospital NHS Foundation Trust Board of Directors

Voting Board Members as at 31 March 2020

Non-Voting Board Members as at 31 March 2020

Kevin Clifford
Associate Non-Executive Director

Tom Davidson
Director of ICT

Emma Parkes
Director of Communications

Board Responsibilities

The Board of Directors is responsible for setting and driving forward the strategic direction of Barnsley Hospital NHS Foundation Trust. The Board is made up of Executive Directors and Non-Executive Directors who develop and monitor the Trust strategic aims and performance against key objectives and other indicators. Together, their role is to receive, accept and challenge reports to fulfil all of their responsibilities and to be able to assure the Council of Governors.

The Board composition aims to ensure that the skills and experience provided by the Non-Executive and Executive Directors throughout the year provided a good, well-balanced Board. The balance is reviewed throughout the year as well as whenever any Director level vacancies, Executive or Non-Executive, arise. The Trust has retained a constitutional option to vary the numbers slightly as and when the need arises, provided always that the Board retains a majority of Non-Executive Directors.

Board Performance Evaluation

A strong unitary Board is fundamental to the success of the hospital. The effectiveness of the Board is aligned to the delivery of our business plan year-on-year and is closely monitored by the Governors throughout the year, as part of their role of holding the Non-Executive Directors and, through them, the Board, to account. The Board continues to evaluate its performance throughout the year through appraisals (individually and collectively) and is ultimately held to account by the Council of Governors on behalf of the Trust's members.

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

The Care Quality Commission (CQC) published its well-led version 6 inspection framework methodology for NHS Trusts and Foundation Trusts in 2018 and in 2019-20 360 Assurance, the internal auditors of the Trust undertook a review of the position of the Trust against the CQC's well-led framework. The outputs from the review enabled the Trust to reach an enhanced understanding of the actions required to ensure a continued good and aspirational outstanding CQC rating.

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

Membership of the Board of Directors

The membership of the Board of Directors throughout the reporting period of 1 April 2019 to 31 March 2020 was as follows:

Chairman
- Trevor Lake

Non-Executive Directors
- Francis Patton (Senior Independent Director)
- Rosalyn Moore
- Nick Mapstone
- Keely Firth
- Philip Hudson
- Sue Ellis

Associate Non-Executive Director (non-voting member)
- Kevin Clifford (from 1 Dec 2019)

Chief Executive
- Dr Richard Jenkins (from 10 February 2020, Dr Richard Jenkins also carried out a part time Interim Chief Executive role for The Rotherham NHS Foundation Trust)

Executive Directors
- Bob Kirton, Deputy Chief Executive and Chief Delivery Officer
- Dr Simon Enright, Medical Director
- Heather McNair, Director of Nursing & Quality (until 30 Jun 2020)
- Alison Bielby, Acting Director of Nursing & Quality (19 Jun to 21 Jul 2019)
- Jackie Murphy, Director of Nursing & Quality (from 22 Jul 2019)
- Christopher Thickett, Director of Finance
- Steve Ned, Director of Workforce (joint position with The Rotherham NHS Foundation Trust) (from 1 April 2019)

The Management Team

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

- Tom Davidson, Director of Information & Communications Technology
- Emma Parkes, Director of Communications
- Lorraine Christopher, Managing Director of Barnsley Facilities Services
- Margaret Saunders, Director of Corporate Governance (from 1 November 2019)

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 by emailing bdgh-tr.Barnsleynhsft.corporate.governance@nhs.net at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431815.

NHS Improvement's Well-led Framework

In arriving at the overall evaluation of the organisation's performance, internal control and board assurance framework and the plan to improve the governance of quality The Trust has underpinned by NHS Improvement's (NHSI) well led 6 inspection framework for NHS Trusts and Foundation Trusts published in 2018.

During the year, the Trust commissioned an independent well-led review using the NHSI framework. The report identified a number of strengths and good practice, and areas for development. These will presented to the board of directors, and an action plan drawn up and followed for 2020-21.

The Board Assurance Framework (BAF) continues to provide a comprehensive review of the approach taken by the Trust in identifying, managing and mitigating the risks to the achievement of its strategic objectives.

The governance of quality remains central to the operation of the Trust with further detail provided within the Quality Report and Accounts to be published later in the year.

There are no material inconsistencies between the Annual Governance Statement, Annual Report, the Trust's Corporate Governance Statement and reports from the Care Quality Commission.

Patient Care Activities

During 2019-20 the Trust has continued to deliver progress in patient care activities and quality achievements.

The Patient Experience, Engagement and Insight Group is a formal sub group of the Trust's Quality and Governance Committee and is responsible for monitoring progress towards meeting national and local patient experience targets, together with improvements in the quality of healthcare.

Patient Experience, Engagement and Involvement

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

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

  A focused engagement plan is now underway to target groups where specialised input is required such as Children and Adolescent Mental Health and sensory requirements. The engagement plan covers the lifecycle of the project and users will be involved at each stage with feedback being incorporated into the business planning process.

- A two-tier engagement plan was implemented in support of the Outpatient Modernisation Programme. The first phase looked at intelligence the Trust captures via the Friends and Family Test, Complaints and Concerns and other feedback mechanisms, to identify themes where service improvement may be required.

  As the programme moves into the second phase, focused engagement will take place around the re-design of services.

- The Discharge and Patient Flow team have launched the 'Where Best Next Project' with the aim of improving patient experience at discharge and reducing length of stay. The project also focuses upon early discharge planning and communication with Multi-Disciplinary Teams. A patient engagement plan has been implemented to support this piece of work.

- The 'Your Hospital Stay' booklet has been designed to provide information to patients, families and carers about their stay in hospital and the services we provide together with information on how we promote a safe and caring environment.

- The Patient Experience Team continues to provide support to the implementation and action plans associated with the Carers' Strategy and the Mental Health Implementation Strategy.

- Patient stories continued to be delivered at the beginning of each Trust Board meeting to provide insight into individual patient's experience of care and we try to use these stories as a trigger for wider service improvement. The stories have covered a wide range of themes and involve experiences where good practice can be shared and those where learning and actions have been used to support service improvements. Individuals who present their story to Trust Board are invited to join the Trust's Patient Panel.

- The operational teams within the Trust have continued to work collaboratively with service users in service improvement work. Examples of this include the introduction of Therapy Dogs into ICU, PLACE Assessments and work with the Maternity Voices Forum

- Patient information resources are being developed to provide patients with information on hospital services and important patient safety messages.

NHS Friends and Family Test (FFT)

The NHS FFT is a national patient experience indicator of patient satisfaction with NHS services, used by both patients and NHS regulators. At Barnsley Hospital we use this, alongside other patient experience feedback from surveys and complaints and concerns, to gain valuable insight into the experience of our patients.

The NHS FFT is reported on in England in terms of positive recommendation rates and response rates. In 2019-20 overall 24,195 patients responded to the NHS FFT with a 97% positive recommendation rate for the quality of care received.

NHS England has undertaken a national review of the FFT during 2018-19 and the final report was released in September, with the expectation that the new requirements are in place by 1 April 2020. During the Covid-19 period, the FFT national reporting ceased.

An implementation plan to adopt the new national guidelines has been approved by the Executive Team and work is underway to meet these requirements by April 2020.

National Inpatient Survey

Each year The Trust participates in the National Patient Experience Survey of hospital inpatients which is co-ordinated by the Care Quality Commission and is used as overall indicator of patient satisfaction with the NHS. A total of 1,250 patients were invited to complete the survey and we had a 43% response rate. Of this number:

- 83% of patients rated their experience as 7/10 or more.
- 97% felt they were treated with respect or dignity
- 96% had confidence and trust in the doctors treating them

Final published results for all NHS Trusts in England will be published via the Care Quality Commission (CQC) website in late spring of 2020.

Complaints

During 2019-20 the Trust handled 259 formal complaints, a slight decrease on the previous year's total of 295. One hundred percent of complaints were acknowledged within three working days in line with the national standards.

The Trust has a target of responding to 90% of complaints within agreed timeframe or extension and at the year-end, 100% of complaints were responded to within the agreed timeframe or agreed extension. During the period of report we have seen a downward trend in the average number of working days taken to investigate complaints and the year-end position was 57 working days.

Following investigation, complaints are allocated an outcome of 'Upheld', 'Partially Upheld', or 'Not Upheld'. If all issues raised in the complaint are found to be substantiated then a complaint is 'upheld'. If any single issue raised in a complaint is found to be substantiated, but some or all of the other issues are not, the complaint is 'partially upheld'. If none of the issues in the complaint are found to be substantiated then the complaint is 'not upheld'. The Trust upheld or partly upheld 74% of the cases it investigated.

In addition to formal complaints our Patient Advice & Complaints Team handled a total of 2,842 concerns and general enquiries.

During 2019-20 a new action and learning process was implemented to ensure that learning from complaints is shared with wider teams and changes embedded appropriately. Monthly reporting to Clinical Business Units has also been adapted to include thematic reviews and highlight recurrent issues to inform improvement works. In addition, a new process for assurance reviews of action plans from particularly complex or high risk complaints is being developed in collaboration with the Quality and Clinical Governance team.

Voluntary Services

The Trust currently has 221 volunteers actively involved in supporting patients and staff across The Trust. Our volunteers are deployed in wards, outpatient clinics, coffee shop, in support of Barnsley Hospital Charity, in meet and greet roles and we have our long-standing Patient Advice Volunteers. Some volunteers work off site at The Well, Cancer Support Centre.

During the year we have implemented a number of new initiatives aimed to improve the experience of patients and also to increase volunteering opportunities for younger people who may wish to seek future careers in the NHS. These include:

- The distribution of the 2020 Volunteers handbook. This covers the majority of the training for volunteers. The handbook is sent out every year and then on the third year volunteers will re train on the corporate induction day.
- A pilot of Activity volunteers on Ward 30. These volunteers encourage patients to interact through playing games, participating in fun activities and bringing a friendly feel to the ward. The volunteers have had some brilliant feedback from lead nurse Gemma Swain, other staff members, patients and relatives.
- Work continues to recruit Enhanced Support Volunteers who will support staff, visitors & patients on ward areas/departments throughout The Trust. This role will require volunteers to attend a specialised training day which will include nutritional support, end of life care and activity sessions.
- We have worked closely with the new lead Chaplain at the Trust to enhance volunteer support to the chapel service. Our volunteers are trained and supported in offering a friendly, compassionate and a non-judgemental listening presence to patient, families and staff. Chaplain Volunteers undertake a training day with the lead Chaplain and are deployed on to ward areas.
- Our Young Volunteers' Project has been established to support younger people who would like short term placements to help provide practical experience and insight into work within the NHS. With this in mind we designed a 10 week placement programme whereby young volunteers are mentored by more experienced volunteers.
- The Voluntary Services team now have a twitter page which is a great tool to recruit new volunteers and to showcase and appreciate all the good work that volunteers.
- Volunteers help support service improvement and re-design within the Trust by providing support to user group forums, specific meetings and conducting surveys throughout. Volunteers have recently provided such support to the Outpatient Modernisation Programme and CBU governance meetings.

Stakeholder Relations

Local Partnership and Integrated Working

Barnsley Health and Care Together

The vision for health and care in Barnsley is: "a happy, healthy, and empowered Barnsley community; supported by a single person-centred health and social care system that meets peoples care needs now and in the future".

The Trust is central to the development of an integrated approach to the delivery of care within Barnsley. We work in partnership with Barnsley Clinical Commissioning Group, Barnsley Healthcare Federation, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Barnsley Metropolitan Borough Council and local community and voluntary organisations. Together, we aim to deliver the very best care, in the right place, for our local population and ensuring people in Barnsley access seamless service delivery when accessing services at any given point.

The Trust also works closely with The Mid Yorkshire Hospitals NHS Trust on a number of partnership initiatives. This includes a successful joint urology service.

Integrated Care Partnership Board:

Strategic level Barnsley Place based group chaired by Barnsley Hospital Chairman. The agenda and focus is to set and monitor progress of local place based initiatives against the strategic direction in, alignment with National and Integrated Care System priorities.

Integrated Care Delivery Group

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

Alliance Management Team:

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

Health and Wellbeing Board

Members of the Board, supported by the Chairman, attend the Barnsley Health and Wellbeing Board to contribute towards the future direction of services in the borough.

Local Authority Services

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

Local Medical Committee (LMC)

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

Regional Partnership Working

South Yorkshire and Bassetlaw Integrated Care System (ICS)

The South Yorkshire and Bassetlaw (SYB) Integrated Care System formally launched as an Integrated Care System (ICS) in October 2018. Prior to that partners had been working together for three years, first as a Sustainability and Transformation Partnership, then as a first wave Accountable Care System, and now as one of the leading ICS’s in the country.

Throughout this time the goal has remained the same: ‘For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.’

The SYB ICS is one NHS, working as a system and working with other partners, such as Local Authorities and the voluntary sector, in neighbourhoods, places and across the system when there is common purpose. The aim is to break down organisational barriers so that support, care and services can be wrapped around people as individuals. ICS partners agree to take shared responsibility (in ways that are consistent with individual legal obligations) for use of collective resources to improve quality of care and health outcomes.

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

2019-20 has been a transition year for the ICS, with the partnership taking on more responsibilities for the health system, including increasing collective accountability for health performance and finance, and governance continues to evolve in line with these developments. The ICS is not a legal entity and each partner within the ICS is accountable to the public through its own Board or Governing Body. Whilst the ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration.

The System Health Oversight Board (HOB) is the primary governance group comprising representative Executive and Non-Executive members from across SYB statutory bodies and the regional NHS bodies. The HOB gives assurance to partners and the regions on progress and delivery and gives strategic direction on healthcare issues. The Health and Care Partnership Board continues the work previously done by the Collaborative Partnership Board, and provides a forum for engaging with the local authority Chief Executives. The System Health Executive Group (HEG) is the primary executive group comprising Chief Executive and Accountable Officer members from each health statutory organisation across the ICS and meets to plan strategic health priorities which require collaborative working across the footprint.

A new Integrated Assurance Committee has been established in 2019-20 which has non-executive and lay member representation as well as executive membership. The purpose is to provide assurance to partners and regulators on the performance, quality and financial delivery of health and care services.

Three years ago the ICS set out a number of areas which it was agreed would be the collective focus as a system. The areas of ongoing focus were: Healthy Lives, living well and prevention; Primary and community care; Mental health and learning disabilities; Urgent and emergency care; Elective and diagnostic services; Children's and maternity services; and Cancer. In 2019-20 work has continued on these priority areas, whilst work has been underway to develop the new System 5 Year Plan, which is based on the NHS Long Term Plan. The new South Yorkshire and Bassetlaw Five Year Plan can be found on the ICS website: https://www.healthandcaretogethersyb.co.uk/

In July 2019 a £57.5m investment was announced for new GP surgeries, nurse-led clinics and pharmacies. Additional investment in 2019-20 included £7m for information management and technology and £19m for equipment.

In 2019 a new team was set up to review the medication needs of residents in care homes and ultimately improve their quality of life. This system-wide team, comprising of three Pharmacists and five Pharmacy Technicians make regular in-person visits to care

homes to speak with residents about their medicines, and where necessary, make changes to help them get the maximum benefit whilst minimising any unwanted side effects.

The added benefit of this new initiative was training care home staff to make sure medicines are administered correctly at the right time, in the right dose and for the right reasons and avoiding medicine-related hospital admissions.

In October 2019 the ICS awarded £1m funding to an innovative public and voluntary sector partnership led by South Yorkshire Housing to deliver a new service supporting people who have severe mental illness who want to stay in or find work to do so.

Following years of work, and a full public consultation, in 2019 the new networked approach to stroke was introduced with a much-improved emergency response regarding immediate and rehabilitation care across the system. This will reduce death rates and long-term disabilities, whilst allowing the system to sustain high-quality, responsive care for our 1.5 million population. Supported by the Stroke Association, Hyper Acute Stroke Units (HASU) are now based in three places – Doncaster Royal Infirmary, the Royal Hallamshire Hospital in Sheffield and Pinderfields Hospital in Wakefield – for all South Yorkshire and Bassetlaw patients, depending on which is the closest and most appropriate for them. Hyper acute stroke care is no longer provided in Barnsley or Rotherham Hospitals and Barnsley and Rotherham stroke patients are taken instead to one of the regional hyper acute stroke units. The change happened in Rotherham from 1 July 2019 and in Barnsley from 1 October 2019.

In autumn 2019 the Health-led Employment Trial 'Working Win's' referral window closed. South Yorkshire and Bassetlaw ICS had been working with Sheffield City Region on the trial which tested individual employment support delivered by healthcare professionals. The trial received over 6,000 referrals demonstrating the demand for labour market interventions delivered with the health sector.

The ICS commissioned independent review of hospital services concluded in 2018. In September 2019 the final report was published. The review looked at how hospital services are provided and what needs to happen to future proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards. In signing up to the final report partners agreed that to continue providing high quality services, hospitals in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield must work together even more closely in a variety of different ways. This included ways for the hospitals to work together better with the development of hosted networks. It also included transforming the way we use our workforce, to make the best use of the staff we have at the moment, and to ensure that people receive care as close to their own homes as possible. Work is now well underway establishing the level 1 Hosted Networks in five specialties (urgent and emergency care, maternity, paediatrics, stroke and gastroenterology). These put a stronger governance framework and support around collaboration to develop workforce planning, clinical standardisation, and innovation across the Trusts, while retaining equal status of all partners.

Developing the workforce, including the workforce of the future, continues to be a priority for the ICS and a new 'Jobs for Everyone' pilot was launched in early 2020 with six primary schools in Sheffield, Rotherham and Barnsley. The project offers a teaching package focusing on the breadth and diverse range of jobs in health and social care.

A jointly-funded project between the ICS and Health Education England North, to review and support the possible implementation of Musculoskeletal (MSK) First Contact Practitioner roles in primary care across the System also commenced. Musculoskeletal First Contact Practitioners in primary care give patients quick access to expert assessment, diagnosis, treatment and advice and prevent short-term problems becoming long-term conditions. First Contact Practitioners also help to free up appointment time for GPs.

In October the ICS announced details about the development of a national cancer data hub, with the potential to help save up to 30,000 people a year in the UK. It will provide improved treatments and save lives. It's part of a successful, multi-agency, bid, which has seen Yorkshire and Humberside awarded part of a £4.5million pledge by the Government to set up the hub; DATA-CAN (The Health Data Research UK Hub for Cancer) will be supported by patients, charities, clinicians, academic and industry-based researchers and innovators, and will involve cancer hospitals across the UK. The Health Data Research Hubs are part of a four-year £37million investment from the Government Industrial Strategy Challenge Fund (ISCF), led by UK Research and Innovation, to create a UK-wide system for the safe and responsible use of health-related data on a large scale.

In November four trusts (Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and The Rotherham NHS Foundation Trust) were given a further cancer care boost, after it was announced they would benefit from funding for new cancer testing and detection technology**.** The new machines will improve screening and early diagnosis of cancer and are part of the government's commitment to ensure 55,000 more people survive cancer each year.

In January 2020 the ICS launched phase two of the 569million reasons campaign, which aims to encourage people not to ask their GP to prescribe medicines that can be easily bought over the counter. Phase one was a large insight campaign that found the majority of patients in South Yorkshire and Bassetlaw would be happy to pay. Phase two is a digital based campaign with messages being shared by all partners across social media platforms.

The ICS continued with a comprehensive programme of engagement in 2019-20. The Barnsley, Doncaster, Nottinghamshire, Rotherham and Sheffield Healthwatches joined forces to coordinate conversations with more than 1,500 members of the public throughout the spring and summer in 2019 to help inform the South Yorkshire and Bassetlaw 5 Year Plan. The Citizens Panel, which brings together people from across the region to provide an independent view and critical friendship on matters relating to work at a system level continued to meet in 2019-20.

In addition to the work within the South Yorkshire and Bassetlaw Integrated Care System, The Trust works in partnership with the following organisations across the region:

Sheffield University

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

Sheffield Hallam University

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

Sheffield Children's Hospital NHS Foundation Trust

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

Sheffield Teaching Hospitals NHS Foundation Trust

We also work with our main tertiary services provider, Sheffield Teaching Hospitals NHS Foundation Trust and a number of regional clinical networks to ensure the provision of specialist services for Barnsley people.

Other NHS organisations

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

Yorkshire and Humber Academic Health Science Network (AHSN)

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

Improvement Academy

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

Formal Consultations

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

Important Events since the Year End

As the Covid-19 pandemic continues into 2020-21, the Trust is responding and reacting to necessary changes within the hospital and health and care settings accordingly.

Details of Overseas Operations

The Trust does not have any overseas operations.

Better Payment Practice Code

The Better Payment of Practice Code has a target that 95% of suppliers are paid within 30 days. In the main, the Trust has been unable to adhere to the better payment practice code due to the current financial position and the related availability of cash. The Trust ended the year with extended creditor days and it has in the main, not been possible to make payments within terms. Interest payments under the Late Payment of Commercial Debt (Interest) Act 1998 for the reporting period were minimal. The percentage of suppliers paid within 30 days was 40.5%; a considerable improvement upon the previous year's figure of 18.2%.

Off Payroll Arrangements

There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2019 and 31 March 2020.

Freedom of Information

The Trust continues to meet its duties under the Freedom of Information Act, 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 2019-20, we received a total of 1,061 requests.

Data Protection Toolkit

The Trust achieved compliance against the Data Protection Toolkit requirements and published this position on 31 March 2020. 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.

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

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

Cost Allocation and Charging Requirements

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

Financial Risk

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

Political or Charitable Donations

There have been no political or charitable donations in the year.

Statement as to Disclosure to Auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

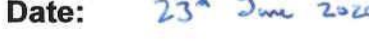
The accounts have been prepared under a direction issued by NHS Improvement (NHSI) and recorded in the accounting officer's statement later in this report. The Directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements. A Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above, and:

- made such enquiries of his/her fellow Directors and of the company's auditors for that purpose; and
- taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the company to exercise reasonable care, skill and diligence.

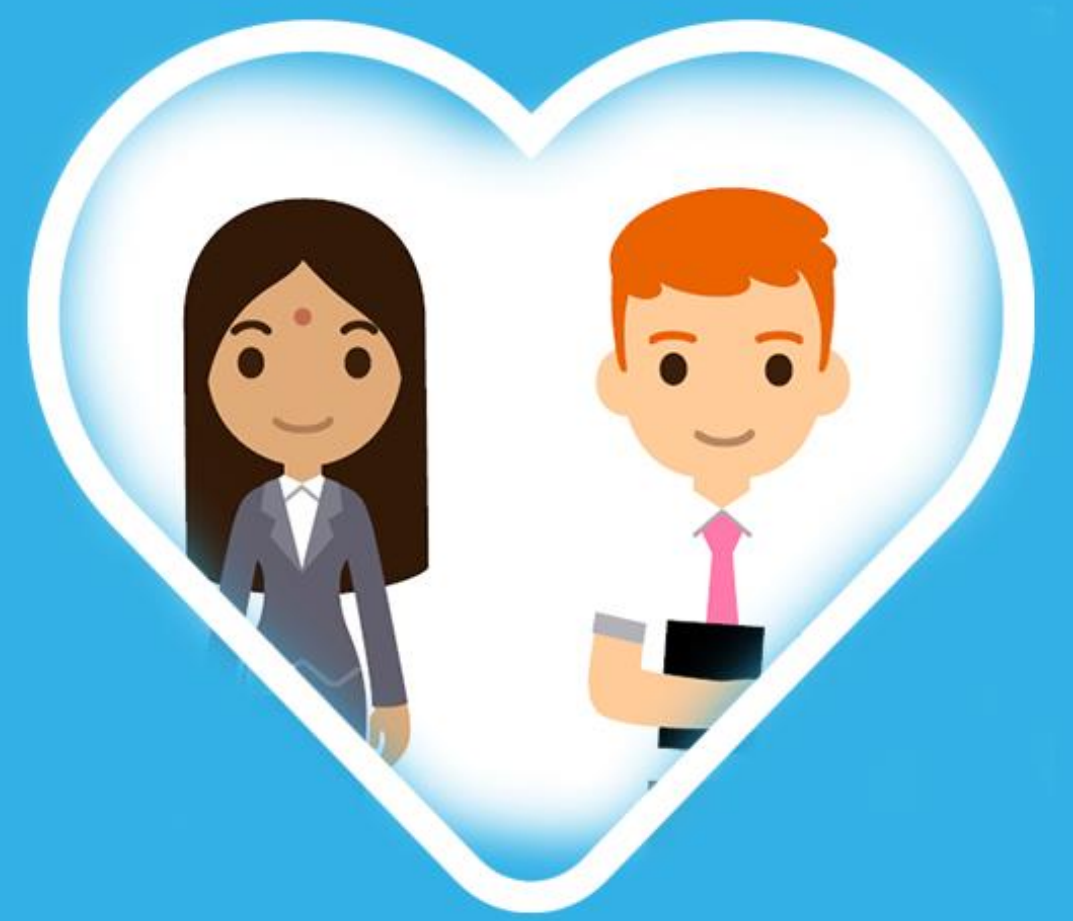
Relevant audit information means information needed by the NHS foundation trust's auditor in connection with preparing their report.

Dr Richard Jenkins, Chief Executive ....

Date:



Remuneration Report



Proud to Care

Annual Statement of Remuneration

The Remuneration Committee (RemCo) is responsible for the appointment of the Chief Executive and, together with the Chief Executive, other executive members of the Board of Directors. It reviews and recommends the terms and conditions of service for the Executive Directors and other Directors and senior managers not subject to the 'Agenda for Change' conditions and reviews the performance of these staff annually. The Committee also has oversight of the Trust's senior management pay framework although the assessment of staff under this framework rests with the Chief Executive, with support from human resources (HR).

The Committee met eight times in 2019-20. It is chaired by the Trust Chairman and includes all of the Non-Executive Directors:

- Trevor Lake, Chairman
- Francis Patton, Non-Executive Director
- Keely Firth, Non-Executive Director
- Philip Hudson, Non-Executive Director
- Nick Mapstone, Non-Executive Director
- Rosalyn Moore, Non-Executive Director
- Sue Ellis, Non-Executive Director
- Kevin Clifford, Associate Non-Executive Director, (non-voting) (from 1st December 2019

The Chief Executive and HR Lead 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.

The Trust has a Local Pay Framework and salary scale for the remuneration of senior managers and directors, and an agreed spot salary arrangement for Executive Directors which is overseen by the Committee.

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

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

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

Executive Directors are appointed through open competition in accordance with Trust recruitment and selection policies and procedures and NHS guidance, including the requirement for external assessors as appropriate. Non-Executive Directors are appointed by the Council of Governors, the process for which is led by the Nominations Committee, a committee of the Council.

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

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

The Trust's Policy on Equality, Diversity, Inclusion and Human Rights (available on the Trust's Approved Documents site) is used by the Remuneration Committee. The policy objectives are to set out the Trust's approach and intent to promote and value equality, diversity and inclusion, and recognise the unique contribution that a diverse range of individuals' experience, knowledge and skills can bring in delivering the Trust's strategy.

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

The Committee is supported by appropriate advice and guidance from a human resources specialist. If appropriate, the nomination process may also include the services of another external agency and such other independent expert as may be considered necessary. Non-Executive Directors' service agreements can be terminated with one month notice.

It is important to ensure all staff are fairly remunerated for their work and in line with their peers in England, ensuring we do not lose staff on the basis of inequitable salaries. Nevertheless, maintaining the right balance for our senior staff continues to be challenging in view of the increased demands on our management leads, the challenging financial position facing the Trust and the need to ensure best value for money across every area.

In June 2019 the Committee agreed a 1.7% uplift of salary (capped at Agenda for Change band 8c level) in line with the national pay deal for Executive Directors. The Committee also reviewed the pay of the senior directors, to ensure alignment with the agreed salary scales and national guidance and reflecting the increased responsibilities of some post holders. The criteria were to ensure that the terms and conditions for these key posts supported the attraction and retention of executives of the quality the Trust requires to deliver successfully on its long-term strategic aims and compared fairly with their peers.

Trevor Lake
Chairman of the Remuneration Committee ....

Date: 23/6/2020.

Senior Managers' Remuneration Policy

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

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data with regional and national comparators and internal and external factors affecting the Trust and the wider NHS, including any national pay agreements
Any particular arrangements specific to individual senior managers	The Medical Director's salary continues to comprise of two central elements: the executive role as Medical Director and elements of his working time as a consultant and any enhancement related to his achievements as a senior consultant.	Remuneration levels for the Medical Director's executive role is determined and monitored by the RemCo Committee. Consultant payments reflect national pay arrangements for medical staff.
Benefits	None	N/A

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

Element	Reason	Mechanics
Base Pay	Set to be competitive at the median level in the comparable market and attract and retain high quality staff	Reviewed annually taking account of benchmark data available locally and from NHS Providers annual survey of board remuneration and internal and external factors affecting the Trust and the wider NHS
Benefits	None – there are no enhanced payments for roles such as the Audit Committee Chair and/or Senior Independent Director	N/A

Annual Report on Remuneration

The services dates for each of the Executive and Non-Executive Directors who have served during the year 2019-20 are as follows:

Director	Start Date	End Date
Trevor Lake, Chairman	1 Jan 2019	31 Dec 2021
Dr. Richard Jenkins, Chief Executive (interim to 18 June 2017, Substantive thereafter)	3 Apr 17	-
Bob Kirton Chief Delivery Officer and Deputy Chief Executive (Previously Executive Director of Business)	22 Dec 17 (1 Sept 16)	-
Heather McNair, Director of Nursing & Quality	5 Dec 2011	30 Jun 2019
Alison Bielby, Acting Director of Nursing & Quality	19 Jun 2019	21 Jul 2019
Jackie Murphy, Director of Nursing and Quality	22 Jul 2019	-
Chris Thickett, Director of Finance	18 March 2019	-
Simon Enright, Medical Director (interim to 30 November 2017, substantive thereafter	19 April 2017	-
Steve Ned, Director of Workforce (Joint position with The Rotherham NHS Foundation Trust	1 April 2019	-
Sue Ellis, Non-Executive Director	1 Jun 2019	31 May 2022
Keely Firth, Non-Executive Director	1 Jan 2017	31 Dec 2022
Philip Hudson, Non-Executive Director	1 Jan 2017	31 Dec 2022
Nick Mapstone, Non-Executive Director	1 Apr 2015	31 Dec 2021
Rosalyn Moore, Non-Executive Director	1 Apr 2015	31 Dec 2021
Francis Patton, Non-Executive Director	1 Jan 2008	31 Dec 2020
Kevin Clifford, Associate Non-Executive Director	1 Dec 2019	30 Nov 2021

Salary and Pension Entitlements of Senior Managers

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

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

Salary and Pension entitlements of senior managers
A) Remuneration

The Single Total Figure Table

Name and Title	Year ended 31 March 2020				Prior Year			
	Salary and fees	**Taxable Benefits**	**Pension related Benefits**	**Total**	Salary and fees	Taxable Benefits	Pension related Benefits	Total
	(bands of £5000) £000	**Rounded to the nearest £100**	**(bands of £2500)**	**(bands of £5000) £000**	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2500)	(bands of £5000) £000
Mrs H McNair, Director of Nursing and Quality [01]	**30-35**	**0**	**0**	**30-35**	130-135	0	92.5-95.0	225-230
Ms A Bielby, Acting Director of Nursing and Quality [01]	**10-15**	**0**	**27.5-30.0**	**40-45**	0	0	0	0
Ms J Murphy, Director of Nursing and Quality [01]	**85-90**	**0**	**17.5-20.0**	**105-110**	0	0	0	0
Dr R Jenkins, Chief Executive [02]	**160-165**	**0**	**70.0-72.5**	**230-235**	225-230	0	52.5-55.0	280-285
Mr R Kirton, Deputy Chief Executive and Chief Delivery Officer	**130-135**	**0**	**45.0-47.5**	**175-180**	125-130	5,100	65.0-67.5	195-200
Mr M Wright, Director of Finance [07]	**0**	**0**	**0**	**0**	130 -135	0	40.0-42.5	170-175
Mr C Thickett, Director of Finance [07]	**125-130**	**0**	**87.5-90.0**	**215-220**	0-5	0	52.5-55.0	55-60
Dr S Enright, Medical Director [03 and 08]	**220-225**	**0**	**0**	**220-225**	215-220	0	130.0-132.5	345-350
Mr S Ned, Director of Workforce [04]	**65-70**	**0**	**187.5-190.0**	**255-260**	0	0	0	0
Mr S Wragg, Chairman [09]	**0**	**0**	**0**	**0**	35-40	100		35-40
Mr T Lake, Chairman [09]	**45-50**	**0**	**0**	**45-50**	10-15	0		10-15
Mr F Patton, Non-Executive Director	**10-15**	**0**	**0**	**10-15**	10-15	300		10-15
Ms J Dean, Non-Executive Director[10]	**0**	**0**	**0**	**0**	5-10	0		5-10
Ms R Moore, Non-Executive Director	**10-15**	**0**	**0**	**10-15**	10-15	0		10-15
Mr N Mapstone, Non-Executive Director	**10-15**	**0**	**0**	**10-15**	10-15	500		10-15
Mrs K Firth, Non-Executive Director	**10-15**	**0**	**0**	**10-15**	10-15	0		10-15
Mr P Hudson, Non-Executive Director	**10-15**	**0**	**0**	**10-15**	10-15	0		10-15
Ms S Ellis, Non-Executive Director[05]	**10-15**	**0**	**0**	**10-15**	0	0		0
Ms K Clifford, Associate Non-Executive Director[06]	**0-5**	**0**	**0**	**0-5**	0	0		0
	2019-20			2018/19				
Band of Highest Paid Director's total Remuneration £' 000s	**220-225**			225-230				
Median Total £' s	**26,970**			24,915				
Ratio	**8.2**			9.1				

Notes to Single Total Figure Table

1. Mrs H McNair, Director of Nursing and Quality left the Trust on 30 June 2019.
   Ms A Bielby, was Acting Director of Nursing and Quality from 19 June 2019 to 21 July 2019.
   Ms J Murphy, was appointed as Director of Nursing and Quality from 22 July 2019.

2. Dr R Jenkins, Chief Executive costs are after a recharge to the Yorkshire and Humberside ICS equivalent to 1.5 days per week for the period 1.4.19 to 8.2.20.
   For the period 9.2.20 to 31.3.20 costs are after a recharge to The Rotherham Hospital NHS Foundation Trust for a part time secondment in a Chief Executive. capacity. Dr R Jenkins received 10% of his salary for his clinical activity during this period.

3. Dr S Enright received 78% of his salary as part of his consultant contract during this period.

4. Mr S Ned, Director of Workforce appointed from 1 April 2019 being a joint position with The Rotherham Hospital NHS Foundation Trust. Costs included are the recharge from The Rotherham Hospital NHS Foundation Trust.

5. Ms S Ellis, was appointed as Non-Executive Director from 1 June 2019.

6. Mr K Clifford was appointed as an Associate Non-Executive Director from 1 December 2019.

Year ended 31 March 2019

7. Mr M Wright left the Trust on 17 March 2019. Mr C Thickett was appointed as Director of Finance from 18 March 2019.

8. Dr S Enright received 78% of his salary for clinical activity during this period.

9. Mr Wragg left the Trust on 31 December 2018. Mr T Lake was appointed as Chairman from 1 January 2019.

10. Ms J Dean, Non-Executive Director left the Trust as at 31 December 2018.

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

Highest Paid Director (subject to audit)

	2019-20			2018/19
Band of Highest Paid Director's total Remuneration £' 000s	**220-225**			**225-230**
Median Total £' s	**26,970**			**24,915**
Ratio	**8.2**			**9.1**

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

The banded remuneration of the highest-paid director in the Trust in the financial year 2019-20 was £220,000 to £225,000 (for 2018-19: £225,000 to £230,000). This was 8.2 times (2018-19 9.1 times) the median remuneration of the workforce which was £26,970 (2018-19: £24,915).

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

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

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

The mid-point of the banded remuneration of the highest paid director (see paragraph 5.2.6), whether or not this is the Accounting Officer or Chief Executive, and the ratio between this and the median remuneration of the reporting entity's staff. The calculation is based on the full-time equivalent staff of the reporting entity at the reporting period end date of 31 March 2020 on an annualised basis. For departments, the calculation should exclude arm's length bodies within the consolidation boundary. Entities shall disclose information explaining the calculation, including causes of significant variances where applicable. Further guidance is provided on the Manual's dedicated website.

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

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

B) Pension Benefits

Name and title	Real increase in pension at pension age (bands of £2500)	Real increase in pension lump sum at pension age (bands of £2500)	Total accrued pension at pension age at 31 March 2020 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5000)	Cash Equivalent Transfer Value at 1 April 2019 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2020 £000	Employer's Contribution to Stakeholder Pension nearest £100
Mr C Thickett, Director of Finance	5.0-7.5	0.0-2.5	20.0-25.0	0.0-5.0	139	54	196	0
Dr R Jenkins, Chief Executive	2.5-5.0	0.0-2.5	70.0-75.0	160.0-165.0	1,326	67	1,434	0
Mr R. Kirton, Deputy Chief Executive and Chief Delivery Officer	2.5-5.0	0.0-2.5	25.0-30.0	0.0-5.0	303	46	366	0
Ms J Murphy, Director of Nursing and Quality	0.0-2.5	2.5-5.0	55.0-60.0	165.0-170.0	1,157	42	1,246	0
Mr S Ned, Director of Workforce	2.5-5.0	7.5-10	55.0-60.0	140.0-145.0	926	97	1,179	0

Notes to Pension Benefits Table

Dr R Jenkins, Chief Executive - refer to Note 2 of the Single Total Figure Table
Mr S Ned, Director of Workforce - refer to Note 4 of the Single Total Figure Table
Mrs H McNair, Director of Nursing and Quality - left on 30 June 2019 and retired and took pension
Dr S. Enright Medical Director - opted out and left pension scheme 30 April 2018
Ms A Bielby, Acting Director of Nursing and Quality retired in year

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

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

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

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

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

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

Information Relating to the Expenses of the Governors and the Directors

Information Relating to the expenses of the governors and the directors

	Year ended 31 March 20		Year ended 31 March 19	
	Directors	Governors	Directors	Governors
Total number in office	16	26	15	30
The number receiving expenses in the reporting period	5	7	4	3
The aggregate sum of expenses paid in the reporting period	£8,000	£900	£4,300	£800

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.

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.

Dr Richard Jenkins, Chief Executive ....

Date: 23rd June 2020

Staff Report

Proud to Care

Proud of our Staff

In the year, the Trust continued to make progress against its People Strategy (2018-2021) which seeks to enable and equip people within the organisation with the necessary knowledge, skills, experience and attitudes to deliver outstanding care.

Specifically, the Trust continued to demonstrate its commitment to developing all staff and leaders, improving staff engagement and health & well-being at the People and Engagement Group (PEG), which reports into the Trust Board via the People, People, Finance & Performance Committee.

The PEG meets monthly to review action plans to strengthen greater engagement with our workforce. Membership comprises of directors and senior leaders from across all areas of the organisation, together with leads for equality, diversity and inclusion and organisational development.

Clinical Business Unit (CBU) leads take ownership of their directorate's staff survey results and formulate individual action plans based on the themes identified specific to their directorates. The HR business partners meet regularly with the CBU leads at performance meetings and the staff survey action plan forms part of the agenda.

Examples of the activity monitored and recommended by the PEG include:

- Bi-Annual Health and Wellbeing Fayre for staff
- Scrutiny of the annual NHS Staff Survey results
- 'Pulse Check' surveys to understand how staff are feeling about certain topics
- Specific focus groups which have led to the creation of a staff network group for disabled staff following feedback from the 2018 staff survey that their experience of working at the Trust could be further improved
- Redevelopment of the Trust's intranet site to include a centralised staff zone containing easy access to all staff benefits and health and wellbeing information
- Monitoring of the annual flu vaccination campaign and the introduction of peer vaccinators across all wards to increase take-up

- Monitoring of quality and uptake of Trust appraisals for Agenda for Change staff
- Implementation of a new, electronic appraisal system
- Development and expansion of the number of apprenticeship programmes
- Continued annual cohorts of staff on the in-house talent development programmes

We have continued to progress workforce changes and efforts in attracting to and retaining staff at the Trust. Examples of this are: staff nurse recruitment days and targeted campaigns with the aim of reducing our time to recruit to enhance the candidate experience, attending recruitment fairs at local universities, increased use of social media portals to enhance our local presence in the jobs market and in house assessment centres for senior appointments.

We have also introduced 'Stay Discussions' with new recruits across the organisation to ensure talent is retained, supported and developed.

We have developed robust workforce data insight reports to support monthly performance monitoring and decision-making on key workforce indicators, also to enable CBU leads to complete annual workforce plans aligned to operational plans to help shape our future workforce.

A new staff and leaders values based behavioural framework linked to the staff appraisal process was launched in April 2019. A next phase of this work in year was to set up a Trust wide multi-disciplinary group to focus on improving our people practices and approaches towards creating and embedding a positive workplace culture within the organisation. Workforce engagement, positive staff experience and health & well-being has remained a key aim to support our strategy, supporting and enabling all staff to work differently and given permission to act.

Underpinning this engagement work we have monitored staff feedback from the annual NHS staff survey, the staff FFT and stress surveys.

Our Workforce

As of 31 March 2020, the Trust had a workforce of 4064 (3,852 excluding bank) in 2019-20 (3,168 in 2012-13, 3,272 in 2013-14, 3,289 in 2014-15, 3,337 in 2015-16, 3,522 in 2016-17, 3,726 in 2017-18, 3879 in 2018-19), with investment in doctor and nursing posts remaining a priority.

Employee Profiles

Ethnic Origin	Total Staff	%
White British	3,550	87.35
White – Other	85	2.09
Mixed	39	0.96
Asian or Asian British	225	5.54
Black or Black British	79	1.94
Chinese	12	0.30
Other Ethnic	37	0.91
Undefined	2	0.05
Not Stated	35	0.86
Total	4604	

Gender	Total Staff	%
Female	3225	79.4
Male	839	20.6

The balance of male and female of our Directors and Senior Management Team at the year-end for 2019-20 is shown below:

	Female	Male
Board of Directors Executive and Non-Executive Directors	4	8
Senior Management Team excluding Executive Directors	3	1

The balance of male and female of our workforce at the year-end for 2019-20 is shown below:

Staff Group	Female	Male	Total
Add Prof Scientific and Technic	109	34	143
Additional Children's Services	714	102	816
Administration and Clerical	659	159	818
Allied Health Professionals	189	34	223
Estates and Ancillary	263	104	367
Healthcare Scientists	73	39	112
Medical and Dental	201	298	499
Nursing and Midwifery (Registered)	1,017	69	1086
Total	**3,225**	**839**	**4,064**

Disability		
No	3789	93.2
Prefer not to answer	5	0.1
Not declared	111	2.7
Yes	159	3.9

Religious Belief	Total Staff	%
Atheism	532	13.1
Buddhism	16	0.4
Christianity	2,243	55.2
Hinduism	53	1.3
Islam	162	4.0
Judaism	Less than 5	0.1
I do not wish to disclose	627	15.4
Other	421	10.4
Sikhism	6	0.2

Sexual Orientation	Total Staff	%
Heterosexual	3538	87.1
Bisexual	14	0.3
Gay or Lesbian	52	1.3
Not Stated	458	11.3
Other sexual orientation not listed	1	0.0
Undecided	1	0.0

Age Band	Total Staff	%
16-20	79	1.9
25-25	363	8.9
26-30	543	13.4
31-35	468	11.5
36-40	499	12.3
41-45	464	11.4
46-50	458	11.3
51-55	547	13.5
56-60	348	9.3
61-65	212	5.2
66-70	39	0.9
71 +	14	0.3

The Trust's gender pay gap information can be found on the Barnsley Hospital NHS Foundation Trust website here: https://www.barnsleyhospital.nhs.uk/news/barnsley-hospital-gender-pay-reporting-2019/

Staff Cost Summaries

Staff costs

	Group			
			2019/20	2018/19
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	113,509	15,420	**128,929**	122,955
Social security costs	11,441	-	**11,441**	10,478
Apprenticeship levy	592	-	**592**	546
Employer's contributions to NHS pension scheme	19,617	-	**19,617**	12,954
Pension cost - other	85	-	**85**	34
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	14,907	**14,907**	7,402
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**145,244**	**30,327**	**175,571**	**154,369**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**145,244**	**30,327**	**175,571**	**154,369**
Of which				
Costs capitalised as part of assets	-	-	**-**	-

Average Number of Employees

Average number of employees (WTE basis)

	Group			
			2019/20	2018/19
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	388	21	**409**	400
Ambulance staff	-	-	**-**	-
Administration and estates	1,056	33	**1,089**	930
Healthcare assistants and other support staff	151	-	**151**	161
Nursing, midwifery and health visiting staff	1,233	183	**1,416**	1,344
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	531	9	**540**	520
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	1	-	**1**	1
Total average numbers	**3,361**	**246**	**3,606**	**3,355**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	-

Compensation Schemes

Reporting of compensation schemes - exit packages 2019/20	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	1	-	1
£25,001 - 50,000	1	-	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**2**	**-**	**2**
Total cost (£)	£49,000	£0	**£49,000**

Reporting of compensation schemes - exit packages 2018/19	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	1	1	2
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**1**	**1**	**2**
Total resource cost (£)	£39,000	£37,000	**£76,000**

Exit Packages

Exit packages: other (non-compulsory) departure payments

	2019/20		2018/19	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	1	37
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**-**	**-**	**1**	**37**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Staff Appraisals

Our appraisal data confirms that 91.9% of non-medical staff have received an appraisal and 94.8% of medical staff have received an appraisal. An audit of the appraisal process provided positive feedback.

Sickness Absence

Staff sickness absence has shown a slight increase, with the average for the year at 4.35% compared to 4.29 % in 2018-19.

The Trust sickness absence reduction action plan has been launched to all CBU and Corporate Directors in February 2019, and delivery of the actions and analysis of sickness hot spot areas are being monitored monthly at the PEG. A particular focus of the plan is on managing long-term sickness cases with the involvement of Occupational Health, senior management and senior HR support.

The Occupational Health team continue to find innovative approaches to health and wellbeing and reduce staff sickness. These include a menopause peer support group, using lifestyle assessments with BP, BMI and other tests for staff to help maintain their resilience at work and improve overall health.

We have launched the ‘Thriving at Work’ staff mental health & well-being action plan in April 2019 which sets out the mental health core standards to achieve. Staff access to the VIVUP employee assistance programme for 24/7 counselling and self-help online resources continues, which also includes access to financial well-being support from NEYBER. In addition the Remploy scheme supporting staff with mental health at work was launched in the Trust in April 2019.

NHS Staff Survey

A full staff survey was completed in 2019 using a different manager led approach. 2,237 members of staff completed the survey, a response rate of 71%. The average response rate for similar trusts was 51%.

Overall Response Data

	2018	2019
Total number of eligible staff	3156	3535
Returned completed	1564	2576
Response rate	50%	71%
Average Picker response rate	47%	51%

The Picker Facilitated Report

When comparing the question responses year on year out of 90 questions the Trust has improved on 20 questions and worsened on 1 question, the remaining 61 questions demonstrate no significant difference.

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

2018 – 19	20
2019-20	24

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

2018 – 19	1
2019-20	5

NHS England Report

The NHS England report clusters the NHS staff survey questions into eleven key themes. Out of eleven themes our staff have rated Barnsley Hospital as good as or better than most NHS acute trusts for; Equality and diversity, health and wellbeing, immediate managers, quality of appraisals, quality of care, safe environment - bullying and harassment and safety culture, morale and team working.

Barnsley Hospital Overview

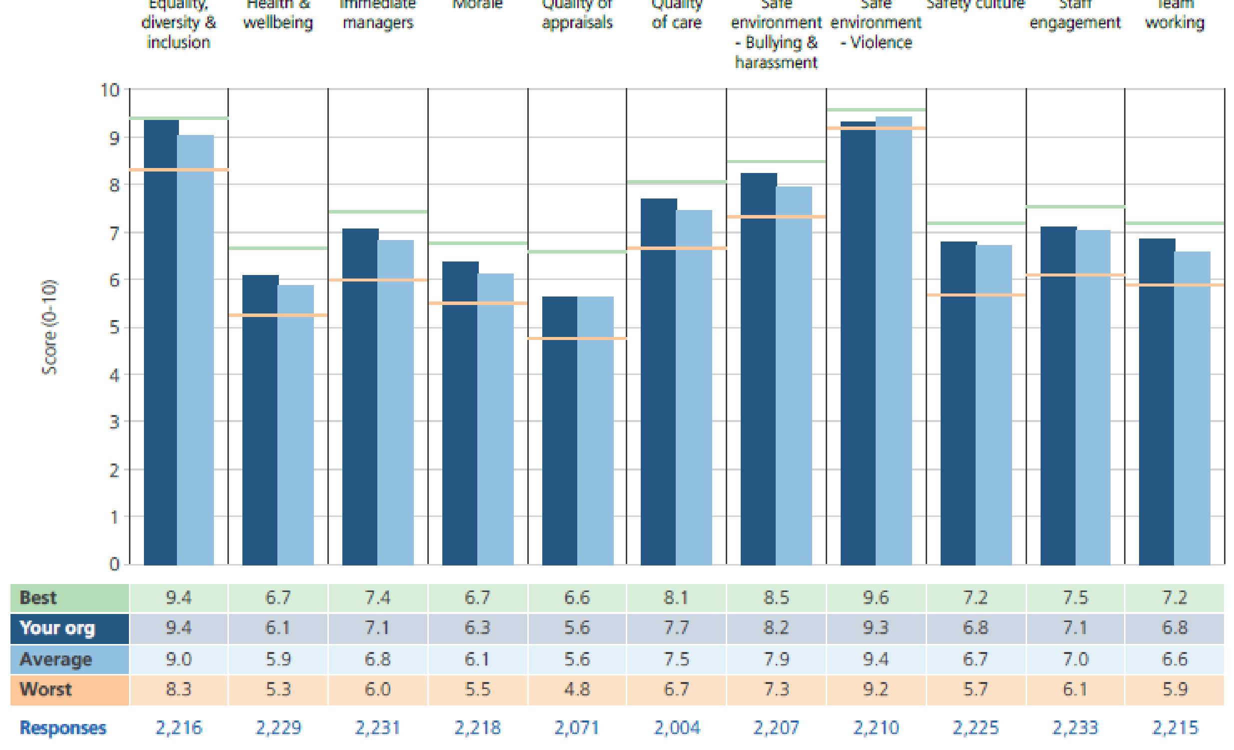
Staff feedback is one of the best ways for you to share your views about your job, our organisation and the NHS. Importantly, results from this survey are used to improve care for patients and working conditions for staff

The NHS Staff Survey results show some significant improvements and together as a Trust we received a record high of a 72% engagement score in relation to staff members completing their survey.

Overall, our results show we are making progress towards our aspiration that Barnsley Hospital should be an outstanding place to work.

The survey is split into themes. Among the highlights are significant improvements, particularly our positive ratings in the areas of ‘quality of care’, ‘staff engagement’, the feeling of a ‘safe working environment’ and in ‘equality, diversity and inclusion’.

Barnsley Hospital was the same as or better than the average across all NHS trusts in England in the 11 themes including team working, immediate managers and appraisals. This is highlighted in the table below.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.7	7.4	6.7	6.6	8.1	8.5	9.6	7.2	7.5	7.2
Your org	9.4	6.1	7.1	6.3	5.6	7.7	8.2	9.3	6.8	7.1	6.8
Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6
Worst	8.3	5.3	6.0	5.5	4.8	6.7	7.3	9.2	5.7	6.1	5.9
Responses	2,216	2,229	2,231	2,218	2,071	2,004	2,207	2,210	2,225	2,233	2,215

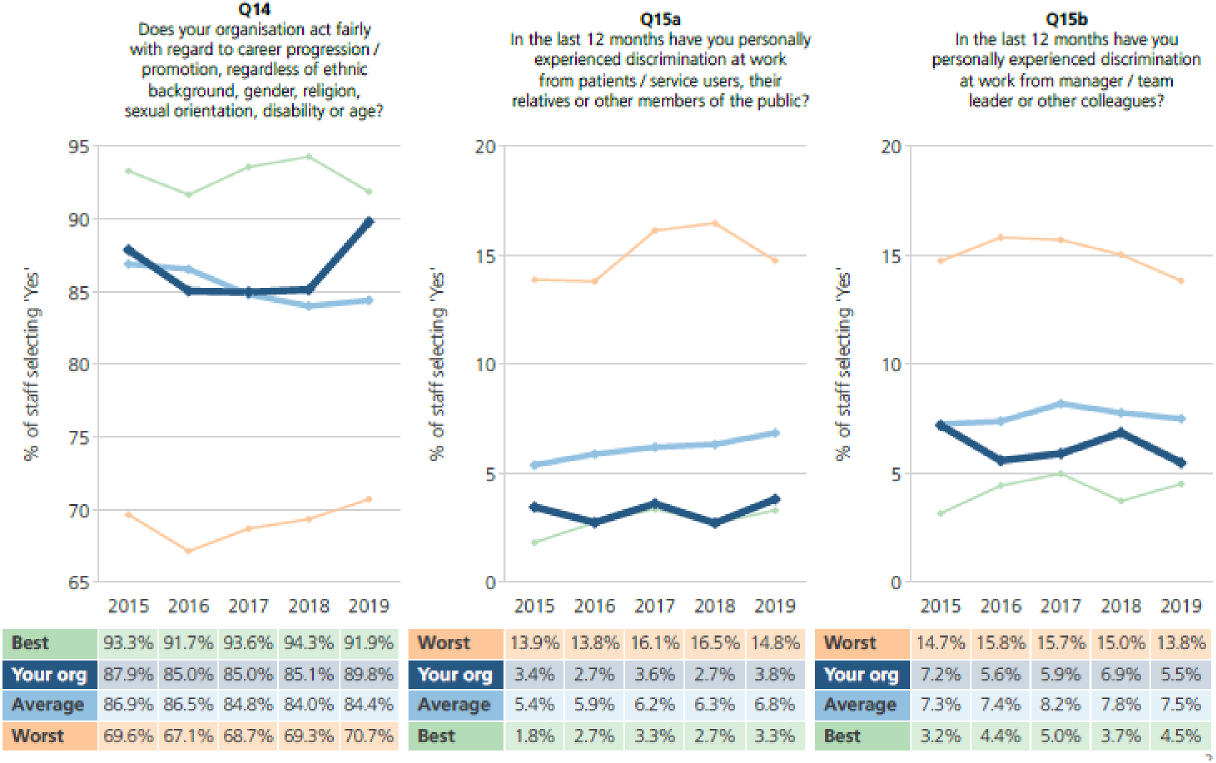
In addition to where we have scored well, what we have improved, the survey results also highlighted areas for further improvement. For example, although we scored well in the number of staff receiving an annual appraisal, the feedback indicates that not all of these staff are having an appraisal that supports them to undertake their role. As a result the Trust has already made changes to the appraisal process for 2020-21.

Colleagues also told us that some feel unable to influence changes within the area they work in. We are committed to developing a culture of innovation across our hospital. To support this, the Board approved an Innovation Strategy to focus on driving improvements suggested by staff through this work throughout the year.

Our scores for the safe working environment show a slight increase in the percentage of staff that sometimes experience 'violence'. As a hospital we take this very seriously. To support this the Trust has created a series of 'Respect' posters up within the hospital site and in our social media posts in order to raise awareness and also to serve as a reminder that we operate a zero tolerance on this issue within Barnsley Hospital.

Our Detailed Results against each Theme

Equality, Diversity and Inclusion



Q14

	2015	2016	2017	2018	2019
Best	93.3%	91.7%	93.6%	94.3%	91.9%
Your org	87.9%	85.0%	85.0%	85.1%	89.8%
Average	86.9%	86.5%	84.8%	84.0%	84.4%
Worst	69.6%	67.1%	68.7%	69.3%	70.7%

Q15a

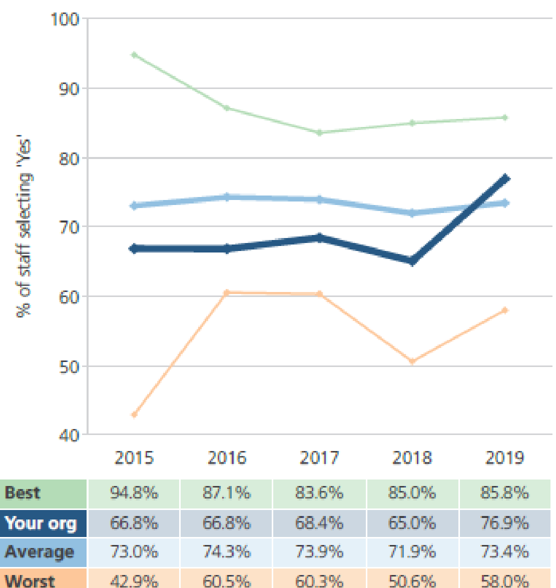
	2015	2016	2017	2018	2019
Worst	13.9%	13.8%	16.1%	16.5%	14.8%
Your org	3.4%	2.7%	3.6%	2.7%	3.8%
Average	5.4%	5.9%	6.2%	6.3%	6.8%
Best	1.8%	2.7%	3.3%	2.7%	3.3%

Q15b

	2015	2016	2017	2018	2019
Worst	14.7%	15.8%	15.7%	15.0%	13.8%
Your org	7.2%	5.6%	5.9%	6.9%	5.5%
Average	7.3%	7.4%	8.2%	7.8%	7.5%
Best	3.2%	4.4%	5.0%	3.7%	4.5%

Disability

Q28b
Has your employer made adequate adjustment(s) to enable you to carry out your work?



	2015	2016	2017	2018	2019
Best	94.8%	87.1%	83.6%	85.0%	85.8%
Your org	66.8%	66.8%	68.4%	65.0%	76.9%
Average	73.0%	74.3%	73.9%	71.9%	73.4%
Worst	42.9%	60.5%	60.3%	50.6%	58.0%

Health and Wellbeing

Q5h
The opportunities for flexible working patterns

% of staff selecting 'Satisfied'/'Very Satisfied'

	2015	2016	2017	2018	2019
Best	58.2%	58.3%	60.3%	60.3%	62.0%
Your org	52.7%	54.6%	54.9%	55.9%	56.1%
Average	48.7%	50.1%	50.3%	51.9%	52.6%
Worst	40.3%	42.8%	40.0%	42.4%	41.9%

Q11a
Does your organisation take positive action on health and well-being?

% of staff selecting 'Yes, definitely'

	2015	2016	2017	2018	2019
Best	49.5%	52.1%	46.9%	46.7%	45.4%
Your org	28.1%	31.1%	32.0%	28.8%	32.4%
Average	30.3%	31.7%	31.2%	27.7%	28.2%
Worst	14.7%	18.1%	19.0%	15.3%	16.0%

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?

% of staff selecting 'Yes'

	2015	2016	2017	2018	2019
Worst	33.6%	34.4%	34.6%	37.9%	36.2%
Your org	25.6%	23.6%	24.1%	23.5%	25.2%
Average	25.5%	25.7%	26.0%	28.7%	29.7%
Best	19.2%	18.6%	19.7%	20.3%	21.5%

Q11c
During the last 12 months have you felt unwell as a result of work related stress?

% of staff selecting 'Yes'

	2015	2016	2017	2018	2019
Worst	44.9%	44.3%	45.9%	46.7%	46.3%
Your org	41.1%	38.8%	40.2%	38.6%	39.3%
Average	36.2%	35.3%	36.8%	39.0%	39.8%
Best	24.9%	25.4%	27.8%	29.1%	31.3%

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?

% of staff selecting 'Yes'

	2015	2016	2017	2018	2019
Worst	65.0%	62.9%	62.9%	64.3%	62.3%
Your org	59.6%	58.7%	56.8%	55.3%	56.8%
Average	57.0%	55.2%	56.3%	56.9%	56.8%
Best	44.8%	48.4%	47.7%	47.7%	48.0%

Immediate Managers

Q5b
The support I get from my immediate manager

% of staff selecting 'Satisfied'/'Very Satisfied'

	2015	2016	2017	2018	2019
Best	74.0%	75.6%	76.0%	77.4%	79.5%
Your org	67.7%	66.6%	69.2%	69.5%	74.5%
Average	65.8%	66.9%	67.5%	68.6%	69.4%
Worst	57.3%	58.9%	58.4%	58.2%	55.2%

Q8c
My immediate manager gives me clear feedback on my work

% of staff selecting 'Agree'/'Strongly Agree'

	2015	2016	2017	2018	2019
Best	66.9%	66.9%	69.0%	69.2%	69.9%
Your org	61.5%	62.7%	65.2%	64.1%	64.7%
Average	58.0%	60.2%	60.5%	60.1%	61.4%
Worst	50.9%	51.5%	52.2%	50.7%	48.0%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work

% of staff selecting 'Agree'/'Strongly Agree'

	2015	2016	2017	2018	2019
Best	61.8%	60.5%	61.2%	61.4%	62.4%
Your org	55.5%	55.1%	56.5%	55.7%	56.8%
Average	51.7%	53.7%	54.8%	54.1%	55.4%
Worst	40.0%	45.8%	45.5%	44.5%	44.2%

Q8f
My immediate manager takes a positive interest in my health and well-being

% of staff selecting 'Agree'/'Strongly Agree'

	2015	2016	2017	2018	2019
Best	70.4%	73.3%	72.4%	74.1%	77.8%
Your org	68.2%	65.6%	68.9%	69.3%	71.4%
Average	64.2%	65.6%	66.8%	66.9%	68.1%
Worst	58.3%	57.2%	59.1%	57.6%	55.5%

Q8g
My immediate manager values my work

% of staff selecting 'Agree'/'Strongly Agree'

	2015	2016	2017	2018	2019
Best	77.0%	77.2%	77.1%	78.6%	80.2%
Your org	70.6%	68.7%	71.7%	71.1%	74.4%
Average	69.2%	70.2%	71.2%	71.1%	72.3%
Worst	63.3%	64.7%	62.7%	63.9%	60.2%

Q19g
My manager supported me to receive this training, learning or development

% of staff selecting 'Yes, definitely'

	2015	2016	2017	2018	2019
Best	61.3%	61.0%	64.5%	66.0%	63.3%
Your org	50.5%	49.8%	52.4%	56.8%	58.5%
Average	50.9%	51.0%	51.0%	53.9%	55.0%
Worst	42.7%	42.5%	42.3%	46.9%	46.3%

Staff Morale

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department

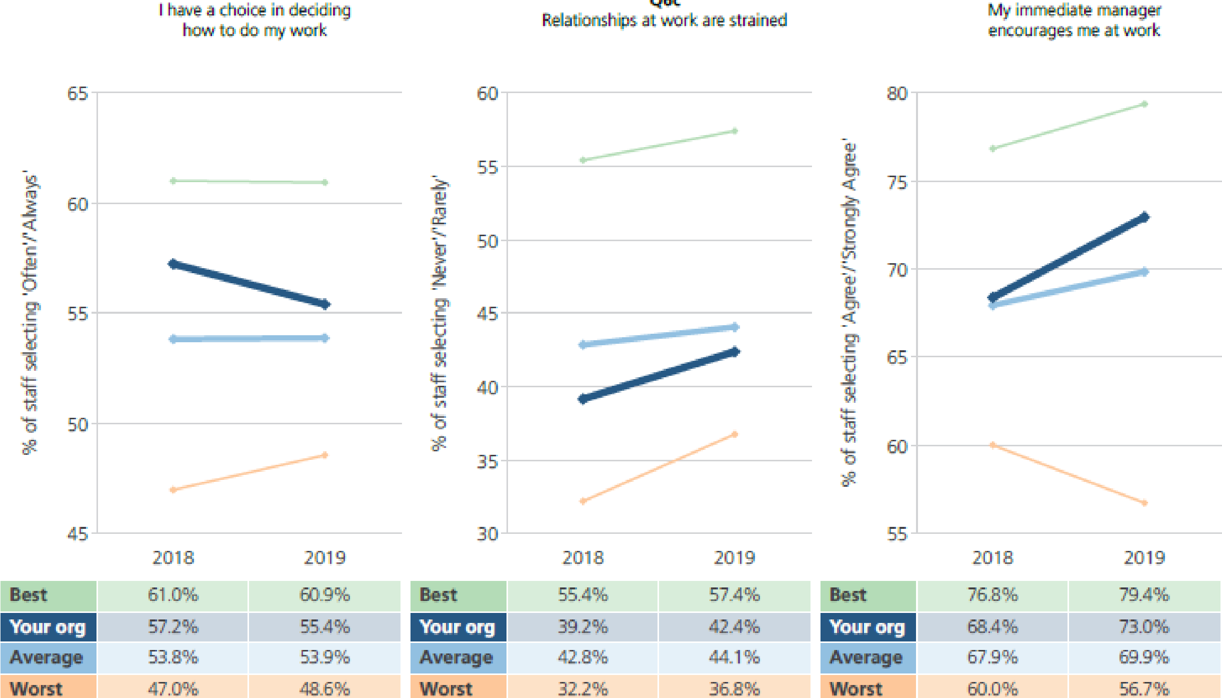
	2015	2016	2017	2018	2019
Best	63.9%	61.1%	61.8%	62.4%	62.1%
Your org	53.1%	51.4%	52.4%	53.9%	53.1%
Average	52.1%	52.7%	52.4%	52.7%	52.2%
Worst	42.7%	45.0%	41.8%	42.7%	42.4%

Q4j
I receive the respect I deserve from my colleagues at work

	2018	2019
Best	79.0%	81.9%
Your org	69.8%	73.3%
Average	70.8%	71.4%
Worst	62.6%	62.4%

Q6a
I have unrealistic time pressures

	2018	2019
Best	28.3%	31.2%
Your org	25.4%	24.6%
Average	20.9%	21.9%
Worst	14.6%	17.6%



Q6b

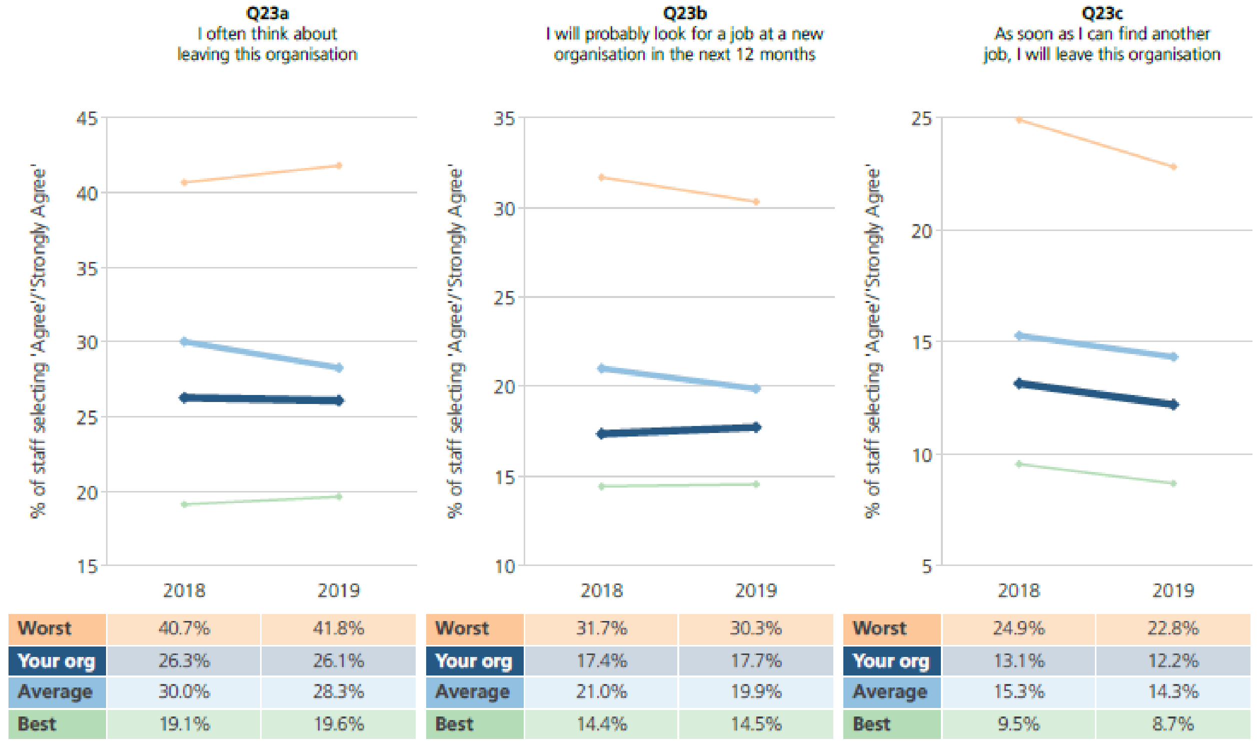
	2018	2019
Best	61.0%	60.9%
Your org	57.2%	55.4%
Average	53.8%	53.9%
Worst	47.0%	48.6%

Q6c

	2018	2019
Best	55.4%	57.4%
Your org	39.2%	42.4%
Average	42.8%	44.1%
Worst	32.2%	36.8%

Q8a

	2018	2019
Best	76.8%	79.4%
Your org	68.4%	73.0%
Average	67.9%	69.9%
Worst	60.0%	56.7%



Q23a I often think about leaving this organisation

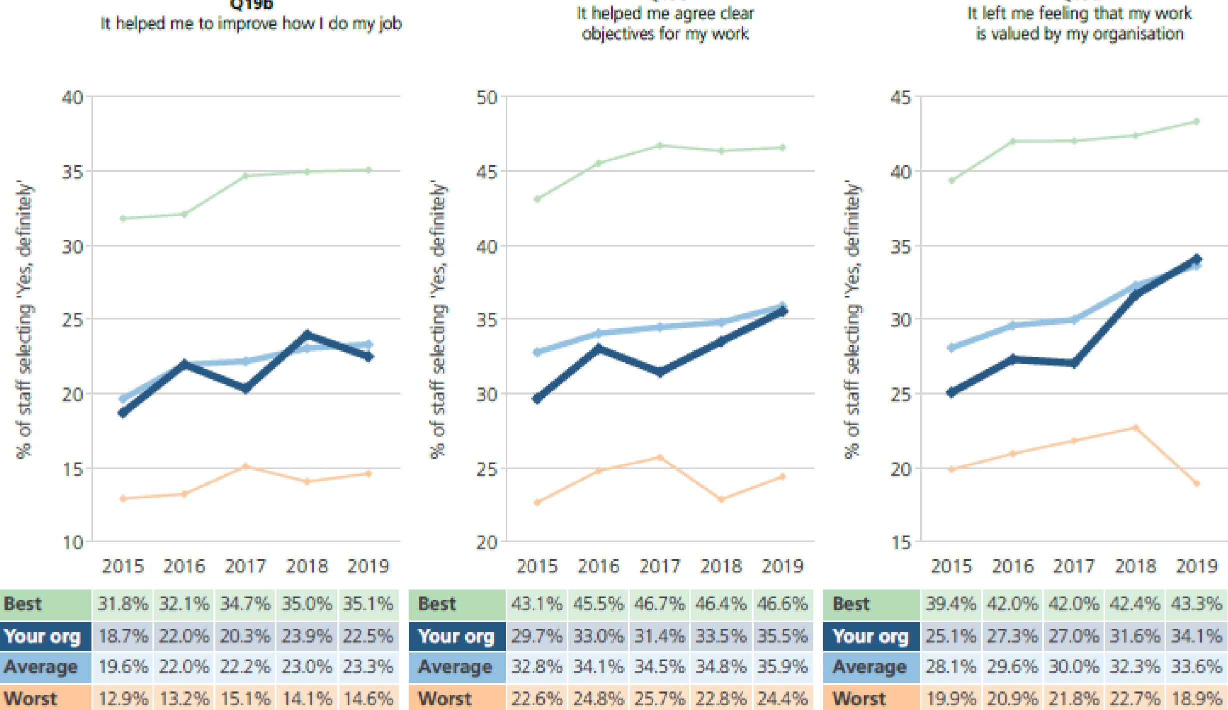
	2018	2019
Worst	40.7%	41.8%
Your org	26.3%	26.1%
Average	30.0%	28.3%
Best	19.1%	19.6%

Q23b I will probably look for a job at a new organisation in the next 12 months

	2018	2019
Worst	31.7%	30.3%
Your org	17.4%	17.7%
Average	21.0%	19.9%
Best	14.4%	14.5%

Q23c As soon as I can find another job, I will leave this organisation

	2018	2019
Worst	24.9%	22.8%
Your org	13.1%	12.2%
Average	15.3%	14.3%
Best	9.5%	8.7%



Q19b It helped me to improve how I do my job

	2015	2016	2017	2018	2019
Best	31.8%	32.1%	34.7%	35.0%	35.1%
Your org	18.7%	22.0%	20.3%	23.9%	22.5%
Average	19.6%	22.0%	22.2%	23.0%	23.3%
Worst	12.9%	13.2%	15.1%	14.1%	14.6%

Q19c It helped me agree clear objectives for my work

	2015	2016	2017	2018	2019
Best	43.1%	45.5%	46.7%	46.4%	46.6%
Your org	29.7%	33.0%	31.4%	33.5%	35.5%
Average	32.8%	34.1%	34.5%	34.8%	35.9%
Worst	22.6%	24.8%	25.7%	22.8%	24.4%

Q19d It left me feeling that my work is valued by my organisation

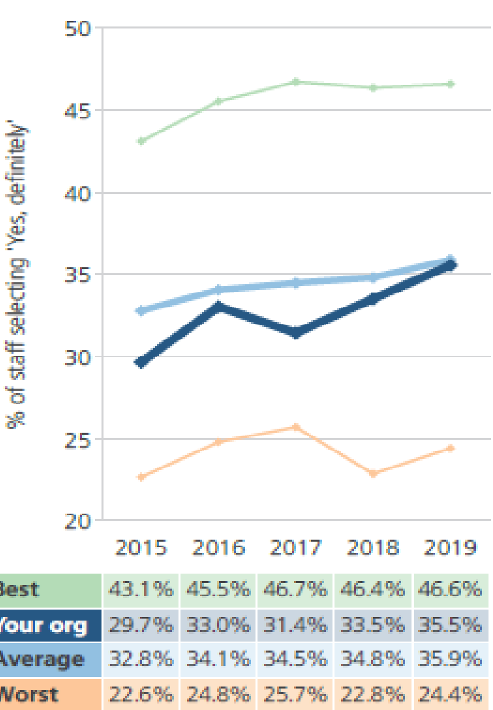
	2015	2016	2017	2018	2019
Best	39.4%	42.0%	42.0%	42.4%	43.3%
Your org	25.1%	27.3%	27.0%	31.6%	34.1%
Average	28.1%	29.6%	30.0%	32.3%	33.6%
Worst	19.9%	20.9%	21.8%	22.7%	18.9%

Quality of Appraisals

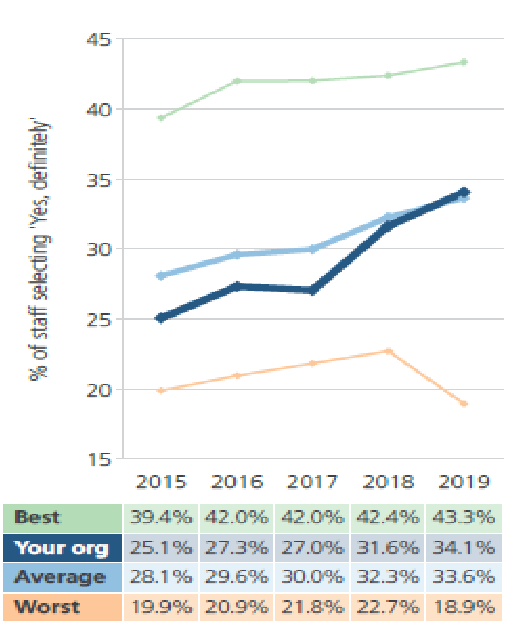
Q19b
It helped me to improve how I do my job

% of staff selecting 'Yes, definitely'

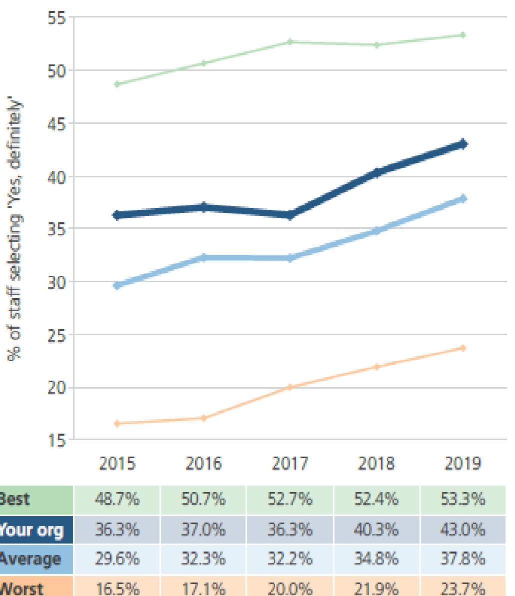
	2015	2016	2017	2018	2019
Best	31.8%	32.1%	34.7%	35.0%	35.1%
Your org	18.7%	22.0%	20.3%	23.9%	22.5%
Average	19.6%	22.0%	22.2%	23.0%	23.3%
Worst	12.9%	13.2%	15.1%	14.1%	14.6%



	2015	2016	2017	2018	2019
Best	43.1%	45.5%	46.7%	46.4%	46.6%
Your org	29.7%	33.0%	31.4%	33.5%	35.5%
Average	32.8%	34.1%	34.5%	34.8%	35.9%
Worst	22.6%	24.8%	25.7%	22.8%	24.4%



	2015	2016	2017	2018	2019
Best	39.4%	42.0%	42.0%	42.4%	43.3%
Your org	25.1%	27.3%	27.0%	31.6%	34.1%
Average	28.1%	29.6%	30.0%	32.3%	33.6%
Worst	19.9%	20.9%	21.8%	22.7%	18.9%



	2015	2016	2017	2018	2019
Best	48.7%	50.7%	52.7%	52.4%	53.3%
Your org	36.3%	37.0%	36.3%	40.3%	43.0%
Average	29.6%	32.3%	32.2%	34.8%	37.8%
Worst	16.5%	17.1%	20.0%	21.9%	23.7%

Quality of Care

Q7a
I am satisfied with the quality of care I give to patients / service users

	2015	2016	2017	2018	2019
Best	90.7%	88.6%	88.1%	89.5%	87.3%
Your org	80.2%	80.3%	78.5%	81.6%	85.7%
Average	82.3%	83.0%	80.6%	79.9%	80.7%
Worst	72.9%	74.0%	72.9%	72.2%	68.0%

Q7b
I feel that my role makes a difference to patients / service users

	2015	2016	2017	2018	2019
Best	93.9%	93.8%	93.0%	92.9%	93.4%
Your org	88.8%	89.6%	87.3%	89.0%	91.2%
Average	90.4%	90.5%	90.2%	89.5%	89.7%
Worst	86.0%	88.1%	86.2%	84.2%	81.4%

Q7c
I am able to deliver the care I aspire to

	2015	2016	2017	2018	2019
Best	79.6%	80.5%	76.8%	81.0%	80.3%
Your org	66.4%	65.3%	63.7%	70.1%	73.8%
Average	67.6%	69.6%	66.7%	66.8%	68.3%
Worst	54.3%	56.1%	57.9%	58.0%	55.5%

(Y-axis: % of staff selecting 'Agree'/'Strongly Agree')

Bullying and Harassment

Q13a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

	2015	2016	2017	2018	2019
Worst	38.9%	38.2%	36.0%	37.7%	36.0%
Your org	23.9%	24.9%	25.0%	23.4%	26.2%
Average	29.1%	28.7%	28.4%	28.7%	28.7%
Best	22.9%	22.9%	22.9%	22.3%	23.4%

Q13b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

	2015	2016	2017	2018	2019
Worst	27.4%	22.6%	23.8%	24.3%	23.5%
Your org	14.5%	13.1%	12.4%	11.0%	9.7%
Average	14.0%	12.9%	13.2%	13.8%	13.1%
Best	8.0%	7.8%	7.2%	8.0%	6.4%

Q13c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

	2015	2016	2017	2018	2019
Worst	30.2%	27.5%	27.4%	28.4%	26.5%
Your org	16.9%	15.8%	15.8%	17.7%	18.0%
Average	19.3%	18.6%	19.1%	20.4%	20.3%
Best	14.7%	12.8%	14.0%	11.8%	12.9%

(Y-axis: % of staff saying they experienced at least one incident of bullying, harassment or abuse)

Environment - Violence

Q12a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

	2015	2016	2017	2018	2019
Worst	22.4%	21.2%	22.4%	21.3%	21.8%
Your org	16.0%	18.1%	17.2%	14.4%	18.4%
Average	14.9%	15.8%	15.2%	14.5%	15.1%
Best	9.9%	8.2%	11.0%	10.1%	11.3%

Q12b
In the last 12 months how many times have you personally experienced physical violence at work from managers?

	2015	2016	2017	2018	2019
Worst	2.4%	1.9%	2.3%	1.5%	2.0%
Your org	0.5%	0.7%	0.5%	0.7%	0.7%
Average	0.6%	0.7%	0.7%	0.7%	0.6%
Best	0.0%	0.0%	0.0%	0.0%	0.1%

Q12c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?

	2015	2016	2017	2018	2019
Worst	4.7%	3.5%	4.3%	6.5%	3.8%
Your org	1.2%	2.7%	1.2%	1.9%	1.6%
Average	1.8%	1.9%	1.9%	1.6%	1.6%
Best	0.0%	0.2%	0.8%	0.6%	0.6%

(Y-axis: % of staff saying they experienced at least one incident of violence)

Safety Culture

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly

	2015	2016	2017	2018	2019
Best	64.3%	64.5%	65.1%	69.6%	71.1%
Your org	49.7%	46.7%	52.4%	55.6%	56.5%
Average	52.1%	53.8%	54.3%	58.3%	59.6%
Worst	39.4%	37.7%	39.6%	42.8%	41.3%

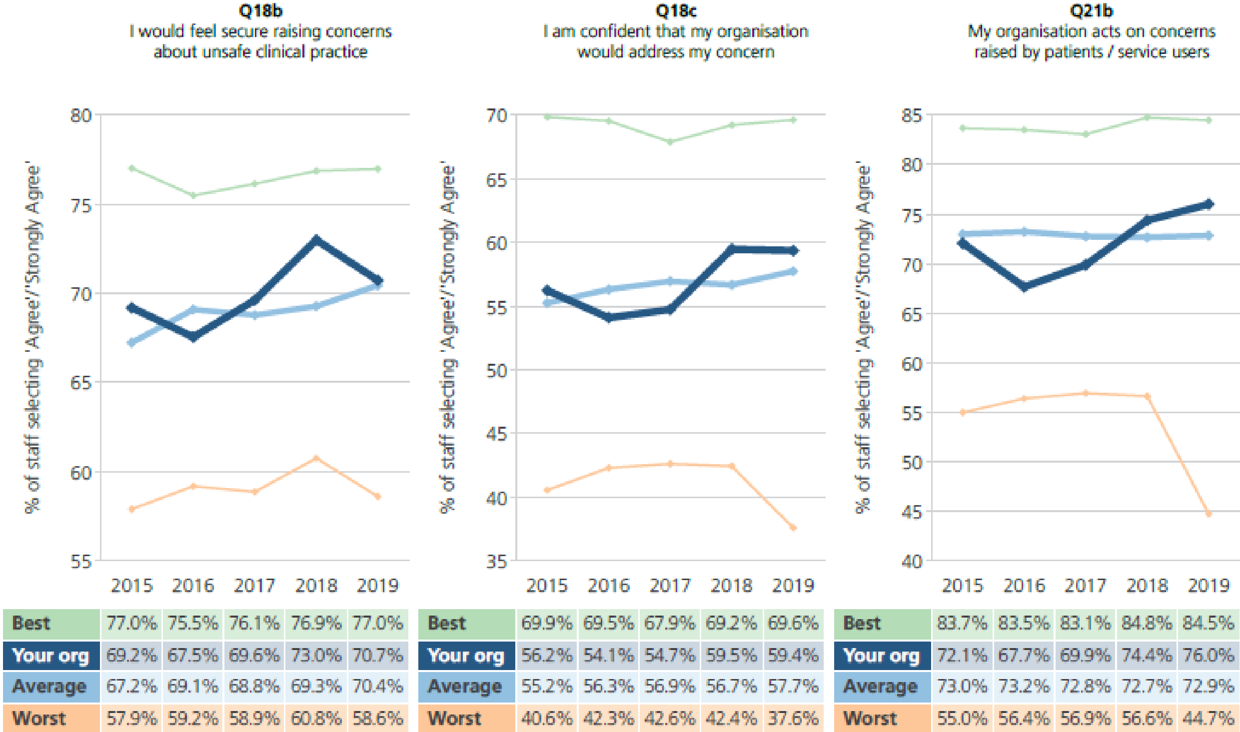
Q17c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again

	2015	2016	2017	2018	2019
Best	75.8%	76.7%	76.2%	82.3%	80.7%
Your org	72.1%	68.4%	67.7%	72.2%	70.5%
Average	67.1%	68.2%	68.6%	69.9%	70.2%
Worst	52.1%	54.8%	52.4%	55.8%	53.9%

Q17d
We are given feedback about changes made in response to reported errors, near misses and incidents

	2015	2016	2017	2018	2019
Best	62.6%	73.2%	71.6%	72.2%	72.2%
Your org	62.6%	61.9%	64.5%	66.7%	65.8%
Average	53.0%	54.3%	56.4%	58.8%	60.1%
Worst	39.7%	41.0%	41.1%	43.3%	43.7%

(Y-axis: % of staff selecting 'Agree'/'Strongly Agree')



Q18b I would feel secure raising concerns about unsafe clinical practice

	2015	2016	2017	2018	2019
Best	77.0%	75.5%	76.1%	76.9%	77.0%
Your org	69.2%	67.5%	69.6%	73.0%	70.7%
Average	67.2%	69.1%	68.8%	69.3%	70.4%
Worst	57.9%	59.2%	58.9%	60.8%	58.6%

Q18c I am confident that my organisation would address my concern

	2015	2016	2017	2018	2019
Best	69.9%	69.5%	67.9%	69.2%	69.6%
Your org	56.2%	54.1%	54.7%	59.5%	59.4%
Average	55.2%	56.3%	56.9%	56.7%	57.7%
Worst	40.6%	42.3%	42.6%	42.4%	37.6%

Q21b My organisation acts on concerns raised by patients / service users

	2015	2016	2017	2018	2019
Best	83.7%	83.5%	83.1%	84.8%	84.5%
Your org	72.1%	67.7%	69.9%	74.4%	76.0%
Average	73.0%	73.2%	72.8%	72.7%	72.9%
Worst	55.0%	56.4%	56.9%	56.6%	44.7%

Team Working

Q4h
The team I work in has a set of shared objectives

	2015	2016	2017	2018	2019
Best	80.1%	79.3%	79.7%	80.8%	83.4%
Your org	71.6%	71.5%	74.9%	73.6%	77.1%
Average	71.6%	72.6%	72.6%	72.0%	72.0%
Worst	66.0%	65.8%	66.5%	63.4%	63.2%

Q4i
The team I work in often meets to discuss the team's effectiveness

	2015	2016	2017	2018	2019
Best	66.3%	66.0%	66.7%	68.6%	68.6%
Your org	60.1%	59.3%	63.7%	64.6%	63.6%
Average	57.2%	58.0%	58.5%	58.6%	60.3%
Worst	48.2%	48.2%	49.1%	46.8%	47.6%

Engagement

Q2a
I look forward to going to work

	2015	2016	2017	2018	2019
Best	70.3%	66.1%	66.7%	67.6%	68.8%
Your org	53.0%	51.5%	53.4%	57.2%	57.2%
Average	59.2%	59.8%	58.4%	59.2%	60.2%
Worst	49.9%	51.5%	50.2%	50.6%	47.1%

Q2b
I am enthusiastic about my job

	2015	2016	2017	2018	2019
Best	81.9%	80.3%	79.2%	81.8%	81.7%
Your org	72.3%	70.2%	71.5%	76.6%	76.5%
Average	75.1%	75.1%	74.3%	74.9%	75.3%
Worst	67.2%	69.8%	68.1%	69.3%	67.9%

Q2c
Time passes quickly when I am working

	2015	2016	2017	2018	2019
Best	83.9%	81.4%	80.8%	83.3%	81.9%
Your org	76.4%	72.8%	73.7%	74.6%	75.9%
Average	78.1%	78.0%	77.2%	76.7%	76.9%
Worst	73.5%	71.8%	72.2%	72.6%	71.5%

Q4a
There are frequent opportunities for me to show initiative in my role

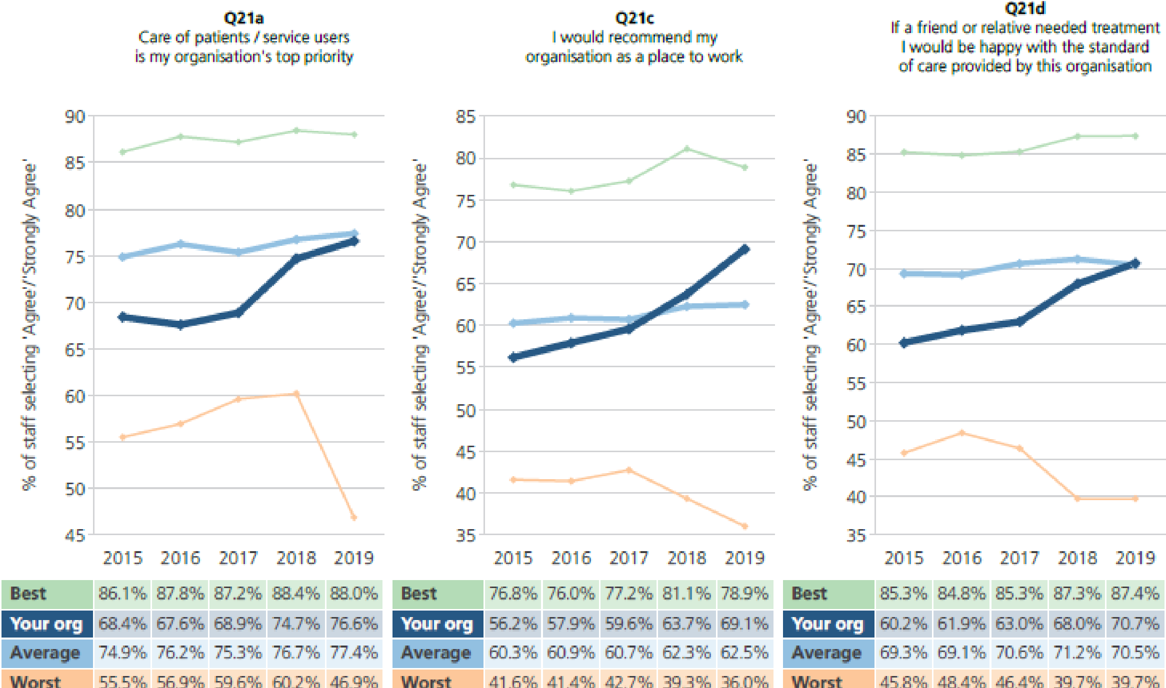
	2015	2016	2017	2018	2019
Best	80.5%	79.8%	79.5%	79.3%	79.4%
Your org	72.6%	72.4%	74.0%	74.9%	75.4%
Average	72.9%	73.6%	73.2%	72.7%	72.8%
Worst	65.1%	67.3%	62.9%	62.8%	60.4%

Q4b
I am able to make suggestions to improve the work of my team / department

	2015	2016	2017	2018	2019
Best	83.7%	81.4%	83.0%	83.2%	81.9%
Your org	74.4%	74.1%	73.4%	73.0%	75.0%
Average	74.6%	75.0%	74.5%	74.5%	73.6%
Worst	67.1%	69.4%	65.5%	67.7%	65.2%

Q4d
I am able to make improvements happen in my area of work

	2015	2016	2017	2018	2019
Best	66.1%	63.8%	64.6%	66.0%	67.6%
Your org	54.3%	51.0%	54.1%	55.6%	53.3%
Average	55.2%	56.1%	56.1%	56.1%	56.0%
Worst	45.9%	46.9%	43.7%	45.7%	44.6%



Q21a	2015	2016	2017	2018	2019
Best	86.1%	87.8%	87.2%	88.4%	88.0%
Your org	68.4%	67.6%	68.9%	74.7%	76.6%
Average	74.9%	76.2%	75.3%	76.7%	77.4%
Worst	55.5%	56.9%	59.6%	60.2%	46.9%

Q21c	2015	2016	2017	2018	2019
Best	76.8%	76.0%	77.2%	81.1%	78.9%
Your org	56.2%	57.9%	59.6%	63.7%	69.1%
Average	60.3%	60.9%	60.7%	62.3%	62.5%
Worst	41.6%	41.4%	42.7%	39.3%	36.0%

Q21d	2015	2016	2017	2018	2019
Best	85.3%	84.8%	85.3%	87.3%	87.4%
Your org	60.2%	61.9%	63.0%	68.0%	70.7%
Average	69.3%	69.1%	70.6%	71.2%	70.5%
Worst	45.8%	48.4%	46.4%	39.7%	39.7%

Investors in People

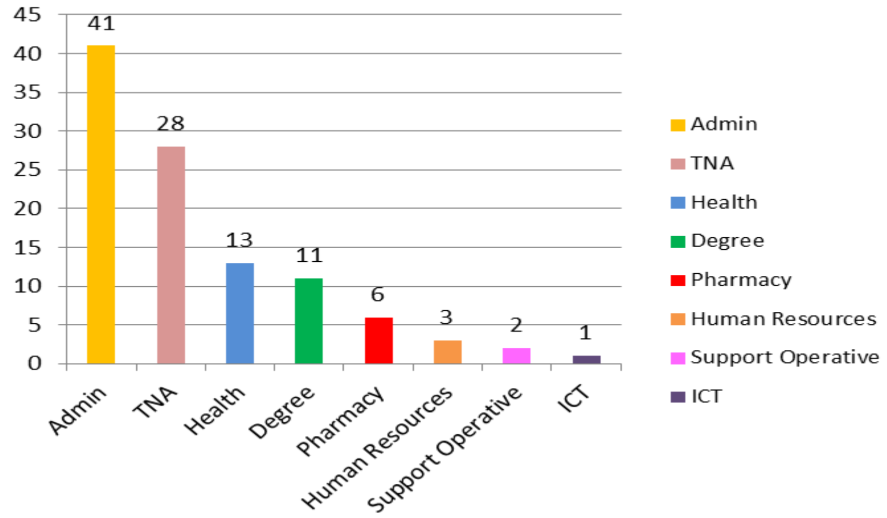
In 2019 the Trust's Investors in People annual review was completed to review the action plan and begin preparations for our next assessment in 2020.

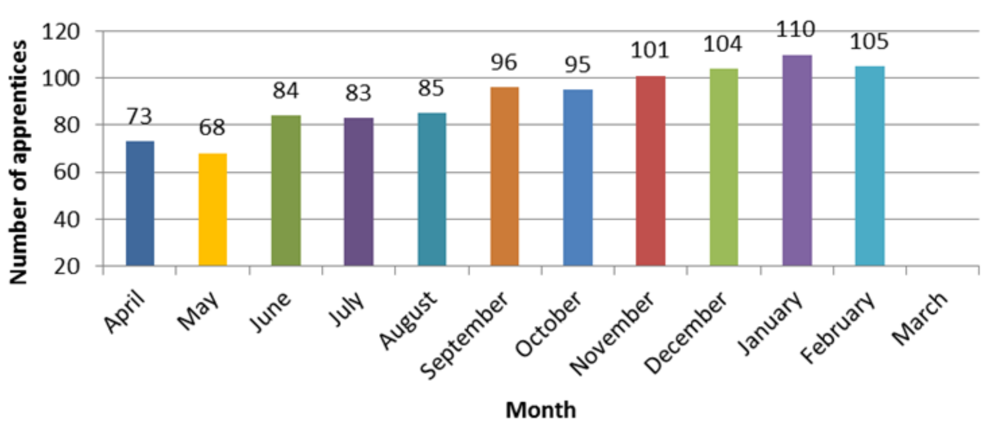
Apprenticeships at Barnsley Hospital

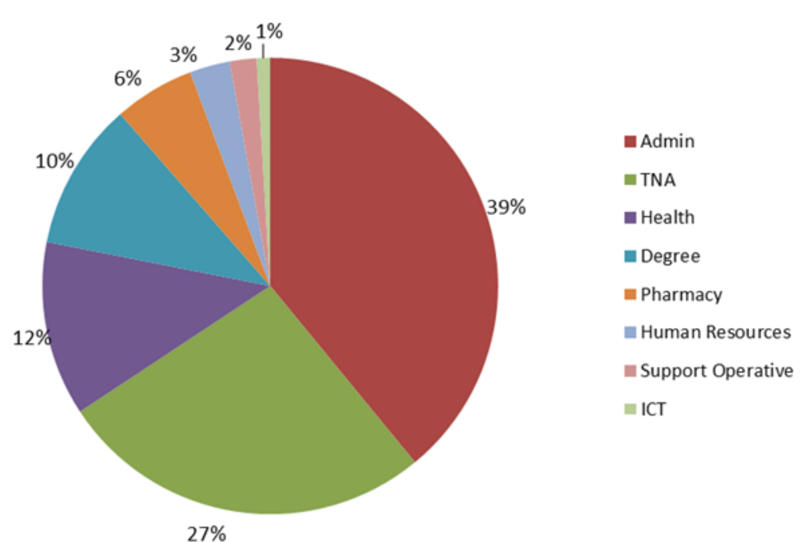
We have employed apprentices at Barnsley Hospital for many years and a lot of our staff, including staff in senior roles, started their career here as an apprentice or trainee.

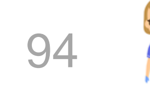
Apprentices are treated as a member of the team and help support the function or service they are working within. Hiring an apprentice enables services to grow their skills base resulting in increased output and service development.

In 2017 the apprenticeship levy was introduced, although the Trust already had an embedded apprenticeship scheme, changes in the skills funding agency funding rules enabled The Trust to expand its apprenticeship offering. We have been able to utilise apprenticeships across a wide range of sectors and have utilised apprenticeship standards to support new role development for example the trainee nursing associates, assistant practitioners and registered nursing. Apprenticeships have supported the workforce from Band 2 to Associate Director level.


Occupational Areas - February 2020
45
40
35
30
25
20
15
10
5
0
41
28
13
11
6
3
2
1
Admin
TNA
Health
Degree
Pharmacy
Human Resources
Support Operative
ICT
Admin
TNA
Health
Degree
Pharmacy
Human Resources
Support Operative
ICT


Number of apprentices in the Trust April 19 - March 20
Number of apprentices
120
100
80
60
40
20
73
68
84
83
85
96
95
101
104
110
105
April
May
June
July
August
September
October
November
December
January
February
March
Month


Occupational Area Percentage - February 2020
39%
27%
12%
10%
6%
3%
2%
1%
Admin
TNA
Health
Degree
Pharmacy
Human Resources
Support Operative
ICT



School Engagement

The Trust continues to work with local schools career guidance is now embedded in schools curriculums from an early age. Engaging with our future workforce is a priority the NHS must ensure that the future workforce understand the variety of roles that are available in the NHS, how to access them, what skills and qualifications they require to apply for them and the pathways available to them on qualifying.

Mandatory Training

During 2019 all section 1 MAST subjects have been aligned to the Core Skills Framework. The Trust achieved an ambitious target of 90% mandatory training compliance.

Organisational Development

The Trust has a talent framework which outlines the range of leadership and management qualifications available to current leaders or those aspiring to leadership. Organisational Development delivers a range of interventions to support all aspects of the organisation including management processes, and team interventions. Learning and development have continued to support assessment centres for senior recruitment. There has been an increased usage of psychometric and 360˚feedback tools. Coaching capacity within the Trust has been increased this year and is available to all staff. The Trust's talent management programmes Aspiring and Ascending talent continue to be successful and another cohort has completed in 2019.

Library and Resource Centre

The library and resource centre (LRC) has a range of resources to support staff with their requirements, supporting clinical and non-clinical decision making through its literature searching service. The Centre has undertaken a range of knowledge management initiatives including a lunch and learn. Following a successful bid for external funding the LRC is now open 24 hours a day.

Staff Communications

The Trust has a range of different methods to ensure the effective communication of key organisational messages. Throughout the year we used all our regular channels of communication with staff, including the intranet, email, newsletters, weekly bulletins, Team Brief cascade, focus groups, development sessions and appraisals, staff road shows, back to the floor initiatives with staff on wards and departments, Chief Executive all-staff emails and an open request from the Chief Executive to visit wards and departments to keep our staff informed about issues relevant to them.

Our annual HEART Awards gives an opportunity to recognise the hard work and dedication of staff and volunteers and the valuable contribution they make to shaping our services and improving patient care. Award categories range from Patient safety, Healthy Workplace and Innovation to Outstanding Achievement and Partnership Working awards, which celebrate individuals and teams who inspire, lead or take the initiative to change the way a service or care is delivered to improve the overall experience for our patients.

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

Equality, Diversity and Human Rights

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

Our policy on recruitment and retention of employees with a disability sets out our commitment and intention to support our staff who have become disabled in the course of their employment. Staff that experience a disability are supported through training, redeployment, flexible working and continued support. Staff have also attended engagement events to meet with the Chief Executive, and the Equality, Diversity & Inclusion Lead.

A disability staff network has been formed to improve the working experience of employees who have a disability and to assist the Trust to meet its requirements under the Equality Act. Additional guidance has been produced for managers helping them manage disability at work and how to make reasonable adjustments. The Trust has AccessAble membership to support individuals.

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

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

The Equality, Diversity & Inclusion Steering Group continues to focus on issues and support The Trust on patient and workforce inclusion matters. It has a fundamental role in assisting to set the strategic context for Equality, Diversity, Inclusion and Human Rights as well as monitoring progress. The Equality, Diversity & Inclusion Strategy forms part of the 'People Strategy'. This strategy pulls together equality objectives and local engagement work. Delivery of the strategy objectives is monitored on a quarterly basis through the Equality, Diversity & Inclusion Steering Group reflecting our public sector equality duties under the Equality Act 2010.

Diversity Champions

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

Trans Equality Policy

A Trans Equality Policy for patients and staff has been launched with the help of a trans trainer. Trans awareness sessions were well received by our staff and partners. The embedding of this policy will help staff to look after patients who are trans and for staff members who may be transitioning.

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

The Trust remains committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services and its workforce. WRES WDES and EDS2 are a requirement for NHS organisations to demonstrate progress against a number of indicators of workforce equality. The Trust is continuing to track required actions against each of the objectives, providing assurance and monitoring to ensure we meet our targets. The Trust is also part of the WRES Experts programme which has been created to help organisations improve on their performance for BME staff compared to white staff.

Community Engagement

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

Equality Impact Assessments

The Trust has updated the Equality Impact Assessment Toolkit. Managers and policy authors are able to utilise this to provide a high quality impact assessment. Additional training is provided and on-going coaching is provided as an additional support mechanism from the Trust's Equality, Diversity & Inclusion Lead.

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

Diversity Awareness Events/Training

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

AccessAble and Recite

The Trust has committed to inviting DisabledGo to provide access information for disabled patients and visitors. A detailed access guide provides a graphical summary of the Trust's accessibility together with information including photographs of wards, treatment rooms and other public facing parts of the Hospital. Recite's suite of accessibility tools software is on our public facing site. This provides a better experience for people visiting our website by adding text to speech. This is useful for people with Dyslexia, Low Literacy, English as a second language and other mild visual impairments.

Rainbow Badge

Barnsley Hospital was one of the first health trusts in the country to sign up to the Rainbow Badge scheme. Launched in March 2019, this is a way for NHS staff to show they are aware of issues that lesbian, gay, bisexual and trans (LGBT+) people face when accessing healthcare. Basic education and access to resources are provided for staff who want to sign up. Information is also given outlining the challenges LGBT+ people can face in relation to accessing healthcare and the degree of negative attitudes still found towards LGBT+ people. Over 700 staff now wear their badges.

Schwartz Rounds

Schwartz Rounds are a confidential, multidisciplinary forum designed for staff to come together once a month to reflect on the emotional and social experiences associated with their work. They provide a structured forum where all staff, (clinical and non-clinical), discuss the emotional and social aspects of working in healthcare.

The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.

They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. The presenting panel share their experiences for 10-15 minutes and then trained facilitators moderate a reflective discussion and the audience share their thoughts, ask questions, and offer similar experiences. The discussion does not aim to problem-solve or find solutions, but just reflect on the emotional experience of delivering care.

Each Round has a topic, for example:

- Trying to help in impossible circumstances
- Conflict – with patient; family; colleagues
- Organisational events, e.g. poor CQC report or a major complaint
- We're human too – personal and professional overlap
- The patient I'll never forget.

Carers' Charter and Strategy

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

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

The Strategy has now been produced alongside an action plan to help embed this in the workplace. The Trust has worked alongside specialist carers' organisation, consulted with carers on our strategy and action plan and continues to work towards a joined up approach across the borough.

NHS Diversity & Inclusion Partners

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

Trade Union Activity

Table 1: Relevant union officials

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

Number of employees who were relevant union officials during the	Full-time equivalent employee number
24	**20.60**

Table 2: Percentage of time spent on facility time

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

Percentage of time	Number of employees
0%	**4**
1-50%	**17**
51%-99%	**2**
100%	**1**

Table 3: Percentage of pay bill spent on facility time

The percentage of total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	**£125,970**
Provide the total pay bill	**£166,902,039**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.075**

Table 4: Paid trade union activities

As a percentage of total paid facility time hours, hours spent by employees who were relevant union officials during the relevant period on paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:	6530.89 / 83850 x 100 = 7.78%

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

Explanatory Note:

- These Regulations are made under section 172A of the Trade Union and Labour Relations (Consolidation) Act 1992 and make provision in connection with the imposition of requirements on public authorities to publish information in relation to facility time taken by trade union officials.
- Regulation 2 defines certain terms.
- Regulation 3 specifies who is to be treated, for the purposes of section 172A, as the employer of a relevant union official who is employed by the Crown and makes connected provision about the meaning of "employee".
- Regulation 4 provides how to calculate the total cost of facility time.
- Regulation 5 provides how to calculate the total pay bill.
- Regulation 6 provides how to calculate the full-time equivalent employee number.
- Regulation 7(1) and (2) specifies Government Departments (other than the Secret Intelligence Service, the Security Service and the Government Communications Headquarters), the Scottish Ministers and public authorities described or listed in Schedule 1 for the purposes of the meaning of 'relevant public sector employer' under section 172A. Regulation 7(3) excludes devolved Welsh authorities covered by a description in Schedule 1 from being specified for the purposes of the meaning of 'relevant public sector employer'.
- Regulation 8 requires a relevant public sector employer which satisfies the employee number condition for the relevant period to complete and publish the information described in Schedule 2 and makes provision in connection with those requirements.
- A full impact assessment of the effect that these Regulations will have on the costs of business, the voluntary sector and the public sector has been prepared. A copy has been placed in the Library of each House of Parliament and is annexed to the Explanatory Memorandum which is available alongside these Regulations at www.legislation.gov.uk.

High Paid off Payroll Arrangements

There were no off-payroll engagements of Board members and/or senior officials with significant financial responsibility between 1 April 2019 and 31 March 2020.

Modern Slavery Act 2015

At Barnsley Hospital NHS Foundation Trust we are 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 NHS Foundation Trust 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 service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. Staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our adult safeguarding policy and procedures.

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

- Undertake appropriate pre-employment checks on directly employed staff and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff.
- Implement a range of controls to protect staff from poor treatment and/or exploitation, which comply with all respective laws and regulations. These include provision of fair pay rates, fair Terms of Conditions of employment and access to training and development opportunities.
- Consult and negotiate with Trade Unions on proposed changes to employment, work organisation and contractual relations.
- Purchase most of our products from UK or EU based firms, who may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other EU states.
- Purchase a significant number of products through NHS Supply Chain, who's 'Supplier Code of Conduct' includes a provision around forced labour.
- With effect from January 2017, require all suppliers to comply with the provisions of the UK Modern Slavery Act (2015), through our purchase orders and tender specifications. All of which set out our commitment to ensuring no modern slavery or human trafficking related to our business.
- Uphold professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply.
- Where possible and consistent with the Public Contracts Regulations, build long-standing relationships with suppliers.

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

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Governance Report

Proud to Care

Our Approach to Governance

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

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

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

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

Additionally the Board continues to meet jointly with the Governors at least once annually, by invitation to join the meeting. Some Governors also sit on Trust-wide committees and forums (e.g. Equality and Diversity Steering Group and Patient Experience Group), providing feedback to the wider Council of Governors.

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

- Audit Committee
- Finance & Performance Committee, from February 2020 known as People, Finance & Performance Committee (P,F & P)
- Quality & Governance Committee
- Remuneration Committee (RemCo)

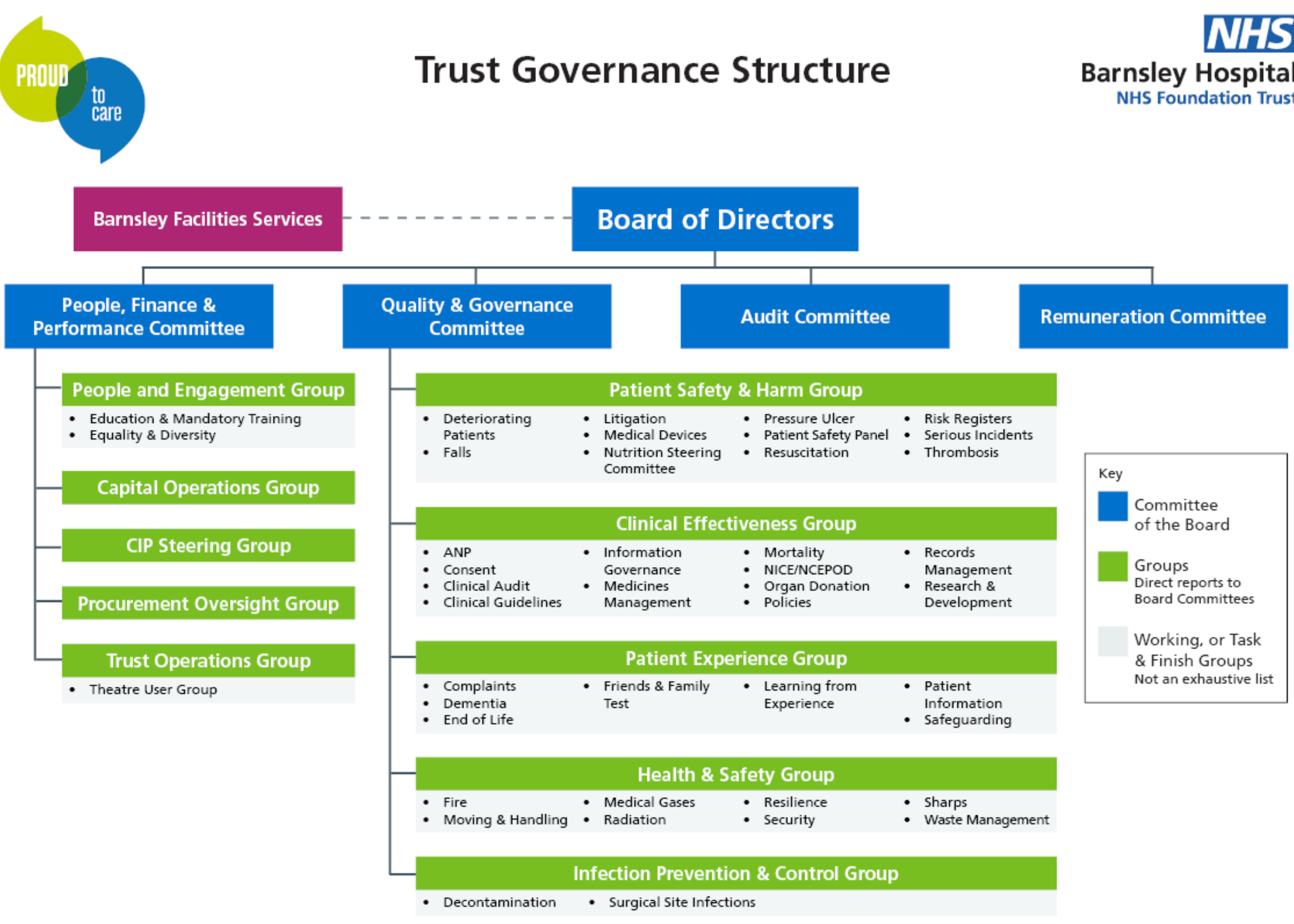
The Board considers each of the Non-Executive Directors to be independent.

You can read more about our committee structure and the work that they undertook during the year on page 107.

Our Governance Structure

The Trust's governance agenda is managed through the Board's governance committees each chaired by a Non-Executive Director, reporting directly to the Board. Established CBU governance arrangements maintain effective governance arrangements across all clinical services and report directly through the Trust's governance structures.

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



Board Committees

Role of the Audit Committee

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

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

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

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

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

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

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

The Governors' appointed Grant Thornton UK LLP as external auditors following a full tender exercise for the three-year period commencing August 2016, with an option to renew for a further two-year period. At its meeting in February 2019, the Council of Governors approved the recommendation of the Audit Committee to extend the appointment of the external auditors for a further twelve months.

The audit fee for the Trust statutory audit, excluding quality accounts review, was £55,440 (2018-19 £50,080 inclusive of quality accounts) including VAT. The audit fee for the subsidiary organisation, Barnsley Facilities Services Limited, was £15,000 (2018-19 £15,000) exclusive of VAT. In 2019-20 the auditors will undertake an Independent Examiners Report for Barnsley Hospital Charity at a fee of £1,500 inclusive of VAT (2018-19 full audit £3,120 inclusive of VAT).

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

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

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

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

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

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

NHS England and NHS Improvement's Oversight Framework

Under the Single Oversight Framework introduced in 2016, the Trust fell within segmentation 3. Following the issue of the Compliance Certificate and removal of all enforcement undertakings in 2018-19 the Trust moved to segmentation 2; this has been maintained during 2019-20.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score. the Trust remained at level 3 for the duration of the reporting period.

The Council of Governors

The Council of Governors comprises of 17 Public Governors (16 from Barnsley Public Constituency, 1 for Out of Area), 5 staff Governors (one each representing staff and volunteers from Clinical Support, Medical & Dental, Non-Clinical Support and Voluntary Services, and two from Nursing & Midwifery) and 7 seats from among our partner organisations across the community. This composition enables the Trust to maintain a good ratio of public: other governors and to offer seats to all of its key partners in education across the region (Barnsley College and both of the Sheffield-based Universities – University of Sheffield and Sheffield Hallam University).

Public Governors are elected by, and represent, members from all areas across the borough and outside of the region. Partner Governors are nominated by their respective organisations, strengthening our links with key partners across the community working together to improve services for patients. Page 116 highlights the number of Council of Governors' general and sub-group meetings attended by members of the Board, to enable more opportunities for listening to Governors, sharing information and responding to challenges.

The Council of Governors has continued to deal with a range of issues charged to it under legislation and to support the Trust in our strategic development. This included, but was by no means limited to:

- Continued challenge to the Board on delivery of the Trust's business plan and progress towards exiting financial deficit, holding the Board and specifically the Non-Executive Directors to account for answers and assurance.
- Regular participation in the Trust's programme of internal quality and safety inspections.

The Board has authority for all operational issues, the management of which is delegated to operational staff, in line with The Trust's standing orders. Throughout the year the Board continued its 'open door' approach with Governors, being pleased to respond to questions and requests for information. Governors' views and the feedback they provide on behalf of the members they represent, are always welcomed.

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

The Council of Governors continues to report the views and experiences of the people (public and staff) and the organisations they represent. As well as direct contact with their Governors, members and the public are invited to contact their Governors through engagement events, the Trust's website and intranet sites and regular members' newsletters.

This important feedback is shared with the Board through the routes outlined above and helps to inform and shape the Trust's development. This engagement also gives the Governors the opportunity to invite feedback from membership and the wider general public in relation to the Trust's forward plans. the Trust continues to value the contributions of all of its Governors.

The Governors in place post elections held in late 2019 are:

Barnsley Public Constituency:

- Joe Unsworth (to 31 December 2021)
- Tony Conway (to 31 December 2021)
- Gilly Cockerline (to 31 December 2020)
- Graham Worsdale (to 31 December 2020)
- Annie Moody (to 31 December 2020)
- Carol Robb (to 31 December 2020)
- Harshad Patel (to 31 December 2020)
- Stephen Long (to 31 December 2021)
- Tricia Adcock (to 31 December 2021)
- Tony Dobell (re-elected from 1 January 2020)
- Robert Slater (re-elected from 1 January 2020)
- Alan Higgins (re-elected from 1 January 2020)
- Patricia Bevis (to 31 December 2022)
- John Bower (to 31 December 2022)
- Janet Lancaster (to 31 December 2022)
- Margaret Sheard (to 31 December 2022)

Out of Area (rest of England & Wales):

- Vacancy

Staff Governors:

- Clinical Support: Helen Doyle (re-elected from 1 January 2020)
- Medical & Dental: Mr Ray Raychaudhuri (to 31 December 2022)
- Non-clinical Support: Colin Brotherston-Barnett (to 31 December 2020)
- Nursing & Midwifery: Emma Cotney and Claire Grant (to 31 December 2020)

Partner Governors:

- Barnsley College: David Akeroyd
- Barnsley Metropolitan Borough Council (BMBC) Councillor Jenny Platts
- Joint Trade Union Committee (JTUC): Martin Jackson
- NHS Barnsley Clinical Commissioning Group: Chris Millington
- Sheffield Hallam University – Paul Ardron
- University of Sheffield – Professor Michelle Marshall
- Voluntary Action Barnsley: John Marshall

Public and Staff Governors are subject to elections held annually for up to one-third of seats, at the end of their terms of up to three years office. In 2019-20 (for appointment/re- appointment from 1 January 2020), eight seats for Public Governors (including one for out of area) and one staff Governor seat were put forward for election; the elections were supported by the UK-Engage, as independent scrutineers. While appointed by nomination rather than election, partner Governors are subject to reappointment at three year intervals. Up to two Co-opted Advisors to support the Council of Governors can be appointed and removed (on an annual basis) by approval of the Council of Governors at a general meeting.

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

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

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

Council of Governors and Board member attendance at Governors' meetings and the Annual General Meeting is noted in the table on page 116. Where a Governor is unable to attend two consecutive general meetings, the tenure of office may be terminated unless the absence was due to a reasonable cause; and he/she will be able to start attending meetings of the trust again within such a period as the wider Council of Governors considers reasonable.

Council of Governors Meetings

For the joint meeting between the Council of Governors and Board in December 2019, the Board repeated its annual invitation for Governors to attend one of its full meetings (hence the Directors' attendance is not recorded separately).

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

Committees and Sub-groups

Nominations Committee

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

Membership as at the end of 2019-20 included:

- Paul Ardron, Partner Governor
- Tony Dobell, Public Governor (re-elected 1 January 2020)
- Stephen Long, Public Governor (re-elected from 1 January 2019)
- Alan Higgins Public and Lead Governor (Lead Governor from 22 Jan 2020) Ray RayChaudhuri, Staff Governor (re-elected from 1 January 2019)
- Trevor Lake, Trust Chairman
- Professor Michelle Marshal, Partner Governor

When the appointment, re-appointment or performance of the Chairman is under consideration by the Committee, the Chairman is excluded from the Committee's discussions. The Committee, on behalf of the Council of Governors, can also present a recommendation for termination of a Non-Executive Director appointment at any time otherwise Non-Executive Directors are expected to work their terms or can resign on a notice period of one month.

The meetings of the Nominations Committee were supported by internal Human Resources advisors and the Director of Corporate Governance and Governors throughout the year. The Committee retains the right at all times to seek internal or external expert advice at any time. The Committee continues to adopt a protocol of setting out its work programme at its first meeting in each calendar year to ensure appropriate scheduling of its duties, including review of terms of office, appraisals and terms and conditions of service for the Non-Executive team (including the Chairman).

As determined previously, work on appointments/re-appointment required for consideration starts in April-June, in readiness for update from 1 January the following year. At its review of Terms and Conditions of Service in 2019-20 uplift to £13,500 (from £13,200) was approved by the wider Council of Governors for the Non-Executive Directors. This brought the remuneration level nearer to – but still below – regional average for Non-Executive Directors. Following review, it was determined that the salary for the Chairman would remain the same at £47,500.

In October 2019 the Trust implemented the Chair and Non-Executive Director remuneration structure changes on a phased basis as per national guidance. This involved applying a single uniform rate of £13,000 for newly appointed and re-appointed Non-Executive Directors and a weighted salary range of £44,100 - £47,100 - £50,000 in accordance with the size of the Trust, for newly appointed and re-appointed chairs.

The Chairman'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 triennially (revised schedule to avoid duplication). Recommendations relating to the work of the Nominations Committee outlined above have been presented to and endorsed by the Council of Governors throughout the year.

Sub-groups

In addition to the Committees outlined above, the Council of Governors is supported by two sub-groups, designed to reflect the Boards support system: namely Quality & Governance and People, Finance & Performance. Mindful of the demands on Governors' schedules, these continue to be informal groups of the Council of Governors and are open to all Governors. They are led by a Chair and Vice-Chair, elected from the Governors. The sub-groups receive reports directly from the Non-Executive Chairs and members of the Board's governance committees for Quality & Governance and People, Finance & Performance, providing a proactive means of questioning and challenging the Board and holding the Non-Executives to account for the Trust's delivery against the annual plan. As mentioned earlier, the sub-groups are also attended by other Directors and lead staff to provide more information on key topics and provide more detailed reports on performance and improvement plans.

In 2019-20 the groups addressed a wide range of issues, some of which are:

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

- Continued focus on patient's experiences, with Governors providing feedback from their constituency members as well as reviewing the quarterly reports on complaints, compliments and related issues highlighted from Board reports.
- Continued review of progress against key performance indicators and targets for quality and patient safety issues, including pressure ulcers and reduction in the levels of harm from inpatient falls.
- Support for and constructive feedback around the Trust's internal quality and safety inspections. These were re-launched in 2016 in response to feedback from the Governors to ensure that the visits are more constructive and informative for Governors, Directors and the ward teams.
- Overview of the ward environment: cleanliness, safety and comfort for patients as well as efficiency for the Trust – participating in and looking at learning from the annual PLACE (Patient Led Assessment of Care Environment) inspections.
- Leading the Governors' review of the Trust's Quality Account
- Regular review of nursing and midwifery achievements and staffing levels, particularly in light of the varying new nursing roles being introduced.
- Review of new tools available to support nurses in their care of patients, for instance use of the CareFlowVitals and Perfect Ward tools introduced in year.

People, Finance & Performance Sub Group (Chair: Alan Higgins, Public Governor)

- Review of performance against and input to development of the Trust's business plan, including challenge against financial progress and variations against plan and the cost improvement programme in year.
- Review of key reporting issues- sickness absence, mandatory training and appraisals.
- Raising and exploring feedback from staff, helping to ensure their concerns and suggestions continue to be listened to.

Shared Themes

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

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

Working Groups

It should be noted that ad hoc working groups can be established as and when required.

Terms of Office

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

Governor Expenses

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

Attendance at Board of Director and Council of Governors Meetings

Board and Board Committee Meetings:

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

Notes: A. Not a member of the People, Finance & Performance Committee or Audit Committee but invited to attend the mid-year review meeting annually. B. Executive Team members who are not Executive Directors are regularly invited to attend most of the meetings of the Board to provide further advice and information on the reports presented.

Council of Governors Meetings - Governors (and Chair)

Staff and Partner Governors

Name		Term Of Office: Expiry Date Term	Note	Constituency	General Meeting		Joint Meeting with Board	Sub groups: Finance & Performance	Sub groups: Quality & Governance
Partner Governors				Partner Constituency	Total Eligible	Attended	Attended	Attended	Attended
Paul	Ardron		A	Sheffield Hallam University	5	3	1	0	0
Martin	Jackson		A	Joint Trade Union Committee	5	1	1	2	0
Chris	Millington		A	NHS Barnsley Clinical Commissioning Group	5	5	1	5	4
Cllr Jenny	Platts		A	Barnsley Metropolitan Borough Council	5	2	1	0	3
David	Akeroyd		A	Barnsley College	3	0	0	1	0
Prof Michelle	Marshall		A	University of Sheffield	5	5	1	0	1
John	Marshall		A	Voluntary Action Barnsley (VAB)	2	1	0	0	0
David	Brannan	Aug-19	A	Voluntary Action Barnsley	3	3	0	4	1
Plus									
Trevor	Lake	Dec-21		Chairman	5	5		4	4
Richard	Jenkins			Chief Executive Officer	5	4		0	0
Chairs denoted by shading									

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

Name		Term Of Office		Constituency				Sub groups	
		Expiry Date	Note		General Meeting		Joint Meeting with Board	Finance & Performance	Quality & Governance
Public Governors				Public Constituency	Total Eligible	Attended	Attended	Attended	Attended
Tricia	Adcock	Dec-21	A	Public Constituency	5	4	0	4	2
Michelle	Bailey	Oct 19	A	Public Constituency	2	0	0	0	0
Andrew	Bogg	Oct 19	A	Public Constituency	2	0	0	0	0
Gilly	Cockerline	Dec-20	A	Public Constituency	5	3	0	0	1
Tony	Conway	Dec-21	A	Public Constituency	5	5	1	6	4
Tony	Dobell	Dec-22	A	Public Constituency	5	5	1	5	3
Alan	Higgins	Dec-22	A	Public Constituency	5	5	0	5	4
Steve	Long	Dec-21	A	Public Constituency	5	4	0	5	2
Annie	Moody	Dec-20	A	Public Constituency	5	5	0	5	4
Harshad	Patel	Dec-20	A	Public Constituency	5	4	0	2	1
Carol	Robb	Dec-20	A	Public Constituency	5	5	0	5	4
Robert	Slater	Dec-22	A	Public Constituency	5	3	0	3	2
Joe	Unsworth	Dec-21	A	Public Constituency	5	5	1	1	4
Graham	Worsdale	Dec-20	A	Public Constituency	5	3	1	4	1
Karen	Kanee	Dec-19	A	Public Constituency	4	4	0	0	0
Patricia	Bevis	Dec-22	A	Public Constituency	1	1	0	0	0
John	Bower	Dec-22	A	Public Constituency	1	1	0	1	0
Janet	Lancaster	Dec-22	A	Public Constituency	1	1	0	0	0
Margaret	Sheard	Dec-22	A	Public Constituency	1	1	0	1	0
Tracey	Jessop	Oct -19	A	Public constituency	4	1	0	2	1
Chairs denoted by shading									

Name		Term Of Office		Constituency	General Meeting		Joint Meeting with Board	Sub groups	
		Expiry Date	Note					Finance & Performance	Quality & Governance
Staff Governors				Staff Constituency	Total Eligible	Attended	Attended	Attended	Attended
Colin	Brotherston-Barnett	Dec-20	A	Non-Clinical Support	5	3	1	4	1
Emma	Cotney	Dec-20	A	Nursing & Midwifery	5	0	0	1	0
Helen	Doyle	Dec-22	A	Clinical Support	5	4	1	0	0
Claire	Grant	Dec-20	A	Nursing & Midwifery	5	5	1	3	0
Ray	Raychaudhuri	Dec-22	A	Medical & Dental	5	4	0	3	0
Co-Opted Advisor									
Gwyn	Morritt	Sept 19	A	-	2	1	0	0	0
Robert	Slater	Dec 19	A	-	3	2	0	0	0

Name		Role	General Meeting		Joint Meeting with Board	Sub groups: Finance & Performance	Sub groups: Quality & Governance
Board and management attendance			Total Eligible	Attended	Attended	Attended	Attended
Sue	Ellis	Non- Executive Director	3	2	1	4	0
Keely	Firth	Non- Executive Director	5	2	0	6	0
Philip	Hudson	Non- Executive Director	5	3	1	0	2
Nick	Mapstone	Non- Executive Director	5	2	1	4	3
Ros	Moore	Non- Executive Director	5	4	1	0	2
Francis	Patton	Non- Executive Director	5	4	1	7	0
Kevin	Clifford	Associate Non-Executive Director	1	1	1	0	0
Richard	Jenkins	Chief Executive Officer	5	4	1	0	0
Margaret	Saunders	Director of Corporate Governance	2	2	1	2	1

Note: Non-Executive Director's attend the Governor Sub Group meeting which most closely reflects their aligned Board Committee Membership

Foundation Trust Membership

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

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

Engaging Members

The Trust engages members via email communications through the membership database. These communications keep members informed about news around the hospital, important events and volunteering opportunities.

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

The Trust is supporting the Governors to engage with and attract new members. This includes a Governor pack of information about The Trust and the benefits of becoming a member and having a voice about the hospital. Our membership registration leaflet enables us to capture demographic data including some protected characteristics and to reduce our costs and widen our reach we continue to capture email addresses of members wherever possible. Members can contact Governors or Directors at Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley S75 2EP. Telephone 01226 431818.

Foundation Trust Membership

As at 31 March 2020 the Trust had 12,050 eligible members, comprising of 7,970 public members and 4,080 staff members.

Public Constituency	31 March 2020 Actual Members
0-16	1
17-21	38
22+	7,908
White	7,347
Mixed	18
Asian or Asian British	68
Black or Black British	21
Other	9
Gender	
Male	2,833
Female	5,119
Socio-economic Groupings	
AB - upper/middle class	1,681
C1 - lower middle class	2,191
C2 - skilled working class	1,917
DE – working/casual class	2,276

Code of Governance

Disclosures

The Board has overall responsibility for the administration of sound corporate governance throughout the organisation. The NHS Foundation Trust Code of Governance (the Code) is published to assist foundation trust boards with ensuring good governance and to bring together best practice from public and private sector corporate governance.

Comply or Explain

The Code is issued as best practice, but also contains a number of main principles, supporting principles and code provisions on a 'comply or explain' basis. Barnsley Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance, most recently revised in July 2014, based on the principles of the UK Corporate Governance Code issued in 2012. The Trust is compliant with all elements of the 'comply or explain' provisions of the Code of Governance, with the exception of B.4.2, which is shown in the table below.

Provision	Requirement	Exception and Board Response
B.4.2	The chairperson should regularly review and agree with each Director their training and development needs as they relate to their role on the Board.	The Chair does regularly review and agree training and development needs with Non-Executive Directors and the Chief Executive. To date training and development needs for other Executive Directors have been reviewed and agreed between the Chief Executive and the Director and relevant matters supported by the Chair and Non-Executive Directors through the RemCo Committee. Following external review, a development programme for the Board was progressed, led by the Chairman and Chief Executive. Board and individual development continues.

Disclosure Statements

The Code contains a number of disclosure statements that the Board is required to include in the Annual Report. The disclosure statements contained in the Annual Report are based on the 2014 version of the Code of Governance, and the table below shows how the Board has complied with those disclosures it is required to include in this Annual Report. The table also includes a small number of specific additional requirements as set out in the NHS Foundation Trust Annual Reporting Manual, which directly relate to, or enhance the annual reporting requirements as set out in the NHS Foundation Trust Code of Governance.

Part of schedule A (see above)	Relating to	Code of Gov ref	Summary of requirement	Page
2: Disclose	Board and Council of Governors	A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	109
2: Disclose	Council of Governors	B.5.6	Governors should canvass the opinion of The Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	120
Additional requirement of FT ARM	Council of Governors	n/a	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	N/A

2: Disclose	Board	B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	46
2: Disclose	Board	B.6.2	Where there has been external evaluation of the board and/or governance of The Trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to The Trust.	46
2: Disclose	Board	C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the AGS	41
2: Disclose	Board	C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	46
2. Disclose	Audit Committee/ control environment	C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	107
2: Disclose	Audit Committee/ Council of Governors	C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	N/A

2: Disclose	Audit Committee	C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	107
2: Disclose	Board/ Remuneration Committee	D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	N/E
2: Disclose	Board	E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	116
2: Disclose	Board/ Membership	E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	120
2: Disclose	Membership	E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	120

Additional requirement of FT ARM	Membership	n/a	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	120
Additional requirement of FT ARM (based on FReM requirement)	Board/ Council of Governors	n/a	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report. See also ARM paragraph 2.22 as directors' report requirement.	48
6: Comply or explain	Board	A.1.4	The board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery	105
6: Comply or explain	Board	A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	105
6: Comply or explain	Board	A.1.6	The board should report on its approach to clinical governance.	105
6: Comply or explain	Board	A.1.7	The chief executive as the accounting officer should follow the procedure set out by NHS Improvement for advising the board and the council and for recording and submitting objections to decisions.	105

6: Comply or explain	Board	A.1.8	The board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life.	5
6: Comply or explain	Board	A.1.9	The board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.	5
6: Comply or explain	Board	A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.	N/A
6: Comply or explain	Chair	A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	N/A
6: Comply or explain	Board	A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	47
6: Comply or explain	Board	A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present.	Yes
6: Comply or explain	Board	A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	Yes
6: Comply or explain	Council of Governors	A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	117
6: Comply or explain	Council of Governors	A.5.2	The council of governors should not be so large as to be unwieldy.	116
6: Comply or explain	Council of Governors	A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	109
6: Comply or explain	Council of Governors	A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	116
6: Comply or explain	Council of Governors	A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	116

6: Comply or explain	Council of Governors	A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	114
6: Comply or explain	Council of Governors	A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	N/A
6: Comply or explain	Council of Governors	A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	114
6: Comply or explain	Board	B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	45
6: Comply or explain	Board/Council of Governors	B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	48
6: Comply or explain	Nomination Committee(s)	B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	63
6: Comply or explain	Board/Council of Governors	B.2.2	Directors on the board of directors and governors on the council should meet the "fit and proper" persons test described in the provider licence.	Yes
6: Comply or explain	Nomination Committee(s)	B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	63
6: Comply or explain	Nomination Committee(s)	B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	63
6: Comply or explain	Nomination Committee(s)/ Council of Governors	B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non- executive directors.	63
6: Comply or explain	Nomination Committee(s)	B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	N/A
6: Comply or explain	Council of Governors	B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Yes

6: Comply or explain	Council of Governors	B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	112
6: Comply or explain	Nomination Committee(s)	B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	N/A
6: Comply or explain	Board	B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	N/A
6: Comply or explain	Board/Council of Governors	B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	106
6: Comply or explain	Board	B.5.2	The board, and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	106
6: Comply or explain	Board	B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	106
6: Comply or explain	Board/ Committees	B.5.4	Committees should be provided with sufficient resources to undertake their duties.	106
6: Comply or explain	Chair	B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Yes
6: Comply or explain	Chair	B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	Yes
6: Comply or explain	Chair/Council of Governors	B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	109

6: Comply or explain	Council of Governors	B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	109
6: Comply or explain	Board/ Remuneration Committee	B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	N/A
6: Comply or explain	Board	C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary. See also ARM paragraph 2.12.	42
6: Comply or explain	Board	C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	29
6: Comply or explain	Board	C.1.4	a) The board of directors must notify NHS Improvement and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust. b) The board of directors must notify NHS Improvement and the council of governors without delay and should consider whether it is in the public	Yes

			interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the NHS foundation trust's financial condition; • the performance of its business; and/or • the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, healthcare delivery performance or reputation and standing of the NHS foundation trust.	
6: Comply or explain	Board/Audit Committee	C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	107
6: Comply or explain	Council of Governors/ Audit Committee	C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	107
6: Comply or explain	Council of Governors/ Audit Committee	C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	107
6: Comply or explain	Council of Governors	C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to NHS Improvement informing it of the reasons behind the decision.	N/A
6: Comply or explain	Audit Committee	C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting, control, clinical quality, safety or other matters.	107
6: Comply or explain	Remuneration Committee	D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	63
6: Comply or explain	Remuneration Committee	D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	63

6: Comply or explain	Remuneration Committee	D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	63
6: Comply or explain	Remuneration Committee	D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	6
6: Comply or explain	Council of Governors/ Remuneration Committee	D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	63
6: Comply or explain	Board	E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	Yes
6: Comply or explain	Board	E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	116
6: Comply or explain	Board	E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	53
6: Comply or explain	Board	E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	53

Statement of Accounting Officer’s Responsibilities

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

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Barnsley Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Barnsley Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

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

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

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

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

Dr Richard Jenkins, Chief Executive ....

Date: 23rd Jun 2020

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnsley Hospital 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 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

The Trust's overall risk is managed through the Board's governance committees each chaired by a separate Non-Executive Director reporting directly to the Board. The Trust's system of internal governance is supported by a governance structure that sees risk being reported directly to the Quality and Governance Committee and the Finance and Performance Committee, from February 2020, renamed the People, Finance and Performance Committee from the Trust's operational governance groups. This provides the mechanism for managing and monitoring all risks throughout the Trust and reporting to the Board of Directors.

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

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

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

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

Lessons learned from serious incidents, complaints, claims and other learning from instances where things have gone wrong are communicated via the corporate and CBU governance frameworks and via the weekly Patient Safety Bulletin and Learning from Deaths Bulletin sponsored by the Medical Director and Director of Nursing and Quality. In 2019-20 the Trust did not report any never events. The Trust has an annual programme of Clinical Audit (reflecting national, regional and local priorities) providing assurance of quality improvement. The multidisciplinary programme covers all CBUs and is delivered with the support of the Quality Assurance and Effectiveness Team in accordance with best practice, policies and procedures. The Clinical Audits are reported at appropriate forums and practice re-audited as necessary.

The risk and control framework

The Trust is committed to embedding a culture that encourages staff to: identify and control risks which may adversely affect the Trust's operational ability; analyse each risk using the approved risk grading matrix and where possible; eliminate or transfer risks or else reduce them to an acceptable and cost effective level. In this way the Board is sighted on the remaining residual risks.

Low scoring risks are managed within the area in which they are owned while higher scoring risks are managed progressively through the levels of management and authority within the Trust, as described within the Risk Management Strategy. All high risks are reviewed by the Executive Team and recorded on the Corporate Risk Register. Risk control measures are identified and implemented to reduce the potential of residual risk.

Risk management arrangements

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

The Trust encourages the reporting of incidents underpinned by a culture of transparency and openness. Incident reporting is supported and encouraged to ensure that the Trust learns from mistakes, errors and near misses. During the period 1 April 2019 to 31 March 2020 Barnsley Hospital NHS Foundation Trust and a further 130 Acute Non-Specialist Trusts submitted patient safety incident reporting figures to the National Reporting and Learning System (NRLS).

Every six months NHS Improvement publishes official statistics as a breakdown by NHS Trust of the incidents reported to the NRLS in an Organisation Patient Safety Incident Report (OPSIR). The reports no longer rank Trusts against each other, organisations are encouraged to compare against themselves over periods of time, rather than with other organisations. The latest data to be published was in March 2020 (1 April 2019 to 30 September 2019).

During the period 1 April 2019 to 30 September 2019 there were seven reported patient safety incidents resulting in serious harm (six) or death (one) out of a total of 5229 in the same reporting period; 0.1%. The reduction in the number and percentage of these incidents and the increase in the reporting rate demonstrate the Trust's open and positive approach to incident reporting to promote a culture of high quality and safe care for patients and staff.

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

Training is provided to staff on incident reporting and investigating incidents at bespoke CBU study days, on the Trust's Passport to Management programme and on the Preceptorship programme. One to one training is also provided as individual's request.

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

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

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

The Board Assurance Framework

The Board Assurance Framework (BAF) monitors the major risks to delivery of the strategic priorities and objectives. The BAF is reviewed by the Quality and Governance Committee, the Finance and Performance Committee, from February 2020 renamed the People, Finance and Performance Committee and the Audit Committee with quarterly updates being provided to the Board of Directors.

The Board Assurance Framework:

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

The Extreme Risks Facing the Trust

The Board of Directors oversee the management of both clinical and corporate operational risks via the Trust Risk Management Strategy. Risks assessed as extreme are escalated onto the Corporate Risk Register (CRR). Extreme risks are reviewed quarterly and reported to the Board Committees and at public Board meetings. The reports include details of the key controls, mitigating actions being applied to reduce the risk, the outcomes of these actions and assessment of the effect of the changes in reducing the risk. The initial Covid-19 pandemic risk was added to the CRR in March 2020. All extreme risks will continue to be assessed in 2019-20. The Trust's Integrated Performance Report supports the on-going monitoring of performance by the Board of Directors.

The Audit Committee meets at least five times per year reviewing audit plans which have been agreed by management with Internal and External Auditors. The audit plans focus assurance activity on the areas it deems to be of the highest priority. The Corporate Risk Register and BAF are reviewed at each meeting of the Audit Committee where additional reviews are commissioned when required in order to provide assurance to the Board of Directors. During 2019-20 the Audit Committee has set the direction of the Trust's assurance work carried out by the Head of Internal Audit.

Covid-19 Pandemic

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

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

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

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

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

The Covid-19 pandemic does not affect the Chief Executive's overall review of effectiveness of the control environment. For further information please see page 147.

Quality Governance Arrangements

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

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

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

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

In order to support and facilitate the effective triangulation of quality, workforce and financial indicators, The Trust's monthly Integrated Performance Report (IPR) is reviewed by the Quality and Governance Committee, Finance and Performance Committee from February 2020 renamed the People, Finance and Performance Committee and the Board of Directors. Agreed key indicators within the IPR provide The Trust with the triangulation of information to continuously monitor the quality of care and overall performance.

Engagement with stakeholders

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

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

Barnsley Hospital has continued to implement the Trust-wide Quality Strategy establishing a framework around which the quality of care and services provided by Barnsley Hospital NHS Foundation Trust are monitored and against which improvements in the quality of care will be defined and implemented. Our achievement against the key performance targets for each of the priority areas has been continually reviewed. It is based on these achievements that new targets for 2020-21 will be agreed.

Care Quality Commission Compliance

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is “registered without conditions” and is fully compliant with the registration requirements. The CQC has not taken enforcement action against the Trust during 2020-21 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has continued to respond to the implementation and sustainability of actions as a result of the findings of the core service unannounced inspection in October 2017 and the announced well-led inspection in November 2017 following which the Trust received an overall CQC rating of ‘Good’. Moving into 2020-21 the Trust will include in its quality priorities the sustained implementation of any actions to address the CQC’s findings.

Barnsley Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is “registered without conditions”. The CQC has not taken enforcement action against the Trust during 2019-20 and the Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has continues to respond to the implementation and sustainability of actions to maintain adherence to the CQC Key Lines of Enquires (KLOEs). The Trust has maintained detailed action plans and has undertaken a programme of mock inspections in 2020-21 with the aim of:

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

In line with our own local strategy for preparation and readiness for future CQC inspections the Trust will continue to embed quality improvements across all core services. Progress towards continues improvement and sustainability will be monitored Trust-wide which will be the mechanism to forward plan for improvement. We will continue to identify and share good and best practice and will align work programmes with the 2020-21 Quality Improvement (QI) programmes.

Compliance with NHS Licence

The Trust is compliant with its licence conditions.

The validity of the information supporting the Corporate Governance Statement is assured via the continuous reporting and review of performance and key issues through the Board's governance committees, (primarily the Audit, Finance and Performance, from February 2020 renamed the People, Finance and Performance Committee Quality and Governance Committees), and annual review against the Code of Governance. Throughout the year the work of the governance committees was linked to, but not solely dependent on, the BAF; the committees escalated any concerns to the Board of Directors and also served as a means by which requests from the Board were disseminated for further scrutiny of identified issues.

Well-Led Review

Further to the NHS Improvement Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts (June 2017), the Trust commissioned PwC Consultants to complete a Well Led Governance Review. Work commenced in January 2020 and the final report completed in April 2020. The report was positive overall and the Trust will take forward the recommendations in 2020-21 by developing an action plan with regular reporting to Board Committees which will provide assurance to the Board regarding progress.

Our Workforce and Compliance with Developing Workforce Safeguards

The Board of Directors and Board Committees (Quality and Governance and People, Finance & Performance) receive regular reports detailing the staffing arrangements in place to provide assurance in respect of safety, sustainability and effectiveness. The reports detail areas of risk and mitigation strategies in relation to workforce. Workforce assurance is also provided through the Board Committees in respect of key workforce metrics, e.g. establishment data, sickness absence and turnover. The Board has also approved a 'People Strategy' which has a key objective to support and enable Clinical Business Units and Corporate Departments to develop robust workforce planning strategies. In accordance with the recommendations of 'Developing Workforce Safeguards' the Trust will use a triangulated approach to maintaining assurance around workforce strategies and safe staffing systems.

This approach will include utilising evidence based tools, e.g. establishment reviews, roster information together with professional judgement and patient outcome measures. The Nursing and Medical Directors will provide a statement to the Board detailing the outcome of this evidence based approach.

The Trust has published on its website a register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance. This is currently being updated for 20-21.

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

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

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

Review of economy, efficiency and effectiveness of the use of resources

The Trust produces detailed annual plans reflecting its service and operational requirements and its financial targets in respect of income and expenditure and capital investments. These plans incorporate the Trust's plan for improving productivity and efficiency in order to minimise income losses, meet the national efficiency targets applied to all NHS providers and fund local investment proposals. Financial plans are approved by the Board of Directors, supported by the Finance and Performance Committee, from February 2020 renamed the People, Finance and Performance Committee.

NHS Improvement review of the Trust's position

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

The Trust has delivered its Cost Improvement target for the last six years and has achieved the target of £6.7m in 2019-20. The Trust has a clearly defined Quality Impact Assessment (QIA) process and governance to ensure Cost Improvement Programmes (CIP) schemes are safe and sustainable.

The Trust has established a group to focus on further opportunities for efficiency across our services and the wider system. Regular benchmarking exercises are undertaken to examine economy, efficiency and effectiveness. In addition, the Trust has significantly improved its business planning approach over the last two years to improve productivity and efficiency across the organisation and this work will continue in 2020-21.

The Trust's draft annual plan outlined the approach to implementation of a plan over the next year to be a clinically and financially sustainable organisation delivering high quality services in line with NHS Improvement's objectives. Planning has been temporarily paused nationally due to the impacts of Covid-19, and therefore a final plan is yet to be agreed. The Trust will continue to work closely with NHS Improvement in an open and transparent manner and meetings and calls will be held with the regulator and members of the Board of Directors to review our performance against our plan. The Trust also works closely with the rest of the local and regional health & care system through the Integrating Care System (ICS) planning process and governance.

Financial Sustainability

A summary of the key financial risks, mitigations and impacts for the year ahead is included in the table below. There is currently temporary funding mechanisms in place during April 20 – July 20 which result in the Trust being reimbursed for all expenditure incurred. Given the uncertainty surrounding funding mechanisms post July 20 these risks have been prepared to cover several funding eventualities; both block and a return to normal funding mechanisms. We will continue to manage these risks throughout 2020-21 and ensure that we again deliver our financial plan.

Area	Financial Risk Description and Mitigation	Potential Impact
Control total breakeven	Delivering the breakeven control target assigned to the Trust for 2020-21. **Mitigation:** Ensure that key cost pressures are effectively challenged and managed including control over agency staff expenditure and effective management of CIP programme of £5.9m.	Failure to achieve the target would result in The Trust not being able to access national Financial Recovery Fund

Cost Improvement Programme (CIP)	CIPs planned for delivery to not either fully or partially deliver or the realisation of the saving is delayed. **Mitigation:** The delivery of other CIP savings is advanced, either by being able to advance the delivery of an existing scheme or of a pipeline scheme. Other CIP savings over perform to plan.	Any unmitigated loss of CIP savings would be a £ for £ impact to the deficit in year.
Activity	The plan has been set jointly with the commissioners. There may however be activity levels assumed that are not achieved. This may result in adverse variances to the overall financial performance of the Trust. **Mitigation:** Work with commissioners to manage patient flows more efficiently and agree approach to any changes that can be foreseen.	This would depend on the specific area of under activity and whether any resulting excess resource or costs could be removed.
Activity	Significant levels of non-elective admissions requiring additional capacity to manage the pressures at additional cost. **Mitigation:** Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased non-elective activity would have an impact on the ability to meet the Control Target Deficit
System Affordability	It is clear that financial affordability across the Barnsley Place is more challenged than ever creating a significant pressure. **Mitigation:** Work with commissioners to manage patient flows more efficiently.	Incurring additional cost to support increased activity levels would have an impact on the ability to meet the Control Target Deficit as well as being unaffordable for the commissioner.
Covid-19	Covid-19 creates significant financial uncertainty, on the wider NHS finances, for a number of reasons. Operational planning and contract discussions have been paused, activity levels have reduced across the board and funding mechanisms post July 20 are currently unknown. However, we do not believe this impacts on The Trusts ability to continue as a going concern, as detailed in the going concern section of the report.	Services are required to be delivered which may not be appropriately funded depending upon what funding mechanisms are put in place.

	Mitigation: Monitor and adhere to the guidance issued by the national teams. Undertake scenario modelling and develop internal recovery plan based upon current knowledge.	
Inflation on non-pay costs	Inflationary increases on non-pay costs have been assumed in the plan; any increases beyond these would increase the Trust's cost base. **Mitigation:** Procurement to work with suppliers and source new suppliers to remove cost increases, alternative products to be sourced, usage levels to be reduced when possible.	Any cost increases due to inflation beyond the assumptions made within plan assumptions would be a £ for £ impact to the deficit.
Supplier payments	The cash flow and hence statement of position assumes the continued management of supplier payments. There could be pressure to reduce creditor days which would have an impact on the cash position and funding requirements. **Mitigation:** The senior finance team maintain the weekly review of cash payments and follow the same cash management processes as the prior year.	Any reduction to payables would have an adverse impact on cash available to maintain services.

Information governance

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

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

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

During 2019-20 there were 11 serious information governance incidents reported to the Information Commissioner's Office (ICO). None of these resulted in further action by the ICO and the matters were closed. Appropriate actions were put in place to remind staff of their responsibilities through training and communications to all staff. All incidents were due to human error. These have been raised as examples in the communications to all staff to aid learning and understanding to help prevent future issues.

Data quality and governance

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

The Trust publishes the data quality indicators as part of the Integrated Performance Report on a monthly basis to the Board. The quality and accuracy of elective waiting time data are validated monthly by a dedicated team of data quality validators and all exceptions reported for further scrutiny to Clinical Business Unit teams for immediate attention. This position is reported monthly to NHSI via statutory reporting mechanisms. Further external assurance is sourced and reported to the Board including the North of England Commissioning Support Waiting List Diagnostic Report which was commissioned during 2019-20.

The Data Quality (DQ) meeting meets monthly and includes representatives from all clinical areas. This group analyses data quality reports on the Trust business intelligence solution dashboards that report a live position on the Trust's strategic data quality measures.

The chairs log and annual review are reported to the Audit Committee a sub group of the Trust Board. It is the responsibility of the DQ groups to make sure the data quality of the Trust has the appropriate controls in place to ensure accuracy and there is compliance with the data quality policy. Any important action plans agreed by this group are reported to the People, Finance and Performance Committee of the Board as part of the ICT Strategic Update Report until the matter is fully resolved.

Annual Quality Report

In May 2020 further regulations were published by NHS England and NHS Improvement stating there is no fixed deadline by which providers must publish their 2019-20 quality account. NHS England and NHS Improvement recommends for NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by COVID-19. Draft quality accounts should be provided to stakeholders for 'document assurance' as required by the quality accounts regulations in good time to allow scrutiny and comment; the Trust commenced this process in June 2020. There is also no requirement for foundation trusts to commission external assurance on its quality report indicators for 2019-20.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Finance & Performance Committee from February 2020 renamed the People, Finance and Performance Committee and the Quality and Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

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

- Results of national patient and staff surveys
- Investigation reports and action plans following serious incidents
- Council of Governors reports and clinical audit reports.

During 2019-20 Internal Audit issued eleven completed reports relating to the 2019-20 Audit Plan with the following levels of assurance:

- 4 reports were issued with Significant Assurance;
- 3 reports were issued with Limited Assurance;
- 1 report was issued with split significant/limited Assurance.

Three other audits are in progress. Two high risk issues have been identified from the reports issued in 2019-20. Internal audit in a consultancy role targets the areas where we think there may be things we need to review in greater detail. As a result this can result in a report with 'limited assurance'. When this is the case, the Audit Committee and the Trust undertake the required and recommended actions.

Conclusion

As Accountable Officer, based on the processes that have been outlined above, the Trust has identified no significant internal control issues which is supported by the significant assurance opinion from Internal Audit. This is further supported by the external auditors unmodified opinion of the Trust accounts, including the removal of the going concern emphasis of matter which was in place in previous years. The opinion includes an 'emphasis of matter' regarding the valuation of property, plant and equipment, however, this does not impact upon the audit opinion that the Trust has proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Dr Richard Jenkins, Chief Executive ....

Date: 23rd Jun 2020

Financial Statements

Proud to Care

Summary of In-Year Performance

From the start of 2019-20, it was evident that there were a number of financial pressures that needed to be managed and an ambitious Cost Improvement Programme of £6.7m was set to deliver the planned financial breakeven position. The financial expectation was set by NHS Improvement and is known as the Control Target. Despite the challenges and significant pressures on the services, the Trust over achieved its Cost Improvement Target and ended 2019-20 with a surplus of £0.4m.

The Trust received a further £0.4m national Provider Sustainability Funding relating to performance in 2018-19, and this is what generated the surplus position in 2019-20. The Trust incurred additional revenue expenditure associated with the response to Covid-19 of £0.9m in March 20, which is being reimbursed in full. The key drivers leading to the achievement of the financial position included the strong performance of clinical income and ability to deliver the increased activity levels in a more productive way, the delivery of a well-managed cost improvement plan and robust cost control.

During 2019-20, the availability of cash to support the continuity of services was significantly less challenged than in 2018-19, with it being necessary to draw down cash funding during the year of £0.8m in June 19, which was repaid in October 19, compared to a drawdown of £11.3m in the prior year. The requirement for cash funding in quarter 1 was driven by timing delays in the receipt of Provider Sustainability Funding.

Our overall financial management performance and assessment of the level of financial risk is measured by NHS Improvement, our regulator. This is known as the Use of Resource rating and is scored on a scale of 1-4 (a score of 4 being poor performance and high risk and 1 representing the best performance and lowest risk). The Trust received a Use of Resource Rating of 3, throughout the financial year. This rating indicates to our regulator that the Trust still carries a level of financial risk, which is driven by our adverse liquidity position throughout the year in relation to prior year loans being due for repayment within one year.

Income from Activities

The income from our core patient related activities in 2019-20, increased by 14.97% on the previous year. The areas of activity where we have seen significant increases relate to outpatients, elective day cases and non-elective spells. A summary of activity in 2019-20 compared to 2018-19 is provided in the table below:

Point of Delivery	2018-19	2019-20	% Change
Outpatients	335,733	345,100	2.79%
Elective Inpatients	3,302	3,794	14.90%
Elective Day Cases	27,726	29,162	5.18%
Non Elective Spells	40,734	42,803	5.08%
A&E Attendances	96,864	102,047	5.35%

Other Operating Income

The Trust receives other sources of income for services not directly linked to patient care activities. These include education and training and research and development, services to other NHS bodies and a range of non-clinical activities.

Expenditure

Year on year expenditure for the Trust and its subsidiary BFS Ltd, (our operating expense) did increase by 8.64%. This was attributable to both the pay and non-pay bills. Total income also increased during the same period by 10.86%.

Efficiency Targets

Like every NHS Trust, we are challenged to meet significant year-on-year efficiency targets. This requires us to look at ways of saving money by providing what we do differently. We are committed to providing best value for money but without any adverse impact on the quality of clinical care. During the year the plans performed well and we achieved savings of £6.8m which is in an overachievement of our £6.7m target.

Capital Expenditure

During 2019-20 the Trust had a capital programme of £10.7m. The investments are split into our main categories of spend as summarised below and include:

- Estate upgrades and backlog maintenance - £5.5m
- Information Management and Technology - £3.5m
- Medical and surgical equipment - £1.0m
- Covid-19 - £0.4m

Looking Ahead to 2020-21

We start the year facing a planned break even position. This will be challenging to deliver given the continued pressure being seen within the Barnsley Place, with regards to increasing activity levels and system affordability. Whilst the level of funding has increased, there are a number of financial challenges that have resulted in a cost improvement plan requirement of £5.9m. Delivery of the plan will be challenging and controlling rising activity levels will be a key factor in achieving the plan. There is a requirement to convert existing loans totalling £67.6m into Public Dividend Capital. There are temporary funding mechanisms in place during the current Covid-19 period, which in essence means all expenditure will be reimbursed.

Dr Richard Jenkins, Chief Executive ....

Date: 23rd Jun 2020

Barnsley Hospital NHS Foundation Trust Financial Accounts

Independent auditor's report to the Council of Governors of Barnsley Hospital NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Barnsley Hospital NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2020 which comprise the Consolidated and Parent Statement of Comprehensive Income, the Consolidated and Parent Statement of Financial Position, the Consolidated and Trust Statements of Changes in Taxpayers' Equity, the Consolidated and Parent Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2020 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standards, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accounting Officer' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019-20 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the group and Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Overview of our audit approach

Financial statements audit

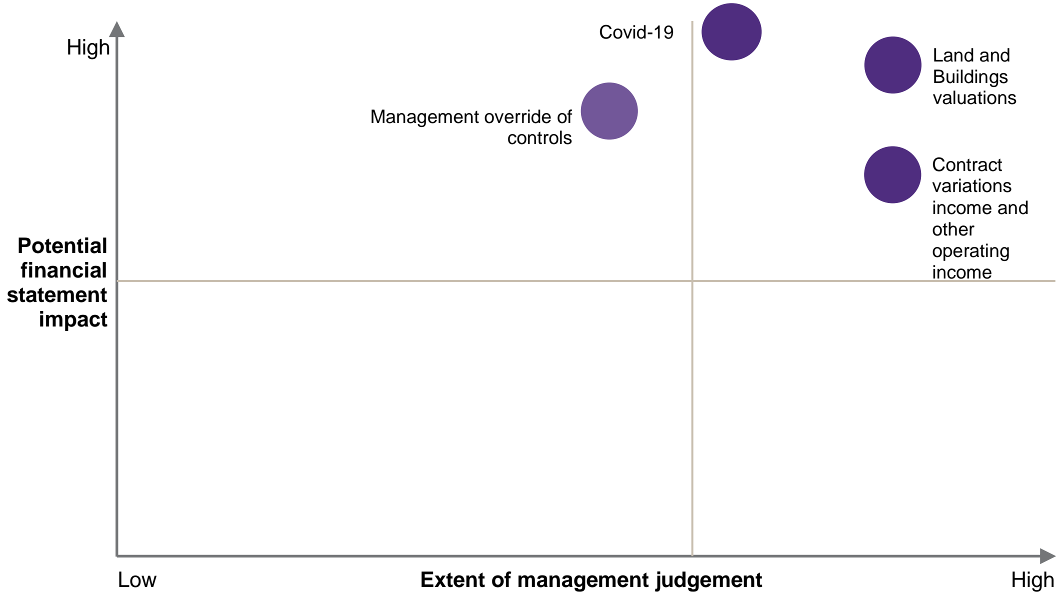
- Overall materiality: £4,500,000 which represents 1.8% of the group's gross operating costs (consisting of operating expenses);
- Key audit matters were identified as:
  - Valuation or current value of land and buildings
  - Occurrence and accuracy of contract variations income and other operating income (excluding Education and Training income), and existence of associated receivable balances
  - Covid-19.
- The group consists of three components – the Trust which is the only individually significant component and its two wholly-owned subsidiaries, Barnsley Facilities Services Limited and Barnsley Hospital Charity, both individually not significant components to the group. Our group audit scope is detailed at 'overview of the scope of the audit' section.

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

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the financial statement audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust

Key Audit Matter – Trust

Risk 1: Valuation of land and buildings

The Trust undertakes a revaluation of its Land and Buildings with sufficient regularity (at least once in three to five years) to ensure that the values remain up to date. The process of valuing the Trust's land and buildings includes the utilisation of assumptions, including for example the nature of the assets, current market conditions and Gross Internal Area.

The last full valuation was made at 31 March 2018 and there was a desktop valuation by a RICS qualified valuer as at 31 March 2019.

The Trust has not obtained a valuation from a RICS qualified valuer as at 31 March 2020. This is because, as indicated at note 1.20 to the financial statements, the Trust has made a judgement that, after consideration of the accounting policies, relevant accounting standards and a review of relevant indices the Trust has concluded, the carrying value of land and building assets reported are not materially different to its current value as at 31 March 2020.

In the event, if the Trust performed a valuation, the effects of the COVID-19 virus will impact the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore considered a material uncertainty declaration is now appropriate in valuer's reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances.

In making these judgements, the Trust was aware that the RICS has issued a valuation practice notice which gives guidance to valuers where a valuer declares a material uncertainty attached to a valuation in light of the impact of COVID-19 on markets. Therefore, the Trust was aware of the greater uncertainty in land and buildings valuation as at 31 March 2020. If it was to use a valuation expert, the corresponding valuation report would also contain a material uncertainty attached to land and buildings valuations.

Overall, due to complex nature of valuation under normal circumstances and the additional extraordinary circumstances due to COVID-19, we identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.

How the matter was addressed in the audit – Trust

Our audit work included, but was not restricted to:

- challenging management to demonstrate with reasonable accuracy and supporting evidence that the carrying value of land and buildings in the group financial statements is not materially different from the current value as at 31 March 2020
- evaluating management assumptions and judgements on how the overall conclusion of land and building valuations as at 31 March 2020 was made
- critically assessing management valuations or carrying values reported in the financial statements against established valuation methods and applicable industry information available to us
- considering the indices used by the management to determine there is no material difference between the carrying value and the current value of land and buildings
- writing to Trust's valuer (with management's permission), to understand and challenge the consultation they provided during the Trust's assessment
- testing a sample of additions and disposals based on materiality
- checking the reasonableness of the obsolescence factor and gross internal area used in the Trust's 31 March 2020 valuation
- evaluating management processes in place to identify any impairments in buildings and checking the reasonableness and completeness of that process.

The Trust's accounting policy on valuation of property, including land and buildings, is shown in note 1.5 to the financial statements and related disclosures are included in note 11.1.

The outbreak of COVID-19 has caused uncertainties in valuation markets. As a result, the Trust has made a disclosure note under note 1.20 recognising the material valuation uncertainty. It indicates that if the Trust had used a RICS qualified valuation expert for land and buildings valuations as at 31 March 2020, it would also have included such material uncertainty in terms of valuation. The note indicates this would further increase the material uncertainties around land and buildings valuations reported as at 31 March 2020 for the Trust.

The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.20 to the financial statements

Key observations:

We obtained sufficient audit assurance to conclude that:

- the basis of the valuation of land and buildings was appropriate
- the assumptions and processes used by management in determining the estimate of valuation of property were reasonable
- The valuation of land and buildings disclosed in the financial statements is reasonable.

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
Risk 2: Occurrence and accuracy of contract variations income and other operating income and existence of associated receivable balances The group and Trust's significant income streams are operating income from patient care activities and other operating income. Over 96% of the Trust's income from patient care activities is from contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and patient care income from contract variations. Any patient care activities provided that are additional to those incorporated in these block contracts with NHS commissioners (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts. 10% of the Trust's income is recorded as other operating revenues (excluding Education and Training income). Due to other operating revenue other than Education and Training income being characterised by estimation and judgements in their recognition we have identified a significant risk of material misstatement in relation to these elements of other operating revenue. We therefore identified the occurrence and accuracy of contract variations income and other operating income, and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • evaluating the Group's accounting policies for recognition of income from patient care activities and other operating income for appropriateness and compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) 2019-20 • updating our understanding of the Trust's system for accounting for income from patient care activities and other operating income and evaluating the design of the associated controls. In respect of patient care income: • obtaining an exception report from the DHSC that details differences in reported income and expenditure and receivables and payables between NHS bodies, agreeing the figures in the exception report to the Trust's financial records and obtaining supporting information for all differences over £300,000 to corroborate the amount recorded in the financial statements by the Trust • corroborating a sample of income from contract variations and year-end receivables to supporting evidence. • assessing and challenging management's estimates and judgements taken in order to arrive at the income from contract variations recorded in the financial statements. In respect of other operating income: • agreeing Provider Sustainability Fund income to NHS Improvement (NHSI) notifications for quarters 1, 2 and 3. • obtaining evidence that NHSI requirements for recognising quarter 4 income have been met, including year-end notification in respect of this income. The Group's accounting policies for recognition of revenue from contracts with customers and from NHS contracts and from other operating income is shown in note 1.2 to the financial statements and related disclosures are included in notes 3, 4 and 14. **Key observations:** We obtained sufficient audit evidence to conclude that: • the Group's accounting policies for recognition of contract income and other operating income comply with the DHSC Group Accounting Manual 2019-20 and have been applied appropriately; and • Contract variations income and other operating income and the associated receivable balances are not materially misstated.

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
Risk 3: COVID-19 The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expected the current circumstances to have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to: • remote working arrangements and redeployment of staff to critical front-line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation • volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates • impact on achieving the agreed control total and subsequent Provider Sustainability Funding under increased demand pressures for healthcare in March 2020 • financial uncertainty created by COVID -19 response will require management to further reconsider financial forecasts supporting their going concern assessment for a period of at least 12 months from the anticipated date of approval of the audited financial statements • increased challenges around recoverability of debt from non-public sector organisations may impact cash flow challenges to the organisation We therefore identified the global outbreak of the COVID-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement and a key audit matter.	Our audit work included, but was not restricted to: • working with management to understand the implications the response to COVID-19 pandemic has on the Trust's ability to prepare the financial statements and update financial forecasts and assess the implications on our audit approach • liaising with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arise We have evaluated: • The adequacy of the disclosures in the financial statements in light of the Covid-19 pandemic • whether sufficient audit evidence using alternative approaches can be obtained for the purposes of our audit whilst working remotely • whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances • management's assumptions that underpin the revised financial forecasts and the impact on management's continuing going concern assessment • the corporate risk register for risks identified from COVID-19. **Key observations** We obtained sufficient audit evidence to conclude: • The Trust's disclosures are in line with the DHSC guidance relating to the impact of the COVID-19 pandemic • Financial forecasts and the cashflow analysis of the Trust supports the ability for the Trust to prepare the accounts on a going concern basis • The inclusion of a material uncertainty disclosure regarding the valuation of the Trust's property, plant and equipment has been emphasised in a Key Audit Matter as detailed in risk 1 above.

Our application of materiality

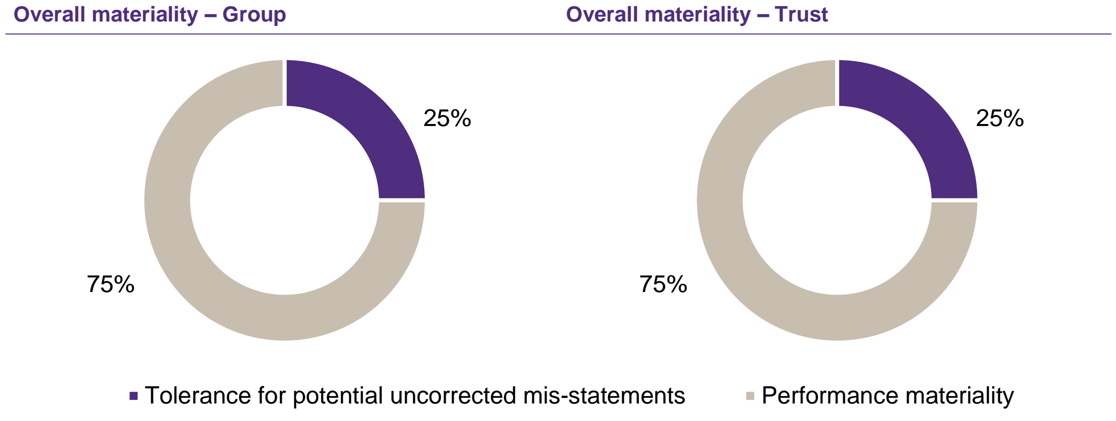
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£4,500,000 which is approximately 1.8% (Last Year: 1.7%) of the group's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding.	£4,400,000 which is approximately 1.8% (Last year 1.7%) of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding.

Materiality Measure	Group	Trust
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Specific materiality		The senior manager remuneration disclosures in the Remuneration Report have been identified as an area requiring specific materiality of £5,000, due to the sensitive nature of these disclosures
Communication of misstatements to the Audit Committee	£225,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£225,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Updating our understanding of and evaluating the group's internal control environment including its IT systems and controls over key financial systems and processes.
- Evaluation of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality and the significance of the component as a percentage of the group's total income, assets and liabilities.
- Performing full scope audit procedures at Barnsley Hospital NHS Foundation Trust (significant component), which represents over 99% of the total income and expenditure of the group, and over 99% of its total assets less current liabilities.
- Performing substantive audit procedures of the material transactions and balances of Barnsley Facilities Services Limited (non-significant component) with bodies other than the Trust, which in aggregate represent less than 1% of the group's income and expenditure, and less than 1% of its total assets less current liabilities
- Performing analytical audit procedures at Barnsley Hospital Charity (non-significant component), which in aggregate represent less than 1% of the group's income and expenditure, and less than 1% of its total assets less current liabilities.

Other information

The Accounting Officer is responsible for the other information. The other information 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, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance **–**by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or

- Audit committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance **–** the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2019-20 and the requirements of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

- we refer a matter to the regulator under Schedule 10 (6) 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 that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency**.**

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2019/20, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for 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 the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - 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 to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020**.**

We have nothing to report in respect of the above matter.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risk we have identified. This significant risk was addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risk	How the matter was addressed in the audit
Risk 1: Underlying financial position The Trust set a balanced budget for 2019-20 after taking into account, PSF(£4.3m), Financial Recovery Funding (FRF) (£3.8m), and Marginal Rate Emergency Tariff (MRET) funding (£2.3m). Before this funding, the agreed control total for 2019-20 was a deficit of £10.4m. At the end of month 7: • the Trust reported a consolidated year to date favourable position of £0.2m, against a plan of £0.7m deficit, which is £0.9m favourable to plan. • The Trust was performing ahead of its' Cost Improvement Programme (CIP) target for 2019-20 of £6.7m. However, whilst there was positive performance up to month 7, the Trust was fully aware that achieving the agreed control total would be significantly challenging heading into the winter months at the end of 2019-20.	Our audit work included, but was not restricted to: • Continuing to monitor the Trust's financial position and considering the year-end outturn position needed to secure full PSF, FRF and MRET funding. • Considering the adequacy of cash resources in the context of the 2020-21 budget position and associated levels of CIP savings required to be achieved in 2020-21 • Evaluating progress and delivery made by the Trust in respect of its CIP savings for 2019-20 and the proportion achieved through recurrent and non-recurrent sources • Assessing the Department of Health and Social Care (DHSC), NHS England and NHS Improvement reforms to the NHS cash regime for 2020-21 which highlighted write off of loans totalling £67,567,000 to be replaced with the issue of Public Dividend Capital (PDC) by 30 September 2020. **Key findings** The Trust delivered a consolidated year end surplus of £0.43m (post funding) at the year-end which was £0.43m favourable to the original planned position of breaking even. This included £0.38m of 2018-19 bonus monies received in July 2020, which NHSI instructed the Trust to be accounted for in 2019-20. Consequently, the Trust received its full 2019-20 PSF, FRF and MRET allocation of £10.4 million The Trust delivered it's 2019-20 CIP savings target of £6.7m, with an outturn position of £6.8m of which 83% were deemed recurrent savings.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Barnsley Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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

Gareth D Mills

Gareth Mills, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Leeds

24 June 2020

FOREWORD TO THE ACCOUNTS

BARNSLEY HOSPITAL NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2020, 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: ......23 June 2020

CONSOLIDATED AND PARENT STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2020

	NOTE	Group 2019/20 £000	Group 2018/19 £000	Trust 2019/20 £000	Trust 2018/19 £000
Operating income from patient care activities	3	221,583	192,736	221,551	192,711
Other operating income	4	30,445	34,594	31,340	35,329
Total operating income		252,028	227,330	252,891	228,040
Operating expenses	5	(250,351)	(230,438)	(251,307)	(231,396)
OPERATING SURPLUS/(DEFICIT)		1,677	(3,108)	1,584	(3,356)
FINANCE COSTS					
Finance income		129	77	118	66
Finance expense	8	(1,021)	(956)	(2,098)	(2,095)
NET FINANCE COSTS		(892)	(879)	(1,980)	(2,029)
Other (losses)/gains		(20)	6	0	0
Corporation tax (charge)	9	(206)	(205)	0	0
SURPLUS/(DEFICIT) FOR THE YEAR		559	(4,186)	(396)	(5,385)
Other comprehensive income					
Items that will not be reclassified to income or expenditure					
Revaluation and impairments property, plant and equipment	11	(152)	(64)	(152)	(64)
Other reserve movement		(12)	(351)	(14)	(351)
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		395	(4,601)	(562)	(5,800)

ALLOCATION OF (LOSSES) FOR THE YEAR	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
(a) Surplus/(Deficit) for the year attributable to:				
(i) owners of the parent	559	(4,186)	(396)	(5,385)
TOTAL	559	(4,186)	(396)	(5,385)
(b) Total comprehensive income for the year attributable to:				
(i) owners of the parent	395	(4,601)	(562)	(5,800)
TOTAL	395	(4,601)	(562)	(5,800)

CONSOLIDATED AND PARENT STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2020

	NOTE	Group 31 March 2020 £000	Group 31 March 2019 £000	Trust 31 March 2020 £000	Trust 31 March 2019 £000
NON CURRENT ASSETS					
Intangible assets	10	**4,362**	2,745	**4,348**	2,731
Property, plant and equipment	11	**75,507**	72,289	**75,109**	71,913
Investments in subsidiaries	12	**0**	0	**12,350**	12,350
Loans to subsidiary	12	**0**	0	**21,224**	21,883
Other investments		**268**	290	**0**	0
Trade and other receivables	14	**1,791**	1,142	**1,791**	1,142
Total non current assets		**81,928**	76,466	**114,822**	110,019
CURRENT ASSETS					
Inventories	13	**3,731**	3,568	**1,903**	1,737
Trade and other receivables	14	**12,663**	20,265	**11,072**	18,677
Loans to subsidiary	12	**0**	0	**659**	637
Cash and cash equivalents	15	**15,882**	9,548	**14,950**	8,732
Total current assets		**32,276**	33,381	**28,584**	29,783
CURRENT LIABILITIES					
Trade and other payables	16	**(29,104)**	(26,894)	**(30,910)**	(26,374)
Borrowings	17	**(67,567)**	(45,753)	**(69,645)**	(47,831)
Provisions	18	**(188)**	(124)	**(144)**	(124)
Other liabilities		**(1,850)**	(1,901)	**(1,850)**	(1,901)
Total current liabilities		**(98,709)**	(74,672)	**(102,549)**	(76,230)
TOTAL ASSETS LESS CURRENT LIABILITIES		**15,495**	35,175	**40,857**	63,572
NON CURRENT LIABILITIES					
Borrowings	17	**0**	(24,870)	**(27,822)**	(54,770)
Provisions	18	**(701)**	(196)	**(701)**	(196)
TOTAL NON CURRENT LIABILITIES		**(701)**	(25,066)	**(28,523)**	(54,966)
TOTAL ASSETS EMPLOYED		**14,794**	10,109	**12,334**	8,606
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		**51,745**	47,455	**51,745**	47,455
Revaluation reserve	19	**2,052**	2,204	**2,052**	2,204
Income and expenditure reserve		**(39,720)**	(40,139)	**(41,463)**	(41,053)
OTHERS' EQUITY					
Charitable reserves	12.1	**717**	589	**0**	0
TOTAL TAXPAYERS' EQUITY		**14,794**	10,109	**12,334**	8,606

The financial statements on pages 1 to 34 were approved by the Board on 18 June 2020 and signed on its behalf by:

Signed: Richard Jenkins .... (Chief Executive)

Date: 23 June 2020

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Group	Public dividend capital	Revaluation reserve (Note 19 and below)	Income and expenditure reserve	Charitable funds reserves (Note 12)	Total taxpayers' equity
2019/20	**£000**	**£000**	**£000**	**£000**	**£000**
Taxpayers' equity at 1 April 2019	**47,455**	**2,204**	**(40,139)**	**589**	**10,109**
Total Comprehensive Income for the year					
Surplus/(Deficit) for the year	**0**	**0**	**213**	**346**	**559**
Transfer to retained earnings on disposal of assets	**0**	**(152)**	**0**	**0**	**(152)**
Public dividend capital received	**4,290**	**0**	**0**	**0**	**4,290**
Others' equity					
Other reserve movements	**0**	**0**	**(12)**	**0**	**(12)**
Other reserve movements - charitable funds consolidation adjustments	**0**	**0**	**218**	**(218)**	**0**
Taxpayers' equity at 31 March 2020	**51,745**	**2,052**	**(39,720)**	**717**	**14,794**
Prior year : 2018/19					
Taxpayers' equity at 1 April 2018	47,443	2,268	(35,324)	311	14,698
Total Comprehensive income for the year					
(Deficit)/Surplus for the year	0	0	(4,707)	521	(4,186)
Transfer to retained earnings on disposal of assets	0	(64)	0	0	(64)
Public dividend capital received	12	0	0	0	12
Others' equity					
Other reserve movements	0	0	(351)	0	(351)
Other reserve movements - charitable funds consolidation adjustments	0	0	243	(243)	0
Taxpayers' equity at 31 March 2019	47,455	2,204	(40,139)	589	10,109

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

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

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

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

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

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

TRUST STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

Trust **2019/20**	**Public dividend capital £000**	**Revaluation reserve (Note 19 and below) £000**	**Income and expenditure reserve £000**	**Total taxpayers' equity £000**
Taxpayers' equity at 1 April 2019	**47,455**	**2,204**	**(41,053)**	**8,606**
Total Comprehensive income for the year				
Deficit for the year	**0**	**0**	**(396)**	**(396)**
Transfer to retained earnings on disposal of assets	**0**	**(152)**	**0**	**(152)**
Public dividend capital Received	**4,290**	**0**	**0**	**4,290**
Others' equity				
Other reserve movements	**0**	**0**	**(14)**	**(14)**
Taxpayers' equity at 31 March 2020	**51,745**	**2,052**	**(41,463)**	**12,334**
Prior year : 2018/19				
Taxpayers' equity at 1 April 2018	47,443	2,268	(35,317)	14,394
Total Comprehensive income for the year				
Deficit for the year	0	0	(5,385)	(5,385)
Transfer to retained earnings on disposal of assets	0	(64)	0	(64)
Public dividend capital received	12	0	0	12
Others' equity				
Other reserve movements	0	0	(351)	(351)
Taxpayers' equity at 31 March 2019	47,455	2,204	(41,053)	8,606

Nature and function of classes of Taxpayers' Equity

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

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

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

CONSOLIDATED AND PARENT STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2020

	NOTE	Group 2019/20 £000	Group 2018/19 £000	Trust 2019/20 £000	Trust 2018/19 £000
Cash flows from operating activities					
Operating surplus/(deficit)		**1,677**	(3,108)	**1,584**	(3,356)
Non-cash income and expenses					
Depreciation and amortisation		**5,744**	4,926	**5,672**	4,839
Impairments and reversals		**0**	2,488	**0**	2,488
Income recognised in respect of capital donations (cash)		**(52)**	(15)	**(52)**	(15)
Decease/(Increase) in trade and other receivables		**6,951**	(1,771)	**6,956**	(360)
(Increase)/Decrease in inventories		**(163)**	(170)	**(166)**	(161)
(Decrease)/Increase in trade and other payables		**(43)**	(3,281)	**1,087**	756
(Decrease)/Increase in other liabilities		**(51)**	986	**(51)**	986
Increase/(Decrease) in provisions		**569**	(259)	**525**	(259)
Corporation tax (paid)	9	**(206)**	(205)	**0**	0
NHS Charitable Funds working capital movements		**9**	77	**0**	0
NHS Charitable Funds: other movements in operating cash flows		**(12)**	9	**0**	0
Other movements in operating cash flows		**(15)**	(351)	**(17)**	(351)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES		**14,408**	(674)	**15,538**	4,567
Cash flows from investing activities					
Interest received		**120**	69	**118**	66
Purchase or settlements of financial assets / investments		**0**	0	**637**	391
Purchase of intangible assets		**(2,554)**	(594)	**(2,554)**	(580)
Purchase of property, plant and equipment		**(5,908)**	(5,702)	**(4,634)**	(6,721)
Receipt of cash donations to purchase capital assets		**52**	15	**52**	15
Net cash (outflow) from investing activities		**(8,290)**	(6,212)	**(6,381)**	(6,829)
Cash flows from financing activities					
Public dividend capital received		**4,290**	12	**4,290**	12
Movement in loans from the Department of Health and Social Care		**(3,050)**	11,073	**(3,050)**	11,073
Capital element of finance lease rental payments		**0**	0	**(2,078)**	(2,003)
Interest on loans		**(1,024)**	(911)	**(1,024)**	(862)
Interest element of finance lease		**0**	0	**(1,077)**	(1,188)
Public dividend capital dividend paid		**0**	330	**0**	330
Net cash inflow/(outflow) from financing activities		**216**	10,504	**(2,939)**	7,362
Increase in cash and cash equivalents	15	**6,334**	3,618	**6,218**	5,100
Cash and cash equivalents at 1 April	15	**9,548**	5,930	**8,732**	3,632
Cash and cash equivalents at 31 March	15	**15,882**	9,548	**14,950**	8,732

Barnsley Hospital NHS Foundation Trust - Notes to the Financial Statements

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

1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 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 accounts.

Accounting convention

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

Going Concern Statement

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the Trust‘s ability to continue as a going concern. In accordance with the Department of Health Group Accounting Manual 2019-20 the financial statements have been prepared on a going concern basis as we do not either intend to apply to the Secretary of State for the dissolution of the Trust without the transfer of the services to another entity, or consider that this course of action will be necessary.

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

The Trust delivered upon all financial requirements during 2019-20, in keeping with the performance expectations seen in recent years. The performance in-year showed a surplus of £0.6m, following the receipt of further national Provider Sustainability Funding, £0.4m, relating to performance in 2018-19. The Group and Trust’s operating and cash flow forecasts have identified no requirement for additional financial support to enable it to meet debts as they fall due over the foreseeable future; which is defined as a period of 18 months from the date these accounts are signed.

Prior to the Covid-19 pandemic the Trust had a planned breakeven position for 2020-21 which was based on the centrally allocated Control Target. This was supported by receipt of income from the national Financial Recovery Fund. Whilst the pandemic has brought with it a number of risks and uncertainties with regards activity, income and expenditure, these are mitigated by the revised funding mechanisms introduced by NHS England. The mechanisms are expected to remain in place throughout the year, giving surety around cash flows and confirmation that all expenditure during this period will be paid for.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020-21 financial year. During 2020-21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £67.6m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust. The Trust is not planning to draw down additional cash funding in the form of revenue loans via the Department of Health and Social Care for 2020-21.

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

Having considered these factors, particularly the fact that historic loans are no longer required to be repaid; the Directors have determined that it remains appropriate to prepare these accounts on a going concern basis. The accounts do not include any adjustments that would result if Barnsley Hospital NHS Foundation Trust was unable to continue as a going concern.

1.1 Consolidation

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

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

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

1 Accounting policies and other information (continued)

Other Subsidiary

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

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

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

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

1.2 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

1 Accounting policies and other information (continued)

1.3 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

Employers pension cost contributions are charged to operating expenses as and when they become due.

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

National Employment Savings Trust

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

1.4 Expenditure on other goods and services

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

1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

o have a cost of at least £5,000; or

o form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000 where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

o form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

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

1 Accounting policies and other information (continued)

1.5 Property plant and equipment (continued)

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

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

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

Depreciation

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

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

During the year, a review was undertaken to assess whether the standard lives being assigned when assets are created is consistent with how long those assets tend to be kept in use. This has led to the extension of the standard asset life range from 7 to 10 years for plant and machinery; and information technology assets.

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

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

1 Accounting policies and other information (continued)

1.5 Property plant and equipment (continued)

Revaluation gains and losses

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

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

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

Impairments

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

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

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

De-recognition

Assets intended for disposal are reclassified as ‘Held for Sale’ once all of the following criteria 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. 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, government grant and other grant funded assets

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

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

1 Accounting policies and other information (continued)

1.6 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised.

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

Assets under construction intangible assets

The Trust includes such expenditures as software packages and Medicine Management systems, in year this includes the licenses for the new Medway EPR system and also EPMA (Electronic Pharmacy).

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 amortized over a useful life of 1 to 10 years.

1.7 Inventories

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

1.8 Financial assets and financial liabilities

Recognition

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

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

1 Accounting policies and other information (continued)

1.8 Financial assets and financial liabilities (continued)

Classification and measurement

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

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost .

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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

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

De-recognition

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

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

1 Accounting policies and other information (continued)

1.9 Leases

'Determining whether an arrangement contains a lease'

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

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

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

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

Finance leases

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

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

Operating leases

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

Leases of land and buildings

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

1.10 Provisions

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

1.11 Clinical negligence costs

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

1.12 Non-clinical risk pooling

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

1 Accounting policies and other information (continued)

1.13 Contingencies

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

Contingent liabilities are not recognised in the financial statements, but are disclosed in note 22 (page 31) , unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

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

1.14 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated and grant funded assets, (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Funds (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. 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 financial statements.

The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the financial statements or due to payable calculation errors subsequently identified in prior years.

1.15 Value added tax

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

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

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

1.16 Corporation tax

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

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

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

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

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

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

1.17 Borrowings

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

1 Accounting policies and other information (continued)

1.18 Exit packages

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

1.19 Cash and cash equivalents

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

1.20 Critical accounting judgements, estimates and assumptions

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

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

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

Expense accruals

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

Recoverability of receivables

In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses.

Provisions

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

Plant, property and equipment

The Trust undertakes a revaluation of its land and buildings with sufficient regularity to ensure that the values remain up to date. The process of valuing the Trust's land and buildings includes the utilisation of assumptions, including for example the nature of the assets, current market conditions and gross internal area. Given the complex nature of Asset valuation the Trust seeks professional advice from its valuers, to ensure that appropriate assumptions are used in the value calculation and the assessment of useful economic asset lives.

The Trust has not obtained a valuation report in 2019/20, this is because the Trust has made a judgement after consideration of the accounting policies and technical accounting standards and a review of the indices that the land and building assets are materially accurate as presented in the financial statements.

In making these judgements, the Trust is aware that the RICS surveyors has issued a valuation practice notice which gives guidance to valuers where a valuer declares a material uncertainty attached to a valuation in light of the impact of Covid-19 on markets. As explained above the Trust has not obtained a valuation report for 2019/20, but it should be noted that there may now be greater uncertainty in markets on which the valuation obtained 31 March 2019 and reflected in these financial statements is based. This would further increase the material uncertainties around land and buildings valuations reported as at 31 March 2020 in these financial statements. Given the judgements explained above in preparing these 2019/20 financial statements, the Trust has not deviated from its existing accounting policy by obtaining an additional valuation to which a materiality uncertainty might be attached.

It is possible that the COVID-19 pandemic will affect the Trust’s future assessment of what would be required in a modern equivalent asset, but as yet there is insufficient evidence to affect the assumptions used in the valuation.

1.20 Critical accounting judgements, estimates and assumptions (continued)

Impairment of Property, plant and equipment

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

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

1.21 Third party assets

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

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.23 Operating Segments

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

1.24 Charitable fund investments

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

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

1.25 Accounting standards that have been adopted early

No new accounting standards or revisions to existing standards have been early-adopted in 2019/20.

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

IASB standards and IFRIC interpretations

The following presents a list of recently issues accounting standards and amendments which have not yet been adopted within the FReM, and are therefore not applicable to the Department of Health and Social Care group accounts in 2019/20.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 'Leases', IFRIC 4 'Determining whether an arrangement contains a lease' and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the Statement of Financial Position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

1 Accounting policies and other information (continued)

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

IFRS 16 Leases (continued)

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

After a comprehensive exercise undertaken by the Trust, the impact is considered not material as at 31 March 2020.

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 2019/20, the Board of Directors reviewed the financial position of the Trust as a whole in their decision making process. The values disclosed are consistent to those reported to the Board in March 2020, with the exception of audit adjustments.

Within the Group financial statements are two subsidiary entities as detailed in note 1.1 (page 6) and the pages within the financial statements.

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

3. Income from activities

3.1 Income from activities comprises	**Group 2019/20 £000**	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
NHS England *	**22,734**	15,083	**22,734**	3,578
Foundation Trusts	**401**	177	**401**	177
NHS Trusts	**12**	20	**12**	20
CCGs	**197,052**	174,080	**197,052**	185,585
Department of Health and Social Care	**0**	1,954	**0**	1,954
NHS Other	**86**	83	**86**	83
Non NHS:				
- Local Authorities	**148**	131	**148**	131
- Private patients	**0**	3	**0**	3
- Overseas patients chargeable to patient	**125**	84	**125**	84
- NHS Injury Scheme**	**930**	1,071	**930**	1,071
- Other	**95**	50	**63**	25
	221,583	192,736	**221,551**	192,711

* 2019/20 is inclusive of employer pension contribution costs paid by NHS England on the Trust's behalf of £5,839,000 (6.3%) refer note 6.1.

**NHS injury scheme income is subject to a provision for doubtful debts of 21.79% (2018/19 21.89%) to reflect expected rates of collection.

3.2 Analysis of income from activities	**Group 2019/20 £000**	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Inpatient - elective	**28,841**	26,249	**28,841**	26,249
Inpatient - non elective	**79,319**	65,451	**79,319**	65,451
Outpatient income	**15,774**	13,163	**15,774**	13,163
Other activity income	**45,842**	44,025	**45,842**	44,025
Follow up outpatient income	**19,548**	18,290	**19,548**	18,290
A & E income	**14,462**	11,956	**14,462**	11,956
High cost drugs income from commissioners	**10,661**	10,303	**10,661**	10,303
Private patient income	**0**	88	**0**	88
Agenda For Change pay award central funding	**0**	1,953	**0**	1,953
Additional pension contribution funding	**5,839**	0	**5,839**	0
Total income	**220,286**	191,478	**220,286**	191,478
Other clinical income	**1,297**	1,258	**1,265**	1,233
Income from activities	**221,583**	192,736	**221,551**	192,711

3.2 Analysis of income from activities (continued)

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

	Group 2019/20 £000	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Commissioner Requested Services(CRS)	**221,583**	192,736	**221,551**	192,711
non- Commissioner Requested Services (non-CRS)	**30,445**	34,594	**31,340**	35,329
TOTAL	**252,028**	227,330	**252,891**	228,040

4. Other Operating Income	**Group 2019/20 £000**	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Research and development	**454**	412	**454**	412
Education and training	**8,141**	7,272	**8,141**	7,272
Education and training - notional income from apprenticeship fund	**269**	0	**269**	0
Received from NHS Charities- grant for capital acquisitions	**52**	15	**52**	15
Other contributions to expenditure - received from other bodies	**32**	32	**32**	32
Provider sustainability fund / Financial recovery fund / Marginal rate emergency tariff funding	**10,814**	14,633	**10,814**	14,633
Other income*	**10,326**	11,720	**11,578**	12,965
Charitable fund incoming resources	**357**	510	**0**	0
	30,445	34,594	**31,340**	35,329

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

	Group 2019/20 £000	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Car parking	**1,609**	1,458	**1,662**	1,459
Estates recharges	**695**	734	**392**	313
IT recharges	**142**	290	**151**	299
Pharmacy sales	**59**	54	**16**	9
Staff recharges	**1,532**	1,734	**1,653**	1,822
Service recharges	**3,770**	3,770	**4,244**	4,244
Drugs recharges	**1,251**	1,251	**974**	974
Staff contribution to employee benefit schemes	**10**	0	**10**	0
Clinical excellence awards	**113**	108	**113**	108
Property rentals	**31**	27	**0**	0
Elimination of 'other income' on consolidation of charitable funds	**(218)**	(243)	**0**	0
Miscellaneous items	**1,332**	2,537	**2,363**	3,737
	10,326	11,720	**11,578**	12,965

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

5. Operating expenses

	Group 2019/20 £000	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Purchase of healthcare from NHS and DHSC bodies - **Note 1**	**2,555**	2,922	**2,555**	2,922
Purchase of healthcare from non-NHS and non-DHSC bodies	**6,162**	5,059	**6,157**	3,951
Non-executive directors' costs **Note 2**	**140**	134	**140**	134
Staff and executive directors costs **Note 2**	**175,571**	154,369	**166,312**	147,323
Drugs costs	**16,098**	15,831	**16,432**	16,136
Supplies and services - clinical (excluding drugs costs)	**15,766**	16,003	**16,237**	16,256
Supplies and services - general	**4,160**	5,101	**3,686**	5,621
Establishment	**2,027**	1,886	**2,059**	1,892
Research and development	**41**	42	**41**	42
Premises - business rates payable to local authorities	**887**	852	**887**	852
Premises - **Note 1**	**6,413**	4,501	**16,449**	13,231
Transport (business travel only) **Note 3**	**258**	191	**251**	183
Transport - other (including patient travel) **Note 3**	**1,038**	1,029	**1,044**	1,063
Increase in other provisions	**27**	35	**27**	35
Change in provisions discount rate	**4**	0	**4**	0
Education and training - notional expenditure funded from apprenticeship fund **Note 3**	**269**	0	**269**	0
Rentals under operating leases	**114**	101	**114**	4
Movement in credit loss allowance: contract receivables/ assets	**592**	11	**592**	11
Movement in credit loss allowance: all other receivables & investments	**0**	21	**0**	21
Impairments net of (reversals)	**0**	2,488	**0**	2,488
Depreciation on property, plant and equipment	**4,807**	3,884	**4,735**	3,814
Amortisation on intangible assets	**937**	1,042	**937**	1,025
Audit services - statutory audit **Note 4.1**	**70**	64	**55**	49
Audit fees for Charitable Funds	**0**	3	**0**	0
Other auditor's remuneration - further assurance services **Note 4.2**	**2**	6	**0**	6
Clinical negligence	**10,295**	12,729	**10,295**	12,729
Legal fees	**143**	418	**89**	67
Insurance **Note 3**	**281**	172	**0**	0
Consultancy costs	**543**	507	**536**	434
Internal audit costs	**103**	79	**103**	79
Car parking and security	**478**	404	**436**	428
Hospitality	**26**	0	**298**	0
Losses, ex gratia and special payments	**70**	92	**70**	92
Other	**474**	462	**497**	508
	250,351	230,438	**251,307**	231,396

Note 1 - 2018/19 costs have been restated in the Trust column by £6,969,000 after reconsideration of these cost categories. 2019/20 costs are consistent with this revised allocation.

Note 2 - As required by the Companies Act 2006, further disclosures of Directors' remuneration and other benefits are detailed in note 23 (page32) to these accounts and further details are available in the remuneration report of the Annual Report to the Trust.

Note 3 - These costs were not presented in 2018/19

Note 4.1 - Auditors' remuneration

Grant Thornton were external auditors for the year ended 31 March 2020.

The audit fee for the Trust statutory audit excluding quality accounts review was £55,440 (2018/19 £55,080 inclusive of quality accounts) including VAT. This was the fee for an audit in accordance with the Code of Audit Practice as issued by the National Audit Office. The audit fee for the subsidiary organisation, Barnsley Facilities Services was £15,000 exclusive of VAT (2018/19 - £15000 exclusive of VAT). The audit fee for Barnsley Hospital Charity was £3,120 inclusive of VAT in 2018/19.

Note 4.2 - Other auditors' remuneration - further assurance services	**Group 2019/20 £000**	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Quality accounts review costs	**0**	6	**0**	6
Independent Examiners Report for Barnsley Hospital Charity	**2**	0	**0**	0
	2	6	**0**	6

The above costs are inclusive of VAT.

5. Operating expenses (continued)

5.1 Operating leases

Operating expenses include: Group

Payments recognised as an expense	**Group 2019/20 £000**	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Minimum lease payments	**114**	101	**114**	4

Total future minimum lease payments:

	Group 2019/20 £000	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Total future minimum lease payments				
No later than one year	**357**	118	**357**	0
Later than one year and no later than five years	**66**	385	**66**	0
Later than five years	**0**	66	**0**	0
	423	569	**423**	0

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

6.1 Staff costs

Group	**Total 2019/20 £000**	Total 2018/19 £000
Salaries and wages	**128,929**	122,955
Social security costs	**11,441**	10,478
Apprenticeship levy	**592**	546
Employer contributions to NHS pensions	**13,778**	12,954
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**5,839**	0
Pension Cost - NEST	**85**	34
Temporary staff - external bank **Note 1**	**9,572**	0
Agency/Contract Staff	**5,335**	7,402
Totals	**175,571**	154,369

Trust	**Total 2019/20 £000**	Total 2018/19 £000
Salaries and wages	**121,040**	116,918
Social security costs	**10,854**	10,009
Apprenticeship levy	**553**	517
Employer contributions to NHS pensions	**13,302**	12,460
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**5,839**	0
Pension Cost - NEST	**33**	17
Temporary staff - external bank **Note 1**	**9,572**	0
Agency/Contract Staff	**5,119**	7,402
Totals	**166,312**	147,323

Director and staff costs charged to operating expenses are disclosed in note 5 (page 19).

Within Medical and Dental staff numbers are 77.63 whole time equivalents (WTE) recharges from other NHS Trusts at a cost of £6,154,000 (78.91 WTE at a cost of £5,914,000 in 2018/19) which are not processed on the Trust's payroll but which appear in the total staff costs for the Trust.

Note 1- in 2018/19 the staff bank was run internally and total costs of £6,063,000 are included within salaries and wages, social security costs and pensions.

6. Staff costs and numbers (continued)

6.2 Retirements due to ill-health

During the year there were no early retirements (1 in 2018/19) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of this ill-health retirement is £Nil (£95,293 in 2018/19). The cost of these ill-health retirements will be borne by the NHS Pension Scheme.

7. Limitation on auditors' liability

The limitation on the auditors' liability with regards to the audit of the financial statements, as per the engagement letter is £2,000,000 (2018/19 £2,000,000).

8. Finance expense

	Group 2019/20 £000	Group 2018/19 £000	**Trust 2019/20 £000**	Trust 2018/19 £000
Capital loans from the Department of Health and Social Care	**3**	1	**3**	1
Interim revenue loans from the Department of Health and Social Care	**1,018**	955	**1,018**	955
Finance Leases - inter group	**0**	0	**1,077**	1,139
	1,021	956	**2,098**	2,095

9. Corporation tax (credit)/charge

Group

(There are no figures or disclosures for the Trust for Note 9, since the Trust's NHS activities are not subject to corporation tax)

	2019/20 £000	2018/19 £000
Analysis of charge/(credit) during the year		
Current tax charge/(credit) for the year		
United Kingdom corporation tax	**184**	175
Adjustment in respect of previous periods	**7**	12
Total current tax	**191**	187
Deferred tax		
Current year	**13**	32
Adjustment in respect of previous periods	**0**	(11)
Effects of changes in tax rates	**2**	(3)
Total deferred tax	**15**	18
Total per Consolidated Statement of Comprehensive Income	**206**	205

Reconciliation of current tax charge

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

	2019/20 £000	2018/19 £000
Surplus/(Deficit) for the year from continuing activities	**765**	(3,981)
Effective tax charge percentage	**19.00%**	19.00%
Tax if effective tax rate charged on surpluses before tax	**145**	(756)
Effects of		
Surpluses not subject to tax	**61**	961
Tax charge for the year	**206**	205

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

10. Intangible assets

Group 2019/20 (Trust figures not disclosed as no material difference)

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

Prior year 2018/19:	**Software Licences** £000	**Assets under Construction** £000	**Total** £000
Gross cost at 1 April 2018	9,026	469	9,495
Additions purchased	594	0	594
Reclassifications	469	(469)	0
Gross cost at 31 March 2019	10,089	0	10,089
Accumulated amortisation at 1 April 2018	6,302	0	6,302
Provided during the year	1,042	0	1,042
Accumulated amortisation at 31 March 2019	7,344	0	7,344
Net book value			
- Total at 1 April 2018	2,724	469	3,193
- Total at 31 March 2019	2,745	0	2,745

11. Property, plant and equipment

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

Group 2019/20 (All detailed Trust figures not disclosed as no material difference)

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

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

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

There were no assets for on statement of financial position PFI contracts as at 31 March 2020 (as at 31 March 2019 - none).

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

11. Property, plant and equipment (continued)

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

Group (Trust figures not disclosed as no material difference)

2018/19:	Land	Buildings and dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	3,515	58,440	319	8,424	7,958	609	79,265
Additions - purchased	0	5,106	127	910	733	93	6,969
Additions - purchased from cash donations/grants	0	0	0	15	0	0	15
Impairments charged to operating expenses **Note 1**	0	(2,488)	0	0	0	0	(2,488)
Impairments charged to the revaluation reserve **Note 1**	0	(64)	0	0	0	0	(64)
Revaluation **Note 1**	0	(1,475)	0	0	0	0	(1,475)
Reclassifications	0	0	(446)	0	446	0	0
At 31 March 2019	**3,515**	**59,519**	**0**	**9,349**	**9,137**	**702**	**82,222**
Accumulated depreciation at 1 April 2018	0	164	0	916	5,888	556	7,524
Provided during the year	0	1,478	0	1,628	764	14	3,884
Revaluation **Note 1**	0	(1,475)	0	0	0	0	(1,475)
Accumulated depreciation at 31 March 2019	**0**	**167**	**0**	**2,544**	**6,652**	**570**	**9,933**
Net book value							
- Purchased at 1 April 2018	3,500	57,776	319	7,105	2,070	53	70,823
- Government granted as at 1 April 2018	0	0	0	85	0	0	85
- Donated at 1 April 2018	15	500	0	318	0	0	833
Revised Total at 1 April 2018	**3,515**	**58,276**	**319**	**7,508**	**2,070**	**53**	**71,741**
- Purchased at 31 March 2019	3,500	58,942	0	6,472	2,485	132	71,531
- Government granted as at 31 March 2019	0	0	0	66	0	0	66
- Donated at 31 March 2019	15	410	0	267	0	0	692
Total at 31 March 2019	**3,515**	**59,352**	**0**	**6,805**	**2,485**	**132**	**72,289**

Note 1

The Trust agreed that a full revaluation of the land and buildings was required at the time its subsidiary Barnsley Facilities Services Limited was set up on 1 September 2017. This reduced the valuation by £11,800,000 due to using values net of Value Added Tax. The Trust agreed to have a formal desk top revaluation at 31 March 2018. This increased the value by £3,200,000. A further formal desk top revaluation was completed at 31 March 2019. This decreased the value by £2,552,000. Valuations are carried out by Cushman and Wakefield, professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Of the totals at 31 March 2019 there were no assets valued at open market value (as at 31 March 2018 - none).

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

There were no assets for on statement of financial position PFI contracts as at 31 March 2019 (as at 31 March 2018 - none).

The NBV of finance leases held on the statement of financial position of the Trust as at 31 March 2019 was £32,223,751 these were land and building hospital facilities (as at 31 March 2018 - £34,227,522).

12. Investments in subsidiaries

The Trust is the Corporate Trustee for the NHS Charity, Barnsley Hospital Charity, registered charity number 1058037 refer note 1.1 (Page 6).

As at 31 March 2020 and 31 March 2019 the parent holds 12,349,564 Ordinary shares of £1 each in Barnsley Facilities Services Limited.

This represents a 100% direct ownership and voting rights in Barnsley Facilities Services Limited, which is incorporated in England and Wales.

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

Extracts from the subsidiaries are as follows:

(i) From Charitable Funds

	Charitable Fund accounts 2019/20 £000	**Consolidation adjustments 2019/20 £000**	**Charitable Fund numbers for consolidation 2019/20 £000**	Charitable Fund accounts 2018/19 £000	Consolidation adjustments 2018/19 £000	Charitable Fund numbers for consolidation 2018/19 £000
Statement of Financial Activities						
Incoming resources: excluding investment income	**357**	**0**	**357**	510	0	510
- with Barnsley Hospital NHS Foundation Trust	**(218)**	**218**	**0**	(243)	243	0
- audit fee (payable to the external auditor)	**0**	**0**	**0**	(3)	0	(3)
Total operating expenditure	**(218)**	**218**	**0**	(246)	243	(3)
Incoming resources: investment income	**9**	**0**	**9**	8	0	8
Net (outgoing)/incoming resources before other recognised gains and losses	**148**	**218**	**366**	272	243	515
Fair value movements on investment properties and other investments	**(20)**	**0**	**(20)**	6	0	6
Net movement in funds	**128**	**218**	**346**	278	243	521
Balance Sheet						
Non-current assets						
Other investments	**268**	**0**	**268**	290	0	290
Total non-current assets	**268**	**0**	**268**	290	0	290
Current assets						
Trade and other receivables	**3**	**4**	**7**	5	13	18
Cash and cash equivalents	**586**	**0**	**586**	459	0	459
Total current assets	**589**	**4**	**593**	464	13	477
Current liabilities						
Trade and other payables	**140**	**4**	**144**	165	(13)	152
Total current liabilities	**140**	**4**	**144**	165	(13)	152
Creditors: amounts falling due after more than 1 year	**0**	**0**	**0**	0	0	0
Net assets	**717**	**0**	**717**	589	26	615
Funds of the charity						
Restricted funds	**343**	**0**	**343**	279	0	279
Unrestricted income funds	**374**	**0**	**374**	310	0	310
Total Charitable Funds	**717**	**0**	**717**	589	0	589

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the Charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the Charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

12. Investments in subsidiaries (continued)

Extracts from the subsidiaries are as follows (continued)

(ii) Barnsley Facilities Services Limited

Summarised Balance Sheet	**31 March 2020**	31 March 2019
	£000	£000
Current assets	**41,245**	42,200
Current liabilities	**(6,261)**	(7,423)
Total current net assets	**34,984**	34,777
Non-current assets	**410**	391
Non-current liabilities	**0**	0
Total non-current net assets	**410**	391
Provision for other liabilities	**(79)**	(21)
Creditors:amounts falling due after more than 1 year	**(21,224)**	(21,883)
Net assets	**14,091**	13,264
Gross assets	**41,655**	42,591

Summarised Profit and Loss Account	**2019/20**	2018/19
	£000	£000
Revenue	**39,731**	36,871
Expenses	**(39,001)**	(36,097)
Interest receivable	**1,069**	1,139
Interest payable and similar charges	**(766)**	(787)
Corporation tax	**(206)**	(205)
Post tax profit from continuing operations	**827**	921
Total comprehensive income	**827**	921

The amounts presented above are the amounts before intercompany transactions.

Investments in Subsidiary Undertakings	**31 March 2020**	31 March 2019
	£000	£000
Shares in subsidiary undertakings	**12,350**	12,350
Loans to subsidiary undertakings > 1 year	**21,224**	21,883
	33,574	34,233
Loans to subsidiary undertakings < 1 year	**659**	637
	34,233	34,870

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

13. Inventories

	Group	Group	**Trust**	Trust
	31 March 2020	31 March 2019	**31 March 2020**	31 March 2019
	£000	£000	**£000**	£000
Raw materials and consumables	**3,731**	3,568	**1,903**	1,737
TOTAL	**3,731**	3,568	**1,903**	1,737

14. Trade and other receivables

	Total 31 March 2020 £000	**Financial assets £000**	**Non Financial assets £000**	Total 31 March 2019 £000	Financial assets £000	Non Financial assets £000
Current - Group						
Contract receivables : invoiced	**8,066**	**8,066**	**0**	9,543	9,543	0
Contract receivables : not yet invoiced /non-invoiced	**1,428**	**1,428**	**0**	5,444	5,444	0
Contract assets	**809**	**809**	**0**	845	845	0
Prepayments	**941**	**0**	**941**	907	0	907
PDC Dividend Receivable	**85**	**0**	**85**	85	0	85
Value Added Tax receivable	**2,071**	**0**	**2,071**	2,626	0	2,626
Clinician pension tax provision reimbursement funding from NHSE	**33**	**0**	**33**	0	0	0
Other receivables	**85**	**85**	**0**	1,266	1,266	0
NHS Charitable Funds - trade and other	**3**	**0**	**3**	5	0	5
Allowance for impaired contract receivables/assets	**(837)**	**(837)**	**0**	(435)	(435)	0
Allowance for impaired other receivables	**(21)**	**(21)**	**0**	(21)	(21)	0
Total current trade and other receivables	**12,663**	**9,530**	**3,133**	20,265	16,642	3,623
Current - Trust						
Contract receivables : invoiced	**7,929**	**7,929**	**0**	9,507	9,507	0
Contract receivables : not yet invoiced / non-invoiced	**1,428**	**1,428**	**0**	5,444	5,444	0
Contract assets	**809**	**809**	**0**	845	845	0
Prepayments	**458**	**0**	**458**	453	0	453
PDC Dividend Receivable	**85**	**0**	**85**	85	0	85
Value Added Tax receivable	**1,123**	**0**	**1,123**	1,647	0	1,647
Clinician pension tax provision reimbursement funding from NHSE	**33**	**0**	**33**	0	0	0
Other receivables	**65**	**65**	**0**	1,139	1,139	0
NHS Charitable Funds - trade and other	**0**	**0**	**0**	13	13	0
Allowance for impaired contract receivables/assets	**(837)**	**(837)**	**0**	(435)	(435)	0
Allowance for impaired other receivables	**(21)**	**(21)**	**0**	(21)	(21)	0
Total current trade and other receivables	**11,072**	**9,373**	**1,699**	18,677	16,492	2,185
Non - current Group						
Contract assets	**1,279**	**1,279**	**0**	1,142	1,142	0
Clinician pension tax provision reimbursement funding from NHSE	**512**	**0**	**512**	0	0	0
Total non current trade and other receivables	**1,791**	**1,279**	**512**	1,142	1,142	0
Non - current Trust						
Contract assets	**1,279**	**1,279**	**0**	1,142	1,142	0
Clinician pension tax provision reimbursement funding from NHSE	**512**	**0**	**512**	0	0	0
Non current trade and other receivables	**1,791**	**1,279**	**512**	1,142	1,142	0

15. Cash and cash equivalents

	Group 31 March 2020 £000	Group 31 March 2019 £000	Trust 31 March 2020 £000	Trust 31 March 2019 £000
At 1 April	**9,548**	5,930	**8,732**	3,632
Net change in year	**6,334**	3,618	**6,218**	5,100
Cash and cash equivalents as in statement of financial position	**15,882**	9,548	**14,950**	8,732

The Trust and Group cash balances are held with RBS Natwest and Lloyds Banking Group. These are considered low risk institutions.

16. Trade and other payables

Current - Group	**Total 31 March 2020 £000**	**Financial liabilities £000**	**Non Financial liabilities £000**	Total 31 March 2019 £000	Financial liabilities £000	Non Financial liabilities £000
Trade payables	**4,132**	**4,132**	**0**	4,042	4,042	0
Capital payables	**5,980**	**5,980**	**0**	3,711	3,711	0
Social security costs	**3,144**	**0**	**3,144**	3,025	0	3,025
Value added tax payable	**1,416**	**0**	**1,416**	1,193	0	1,193
Corporation tax payable	**219**	**0**	**219**	195	0	195
Other payables	**4,866**	**4,866**	**0**	6,156	6,156	0
NHS Charitable Funds	**136**	**0**	**136**	152	0	152
Accruals	**9,212**	**9,212**	**0**	8,421	8,421	0
Total current trade and other payables	**29,104**	**24,189**	**4,915**	26,894	22,329	4,565

Current - Trust	**Total 31 March 2020 £000**	**Financial liabilities £000**	**Non Financial liabilities £000**	Total 31 March 2019 £000	Financial liabilities £000	Non Financial liabilities £000
Trade payables	**1,410**	**1,410**	**0**	3,946	3,946	0
Amount due to subsidiary company	**7,617**	**7,617**	**0**	6,478	6,478	0
Capital payables	**5,903**	**5,903**	**0**	2,454	2,454	0
Social security costs	**3,144**	**0**	**3,144**	3,025	0	3,025
Value added tax payable	**49**	**0**	**49**	97	0	97
Other payables	**4,664**	**4,664**	**0**	5,959	5,959	0
Accruals	**8,123**	**8,123**	**0**	4,415	4,415	0
Total current trade and other payables	**30,910**	**27,717**	**3,193**	26,374	23,252	3,122

17. Borrowings

	Group 31 March 2020 £000	Group 31 March 2019 £000
Current liabilities		
Capital loans from Department of Health and Social Care	**1,806**	181
Interim revenue loans from Department of Health and Social Care	**65,761**	45,572
Total Other current liabilities *	**67,567**	45,753
Non-current liabilities		
Capital loans from Department of Health and Social Care	**0**	1,805
Interim revenue loans from Department of Health and Social Care	**0**	23,065
Total Other non-current liabilities *	**0**	24,870

	Trust 31 March 2020 £000	Trust 31 March 2019 £000
Current liabilities		
Capital loans from Department of Health and Social Care	**1,806**	181
Interim revenue loans from Department of Health and Social Care	**65,761**	45,572
Obligations under Finance Leases	**2,078**	2,078
Total Other current liabilities	**69,645**	47,831
Non-current liabilities		
Capital loans from Department of Health and Social Care	**0**	1,805
Interim revenue loans from Department of Health and Social Care	**0**	23,065
Obligations under Finance Leases	**27,822**	29,900
Total Other non-current liabilities	**27,822**	54,770

* Refer note 21 Events after the reporting date

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

The £29,900,000 obligation under finance leases in the Trust arises from the arrangements between the Trust and its subsidiary undertaking, Barnsley Facilities Services Limited for the supply of operational healthcare facilities. This liability and the associated property have been recognised in the balance sheet of the Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

Reconciliation of liabilities arising from financing activities	**2019/20 £000**	2018/19 £000
Carrying value at 1 April	**70,623**	59,353
Impact of applying IFRS 9 as at 1 April 2018	**0**	152
Cash movements:		
Financing cash flows - principal	**(3,050)**	11,073
Financing cash flows - interest (for liabilities measured at amortised cost)	**(1,024)**	(911)
Application of effective interest rate (interest charge arising in year)	**1,018**	956
Closing value as at 31 March	**67,567**	**70,623**

17.1 Finance Lease Obligations - Trust

	31 March 2020 £000	31 March 2019 £000
Gross Lease Liabilities	**29,900**	31,978
Of which liabilities are due :		
- Not later than one year	**3,147**	3,147
- Later than one year and not later than five years	**8,855**	10,299
- Later than five years	**29,641**	31,341
Finance charges allocated to future periods	**(11,743)**	(12,811)
Net Lease Liabilities	**29,900**	31,976
- Not later than one year	**2,078**	2,078
- Later than one year and not later than five years	**6,716**	6,716
- Later than five years	**21,106**	23,184
	29,900	31,978

18. Provisions

Provisions do not include £108,638,227 (£105,425,627 in 2018/19) included in the accounts of NHS Resolution as at 31 March 2020 in respect of clinical negligence liabilities of the Trust.

It is not expected that any of these amounts will be reimbursed.

19. Revaluation Reserve

Group and Trust	**Total Revaluation Reserve**	**Revaluation Reserve Intangibles**	**Revaluation Reserve Property Plant and Equipment**
2019/20	**£000**	**£000**	**£000**
Revaluation reserve at 1 April 2019	**2,204**	**120**	**2,084**
Transfer to I and E reserve upon asset disposal	**(152)**	**0**	**(152)**
Revaluation reserve at 31 March 2020	**2,052**	**120**	**1,932**
Prior year : 2018/19			
Revaluation reserve at 1 April 2018	2,268	120	2,148
Transfer to I and E reserve upon asset disposal	(64)	0	(64)
Revaluation reserve at 31 March 2019	2,204	120	2,084

20. Commitments

(i) Contractual capital commitments

	Group 31 March 2020 £000	Group 31 March 2019 £000	**Trust 31 March 2020 £000**	Trust 31 March 2019 £000
Property, plant and equipment	**6,176**	1,608	**17**	1,483
Intangible assets	**384**	2,175	**371**	0
	6,560	3,783	**388**	1,483

The most significant commitments for the Group were property plant and equipment works for O Block and Emergency Departments Children's assessment unit.

(ii) Other financial commitments

The Trust is committed to making payments under non-cancellable executory contracts (which are not leases, PFI contracts or other service concession arrangements) at 31 March 2020 as follows, analysed by the period during which the payment is made:

Group	**31 March 2020 £000**	31 March 2019 £000
- Not later than one year	**4,958**	7,231
- Later than one year and not later than five years	**12,803**	12,993
- Later than five years	**2,602**	2,821
	20,363	23,045

Trust	**31 March 2020 £000**	31 March 2019 £000
- Not later than one year	**1,987**	4,521
- Later than one year and not later than five years	**5,411**	3,388
- Later than five years	**2,602**	521
	10,000	8,430

21. Events after the reporting date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £67,567,000 as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months (refer note 17).

22. Contingent Liabilities

	31 March 2020 £000	31 March 2019 £000
NHS Resolution legal claims **Note 1**	**37**	62
Net value of contingent liability	**37**	62

Note 1 Contingent liabilities represent excess payments not provided for on legal cases been dealt with by NHS Resolution, on the Trust's behalf, and are primarily in respect of employer's liability. Due to the nature of the amounts and timing of the cash flows it would be impractical to estimate the value and the timings of the amounts and cash flows.

23. 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, Monitor. The Department of Health and Social Care is the parent department of the Trust.

Government departments and their agencies are considered by HM Treasury as being related parties. During the year the Trust has had a significant number of material transactions with other NHS bodies. Examples of such bodies are those which commission the services of the Trust, the most significant of these is Barnsley CCG.

In addition, the Trust has had a significant number of material transactions in the ordinary course of its business with other Government Departments and other central and local Government bodies. Most of those transactions have been with her Majesty's Revenue and Customs in respect of deduction and payment of PAYE, and Barnsley Metropolitan Borough Council in respect of payment of rates.

23. Related party transactions (continued)

During the year, none of the Board Members, members of the key management staff or parties related to them have undertaken any material transactions with the Trust.

Barnsley Hospital NHS Foundation Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the Board. The accounts of the Funds Held on Trust will be made separately.

Transactions between the subsidiary members of the Group are not required to be disclosed as these transactions are fully eliminated on consolidation.

The Trust considers its key management personnel to be the same as the Senior Managers who are defined as the Executive and Non-Executive Directors of the Trust.

The total of key management personnel compensation is as follows:

	2019/20	2018/19
	£000	£000
Short-term employee benefits: directors remuneration		
- Executive directors	**953**	946
- Non-executive directors	**141**	134
	1,094	1,080
Post-employment benefits: Employer contribution to a pension scheme in respect of directors		
- Executive directors	**99**	85
Aggregate of remuneration and other benefits receivable by the directors	**1,193**	1,165
	Number	Number
Number of Directors having benefits accruing under a defined benefit pension scheme (all Executive directors)	**6**	6

24. 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

100% of the Trust's financial assets and 100% 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.

24. Financial Instruments (continued)

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Group 31 March 2020 £000	Group 31 March 2019 £000	**Trust 31 March 2020 £000**	Trust 31 March 2019 £000
Financial assets by category				
Receivables	**10,809**	17,784	**10,652**	40,154
Other investments/financial assets	**0**	0	**21,883**	0
Cash and cash equivalents	**15,296**	9,089	**14,950**	8,732
NHS Charitable Funds - Financial assets	**857**	754	**0**	0
Total	**26,962**	27,627	**47,485**	48,886

Receivables comprise, trade and other receivables less prepayments.

Financial assets are at amortised cost.

Financial liabilities by category				
DHSC Loans	**67,567**	70,623	**67,567**	70,623
Obligations under finance leases	**0**	0	**29,900**	31,978
Payables	**24,189**	22,329	**27,717**	23,252
NHS Charitable Funds - Financial liabilities	**136**	152	**0**	0
Total	**91,892**	93,104	**125,184**	125,853

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	**91,892**	68,217	**95,443**	71,020
In more than one year but not more than two years	**0**	11,992	**2,078**	14,070
In more than two years but not more than five years	**0**	11,794	**4,638**	16,478
In more than five years	**0**	1,101	**23,184**	24,285
Total	**91,892**	93,104	**125,343**	125,853

25. Third Party Assets

The Trust held £150 cash and cash equivalents at 31 March 2020 (£Nil as at 31 March 2019) which relates to monies by the Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the held accounts.

26. Losses and Special Payments

Group and Trust	**2019/20**	**2019/20**	2018/19	2018/19
Losses:	**Total number of cases**	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000's**	Number	£000's
1. Losses of cash due to:				
a. overpayment of salaries	**0**	**0**	0	0
b. other causes	**0**	**0**	5	0
2. Bad debts and claims abandoned in relation to:				
a. overseas visitors	**11**	**7**	0	0
b. other	**196**	**383**	391	228
3. Damage to buildings, property (including store losses) due to				
a. other	**48**	**47**	50	38
Total losses	**255**	**437**	446	266
Special Payments				
4. Ex gratia payments in respect of:				
a. loss of personal effects	**3**	**8**	15	3
b. personal injury with advice	**38**	**11**	40	103
c. other	**1**	**2**	2	1
Total Special Payments	**42**	**21**	57	107
Total Losses and Special Payments	**297**	**458**	503	373

26. Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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.