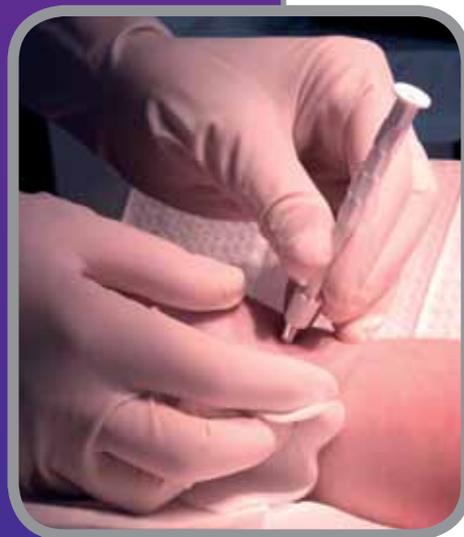


# Annual Report & Summary Financial Statements 2013/14



Looking forward to *our* future





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# 1 Introduction

## Who we are and what we do

As well as being an acute foundation trust with one of the busiest emergency services in the country, we are also an associate teaching hospital of Sheffield University, an associate college of Sheffield Hallam University and have strong links with Health Education England and our local Clinical Commissioning Groups in Doncaster and Bassetlaw.

We are fully licensed by Monitor and fully registered (i.e. without conditions) by the Care Quality Commission (CQC) to provide the following regulated activities and healthcare services:

- Treatment of disease, disorder or injury
- Nursing care
- Surgical procedures
- Maternity and midwifery services
- Diagnostic and screening procedures
- Family planning
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

We provide the full range of district general hospital services, some community services, including family planning and audiology, and some specialist tertiary services including vascular surgery.

We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and we run three hospitals:

### **Doncaster Royal Infirmary (DRI)**

DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to the full range of district general hospital care it also provides some specialist services including vascular surgery. It has inpatient, day case and outpatient facilities.

### **Bassetlaw District General Hospital (BDGH) in Workso**

BDGH is an acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services including a breast care unit and renal dialysis. It has inpatient, day case and outpatient facilities.

### **Montagu Hospital in Mexborough**

Montagu is a small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am-9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the Abdominal Aortic Aneurysm screening programme.

# 1 Introduction

We are also registered to provide outpatient and other health services at **Retford Hospital**, including clinical therapies and medical imaging. Our site at the **Chequer Road Clinic** in Doncaster town centre offers audiology and breast screening services. We also provide some services in community settings across South Yorkshire and Bassetlaw. The rehabilitation beds we used to have at **Tickhill Road Hospital** in Doncaster transferred to Montagu Hospital in August 2012 however we still provide outpatient care of older people there.

Our headquarters are at Doncaster Royal Infirmary:

Chief Executive's Office  
Doncaster Royal Infirmary  
Armthorpe Road  
Doncaster  
DN2 5LT

Tel: 01302 366666





**Chairman and  
Chief Executive's  
Statement**

## 2 Chairman and Chief Executive's statement

This has been a highly significant year for the NHS and the Trust. The Health and Social Care Act came into being on the 1 April 2013, bringing new challenges and opportunities. Foremost of those opportunities has been the highly productive relationship with our local Clinical Commissioning Groups in Doncaster and Bassetlaw. Their support and challenge has been essential to the development of the Trust and the services for our patients in 2013/14.

This was the first full year of our strategic direction "Looking Forward to our Future" and its vision, mission, values and strategic themes have guided our plans and actions throughout. The key thread running through our approach has been to put quality and safety first and let that drive all our plans and deliver the efficiency we need to sustain our services in the face of growing demand and reduced resources.

During 2013/14, new appointments to the executive and non-executive wings completed the rebuilding of the Board which has continued to work constructively with our Governors in putting the patient at the heart of everything we do.

As we reflect on 2013/14, we can note many significant developments and achievements including national awards for nursing, midwifery, medical, training and care pathway developments. The Assessment and Treatment Centre at Bassetlaw Hospital was recognised by the NHS Medical Director as an example of best practice and the Trust won the best Dementia Friendly Hospital award. We successfully bid for and delivered, through the Department of Health, a range of maternity improvements at both Bassetlaw and Doncaster along with the new frailty assessment ward at Doncaster, the latter in collaboration with local partners.

We opened a new rehabilitation centre at Montagu, a Day Surgery Unit at Doncaster and the Assessment and Treatment Centre (ATC) at Bassetlaw. We had an unannounced CQC inspection which found us fully compliant with all inspected care standards on all sites. During the course of the year, we have reduced our waiting lists and achieved the ED four hour wait standard, which was very important for our patients, but also been consistent with the plans agreed at the start of the year with our regulator, Monitor.

Many of our services now run on a seven day basis and this has been key to the reductions in mortality observed over the year. A key priority in our action plan to respond to the recommendations in the Francis Report was staffing levels, and the Board has focussed on this throughout the year, increasing recruitment and reducing the reliance on agency staff.

Harm free care has been another priority and serious falls and Clostridium Difficile rates have reduced significantly. However, pressure ulcers remained at a high level, necessitating a change in strategy which we expect will result in improvements in 2014/15.

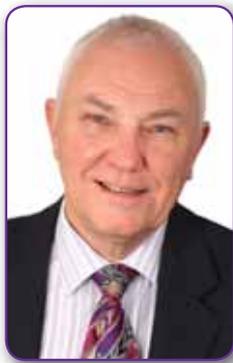
Our formal complaints have reduced and response times improved. Timely resolution and learning is key to our new policy approach which was introduced in March 2014. Our progress as a centre for Research and Development was marked with a new strategy and national recognition for the progress made. As all of the progress we have made this year has been based upon the commitment and work of our staff, it was pleasing that the majority of indicators within the staff survey showed continuous improvement.



## 2 Chairman and Chief Executive's statement

We would like to take this opportunity to thank our staff, governors, members, volunteers, partner organisations and everyone else who has worked with us, or supported us over the past year. It is also appropriate at this point to mention and acknowledge the contribution of the Directors and other staff who left the Trust in 2013/14, including David Pratt (Director of Finance, Information and Procurement), Richard Mitchell (Chief Operating Officer) Deirdre Fowler (Acting Director of Nursing, Midwifery and Quality) and Emer Scott (Director of Communications and Marketing).

This Annual Report and Quality Accounts sets out openly, honestly and in detail how we performed in 2013/14 and what we plan to achieve in 2014/15. We hope you enjoy reading them and thank you for your interest and support.



A handwritten signature in black ink, appearing to read 'Chris Scholey'.

**Chris Scholey**  
Chairman



A handwritten signature in black ink, appearing to read 'Mike Pinkerton'.

**Mike Pinkerton**  
Chief Executive





## 3 Strategic Report

In 2004, Doncaster and Bassetlaw Hospitals became one of the first 10 NHS trusts in the country to be awarded foundation trust status. This means we have more freedom to act than a traditional NHS trust, although we are still very closely regulated and must comply with the same strict quality measures as non-foundation trusts.

### Our vision, mission, values and strategy

#### Vision

Our vision is to become recognised as the best healthcare provider in our class, consistently performing in the top 10% nationally.

#### Mission

We are here to safeguard the health and wellbeing of the population and communities we serve, to add life to years and years to life. We aim to combine the very highest levels of knowledge and skill with the personal care and compassion that we would want for our friends and families at times of need. In short: We Care for You.

#### Values

Our values show WE CARE:

- We always put the patient first.
- Everyone counts – we treat each other with courtesy, honesty, respect and dignity.
- Committed to quality and continuously improving patient experience.
- Always caring and compassionate.
- Responsible and accountable for our actions – taking pride in our work.
- Encouraging and valuing our diverse staff and rewarding ability and innovation.

#### Strategic themes

Our strategic direction is founded on four core principles and themes:

- Provide the safest, most effective care possible.
- Control and reduce the cost of healthcare.
- Develop responsibly, delivering the right services with the right staff.
- Focus on innovation and improvement.

### Review of the business

During 2013/14 there have been a number of important developments at the Trust, and we have made some significant improvements to the quality and sustainability of our services. This was the first full year of our strategic direction “Looking Forward to our Future” and its vision, mission, values and strategic themes have been central to our work throughout.

## 3 Strategic Report

### **Provide the safest, most effective care possible**

In 2013/14 we improved our performance in a number of key quality indicators, including:

- 42% reduction in patient waiting over four hours in A&E (comparing winter quarters)
- 36% year on year reduction in Clostridium Difficile
- 18% reduction in serious falls
- 9% reduction in patient readmissions
- 5% reduction in cardiac arrests

It is of course very important that we get things right first time, but also that we respond effectively when things do go wrong. We saw a 19% reduction in new complaints year on year and there was a 45% reduction in the number of outstanding complaints.

We also found new ways of assessing patient experience through the Friends and Family Test and other surveys. We are implementing a new policy to ensure that we learn lessons from complaints, concerns, comments and compliments when they are received.

We have reduced mortality following improvements to our emergency pathways and the introduction of seven day working in many of our services at DRI and Bassetlaw Hospital, providing for earlier senior decision making and service availability to implement those decisions. As a result, our Hospital Standardised Mortality Ratio (HSMR) has reduced from 106 to 102 as at December 2013. The Trust's seven day working programme has also been recognised in national publications.

Despite on-going work in this area, pressure ulcers remained at a high level. We are implementing a new strategy to address this and expect to be able to report improvements in 2014/15.

The CQC conducted an unannounced inspection of all our sites, which found us fully compliant with all inspected care standards.

We ended the year with a green rating for governance from our regulator, Monitor.

### **Control and reduce the cost of healthcare**

We delivered our financial plan for the year, including the delivery of a planned surplus of £3.5m (net of year-end adjustments), cost savings of £17.0m and the investment of £20.1m in capital assets, such as buildings and equipment. Delivering our planned level of surplus is very important as this funding is retained by the Foundation Trust to be invested in further developments to improve patient care in future years.

Our financial health is also assessed by Monitor, the independent regulator for NHS Foundation Trusts, with a particular focus on our continuity of services risk ratings (with rating from 1-4, with 4 being the lowest risk). Throughout the year we have maintained at least a strong 3 rating, rising to a continuity of services risk rating of 4 at the end of the year. More detail on the ratings and their calculation is included later in this report.

## 3 Strategic Report

### Develop responsibly, delivering the right services with the right staff

The Board has focussed on the issue of safe staffing levels throughout the year. We have invested £7m in additional staff and beds and, following the introduction of the use of the Association of UK University Hospitals (AUKUH) acuity and dependency tool, supported the allocation of funding for 30 new nursing posts in 2014/15.

85% of the indicators that changed within the staff survey showed improvement.

We completed work on a new strategy for People and Organisational Development, to underpin this thread of our strategic direction.

We attracted significant inward investment from Health Education England to support our Nurse Practitioners programme.

Day surgery is a reliable, efficient and effective treatment method and we improved our day surgery rate from 81% to 84%.

It is important that we protect staff and patients from avoidable infections and for the second year running the Trust was in the top five in the NHS for flu immunisation of its staff.

We consulted staff, external partners and other organisations to interpret what each of our four Strategic Themes should mean to our workforce. That helped us develop a new 'people identity' – Develop Belong Here – and its intention to affirm that:

- We can be the best we can be and **Develop** our skills, qualifications, abilities, attitudes and behaviours for the good of our patients
- We are engaged and supported and we are working together for the good of our patients, really feeling that we **Belong** in team DBH
- We trust in the way we do things and the people we work with and if we are choosing a place to work and a place to recommend to others to work or to receive care, it would be **Here**.

### Focus on innovation and improvement

We agreed a new Research and Development Strategy, which is being monitored regularly by the Board and has been externally endorsed by the National Institute for Health Research.

We opened the new Fred and Ann Green Rehabilitation Centre at Montagu, a new Day Surgery Unit at Doncaster and the ATC at Bassetlaw. The Rehabilitation Centre supports an innovative multidisciplinary rehabilitation pathway that has reduced length of stay for patients by 32% since the centre opened.

We successfully bid for and delivered a range of maternity improvements at both Bassetlaw and Doncaster. We have also established a new frailty assessment pathway, delivered through the new Stirling Ward at DRI in collaboration with local partners.

## 3 Strategic Report

The Board approved the £18m iHospital Programme strategic outline business case. This sets out our ambition to use information technology to better support clinical decision making and release time to care.

Detailed business cases were approved for Patient Administration, Emergency Department, Maternity Services and Telecommunications systems upgrade and replacement.

Against the background of having a clear strategy and commitment from the Board, we successfully bid for Department of Health Technology Funds, which resulted in awards totalling £5.5M. The funds will support and accelerate our programme of innovation for improvement.

Trust staff won a number of national awards including a Midwife of the Year Award, a Royal Pharmaceutical Society Award, a Gold Training Journal award for the Best Organisational Development Programme, and a Nursing Times Award for Excellence in Supporting Staff Health and Wellbeing.



# 3 Strategic Report

## Operational Performance

### Performance against Monitor framework

Area	Indicator	Target	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	YTD
Safety	Clostridium difficile	48	9	11	17	4	41
	MRSA	0	0	1	1	0	2
Quality	31 day wait for second or subsequent treatment: surgery	94.0%	98.2%	100%	98.4%	97.5%	98.3%
	31 day wait for second or subsequent treatment: anti-cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	31 day wait for second or subsequent treatment: radiotherapy	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	62 day wait for first treatment from urgent GP referral to treatment	85.0%	89.3%	88.5%	89.6%	89.4%	89.2%
	62 day wait for first treatment from consultant screening service referral	90.0%	92.2%	94.7%	93.9%	96.6%	94.2%
	31 day wait for diagnosis to first treatment: all cancers	96.0%	99.3%	98.8%	99.3%	99.3%	99.2%
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	93.3%	93.4%	94.5%	96.1%	93.7%
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.0%	91.3%	94.6%	96.1%	93.6%	93.9%
	A&E: Maximum waiting time of four hours from arrival/admission/transfer/discharge	95.0%	95.1%	95.3%	95.4%	96.0%	95.5%
	Maximum time of 18 weeks from point of referral to treatment: admitted	90.0%	82.0%	86.0%	85.8%	85.1%	84.8%
	Maximum time of 18 weeks from point of referral to treatment: non-admitted	95.0%	96.1%	95.9%	95.3%	95.2%	95.6%
	Maximum time of 18 weeks from point of referral to treatment: incomplete pathway	92.0%	93.2%	92.6%	93.0%	92.8%	92.9%

Achieved	
Not met	

## 3 Strategic Report

### 18 week Referral to Treatment (RTT) Targets

The Trust is assessed on three targets in relation to referral to treatment times: Admitted, Non-admitted and Active Waiters. The Trust was compliant with the non-admitted target of 95% and the active waiters target of 92% for every quarter.

The Trust failed to achieve the admitted target of 90% in six specialties throughout the year. We have reviewed our waiting list management processes and implemented action plans to address this. We now have plans in place to ensure we achieve this target for 2014/15.

Over the past six months, the Elective Intensive Support Team (IST) has worked with us to ensure that robust demand and capacity plans are in place to enable the Trust to maintain performance for all RTT indicators in 2014-15 and going forwards. The Elective IST has conducted detailed reviews of the data quality of the waiting lists, and has provided assurance that our waiting lists and processes are robust and compliant.

### Diagnostic Waits

Diagnostic waits have been maintained, with the exception of MRI which has seen a year on year increase in referrals. The MRI service currently operates seven days a week, 12 hours a day. An additional mobile scanner is currently being used twice a week, and we are planning to put a second scanner in place at DRI in 2014/15.

### 4-hour Access Target

The 4hr access target was achieved in every quarter of 2013/14, which represents a significant improvement in performance in comparison to 2012/13, and an enormous achievement by our staff. In order to achieve this improvement, we have:

- increased the numbers of medical and nursing staff working in the Emergency Department
- put improved systems in place, including rapid assessment teams and board rounds
- introduced additional bed capacity on all our sites, while our healthcare partners have done the same in the community
- introduced the start of seven day working on the emergency pathway at DRI to match the principles of the Assessment Treatment Centre already established at Bassetlaw Hospital

### Cancer Targets

We achieved all our cancer targets for every quarter of 2013/14. The main challenges have come from increased referral rates, especially within urology and breast services, and the capacity within diagnostic pathways, especially radiology. Two week wait targets have presented a challenge and additional clinics have been established at Bassetlaw Hospital for breast services and at DRI for urology.

### Other quality targets, including internal targets

Details of our performance against the quality targets we set ourselves can be found in our Quality Report on page 47.

# 3 Strategic Report

## Financial performance

Monitor has directed that foundation trusts' financial statements should meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM), as agreed with HM Treasury.

Our financial statements have been prepared in accordance with the 2013/14 FT ARM and follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent to which they are meaningful and appropriate to NHS foundation trusts. Accounting policies are applied consistently in dealing with items considered material in relation to the accounts.

This is the first year we have consolidated the accounts of the Trust's charitable funds with the accounts of the Foundation Trust, to produce 'group' accounts (in line with the guidance above). The comments below refer to the financial performance of the Foundation Trust, with a separate annual report for the Charity being published at a later date.

### 2013/14 in review

We continue to recognise the need to carefully manage our finances and have ended 2013/14 having delivered in line with our planned position, with a continuity of services risk rating from Monitor of 4, indicating a relatively low level of risk. When assessing continuity of services risk, Monitor looked at liquidity and capital service coverage. Achievement against each of these criteria is scored from 4 (lowest risk) to 1 (highest risk), with both scores then used to determine the overall risk rating, which is intended to reflect the relative financial risk to the Trust's continuing operation.

A summary of our financial performance (set out in more detail in the annual accounts) is as follows:

### Delivery of Income & Expenditure Surplus

We planned to deliver a surplus of £3.4m in 2013/14, effectively earning more money than we plan to spend. This surplus can then be carried forward to future years and will be used to support our goals for capital expenditure, with the Trust needing to make significant investments in building and equipment to provide the quality of services our patients rightly expect from us.

We have delivered our planned level of surplus and ended the year with a surplus on our income and expenditure account of £5.2m, which reflects the delivery of our planned level of surplus (£3.4m) plus the net effect of some year-end adjustments that relate to the revaluation of our estate (reversal of impairments) and changes to provisions.

### Savings

We delivered cost savings of £17.0m for 2013/14. Delivery of the savings programme has been underpinned by corporate and procurement schemes. The proposed 2014/15 cost savings of a further £14.0m places greater emphasis on savings in clinical areas and directorates.

## 3 Strategic Report

We continue to very tightly manage both the delivery of planned savings, but also work hard to ensure that savings made do not reduce the quality of the services we provide.

### Working capital

Cash balances held at 31 March 2014 were £20.6m, an increase on last year (£11.2m on 31 March 2013). During the year the Trust did not need to access the working capital facility it held, thereby remaining well within the facility limit set by Monitor of £25 million.

### Prudential borrowing limit

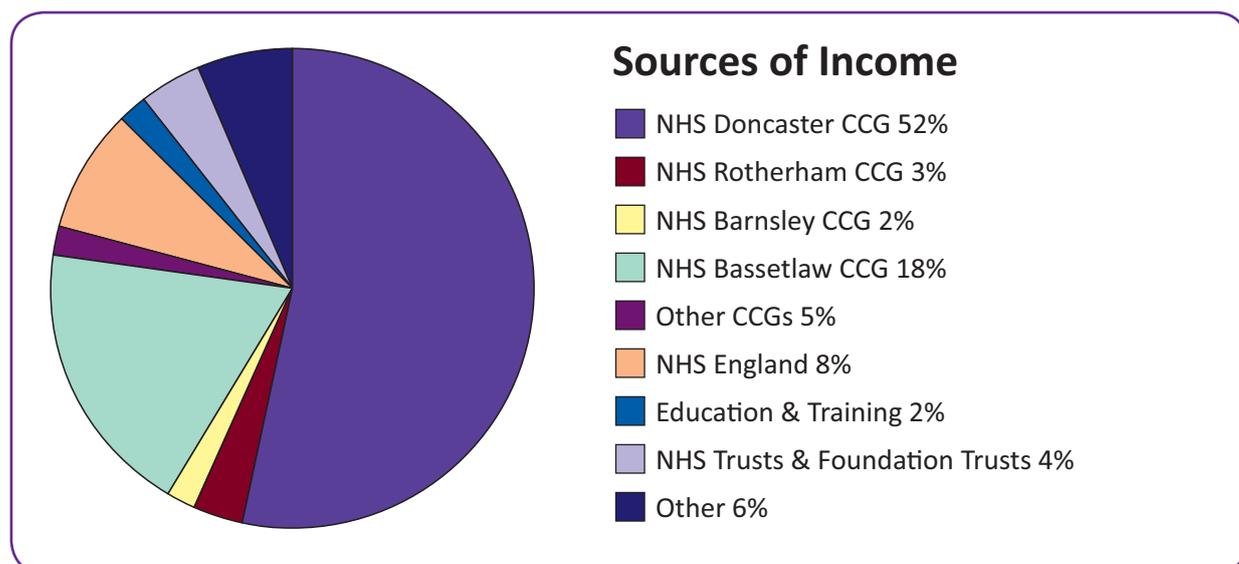
The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been replaced with effect from 1 April 2013 by the Health and Social Care Act 2012. Therefore Monitor no longer sets a specific limit on our external borrowing, previously known as the Prudential Borrowing Limit. At 31 March 2014, the Trust had loans outstanding of £15.2m (£3.5m on 31 March 2013).

### Public Dividend Capital (PDC) dividend

A charge of 3.5% of average relevant net assets is payable to the Department of Health as PDC dividend, reflecting the forecast cost of the capital we used. A dividend of £5.5m (£5.5m 2012/13) was paid, which equates to a 3.5% return.

### Income

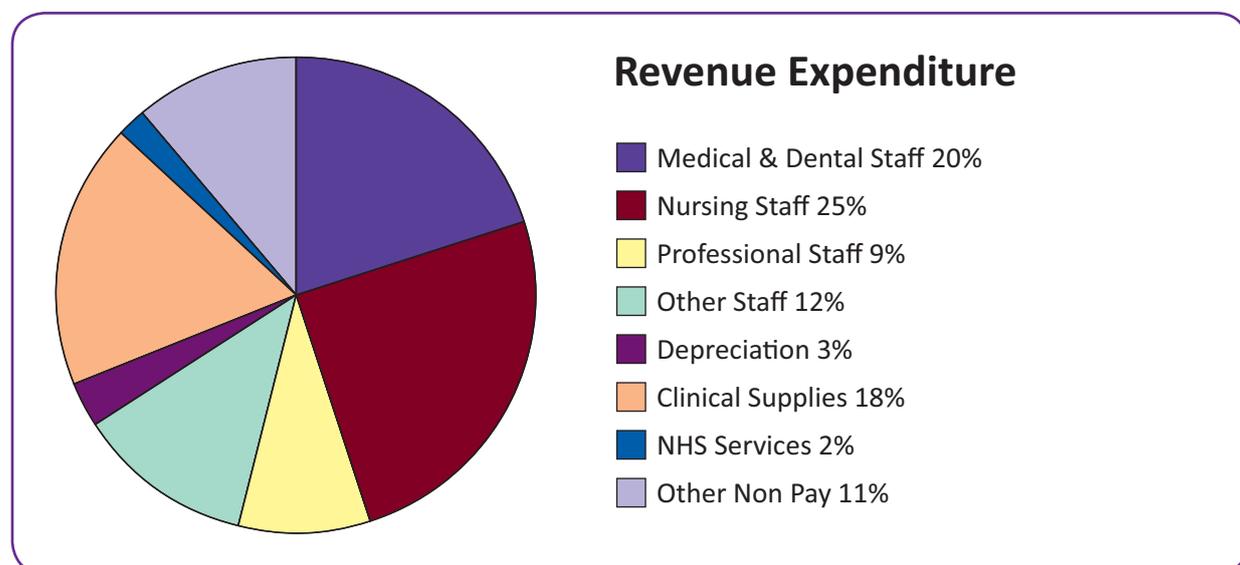
As a Foundation Trust we received a total of £351.9m in 2013/14, which is growth of 2.5% from the previous year, reflecting funding for additional activity we delivered in the year. Our main sources of income are shown in the pie chart below, with NHS Doncaster CCG and NHS Bassetlaw CCG remaining our key commissioners. A range of more specialised services which were previously commissioned locally are now commissioned regionally through NHS England.



## 3 Strategic Report

### Revenue Expenditure

We spent a total of £341.0m during the year. As in previous years, the vast majority of our expenditure is on staffing (66.5%), with nursing staff and medical staff continuing to be our biggest areas of expenditure.



### Capital Expenditure

We spent £20.1m on larger items with a life of more than one year, typically buildings and equipment. £1.6m of this was funded by charitable donations and £0.3m from government grants. The major capital schemes in year were:

Scheme	£m
Bed Capacity Plan	3.3
Montagu Rehabilitation Development	2.7
Picture Archiving and Communication System (PACS) and Radiology Information System (RIS)	2.4
iHospital	1.6
Medical Equipment Replacement	1.5
Estate Investment	1.3
Other Computer Systems	1.3
Medical Imaging Replacements	1.3
Day Surgery Unit (DRI)	0.6
CSU Reward Capital	0.5
Other Schemes below 500k	3.6
<b>Total Capital Investment</b>	<b>20.1</b>

## 3 Strategic Report

### Principal risks and uncertainties and factors affecting future performance

The principal risks and challenges currently facing the Trust are:

- **Affordability** - Rising health care demand, rising costs and flat real funding mean the NHS could face an estimated £30 billion financial shortfall by 2021.
- **Seven day working** – Delivering 24/7 services is identified as a priority in our strategic direction. However, this presents a dual challenge in terms of cost and recruitment and retention of workforce.
- **Availability of workforce.** In particular, there will be a number of organisations increasing the numbers of substantive nursing and midwifery staff at the same time in order to deliver evidence based staffing levels, and this is likely to result in a national and regional shortage of additional qualified nurses and midwives.
- **Continued achievement of governance compliance targets.**
- **Reliance on other healthcare partners to manage demand on services in line with commissioning intentions.**
- **Better Care Fund (BCF)** - the financial resources transferring to this fund equate to £24m for Doncaster and £8m for Bassetlaw.
- **Maintaining and delivering our specialist service profile** - We provide a number of services that could potentially be at risk due to the lack of critical mass and the move to centralise services into significantly fewer providers than the current model.



## 3 Strategic Report



### Our staff

Our staff are the backbone of the organisation. We can only realise our vision for the Trust through their enthusiasm, innovation, hard work and engagement. How they feel about working here and their commitment to the patients, the Trust and the NHS are all vital to providing outstanding care to our patients.

It is absolutely vital that we recruit and retain the right people, enable them to maintain the highest level of knowledge and skill, and support them in doing their jobs. We believe that this is an improving trust, with great people, providing great care every day, but we also know that we can improve further and continually look to our aim of being the best hospitals in our class in everything we do.

### Keeping staff informed and engaged

We engage with our staff in a range of ways, from formal consultation with staff side representatives to open feedback forums regarding planned changes. Towards the end of 2013/14, staff were invited to comment on changes to our management structures in a series of open meetings.

Our monthly Staff Brief keeps people informed about key news and developments, including the Trust's performance and how staff can contribute towards improvement. The Chief Executive briefs each site's teams via videoconference. The Staff Brief is also cascaded through the organisation by managers and team leaders and is made available on the intranet both as a document and a podcast.



The weekly DBH Buzz continues to communicate key information, celebrate individual and team achievements and explain what different people's jobs involve to highlight how every member of staff has an important role to play in our success as an organisation.

The Ask the Boss facility allows staff to put their questions and suggestions to the Chief Executive, receiving a direct response if they have provided their contact details. Full responses to staff questions are also published on the staff intranet.

### Reward and recognition

It is important that we encourage and recognise good performance by our staff so our staff awards scheme called DBH Stars (**ST**aff **A**wards and **R**ecognition **S**cheme) has been a constant over the last 12 months.

## 3 Strategic Report

Any employee can nominate colleagues who deserve recognition for the work they do. Once a month a panel of staff and managers review the nominations and select the winning 'Star'. The winner receives gift vouchers and a place on our 'wall of stars'; anyone nominated receives a certificate.

Last September we held a DBH Stars event at Doncaster Racecourse. The event, hosted by Calendar News' Claire Frisby, was such a success with staff and sponsors alike that we are already planning this year's event.

### **Occupational health and wellbeing**

A healthy workforce is a vital element in providing high-quality care to our patients. Our award-winning Occupational Health and Wellbeing team is there to promote and improve staff health and wellbeing, support people returning to work after illness, and ensure that no one is working in an environment that is harmful to their physical or emotional health. Once again, the team ran a highly successful flu vaccination programme that resulted in 81.5% of frontline staff being immunised by 31 January, this puts us in the top five acute trusts in the country and is an improvement on last year's high percentage.

We continued to have one of the lowest staff sickness rates in the region in 2013/14, compared with other trusts, at 3.98%.

No member of staff should experience bullying, harassment or discrimination and, while our Staff survey results in this area were encouraging, we are determined to do even better next year.

### **Health and safety**

Caring for the health and safety of our staff while they are at work is vital, and the Occupational Health and Wellbeing team now sit with our Training and Education Department.

We are currently recruiting a replacement dedicated Health and Safety Officer to help us make more progress in this area of work.

### **Education and training**

It is vital that we enable staff to enhance and/or maintain their skills, knowledge and expertise. Our Education and Training department facilitates this process by providing a wide range of courses offering personal and professional development, as well as mandatory and statutory training. We have appointed seven non-medical education facilitators who will work with the current clinical educators, staff and their managers to create the right support and environment for learning and continual development. We have also appointed an Education Technology and Resource officer who will develop more online training, source suitable IT educational equipment and facilitate teaching support in our e-learning suite.

# 3 Strategic Report

## Workforce statistics as at 31 March 2014

	2013/14 Actual	2013/14 Target	Benchmarking data
Staff Sickness Absence Rate	3.98%	3.5%	Feb 2014: DBH rate = 4.2%  5th place regionally Acute regional average rate = 4.5% (15 Trusts)  40th place nationally Acute national average = 4.2% (74 Trusts)  <i>EWIN (NHS Workforce Information Network Portal)</i>
Staff with appraisals in last 12 months	25.64%	n/a	n/a

	Headcount	FTE
<b>Total staff employed as at 31 March 2014 (excl. bank and locum)</b>	<b>6,423</b>	<b>5,326.76</b>
Clinical Support	1,197	975.82
Other Healthcare Professionals	692	612.91
Medical and Dental	522	497.90
Nursing and Midwifery	1,861	1,604.23
Non Clinical (Administrative & Clerical and Estates & Ancillary)	2,151	1,635.93

### Equality and diversity

We have a richly diverse workforce (see our workforce statistics below), with staff from across the globe working alongside those born and bred in South Yorkshire or Bassetlaw. Respect for each other's unique skills, experience and strengths is an integral element in effective team-working and our Fair Treatment for All policy sets out the standards we expect.

This includes equality of opportunity for job applicants where we anonymise applications before shortlisting. We are a 'two ticks' employer and have policies and guidelines in place to support the recruitment of people with disabilities. We also make reasonable adjustments to enable us to retain staff who become ill or develop disabilities while employed here.

Detail of our equality priorities and some of the actions we take can be found on the Equality and Diversity page of Trust website.

# 3 Strategic Report

## Equality Information as at 31 December 2013

Gender (Directors only)	Headcount	Headcount %
Female	3	25%
Male	9	75%

*NB: All staff meeting the Monitor criteria to be considered a 'senior manager' are directors.*

Gender	Headcount	FTE	Headcount %
Female	5,342	4,225.02	82.78%
Male	1,111	1,023.20	17.22%

Age	Headcount	FTE	Headcount %
16 - 20	42	30.94	0.65
21 - 25	463	414.01	7.17
26 - 30	628	547.21	9.73
31 - 35	660	539.96	10.23
36 - 40	645	525.77	10
41 - 45	847	687.15	13.13
46 - 50	1,030	853.62	15.96
51 - 55	1,025	831.51	15.88
56 - 60	745	572.42	11.55
61 - 65	314	215.8	4.87
66 - 70	47	25.59	0.73
71 and above	7	4.23	0.11



## 3 Strategic Report

Ethnicity	Headcount	FTE	Headcount %
Any other	59	57.78	0.91%
Asian	260	247.6	4.03%
Black	85	76.63	1.32%
Chinese	17	15.95	0.26%
Mixed	52	47.43	0.81%
White	5796	4655.85	89.82%
Not Disclosed	184	146.99	2.85%

Disability	Headcount	FTE	Headcount %
No	4,427	3,591.53	68.60%
Yes	230	178.35	3.56%
Not disclosed	66	56.05	1.02%
Undefined	1,730	1,421.89	26.81%

Sexual Orientation	Headcount	FTE	Headcount %
Bisexual	9	7.49	0.14%
Gay	14	13.56	0.22%
Heterosexual	2,770	2,237.54	42.93%
Lesbian	15	12.75	0.23%
Not disclosed	2,530	2,069.44	39.21%
Undefined	1,115	907.44	17.28%

### Staff Survey

Our performance on staff satisfaction is benchmarked against other similar trusts once a year in the NHS National Staff Survey. In most trusts this is done by surveying a randomly-selected representative sample of staff. Our first census survey was in 2012 and we continued that approach, surveying every substantive employee (i.e. those on long-term or permanent contracts) in 2013.

This year we also moved to an online survey for the first time and although we saw a drop in the numbers responding (which was typical for organisations switching to online for the first time – average drop of 14%), we still had nearly 50% more staff sharing their views, than in the last sample survey in 2011. Following evaluation we are now working with leaders across the Trust to secure improvements in response rates next year.

# 3 Strategic Report

## Summary of performance

Results were generally positive with some notable improvements on last year and areas where we outshone our peers. Our overall score for staff engagement was 3.72, which was an improvement on the 2012 survey and brought us back into line with other acute trusts. There are some areas below average where staff are telling us some things need to change. Below are the key findings:

## Response rate and overall staff engagement

	2013/14		2012/13		Comments
	Trust	Average	Trust	Average	
Response rate	34%	50%	57%	50%	Deterioration since last year, although first time online (average drop of 14% across Trust online).
Staff engagement	3.72	3.74	3.51	3.69	Score out of 5. Increase of 0.21 from previous year.

## Top 4 individual question scores

Area	2013/14		2012/13		Comments
	Trust	Average	Trust	Average	
6c. I am trusted to do my job	91%	91%	89%	92%	Increase of 2 point from previous year
9b. I feel that my role makes a difference to patients / service users	90%	91%	79%	83%	Increase of 4 points
18d. My organisation does not blame or punish people who are involved in errors, near misses or incidents	88%	86%	86%	87%	Increase of 2 points
11a. I know who the senior managers here are	88%	83%	77%	81%	Increase of 8 points and significantly higher than acute average

## Bottom 4 individual question scores

Area	2013/14		2012/13		Comments
	Trust	Average	Trust	Average	
7g. There are enough staff at this organisation for me to do my job properly	28%	32%	24%	30%	Increase of 2 points, moving closer to acute average
11d. Senior managers act on staff feedback	31%	29%	19%	26%	Significant rise and above acute average
11c. Senior managers here try to involve staff in important decisions	32%	30%	19%	28%	Significant rise and above acute average
8h. My level of pay	36%	37%	33%	37%	

## 3 Strategic Report

Since the survey results were published we have been looking at the areas we need to improve on and have identified a number of changes and improvements for the year ahead:

- The quality and availability of Health and Safety training – a more robust process and scheduled dates are already in place to deliver this
- Ensuring staff are being given annual appraisals – plans are in place to roll out a new system to remind staff when appraisals are due and communications with managers to help improve the quality of performance conversations
- Offering staff better access to Equality and Diversity Training – we will expand the current offering to ensure that staff understand their Equality and Diversity responsibilities for employment practice and service provision

We will use local systems and the next annual staff survey to measure progress and seek further views on appraisal and learning and development in the first Staff Friends and Family Test Survey in May 2014.



# 3 Strategic Report

## Charity, volunteers and fundraising

The enormous contribution made by volunteers, fundraisers and charitable associations continues to amaze us and we are truly grateful for the benefits they offer to our patients and staff.

### Volunteers

Once again, we have seen an increase in volunteer numbers and in enquiries about volunteering, including many via the Doncaster Volunteer Bureau and Bassetlaw Community and Voluntary Service. We have over 250 volunteers in our hospitals and continue to expand the range of opportunities available, with new roles recently developed in the physiotherapy department and in care of older people with plans for dining companions to assist patients at mealtimes.

Volunteers from external agencies including WRVS, the League of Friends, Aurora and the Montagu Hospital Comforts Fund also provide important services that enhance our patients' hospital experience.

Each year we hold a thank you lunch during National Volunteers Week to express our gratitude to the many individuals and agencies who give their time to us.

### Charitable funds and fundraising

Charitable and legacy funds such as the Montagu Hospital Comforts Fund, the League of Friends and the Fred and Ann Green Legacy enable us to provide items or services that benefit patients and staff but which are additional to those that the NHS should reasonably provide.

Countless individuals, many of them patients or their relatives, have fundraised for the Trust's charitable funds or bequeathed legacies. We are very touched by their generosity, and that of the many companies and organisations who have made donations to benefit patient care in 2013/14.



## 3 Strategic Report

### Being green and sustainable

We've long been committed to sustainability and are proud to be in the top 18% nationally in the carbon reduction commitment (CRC) performance league table. Combined heat and power (CHP) boilers at DRI generate 1MW of energy – about 50% of all the electricity used at the site.

The 'waste heat' emitted by these boilers' exhausts is recycled and used to create steam so hot that it can be used to clean and sterilise surgical equipment as well as heating the hospital. Eventually, it condenses back into the boilers where the cycle starts again. On-site boreholes provide much of our non-drinking water.

All general waste is compacted and collected, then transferred to a materials recycling facility where it is sorted and separated. All recyclable rubbish, including paper, cardboard, glass, plastics, wood and metal, is recycled. Non-recyclable waste is used as fuel for cement kilns.

We aren't standing still, however, and new initiatives promoting sustainability and reducing our environmental impact include the work we have done on 'green nephrology' in our renal dialysis units.

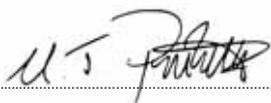
Our full sustainability report can be found on page 129.

### Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

These accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

Signed.....



Mike Pinkerton  
Chief Executive

Date: 23 May 2014



Director's Report

## 4 Director's Report

This report is presented on behalf of the Board of Directors. In 2013/14, the following people were members of the Board of Directors.

Chairman: Chris Scholey  
Chief Executive: Mike Pinkerton

Non-Executive Directors: Alan Armstrong  
Geraldine Broderick  
David Crowe  
Catherine Dymond  
John Parker

Executive Directors: Deirdre Fowler, Director of Nursing & Quality (to 13.10.13)  
Dawn Jarvis, Director of People & Organisational Development  
Matthew Lowry, Director of Finance and Infrastructure (from 28.10.13)  
Richard Mitchell, Chief Operating Officer (to 09.07.13)  
Richard Parker, Director of Nursing, Midwifery & Quality (from 14.10.13)  
David Pratt, Director of Finance, Information & Procurement (to 27.10.13)  
David Purdue, Chief Operating Officer (from 10.7.13)  
Mr Sewa Singh, Medical Director

Information regarding the following areas has been included within the Strategic Report (pages 12 to 30):

- Business review and analysis of performance, including description of the principal risks and uncertainties facing the Trust (page 13)
- Environmental matters (page 30)
- Information regarding our employees, including how we communicate and consult with staff, and policies regarding the employment, training and development of disabled persons (page 22)
- Social and community issues (page 29)
- Health and safety, and occupational health (page 23)

## 4 Director's Report

### Looking forward to 2014/15

#### Key developments since the end of 2013/14

Towards the end of 2013/14, we consulted with staff on plans to significantly change the way our clinical directorates are managed and structured, alongside changes to our clinical governance structures. We are planning to structure our services and clinical teams along patient pathways, in order to help us provide seamless, high quality care for all our patients, and to help clinicians to work together to deliver improvements. The Trust is on schedule to complete the changes by early July 2014.

#### Future plans and developments

We recently developed our Strategic Direction 2013-17, which identifies our vision to be recognised as the best healthcare provider, consistently performing in the top 10% nationally. We have also developed an operational plan for 2014-16, which can be viewed at the Monitor website ([www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)).

We have a good track record of delivering high quality care in line with national targets and continue to maintain our market share in the Doncaster and Bassetlaw communities. Our operational plan describes how we intend to deliver appropriate high quality and cost effective services for our population over the next two years in line with our strategic vision and themes. We have engaged with, and will continue to engage with, the wider local health economy to develop our operational and strategic plans. We have other supporting strategies to enable the implementation of our strategic direction, including the People and Organisational Development Strategy, Dementia Strategy and Research and Development Strategy. We are also reviewing our capital plan for the next 5- 10 years.



## 4 Director's Report

Our commitment to quality remains our primary driver and delivering harm free care is our highest priority. We have actively implemented review of care in line with the recommendations from the Francis and Keogh reports. We have a very detailed action plan with actions against each of the recommendations. We have identified our approach to quality in our operational plan and provided details on the actions required to maintain quality standards for 2014-16.

We recognise that DBH will need to adapt and transform to meet the changing needs of the population, further accommodate the integration of care and the increasing centralisation of specialised services. This next two years will also present a unique “affordability challenge” including the introduction of the Better Care Fund (BCF). This will create challenges and opportunities, with £24m transferring to the fund for Doncaster and £8m for Bassetlaw. We will continue to work with our partners to provide the right care in the right place for our populations.

Set against this funding backdrop we have additional challenges that include implementation of seven day working and the recruitment of staff to deliver evidence based staffing levels. We need to ensure that this investment, alongside effective use of other resources, provides opportunities in terms of patient experience, reduced length of stay and implementation of BCF schemes so that we can reduce our inpatient footprint whilst continuing to meet national targets. In order to deliver this reduction we will also need the co-operation of our commissioners and community partners to deliver reductions in demand for emergency and elective care.

Our financial plans have been developed alongside the other elements of our operational plan to ensure alignment of key assumptions and drivers. Successful delivery of the financial plan for 2014/15 will see the Trust delivering a 1% operating surplus (£3.5m), with a 1% uncommitted contingency and a month end cash balance in excess of £9m throughout the planning period. This translates to a Continuity of Services Risk Rating of a strong 3.

We are planning capital investments of £19.2m in 2014/15 and £20.2m in 2015/16. The key areas of investment will be:

- Medical Equipment – £7.9m over the next two years
- IT – £9.7m over the next two years
- Site Development – £19.5m over the next two years

We are also planning a number of transformational projects that will allow us to improve quality whilst driving productivity, including:

- The introduction of a new **'Bowel Scope' cancer screening programme** for people reaching the age of 55.

## 4 Director's Report

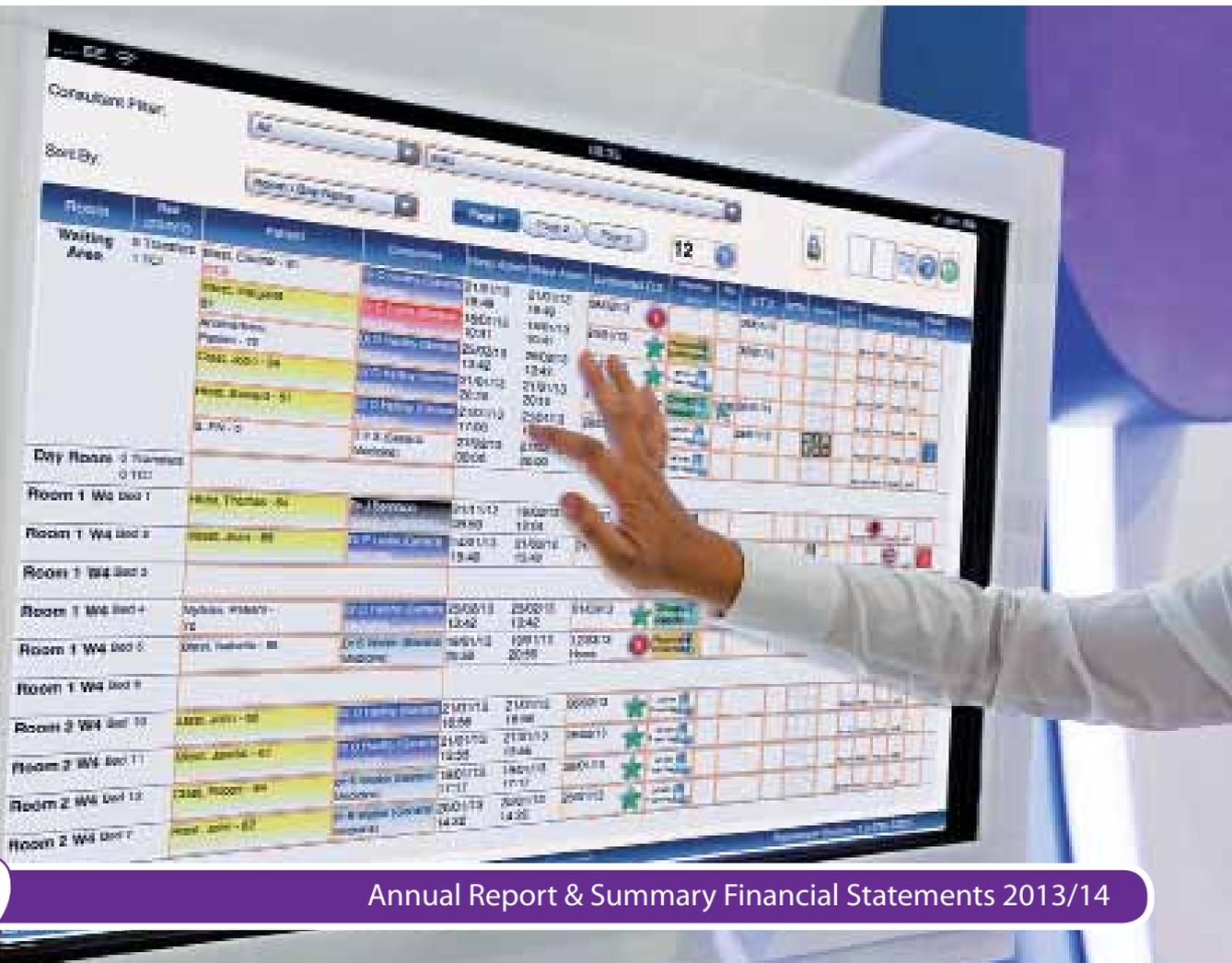
The model will be rolled out in July 2014 for the population of South Yorkshire and Bassetlaw and covers 4 trusts: Sheffield Teaching Hospitals NHS Foundation trust, Barnsley Hospital NHS Foundation Trust, The Rotherham NHS Foundation Trust and our own Trust. Doncaster has been chosen as the first to go live, giving us an exciting opportunity to develop the service in a way which provides high quality care in a cost effective and efficient way.

- The **iHospital Programme** has been developed to support patient safety and facilitate the provision of more effective care through the implementation of new IT systems and the establishment of an electronic patient record.

The iHospital Programme offers an opportunity to implement highly configurable, up to date technological systems and devices that will allow the Trust to meet the needs of the fast changing health environment in which we operate.

- We have identified funding to develop a bespoke **Quality Improvement and Change Team (QUICT)** called "We Care – for our future" to strengthen co-ordination, support and accountability for delivery of Trust-wide transformational schemes.

Achieving our vision of performing in the top 10% will depend on us transforming the way we work across the organisation. This programme is about every group working together across the Trust with the shared understanding that the only future we have is to provide high quality, efficient and effective care.



## 4 Director's Report

### Improving patient care - Awards and accolades

Our staff work incredibly hard to deliver the best possible care and to seek continuous improvements. It was no surprise, then, that they won a number of awards and accolades in 2013/14.

#### July 2013:

A team of consultants, anaesthetists and theatre staff involved in a little known charity called Britain Nepal Otology Service (BRINOS), won the Karen Woo Surgical Team of the Year and the British Medical Journal Medical Team of the Year Awards.

#### October 2013:

'Changing Attitudes, Improving Outcomes' - an innovative programme to inspire ward staff and transform patient care saw the Trust scoop a major national title at the Nursing Times Awards 2013

#### November 2013:

A prestigious national award was received for the way the Trust accommodates people living with dementia while they are in hospital. At the 4th National Dementia Care Awards, the Trust came out on top in the 'Best Dementia-Friendly Hospital' category.

The 21-bed Assessment and Treatment Centre (ATC) at Bassetlaw Hospital won a national NHS award for being one of the services leading the way nationally in the move towards seven-day working.



## 4 Director's Report

Dr Alasdair Strachan was named Yorkshire and the Humber's most inspirational leader at Health Education England Yorkshire and Humber's regional leadership awards.

Bassetlaw Community Midwife, Lynn Cowgill, was named Midwife of the Year at the Bassetlaw National Childbirth Trust (NCT) award ceremony. Other winners included Kerry Athey, who was voted Hospital Midwife of the Year, and Vicky Brown, who was voted Community Midwife of the Year.

### December 2013:

The Trust won Gold for the Best Organisational Development Programme at the Training Journal Awards 2013.

A Nursing Prize from Sheffield Hallam University was awarded to Deborah Easby for her outstanding achievements while a student there.

### January 2014:

The prestigious Baby Friendly Award was received from UNICEF and the WHO for the high standard of care given to pregnant women and breastfeeding mothers and babies at the Trust

Staff from our renal unit celebrated with colleagues from across Yorkshire and Humber after winning recognition at the national Training Journal Awards.

### March 2014:

Bassetlaw ATC was further recognised for leading the way in a national NHS report when it was highlighted in the NHS Confederations' Urgent and Emergency Care Forum's report as a best practice case study.



## 4 Director's Report

### Communication and Engagement

Having an open and honest approach to keeping patients, the public, GPs, staff, governors and members informed about key news and developments is very important to us. We're equally keen to make sure we genuinely engage with people, listen to their views and suggestions and work with them to keep improving the care we provide.

Our commitment to this includes:

- Publicising key news and developments and pursuing positive working relationships with the media.
- Consulting with patient, the public and partner organisations about our strategies and developments where appropriate. For example, during 2013/14 we consulted on our new Dementia Strategy and held a number of public meetings to enable patients and the public to give us feedback.
- Being honest about mistakes, both with patients/next of kin and with external bodies where appropriate.
- Learning from and responding to feedback, whether it's provided directly to us or via websites like Patient Opinion and NHS Choices.
- Responding to freedom of information requests.
- Producing patient and service users with high-quality information e.g. about health conditions and treatment.
- Keeping key stakeholders including governors, members, staff and GPs informed through regular briefings and publications.
- We now hold our Board of Directors meetings in public, and continue to hold Board of Governors meetings in public as well.
- Publicising our complaints procedure.



## 4 Director's Report

Over the last year, we have explored a number of new ways of communicating and engaging with people. Our Twitter feed now has nearly 1,000 followers and is becoming an increasingly popular engagement tool with the public.

We have also been expanding our work with other social media, using Storify and our YouTube channel to communicate our work to more people in different ways.

Early in 2014 we also launched the Trust Facebook page, which has a steadily growing band of followers and often reaches thousands of people when used to promote major stories and Trust-relevant updates.

We have no intention of standing still, though, and will continue to ensure we are using the most effective channels for informing and involving people, listening to feedback and continually improving the services we provide.



## 4 Director's Report

### Quality Governance

The Board of Directors monitors the key quality measures and objectives on a monthly basis. Risks to quality are managed and monitored through robust risk management and assurance processes, which are outlined in our Annual Governance Statement. The sub-committees of the Board play a key role in quality governance, and subject our processes and performance to rigorous challenge.

The Board undertook a self-assessment of its performance against the Quality Governance Framework in March 2014, and gives consideration to ensuring service quality in all aspects of its work. The Board proactively works to identify and mitigate potential risks to quality. The CQC conducted an unannounced inspection of key patient pathways on all Trust sites in October 2013. The investigation report confirmed that the Trust was compliant with all inspected standards.

More information on our arrangements to govern service quality can be found in our Annual Governance Statement (p. 118) and Quality Report (p. 47). There are no material inconsistencies to report between the annual governance statement, annual/quarterly board statement, quality report, annual report and CQC reports.



## 4 Director's Report

### Research and Development (R&D)

Healthcare never stands still and it's vitally important that our patients are able to benefit from the latest advances in treatment. A thriving research culture improves patient care, encourages innovation and promotes clinical excellence. We are passionate about expanding our involvement in research and as such, have developed a comprehensive Research and Development (R&D) strategy to ensure we further improve healthcare outcomes across all services. In the first strategy year alone, we have recruited 3084 patients into research studies, of which 568 patients were recruited to National Institute for Health Research (NIHR) portfolio studies.

We continue to make the best use of our resources by approving high quality research studies, which directly contribute to the clinical evidence base surrounding the prevention and treatment of illness. Our research activities have dramatically increased over recent years, demonstrated by the Trust having climbed from the 163rd highest performing Trust in respect to R&D, to the 91st performing Trust. This rapid growth has been supported by the establishment of a joint R&D office with Rotherham, Doncaster and South Humber NHS Foundation Trust and both Doncaster and Bassetlaw Clinical Commissioning Groups (CCG).

We have attracted both regional and national praise for our recent research achievements, which include recruiting the first patient within Europe to one international clinical trial, in addition to treating the only UK patient for another. As a result of these and many more accomplishments, we attracted national praise from the NIHR, and have had our successes recognised by numerous commercial research partners.

We continue to work with regional, national and international research partners across other healthcare organisations, academia and industry, to ensure we become a nationally recognised centre of research excellence. This includes on-going work with the Yorkshire and Humber Collaboration for Leadership in Applied Health Research and Care (CLAHRC), in addition to the NIHR Clinical Research Network: Yorkshire and Humber.

Our R&D infrastructure continues to strengthen, allowing us to further expand our research portfolio to ensure on going activity across all services and Trust sites. By using innovative staffing models, we are able to capitalise on growing research engagement across our clinical workforce, with a view to directly increasing research output. The release of our R&D strategy reinforces our commitment to ensuring research is recognised as core Trust business, which is essential to driving service transformation and underpinning future business development. The on-going implementation of this strategy will ensure the realisation of this goal.

#### Academic Health Science Network

One important element of the Health and Social Care Act 2012 was the development towards Academic Health Science Networks (AHSN) to promote the translation of knowledge and innovation from the research lab to the patient's bedside.

We are a partner in the proposed Yorkshire and Humber AHSN and will further develop the relationship with the AHSN in 2014/ 2015.

## 4 Director's Report

### Statutory declarations and disclosures in the public interest

#### Information governance and data security

We have an open and transparent approach when providing information but we take our duties regarding the confidentiality of personal data – whether it relates to patients, staff or others – very seriously.

There were no Serious Incidents Requiring Investigation (SIRI's) involving data loss or breaches of confidentiality in 2013/14.

#### Care Quality Commission

The Trust currently has no conditions on its registration with the CQC.

The CQC conducted a week-long routine unannounced inspection of key patient pathways on all four Trust sites in October 2013. The inspection report confirmed that all sites were fully compliant with all the standards inspected and did not require the Trust to take any action to maintain compliance. The inspected standards were:

- Consent to care and treatment (DRI, Bassetlaw Hospital)
- Care and welfare of people who use services (DRI, Bassetlaw Hospital, Montagu)
- Cooperating with other providers (DRI, Bassetlaw)
- Supporting workers (DRI, Bassetlaw, Montagu)
- Assessing and monitoring the quality of service provision (DRI, Bassetlaw, Retford)

#### Application of charitable funds

Donations and legacies left to us are managed through our charitable fund. This is a registered charity with the Charity Commission and we are the sole corporate trustee. The object is for funds to be used, "for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust".

Management of the funds is delegated to the Charitable Funds Sub-committee and Fred and Ann Green Legacy Sub-Committee. A number of the Trust's directors are appointed to these committees, which meet at regular intervals throughout the year. They are also responsible for managing the investment portfolios and approving items of expenditure from funds in accordance with our Standing Financial Instructions.

The charity has adopted the policy of purchasing hospital equipment and funding staff training and education from donations, legacies and the proceeds of fundraising by making grants to the Trust.

During 2013/14 the charity received incoming resources of £1.0m (£1.0m 2012/13), and spent £3.3m (£2.6m 2012/13) which after gains and losses on the revaluation and disposal of investment assets gave a reduction in funds of £1.7m (£0.4m reduction 2012/13).

The total fund balances carried forward into 2014/15 are £11.8m (unrestricted funds £2.9m

## 4 Director's Report

and restricted funds £8.9m) and are sufficient for the charity to further pursue its objectives in the coming year.

Details of significant activities are contained in the Charitable Funds Annual Report and Accounts, which are available from our Finance Department at Doncaster Royal Infirmary.

### Countering fraud, bribery and corruption

Fraud costs the NHS millions of pounds a year that could have been spent on patient care, so every member of staff has a duty to help prevent it. We have well publicised systems in place for staff to raise alerts if they identify or suspect fraud. They can do this via our Local Counter Fraud Specialist, their line manager or the Director of Finance and Infrastructure.

NHS Protect provide the framework through which NHS Trusts seek to minimise losses through fraud. The Director of Finance and Infrastructure is nominated to lead the work and is supported by the Local Counter Fraud Specialist (LCFS).

The Trust follows the guidance contained in the NHS Provider Standards and ensures our contractual obligations with our local Clinical Commission Groups is adhered to. In 2013/14 we entered into a collaborative arrangement with two other Acute NHS Trusts, which has allowed us to have an LCFS permanently onsite supported by a team of counter fraud specialists dedicated to the nuances of fraud within a secondary care setting. A work plan, approved by the Audit and Non-Clinical Risk Sub-committee, has been completed over the last year by the LCFS.

The work plan addresses the requirements of the Trust's Counter Fraud, Bribery and Corruption Policy. The key aims are to seek to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and ensure that allegations of fraud are appropriately investigated. Regular reports are received throughout the year by the Audit and Non-Clinical Risk Sub-committee.

### Whistleblowing

We actively encourage staff to raise any concerns they have relating to the safety of our patients, visitors and colleagues. Everyone working in the Trust has a duty to report incidents, ill treatment or other situations where someone could be at risk. Our Whistleblowing Policy outlines the steps by which staff can do this in confidence and protects them against bullying, victimisation or harassment.

### Payment Practice Code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. The Trust's payment performance of paying invoices within 30 days, measured from the invoice date to date of payment without any adjustment for invoices which have been in dispute, is 76% volume (76% in 2012/13) and 76% value (73% in 2012/13).

## 4 Director's Report

### Audit information

Each director confirms that, as far as he/she is aware, there is no relevant audit information of which the Trust's auditor is unaware, and that they have taken all the steps they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

### Donations

The Trust made no donations to political parties or other political organisations in 2013/14 and made no charitable donations in 2013/14.

### Financial risk management

Because of the relationship that the Trust has with its commissioners, and the way those bodies are financed, we are not exposed to the degree of financial risk faced by business entities. We have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities.

The only exception to this from a group perspective is the NHS charitable fund investment portfolio, which is managed by an external investment manager with delegated authority to act on our behalf within formally defined parameters.

Our treasury management operations are carried out by the finance department, within parameters defined formally policies agreed by the Board of Directors.

### Market risk

The Foundation Trust's assessment of its exposure to market risks is as follows;

- **Currency risk** - The Trust has no overseas operations, and the great majority of our transactions, assets and liabilities are in the UK and sterling based. The Trust therefore has low exposure to currency rate fluctuations.
- **Interest rate risk** - We borrow from government for capital expenditure, and interest is fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations
- **Price risk** - The Trust is exposed to price risk through its listed securities and fixed interest investments. We manage those risks through an appointed investment manager monitoring the markets closely and through the spread of investments in line with our investment policy. Price volatility in 2013/14 led to unrealised gains across the portfolio of £534,000.

### Credit risk

To minimise the risk in respect of cash investments the Trust maintains a risk averse stance to investing surplus operating cash, keeping balances in its Government Banking Service accounts.

Because the majority of our income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

## 4 Director's Report

### Liquidity risk

The Trust is not exposed to significant liquidity risks.

For further information regarding financial risk, please see the annual accounts (available from the Finance Department at Doncaster Royal Infirmary).

### Other statutory declarations and disclosures relating to finance

We complied with the cost allocation and charging guidance issued by HM Treasury.

The directors confirm that, as required by the Health and Social Care Act 2012, the income that the Trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has processes in place to ensure that this statutory requirement will be met in future years, and has amended its constitution to reflect the Board of Governors' new role in providing oversight of this.

In addition to the above, the directors confirm that the provision of goods and services for any other purposes has not materially impacted on our provision of goods and services for the purposes of the health service in England.

Accounting policies for pensions and other retirement benefits are set out in note 9 to the accounts. Details of senior employees' remuneration can be found on page 110 of the remuneration report.

## Quality Accounts 2013/14



Looking forward to *our* future



# 5 Quality Accounts

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# 5 Quality Accounts



## Key

Indicates the direction of travel / performance for 2013/14



= Performance achieved or exceeded trajectory for 2013/14



= Performance improved but not achieved trajectory/ Performance for 2013/14



= Performance not achieved trajectory for 2013/14



# 5 Quality Accounts

## Chief Executive's statement

2013/14 was my first full year as Chief Executive of this Trust. During the year there were many changes in how we did things, in order to improve the experience of our patients, improve quality outcomes, reduce the levels of variation and ensure timely access to services. This was also the first year of our new Strategic Direction: Looking forward to our future 2013 – 2107, which is aimed at driving towards top decile performance through focussing on safe and effective care, controlling and reducing the cost of health care, developing responsibly with the right staff and services, and focussing on innovation for improvement. I have been impressed by the commitment and enthusiasm of our staff and how they helped set the direction and have supported the work to implement it. In all parts of the organisation, staff are dedicated to improving the quality of services for our patients.

The Board places quality at the top of its agenda, as do our governors, and 2013/14 marked a significant improvement in the overall quality of our services. We invested heavily in staff and clinical facilities and developed new services to deliver a comprehensive 'offer' to our patients. Our joint work with local Clinical Commissioning Groups (CCGs) in Doncaster and Bassetlaw has positively impacted on patients and has been highlighted nationally as demonstrating good practice. In a similar manner the work we do with our local authorities has provided a solid basis for the development of integrated care; focussed on keeping patients healthy and supported, as close as possible to their homes, for as long as possible.

We focussed on some of our key challenges by recruiting additional nurses, reducing our use of agency nursing staff, opening beds in hospital and in the community, increasing the number of side rooms and transforming our emergency pathways to extend the work we do on a seven day basis, promote early decision making by senior clinicians and reduce clinically unjustified variation. We brought in external expertise and advice to assure ourselves that we were following best practice.

673 fewer patients had been waiting for more than 18 weeks at the end of the year than at the start of it. There was also a 42% reduction in the number of patients who waited over four hours in our Accident and Emergency departments during the winter months, helping us to achieve the annual four hour wait target. We achieved a 36% reduction in C Difficile infections, an 18% reduction in serious falls, a 32% reduction in patients sleeping in beds not associated with their primary condition, a 9% reduction in readmissions to hospital, and most importantly our hospital standardised mortality ratio reduced from 106 to 102.85. Our new multidisciplinary rehabilitation service at Montagu outperformed design expectations, reducing length of stay by 32%. However, we did not achieve all of our aims and in the forthcoming year there will be new strategies to combat hospital acquired pressure ulcers and reduce the circumstances that might lead to serious incidents and claims.

The staff survey showed that staff thought that the Trust was improving in most areas and this was also reflected in a 19% reduction in complaints. We responded better to those patients who did complain, reducing the number of outstanding complaints by 45%. As we consolidate our seven day approach, we expect further improvements to care and outcomes and we will use R&D and innovations in technology and practice to accelerate improvements.

## 5 Quality Accounts

I would like to thank all our staff for their continuing hard work over the past year. It was pleasing to see their efforts demonstrated through improved outcomes and acknowledged through a series of regional and national awards and good practice citations. We look forward to delivering further improvements for patients in 2014/15 as Team DBH.

To the best of my knowledge the information contained within this report is accurate.



Mike Pinkerton  
May 2014



# 5 Quality Accounts

## Priorities for improvement 2013/14

The following table provides an overview of our achievements against the quality improvement targets we set for 2013/14.

		Trajectory/Threshold 2013/14	2010/11	2011/12	2012/13	2013/14
Patient Safety	Reduce the number of patient falls	20% reduction in the number of serious falls (24)	101	27	31	23
	Take a zero tolerance approach to 'never events'	0	0	3	2	3
	Reduce the number of healthcare associated infections - MRSA bacteraemia	0	1	5	2	2
	Reduce the number of healthcare associated infections - C difficile	48	67	43	64	41
	Reduce the number of hospital acquired pressure ulcers above Category 2	14% reduction in the number of hospital acquired pressure ulcers above category 2 (135)	87	70	157	169
Clinical Effectiveness	Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	5% reduction	104.26 (Jan10-Dec10)	107.88 (Jan11-Dec 11)	106.83 (Jan12-Dec 12)	102.85 (Jan 13-Dec 13)
	Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	5% reduction	102.21 (Apr 10-Mar 11)	103.07 (Jan 11-Dec 11)	104.17 (Jan 12-Dec12)	107.92 (Jul 12 -Jun 13) <sup>1</sup>
	Embed Implementation of Venous Thrombo-Embolism (VTE) guidelines – Risk Assessment	95%	88.1%	93.9%	95.2%	95%
	Embed Implementation of Venous Thrombo-Embolism (VTE) guidelines – Prescribing	100% of high risk patients	*	80%	100%	100%
	Embed Implementation of Venous Thrombo-Embolism (VTE) guidelines – Root Cause Analysis within 42	100%	*	*	100%	100%
	Monitor the occurrence of cardiac arrests	Reduction in the number of cardiac arrests as a % of hospital admissions	*	0.27%	0.26%	0.24%
Patient Experience	Reduce the number of complaints including those where patient harm is a feature	Reduction in the number of complaints Reduction in the number of complaints where patient harm is a feature	536 *	470 *	518 303	417 211
	Friends & Family Test (Completion Rates) – Inpatients	The Trust will aim for 15-18% completion rate	There is no historical data as this was a new initiative for 2013/14			27.5%
	Friends & Family Test (Completion Rates) – A&E					25.1%
	Seek the views of relatives/carers of those patients following end of life care	No trajectory set for 2013/14	There is no historical data as this was a new initiative for 2013/14			

\* It should be noted that data was not available for this period

<sup>1</sup>It should be noted that the Jan 13 – Dec 13 data will not be available in time for publication within this report and therefore an earlier 12 month position has been selected. Further information in relation to the HSMR and SHMI can be found later in this report.

# 5 Quality Accounts

## Priorities for improvement 2014/15

Delivering harm free care is again the Trust's highest priority for 2014/15 and the below table identifies those which are our highest priorities for 2014/15:

		Outturn 2013/14	Trajectory/Threshold 2014/15
Patient Safety	Take a zero tolerance approach to 'never events'	3	0
	<b>Progress, Monitoring &amp; Reporting</b> <ul style="list-style-type: none"> <li>Utilisation of DATIXWEB</li> <li>Report monthly to Board of Directors &amp; commissioners</li> <li>Monitor via Patient Safety Review Group</li> </ul>		
	Reduce the number of healthcare associated infections <ul style="list-style-type: none"> <li>MRSA 2</li> <li>C difficile 41</li> </ul> <p><sup>1</sup>Infection prevention and control trajectories are set by Monitor based upon predicted performance against national benchmarks</p> <b>Progress, Monitoring &amp; Reporting</b> <ul style="list-style-type: none"> <li>Dashboards for the monitoring and reporting of HCAIs has proved very successful and will be continued in 2014/15</li> <li>Reporting directly to the relevant clinical area</li> <li>Monthly reporting to the Board of Directors, CSUs and Management Board</li> </ul>		0 45 <sup>1</sup>
Clinical Effectiveness	Reduce the number of hospital acquired pressure ulcers above Category 2	169	Reduce by 14%
	<b>Progress, Monitoring &amp; Reporting</b> <ul style="list-style-type: none"> <li>Review of any trends will continue</li> <li>Accountability meetings will continue throughout 2014/15</li> <li>Monthly reporting to Board of Directors &amp; commissioners</li> <li>Monitor via Patient Safety Review Group</li> </ul>		
Clinical Effectiveness	Reduction in HSMR	102.85 (Jan 2013 – Dec 2013)	Reduce by 5%
	Reduction in SHMI	107.92 (Jun 2012 – Jul 2013)	
	<b>Progress, Monitoring &amp; Reporting</b> <ul style="list-style-type: none"> <li>Continue to monitor at Review of Mortality Group</li> <li>Monthly reporting to Board of Directors, CSUs and Management Board</li> </ul>		
Clinical Effectiveness	Nursing staff levels (ward / department)	This is a new initiative for 2014/15. Increase the proportion of rotas which achieved the planned staffing levels	
	<b>Progress, Monitoring &amp; Reporting</b> <ul style="list-style-type: none"> <li>Each ward will report establishment vs actual nurses working every month</li> <li>Progress relating to appropriate staffing levels will be monitored twice per year</li> <li>Reporting and monitors via Board of Directors</li> </ul>		

# 5 Quality Accounts

		Outturn 2013/14	Trajectory/Threshold 2014/15
Patient Experience	Improve response rates for the Friends and Family test	Completion rates: Inpatients – 27.5% Completion rates: A&E - 25.1% <i>(Final 2013/14 year end position)</i>	To ensure that the Trust is in the top 50% nationally in relation to completion rates.
	<p><b>Progress, Monitoring &amp; Reporting</b></p> <ul style="list-style-type: none"> <li>Reporting completion rates of FFT data for inpatient and Accident and Emergency departments.</li> <li>Benchmark monthly against national reporting</li> <li>Reporting to Board of Directors and commissioners.</li> </ul>		
	Improve FFT net promoter score (NPS) for inpatients and A&E	NPS: Inpatients – 76.39 NPS: A&E - 46.64 <i>(Final 2013/14 year end position)</i>	To improve the Net Promoter Score (NPS) by: A&E - 10% Inpatient – 5%
	<p><b>Progress, Monitoring &amp; Reporting</b></p> <ul style="list-style-type: none"> <li>Reporting completion rates of FFT data for inpatient and Accident and Emergency departments.</li> <li>Benchmark monthly against national reporting</li> <li>Reporting to Board of Directors and commissioners.</li> </ul>		
	Ensure 90% of complaints are responded to within the timeframe agreed with the complainant by quarter 3 of 2014/ 2015	28%	90%
	<p><b>Progress, Monitoring &amp; Reporting</b></p> <ul style="list-style-type: none"> <li>Monthly reporting to Board of Directors and commissioners.</li> <li>Monthly reporting to Care Groups with action plans where appropriate</li> </ul>		

In identifying the priorities for improvement for 2014/15, the Trust has taken into account the views of:

**Patients** – via patient surveys and complaints monitoring

**Staff** – via staff surveys, reports on clinical outcomes and incident reporting

**Commissioners** – via quality meetings and contractual arrangements

**Service users** – via consultation on the trust’s strategic direction

Quality improvements relating to the indicators within the table above have been chosen to support the delivery of the Trust’s strategic objective to be within the top ten per cent of trusts nationally. National benchmarking will be available for all indicators.

# 5 Quality Accounts

## Statements of assurance

### Review of services

During 2013/14 Doncaster and Bassetlaw Hospitals NHS Foundation Trust provided and or sub-contracted 45 relevant health services.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust has reviewed all the data available to it on the quality of care in 45 of these relevant health services<sup>2</sup>.

The income generated by the relevant health services reviewed in 2013/14 represents 82.72% of the total income generated from the provision of relevant health services by Doncaster and Bassetlaw Hospitals NHS Foundation Trust for 2013/14.

### Participation in clinical research

The number of patients receiving relevant health services provided or sub contracted by Doncaster & Bassetlaw Hospitals NHS Foundation Trust in 2013 /14 that were recruited during that period to participate in research approved by a research ethics committee was 2,385. Of these, 539 participants were recruited onto studies adopted onto the National Institute for Health Research Portfolio.

During 2013/14, 59 additional studies were approved to commence within the Trust, which include Clinical Trials of Investigational Medicinal Products (CTIMPs) and medical device trials. The Trust supports research in differing roles, either as a sponsoring organisation, a participating organisation or as a participant identification centre. The department of Research and Development is continuing to expand to reflect both the increasing level of research activity and also to support the continuing advancement of research within the Trust, with the Research team providing comprehensive support to researchers during the planning, set-up and delivery phases of research.

In July 2013, the Trust launched the Research and Development Strategy 2013-2018, which plots the planned progression for research over the next five years, including the key performance indicators set for the first three. This strategy centres around a set of aims and objectives which affect almost all services and business areas within the Trust.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer to patients and to making our contribution to wider health improvements. Our clinical staff stay abreast of the latest possible treatment options and active participation in research leads to successful patient outcomes. Our engagement with clinical research demonstrates our commitment to testing and offering the latest medical treatments and techniques.

The Trust was commended in 2013/14 by the National Institute for Health Research (NIHR) as being an exemplar DGH research centre, citing improvements in time to NHS permission, speciality coverage, number of studies and development of commercial research.

<sup>2</sup> The data reviewed should aim to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience – and indicate where the amount of data available for review has impeded this objective.



## 5 Quality Accounts

### Participation in clinical audits

During 2013/14, 33 national clinical audits and 4 national confidential enquiries covered relevant health services provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

During that period Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Hospitals NHS Foundation Trust was eligible to participate in during 2013/14 are as follows:

<b>National Clinical Audits</b>
<b>Acute</b>
Case Mix Programme
Emergency Use of Oxygen
National Audit of Seizures in Hospitals
National Emergency Laparotomy Audit
National Joint Registry
Paracetamol overdose (A&E)
Severe sepsis and septic shock
Severe trauma (Trauma Audit & Research Network, TARN)
<b>Blood and Transplant</b>
National Comparative Audit of Blood Transfusion programme
<b>Cancer</b>
Bowel cancer
Head and neck oncology
Lung cancer
Oesophago-gastric cancer
<b>Heart</b>
Acute coronary syndrome or Acute myocardial infarction
Cardiac Rhythm Management
Congenital heart disease (Paediatric cardiac surgery)
Coronary angioplasty
National Adult Cardiac Surgery Audit
National Cardiac Arrest Audit (NCAA)
National Heart Failure Audit
National Vascular Registry
Pulmonary hypertension (Pulmonary Hypertension Audit)
<b>Long term conditions</b>
Diabetes (Adult), includes National Diabetes Inpatient Audit
Diabetes (Paediatric)

## 5 Quality Accounts

Inflammatory bowel disease
National Chronic Obstructive Pulmonary Disease
Paediatric bronchiectasis
Renal Replacement Therapy
Rheumatoid and early inflammatory arthritis
<b>Mental Health</b>
National audit of schizophrenia
Prescribing Observatory for Mental Health
<b>Older People</b>
Falls and Fragility Fractures Audit Programme
Sentinel Stroke National Audit Programme
<b>Other</b>
Elective surgery (National PROMs Programme)
<b>Women's &amp; Children's Health</b>
Child health clinical outcome review programme
Epilepsy 12 audit (Childhood Epilepsy)
Maternal, Newborn and Infant Clinical Outcome Review Programme
Moderate or severe asthma in children
Neonatal intensive and special care
Paediatric Asthma
Paediatric intensive care
<b>National Confidential Enquiries</b>
Lower Limb Amputation
Tracheostomy Care
Subarachnoid Haemorrhage
Alcohol Related Liver Disease

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in during 2013/14 are as follows:

<b>National Clinical Audits</b>
<b>Acute</b>
Case Mix Programme
Emergency Use of Oxygen
National Audit of Seizures in Hospitals
National Emergency Laparotomy Audit
National Joint Registry
Paracetamol overdose (A&E)
Severe sepsis and septic shock
Severe trauma (Trauma Audit & Research Network, TARN)
<b>Blood and Transplant</b>
National Comparative Audit of Blood Transfusion programme
<b>Cancer</b>
Bowel cancer

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Head and neck oncology
Lung cancer
Oesophago-gastric cancer
<b>Heart</b>
Acute coronary syndrome or Acute myocardial infarction
Cardiac Rhythm Management
Congenital heart disease (Paediatric cardiac surgery)
National Cardiac Arrest Audit (NCAA)
National Heart Failure Audit
National Vascular Registry
<b>Long term conditions</b>
Diabetes (Adult), includes National Diabetes Inpatient Audit
Diabetes (Paediatric)
Inflammatory bowel disease
National Chronic Obstructive Pulmonary Disease
Renal Replacement Therapy
Rheumatoid and early inflammatory arthritis
<b>Older People</b>
Falls and Fragility Fractures Audit Programme
Sentinel Stroke National Audit Programme
<b>Other</b>
Elective surgery (National PROMs Programme)
<b>Women's &amp; Children's Health</b>
Child health clinical outcome review programme
Epilepsy 12 audit (Childhood Epilepsy)
Maternal, Newborn and Infant Clinical Outcome Review Programme
Moderate or severe asthma in children
Neonatal intensive and special care
Paediatric Asthma
Paediatric intensive care
<b>National Confidential Enquiries</b>
Lower Limb Amputation
Tracheostomy Care
Subarachnoid Haemorrhage
Alcohol Related Liver Disease

## 5 Quality Accounts

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Clinical Audits	% of cases submitted
<b>Acute</b>	
Case Mix Programme	100%
Emergency Use of Oxygen	100%
National Audit of Seizures in Hospitals	100%
National Emergency Laparotomy Audit	100%
National Joint Registry	100%
Paracetamol overdose (A&E)	0% (1)
Severe sepsis and septic shock	0% (1)
Severe trauma (Trauma Audit & Research Network, TARN)	100%
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	100%
<b>Cancer</b>	
Bowel cancer	95% (3)
Head and neck oncology	100%
Lung cancer	100%
Oesophago-gastric cancer	100%
<b>Heart</b>	
Acute coronary syndrome or Acute myocardial infarction	100%
Cardiac Rhythm Management	100%
Congenital heart disease (Paediatric cardiac surgery)	100%
National Cardiac Arrest Audit (NCAA)	100%
National Heart Failure Audit	100%
National Vascular Registry	100%
<b>Long term conditions</b>	
Diabetes (Adult), includes National Diabetes Inpatient Audit	100%
Diabetes (Paediatric)	100%
Inflammatory bowel disease	100%
National Chronic Obstructive Pulmonary Disease	100%
Renal Replacement Therapy	100%
Rheumatoid and early inflammatory arthritis	0% (2)
<b>Older People</b>	
Falls and Fragility Fractures Audit Programme	100%
Sentinel Stroke National Audit Programme	100%
<b>Other</b>	
Elective surgery (National PROMs Programme)	100%
<b>Women's &amp; Children's Health</b>	
Child health clinical outcome review programme	100%
Epilepsy 12 audit (Childhood Epilepsy)	100%

## 5 Quality Accounts

Maternal, Newborn and Infant Clinical Outcome Review Programme	100%
Moderate or severe asthma in children	0% (1)
Neonatal intensive and special care	100%
Paediatric Asthma	100%
Paediatric intensive care	100%
<b>National Confidential Enquiries</b>	
Lower Limb Amputation	66%
Tracheostomy Care	92%
Subarachnoid Haemorrhage	100%
Alcohol Related Liver Disease	80%

Note (1) Data being collected but not submitted yet.

Note (2) Data being collected but website not available yet.

Note (3) Some patients are still not being included. The introduction of a new computer system will aim to rectify this issue.

The reports of 33 national audits were reviewed by the provider in 2013/14 and any actions which were found necessary to improve the quality of healthcare are instigated.



## 5 Quality Accounts

We reviewed 100 local clinical audits in 2013/14 and we intend to take the following actions to improve the quality of healthcare:

### **Assessment of Head Injury in Paediatrics as per NICE Guidance CG56**

- Encourage A&E to review head injury guidelines for every admission.
- Encourage A&E to consider a longer period of observation to prevent admission.
- To review need for CT Head early in a child with Head Injury.
- To change the neuro observations to include saturations monitoring.
- Ensure observations are done in a timely manner as per NICE Guidance.
- To ensure that head injury advice is given and documented in the notes on all discharges.

### **General Dental Practitioners' satisfaction of the OMFS Department at Mexborough Montagu.**

- Liaise with CCG regarding referral pro-forma.
- Liaise with CCG to send referral criteria to all dentists within the region.

### **Preterm labour management and the use of corticosteroids**

- Improvements to documentation.
- Preterm tightening/labour pro-forma/modification to existing antenatal sheet. To include specific areas such as management discussed with consultant on call and neonatal team
- Ensure all staff attend Practical Obstetric Multi-Professional Training (PROMPT)/obstetric skills and drills and pre-term tightening/labour added to topics.

### **Pneumonia Mortality Review**

- Discuss findings with commissioners regarding community services and End of Life care.
- Repeat methodology for other high mortality conditions (e.g. AKI)
- Disseminate widely – How do we improve quality?
- Repeat pneumonia mortality review in 12/12.
- Consider repeating methodology for Bassetlaw.
- PDSA cycle for quality improvement in A&E.

### **Emergency management of feverish children under 5 years**

- Implementation of PAWS scoring for all children presenting to A&E with anything other than an injury.
- Increased awareness of the management of high risk children through a poster in Resus.
- Encourage venepuncture when needed in small children.
- A written discharge advice sheet for carers/parents available.

### **Patient satisfaction – Before and after weight loss surgery.**

- Include family more in decisions about the patients care.
- Promote support group.

### **Re-audit of surgical emergency admission clerking.**

- Monitor clerking quality and point out good and bad practice to junior doctors.
- Change IPOC to indicate that the doctors' regular bleep number should be recorded.
- Introduce the clerking IPOC at the junior doctor induction.

## 5 Quality Accounts

### Non-compliance with VTE prophylaxis.

- Modify current practice to incorporate single point VTE assessment and prescription.
- Propose changes to clerking booklet and VTE assessment form.
- Repeat audit to assess whether changes to practice have made a difference.

### Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of the Trust's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at:

[http://intranet.win2000.doncri.nhs.uk/applications/Essence\\_of\\_care\\_questions.aspx](http://intranet.win2000.doncri.nhs.uk/applications/Essence_of_care_questions.aspx)

In 2013/14, the total income conditional upon achieving quality improvement and innovation goals was £7.044 million. The total associated payment in 2013/14 was £6.294 million.

We have worked with our local commissioners to ensure that the CQUIN scheme was aligned with local commissioning strategies and with our strategic direction and core values.

Working together the CQUIN income has been used to incentivise and accelerate quality and innovation improvements above the baseline requirements set out in the standard contract. Although challenging, the Trust successfully achieved the majority of the improvements and innovations which had been agreed.

### Statements from the CQC

Doncaster and Bassetlaw Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is **Full Registration** compliance with no conditions on registration.

The Care Quality Commission **has not** taken enforcement action against Doncaster and Bassetlaw Hospitals NHS Foundation Trust during 2013/14.

The Trust has had one routine unannounced inspection by the Care Quality Commission during 2013/14. This was to gain assurance that essential standards of quality and safety were being met. This took place in October 2013 and covered all 4 hospital sites. All locations were found to be fully compliant with the 5 standards that were reviewed, these were:

- Consent to care and treatment (DRI, Bassetlaw Hospital)
- Care and welfare of people who use services (DRI, Bassetlaw Hospital, Montagu)
- Cooperating with other providers (DRI, Bassetlaw)
- Supporting workers (DRI, Bassetlaw, Montagu)
- Assessing and monitoring the quality of service provision (DRI, Bassetlaw, Retford)

## 5 Quality Accounts

The CQC did not require the Trust to take any actions in order to maintain compliance.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period 2013/14

### Data quality

The Trust submits records to the Secondary Uses Services (SUS) for inclusion in the Hospital Episode Statistics and monitors its performance monthly against the national SUS (Secondary Uses Services) Data Quality Dashboard. The figures below are based on the latest published data:

- The percentage of records which included the patient's valid NHS number was:
  - 99.8 %** for admitted patient care – national position **99.1 %**
  - 99.9 %** for outpatient care – national position **99.3 %**
  - 97.1 %** for accident and emergency care – national position **95.7 %**
- The percentage of records which included the patient's valid General Medical Practice Code was:
  - 100 %** for admitted patient care – national position **99.9 %**
  - 100 %** for outpatient care – national position **99.9 %**
  - 98.8 %** for accident and emergency care – national position **99.1 %**

The Trust recognises the importance of high quality information as a fundamental requirement for the prompt, safe and effective treatment of patients. High quality information is critical to the delivery of high quality care to patients by meeting the needs of clinical governance, management information, accountability, financial control, health planning and service agreements.

High quality business information also supports decision making and ensures that the Trust reports its performance accurately both internally and externally including commissioners, Monitor, the Department of Health and the Care Quality Commission

Achievement of CQUIN and accurate charging of PbR and non PbR income, is reliant on high quality data. It also provides commissioners with assurance.

Maintaining and driving improvements in data quality continued to be an area of high priority and focus for the Trust, during 2013/14 and this will continue in 2014/2015 and beyond. The Trust continues to invest in data quality resources.

## 5 Quality Accounts

Key highlights include:

- During 2013/14 the CQC published a new Intelligent Monitoring report, which contained a data quality element based on data submissions to SUS. The Trust addressed an initial risk on data quality and on the latest publication of this report the Trust is now meeting the required data quality standards.
- During 2013/14 there has been a continuing focus on developing 18 weeks reporting and continued routine validation of 18 weeks data to maintain the 'clean' data. This ensures the accuracy of waiting times to support treating patients in chronological order for the same clinical priority, supporting demand and capacity modelling and ensuring accurate performance reporting. Better information has been available to CSUs to enable them to monitor patients' treatment pathways and to commissioners to provide reassurance that their patients are receiving treatment within appropriate timescales.
- Key priority packages of work were agreed and delivered in line with the requirements laid down within the Data Quality Improvement Plan for 2013/14 within the NHS standard contract with commissioners.
- We continue to provide focus on key data quality performance areas through the Trust Data Quality Group. The group identifies key work streams to address areas of concern and then monitors and reviews progress against improvement targets. It also links into the iHospital project. The Data Quality Group reports to the Trust Information Governance Group.
- We continue to undertake key regular data quality audits, both to fulfil information governance and local requirements. Through the focused data quality workshops, PAS training sessions, process re-design work and other relevant opportunities, we promote the principle of "Right First Time" in respect of recording patient information.
- For all Trust system implementations, data quality is a key element within the project, including potential risks along with mitigating strategies and actions. This is an integral part of the new iHospital systems project and Trust staff are working very closely with suppliers to ensure that data cleansing and migration plans as well as system functionality, training and process re-design maintain and build on the work that we have already done to deliver high quality information.
- Through iHospital the Trust will also ensure that all opportunities are maximised for improving data quality through change management including, process re-design, training and enhanced system functionality and reporting.

### Information governance toolkit attainment 2013/14

Our information governance assessment reported an overall score for 2013/14 of 76% and was graded as '**satisfactory**'.

## 5 Quality Accounts

The main action areas and specific targets for the Information Governance Group have been agreed with the Caldicott Guardian, the Senior Information Risk Owner (SIRO) and the Information Governance Steering Group. The Information Governance Group's focus will primarily be to maintain all IG Toolkit standards at level 2 or above, and then to continually strive to improve where it is able.

The action and improvement areas for 2014/15 were formally agreed by the Information Governance Group in March 2014. They will also continue to concentrate their efforts on some of the significantly changed standards in this financial year. These relate to:

- Regularising the responsibilities and reporting arrangements for information governance and RA smartcard management between the Trust's new SIRO and the Care Groups and the corporate departments.
- Improving the way in which smartcards are used with particular emphasis on using them for:
  - o 'Single Sign On' to computer systems, for access to controlled working areas
  - o and for their extended use for access to national e-learning management systems, especially at corporate induction
- Extending use of the Summary Care Record access role.

### Clinical coding error rate

Doncaster and Bassetlaw Hospitals NHS Foundation Trust was not subjected to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

However, in line with information governance requirements, the Trust commissioned an external clinical coding audit. The error rates reported in this audit for the reporting period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnoses Incorrect – 3.50%
- Secondary Diagnoses Incorrect – 2.60%
- Primary Procedures Incorrect - 1.77%
- Secondary Procedures Incorrect – 0.82%

The results should not be extrapolated further than the actual sample audited as some of the issues raised may relate only to the speciality selected and not to other specialties. For this reason, extrapolating the overall results would not provide an accurate position in relation to performance. The services reviewed within the sample consisted of 200 FCEs and included the following areas: ENT, general medicine, urology and general surgery and medical and surgical deaths. The areas were chosen for audit by the Trust and our local commissioners.

The results of the audit are at the highest level for information governance, level 3, which shows the Trust continues to provide a high quality clinical coding service.

# 5 Quality Accounts

As different specialities are audited each year, it is not valid to make a direct comparison to the previous year's performance.

NHS Trusts & NHS Foundation trusts performance

The Trust is required to report on a core set of indicators. Presented, in the table below is the required data for the last three reporting periods. The data was made available by the Health & Social Care Information Centre.

National targets and regulatory requirements	National Average				Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:	Highest	Lowest
	1.0203 Banding 2 (2010/11)	1.0352 Banding 2 (2011/12)	1.0556 Banding 2 (2012/13)	1 Banding 2 (2012/13)			
The value and banding of the SHMI* for the Trust	10% (2010/11)	9.2% (2011/12)	13.2% (2012/13)	20.4% (2012/13)	Implementing all the measure which have been outlined on page 52 of the Quality Account 2013/14	1.1697 Banding 3 (2012/13)	0.6523 Banding 1 (2012/13)
Percentage of patient deaths with palliative care coded at either diagnosis of speciality level for the Trust	10% (2010/11)	9.2% (2011/12)	13.2% (2012/13)	20.4% (2012/13)	Reviewing and strengthening internal processes to ensure specialist palliative care is clinically documented and therefore available to be clinically coded. The improved processes were implemented in November 2012. Both local data and data on Dr Foster show an increase in palliative care coding deaths since November 2012. Using Dr Foster for data since November 2012 the Trust is now only just marginally below national rates (as at February 2014 data)	44% (2012/13)	0.1% (2012/13)
Patient Reported Outcome Measures (PROMs) (EQ SD Adjusted average health gain) Groin hernia surgery Varicose vein surgery Hip replacement surgery Knee replacement	0.059 0.111 0.349 0.222 (2010/11)	0.081 0.119 0.392 0.263 (2011/12)	0.099 0.176 0.401 0.322 (2012/13)	0.085 0.093 0.438 0.318 (2012/13)	Ensuring that the Clinical Director within the care group activity monitors the PROMs scores and takes action as appropriate in order to improve health gain scores for patients.	0.157 0.175 0.543 0.409 (2012/13)	0.015 0.023 0.319 0.195 (2012/13)
Readmissions to hospital within 28 days of being discharged, percentage aged: 0-15 16 and over	10.08% (2009/10)	10.82% (2010/11)	10.24% (2011/12)	10.01% (2011/12)	<ul style="list-style-type: none"> <li>The paediatric assessment pathway was launched in April 2014, which will reduce readmission rates</li> <li>Ambulatory care long term conditions pathways are being reviewed in quarter 1 with the help of the emergency care intensive support team</li> <li>A new pathway for COPD patients is being set up</li> <li>Community geriatrician pathway in place</li> </ul>	14.94% 11.86% (2011/12)	6.40% 8.96% (2011/12)
Responsiveness to inpatients personal needs	67.4% (2010/11)	65.5% (2011/12)	68.9% (2012/13)	66.5% (2012/13)	The trust achievement is higher than national average	84.4% (2012/13)	57.4% (2012/13)
Percentage of staff employed who would recommend the Trust as a provider of care to their family or friends	60% (2011)	51% (2012)	59% (2013)	67% (2013)	The Trust is implementing a robust action plan to ensure that improvements are made against key objectives following the publication of the 2013 National Staff Survey. The Trust will ensure that monthly monitoring is undertaken against key milestones within the action plan and will also be using the quarterly Staff Friends & Family Test to supplement the monitoring/action planning.	89% (2013)	40% (2013)
Percentage of patients who were admitted to hospital and who were assessed for venous thromboembolism	95.03% (Apr-Jun 2013)	95.06% (Jul-Sep 2013)	95.03% (Oct-Dec 2013)	96% (Oct-Dec 2013)	Trust performance is consistently over 95% for 13/14	100% (Oct-Dec 2013)	77% (Oct-Dec 2013)
Rate of C.difficile per 100,000 bed days	21.2 (2010/11)	13.9 (2011/12)	21.5 (2012/13)	16.1 (2012/13)	Implementing all the measures which have been outlined in page 7 of the Quality Account 2012/13	30.8 (2012/13)	1.2 (2012/13)
Number of patient safety incidents reported within the Trust	3261 (Apr 12-Sep 12)	1761 (Oct 12-Mar 13)	2692 (Apr 13-Sep 13)	4399 (Apr 13-Sep 13)	The Trust recognises that an increase in the reporting of patient safety incidents is a good reflection of a more honest, open and transparent patient safety culture. The organisation must maintain its efforts, through the implementation of DATIXWEB, to encourage interventional near miss reporting. Following a thematic analysis of patient safety incidents, the following action will help to reduce the percentage causing severe harm: <ul style="list-style-type: none"> <li>Increase staffing and skill mix</li> <li>Open and appropriately staff more beds</li> <li>Deliver the pressure ulcer strategy</li> <li>Conduct organisational-wide learning events delivering the key messages from patient harm incidents</li> </ul>	7757 (Apr 13-Sep 13)	1967 (Apr 13-Sep 13)
Percentage of patient safety incidents that resulted in severe harm or death.	0% (Apr 12-Sep 12)	0.1% (Oct 12-Mar 13)	0% (Apr 13-Sep 13)	0.1% (Apr 13-Sep 13)	Implementing all the measures which have been outlined in the above indicator.	0.4% (Apr 13-Sep 13)	0% (Apr 13-Sep 13)

The Doncaster & Bassetlaw NHS Foundation Trust considers that this data (above) is as described for the following reasons:  
The data reported above has been extracted from the Health & Social Care Information Centre

# 5 Quality Accounts

## Achievement against quality improvement priorities 2013/14

### Priority 1:

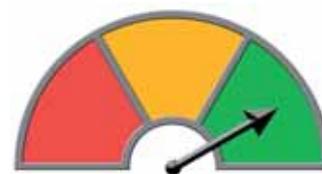
### Patient Safety

#### Reduce the number of patient falls

**Aim:** To reduce the number inpatient falls which result in serious harm.

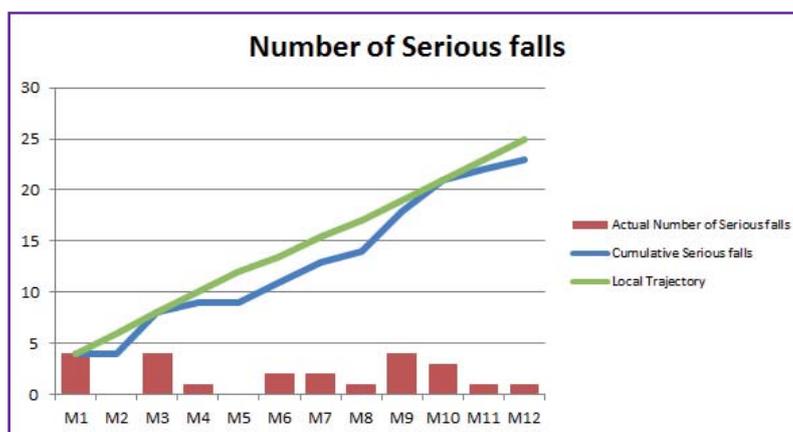
**Rationale:** To prevent incidences of severe injury to our patients whilst in hospital.

<b>2010/11</b>	<b>101</b> (number of falls resulting in serious fracture)	Trust performance against this indicator has been rated as <b>GREEN</b> based on a locally set trajectory
<b>2011/12</b>	<b>27</b> (number of falls resulting in serious fracture)	
<b>2012/13</b>	<b>31<sup>3</sup></b> (number of falls resulting in serious fracture)	
<i>Per 1000 occupied bed days 2012/13</i>	<b>0.099</b>	
<b>2013/2014</b>	<b>23</b> (number of falls resulting in serious fracture)	
<i>Per 1000 occupied bed days 2013/14</i>	<b>0.0711</b>	



#### Progress, monitoring & reporting

- Audit of compliance with falls risk assessments
- Timely Root Cause Analysis following falls causing severe harm
- Reporting via ward based accountability framework
- Monthly reporting to Board of Directors



\*\* Please note that the data used in this graph was accurate as at 14/04/2014

The Trust recognises the importance of preventing harm to patients through falls in hospital. In 2011/12 the trust achieved a 73.3% reduction in the number of falls which resulted in serious harm. The Trust reduced the number of falls which resulted in serious harm by 26% based on the number reported in 2012/13 and by 15% from the 2011/ 2012 rate.

For 2014/15 the Trust with work towards formalising falls training for all staff, to review the Root Cause Analysis process, implement a new clinical guidelines for falls assessments and look at new strategies to prevent patients from falling and also to prevent patients from falling repeatedly within our Trust.

**Data Source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

<sup>3</sup>Following the publication of the 2012/13 Quality Account a further serious fall was identified. The data provided for 2012/13 has been amended accordingly.

# 5 Quality Accounts

## Priority 2:

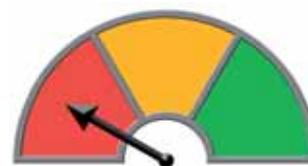
## Patient Safety

### Take a zero tolerance approach to “never events”

**Aim:** stop all harmful clinical events that must never happen (never events)

**Rationale:** These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust

<b>2010/11</b>	<b>0 reported incidents</b>	Trust performance against this indicator has been rated as <b>RED</b> based on a locally set trajectory of zero tolerance.
<b>2011/12</b>	<b>3 reported incidents</b>	
<b>2012/13</b>	<b>2 reported incidents<sup>4</sup></b>	
<i>Per 1000 occupied bed days 2012/13</i>	<b>0.0062</b>	
<b>2013/2014</b>	<b>3 reported incidents</b>	
<i>Per 1000 occupied bed days 2013/14</i>	<b>0.0092</b>	
<b>Progress, monitoring &amp; reporting</b>	<ul style="list-style-type: none"> <li>The learning from root cause analysis which follows any such events, is shared Trust-wide to ensure that the never event does not happen again in the future</li> <li>Reporting to the Board of Directors takes place monthly</li> </ul>	



During 2013/14 the Trust has reported 3 never events. Never events are defined by the National Patient Safety Agency (NPSA) as “serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.”

*(For information the incidents which NPSA define as “Never Events” are listed below)*

Details of the Trust’s reported never events during 2013/14 are as follows:

- July 2013:** Laser treatment to the incorrect eye.
- Nov 2013:** Wrong tooth removed.
- Dec 2013:** Retained vaginal tampon following instrumental delivery.

Following investigations into the above incidents several changes to policies and procedures have been made.

#### **Never Events as defined by National Patient Safety Agency (NPSA)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Wrong site surgery</li> <li>Falls from unrestricted windows</li> <li>Entrapment in bedrails</li> <li>Wrong implant/prosthesis</li> <li>Retained foreign object post-operation</li> <li>Maladministration of Insulin</li> <li>Air embolism</li> <li>Severe scalding of patients</li> <li>Misidentification of patients</li> <li>Suicide using non-collapsible rails</li> <li>Escape of a transferred prisoner</li> <li>Wrong gas administered</li> <li>Misplaced naso- or oro-gastric tubes</li> <li>Wrongly prepared high-risk injectable medication</li> </ul> | <ul style="list-style-type: none"> <li>Maladministration of potassium-containing solutions</li> <li>Transfusion of ABO-incompatible blood components</li> <li>Transplantation of ABO or HLA-incompatible Organs</li> <li>Failure to monitor and respond to oxygen saturation</li> <li>Maternal death due to post partum haemorrhage after elective caesarean section</li> <li>Wrong route administration of chemotherapy</li> <li>Wrong route administration of oral/enteral treatment</li> <li>Intravenous administration of epidural medication</li> <li>Inappropriate administration of daily oral methotrexate</li> <li>Overdose of midazolam during conscious sedation</li> <li>Opioid overdose of an opioid-naïve patient</li> </ul> |
|--|--|

<sup>4</sup>It should be noted that year on year figures are not directly comparable as the original ‘Never Events’ definition as set out by NPSA in April 2009 was expanded for 2011/12 and then expanded further in 2012/13.

# 5 Quality Accounts

## Priority 3:

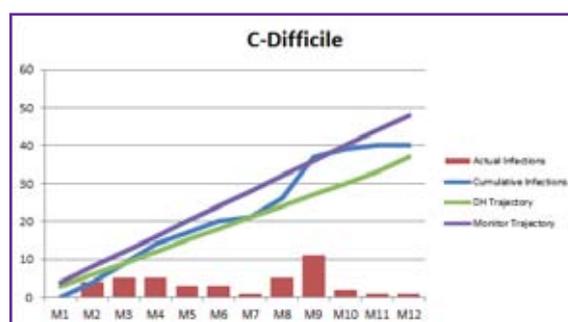
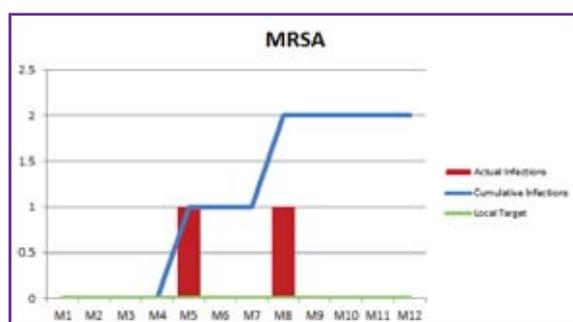
## Patient Safety

### Reduce the number of Healthcare Associated Infections (HCAI)

**Aim:** To reduce levels of hospital acquired MRSA\* bacteraemia and C-diff\*\*

**Rationale:** The Trust wishes to ensure the safest possible care for patients by reducing the number of healthcare acquired infections.

	MRSA*	C-Diff**
	Trust performance against this indicator has been rated as <b>AMBER</b> based on a nationally set trajectory	Trust performance against this indicator has been rated as <b>GREEN</b> based on the aggregate of two nationally set trajectories (1 achieve, 1 not achieved)
		
<b>2010/11</b>	<b>1</b>	<b>67</b>
<b>2011/12</b>	<b>5</b>	<b>43</b>
<b>2012/13</b>	<b>2</b>	<b>64</b>
<i>Per 1000 occupied bed days 2012/13</i>	<b>0.0062</b>	<b>0.1988</b>
<b>2013/2014</b>	<b>2</b>	<b>41</b>
<i>Per 1000 occupied bed days 2013/14</i>	<b>0.0061</b>	<b>0.1269</b>
<b>Progress, monitoring &amp; reporting</b>	<ul style="list-style-type: none"> <li>• Dashboards for the monitoring and reporting of HCAIs has proved very successful and will be continued in 2014/15</li> <li>• Reporting directly to the relevant clinical area</li> <li>• Monthly reporting to the Board of Directors, Care Groups and Management Board</li> </ul>	



\* MRSA - Methicillin-resistant *Staphylococcus aureus*. \*\* C-diff - *Clostridium difficile*

For 2013/14 the Trust was set a trajectory of no more than 48 cases of C difficile by the Foundation Trust regulator, Monitor. The Trust deep clean team were active in maintaining a schedule of deep clean and hydrogen peroxide vapour fogging and in conjunction with improved assurance frameworks and improvements in the appropriate administration and timely cessation of antibiotics the number of cases of C-difficile fell by 36% between 2012/ 2013 and 2013/ 2014 to 41 cases.

In 2013/ 2014 the Trust had a lower Department of Health (DH) trajectory of 37. However following a review of the methodology used for target setting from an institutional basis to a benchmarked population basis the Trusts 2014/2015 Department of Health target has been increased to 45 from 37 i.e. higher than the Trusts 2013/14 result.

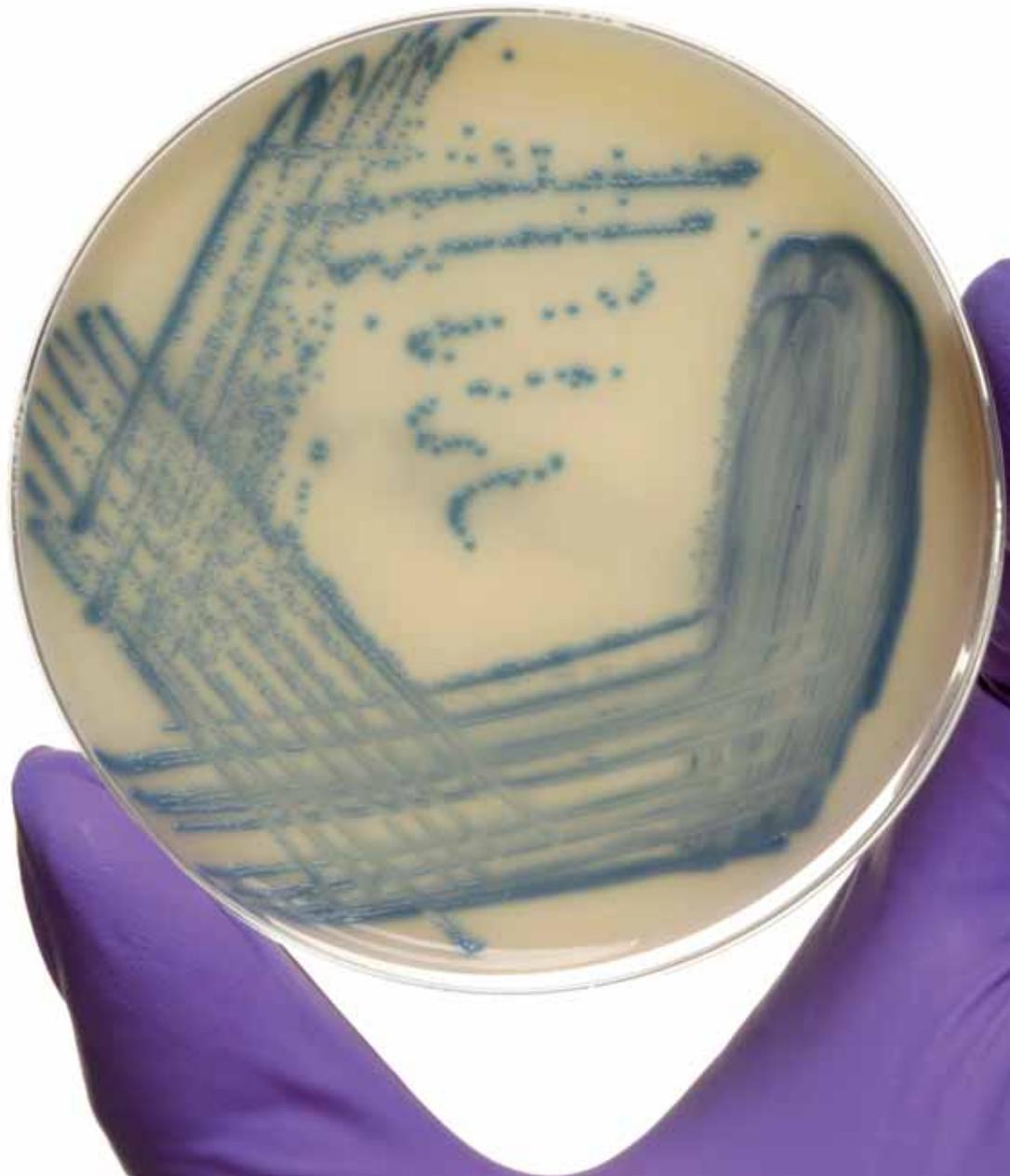
The MRSA rate per occupied bed day has slightly reduced and remains below the Monitor deminimus limit. In addition to work within the Trust the Infection Prevention and Control (IPC) team and Bassetlaw Clinical Commissioning Group (CCG) have undertaken some work within 10 care homes to identify colonised clients and proactively treat these carriers. This project resulted in all identified carriers being successfully treated thereby eliminating MRSA from these homes. 2014/15 IPC activity will be underpinned by the implementation of a new IPC strategy to further reduce the risks of HCAIs for patients.

**Data Source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

## 5 Quality Accounts

The Trust's external auditors have undertaken sample testing on the C Difficile infections performance indicator on which they have issued their limited assurance report. They have audited in line with the criteria below which the Trust have applied:

- Infections relating to patients aged two years old or more;
- A positive laboratory test result for Clostridium Difficile recognised as a case according to the Trust's diagnostic;
- Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken; and
- the Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).



# 5 Quality Accounts

## Priority 4:

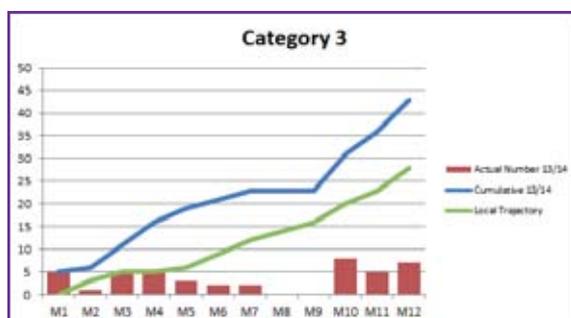
## Patient Safety

### Reduce the number of hospital acquired pressure ulcers Category 3 & Category 4

**Aim:** To reduce the number of hospital acquired category 3 and category 4 pressure ulcers.

**Rationale:** To prevent injury to our patients relating to hospital acquired pressure ulcers, we have adopted a zero tolerance approach.

	Grade 3/Ungradeable	Grade 4
	Trust performance against this indicator has been rated as <b>RED</b> based on a locally set trajectory	Trust performance against this indicator has been rated as <b>RED</b> based on a locally set trajectory
		
<b>2010/11</b>	<b>85</b>	<b>2</b>
<b>2011/12</b>	<b>65</b>	<b>5</b>
<b>2012/13</b>	<b>153</b>	<b>4</b>
<i>Per 1000 occupied bed days 2012/13</i>	<b>0.4754</b>	<b>0.0124</b>
<b>2013/2014</b>	<b>163</b>	<b>6</b>
<i>Per 1000 occupied bed days 2013/14</i>	<b>0.5045</b>	<b>0.0185</b>
<b>Progress, monitoring &amp; reporting</b>	<ul style="list-style-type: none"> <li>Review of any trends will continue</li> <li>Accountability meetings will continue throughout 2014/15</li> </ul>	



During 2013/14 the Trust has seen an increase in hospital acquired pressure ulcers (HAPU) across all categories. Due to this deteriorating picture of harm during 2013/14 the Trust has invested in additional equipment and adopted a significantly revised approach as set out in the Pressure Ulcer Reduction Strategy 2014 – 2017. This strategy aims to reduce levels of Hospital Acquired Pressure Ulcers and to achieve rates which are consistently in the top 10% of the best performing Trusts nationally.

**Data Source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

# 5 Quality Accounts

## Priority 5:

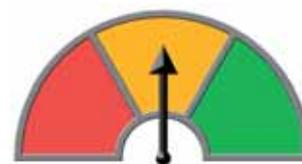
## Clinical Effectiveness

### Reduce the number of deaths which may have been preventable

**Aim:** Implement system for continuous review of HSMR\* and SHMI\*\*

**Rationale:** This system will support achievement of priority 5 – To have no avoidable deaths and no avoidable harm to patients.

	HSMR	SHMI	Trust performance against this indicator has been rated as <b>AMBER</b> based on a locally set trajectory
<b>2010</b>	<b>104.26</b> (Jan 10 – Dec 10)	<b>102.21</b> (Apr 10 – Mar 11)	
<b>2011</b>	<b>107.88</b> (Jan 11 – Dec 11)	<b>103.07</b> (Jan 11 – Dec 11)	
<b>2012</b>	<b>106.83</b> (Jan 12 – Dec 12)	<b>104.17</b> (Jan 12 – Dec 12)	
<b>2013</b>	<b>102.85</b> (Jan 13 – Dec 13)	<b>107.92</b> (Jul 12 – Jun 13)	
<b>Progress, monitoring &amp; reporting</b>	<ul style="list-style-type: none"> <li>• Monitor HSMR and SHMI</li> <li>• Continue to monitor at Review of Mortality Group</li> <li>• Monthly reporting to Board of Directors, CSUs and Management Board</li> </ul>		



\* Hospital Standardised Mortality Ratio \*\* Summary Hospital-level Mortality Indicator

Over the last 12 months, the Trust has shown a sustained improvement in decreasing crude mortality despite increasing admissions. This is illustrated by an overall improvement in HSMR from 106 to 102.85. During this period, the improvement in overall HSMR has been underpinned by improvements in HSMR at Doncaster Royal Infirmary and an improvement in the Trust's overall non-elective HSMR due in particular to an improvement at Doncaster Royal Infirmary. This appears to be a reflection of the first stage of a comprehensive revision of the non-elective/emergency care pathways implemented towards the end of 2013.

Taken in conjunction with other quality metrics, this reflects a real improvement in care quality. Although our SHMI has yet to show similar improvement to HSMR, there is a difference in the time periods covered by the two indicators of mortality with SHMI covering an earlier time period than HSMR. We expect that a similar improvement in SHMI will be demonstrated in due course.

Over the same 12 month period, there has been a significant improvement in HSMR nationally. The Trust's HSMR will be rebased at the end of the financial year to reflect the national improvement.

**Data Source: Dr Foster**

# 5 Quality Accounts

## Priority 6:

## Clinical Effectiveness

### Embed implementation of venous thrombo-embolism (VTE) guidelines

**Aim:** To reduce the number of patients who develop a VTE (blood clot) within 28 days of in-patient hospital treatment.

**Rationale:** VTE risk assessment and preventive action has a strong evidence base of efficacy in preventing VTE. This is also one of the national priorities within the CQUIN (Commissioning for Quality & Innovation) Framework.

<b>2010/11</b>	<ul style="list-style-type: none"> <li>88.1% of all eligible patients had a documented risk assessment</li> </ul>	<p>Trust performance against this indicator has been rated as <b>GREEN</b> based on a locally set trajectory</p> 
<b>2011/12</b>	<ul style="list-style-type: none"> <li>93.9% of all eligible patients had a documented risk assessment</li> <li>80% of all eligible patients received Thromboprophylaxis* (randomly selection sample)</li> </ul>	
<b>2012/13</b>	<ul style="list-style-type: none"> <li>92.5% of all eligible patients had a documented risk assessment</li> <li>100% of all eligible patients received Thromboprophylaxis* (randomly selection sample)</li> <li>100% Root cause analysis for all patient who were admitted with a VTE within 90 days of previous inpatient episode</li> </ul>	
<b>2013/14</b>	<ul style="list-style-type: none"> <li>Consistently over 95% each month of all eligible patients had a documented risk assessment</li> <li>100% of all eligible patients received Thromboprophylaxis* (randomly selected sample)</li> <li>100% of patients had a root cause analysis who were admitted with a VTE within 90 days of previous inpatient episode (this was changed to 45 days mid-year – please see text below)</li> </ul>	
<b>Progress, monitoring &amp; reporting</b>	<ul style="list-style-type: none"> <li>Collect monthly data to monitor and ensure compliance (assessment, prophylaxis &amp; RCA)</li> <li>Link with national CQUIN Framework</li> <li>Monthly audits of appropriate thromboprophylaxis prescribing</li> </ul>	

\* Thromboprophylaxis – types of prevention

The Trust has continued to demonstrate that the VTE risk assessments process remains fully embedded, consistently achieving over 90% since 2011/12 and over 95% during 2013/14.

As well as risk assessing patients, the Trust also continues to conduct Root Cause Analysis (RCA) of all patients readmitted with a confirmed VTE, which may have been linked to a previous hospital admission. During 2012/13 the readmission criteria was that the patient had to be re-admitted within 90 days, however, this process highlighted that in the majority of cases there was a cause other than previous hospital admissions which may have resulted in the readmission with a confirmed VTE i.e. long haul flight, care home admission. As a result, in order to reduce other influencing factors, the readmission criteria were amended and during 2013/14 RCA's were carried out on all patients readmitted with a confirmed VTE within 45 days of their previous admission.

During in 2013/14 two cases were found where inadequate prophylaxis may have contributed to the development of a VTE. Action plans to prevent reoccurrence were developed in both cases.

**Data source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

# 5 Quality Accounts

## Priority 7:

## Clinical Effectiveness

### Monitor the occurrence of cardiac arrests

**Aim:** Reduce the number of avoidable cardiac arrests

**Rationale:** To identify and address those factors which increase the risk of cardiac arrest and to reduce inappropriate resuscitation attempts.

<b>2011/2012</b>	Cardiac arrests as a percentage of admissions = 0.27% Number of cardiac arrests per 1000 admissions = 2.73	Trust performance against this indicator has been rated as <b>GREEN</b> based on a locally set trajectory  
<b>2012/2013</b>	Cardiac arrests as a percentage of admissions = 0.26% Number of cardiac arrests per 1000 admissions = 2.58	
<b>2013/2014</b>	Cardiac arrests as a percentage of admissions = 0.24% Number of cardiac arrests per 1000 admissions = 2.44*	
<b>Progress, monitoring &amp; reporting</b>	The Trust has continued to see a reduction in the number of cardiac arrests per 1000 acute admissions. Resuscitation Services continue to lead the audit work and case note review process, providing detailed quarterly reports to the Review of Mortality and Patient Safety Review Groups (internal patient safety monitoring groups).	
<p>During 2013/14 the Trust has continued to see a reduction in the number of cardiac arrests per 1000 acute admissions.</p> <p>In order to carry on with this trend into 2014/15 education and training is continuing to be carried out to reinforce the importance of recognising any deterioration in the condition of a patient and identify the appropriate escalation of concerns in a patient's condition.</p> <p>As well as effective multi-disciplinary learning as a result of cardiac arrests and serious incident report, the introduction of a ward/department based multi-disciplinary review process for all cardiac arrests will continue to engage staff in identifying areas for improvement.</p> <p>*It should be noted that the 2013/14 figure also includes cardiac arrests inside coronary care units, whereas previous years figures exclude cardiac arrest in coronary care units.</p> <p><b>Data source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</b></p>		

# 5 Quality Accounts

## Priority 8:

## Patient Experience

**To reduce the number of complaints including those where patient harm is a feature of the complaint.**

**Aim:** To improve the patient experience by reducing the number of complaints including those where patient harm is a feature.

**Rationale:** Ensuring our patients are at the heart of everything we do.

<b>2010/11</b>	Total number of complaints received – <b>536</b> <i>(Patient harm data was not recorded during this period)</i>	Trust performance against this indicator has been rated as <b>GREEN</b> based on a locally set trajectory  
<b>2011/12</b>	Total number of complaints received - <b>470</b> <i>(Patient harm data was not recorded during this period)</i>	
<b>2012/13</b>	Total number of complaints received - <b>518</b> Total number of complaints where patient harm is a feature - <b>303</b>	
<i>Complaints Per 1000 occupied bed days 2012/13</i>	1.6095	
<i>Complaints relating to patient harm Per 1000 occupied bed days 2012/13</i>	0.9414	
<b>2013/2014</b>	Total number of complaints received - <b>417</b> Total number of complaints where patient harm is a feature - <b>211</b>	
<i>Complaints Per 1000 occupied bed days 2013/14</i>	1.2907	
<i>Complaints relating to patient harm Per 1000 occupied bed days 2013/14</i>	0.6531	
<b>Progress, monitoring &amp; reporting</b>	<ul style="list-style-type: none"> <li>• Continue to collect data relating to patient harm</li> <li>• Special focus on pain management adopting a zero tolerance approach to patients where their pain was not managed adequately</li> </ul>	

The Trust has improved its emphasis on listening and learning from complaints and early resolution of concerns. The effectiveness of these initiatives is evident as the overall number of patients making a complaint this financial year has reduced by 20%.

Also, during 2013/14 the number of complaints per 1000 bed days relating to patient harms has reduced by 30% when compared to those in 2012/13.

The Trust has implemented a new policy for the resolution of concerns and complaints from April 2014; *Complaints, Concerns, Comments and Compliments; Resolution and Learning*, with an increased emphasis on early resolution of both concerns and complaints and applying learning from complaints and good practice to prevent poor practice and reinforce and adopt good practice.

With the introduction of the new policy, the registration on the complaints IT system DATIXWEB, and subsequent management of complaints has changed. By whichever route we receive a complaint e.g. letter, verbal email from 1st April 2014, we register the complaint as a formal complaint. The complaint is then RAG rated and resolved according to the policy specifications. This change may have an effect upon the overall number of complaints registered at the Trust. Comparison will be made between the data for complaints managed through the formal process and those managed via PALS during 2013/14 and complaints resolved using the process outlined within our new policy in 2014/15.

**Data source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

# 5 Quality Accounts

Priority 9:

Patient Experience

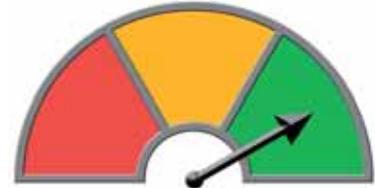
## Friends & Family Test (FFT)\*

**Aim:** To monitor patient satisfaction rates via the Friends and Family Test (FFT)

**Rationale:** The Trust believes that **every** patient should feel that they matter and are at the heart of everything we do.

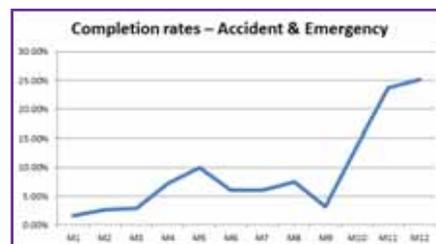
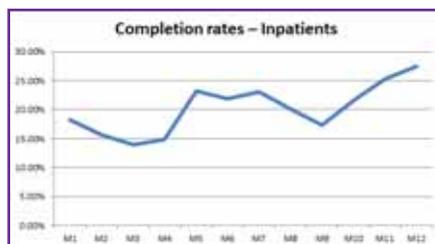
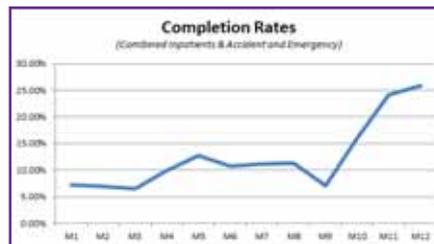
2013/14

Trust performance against this indicator has been rated as **GREEN** based on a locally set trajectory



Progress, monitoring & reporting

- Reporting completion rates of FFT data for inpatient and Accident and Emergency departments.
- The Trust will aim for 20% survey return rates by quarter 4
- Reporting to Board of Directors and commissioners.



\*The friends and family test [FFT] is a national initiative and began in April 2013, and has been running in the Trust's Inpatient wards and A&E services for one year. One question is asked.

The essence of FFT is the single and simple question asked before discharge:

***“How likely are you to recommend our ward/A&E department/maternity service to friends and family if they needed similar care or treatment?”***

The Trust has achieved good rates of responses from the inpatient wards from the start of the FFT process, although response rates from A&E proved to be more of a challenge. This has been improved through two local initiatives to boost participation rates. Patient satisfaction on the inpatient wards has been good with the majority of comments being positive, however where the ward or department receives a negative score from the FFT question termed the Net Promoter Score [NPS], or negative comments then the ward team and CSU action this and report back via ward and department FFT displays for the public and staff to see.

The FFT for maternity services began in October. The maternity FFT process asks the question on 4 separate occasions over a 6 week period, the results are not cumulative.

**Data Source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

# 5 Quality Accounts

## Priority 10:

## Patient Experience

### Carers Survey – End of Life Care

**Aim:** To seek the view of relatives / Key Carers of those patients following end-of-life care

**Rationale:** To be able to understand and act on the experiences of end of life care of their relative

Trust performance against this indicator has been rated as **AMBER** based on a locally set trajectory



#### Progress, monitoring & reporting

- Survey relatives/carers
- Reported to end of life care team, CSU's and Commissioners

End of life care is a support mechanism for patients, families and carers. The Trust believes that this support is crucial. In order to continually strive to ensure that the standard of this service is at optimum levels, we have gained the view of relatives who have experienced this service. During 2013/14 the Trust received 149 completed surveys from relatives/carers, although these are relatively low response rates and the results of the feedback gained from these surveys will ensure that further work will be undertaken around the following areas:

- **There was enough help with nursing care, such as giving medicine and helping them find a comfortable position in bed**  
Only 8% disagreed with this statement.
- **The bed area and surrounding environment had adequate privacy for them**  
10% disagreed with this statement.
- **During the admission, how well was their pain relieved?**  
Only 1% noted not at all.
- **During this admission, were you or other family members kept informed about their condition?**  
Only 6% noted never.
- **How much of the time were they treated with respect by the doctors and nurses?**  
Only 2% noted never by Doctors .
- **Whilst they were in the hospital, did you receive enough emotional support from the team?**  
Only 6% noted No, not when I needed it.
- **Were you or your family given enough support by the healthcare team at the actual time of their death?**  
Only 6% noted No, not at all.

Unfortunately the Trust did not measure this feedback during 2012/13 and therefore we have been unable to determine actual improvements made throughout 2013/14. As a result we will use the feedback gained during 2013/14 to develop an action plan for improvement and continue to improve on this position and the experience of the families and carers require this kind of support.

The Trust with support from MacMillan has significantly expanded the resources of the Specialist Palliative Care Nursing Team and is planning to further expand coverage to become a fully seven day services through linkages with the Acute Oncology service. The Trust is also setting a corporate objective associated with planning the availability of appropriate rooms and facilities for end of life care.

**Data Source:** Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems

# 5 Quality Accounts

## Review of quality performance 2013/14

The indicators below are included to demonstrate the Trust's performance against some additional quality initiatives which were selected by the Board of Directors and which were monitored internally throughout 2013/14. Some of the indicators were mandatory for 2013/14. However, the remaining indicators were chosen as we were able to benchmark against national targets.

The achievements made throughout 2013/14 against national targets and regulatory requirements are set out in the table below:

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	National target or trajectory 2014/15
<b>Screening all elective in-patients for MRSA</b> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	**		100%	100%	100%	100%	100%
<b>MRSA – maintaining the annual number of MRSA bloodstream, infections at less than half the 2003/04 level</b> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	13	12	1	5	2	2	0
<b>Clostridium difficile year on year reduction<sup>5</sup></b> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	147	67	67	43	64	41	45
<b>Maximum waiting time of four hours in A&amp;E from arrival to admission, transfer or discharge</b> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	98.5%	98.16%	97.3%	96.5%	93.8%	95.5%	95%
<b>A two week wait from referral to date first seen comprising:</b> <ul style="list-style-type: none"> <li>• all cancers</li> <li>• Symptomatic breast patients</li> </ul> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	99.1% ****	95.2% ****	96.1% 96.3%	95.1% 96.2%	94.8% 95.3%	93.7% 93.9%	93% 93%
<b>A maximum wait of 31 days from diagnosis to treatment of all cancers</b> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	99.8%	98.3%	97.9%	99.2%	98.6%	99.2%	96%
<b>A maximum wait of 62 days from urgent GP referral to treatment of all cancers<sup>6</sup></b> <small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small>	97.3%	90.8%	91.9%	92.48%	90.8%	89.2%	85%

<sup>5</sup> Number of Clostridium difficile infections, as defined above, for patients aged 2 or more on the date the specimen was taken. A C. difficile infection is defined as a case where the patient shows clinical symptoms of C. difficile infection, and using the local Trust C. difficile infections diagnostic algorithm (in line with Department of Health guidance) is assessed as a positive case.

<sup>6</sup> Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. Cancer referral to treatment period start date is the date the acute provider receives an urgent (two week wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment commences if the patient is subsequently diagnosed.

## 5 Quality Accounts

The Trust's external auditors have undertaken sample testing of the 62 day cancer wait performance indicator on which they have issued their limited assurance report. They have audited in line with the criteria below, which the Trust have applied:

- The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant;
- The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – two week wait);
- The clock start date is defined as the date that the referral is received by the Trust; and
- The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice.

In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.



# 5 Quality Accounts

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	National target or trajectory 2013/14
<b>A maximum waiting time of 31 days for subsequent treatments for all cancers:</b> <ul style="list-style-type: none"> <li>• Surgery</li> <li>• Drugs</li> <li>• Radiotherapy and other</li> <li>• 62 day - screening</li> </ul> <p><i>(this figure includes the Rare Tumours which are managed on a 31 day Referral to treatment pathway)</i>                      Data Source: Doncaster and Bassetlaw Hospitals Foundation Trust internal systems</p>		97.5	97.7	98.9%	97.5%	98.3%	94%
		100%	100%	100%	100%	100%	98%
		100%	100%	100%	100%	100%	94%
		95.7%	92.2%	97%	94%	94.2%	90%
<b>18 week maximum wait from referral to treatment (admitted patients)</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	94.8%	96.6%	95.8%	94.1%	88%	84.8%	90%
<b>18 week maximum wait from referral to treatment (non-admitted patients)</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	98%	99.2%	99.1%	99.0%	97.4%	96.2%	95%
<b>18 week maximum wait from referral to treatment (patients on an incomplete pathway)</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	*****	*****	*****	*****	92.2%	92.8%	92%
<b>A maximum two-week wait standard for Rapid Access Chest Pain Clinics</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	100%	100%	99.9%	100%	90.31%	100%	100%
<b>Percentage of incomplete pathways waiting under 18 Weeks</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	*****	*****	*****	*****	92.2%	92.8%	92%
<b>People suffering heart attack to receive thrombolysis within 60 minutes of call</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	88.9%	95.5%	100%	100%	100%	0%	68%
<b>Guaranteed access to a genito-urinary medicine clinic within 48 hours of contacting a service</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	90.8%	100%	99.9%	100%	100%	100%	98%
<b>100% of people with diabetes to be offered screening for early detection (and treatment if needed) of diabetic retinopathy</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	100%	100%	100%	100%	100%	99.9%	100%
<b>Breastfeeding initiation</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	60.64%	68.63%	65.13%	65.86%	66%	66%	68%
<b>Breastfeeding at transfer to health visitor</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	**	**	33.99%	31.51%	30%	32.9%	40%
<b>Patients admitted with stroke spend 90% of their stay on a stroke unit</b> Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems	***	68.5%	71.4%	82.9% <sup>7</sup>	86.7%	80%	80%

# 5 Quality Accounts

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	National target or trajectory 2013/14
<b>All patients who have operations cancelled for non clinical reasons to be offered another date within 28 days</b> <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	1.14%	0.64%	1.40%	0.78%	1.02%	1.14%	0.75%
<b>Number of patient safety incidents</b> <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	****	****	8398	9119	9228	10485	N/A <sup>8</sup>
<b>Percentage of patient safety incidents resulting in severe harm/death<sup>9</sup></b> <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	****	****	0.05%	0.09%	0.08%	3.8%	N/A <sup>10</sup>
<b>Staff sickness rates</b> <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	5%	4.30%	3.89%	3.79%	3.90%	3.98%	< 3.5%
<b>Number of staff who have had a Personal Development Review (PDR) within the last 12 months</b> <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	46%	81%	77%	77%	69%	66%	N/A <sup>11</sup>

\*\* *Data collection changed mid year from breast feeding at 10 days post delivery to at the time of transfer to Health Visitor and from just those women who initiated breast feeding to all women who gave birth to a live baby.*

\*\*\* *This indicator was not measured in 2008/2009*

\*\*\*\* *This indicator was not measured in 2008/2009 & 2009/2010*

\*\*\*\*\* *This indicator was not measured in 2008/2009, 2009/2010, 2010/2011, 2011/12*

<sup>7</sup>The 2011/12 position was reported in our prior year's quality account as 79.1%. Following validation with commissioners the 2011/12 position has been amended accordingly.

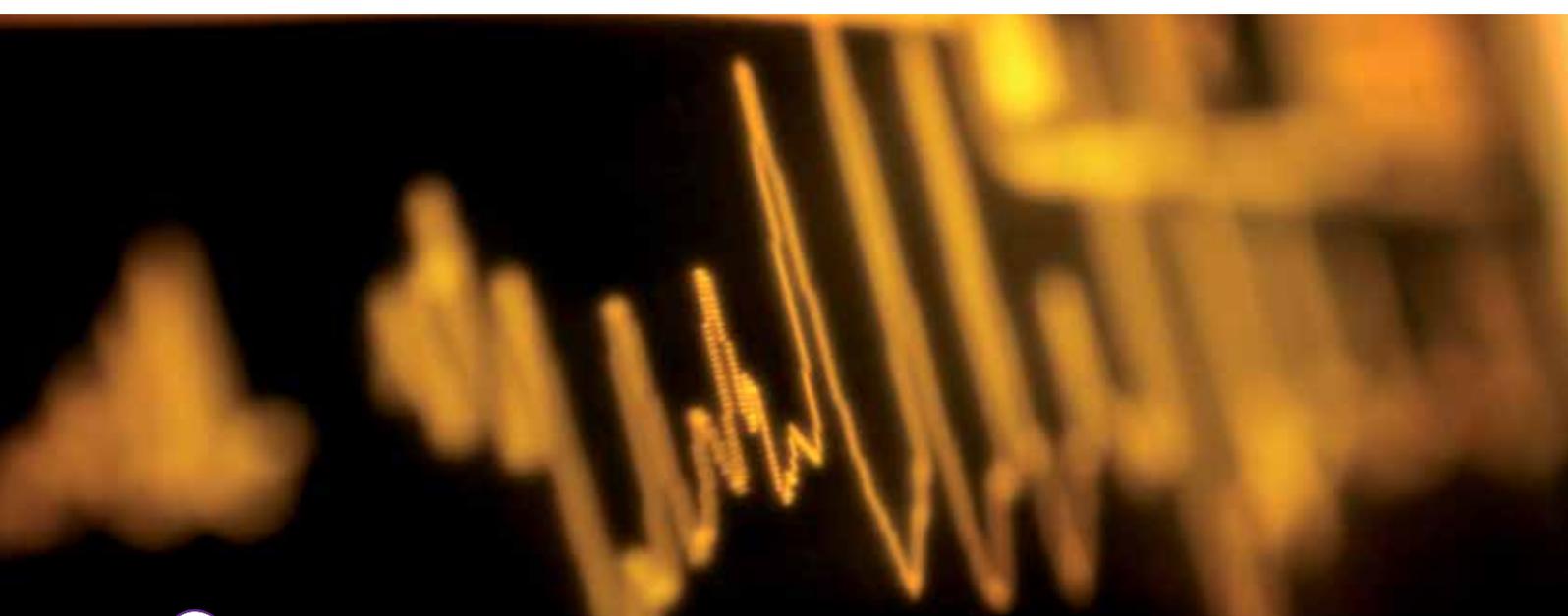
<sup>8</sup>Number of patient safety incidents - No trajectory has been set for this indicator as this is not a national measure for 2013/14.

<sup>9</sup>It should be noted that the serious incidents, as defined by the former NHS Yorkshire and Humber incorporates more than just severe harm and death events resulting in the numbers reported by Doncaster and Bassetlaw Hospitals NHS Foundation Trust and the information made available by Health & Social Care Information Centre.

This is the criteria the Trust uses to report all serious incidents. Those that have resulted in severe harm and/or death are then classified as 'Dangerous' on our internal Datix system and this is the data reported in the indicator above. This information is correct as at 21/05/2014.

<sup>10</sup>Percentage of patient safety incidents resulting in severe harm/death - No trajectory has been set for this indicator as this is not a national measure for 2013/14.

<sup>11</sup>Number of staff who have had a Personal Development Review within the last 12 months – No trajectory has been set for this indicator as this is not a national measure for 2013/14.



## 5 Quality Accounts

### Comments on the 2013/14 Quality Account were received by:

#### Nottinghamshire Health Scrutiny Committee

The Health Scrutiny Committee for Nottinghamshire welcomes the opportunity to provide comment on Doncaster and Bassetlaw Hospitals NHS Foundation Trust Quality Account for 2013/14. The Committee is gratified to see that your work is guided by the Francis Report and that the Trust Board places quality at the top of its agenda.

While the Committee is pleased to see the substantial reduction in falls that the Trust has achieved since 2010/11, it considers that 23 falls resulting in serious fracture is still too high. The Committee looks forward to hearing more in due course about the work that the Trust will undertake to further reduce the number of falls.

It is disappointing that three 'never events' have occurred – particularly since two relate to wrong site treatment. The Health Scrutiny Committee would welcome exception reporting of 'never events' as they occur and would appreciate hearing about the measures that will be put place to mitigate them as they are developed.

The Committee hopes to see improvement in the performance indicators for MRSA and hospital acquired pressure ulcers. The Committee thanks the Trust Board and all of the staff of the Trust for their strenuous efforts to improve patient safety and experience.

#### Doncaster Healthwatch

Healthwatch Doncaster is working hard to ensure that the voice of the service user is heard and influences both the development of NHS services and the commissioning of services. The Trust's improved emphasis on 'listening and learning' from complaints and early resolution of concerns is a key achievement and one that Healthwatch Doncaster has welcomed. 'Putting things right', is a key learning outcome from complaints, as well as an opportunity to share good practice across the trust.

Healthwatch Doncaster looks forward to the continued joint working with the Trust to ensure that the patient's voice is heard and that the necessary learning influences changes in practice when appropriate.

#### Nottinghamshire Healthwatch

Thank you for the opportunity to respond to the Quality Account. In general we find this to be an interesting document that is clear and easy to read. The tables and charts help to provide clarity. We like the use of the Red/Amber/Green ratings and the indicators of direction of travel and that the tables make comparisons with previous years' data. We appreciate the fact that the Trust has been open and honest about where it has not met its targets.

We think it would be helpful in future to have some of the data relating to the different sites in the Trust as we have a particular interest in quality at Bassetlaw and Retford hospitals. We also would like to see equality and diversity data included so that we can see if any communities are being less well served by the Trust's services.

## 5 Quality Accounts

Healthwatch Nottinghamshire would welcome the opportunity to become more involved in the Trust's Quality and Patient Experience work over the next year to build on the good start that has already been made during our first year of operation.

### **Bassetlaw Clinical Commissioning Group (CCG)**

We thank the Trust for the opportunity to comment on this account and for their continued partnership in delivering the best quality care for the patients of Bassetlaw.

We agree with the priorities and key challenges described in this report and would note the transparent culture of Doncaster and Bassetlaw Hospitals NHS Foundation Trust in recognising both its successes and the areas it needs to improve upon.

There have been successes during the year, including reducing serious harm from falls and healthcare acquired infections, which we would wish to see consolidated and developed further. We agree that pressure ulcer avoidance needs to be a continued priority and have supported the new pressure ulcer strategy, which we are confident will help deliver this. Underpinning all these challenges is of course the need to continue attracting the right mix of qualified and above all compassionate staff.

Delivery of waiting times, notably in A&E, has improved and we wish to further enhance the experience of patients who present there, as demonstrated through the Friends and Family Test. We would note the overall high satisfaction of patients with in-patient services and the genuine efforts the Trust is making to further improve this.

We commend the efforts the Trust has made to reduce mortality rates and the improvements they have made this year, which include their emergency pathways at Doncaster Royal Infirmary and an enhanced system for clinical case review of deaths. These improvements have recently begun to deliver strong results and we believe will increasingly do so in 2014/15, but we should be mindful that the mortality ratio is comparative and the figures quoted do not yet take the progress of other trusts in 13/14 into account.

We thank the Trust for their inclusive approach, both in terms involving their clinical commissioners in the development of their clinical programmes and by bringing us into their quality meetings, such as the Review of Mortality meeting.

We should also like to thank the staff of the Trust for their hard work and look forward to working with them to deliver the further improvements for our patients we all desire.

### **Doncaster Clinical Commissioning Group (CCG)**

Doncaster Clinical Commissioning Group (CCG) is pleased to comment on Doncaster and Bassetlaw Hospital NHS Foundations Trust's annual Quality Account for 2013/14. Partnership working with our local Trusts ensures a robust joint approach to the commissioning and delivery of care to patients in Doncaster. We will continue to work together to ensure the best quality and evidence based care is available to all.

## 5 Quality Accounts

The report focuses on the many positive achievements throughout the year although we are aware that there will be some key challenges facing the Trust in the coming year. These will be addressed positively to improve care quality and clinical outcomes for patients.

The Trust's inclusive and open culture with their Clinical Commissioning Groups has enabled a shared understanding of the key successes and challenges. This culture has enabled a collaborative approach to the development of clinical pathways and services. Closer working relationships have also allowed attendance and involvement at key meeting that address quality issues both within the Trust and the wider health community. A review of serious incidents during the year was undertaken in conjunction with the NHS England Local Area Team. This confirmed that an open and honest serious incident reporting culture was operating.

Key successes during the year have included the reduction of harm from health care acquired infections, reducing harm from serious falls, and the implementation of a ward accountability framework. The Trust has clear plans to continue this work though the implementation of a range of strategies. Doncaster Clinical Commissioning Group is confident that the provision of safe care is a priority and that strategies are in place that both acknowledge the challenges ahead and build on the successes in 2013/2014.

Implementation of a new pressure ulcer strategy within the Trust is at an early stage. With continued investment in relation to staff awareness, training and appropriate provision of pressure relieving equipment, we believe that there will be improvements and a reduction in harm related to pressure ulcers. Additionally joint work with the Trust has recently helped to improve the patient pathways and timeliness of intervention in patients presenting with a stroke. The Trust will continue to work on the actions agreed to drive forward the quality of care for these patients.

The Trust continues to work on obtaining patient feedback and have fully implemented the family and friends test both on inpatient wards and in A&E. We would like to thank the Trust for working hard to achieve a good response rate which has been particularly challenging in A&E. The Trust will now use this information to enhance the patient experience and quality of care.

The Trust has successfully reduced mortality rates and will continue to focus both work and Board attention on this key indicator to secure further improvements.

We would like to take this opportunity to thank the Trust and all their staff for their continued focus and hard work and we look forward to working with them collaboratively to both deliver further improvements in the quality of care and experience and to rise to the challenges of the coming year.

## 5 Quality Accounts

### Statement of directors' responsibilities in respect of the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Account for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation for the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual
- The content of the quality report is not inconsistent with internal and external sources of information including:
  - o Board minutes and papers, including papers relating to quality, during 2013/14
  - o Feedback from the commissioners dated 22 and 23 May 2014
  - o Feedback from governors
  - o Feedback from local overview and scrutiny committees dated 15 May 2014
  - o Feedback from Local Healthwatch Organisations dated 22 May 2014
  - o The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014
  - o The 2013 national patient survey – published February 2014
  - o The 2013 national staff survey – published February 2014
  - o The Head of Internal Audit's annual opinion dated 23 May 2014
  - o CQC quality and risk profiles for 2013/14
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the quality report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measure of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporated the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)).

## 5 Quality Accounts

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

28 May 2014



Chairman

28 May 2014



Chief Executive



## 5 Quality Accounts

### Independent Auditor's Report to the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Doncaster and Bassetlaw Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the 'Quality Report') and specified performance indicators contained therein.

#### Scope and subject matter

The indicators for the year ended 31 March 2014 in the Quality Report that have been subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	Specified indicators criteria
Number of Clostridium difficile (C. difficile) infections	The criteria is included as a footnote to Priority 3, and also to section 3b.
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	The criteria is included as a footnote to section 3b.

#### Respective responsibilities of the directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2013/14" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2013/14 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

## 5 Quality Accounts

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2013 to March 2014;
- Papers relating to Quality reported to the Board over the period April 2013 to March 2014;
- Feedback from the Commissioners, Doncaster CCG dated 23 May 2014 and Bassetlaw CCG dated 22 May 2014;
- Feedback from local Healthwatch organisations, Nottinghamshire Healthwatch dated 22 May 2014;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, draft report dated 2013/14;
- The latest patient survey dated February 2013;
- The latest national staff survey dated 2013;
- Care Quality Commission quality and risk profiles dated 31/05/2013, 30/06/13 and 31/07/13;
- Intelligent Monitoring Reports dated 21/10/13 and 13/03/2014;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 14 May 2014; and
- Nottinghamshire Health Overview and Scrutiny Committee, dated 13 May 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust as a body, to assist the Board of Governors in reporting Doncaster and Bassetlaw Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body and Doncaster and Bassetlaw Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

## 5 Quality Accounts

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2013/14";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

# 5 Quality Accounts

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2014,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the *“Detailed requirements for quality reports 2013/14”*;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the *“2013/14 Detailed guidance for external assurance on quality reports”*.

## PricewaterhouseCoopers LLP

Chartered Accountants

Leeds

Date: 23 May 2014

The maintenance and integrity of Doncaster and Bassetlaw Hospitals NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.



## 6 Governance Report

As a Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust is accountable to its Board of Governors, which represents the views and interests of the membership.

The principal responsibilities and decisions of the Board of Directors and Board of Governors are as shown below.

Board of Directors	Board of Governors
<ul style="list-style-type: none"> <li>Operational management</li> <li>Strategic development</li> <li>Capital development</li> <li>Business planning</li> <li>Financial, quality and service performance</li> <li>Trust-wide policies</li> <li>Risk assurance and governance</li> <li>Strategic direction of the Trust (taking account of the views of the Board of Governors)</li> </ul>	<ul style="list-style-type: none"> <li>Hold the non-executive Directors to account for the performance of the Board of Directors.</li> <li>Appoint and determine the remuneration of the chairman and non-executive Directors</li> <li>Appoint the Trust's auditors</li> <li>Promote membership, and governorship, of the Trust</li> <li>Establish links and communicating with members and stakeholders</li> <li>Seek the views and represent the interests of members and stakeholders</li> <li>Approve significant transactions, mergers, acquisitions, separations, dissolutions, and increases in non-NHS income of over 5%</li> </ul>

Although, the Board remains accountable for all its functions, it delegates to management the implementation of Trust policies, plans and procedures and receives sufficient information to enable it to monitor performance.

In addition to the responsibilities listed above, the powers of each body, and those delegated to specific officers, are detailed in the Trust's Reservation of Powers to the Board and Delegation of Powers. The process for resolution of conflict between the Board of Directors and Board of Governors is detailed in the Trust Constitution.

### Registers of governors' and directors' interests

All directors and governors are required to declare their interests, including company directorships, on taking up appointment and as appropriate at Board of Governors and Board of Directors meetings in order to keep the register up to date.

The Trust can specifically confirm that there are no material conflicts of interest in the Board of Governors or Board of Directors, and Directors and Governors declared no company directorships which may conflict with their management or governance responsibilities. The Register of Directors' Interests and the Register of Governors' Interests are available on request from the Foundation Trust Office at Doncaster Royal Infirmary.

The Trust can confirm that the Chairman does not have any other significant commitments, and that there has been no change to this position during the year.

# 6 Governance Report

## NHS Foundation Trust Code of Governance

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance. The Trust has undertaken a great deal of work to ensure that its governance procedures are in line with the principles of the Code during 2013/14, including:

- supporting governors to appoint Non-executive Directors with appropriate skills and experience
- reviewing the structure of the trust's executive team and appointing new Executive Directors, to ensure the right balance of skills and experience among the Executive Directors on the Board
- working with governors in 'time out' sessions, and enabling governors to attend meetings of the governance sub-committees of the Board, to improve the ways in which governors engage with and hold the Board to account
- ensuring that all directors and governors receive a comprehensive and tailored induction
- ongoing review of compliance with the Code of Governance by the Board of Governors and Board of Directors when making decisions which impact on governance arrangements
- commissioning an external independent review of governance

For details on the disclosures required by the Code of Governance, see below:

Ref.	Requirement	Disclosure
A.1.1.	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.	See Governance Report (p. 91)
A.1.2.	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	See Board of Directors section (p.99); Remuneration Report (p. 108); and Audit Committee section (p.103);
A.5.3.	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	See Board of Governors section (p.96)
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	See Board of Directors section (p.99)

## 6 Governance Report

B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	See Board of Directors section (p.99)
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	See Nominations Committee sections (p. 108)
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	See Governance Report (p. 91)
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.	See membership report (p. 106)
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.	See Board of Directors section (p.99)
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	See the Annual Governance Statement (p.118) and Auditor's report (p.125)
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. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	See the Annual Governance Statement (p. 118) and Auditor's report (p. 125)
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.	See the Annual Governance Statement (p. 118)
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.	See Audit Committee section (p. 103)

## 6 Governance Report

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.	This has not occurred (See Audit Committee section on p. 103)
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: <ul style="list-style-type: none"> <li>the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;</li> <li>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</li> <li>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.</li> </ul>	See Audit Committee section (p. 103)
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.	This has not occurred (see Remuneration Report on p. 108)
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.	See Board of Governors section (p.96)
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.	See Membership Report (p. 106)

## 6 Governance Report

For the year ending 31 March 2014, the Board considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance with the following exceptions:

Ref.	Code of Governors Provision (relevant extracts only shown)	Trust Position
A.4.2	“Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson’s performance”	Representatives of the Board of Governors conduct the appraisal of the chairman with the senior independent director.
B.6.3	“The senior independent director should lead the performance evaluation of the chairperson.”	
B.1.2	“At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.”	Excluding the chairman, the Trust has 6 executive directors and 5 independent non-executive directors. The chairman holds a casting vote.



# 6 Governance Report

## Board of Governors

During 2013/14 the Board of Governors met on five occasions. Board of Governors meetings are held in public. The composition of the Board of Governors, including attendance at Board of Governors meetings is shown below:

Name	Constituency / Partner Organisation	Appointed (A) / Elected (E)	Meeting attendance
Michael Addenbrooke	Public - Doncaster	E	5 of 5
Dr Utpal Barua	Public - Bassetlaw	E	1 of 5
Dennis Benfold	Public - Doncaster	E	4 of 5
Hazel Brand	Public - Bassetlaw	E	2 of 5
David Cuckson	Patient	E	5 of 5
Dev Das	Public - Doncaster	E	5 of 5
Eddie Dobbs	Public - Doncaster	E	2 of 5
Nicky Hogarth	Public - Doncaster	E	4 of 5
John Humphrey	Patient	E	5 of 5
Peter Husselbee	Public - Doncaster	E	4 of 5
Bruce Lewis	Public - Doncaster	E	4 of 5
Bev Marshall	Public - Doncaster	E	5 of 5
Susan Overend	Public - Bassetlaw	E	5 of 5
John Plant	Public - Doncaster	E	4 of 5
Patricia Ricketts	Public - Doncaster	E	5 of 5
William Skelley	Public - Doncaster	E	5 of 5
Denise Strydom	Public - Bassetlaw	E	5 of 5
Howard Taylor	Public - Bassetlaw	E	4 of 5
George Webb	Public - Doncaster (Vice-Chair and Lead Governor)	E	5 of 5
Maureen Young	Public - Doncaster	E	5 of 5
Dr Vivek Desai	Staff - Medical and dental	E	2 of 5
Lynn Goy	Staff - Nurses and midwives (from 17.10.13)	E	1 of 2
Lynn Hunt	Staff - Nurses and midwives (to 16.10.13)	E	0 of 3
Sharon Smithson	Staff - Nurses and midwives (to 16.10.13)	E	3 of 3
Andrew Swift	Staff - Non-clinical	E	5 of 5
Roy Underwood	Staff - Non-clinical	E	4 of 5
Valerie Wood	Staff - Nurses and midwives (from 17.10.13 to 20.02.14)	E	1 of 1
Vacancy	Staff - Other healthcare professionals	E	n/a
Ruth Allarton	Partner - Sheffield Hallam University	A	5 of 5
Dr Oliver Bandmann	Partner - Sheffield University	A	3 of 5
Joan Beck	Partner - Doncaster MBC	A	2 of 5
Lisa Bromley	Partner - Bassetlaw CCG (from 24.04.13)	A	3 of 4
David Hamilton	Partner - Nottinghamshire County Council	A	5 of 5
Cllr John Mounsey	Partner - Doncaster MBC	A	1 of 5
Cllr Adele Mumby	Partner - Bassetlaw District Council	A	3 of 5
Jackie Pederson	Partner - Doncaster CCG (from 30.08.13)	A	1 of 3
Penny Spring	Partner - Bassetlaw CCG (to 23.04.13)	A	1 of 1
Clive Tattley	Partner - Bassetlaw & Doncaster CVS	A	5 of 5

## 6 Governance Report

In addition to the Chairman, all directors attend Board of Governors meetings to listen to governors' views and to brief and advise governors on the business of the Trust.

Director	Role	Board of Governors meeting attendance
Chris Scholey	Chairman	4 of 5
Alan Armstrong	Non-executive Director (from 01.10.13)	2 of 2
Geraldine Broderick	Non-executive Director (Senior Independent Director)	4 of 5
David Crowe	Non-executive Director	4 of 5
Catherine Dymond	Non-Executive Director	5 of 5
Deirdre Fowler	Director of Nursing & Quality (to 13.10.13)	3 of 3
Dawn Jarvis	Director of People & Organisational Development	4 of 5
Matthew Lowry	Director of Finance & Infrastructure (from 28.10.13)	1 of 2
Richard Mitchell	Chief Operating Officer (to 09.07.13)	1 of 2
John Parker	Non-executive Director (Deputy Chairman)	4 of 5
Richard Parker	Director of Nursing, Midwifery & Quality (from 14.10.13)	2 of 2
Mike Pinkerton	Chief Executive	4 of 5
David Pratt	Director of Finance, Information & Procurement (to 27.10.13)	3 of 3
David Purdue	Chief Operating Officer (from 10.07.13)	3 of 4
Mr Sewa Singh	Medical Director	3 of 5

### Governor elections and terms of office

Governors serve for a three year term of office and are eligible to stand for re-election or re-appointment at the end of that period. During the year ending 31 March 2014, the following elections were held.

Constituency (no. of seats)	No. of Seats	Date of Election	No. of Candidates	Voting turnout (%)
Staff - Nursing & midwifery	2	August 2013	2	n/a
Staff - Other healthcare professionals	1	August 2013	0	n/a
Patient	2	March 2014	2	n/a
Staff - Other healthcare professionals	1	March 2014	0	n/a

The following elections were underway at 31 March 2014:

Constituency	No. of Seats	No. of Candidates
Staff - Nursing & midwifery	1	3
Public - Bassetlaw	2	5
Public - Doncaster	3	5

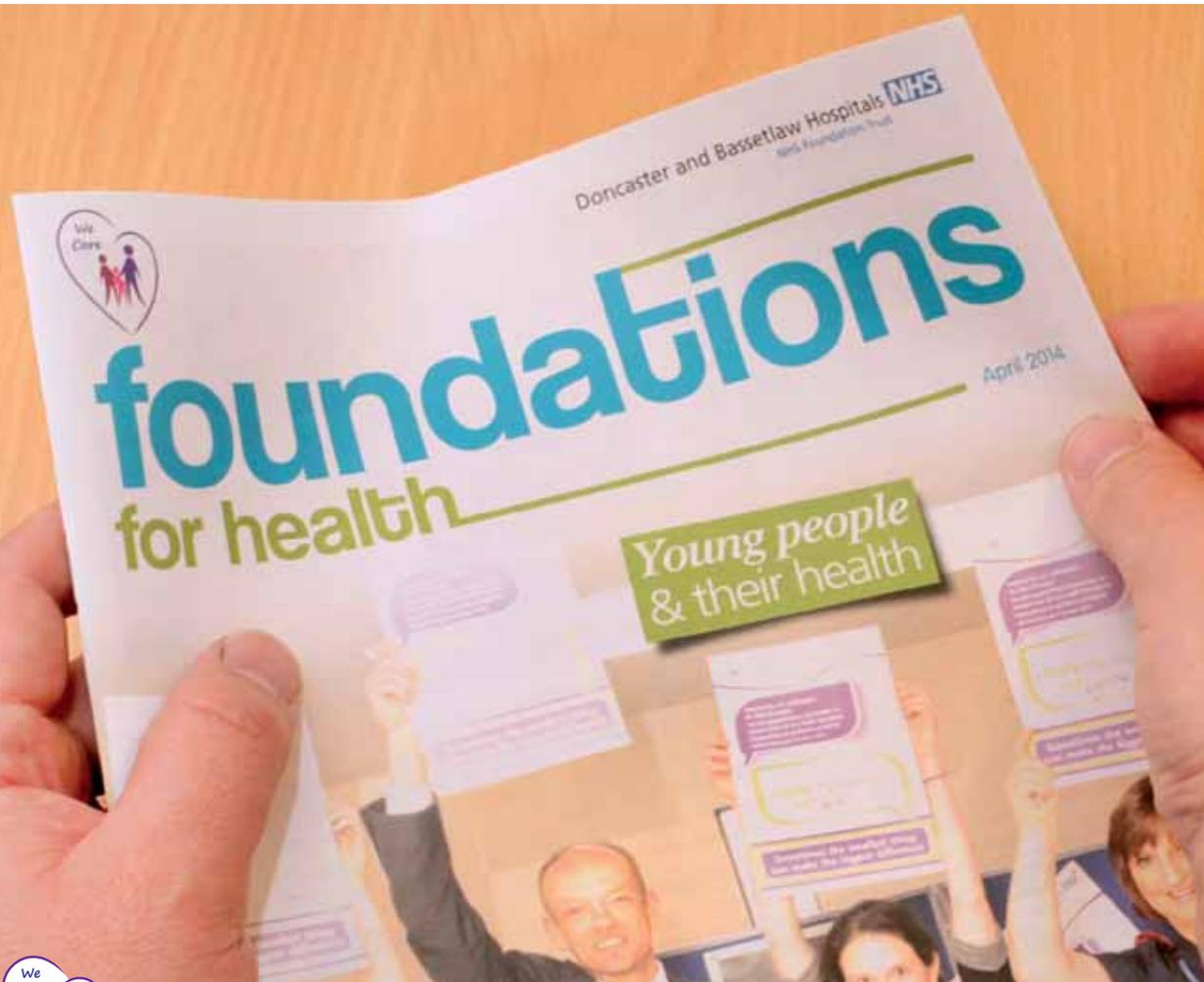
## 6 Governance Report

### Steps that Board members have taken to understand the views of governors and members

Executive and Non-executive directors attend Board of Governors meetings to offer their knowledge on their areas of expertise and to listen to the views of governors.

Other steps that directors have taken to understand the views of governors and members are:

- attendance at governors' quarterly 'time out' sessions
- involvement in Board of Governors projects and other activities
- attendance at some Board of Governors' sub-committee meetings
- accessibility of the Chairman, Head of Corporate Affairs, Senior Independent Director, and Foundation Trust Office
- nominated governor observers are invited to observe or sit on committees with directors, including the Clinical Governance Standards Committee, Audit and Non-clinical Risk Committee, and Fred and Ann Green Legacy Advisory Group
- governor participation in unannounced Patient Safety ward visits
- governor sponsorship of wards involved in the Productive Ward programme
- consultation sessions with governors regarding the development of Trust strategies
- governor participation in the annual appraisal of the Chairman and Non-executive Directors
- sharing information, such as Board minutes, Governors' Brief, reports and briefing papers and Foundations for Health, the members' magazine.



# 6 Governance Report

## Board of Directors

Name	Position	Term of office	Term of office from	Attendance at Board meetings
Chris Scholey	Chairman	3 years	1 January 2013	13 of 13
Alan Armstrong	Non-executive Director (from 01.10.13)	3 years	1 October 2013	6 of 6
Geraldine Broderick	Non-executive Director (Senior Independent Director)	3 years	1 April 2011	13 of 13
David Crowe	Non-executive Director	3 years	1 April 2012	11 of 13
Catherine Dymond	Non-executive Director	2 years	1 Nov 2012	13 of 13
John Parker	Non-executive Director (Deputy Chairman)	3 years	1 April 2013	12 of 13
Mike Pinkerton	Chief Executive			12 of 13
Deirdre Fowler	Director of Nursing & Quality (to 13.10.13)			5 of 8
Dawn Jarvis	Director of People & Organisational Development			11 of 13
Matthew Lowry	Director of Finance & Infrastructure (from 28.10.13)			5 of 5
Richard Mitchell	Chief Operating Officer (to 09.07.13)			4 of 4
Richard Parker	Director of Nursing, Midwifery & Quality (from 14.10.13)			5 of 5
David Pratt	Director of Finance, Information & Procurement (to 27.10.13)			8 of 8
David Purdue	Chief Operating Officer (from 10.07.13)			8 of 9
Mr Sewa Singh	Medical Director			13 of 13

All Non-executive Directors are considered to be independent, meeting the criteria for independence as laid out in Monitor's Code of Governance.

### Performance evaluation of directors

The Chairman and three members of the Appointments and Remuneration Sub-committee conduct the performance appraisals of the Non-executive Directors. The Senior Independent Director and three members of the Appointments and Remuneration Sub-committee conduct the performance appraisal of the Chairman, with input from the remaining Non-executive Directors. The Board of Governors determines the objectives of the Chairman and Non-executive Directors, and all governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chairman and Non-executive Directors.

The performance review of executive directors is carried out by the Chief Executive, with input from Non-executive Directors.

### Performance evaluation of the Board and its sub-committees

The Board held a development session on 24 March 2014 to discuss and review its performance and effectiveness. The performance, membership and terms of reference of the sub-committees of the Board of Directors are also subject to annual review.

## 6 Governance Report

Following this year's review, and a governance review by KPMG, changes to the Board's sub-committee structure are planned to take effect in April 2014.

An external review of the Board's governance processes was conducted in December 2013 by KPMG. The external reviewer did not have any other connection to the Trust or its directors.

### Balance of the Board

Non-executive directors are appointed to bring particular skills to the Board, ensuring the balance, completeness and appropriateness of the Board membership. The Board of Directors considers the balance and breadth of skills and experience of its members to be appropriate to the requirements of the Trust. The skill mix of the Board was considered by the Appointments and Remuneration Committee of the Board of Governors during 2013/14 as part of Non-executive Director appointments processes.

Brief details of all Directors who served during 2013/14 are as follows:



**Chris Scholey** was previously the Managing Director of Renaissance South Yorkshire. He was UK Sales and Marketing Director then UK Managing Director of Rexam Glass from 1988 to 2005. Chris lives in Dinnington and has a physics degree from Liverpool.

**Alan Armstrong** has spent most of his career working in personnel and human resources in industry. In 1996, he joined NSK Europe Ltd, a Japanese-owned firm that produces bearings for the automotive and general industrial markets, as their Human Resources Manager and rose to Board-level positions. He was their European HR Director from 2010 until May 2013. Alan now runs his own consultancy firm focusing on corporate HR strategy development, talent management, employee engagement and facilitating continuous improvement within organisations. He is also a member of the Institute of Directors and spent two years as a non-executive director of Nottinghamshire and Derbyshire Chamber of Commerce. He is Chair of Dawn House School Governors and Trustee of ICAN Council. Dawn House is a specialist school for children and young people with speech, language and communication needs or Asperger syndrome. ICAN is a children's communication charity that runs the school as part of its activities.



**Geraldine Broderick** has gained a wealth of accountancy and management experience during her career, acting as Managing Director for three companies of the Barlow Group from 1997 to 2001. From 2001 to 2005, she was the Managing Director responsible for combining the eight companies into one entity. Geraldine now runs Leah & Broderick Associates, a management consultancy that specialises in interim management and business turnaround, working with organisations to develop strategic plans and implement business excellence frameworks. Geraldine has also been a Non-executive Director for A1 Housing in Bassetlaw.

## 6 Governance Report



**David Crowe** has a background in human resources management. Over the years, he has worked in printing, home shopping, local government, and engineering. Most recently, he was HR Director for a privately-owned printing group, Benhamgoodheadprint, with Board-level responsibility for HR strategy and operations. This included handling issues related to the company's expansion as well as to factory closure. From 2000 to 2006, he was HR Director of the UK's largest independent print group, Polestar, working across 10 main sites and five satellite units.

**Catherine Dymond** is an experienced local businesswoman whose career to date has included senior commercial roles at Unilever, Nestle, LearnDirect and Seven Seas. Now a freelance marketing consultant, Catherine has also been a non-executive director of the NHS Humber Cluster Board.



**John Parker** is a qualified accountant and during his career has gained a wealth of financial experience. In addition to senior Civil Service appointments, John has been Finance Director for a number of large public and private sector organisations. John is currently Senior Lecturer in Finance at Sheffield Hallam University Business School and is a partner in a firm of financial management consultants.

**Mike Pinkerton's** first degree was in biomedical electronics and his early career was in medical and industrial technologies in the private and public sectors. Mike has an MSc in Public Sector Management and was on the NHS Graduate Training Scheme. He has experience of general and quality management across acute, community and mental health sectors, and was Chief of Business Development at Rotherham NHS Foundation Trust prior to joining us.



**Deirdre Fowler** completed her nurse education in Dublin in 1989 and later her midwifery education in South London in 1994. She holds a BSc Midwifery, PGDip Ed and MSc. She has worked in many Trusts in South London and more recently in Lincolnshire, her past employment history also includes 8 years in academia as a lecturer with University of Nottingham. She is currently a Supervisor of Midwives and her professional interests include supporting active partnerships with health service users and exploring the concept of professional issues for nurses and midwives. Deirdre joined the Trust in Sept 2011 as Head of Midwifery and General Manager for Women's Services and was the acting Director of Nursing, Midwifery and Quality from January to October 2013.

**Dawn Jarvis** has a Masters degree in Human Resource Management and was the Director of People and Change at the Department for Education prior to joining the Trust. Dawn has a background in HR, transformational change, leadership, and efficiency.



## 6 Governance Report



**Matthew Lowry** began his career in NHS finance in 1995 as a National Financial Management Trainee based in Leicester, having worked as a support worker in a learning disabilities unit whilst a student. After qualification, he worked across the 12 community hospitals and community services in Leicestershire and Rutland before moving back to his native South Yorkshire to work for Sheffield Health Authority, supporting primary care and commissioning finance. Matthew became the Acting Director of Finance for Sheffield Health Authority in 2002, before moving to Sheffield West PCT as their Director of Finance later that year. He joined us in October 2013 from Rotherham NHS Foundation Trust, where he was Chief Financial Officer for five years, before moving to Chief Operating Officer and then Acting Chief Executive.

**Richard Mitchell** was previously Head of Operations at Imperial College Healthcare NHS Trust. Richard has an MBA and two MSc degrees and began his NHS career as an NHS graduate trainee. He has a background as a general manager and service manager in acute NHS trusts in London.



**Richard Parker** began his career as a student nurse, qualifying in 1985. Richard was appointed Deputy Chief Nurse at Sheffield Teaching Hospitals in 2005, Deputy Chief Operating Officer in 2010 and then Chief Operating Officer in 2013. He held that position until joining us in October 2013. Richard has a special interest in ways of ensuring that nurse staffing levels are safe, appropriate and provide high-quality patient care. He gained a MBA (Health and Social Services) in 1997 from Leeds University and the Nuffield Institute for Health and his dissertation was on acuity, patient dependency and safe staffing levels.

**David Pratt** began his NHS career in 1989 as a Graduate Trainee in Financial Management working in Harrogate and at Dewsbury District Hospital. After qualification, he worked in North East Lincolnshire NHS Trust then University College London Hospitals NHS Trust, where he led financial management and reporting, contracting with PCTs and budget setting in one of the largest and most complex NHS organisations. He joined us from Ealing Hospital NHS Trust where he has been Director of Finance.



**David Purdue** qualified as a registered general nurse from Nottingham University in 1990 and specialised in cardiac nursing in Nottingham where he set up a number of cardiac nurse-led services, an innovation that won him an award from the National Modernisation Agency. After four years working on the implementation of the National Service Framework for coronary heart disease and then improving access to heart services in the East Midlands, David returned to hospital life in 2004 as clinical nurse manager for cardiothoracics at City Hospital in Nottingham. He joined the Trust in October 2008 as Divisional Nurse Manager for Medicine. David was Associate Director of Performance from 2010. He was Acting Chief Operator Officer from June 2013 until his substantive appointment to the role in July 2013.

## 6 Governance Report

**Sewa Singh** graduated from Sheffield University Medical School and trained in Surgery in South Yorkshire and London. He is an enthusiastic trainer and was Director of the Surgical Training Programme in South Yorkshire from 2009 until appointment as Medical Director. He has worked for the Trust as a Consultant Vascular Surgeon since 1996. He was Clinical Director for Surgery in 2004-07, Clinical Director, Division of Surgery 2008-10, and Deputy Medical Director from 2010 until his appointment as Medical Director in April 2012.



### Audit and Non-clinical Risk Committee

The Committee's remit is to make sure that effective internal controls and systems are in place and in compliance with law, guidance and codes of conduct. The Committee has three members – all non-executive directors, excluding the Chairman. One member has recent and relevant financial experience.

Name	Role	Meeting attendance
John Parker (Chair)	Non-executive Director	5 of 5
Alan Armstrong	Non-executive Director	1 of 2
Geraldine Broderick	Non-executive Director	3 of 3
Catherine Dymond	Non-executive Director	5 of 5

The Audit and Non-clinical Risk Committee:

- reviewed internal control and systems, including the Board Assurance Framework
- reviewed standards of financial reporting
- approved the internal and external audit plans each year and associated costs
- received summaries of internal audits
- received the External Auditors' opinion on the financial statements, Annual Audit Plan and Report
- examined the circumstances when Standing Orders were waived
- reviewed schedules of losses and compensations
- reviewed that the standards of business conducted by and for the Board, with the aim of ensuring high standards of probity

The Trust has an internal audit function, and the internal auditors attend all meetings of the Audit and Non-clinical Risk Committee to report on progress against the annual audit plan and present summary reports of all internal audits conducted.

The process to appoint a new external auditor began during 2013/14, and appropriate representatives of the Board of Governors were involved in this.

External auditors reviewed the accuracy of the Annual Accounts and may carry out various reviews in accordance with the Audit Code for NHS Foundation Trusts, published by Monitor.

## 6 Governance Report

Directors made the auditors aware of all the information that they require to carry out their audit responsibilities in accordance with the Audit Code.

During 2013/14, the committee considered a range of key issues including matters raised through internal audit, compliance with CQC standards, corporate risk, security, and compliance with standing orders. The committee maintains a formal workplan and action log to ensure that areas of concerns are followed up and addressed by the executive team.

The Trust's external auditor for 2013/14 was PricewaterhouseCoopers. PricewaterhouseCoopers have been the Trust's auditor since 2009, having been appointed for an initial three year term, which was extended by two years in January 2012. Towards the end of 2013/14 the committee began a tender exercise to appoint an external auditor. To undertake the process a sub-committee made up of three governors was established, supported by the Chair of Audit, Deputy Director of Finance and Acting Head of Procurement.

For 2013/14, the Trust paid audit fees to the external auditor of £64,872 (inc. VAT); in addition to £6,426 (inc. VAT) for the Charitable Fund Statutory Audit.

### **Appointments and Remuneration Committee of the Board of Governors**

Non-executive Directors, including the Chairman, are appointed for a term of office of up to three years, and may be removed by the Board of Governors. The Board of Governors delegates the recruitment and selection of candidates to its Appointments and Remuneration Sub-committee.

During 2013/14, the Appointments and Remuneration Sub-committee of the Board of Governors was convened in relation to the annual review of Non-executive Director remuneration and three Non-executive Director appointments. The committee recommended the following appointments, all of which were approved by the Board of Governors:

- Alan Armstrong appointed for a term of three years commencing 1 October 2013
- Geraldine Broderick reappointed for a term of two years commencing 1 April 2014
- Catherine Dymond reappointed for a term of three years commencing 1 November 2014

The committee was convened on three occasions to discuss these appointments. In addition, a panel made up of members of the committee was convened on two occasions to conduct shortlisting and interviews during the process to appoint Alan Armstrong, for which open advertisement was used.

The committee does not normally use open advertisement for reappointments of existing directors unless the Non-executive Director in question has served more than six years, or there are concerns regarding the Non-executive Director's performance.

## 6 Governance Report

The membership of the Appointments and Remuneration Committee for these appointments consisted of:

Name	Role	Attendance
Chris Scholey (Chair)	Chairman	3 of 3
Ruth Allarton	Partner Governor	1 of 3
Joan Beck	Partner Governor	1 of 3
David Cuckson	Patient Governor	3 of 3
Dev Das	Public Governor, Doncaster	2 of 3
Vivek Desai	Staff Governor	2 of 3
Peter Husselbee	Public Governor, Bassetlaw	2 of 3
John Plant	Public Governor, Doncaster	2 of 3
George Webb	Public Governor, Doncaster	3 of 3



# 6 Governance Report

## Membership

The trust has three categories of members:

- Patient members: individuals who live outside the Trust area and have been patients at any of the Trust's hospitals within the last 10 years.
- Public members: people who live within the areas covered by Bassetlaw District Council and Doncaster Metropolitan Borough Council
- Staff members: Trust staff automatically become members unless they decide to 'opt-out'. There are four staff classes:
  - a. Medical and dental
  - b. Nurses and midwives
  - c. Other healthcare professionals
  - d. Non-clinical

At 31 March 2014, there are 16,882 members overall. An analysis of our current membership body is provided below:

	Number of members at 31 March 2014
<b>Public constituency</b>	<b>8,963</b>
Doncaster	6,413
Bassetlaw	2,550
<b>Staff constituency</b>	<b>6,554</b>
Nurses and midwives	2,651
Non-clinical	2,329
Other healthcare professionals	978
Medical and dental	596
<b>Patient constituency</b>	<b>1,365</b>
<b>TOTAL</b>	<b>16,882</b>

Progress towards recruitment targets:

Membership figures	Staff constituencies		Patient and public constituencies	
	Target	Actual	Target	Actual
31 March 2011	6,000	6,238	9,000	8,044
31 March 2011	6,000	6,309	12,000	10,698
31 March 2011	6,000	6,356	12,000	10,391
31 March 2011	6,000	6,554	12,000	10,328

## 6 Governance Report

We held one member event during 2013/14, on the topic of dementia, at which the draft Dementia Strategy was shared and members invited to give feedback. We also held an Annual Members Meeting, where our staff put on health related displays and stalls.

During 2013/14, we worked to improve the quality and quantity of member engagement, and support governors to seek the views of members, in a number of ways, including:

- Continuing to communicate directly with individual members and keeping them informed regarding governors activities via the member magazine, Foundations for Health.
- Inviting feedback from members through the Foundation Trust Office.
- Holding member events on the topics that our members are interested in, and seeking their feedback on the services discussed.
- Governor attendance at local community events.
- Continuing to regularly inform the membership of the Trust's plans and activities through the member magazine, Foundations for Health.
- Working to ensure contested governor elections and improve member participation in the election process.
- Working to recruit and engage young members, who are currently under-represented, through engagement with local schools and by governor attendance at SureStart centres.

Members who wish to contact directors or governors may do so via the Foundation Trust Office on [foundation.office@dbh.nhs.uk](mailto:foundation.office@dbh.nhs.uk) or 0800 169 4857 / 01302 381355, or by post at: Head of Corporate Affairs, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.



# 6 Governance Report

## Remuneration report

### Nominations and Remuneration Committee of the Board of Directors

The Nominations and Remuneration Committee of the Board of Directors is responsible for the appointment and remuneration of executive directors.

The membership of the committee in 2013/14 consisted of the Chairman and Non-executive Directors. The Chief Executive (who withdraws if the issue of his own remuneration or appointment is considered), the Director of People and Organisational Development and the Head of Corporate Affairs attend by invitation in order to assist and advise the committee.

The Nominations and Remuneration Committee of the Board of Directors was convened on four occasions to discuss the appointment and remuneration of Executive Directors and the remuneration of the Chief Executive.

Name	Role	Attendance
Chris Scholey (Chair)	Chairman	4 of 4
Alan Armstrong	Non-executive Director	2 of 3
Geraldine Broderick	Non-executive Director	4 of 4
David Crowe	Non-executive Director	3 of 4
Catherine Dymond	Non-executive Director	3 of 4
John Parker	Non-executive Director	2 of 4

In addition, panels made up of members of the committee were convened on three occasions to conduct interviews for the Chief Operating Officer; Director of Nursing, Midwifery and Quality; and Director of Finance and Infrastructure posts. Open advertising was used to recruit candidates and governors were involved in the appointment process.

As at 31 March 2014, with the exception of Executive Directors, all senior managers are remunerated according to Agenda for Change Terms and Conditions of service. The Trust intends to maintain this remuneration policy for 2014/15.

### Median pay comparison

At 31 March 2014, the ratio of the annual salary of the highest-paid director (the Chief Executive) to the median salary of Trust staff was 6.81:1 (6.88:1 on 31 March 2013). Calculation of the median figure of £22,016 reflects the use of agency staff, the cost of which excludes VAT (where appropriate) and assumed agency fees of 25%. (The median figure at 31 March 2013 was £21,798.)

# 6 Governance Report

## Expenses

	2013/14			2012/13		
	No. in office	No. receiving expenses	Expenses Paid (£)	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive Directors	6	6	£7,457	7	6	£8,422
Executive Directors	9	5	£2,502	11	8	£4,063
Governors	37	9	£1,314	40	7	£2,468



# 6 Governance Report

## Remuneration

Name and Title	2013-14						2012-13							
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual performance related bonus (bands of £5000)	Long term performance related bonus (bands of £5000)	Pension related benefits (bands of £2500)	Other remuneration (bands of £5000)	Total (bands of £5000)	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual performance related bonus (bands of £5000)	Long term performance related bonus (bands of £5000)	Pension related benefits (bands of £2500)	Other remuneration (bands of £5000)	Total (bands of £5000)
Chris Scholey - Chairman	40-45						40-45							40-45
Nicola Atkin - Non Executive Director (to October 2012)							5-10							5-10
Joseph Barnes - Non Executive Director (to March 2013)							10-15							10-15
Alan Armstrong - Non Executive Director (from October 2013)	5-10						5-10							
Geraldine Broderick - Non Executive Director	10-15						10-15							10-15
David Crowe - Non Executive Director	10-15						10-15							10-15
Catherine Dymond - Non Executive Director (from November 2012)	10-15						10-15							0-5
John Parker - Non Executive Director	10-15						10-15							10-15
Ron Calvert - Chief Executive (from September 2011 to September 2012)							80-85					(12.5-15)		65-70
Mike Pinkerton Director of Transformation (June to September 2012), Acting Chief Executive (September 2012 to January 2013), Chief Executive (from January 2013)	145-150			247.5 -250.0	15.0 20.0 (See Note)	410-415	110-115					200.0- 202.5		310-315
Sewa Singh - Medical Director	45-50			342.5- 345.0	145-150 (See Note 1)	535-540	45-50					12.5-15.0	160-165 (See Note 1)	220-225
Hilary Bond - Director of Nursing & Quality (to December 2012)							80-85					(0.0-2.5)		75-80

# 6 Governance Report

Name and Title	2013-14						2012-13							
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual performance related bonus (bands of £5000)	Long term performance related bonus (bands of £5000)	Pension related benefits (bands of £2500)	Other remuneration (bands of £5000)	Total (bands of £5000)	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual performance related bonus (bands of £5000)	Long term performance related bonus (bands of £5000)	Pension related benefits (bands of £2500)	Other remuneration (bands of £5000)	Total (bands of £5000)
Deidre Fowler - Acting Director of Nursing and Quality (January to October 2013), Head of Midwifery (from October 2013)	40-45				40.0 -42.5	25-30 (See Note 2)	115-120	20-25				15.0 -17.5	40-45 (See Note 2)	75-80
Dawn Jarvis - Director of People & Organisational Development (from July 2012)	115-120				37.5 -40.0		155-160	95-100				30.0 -32.5		125-130
Ian Greenwood - Director of Strategic Development (to July 2012)								35-40				2.5-5.0	205-210 (See Note 3)	250-255
Matthew Lowry - Acting Director of Finance (from October to January 2014, Director of Finance and Infrastructure (from January 2014)	50-55				(27.5-30.0)		20-25							
Richard Mitchell - Chief Operating Officer (from May 2012 to July 2013)	25-30				47.5 -50.0		75-80	95-100				17.5 -20.0		115-120
Richard Parker - Director of Nursing, Midwifery and Quality (from October 2013)	50-55				10.0 -12.5		65-70							
David Pratt - Director of Finance, Information and Procurement (to October 2013)	65-70				45.0 -47.5		110-115	115-120				57.5 -60.0		175-180
David Purdue - Chief Operating Officer (from June 2013)	75-80				77.5 -80.0	15-20 (See Note 4)	155-160							
Lynne Rothwell - Director of Performance (to August 2013)								40-45				2.5-5.0		45-50
Roy Tyson - Director of Facilities (to December 2012)								80-85				137.5 -140.0		215-220

## 6 Governance Report

The remuneration report table above has been prepared in line with 2013/14 ARM for Foundation Trusts. The 2013/14 guidance requires a new basis for calculation of pension related benefits. As a result prior year comparatives have been restated in line with new guidance. The new basis of calculation shows the pension accrued in year multiplied by a factor of 20, this has resulted in large pension related benefits being shown in the remuneration report table above. The increase in pension related benefits are especially large for directors who were new in post in 2012/13, these being the Chief Executive and Medical Director, due to the full year impact of their salary increases received in line with their new office.

The basis of calculation for pension related benefits is in line with section 7.62 of the ARM, and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is:

Pension benefit increase =  $((20 \times PE) + LSE) - ((20 \times PB) + LSB)$

PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year;

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;

LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and

LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Note - includes car allowance and arrears of pay

Note 1 - Remuneration in respect of clinical duties

Note 2 - Remuneration as Head of Midwifery

Note 3 - Redundancy payment

Note 4 - Remuneration as Director of Transformation

# 6 Governance Report

## Pension Benefits

Name and Title	Real increase in lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2014 (bands of £2500) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Real Increase/Decrease (-) in Cash Equivalent Transfer Value - See Note 1 £000	Employers Contribution to Stakeholder Pension To nearest £100
Ron Calvert - Chief Executive (to September 2012)	N/A	N/A	N/A	749	N/A	0
Mike Pinkerton - Director of Transformation (June - September 2012)						
- Acting Chief Executive (September 2012 - January 2013)	37.5-40.0	220.0-222.5	1050	802	200	0
- Chief Executive (from January 2013)						
Dr Sewa Singh - Medical Director (from April 2012)	62.5-65.0	255.0-257.5	1,368	998	370	0
Hilary Bond - Director of Nursing & Quality (to January 2013)	N/A	N/A	N/A	N/A	N/A	0
Deidre Fowler - Acting Director of Nursing and Quality (January to October 2013), Head of Midwifery (from October 2013)	7.5-10.0	65.0-67.5	270	232	38	0
Dawn Jarvis - Director of People & Organisational Development (from July 2012)	0-2.5	2.5-5.0	38	17	21	0
Ian Greenwood - Director of Strategic Development (to July 2012)	N/A	N/A	N/A	631	N/A	0
Matthew Lowry - Acting Director of Finance (from October to November 2013, Director of Finance and Infrastructure (from November 2013)	(2.5-5.0)	107.5-110.0	374	389	(8)	0
Richard Mitchell - Chief Operating Officer (from May 2012 to July 2013)	7.5-10.0	47.5-50.0	135	110	N/A	0
Richard Parker - Director of Nursing, Midwifery and Quality (from October 2013)	See Note 3	140.0-142.5	200	See Note 3		0

# 6 Governance Report

Name and Title	Real increase in pension and related lump sum at age 60 - See note 2 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2014 (bands of £2500) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Real Increase/ Decrease (-) in Cash Equivalent Transfer Value - See Note 1 £000	Employers Contribution to Stakeholder Pension To nearest £100
David Pratt - Director of Finance, Information and Procurement (to October 2013)	7.5-10.0	97.5-100.0	389	348	41	0
David Purdue - Chief Operating Officer (from June 2013)	30.0-32.5	130.0-132.5	528	437	72	0
Lynne Rothwell - Director of Performance (to August 2012)	N/A	N/A	N/A	885	N/A	0
Roy Tyson - Director of Facilities (to December 2012)	N/A	N/A	N/A	N/A	N/A	0

Note 1 - No inflation factor has been applied in 2012-2013

Note 2 - The figures for directors appointed to the Board during 2013-2014 reflect the period of their Board membership.

Note 3 - Prior year figures not available

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration.

## 6 Governance Report

### Cash Equivalent Transfer Value (CETV)

The 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, and from 2004-05 the other pension details, 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 benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's 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. On 1 October 2008, there was a change in the factors used to calculate CETVs as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETV from Public Sector Pension Schemes came into force on 13 October 2008.

In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change expected from April 2011. As a result the Government Actuaries Department undertook a review of all transfers factors. The new CETV factors have been used in the above calculations and are lower than the previous factors we used. As a result the value of the CETVs for some members has fallen since 31 March 2010.

Signed



Mike Pinkerton  
Chief Executive

Date: 23 May 2014

# 6 Governance Report

## Regulatory ratings

Our regulator, Monitor, uses risk ratings to assess our performance. During the year the Risk Assessment Framework was introduced to replace the Compliance Framework, which changed the way our risk ratings are calculated.

The new governance risk rating is based on our performance against the operational measures outlined on page 14, along with other factors, including the systems in place to manage risk and performance, the views of patients and other regulators, cooperation with partner organisations and membership. Risk levels are rated as green (no evident concerns), red (formal regulatory action), or a commentary is provided where the risk level falls between these.

The continuity of services risk rating indicates the level of risk to our continuation as a going concern, and is based on our liquidity and capital service coverage. Risk levels are rated using a scale from 1 (high risk) to 4 (lowest risk). The continuity of services rating was introduced in shadow form for quarter 2, and fully replaced the old financial risk rating from quarter 3.

Overall, the Trust has achieved or exceeded its planned performance in relation to regulatory risk ratings. During 2013/14, the Trust met all of its annual governance compliance targets with the exception of referral to treatment times for admitted patients. Timescales to return to compliance in the first quarter of 2014/15 have been agreed with Monitor.

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
<i>Under the Compliance Framework</i>					
<b>Financial Risk Rating</b>	3	3	3		
<b>Governance Risk Rating</b>	Amber - Green	Amber - Red	Green		
<i>Under the Risk Assessment Framework</i>					
<b>Continuity of Services Risk Rating</b>			3 (shadow)	4	4
<b>Governance Risk Rating</b>				Green	Green

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
<i>Under the Compliance Framework</i>					
<b>Financial Risk Rating</b>	3	3	3	3	3
<b>Governance Risk Rating</b>	Green	Amber - Green	Amber - Red	Amber - Red	Amber - Red

## 6 Governance Report

### Statement of the Accounting Officer's responsibilities

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 Monitor*.

Under the NHS Act 2006, Monitor has directed Doncaster and Bassetlaw Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Doncaster and Bassetlaw Hospitals 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 *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, 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* 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; 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/her 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.

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



Mike Pinkerton  
Chief Executive  
23 May 2014

# 6 Governance Report

## Annual Governance Statement 2013/14

### Scope of responsibility

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

### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Doncaster and Bassetlaw Hospitals 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 Doncaster and Bassetlaw Hospitals NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

The Chief Executive has overall accountability and responsibility for risk management, while the executive directors are responsible for those risks which are relevant to their areas of responsibility. In particular, the Medical Director and Director of Nursing, Midwifery and Quality are responsible for risk that has a direct impact on the safety and quality of patient care, and the Director of Finance and Infrastructure is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Assurance Framework and Corporate Risk Register. The Head of Corporate Affairs, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

Clinical directors and departmental managers are responsible for the risk registers for their departments. In addition, management of risk is a fundamental duty of all employees whatever their grade, role or status.

An assessment of the risk management training needs of all staff is documented and reviewed annually. The Trust's training prospectus includes details of risk management courses. Local risk management training needs are discussed with the risk management department and tailored accordingly, and the Head of Corporate Affairs' office may be contacted to provide guidance to staff on application of the relevant policies.

## 6 Governance Report

### The risk and control framework

The Board is responsible for determining the organisation's risk appetite, ensuring that robust systems of internal control and management are in place and that risks to the achievement of organisational objectives are being appropriately managed. During 2013/14 this responsibility has been supported through the assurance sub-committees of the Board:

- Audit and Non-clinical Risk Committee – responsible for non-clinical risk, including financial governance, information governance and corporate governance.
- Clinical Governance Standards Committee – responsible for clinical risk, including clinical and quality governance.

The primary role of these committees in respect of risk management is to review the assurance framework on a quarterly basis, and to satisfy the Board of Directors that there are satisfactory review arrangements in place for the Trust's internal control and risk management systems. The arrangements for clinical (quality) risks and non-clinical risks are otherwise the same. The Board receives a quarterly report highlighting gaps in control and assurance as well as any proposed changes to the assurance framework.

This sub-committee structure is being revised for 2014/15 in response to the recommendations of the recent governance review by KPMG, and the Clinical Governance Standards Committee will be replaced by a more assurance focused Clinical Governance Oversight Committee.

In addition to the above, the committees receive assurance regarding compliance with Care Quality Commission (CQC) registration and information governance requirements. Data quality forms part of the internal audit annual work. Risks to data security were managed and controlled through application of the Information Governance Policy and an assessment of compliance with the requirements in the Information Governance Toolkit.



## 6 Governance Report

As part of the Board's commitment to improving risk management, the Trust's Corporate Risk Register and Assurance Framework underwent ongoing review and amendment during 2013, and were significantly revised in early 2014.

The Trust's Risk Management Strategy covers risk identification, evaluation, recording, escalation, control, review and assurance. It also defines the structures for the management and ownership of risk.

The Management Board is responsible for monitoring and reviewing the Corporate Risk Register, which is linked with the assurance framework, on a monthly basis. Each Clinical Service Unit and department is responsible for maintaining its own risk register, which is a standing agenda item on the clinical management team meeting. Any risk identified as 'Extreme' is escalated to the Management Board for consideration regarding action required.

The most significant risks / challenges currently facing the Trust are:

- Affordability - rising health care demand, rising costs and flat real funding mean the NHS could face an estimated £30 billion financial shortfall by 2021.
- Seven day working - this presents a dual challenge in terms of cost and recruitment and retention of workforce.
- Availability of workforce.
- Achievement of governance compliance targets.
- Reliance on other healthcare partners to manage demand on services in line with commissioning intentions.
- Better Care Fund (BCF) - the financial resources transferring to this fund equate to £24m for Doncaster and £8m for Bassetlaw.
- Maintaining and delivering specialist service profile.

In particular, the most significant risks in relation to finance are:

- Income versus expenditure overspends in CSUs and directorates.
- Delivery of required savings.
- Commissioner affordability and demand management.

This list is not exhaustive and more details can be found in the Trust's Annual Plan, where mitigating actions and outcomes are detailed. These risks will be managed through the governance and assurance processes outlined above.

## 6 Governance Report

The Trust has an effective structure in place for public stakeholder involvement, predominantly through the Board of Governors. The Trust's assurance framework has been informed by partnership working and a variety of external contacts, including:

- Collaborative working between governors and directors. The Board of Governors reviews updates from executive directors on performance, quality, finance and associated risks at its quarterly meetings.
- Consistent engagement with commissioners through contract review meetings and other contacts, and in relation to key shared risks.
- Governor observers in attendance at the Clinical Governance Standards Committee and Audit and Non-clinical Risk Committee.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

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 foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's 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 following policies and processes are in place to ensure that resources are used economically, efficiently and effectively:

- Scheme of Delegation and Reservation of Powers to the Board.
- Standing Financial Instructions and Standing Orders.
- Competitive processes used for procuring non-staff expenditure items.
- Use of materials management and other best practice approaches to hold appropriate stock levels and minimise wastage.
- Cost improvement schemes, designed to not impinge on effective delivery of quality patient care.
- Controls on vacancy management, non-permanent staffing and recruitment.
- Use of benchmarking.

## 6 Governance Report

The Board gains assurance regarding financial and budgetary management from a monthly finance report. The Audit and Non-Clinical Risk Committee receives reports regarding losses and compensations and waiver of standing orders, among others. Risks to the Trust's financial objectives are subject to regular review and monitoring in the same way as other risks.

A range of internal and external audits that provide further assurance on economy, efficiency and effectiveness have been conducted during the year and reported to the Audit and Non-clinical Risk Committee. The annual external audit review by PricewaterhouseCoopers, as stated in their ISA 260 report, provides an unqualified opinion on the Trust's exercising of its functions economically, efficiently and effectively.

The Trust's 2013 reference cost index is 95.8, which means that costs are 4.2% below average.

### Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The formulation of the Trust's Quality Report is led by the Director of Nursing, Midwifery and Quality, with the support of the Board of Directors and the Board of Governors. The Board of Directors monitors the key measures and objectives in the Quality Account on a monthly basis throughout the year. Significant risks to achievement of quality priorities are included within the assurance framework and corporate risk register, and therefore reviewed in line with the processes outlined above.

The CQC inspection conducted a week-long inspection of key patient pathways on all Trust sites in October 2013. The inspection report confirmed that the Trust was compliant with all the standards inspected.

Compliance with CQC standards is monitored by the Audit and Non-clinical Risk Committee and Clinical Governance Standards Committee, and performance against CQUIN and other quality targets is monitored by the Board of Directors. The data quality behind quality and performance reports is subject to internal audit, the results of which are reported to the Audit and Non-clinical Risk Committee.

In addition to this, the results of quarterly CQC Intelligent Monitoring reports, which provide an external view of the risks presented by the Trust, are reported to the Board. Following publication of the second quarterly report in March 2014, the Trust's total proportional risk has reduced to 4.84. Actions are underway for all reported risks that are still active.

## 6 Governance Report

Quality governance is subject to rigorous challenge through non-executive director and governor engagement, and non-executive chairmanship of the Audit and Non-clinical Risk and Clinical Governance Standards Committees. Non-executive directors and governors also actively engage with staff and patients on quality by regularly visiting wards and departments.

### Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to 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 and Clinical Governance Standards Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

A number of the ways in which the Board and I have received assurance that an effective system of controls is in place have been outlined above. In addition, internal audit have stated their opinion that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives and that controls are generally being applied consistently.

During the 2013/14 financial year, the Trust met all of its annual performance targets with the exception of referral to treatment times for admitted patients. Processes and controls have been reviewed and an action plan has been developed and implemented throughout the year in order to steadily improve performance. Timescales to return to compliance in the first quarter of 2014/15 have been agreed with Monitor.

The Trust recognises the need for ongoing development and continuous improvement of its systems of control and assurance to ensure the assurance framework and risk register remain fit for purpose. During 2013, the Trust invited KPMG to conduct a review of its governance processes. The action plan which was developed in response to the review recommendations is monitored by the Audit and Non-clinical Risk Committee.

In addition, during 2013/14, internal audit conducted audits of the assurance framework and risk management processes.

The systems for clinical and non-clinical risk management and governance are aligned, with robust processes in place for the monitoring of risks and controls. These processes and structures are also being further developed in response to the recommendations of the recent governance review by KPMG.

## 6 Governance Report

As part of work to ensure continuous improvement, the format and structure of both the corporate risk register and assurance framework have been subject to ongoing revision and amendment during the year in response to feedback from directors and recommendations regarding best practice.

### Conclusion

My review confirms that Doncaster and Bassetlaw Hospitals NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. No significant internal control issues have been identified.

Signed 

Mike Pinkerton  
Chief Executive

Date: 23 May 2014



# 6 Governance Report

## Independent auditors' report to the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust

### Report on the financial statements

#### Our opinion

In our opinion the financial statements, defined below:

- give a true and fair view, of the state of the group's and of the parent NHS Foundation Trust's affairs as at 31 March 2014 and of the group's income and expenditure and group's and parent NHS Foundation Trust's cash flows for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

This opinion is to be read in the context of what we say in the remainder of this report.

#### What we have audited

The group financial statements and parent NHS Foundation Trust financial statements (the "financial statements"), which are prepared by Doncaster and Bassetlaw Hospitals NHS Foundation Trust, comprise:

- the group and parent NHS Foundation Trust Statement of Financial Position as at 31 March 2014;
- the group and parent Statement of Comprehensive Income for the year then ended;
- the group and parent NHS Foundation Trust Statement of Cash Flows for the year then ended;
- the group and parent NHS Foundation Trust Statement of Changes in Taxpayers' Equity for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2013/14 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

In applying the financial reporting framework, the directors have made a number of subjective judgements, for example in respect of significant accounting estimates. In making such estimates, they have made assumptions and considered future events.

#### What an audit of financial statements involves

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)"). An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

## 6 Governance Report

This includes an assessment of:

- whether the accounting policies are appropriate to the group's and the parent NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### Opinions on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

### Other matter on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or whether risks are satisfactorily addressed by internal controls;
- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- we have qualified, on any aspect, our opinion on the Quality Report.

### Responsibilities for the financial statements and the audit

#### Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

## 6 Governance Report

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Board of Governors of Doncaster and Bassetlaw Hospitals NHS Foundation Trust in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

### Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Ian Looker (Senior Statutory Auditor)  
for and on behalf of PricewaterhouseCoopers LLP  
Chartered Accountants and Statutory Auditors  
Leeds

Date: 28 May 2014

(a) The maintenance and integrity of the Doncaster and Bassetlaw Hospitals NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

(b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



# 7 Sustainability Report

## Being green and sustainable

Delivering world-class health services over several hospital sites has an unavoidable impact on the environment. The Trust's aim is to be environmentally friendly, and our commitment to sustainability remains a high priority. We work towards achieving this goal in a number of ways:

### Energy

We consistently strive to reduce our carbon footprint by reducing, where possible, our use of electricity, water, gas and oil. Our Combined Heat and Power (CHP) unit generates approximately 50% of our electricity needs on the DRI site and the waste exhaust gas is utilised in the production of steam which is used in processes such as sterilisation as well as being used to heat the hospital.

Our CHP scheme is subject to an annual scrutiny by the Environment Agency, which administers the Carbon Reduction Commitment (CRC) scheme. Our reported data confirms that our unit retains its efficiency and this has helped maintain our position within the top 24% nationally in performance league tables produced by the department.

### Waste

We strive to reduce waste as much as possible and recycle the waste that we cannot avoid. We continue to collect and compact our general waste and have this recycled through a specialist recycling company. Waste which is deemed unsuitable for recycling is used as fuel for commercial manufacturing processes.

Our recycling culture continues to improve and our residual waste has reduced year on year.

### Emissions

Our CRC reported emissions for 2012/13 was 13,891 tonnes. We are in the top 24% of organisations as measured by the CRC performance league table published by the Environment Agency.

We are aiming to reduce our impact on the environment and demonstrate good corporate citizenship by reducing carbon dioxide emissions to 80% below 2007 levels by 2050. As at the end of 2012, we had achieved a 25% reduction.

### Water

Water boreholes at our three main hospital sites have saved over £100,000 a year since installation.

### Site Developments

Our on-site Capital Development Team gives consideration to green and sustainable initiatives for inclusion in refurbishment projects utilising, where appropriate, renewable technologies for lighting schemes, heating and ventilation.

## 7 Sustainability Report

Solar Photovoltaic (PV) systems have been installed on the roof of the Women's Hospital at DRI and, more recently, to the roof of the new Education Centre. These systems convert light into electricity which is then made available for use within our buildings. Solar PV systems will provide clean renewable electricity for 20 years or more, with very little maintenance.

Elsewhere, we are upgrading our buildings fabric during refurbishment, to meet current building control legislation and to provide a more comfortable environment for our patients and staff. Replacement windows with solar reflective double glazing have been installed on the most recent schemes and insulation to engineering services, walls and roofs has been improved.

We continue our search for new ways to develop our strategy towards lower carbon and regularly seek professional advice from those companies in the forefront of developing renewable technologies, endeavouring to adopt those where appropriate.

### Performance against national targets

The performance of the CHP against environmental targets remains in line with the government's Energy and Climate Change Strategy.

### Audit Performance

In November 2013, an Energy Management Audit conducted by 360 Assurance concluded that there was significant assurance that the system of internal controls relating to energy management was generally sound, designed to meet the organisations objectives and generally being applied consistently.



# 7 Sustainability Report

Area	Measure	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Waste minimisation and management</b>	Expenditure on waste disposal (ERIC figures)	£571,964	£543,671	£644,743	£633,863	£579,727	£498,464
	Total amount of waste produced by the Trust	2099 tonnes	2182 tonnes	2014 tonnes	1875 tonnes	1796 tonnes	1955 tonnes
	Methods of disposal (optional)		<ul style="list-style-type: none"> <li>• Incineration</li> <li>• Alternative treatment</li> <li>• Landfill</li> <li>• Recycling</li> </ul>	<ul style="list-style-type: none"> <li>• Incineration</li> <li>• Alternative treatment</li> <li>• Landfill</li> <li>• Recycling</li> </ul>	<ul style="list-style-type: none"> <li>• Incineration</li> <li>• Alternative treatment</li> <li>• Landfill</li> <li>• Recycling</li> </ul>	<ul style="list-style-type: none"> <li>• Incineration</li> <li>• Alternative treatment</li> <li>• Landfill</li> <li>• Recycling</li> <li>• Recovery</li> <li>• Re-use</li> </ul>	<ul style="list-style-type: none"> <li>• Incineration</li> <li>• Alternative treatment</li> <li>• Landfill</li> <li>• Recycling</li> <li>• Recovery</li> <li>• Re-use</li> </ul>
<b>Finite resources</b>	Water	250,000 m <sup>3</sup>	299,852 m <sup>3</sup>	254,515 m <sup>3</sup>	286,523 m <sup>3</sup>	142,155 m <sup>3</sup>	144,718 m <sup>3</sup>
	Electricity	54,000 GJ	62,780 GJ	76,712 GJ	76,917 GJ	55,192 GJ	57,918 GJ
	Gas	194,267 GJ	223,841 GJ	229,160 GJ	203,332 GJ	211,252 GJ	197,762 GJ
	Other energy consumption	None	None	None	None	None	None
	Total cost of energy and utilities	£3,341,390 (ERIC figures)	£3,101,101	£2,975,275	£3,486,755	£3,413,188	£3,514,255



## 8 Summary Financial Statements

### Foreword to the summary financial statements

These statements are a summary of our full accounts for 2013/14. Copies of our full accounts, including accompanying notes that provide further detail, are available on request from the Director of Finance, Finance Department, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

These summary financial statements have been approved by the Board. The independent auditor's statement on the summary financial statements is included. The auditor's opinion on the full accounts was not qualified by any exceptions.



**Mike Pinkerton**  
Chief Executive  
23 May 2014

### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2014

	Group		Foundation Trust	
	2013/14 £000	2012/13 £000	2013/14 £000	Restated 2012/13 £000
Operating income	350,910	342,573	351,895	343,213
Operating expenses	(342,053)	(335,106)	(341,011)	(334,228)
<b>Operating surplus</b>	<b>8,857</b>	7,467	<b>10,884</b>	8,985
<b>Finance costs:</b>				
Finance income	420	606	38	206
Finance costs	(229)	(181)	(229)	(181)
Public dividend capital dividends payable	(5,473)	(5,525)	(5,473)	(5,525)
<b>Net finance costs</b>	<b>(5,282)</b>	(5,100)	<b>(5,664)</b>	(5,500)
<b>Surplus for the year</b>	<b>3,575</b>	2,367	<b>5,220</b>	3,485
<b>Other comprehensive income</b>				
Revaluation gains/(losses) on investment assets	(6)	721	0	0
Revaluation gains on property, plant and equipment	4,887	0	4,887	0
Impairments on property, plant and equipment	(305)	(7,109)	(305)	(7,109)
Revaluation gains on assets held for sale	50	0	50	0
<b>Total comprehensive income for the year</b>	<b>8,201</b>	(4,021)	<b>9,852</b>	(3,624)

## 8 Summary Financial Statements

### STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2014

	Group			Foundation Trust		
	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000	31 March 2014 £000	31 March 2013 £000	1 April 2012 £000
<b>Non-current assets</b>						
Intangible assets	2,374	1,055	1,566	2,374	1,055	1,566
Property, plant and equipment	193,771	176,828	177,113	193,771	176,828	177,113
Charitable fund investments	11,917	13,334	13,652	0	0	0
Trade and other receivables	1,526	1,230	1,187	1,526	1,230	1,187
<b>Total non-current assets</b>	<b>209,588</b>	<b>192,447</b>	<b>193,518</b>	<b>197,671</b>	<b>179,113</b>	<b>179,866</b>
<b>Current assets</b>						
Inventories	3,584	2,972	3,438	3,584	2,972	3,438
Trade and other receivables	11,296	15,647	15,054	11,572	16,128	14,991
Cash and cash equivalents	20,776	11,870	14,235	20,588	11,207	14,054
	35,656	30,489	32,727	35,744	30,307	32,483
Non-current assets held for sale	350	630	1,180	350	630	1,180
<b>Total current assets</b>	<b>36,006</b>	<b>31,119</b>	<b>33,907</b>	<b>36,094</b>	<b>30,937</b>	<b>33,663</b>
<b>Total assets</b>	<b>245,594</b>	<b>223,566</b>	<b>227,425</b>	<b>233,765</b>	<b>210,050</b>	<b>213,529</b>
<b>Current liabilities</b>						
Trade and other payables	(28,031)	(25,359)	(23,496)	(28,008)	(25,300)	(23,454)
Borrowings	(1,117)	(475)	(427)	(1,117)	(475)	(427)
Provisions	(1,352)	(2,765)	(4,055)	(1,352)	(2,765)	(4,055)
Tax payable	(4,335)	(4,255)	(4,078)	(4,335)	(4,255)	(4,078)
Other liabilities	(26)	(143)	(402)	(26)	(143)	(402)
<b>Total current liabilities</b>	<b>(34,861)</b>	<b>(32,997)</b>	<b>(32,458)</b>	<b>(34,838)</b>	<b>(32,938)</b>	<b>(32,416)</b>
<b>Total assets less current liabilities</b>	<b>210,733</b>	<b>190,569</b>	<b>194,967</b>	<b>198,927</b>	<b>117,112</b>	<b>181,113</b>
<b>Non-current liabilities</b>						
Borrowings	(14,117)	(3,033)	(3,341)	(14,117)	(3,033)	(3,341)
Provisions	(815)	(1,010)	(1,079)	(815)	(1,010)	(1,079)
<b>Total non-current liabilities</b>	<b>(14,932)</b>	<b>(4,043)</b>	<b>(4,420)</b>	<b>(14,932)</b>	<b>(4,043)</b>	<b>(4,420)</b>
<b>Total assets employed</b>	<b>195,801</b>	<b>186,526</b>	<b>190,547</b>	<b>183,995</b>	<b>173,069</b>	<b>176,693</b>
<b>Financed by taxpayers' equity:</b>						
Public dividend capital	123,706	122,632	122,632	123,706	122,632	122,632
Revaluation reserve	36,353	31,829	38,938	36,353	31,829	38,938
Income and expenditure reserve	23,936	18,608	15,123	23,936	18,608	15,123
<b>Others' equity</b>						
Charitable fund	11,806	13,457	13,854	0	0	0
<b>Total taxpayers' and others equity</b>	<b>195,801</b>	<b>186,526</b>	<b>190,547</b>	<b>183,995</b>	<b>173,069</b>	<b>176,693</b>

The summary financial statements were approved by the Board on 23 May 2014 and signed on its behalf by:  Mike Pinkerton, Chief Executive



## 8 Summary Financial Statements

### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2014

	Public dividend capital (PDC)	Revaluation reserve	Group Income and expenditure reserve	Charitable fund reserve	Total
	£000	£000	£000	£000	£000
<b>Balance at 1 April 2012</b>	122,632	38,938	15,123	13,854	190,547
<b>Changes in equity for 2012/13</b>					
Surplus for the year.	0	0	3,485	(1,118)	2,367
Revaluation gains on investment assets.	0	0	0	721	721
Impairments on property, plant and equipment.	0	(7,109)	0	0	(7,109)
<b>Balance at 31 March 2013</b>	122,632	31,829	18,608	13,457	186,526
<b>Changes in equity for 2013/14</b>					
Surplus for the year.	0	0	5,220	(1,645)	3,575
Revaluation losses on investment assets.	0	0	0	(6)	(6)
Revaluation gains on property, plant and equipment.	0	4,887	0	0	4,887
Impairments on property, plant and equipment.	0	(305)	0	0	(305)
Revaluation gains on assets held for sale.	0	50	0	0	50
Transfers to the income and expenditure account in respect of assets disposed of.	0	(108)	108	0	0
New PDC received.	1,074	0	0	0	1,074
<b>Balance at 31 March 2014</b>	<b>123,706</b>	<b>36,353</b>	<b>23,936</b>	<b>11,806</b>	<b>195,801</b>
		Foundation Trust			
	Public dividend capital (PDC)	Revaluation reserve	Income and expenditure reserve	Total	
	£000	£000	£000	£000	
<b>Balance at 1 April 2012</b>	122,632	38,938	15,123	176,693	
<b>Changes in equity for 2012/13</b>					
Surplus for the year	0	0	3,485	3,485	
Impairments on property, plant and equipment.	0	(7,109)	0	(7,109)	
<b>Balance at 31 March 2013</b>	122,632	31,829	18,608	173,069	
<b>Changes in equity for 2013/14</b>					
Surplus for the year	0	0	5,220	5,220	
Revaluation gains on property, plant and equipment.	0	4,887	0	4,887	
Impairments on property, plant and equipment.	0	(305)	0	(305)	
Revaluation gains on assets held for sale.	0	50	0	50	
Transfers to the income and expenditure account in respect of assets disposed of.	0	(108)	108	0	
New PDC received.	1,074	0	0	1,074	
<b>Balance at 31 March 2014</b>	<b>123,706</b>	<b>36,353</b>	<b>23,936</b>	<b>183,995</b>	

## 8 Summary Financial Statements

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2014

	Group		Foundation Trust	
	2013/14	2012/13	2013/14	2012/13
	£000	£000	£000	£000
<b>Cash flows from operating activities</b>				
Operating surplus	8,857	7,467	10,884	8,985
Depreciation and amortisation	8,576	8,123	8,576	8,123
Impairments	(2,174)	1,100	(2,174)	1,100
Other non cash movements	(495)	(340)	45	102
(Increase)/decrease in inventories	(612)	466	(612)	466
Decrease/(Increase) in trade and other receivables	3,967	(557)	4,165	(1,085)
Increase in trade and other payables	492	3,420	528	3,403
Increase in tax payable	80	177	80	177
Decrease in other current liabilities	(114)	(178)	(114)	(178)
Decrease in provisions	(1,637)	(1,385)	(1,637)	(1,385)
<b>Net cash inflow from operating activities</b>	<b>16,940</b>	<b>18,293</b>	<b>19,741</b>	<b>19,708</b>
<b>Cash flows from investing activities</b>				
Interest received	413	662	38	206
Purchase of investment assets	(1,230)	(2,094)	0	0
Disposal of investment assets	3,181	3,575	0	0
Purchase of intangible assets	(2,012)	(176)	(2,012)	(176)
Purchase of property, plant and equipment	(16,016)	(16,544)	(16,016)	(16,544)
Receipts from disposal of plant, property and equipment	318	30	318	30
<b>Net cash outflow from investing activities</b>	<b>(15,346)</b>	<b>(14,587)</b>	<b>(17,672)</b>	<b>(16,484)</b>
<b>Net cash inflow before financing</b>	<b>1,594</b>	<b>3,706</b>	<b>2,069</b>	<b>3,224</b>
<b>Cash flows from financing activities</b>				
Public Dividend Capital received	1,074	0	1,074	0
Loans received	12,200	191	12,200	191
Loans repaid	(474)	(451)	(474)	(451)
Interest paid	(131)	(148)	(131)	(148)
Public Dividend Capital dividends paid	(5,357)	(5,663)	(5,357)	(5,663)
<b>Net cash inflow/(outflow) from financing</b>	<b>7,312</b>	<b>(6,071)</b>	<b>7,312</b>	<b>(6,071)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>8,906</b>	<b>(2,365)</b>	<b>9,381</b>	<b>(2,847)</b>
<b>Cash and cash equivalents at 1 April</b>	<b>11,870</b>	<b>14,235</b>	<b>11,207</b>	<b>14,054</b>
<b>Cash and cash equivalents at 31 March</b>	<b>20,776</b>	<b>11,870</b>	<b>20,588</b>	<b>11,207</b>





The text of this document is available in large print on request.

We also welcome feedback on the format and content of the report.

Contact the Communications team on 01302 647020 or [contact@dbh.nhs.uk](mailto:contact@dbh.nhs.uk) if you would like a hard copy or have any comments.



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Looking forward to *our* future

