







Doncaster & Rotherham
NHS Foundation Trust
Training & Education
Nicola Vars

Doncaster and Rotherham
Nicola Vars
Senior Resuscitation
Resuscitation

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Chair and Chief Executive's statement

Over the past 18 months, the Trust has gone through some substantial changes, some challenging, and others exciting, but all pointing towards a bright future for our patients, services and staff.

The highlight of the year undoubtedly came in January 2017 as we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). We gained this accreditation due to our longstanding commitment to improving education and growing research, as well as ensuring that we are an integral partner in the sculpting of clinical and medical staff in the region. Becoming a teaching hospital will be of huge benefit to our patients and staff with further improvements to be made in innovative and quality health care, delivered by our professional team that is actively teaching and involved in research initiatives.

In 2018, the Trust is projecting to train 25% of medical students in the region, which adds to the fact that we are already training 30% of other healthcare professional students, something which will benefit the communities we serve in Doncaster, Bassetlaw and beyond. This is a fantastic achievement and is a credit to every member of Team DBTH and shows just how far we have come.

As a Trust, we are extremely proud of the excellent improvements in the quality of care we continue to provide to our patients, an achievement we have sustained for the fourth year in a row. As part of this achievement, we have seen further reductions in severe avoidable pressure ulcers, falls and infections while our mortality rate has also reduced in comparison to last year and is well within the expected range.

Following financial challenges which presented last year, we have also made great progress in our cost saving and 'Turnaround' efforts. Thanks to our identified savings and a one-off support payment from NHS Improvement for our strong performance against our financial plan, this means that since April 2016 we have delivered savings of around £11.9m, against an original target of £11 million, finishing the year with a substantially reduced deficit of £6.462m.

Our development as an organisation in such a short time has been recognised by our regulators NHS Improvement, while our Strategy and Improvement team were awarded NHS Leadership Academy's regional Outstanding Achievement of the Year (Non-Clinical) for their role in directing Turnaround activities.

The progress we have made has been due to a number of factors, but can be mostly attributed to the 'can-do' attitude and enthusiasm of our staff, who have been working in different and innovative ways. Throughout this process it has been our goal to ensure that the patient remains at the heart of everything we do and we believe that, despite increased demands and challenges, we have achieved this.

Due to the scale of the financial challenge, the organisation has moved at pace with a number of cost saving programmes, and although efforts were made to involve and engage staff in these projects, in 2017/18 we will be looking to improve workforce involvement and partnership working across the Trust.

While we have made great strides in this financial year, we still have a substantial deficit to contend with, and will continue to address this in 2017/18, with a savings figure of £14.5m to achieve. We will continue to work with NHS Improvement to develop our financial position, focussing on providing the highest quality and safest services for our patients as efficiently as possible.

1 Performance Report

Throughout the year we have seen significant capital developments and achievements to improve patient care and services. In November 2016, we opened the Fred and Ann Green Eye Centre, after investment from the Fred and Ann Green Legacy, while we also invested £275k in a new Children's Outpatients Department at Bassetlaw Hospital.

Research and Development at the Trust has continued to grow, alongside our new teaching hospital status. This activity has increased, and our commitment to research has been acknowledged externally, both in our change in status and as our Clinical Research Team were shortlisted in the Nursing Times' 2016 awards.

Over the year we have strengthened our links with health and care partners in South Yorkshire and Bassetlaw, working as part of the Working Together Vanguard to develop new care models. We are also an integral partner of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) which is set to become a first wave Accountable Care System. This is thanks to established strong relationships with neighbouring Trusts and Clinical Commissioning Groups and a proven history of working together to improve health and care for our population.

As ever, Trust staff and services have been shortlisted for an abundance of local, regional and national awards. These improvements and achievements have been made as a result of our collective commitment and hard work.

Of particular note this year were the improvements in flu vaccination. Thanks to the efforts of our Health and Wellbeing Team, we were the first acute Trust in the country to vaccinate over 75% of our front line staff, giving the jab to over 3,500 doctors and nurses in just two months. These efforts have since been recognised by NHS Employers.

Amongst the positives, we have also seen challenges this year in terms of staffing, encountered no more acutely than the Paediatric Ward (A3) at Bassetlaw Hospital, which has closed to admissions from 7pm each day. In order to address these issues, we are looking at new and innovative schemes to fill these workforce gaps, something our new teaching hospital status will undoubtedly aid, as well as improvements such as better use of locums and moving all clinical staff onto the Trust's internal bank.

This has also been a year of great change for the Trust. In January 2017, Chief Executive, Mike Pinkerton, and Chair, Chris Scholey, stepped down from their respective positions. We want to say thank you to both Mike and Chris for their fantastic service in helming the organisation over the past number of years. Their leadership has helped develop the organisation into one of the top performing acute providers in the country and many future developments and improvements are of direct result of their dedication to providing the best quality health care for the people of Doncaster, Bassetlaw and beyond.

Finally, we are coming to the end of our five year strategic direction 'Looking Forward to our Future'. As we look to the year ahead, we are refreshing this strategy and intend to engage with staff, external partners, patients and other stakeholders to ensure that this future vision continues to fit with the needs of the wider health community we serve, while working in tandem with national and regional directives.


We would like to take this opportunity to thank our staff, governors, members, volunteers, partner organisations, commissioners, regulators and everyone else who has worked with us over the past year. Their positive support has been overwhelming and has contributed to what has been a successful, yet challenging, year for the Trust.

1 Performance Report

The Annual Report and Quality Accounts set out openly and honestly, in detail, how we performed in 2016/17, and what we plan to achieve in 2017/18. We hope you enjoy reading them and once again thank you for continued support.



Suzy Brain England OBE
Chair
May 31 2017



Richard Parker
Chief Executive
May 31 2017



1 Performance Report

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 one of only five teaching hospitals in the Yorkshire region, working closely with the University of Sheffield and Sheffield Hallam University. As a Trust we also maintain strong links with Health Education England and our local Clinical Commissioning Groups in both Doncaster and Bassetlaw.

We are fully licensed by NHS Improvement and fully registered (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 local 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 Hospital in Worksop (BH)

BH 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.

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.

1 Performance Report

Alongside our teaching hospital status, 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 headquarters are at Doncaster Royal Infirmary:

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

Tel: 01302 366666

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.

Overview of Performance

2016/17 has been a challenging year for the Trust. Successful cost-saving (Turnaround) activities have been underway to affect a number of changes to ensure we achieve targets as set by our regulator NHS Improvement. Driven by the newly formed Directorate of Strategy and Improvement, the Trust has made savings of £11.9m against a projected target of £11m.

This year has also marked the start of an exciting new chapter for DBTH. Despite our challenging financial position we have made some significant improvements in the quality of care we provide for our patients and in January 2017 gained teaching hospital status. This marks a fantastic achievement for the organisation and one that will benefit not only members of Team DBTH, but also the communities we serve in Doncaster, Bassetlaw and beyond.

In January, Chief Executive, Mike Pinkerton, and Chair, Chris Scholey, stepped down from their positions, with successors Richard Parker and Suzy Brain England OBE appointed to respective posts. Furthermore, new appointments have been made to the Board of Directors, with a new and refreshed management team in place to guide the Trust into a promising future.

In the following sections you will find a breakdown of the Trust's patient safety key quality indicators, as outlined in our 'Sign up to Safety' plan (page 10), as well as innovation and development projects. There is also a section on our financial performance and key indicators (page 15) as well as a section outlining our operational performance and associated quality indicators (page 19) all of which are presented to the Board of Directors on a monthly, bi-monthly or quarterly basis, depending on the metric.

Provide the safest most effective care possible

For the fourth year in a row we continued to make excellent improvements in patient safety key quality indicators including:

- 18.75% reduction in Clostridium Difficile, our performance is better than our predicted trajectory
- 14% reduction in serious falls, delivered through the implementation and roll out of a Falls Coordinator role
- 28.85% reduction in severe avoidable pressure ulcers in the year, delivered as a whole organisation approach
- 4.7% reduction in our Hospital Standardised Mortality Ratio (HSMR), representing an 18% decrease since 2013
- 57.1% reduction in the number of serious incidents reported at the Trust.

We continue on our journey in delivering the pledges set out in our Sign Up to Safety Plan, which focus on the key quality indicators above, recognising that there is more to be done to eliminate Never Events at the Trust, further reduce our infection risks in order to improve our patient safety indicators and achieve targets of a reduction in avoidable harm by 50% over three years ending in 2018.

Our serious falls rate has continued to decline, with the Trust performing 14% better than last year. This has been achieved through a number of initiatives, such as the implementation of an Enhanced Care Team which offers increased and tailored care for frail and vulnerable patients, particularly those usually more susceptible to falls.

1 Performance Report

This year also saw a significant reduction of severe avoidable pressure ulcers at the Trust, with 28.85% less than reported last year. An organisational achievement, these efforts have been driven in part by the newly formed Skin Integrity Team as well as a number of schemes such as 'React to Red' training, which has given Health Care Assistants the ability to spot potential ulcers and act before they become serious. A culmination of this approach, the Mallard Ward (care for dementia and delirium) celebrated 1,000 days without a severe avoidable pressure sore in January 2017.

Improvements made to safety and quality have resulted in excellent mortality performance, with our Hospital Standardised Mortality Ratio (HSMR) reducing by 4.54 points from 95.62 last year to 91.08 this year (lower than the expected range) for the 12 month period. The Standardised Hospital Mortality Indicator (SHMI), which also includes deaths following discharge from hospital, has also improved, reducing 3.7 points from 105.7 to 102, however slightly missing the target.

In 2016/17 the number of our patients waiting over four hours in our Emergency Department increased, reflecting the national picture of increased demand on emergency services. Although we did not achieve the 95% standard, we have consistently been one of the best performing Trusts in the region.

In order to improve our four-hour access, we continue to work with NHS Doncaster Clinical Commissioning Group (CCG) to further embed and streamline the Front Door Assessment Signposting Service (FDASS). This service is now being piloted at Bassetlaw Hospital.

In October, we introduced 'Freedom to Speak up Guardians' at the Trust. These staff champions help support the Trust to become a more open place to work, where all staff feel confident to speak up about patient care at all times. Made up of the Trust's public and staff governors as well as a doctor, the Guardians work alongside the organisation's leadership teams in order to elevate the profile of raising concerns.

Control and reduce the cost of healthcare

In October 2015 the Trust reported a significant change in the financial position, moving from forecasting a small end of year surplus to predicting a substantial deficit, ending 2015/16 £36.4m in deficit. For this financial year, the Trust has made significant progress, ending the year with a substantially reduced deficit of £6.462m.

The year-end position is a £17m deficit, in-line with the financial forecast. In response to the strong performance against the original financial plan, the Trust has received one-off support from the NHS Improvement in the form of a bonus payment which reduces this deficit to £6.462m.

Since April 2016, we have delivered savings of around £11.9m, against an original target of £11m and we will end the financial year with a substantially reduced deficit, progress that has been nothing short of amazing given our position just 12 months ago.

Typically for NHS organisations, Turnaround initiatives tend to be directed by external partners, however, the Board, with permission from regulator NHS Improvement, felt that an internal team would be capable of delivering the change needed in the organisation and that this would be met with a much more positive reception from staff, increasing engagement with the process.

Led by the directorate of Strategy and Improvement, 12 cost-saving work streams were initiated, worked up in partnership with Trust managers, clinicians and other staff members in order to understand how best to deliver these efficiencies, ultimately with great success.

1 Performance Report

To ensure that the Department of Health charging regulations are properly implemented and applied to all overseas visitors, the Trust introduced an Overseas Visitors Team in March 2016. Over 2016/17, the team investigated over 3,500 patients, raising invoices to the effect of £326k.

The Trust has recently reviewed its deficit and a report was submitted to the Trust Board (25 April 2017) outlining the key reasons driving the deficit and confirming an underlying deficit of £28m. The report further suggested that a realistic timeframe to resolve the deficit would cover up to four years in line with some of the Sustainability and Transformation Plans (STP) for South Yorkshire and Bassetlaw.

More detailed information is set out in the financial performance section on page 15.

Develop responsibly, delivering the right services with the right staff

In January 2017, we became Doncaster and Bassetlaw Teaching Hospitals. Achieving this status will not only allow us to enhance our services, but is also a recognition of our achievements in providing high quality education and research and will be a huge benefit, both in our local communities and regionally. By 2018, the Trust is projecting to train 25% of the medical students in the region and is already training 30% of all non-medical students.

This dedication to furthering education and research at the Trust was also evidenced by the nomination of our research clinicians and medics for the Nursing Times 2016 Awards, in the Clinical Researching Nursing category. The team have overseen a 41% increase in the number of patients taking part in clinical research across the Trust in just one year, with a further 18% rise in research studies in specialities which previously had not participated in studies.

Throughout 2016/17, the Trust has worked in close partnership with the organisations involved in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP). The project is looking at how trusts and CCGs can better work together to make the best use of resource in the region for the betterment of patient care and treatment.

The STP, made up of health and care providers within Doncaster, Bassetlaw, Sheffield, Rotherham and Barnsley, is the local approach to delivering the national 'Five Year Forward View' plan, as put forward by NHS England. 25 health care partners from across the region are involved in the plan, along with HealthWatch and voluntary sector organisations, and the Trust's future plans will work in tandem and partnership with the STP.

Relating to this work, the Trust has also been involved in Commissioners Working Together, a partnership between South and Mid Yorkshire, Bassetlaw and North Derbyshire. This project is currently looking at changes to Hyper Acute Stroke Unit (HASU) activity and Children's Surgery and Anaesthesia which will directly affect the Trust's service. As these projects went out to public consultation, the Trust has worked in partnership to promote this engagement activity both with service users and staff.

We were also selected as partners in the Working Together Vanguard Partnership, one of 50 nationally chosen partnerships that take a lead on the development of new care models. The aim is for the vanguards to act as blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. Over the past year Working Together has continued to deliver effective partnership solutions, for example the partnership has now saved over £1m through joined up procurement exercises.

1 Performance Report

In 2016/17 we remained focused on safe staffing levels and investments were made in-line with national recommendations from evidence based tools including Association of UK University Hospitals (AUKUH), e-panda, Baseline Emergency Staffing Tool (BEST) and Birth Rate plus. Over the year more than 98.5% of shifts identified were filled with the nursing workforce required to meet the needs of our patients, in accordance with the assessments.

We have worked to reduce our reliance on locums. Working with neighbouring trusts, North Lincolnshire and Goole Hospitals and United Lincolnshire Hospitals, the Trust's procurement team secured an improved deal for locum and agency workers, saving the Trust £3.6m on 146,662 agency hours and £300k on agency fees.

In August, the Trust switched to an auto-registration model, in partnership with NHS Professionals, moving all of our nursing, midwifery and health care staff on to the organisations internal bank. By moving to this model it means the Trust is less reliant on agency workers and will be able to draw from a larger bank pool to fill gaps in rotas.

In line with improvements to our workforce, the Service Department has introduced a new 'zone' model for cleaning and portering at Doncaster Royal Infirmary. This follows an extensive revamp of the current service and aims to give wards, clinical areas and patients an improved service to better meet the 24/7 day working arrangements. Due to the size, the DRI site will have seven cleaning and portering geographical 'zones', with a dedicated team of service assistants headed up by a Team Leader and Zone Coordinator.

In July, a Family Suite was officially opened at the Bassetlaw Hospital Labour Ward. The new facility, funded by £40k in charitable donations in partnership with charity JOEL: The Complete Package offers bereaved parents a place to spend time with their baby following a still birth.

In November, we officially opened our newly transformed eye service following an extensive seven month building project. Renamed the Fred and Ann Green Eye Centre, the space has a new waiting area, 15 examination rooms, seven vision lanes and three treatment rooms to care for patients with a range of eye disorders from common problems like conjunctivitis to more severe conditions which can affect vision such as cataract and glaucoma. Following this improvement, we secured a contract with NHS England to bring Bassetlaw's Diabetic Eye Screening Programme in-house and the service was transferred to the Trust in April 2017.

Also in November, work was completed on a new Children's Outpatients Department at Bassetlaw Hospital, following a £278k investment. The newly created space is co-located to the, existing, Children's Ward, improving clinical links between the two areas and allowing nursing teams to work across both, ultimately enhancing the care for younger patients.

Throughout 2016/17, the Trust faced significant challenge in staffing the Children's Ward, known as A3, at Bassetlaw Hospital. Due to gaps in nursing staff and the junior doctor rota, the decision was taken in partnership with NHS Bassetlaw Clinical Commissioning Group (CCG) to close the ward to overnight admissions until suitable staffing could be recruited and the service operated overnight safely. All children needing overnight observation are transferred to Doncaster Royal Infirmary, via a private ambulance commissioned in partnership by the Trust and CCG.

1 Performance Report

Focus on innovation for improvement

Continuing our international partnerships, a consultant at Doncaster and Bassetlaw Hospitals has become the first British Ear, Nose and Throat (ENT) surgeon to receive visiting professor status at a top medical university in China. Mr Shahed Quraishi was awarded the accolade by the Capital Medical University, in Beijing, China, following a series of successful ENT master classes held in Beijing and Hong Kong in May 2016.

The Trust was the first in the country to vaccinate over 75% of front line staff against the flu. The Health and Wellbeing team marshalled the organisation's dedicated army of 'Flu Busters', peer vaccinators to vaccinate doctors, nurses and other healthcare workers on wards and outpatient areas, even carrying out special sessions for weekend workers and night staff. Thanks to their efforts, over 3,500 members of Team DBTH were vaccinated. In March 2017, the Health and Wellbeing Lead, Helen Houghton, was named Flu Fighter Champion of the year by NHS Employers, thanks to her efforts coordinating this achievement.

End of life care provided by the Trust was named among the best in England, according to a report by the Royal College of Physicians (RCP). The review scored the Trust higher than the national average in 10 of 13 categories for clinical and organisational care, which included recognising that the patient was in the last days of life, providing an around-the-clock palliative care service and involving those close to the dying person in decisions about the care provided.

A new service that hopes to enhance the care of frail and vulnerable older patients launched initially at Bassetlaw Hospital. Running as a six-month pilot, and further embedded permanently across both sites, the Enhanced Care Team provides specialist care for patients who have confusion, delirium or dementia. Going beyond 'normal' ward care, patients under the supervision of the team will receive one-to-one attention to improve their hospital experience and help keep them free from harm.

The Trust was highly rated in the National Diabetes Inpatient Audit (NaDIA). At Doncaster Royal Infirmary and Montagu Hospital, 124 inpatients with diabetes took part in the audit. The results for the Trust show a huge improvement for inpatient diabetes care, despite the disease being more prevalent in the borough than the national average. The audit, carried out by the Health and Social Care Information Centre (HSCIC), looked at the care of all inpatients with diabetes on a single day in all trusts across England and Wales.

A team that specialises in protecting patients from pressure ulcers at the Trust won first place at the Tissue Viability Society's 2016 conference for a unique skin care routine that counteracts the effects of skin damage. The Skin Integrity Team explored the development of a new single skin care regime for both superficial pressure ulcers and incontinence associated dermatitis (IAD). They reviewed and assessed the effectiveness of several skin care products in use on the wards and designed a quick and easy way for staff to cleanse, protect and restore the skin for both conditions. The team road tested the new routine for three months with results showing a 26% reduction in low grade pressure ulcers and IAD in 31 patients and by a further 10% in 28 patients.

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Financial performance

NHS Improvement 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 2016/17 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 third year that the accounts of the Trust's charitable funds have been consolidated 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.

2016/17 in review

In November 2016, Jon Sargeant took up the position of Director of Finance, replacing interim Jeremy Cook, as a permanent member of staff.

Throughout the year, our Finance and Strategy and Improvement teams have worked closely to deliver savings of £11.9m for the Trust, against a target of £11m set by NHS Improvement.

Working with regulator NHS Improvement the Trust will be submitting a five year plan during the summer of 2017 that will look to resolve the deficit over the life planning cycle.

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

Savings

We delivered cost savings of £11.9m for 2016/17 with a target of savings set at £14.5m for 2017/18.

Working capital

Cash balances held at 31 March 2017 were £3.232m. Total loans received during 2016/17 were £21.134m. The Trust now has £80.170m of loans.

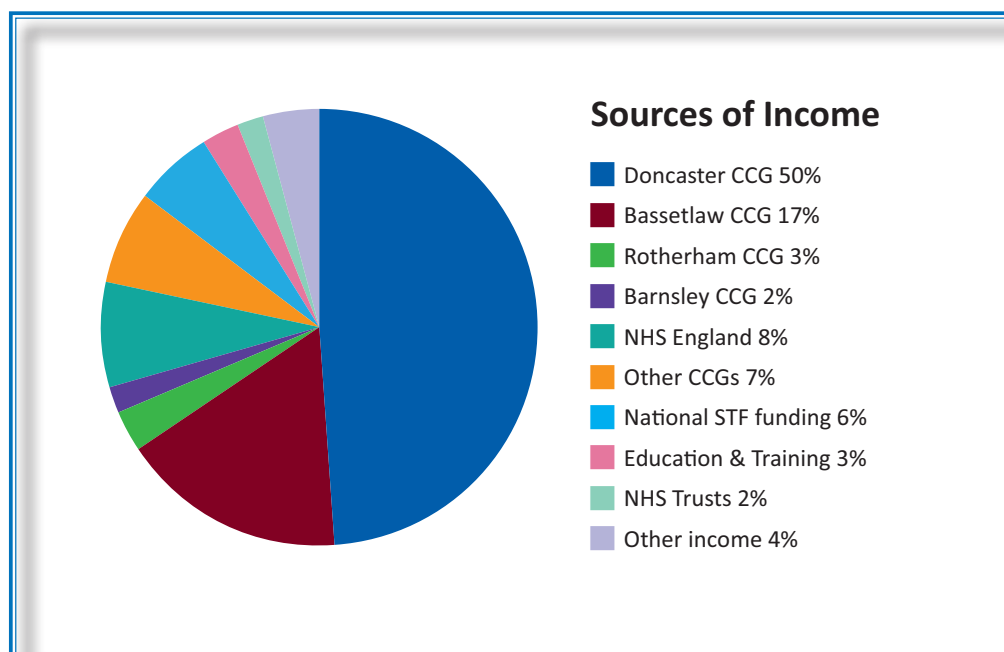
Public Dividend Capital (PDC) dividend

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 £3.180m was paid during 2016/17.

Income

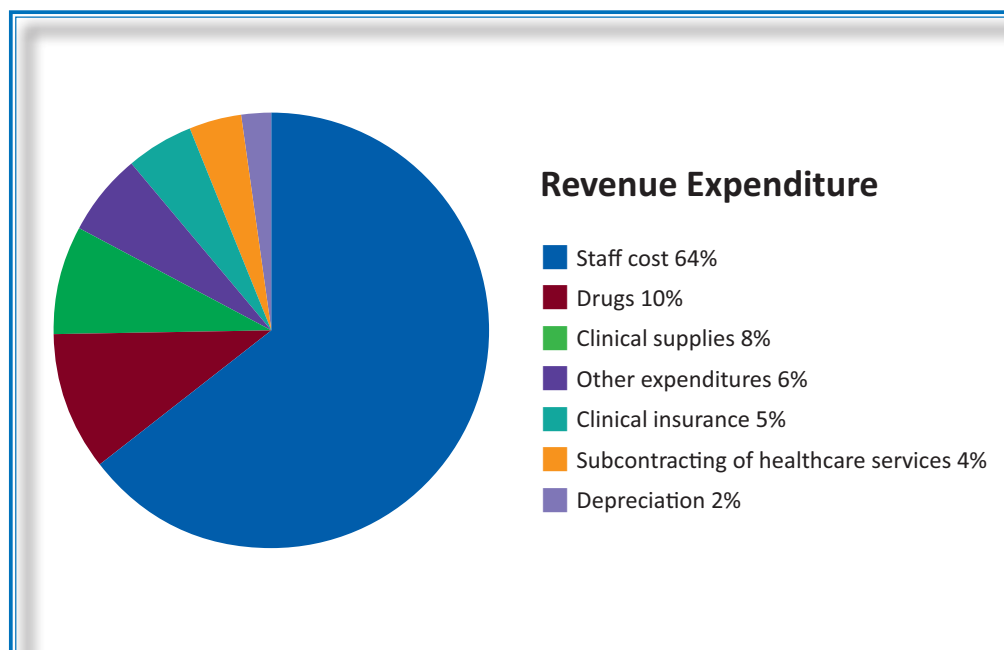
We received a total of £385.647m income in 2016/17, which is growth of 7.25% from the previous year, reflecting the funding received for the additional activity we delivered in the year.

Our main sources of income continue to be Doncaster CCG and Bassetlaw CCG, as shown in the pie chart below.



Revenue expenditure

During the year the Foundation Trust spent a total of £387.52m. As in previous years the vast majority of our expenditure is on staffing – 62.80% with nursing staff and medical staff continue to be our biggest areas of expenditure. For 2016/17 an increased proportion of our staffing spend was on non-substantive staff, reflecting both the national challenges in recruiting in a range of key areas and the in-year increase in staffing requirements in response to the growth in demand.



1 Performance Report

Capital expenditure

Expenditure on larger items with a life of more than one year, typically buildings and equipment, was £7.337m of which £2.077m was funded by charitable donations. The major capital schemes in year were:

Scheme	£'m
Estate Investment - Fire Enforcement Works	1.5
Other Estate Investments	0.8
Medical Equipment Replacement	3.0
IT Schemes	2.2
Other Schemes below 500k	0.6
DRI Ophthalmology Outpatients	2.0
Total Capital Investment	10.1
Funded by Charitable Donations	1.8
Assets Donated by Charity	0.2



1 Performance Report

Operational Performance

Area	Indicator	Standard	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	YTD
Safety	Clostridium Difficile	40 Full Year	10	5	8	5	26
	MRSA	0	1	1	1	0	3
Quality	31 day wait for second or subsequent treatment: surgery	94.00%	100%	95%	100%	97.7%	99.5%
	31 day wait for second or subsequent treatment: anti-cancer drug treatments	98.00%	100%	100%	100%	100%	100%
	31 day wait for second or subsequent treatment: radiotherapy	94.00%	100%	100%	100%	100%	100%
	62 day wait for first treatment from urgent GP referral to treatment	85.00%	87.7%	86.6%	85%	86.7%	86.5%
	62 day wait for first treatment from consultant screening service referral	90.00%	97.9%	92.8%	95%	88%	93.5%
	31 day wait for diagnosis to first treatment- all cancers	96.00%	99.1%	99.8%	99.8%	99.3%	99.5%
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%	93.4%	94.6%	94.7%	89%	92.8%
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93%	94.2%	96.5%	96.1%	93.3%	95.1%
	A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge	95.00%	93.5%	93%	90.1%	88.9%	91.4%
	Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	92.8%	92.1%	90.1%	90.5%	90.5%

Green: Performance achieved

Orange: Performance close to achievement

Red: Performance not achieved

1 Performance Report

Four hour access target

Although we failed to achieve the four hour access target, 2016/17 saw the Trust outperform many of the Trusts in the region and we were amongst the best performing organisations in the country. Despite seeing very high attendances, the Trust managed to stay above 90% 10 months out of the year, with Bassetlaw Hospital's Emergency Department achieving over 95% for six separate months, routinely being in the top 10 of best performing departments.

As reflects the national picture, we have faced a very difficult winter period with increased demands often from older more ill patients, a position not unique to this Trust. Unfortunately this resulted in patients waiting longer than expected, with the final quarter of the year achieving 88.9% against the 95% four hour wait standard, bringing our end of year position to 91.4%, missing the standard.

Despite missing the target, we have still managed a strong performance throughout the year which has been undoubtedly due to all the staff working extremely hard in our emergency services pathways.

18 week Referral to Treatment (RTT) targets

We narrowly missed the target of 92% for the singular target of complete pathways for 2016/17, achieving 90.5%. There were eight speciality pathways not achieving at the end of the year, mainly due to increasing levels of referrals in the year. These were General Surgery, Urology, Trauma and Orthopaedics, Ears Nose and Throat (ENT), Ophthalmology, Pain Services, Gynaecology and Cardiology.

Diagnostic waits

Improvements in pathways, and the hard work of the staff in medical imaging department, ensured that diagnostic waits for imaging were achieved at 99.3%. The overall Trust position achieved 98.8%. The only area to not achieve diagnostic waits was Audiology.

Cancer targets

For 2016/17, we have achieved the 62 day wait for first treatment, coming in at 93.5%. We also achieved our two week referral rates when cancer is not suspected, but narrowly missed out on suspected cases, achieving 92.8% instead of the required 93%. All 31 day targets were achieved.

To help achieve this target in the future, the Trust has transitioned all two week referrals to the Electronic Referral System, with all GP practices within Doncaster and Bassetlaw moved to this method 3 April 2017.

Other quality targets, including internal targets

Details of our performance against our quality targets can be found in our Quality Report on page 100.

Improving patient care - awards and accolades

Our team work incredibly hard to continuously improve our services and deliver the best possible care for our patients. It was no surprise that a number of them received external acknowledgment for their hard work by being shortlisted for awards in 2016/17 including:

April 2016

The National Diabetes Inpatient Audit (NaDIA) audit team wrote to the Trust to congratulate the staff on the improvements for significant improvements within the National Diabetes Inpatient Audit (NaDIA). The Trust has moved from significantly below national average to significantly above national average, with some results in the top 10% in line with the Trust's Strategic Direction.

May 2016

End of life care provided by the Trust was named among the best in England, according to a report by the Royal College of Physicians (RCP).

June 2016

The Trust's inpatient survey, conducted by Picker, was published with the Trust scoring 'as expected' with an overall score of 8.2/10, comparing favourable to neighbouring trusts.

July 2016

A consultant at the Trust became the first British Ear, Nose and Throat (ENT) surgeon to receive visiting professor status at a top medical university in China.

The Trust was awarded silver by Nottinghamshire County Council for 'Wellbeing at Work' schemes offered to staff. This follows a bronze award received in October 2015.

August 2016

The Medical School at the University of Sheffield awarded Juan Ballesteros, Consultant in Emergency Medicine, the Clinical Teaching Award after students at the medical school were asked to nominate individuals who provided high quality teaching in a clinical setting and inspired and supported them through their learning.

The Trust's Trauma Peer Review noted positive progressive since 2015/16's audit, with concerns found to be low-level and easily resolvable.

Jason Mullarkey, Project Manager and keen cyclist at Doncaster Royal Infirmary, bagged himself a bronze in the 'Race to Rio,' a national workplace initiative to get NHS employees active. The Trust also managed to finish the race in third place on the organisation league table. Members of the team racked up 52,873km in total which roughly amounts to 9,000,000 calories burnt and a tremendous 37,000 hours of activity.

September 2016

A team that specialises in protecting patients from pressure ulcers at Doncaster and Bassetlaw Teaching Hospitals won first place at the Tissue Viability Society's 2016 conference for a unique skin care routine that counteracts the effects of skin damage.

1 Performance Report

October 2016

A team of research nurses at the Trust were shortlisted for the Nursing Times Clinical Research Nursing award, for making life-changing clinical research easily accessible to all patients.

Following a successful campaign lead by the Health and Wellbeing team, we became the first acute Trust in the country to vaccinate over 75% of our front-line staff against flu.

November 2016

Director of Procurement, Andrea Smith, was nominated for NHS Leadership Academy's Emerging Leader Award for leading her team to deliver cost-saving measures which will totalled over £2 million by the end of the financial year.

Richard Somerset, Deputy Director of Procurement received a 'Highly Commended Award' at the annual Health Care Supply Excellence Awards for his project management of a joint venture between DBH, North Lincolnshire and Goole NHS Foundation Trust and United Lincolnshire Hospitals.

The Integrated Discharge Team at Bassetlaw Hospital won Care Team of the Year at the Great East Midlands Care Awards.

December 2016

The Trust was awarded a Bronze Sport and Physical Activity Award by NHS Employers for our commitment to providing healthy work place activities for staff.

NHS Leadership Academy awards the Trust's Strategy and Improvement directorate Outstanding Non-Clinical Achievement award for cost-saving activities.

January 2017

An innovative and collaborative approach to purchasing medical supplies, which has saved Hospital Trusts in South and Mid Yorkshire, Chesterfield and Bassetlaw more than £1m, was shortlisted for Health Service Journal's Healthcare Awards.

The British Society of Echocardiography (BSE) accredits the echocardiography service at Doncaster Royal Infirmary, which performs cardiac ultrasound scans (echocardiograms) on patients, as being a high quality service and commended the clinical experts who work there.

The Trust becomes Doncaster and Bassetlaw Teaching Hospitals, becoming one of only five to gain this status in Yorkshire.

Doncaster and Bassetlaw Teaching Hospitals' Knowledge and Library Service awarded a perfect score of 100% for Health Education England's (HEE) annual NHS library assessment.

February 2017

Holly Ridgeway-Bowyer, Apprentice Clinical Photographer, nominated for Apprentice of the Year award by Health Education England.

The Association of Chartered Certified Accountants (ACCA) awards the Trust Approved Accredited Employer status in recognition of its commitment to providing finance staff with excellent support to ensure that they uphold the highest professional standards.

1 Performance Report

Dawn Jarvis, former Director of Strategy and Improvement, shortlisted for Finance Innovator of the Year award by the Chartered Institute of Public Finance and Accountancy (CIPFA) for her role in leading the Trust's Strategy and Improvement team, with particular emphasis on efforts concerned with financial turnaround.

March 2017

Health and Wellbeing Lead, Helen Houghton named 'Flu Fighter Champion' at NHS Employer's annual Flu Fighter Awards, thanks to work leading the Trust's flu vaccination campaign.

The Trainee Assistant Practitioner project awarded the 'Partnership of the Year' award at the Talent for Care awards at the Guild Hall in Hull on 10 March. The project is worked in collaboration between DBTH, Sheffield Teaching Hospitals, Barnsley District General Hospitals, St Luke's Hospice, Rotherham District General Hospital, Sheffield Health and Social Care and Sheffield Children's Hospitals.



Social, community and human rights

Communications 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. Through a wide variety of mediums, including social media, members' events and the local press, we look to genuinely engage with people, listen to their views, suggestions and feedback, and work with them to keep improving the care we provide:

- Publicising public health messages, key news and developments and pursuing positive working relationships with the media. Throughout 2016/17 the Trust substantially increased its output via traditional and social media to positive effect
- Consulting with patients, the public and partner organisations about our strategies and developments where appropriate
- Being honest about mistakes, both with patients/next of kin and with external bodies where appropriate. We have continued to be open and transparent in regards to our financial position, publishing a number of staff bulletins as to our progress as well as placing columns in local media
- 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 (FOI) requests
- Providing patient and service users with high quality information, for example about health conditions and treatment
- Keeping key stakeholders, including governors, members, staff and GPs informed through regular briefings, publications and member events
- Holding our Board of Directors meetings and Board of Governors meetings in public
- Publicising our complaints procedure.

Our work delivering NHS England's screening programmes (abdominal aortic aneurism, breast cancer, diabetic eye and cervical cancer) has continued, strengthening our community engagement across South Yorkshire and Bassetlaw, developing relationships with key partners and community leaders in Doncaster, Worksop and wider in South Yorkshire.

We continue to improve our community engagement through education. Outreach visits to local schools, conducted by the Education Team, have provided school pupils with an understanding of the services provided by the Trust, how they can manage their own health and also to showcase career opportunities within the NHS, which was expanding upon with the Trust's Ambassador Programme.

Trips from local schools have also been organised, with special educational needs school, Heatherwood, visiting Doncaster Royal Infirmary to understand what services are available and also to address any anxiety that pupils may have when coming into hospital.

In March, the Trust supported Keep Britain Tidy, with team members encouraged to keep their department and area tidy, while senior executives got involved, picking litter around the grounds.

Charity, volunteers and fundraising

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

1 Performance Report

Volunteers

We have over 250 volunteers in our hospitals who volunteer across a range of services including assisting patients at mealtimes, escorting patients and visitors around the hospital, assisting in clinics and working in our coffee shop. Many more opportunities are available and we strive to expand these opportunities each year.

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

Charitable funds and fundraising

Charitable and legacy funds such as the Montagu Hospital Comforts Fund, the Bassetlaw Hospital 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 that have made donations to benefit patient care in 2016/17.

Sustainable Development Plan

Our commitments to sustainable environments and energy saving continue to form part of our overall Trust strategy, and we are currently developing a Sustainable Development Plan which will form part of our revised Estates and Facilities Strategy.

This means that as a Trust we will aim to reduce our carbon footprint further, and already have in place cross-site shuttle services aimed at reducing grey mileage emissions, in addition to our Combined Heat and Power plants (CHP) at our Doncaster and Montagu sites. We are also currently investigating opportunities to partner with the private sector for an energy performance contract (EPC) to accelerate power conservation and reduce consumption.

The Trust's CHP plants at both DRI and Montagu Hospitals generate over 1.2 megawatts of energy. This supports both heating and steam generation on site and also the heating provision and sterilisation processes within the hospital's sterile disinfection unit. The electrical generation that is created is fed back on to the network and provides for nearly half the electrical capacity required on the DRI site.

In addition the Trust has two deep ground boreholes providing primary water supplies to both Doncaster Royal Infirmary and Bassetlaw Hospital. These provide much of the site's water supplies from a sustainable and natural water aquifer. During the last year the pumps for both systems have been replaced to maintain optimum efficiency from the borehole supplies.

The reportable carbon emission of the Trust has continued to show a downward trend resulting in a reduced carbon reduction commitment cost to the Trust this year.

In terms of the carbon reduction commitment the CHP engines have an annual scrutiny by the Environment Agency.

In addition to reducing our waste streams as far as possible, we also aim to provide the safest possible systems and use the 'Sharpsmart' system for the disposal of sharps and needles.

1 Performance Report

The Trust has committed to developing an 'active travel plan' for staff, to improve health and wellbeing and to also reduce the impact on local communities and the environment. The plan, currently open for consultation with staff, means encouraging team members to get more active when working, especially for those with office-based positions, as well as considering how they travel to and from work, or between sites.

Key developments since the end of 2016/17

The Trust said goodbye to two Board members on 31 March 2017. Dawn Jarvis left the organisation on 31 March as Director of Strategy and Improvement after five years at the Trust and David Crowe departed after eight years as a Non-executive Director. David has been replaced on the Board by Neil Rhodes.

The Trust launched its new financial system, SBS, on 3 April 2017.

Principal risks and uncertainties and factors affecting future performance

The principal risks against achievement of the Trust's strategic objectives are around the delivery of accurate financial reporting, compliance with regulatory standards, ensuring appropriate estates infrastructure is in place and cyber security.

- **Delivering our financial plan, cost reduction programme and Efficiency and Effectiveness Plans (EEP).**

The target of our EEP for 2017/18 is set at £14.5m. The EEP process is managed by the Programme Management Office in the directorate of Strategy and Improvement, with Executive Director leadership of individual corporate work stream of the plan. Care Group/Corporate Department have ownership of delivery of local plans. Each work stream has a comprehensive project initiation document and workstream and local plans have been quality impact assessed.

Demand and growth for healthcare services could impact on the delivery of our financial plan. Whilst there are plans across the health community aimed at reducing demand for acute services, demand predictions for demographic growth not included in contracts by commissioners may result in adverse variance in the financial performance of the Trust.

The Trust has recently reviewed its deficit and a report was submitted to the Trust Board (25 April 2017) outlining the key reasons driving the deficit and confirming an underlying deficit of £28m. The report further suggested that a realistic timeframe to resolve the deficit would cover up to four years in line with some of the Sustainability and Transformation Plans (STP) for South Yorkshire and Bassetlaw.

- **Ensuring we comply with financial performance aspects of the regulatory framework and deliver accurate financial reporting**

The Trust has made significant strides to reduce its deficit through delivering an ambitious deficit reduction and cost improvement programme. In addition, weaknesses in the financial controls of the Trust have been bolstered through regular monitoring of progress through a new Financial Oversight Committee and the enhancement of key roles within the Trust's finance team.

This resulted in a clean set of accounts for 2015/16, completion of month nine accounts and a consistency of reporting over the year. Although direct regulatory involvement has reduced throughout the year, the Trust nevertheless remains in a position of mandated support in respect of

the NHS Improvement Single Oversight Framework and its provider licence.

It is also non-compliant for delivery of accurate financial reporting underpinned by effective financial governance.

Over the coming year, the planned introduction of a new financial system, loss of corporate memory and further efficiency and effectiveness plans pose significant challenges for the Trust.

- **Ensuring that appropriate estates infrastructure is in place to deliver services**

A significant proportion of the Trust's estate dates back to the 1960s and requires investment to ensure that we are able to meet our legal requirements and maintain a safe environment in which to care for our patients. An external report in November 2015 highlighted necessary remedial action to ensure the building was compliant with existing regulations and additional surveys have brought the main issues into corporate focus.

In 2016/17 the Trust reinstated its governance framework for overseeing capital works and the estates capital programme for 2016/17 is based upon maintaining and improving the safety of the buildings and their environments and, in so doing, supporting the patient safety agenda. Moving forward, the availability of capital funds to support such improvements remains a challenge.

- **Failure to achieve compliance with performance and delivery aspects of Single Oversight Framework, CQC and other regulatory standards, triggering regulatory action**

The Trust was last inspected by the CQC in April 2015 and received a rating of 'requires improvement', with 'good' for caring and well-led. Recommendations have been monitored through the Trust's Clinical Governance Oversight Committee and, at an operational level, through regular monitoring of targets at care group level.

Work is still required to ensure that the recommendations are embedded throughout the organisation. A key challenge remains around recruiting, retaining and developing sufficient nursing and other clinical staff to ensure safe staffing levels. We are using both national and local evidence to define evidence-based staffing levels for an increasingly wide range of staff.

Governance structures are in place to support the active reduction of our agency spend in-line with the introduction of new price caps and to minimise our reliance on agency and locum.

- **Ensuring the Trust remains operational in case of cyber security breach**

A recent issue at a neighbouring trust has exposed the vulnerability of NHS organisations to cyber security breaches. In response, the Trust is carrying out detailed penetration testing of its systems, ensuring staff are aware of their responsibilities in mitigating the risks and putting in place sufficient staffing capacity and capability.

- **Availability of workforce and addressing the effects of agency caps**

Like many trusts nation-wide this year we have faced staffing challenges, most notably seen in Paediatrics at Bassetlaw Hospital. In order to address these issues, we are looking at new and innovative schemes to fill these workforce gaps, something our new teaching hospital status will undoubtedly aid, as well as improvements such as better use of locums and moving all clinical staff onto the Trust's internal bank.

1 Performance Report

A key challenge for 2017/18 is to recruit, retain and develop sufficient nursing and other clinical staff to ensure safe staffing levels. We are using both national and local evidence to define evidence-based staffing levels for an increasingly wide range of staff.

The governance structures are in place to support the active reduction of our agency spend in line with the introduction of new price caps (April 2016) and to minimise our reliance on agency and locum. This active management of the workforce will continue through 2017/18, but has already achieved improvements in the relative use of agency nurses.

- **Working towards Sustainability and Transformation Plans (STP)**

The STP, made up of trusts and CCGs within Doncaster, Bassetlaw, Sheffield, Rotherham and Barnsley, is the local approach to delivering the national 'Five Year Forward View' plan, as put forward by NHS England. 25 health care partners from across the region are involved in the plan, along with Healthwatch and voluntary sector organisations, and the Trust's future plans will work in tandem and partnership with the STP.

The estates capital programme for 2017/18 is based upon maintaining and improving the safety of the built environment and in so doing supporting the patient safety agenda.



1 Performance Report

Going Concern

The Department of Health requires Foundation Trusts to decide the going concern basis on annual basis, the going concern principle being the assumption that the entity will remain in business for the foreseeable future. The Board of Directors considered this at their meeting on 25 April 2017.

The Board recognised a level of uncertainty, with the key issues being the Trust's reliance on additional cash resource provided by NHS Improvement. The Trust has submitted financial plans for 2017/18 and 2018/19 that assume the continuation of this support.

However, the Board was happy to agree that the Trust was a going concern on the basis of the following:

1. There is continuing support from local commissioners – the trust currently has two year contracts in place to 31st March 2019.
2. Within the proposals for the local STP the Trust is expecting to play a significant role in the provision of urgent and emergency services in South Yorkshire and Bassetlaw with the potential for inward investment to support the additional services once final decisions are made e.g. Stroke services as per the recent public consultation carried out by CCG's.
3. The Trust recently transferred its working capital repayable on demand 'overdraft' type loan to a structured loan with agreed repayment dates. This new converted loan was for £40m all repayable on 18th January 2020.
4. Whilst no formal undertaking has been received from NHSI to continue to provide additional liquidity on an ongoing basis the planning assumptions that the Trust operates under imply this will be forthcoming.
5. The trust has delivered a year-end financial outcome well ahead of its agreed control total for 2016/17 (£6.4m compared with £24.7m) and plans to achieve the lower target assigned for 2017/18 (£16m).



Richard Parker
Chief Executive (acting in his capacity as Accounting Officer)
31 May 2017

2 Accountability Report

Directors Report

Composition of the Board

During 2016/17, the following persons were members of the Board of Directors:

Name	Position	Term of office	Term of office from	Attendance at Board meetings
Suzy Brain England	Chair of the Board (from 1.1.17)	3 years	1.1.17	3 of 3
Chris Scholey	Chairman (to 31.12.16)	1 year	1.1.16	9 of 9
Alan Armstrong	Non-executive Director (Senior Independent Director from 1.10.16)	2 years	1.10.16	12 of 12
Geraldine Broderick	Non-executive Director (and Senior Independent Director). Both roles to 18.7.16.	2 years	1.4.14	3 of 3
David Crowe	Non-executive Director (to 31.3.17)	2 years	1.4.15	9 of 12
Martin McAreavey	Non-executive Director	3 years	1.3.15	12 of 12
John Parker	Non-executive Director (Deputy Chairman to 31.3.17)	3 years	1.4.16	11 of 12
Linn Phipps	Non-executive Director (from 1.1.17)	3 years	1.1.17	3 of 3
Philippe Serna	Non-executive Director	3 years	1.7.15	10 of 12
Mike Pinkerton	Chief Executive (to 31.1.17)			9 of 10
Richard Parker	Director of Nursing, Midwifery and Quality (to 31.12.16) / Chief Executive (acting from 1.1.17, substantive from 1.2.17)			11 of 12
Karen Barnard	Director of People and Organisational Development (from 2.5.16)			10 of 11
Jeremy Cook	Interim Director of Finance (to 1.11.16)			7 of 7
Moira Hardy	Acting Director of Nursing, Midwifery and Quality (from 3.1.17)			3 of 3
Dawn Jarvis	Director of Strategy and Improvement (to 31.3.17)			11 of 12
David Purdue	Chief Operating Officer			12 of 12
Jon Sargeant	Director of Finance (from 2.11.16)			5 of 5
Sewa Singh	Medical Director			12 of 12

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

Non-executive Directors are appointed and removed by the Board of Governors, while Executive Directors are appointed and removed by the Nominations and Remuneration Committee of the Board.

The outgoing Chairman, Chris Scholey, had no other significant commitments and this position did not change during the year.

The new Chair of the Board Suzy Brain England's other main commitments are as Chair of Keep Britain Tidy and Derwent Living and as a Lay Representative for Health Education England: Yorkshire and Humber. This position did not change since her commencement in post on 1 January 2017.

2 Accountability Report

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 2016/17 as part of Non-executive Director appointments processes, and the Committee recruited two Non-executive Directors in this period.

Brief details of all Directors who served during 2016/17 are as follows:



Suzy Brain England OBE C.Dir (Joined Trust 1 January 2017) is an experienced board chair, non-executive director, consultant, mentor and counsellor. Suzy is currently the Chair of Derwent Living Housing Association, Chair and Trustee of Keep Britain Tidy, Lay Representative for Health Education England's doctor training and recruitment in Yorkshire, a member of the Institute of Directors' Accreditation and Standards Committee, and founder of Cloud Talking mentoring services. Suzy has a wealth of experience in chairing and serving on boards in a variety of sectors including health, housing, enterprise and finance. She is a former Chair of Kirklees Community Healthcare Services, former Non-executive Director and Acting Chair of Mid-Yorkshire Hospitals NHS Foundation Trust and was a Non-executive Director at Barnsley Hospital NHS Foundation Trust. She was awarded an OBE for her work as Chair of the Department of Work and Pensions Decision Making Standards Committee. Suzy began her career as a journalist and in her executive roles she has been CEO of The Talent Foundation, the Earth Centre in South Yorkshire and a Director in the Central London Training and Enterprise Council.



Chris Scholey (left Trust 31 December 2017) 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.



Geraldine Broderick (left Trust 18 July 2016) 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.

2 Accountability Report



David Crowe (left the Trust 31 March 2017) lives in Carlton-in-Lindrick, near Worksop, and 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, BGP, 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. David is a member of the Leeds Employment Tribunal Panel and of the Central Arbitration Committee.



Martin McAreavey left Northern Ireland when he was 18 to train in Medicine and General Medical Practice in Scotland. In 1999 he moved with his family to Yorkshire to train in Public Health Medicine. Since qualifying as a Consultant in Public Health Medicine in 2005 he has taken on increasingly senior roles in Health Care and Health Care Education, his current role being Deputy Director of the Leeds Institute of Medical Education, this institute responsible for the training of new doctors (approx. 1,400 medical students in total), and Associate Professor at the University of Leeds. He also holds an honorary Consultant contract in Public Health Medicine with Public Health England and an Executive Master of Business Administration degree from the Leeds University Business School.



John Parker was born and brought up in Manton, Worksop and currently lives in Saxilby. He 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.



Linn Phipps (joined Trust 1 January 2017) has a background in the public sector, originally in public transport and local government director roles. For over 15 years she has held a portfolio of Non-executive Director (NED) and consultancy posts. She has been a Non-executive Director/Chair in NHS primary care and in mental health/learning disability care. Her consultancy and non-executive work focuses on coaching, mediation and facilitation; addressing governance and risk; and reducing health inequalities. She has national roles representing patient and public voice, for example serving on two NICE (National Institute for Health & Care Excellence) committees as a Lay Member, and on NHS England's Patient Online Programme Board as Chair of its Stakeholder Forum. Previously the Chair of Healthwatch Leeds, she is now Deputy Chair, and until November 2016, served as a Patient and Public Voice representative of NHS England's Clinical Priorities Advisory Group. Linn is particularly interested in how patient and public views influence what happens in health and care.



Philippe Serna was educated at the University of New South Wales, in Australia and is a qualified chartered accountant with over 25 years' experience. He has worked through his own company as a senior interim consultant to Blue Chip and smaller companies throughout Europe since 2003. Philippe has expertise in risk management, process design, control and audit along with director level finance and management experience. He also currently serves on the board of an Academy Trust.

2 Accountability Report



Richard Parker was appointed Chief Executive in January 2017. Richard's previous role was Director of Nursing, Midwifery & Quality. Richard 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.



Mike Pinkerton (left the Trust 31 January 2017) joined the Trust as Chief Executive in 2013, after holding previous roles within the organisation. Mike'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.



Karen Barnard joined the Trust from Sheffield Teaching Hospitals where she was Deputy Director of HR and Organisational Development. Before that she worked at Mid Yorkshire Hospitals as Deputy Director of HR and has experience working for various NHS organisations across Northern Lincolnshire.



Jeremy Cook (left the Trust November 2016) joined the Trust in November 2015 as Interim Director of Finance. A Chartered Accountant with 31 years post postgraduate qualification experience of which the last 22 years have been spent in the NHS. He has worked both in Scotland and in England in small, medium and large acute trusts, large mental health trusts and in primary care. Jeremy has been self-employed covering interim and project work for the last six years. He has spent three years working in Central London and three years within Greater Manchester.



Moira Hardy qualified as a registered general nurse in 1985 from the Sheffield School of Nursing, and became Acting Director of Nursing, Midwifery and Quality in January 2017. She has worked in a number of corporate senior nursing roles at Assistant Chief Nurse level before moving to Doncaster as Deputy Director of Nursing, Midwifery & Quality in July 2014. Moira is a strong advocate for patients and promoting positive patient experience. She gained a BMedSci in Nursing Studies from the University of Sheffield in 2000.

2 Accountability Report



Dawn Jarvis (left the Trust 31 March 2017) 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. She left the Trust in March 2017.



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.



Jon Sargeant joined the Trust as Director of Finance in November 2016. Previously Director of Finance at Burton Hospitals NHS Foundation Trust, Jon has over 25 years of experience, working exclusively in the health service. Starting as a Financial Trainee at Heartlands Hospital in 1989, Jon held a number of board level posts, most notably as Director of Finance at Epsom and St Helier University Hospitals, leading a number of reconfiguration projects at the London-based Trust, before moving to Burton Hospitals in 2013.



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.

Registers of 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.

2 Accountability Report

Cost allocation and charging

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

Donations

The Trust made no donations to political parties or other political organisations in 2016/17 and no charitable donations in 2016/17.

Payments 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 is in receipt of cash support from the Department of Health and therefore the Trust's cash flow is being proactively managed with the aim of paying outstanding invoices within the Public Sector Payment Policy 30 day target.



Quality governance

The Board of Directors monitors a series of quality measures and objectives on a monthly basis, reported as part of the Business Intelligence Report and Nursing Workforce report. Risks to the quality of care 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, particularly the Clinical Governance Oversight Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement.

During 2016/17, the Trust underwent an external governance review in accordance with NHS Improvement's Well Led framework. In addition to examining the Trust's approach to the four key questions of Well Led, the Trust agreed eight focus areas with NHS Improvement around whistleblowing, internal audit, collaborative working, strategic planning, risk management, the Board's sub-committees, business planning and Board level mentoring/support.

The review was positive about the Trust's quality culture, highlighting that the Board had led the response to the financial turnaround internally which had earned the respect of the wider workforce and had been a key factor in the delivery of financial improvements whilst maintaining a focus on quality and performance. In addition, it found that the wider culture of the Trust was clearly focussed around the quality of service provided, with good levels of awareness of the 'We Care' values amongst staff. Areas for improvement around quality impact assessments and data quality were highlighted.

The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality. More information on our arrangements to govern service quality can be found in our Annual Governance Statement (page 77) and Quality Report (page 103). There are no material inconsistencies to report between the Annual Governance statement, annual/quarterly board statements, the Board Assurance Framework, Quality Report, Annual Report and CQC reports.

We aim to work with patients and the public to improve our services, including the collection of feedback through the Friends and Family Test comments, patient surveys and involvement in service changes. We also work in partnership with Healthwatch Doncaster and Healthwatch Nottinghamshire and the Trust's public Governors, to promote patient and public engagement. We have actively been supported by Healthwatch and local Learning Disability patients in undertaking the Patient Led Assessment of the Care Environment (PLACE) this year. Their contribution is very helpful and important in our endeavours to make improvements for patients.

Disclosures to auditors

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.

2 Accountability Report

Income disclosures

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.

Remuneration report

Annual Statement on Remuneration

The Nominations and Remuneration Committee aims to set executive remuneration at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

Having frozen executive remuneration in 2015/16, the Committee took the view that it was necessary to increase executive remuneration by 1% and, for the Chief Operating Officer and Director of Nursing, Midwifery and Quality by an additional £5k.

This was offered on the basis of achievement of objectives in the year, was in line with the pay increase awarded to staff nationally and took account of a 1% rise in executive salaries over the past three years. Doncaster and Bassetlaw Teaching Hospitals were also outliers in respect of executive remuneration, in that our team is generally paid less when compared with neighbouring trusts.

The additional uplifts for the two named officers were awarded as a means of securing their continued employment and implemented following advice from an external Board Advisor appointed by NHS Improvement to work with the Trust.



Suzy Brain England OBE
Chair of the Board

2 Accountability Report

Remuneration policy - Executive Directors

It is the policy of the Nominations and Remuneration Committee to consider all reviews and proposals regarding executive remuneration on their own merits. This means that the recruitment market will be taken into account when seeking to appoint new directors, and salaries are set so as to ensure that the Trust is able to recruit and retain individuals with the required competencies and skills to support delivery of the Trust's strategy.

Executive directors do not have any performance related components within their remuneration, and do not receive a bonus.

The committee does not routinely apply annual inflationary uplifts or increases, and only applies uplifts of any kind where this is thought to be justified by the context. The primary aim of the committee is to ensure that executive remuneration is set at an appropriate level to ensure good value for money while enabling the Trust to attract and retain high quality executives.

The committee considers the pay and conditions of other employees when setting the remuneration policy, but does not actively consult with employees. The committee also considers the remuneration information published annually by NHS Providers when making decisions regarding appropriate remuneration levels.

One Executive director earns more than £142,500, and the Nominations and Remuneration Committee has given detailed consideration to the context of this salary and the performance of the individual in order to satisfy itself that this remuneration is reasonable.

Remuneration policy - Senior managers¹

As at 31 March 2017, two senior managers other than the Executive directors are not remunerated according to Agenda for Change Terms and Conditions of service.

As part of the appraisal process, the remuneration of these managers may reduce or increase on the basis of performance, including delivery of personal objectives and CIP targets. The starting salary for these managers is generally market based, within the pay strategy set by the Trust. With the exception of remuneration, all other Agenda for Change Terms and Conditions, including those relating to payment for loss of office, are applied to these managers.

The committee considers the pay and conditions of other employees when setting the remuneration policy, but does not actively consult with employees. The committee also considers the remuneration information published annually by NHS Providers when making decisions regarding appropriate remuneration levels.

All other managers are remunerated in accordance with Agenda for Change Terms and Conditions of service. Approval to pay remuneration outside of Agenda for Change Terms and Conditions may only be granted by the Director or Deputy Director of People and Organisational Development.

For managers who are paid according to Agenda for Change Terms and Conditions, the Trust is under an obligation to pay increments and uplifts in accordance with national pay agreements. The Trust does not propose to introduce any new obligation which could give rise to, or impact on, remuneration payments or payments for loss of office.

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The Trust intends to maintain this remuneration policy for 2017/18.

NOTE:¹ This section of the report discusses the wider remuneration policy applied to senior managers not paid in accordance with Agenda for Change Terms and Conditions, but it should be noted that these employees do not meet the NHS Improvement definition of a 'senior manager', and have therefore not been included in the remuneration tables.

Remuneration policy - Other employees

Other than the senior managers and Executive directors referred to above, all employees are paid according to either the Agenda for Change or Medical and Dental Terms and Conditions of service.

Early Termination Liability

Depending on the circumstances of the early termination the Trust would, if the termination were due to redundancy, apply redundancy terms under Section 16 of the Agenda for Change Terms and Conditions of Services or consider severance settlements in accordance with HSG94 (18) and HSG95 (25).



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Future Policy Table

Salary/Fees		Taxable Benefits	Annual Performance Related Bonus	Long Term Related Bonus	Pension Related Benefits
Support for the short and long-term strategic objectives of the Foundation Trust	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	N/A	N/A	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives
How the component Operates	Paid monthly	None disclosed	N/A	N/A	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme
Maximum payment	As set out in the remuneration table. Salaries are determined by the Trust's Remuneration committee	None disclosed	N/A	N/A	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	Trust appraisal system	None disclosed	N/A	N/A	N/A
Performance Measures	Based on individual objectives agreed with line manager	None disclosed	N/A	N/A	N/A
Performance period	Concurrent with the financial year	None disclosed	N/A	N/A	N/A
Amount paid for minimum level of performance and any further levels of performance	No performance related payment arrangements	None disclosed	N/A	None paid	N/A
Explanation of whether there are any provisions for recovery of sums paid to directors, or provisions for withholding payments	Any sums paid in error may be recovered. In addition there is provision for recovery of payments in relation to Mutually Agreed Resignation Scheme (MARS) payments where individuals are subsequently employed in the NHS	None disclosed	Any sums paid in error may be recovered	None paid	N/A

2 Accountability 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 2016/17 consisted of the Chairman and Non-executive Directors. The Chief Executive, the Director of People and Organisational Development (both of whom withdraw if their own remuneration or appointment is considered) and the Trust Board Secretary attend by invitation in order to assist and advise the committee. The committee was convened on six occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board (from 1.1.17)	2 of 2
Chris Scholey	Chair of the Board (to 31.12.16)	4 of 4
Alan Armstrong	Non-executive Director (Senior Independent Director from 1.10.16)	6 of 6
Geraldine Broderick	Non-executive Director (to 18.7.16)	1 of 1
David Crowe	Non-executive Director (to 31.3.17)	3 of 6
Martin McAreavey	Non-executive Director	6 of 6
John Parker	Non-executive Director (Deputy Chair of the Board to 31.3.17)	6 of 6
Linn Phipps	Non-executive Director (from 1.1.17)	2 of 2
Philippe Serna	Non-executive Director	4 of 6

Fair pay comparison

At 31 March 2017, the ratio of the annual salary of the highest-paid director (the Medical Director) to the median salary of Trust staff was 8.55:1 (7.72:1 on 31 March 2016). Last year the ratio of the annual salary to the highest-paid director was calculated on the Chief Executive's salary, the Medical Director's salary includes salary for the executive post and salary for clinical duties.

The median figure was £25,413 (31 March 2016 was £21,692).

Expenses

	2016/17			2015/16		
	No. in office	No. receiving expense	Expenses Paid (£)	No. in office	No. receiving expense	Expenses Paid (£)
Non-executive directors	9	9	£10,209.24	7	6	£7,234.43
Executive directors	9	5	1,980.43	6	4	£2,423.20
Governors	35	8	£2,242.80	39	10	£4,086.72

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Senior Managers Service Contracts

All directors have a notice period of six months; this does not affect the right of the Trust to terminate the contract without notice by reason of the conduct of the Executive Director. All other employees have notice period between one and three months depending on the seniority of the role.

Name	Position	Date of contract (date commenced in post as senior manager)	Unexpired term as at 31 March 2017
Suzy Brain England OBE	Chair of the Board (from 1.1.17)	1.1.2017	2 years 9 months
Chris Scholey	Chairman (to 31.12.16)	1.1.2009	n/a
Alan Armstrong	Non-executive Director (Senior Independent Director from 1.10.16)	1.10.2013	1 year 6 months
Geraldine Broderick	Non-executive Director (and Senior Independent Director). Both roles to 18.7.16.	1.4.2009	n/a
David Crowe	Non-executive Director (to 31.3.17)	1.4.2009	n/a
Martin McAreavey	Non-executive Director	1.3.2015	11 months
John Parker	Non-executive Director (and Deputy Chair of the Board to 31.3.17)	1.4.2010	1 year
Linn Phipps	Non-executive Director (from 1.1.17)	1.1.2017	2 years 9 months
Philippe Serna	Non-executive Director	1.7.2015	1 year 4 months
Mike Pinkerton	Chief Executive (to 31.1.17)	11.6.2012	n/a
Richard Parker	Director of Nursing, Midwifery & Quality (to 31.12.16) / Chief Executive (acting from 1.1.17, substantive from 1.2.17)	14.10.2013	n/a
Karen Barnard	Director of People and Organisational Development (from 2.5.16)	2.5.2016	n/a
Jeremy Cook	Interim Director of Finance (to 1.11.16)	n/a	n/a
Moirra Hardy	Acting Director of Nursing, Midwifery and Quality (from 3.1.17)	3.1.2017	n/a
Dawn Jarvis	Director of Strategy & Improvement (to 31.3.2017)	11.6.2012	n/a
David Purdue	Chief Operating Officer	10.7.2013	n/a
Jon Sargeant	Director of Finance (from 2.11.16)	2.10.2016	n/a
Sewa Singh	Medical Director	1.4.2012	n/a

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Name and Title	2016-17							2015-16						
	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 £2500)	Pension Related benefit (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 £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)
Suzy Brain England OBE - Chair of the Board (from 1 January 2017)	10-15						10-15	n/a						n/a
Chris Scholey - Chairman (to 31 December 2016)	30-35						30-35	40-45						40-45
Alan Armstrong Non-executive Director	10-15						10-15	10-15						10-15
Geraldine Broderick Non-executive Director (to 18 July 2016)	0-5						0-5	10-15						10-15
David Crowe Non-executive Director (to end March 2017)	10-15						10-15	10-15						10-15
John Parker Non-executive Director	10-15						10-15	10-15						10-15
Martin McAreavey Non-executive Director	10-15						10-15	10-15						10-15
Linn Phipps Non-executive Director	0-5						0-5	n/a						n/a
Philippe Serna Non-executive Director	10-15						10-15	5-10						5-10
Mike Pinkerton Chief Executive (to 31 January 2016)	140-145				110-112.5		250-255	165-170				85-87.5		250-255
Sewa Singh(Note 1) Medical Director	215-220				70-72.5		285-290	210-215				85-87.5		300-305
Jeremy Cook (Note 2) - Interim Director of Finance (to 1.11.16)	185-190						185-90	155-160						155-160
Dawn Jarvis - Director of Strategy and Improvement (to 31 March 2017)	120-125				45-47.5		165-170	120-125				40-42.5		160-165
David Purdue Chief Operating Officer	110-115				70-72.5		180-185	115-120				37.5-40.0		150-155
Richard Parker - Director of Nursing, Midwifery & Quality (to 31.12.16) / Chief Executive (acting from 1.1.17, substantive from 1.2.17)	125-130				125-127.5		250-255	115-120				15-17.5		130-135
Jon Sargeant- Director of Finance (from 2.11.16)	55-60				30-32.5		85-90	n/a				n/a		n/a
Karen Barnard - Director of People and Organisational Development (from 2 May 2016)	95-100				22.5-25		115-120	n/a				n/a		n/a
Moirra Hardy - Acting Director of Nursing, Midwifery and Quality (from 3 January 2017)	20-25				22.5-25		40-45	n/a				n/a		n/a

Note 1 - Includes remuneration related to clinical duties

Note 2 - Payment to third party including VAT, left organisation November 2016.

2 Accountability Report

The remuneration report table above has been prepared in line with 2016/17 ARM for Foundation Trusts. The basis of calculation for pension related benefits 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 basis of calculation for pension related benefits is in line with section 7.69 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.



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Pension benefits

Salary and pension entitlements of senior manager

Name and Title	Real increase/ (decrease) in Pension age (Bands of £2500) £000	Real increase/ (decrease) in pension related lump sum at pension age (Bands of £2500) £000	Total accrued pension at pension age at 31 March 2017 (Bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2017 (Bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2016 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer value at 31 March 2017 £000	Employers contribution to stakeholder pension £000
Mike Pinkerton Chief Executive (to 31.1.17) note 1	5 - 7.5	15-7.5	60-65	185-190	1,118	-1,118	0	-
Sewa Singh Medical Director	2.5 -5	7.5-10	75-80	230-235	1,654	120	1,774	-
Jon Sergeant Director of Finance (from 2.11.16)	2.5 - 5	2.5-5	40-45	120-125	736	43	778	-
Karen Barnard Director of People and Organisational Development	0 - 2.5	2.5-5	40-45	125-130	824	24	848	-
Dawn Jarvis - Director of Strategy and Improvement (to 31.3.17)	0 - 2.5	-	10-15	-	83	26	109	-
David Purdue Chief Operating Officer	2.5 - 5	2.5-5	40-45	115-120	652	63	715	-
Moirra Hardy - Acting Director of Nursing, Midwifery and Quality (from 3.1.2017)	4 - 4.5	12.5 - 15	30-35	100-105	564	-	661	-
Richard Parker – Director of Nursing, Midwifery and Quality Chief Executive (acting from 1.1.17, substantive from 1.2.17)	5 - 7.5	15-17.5	45-50	140-145	779	127	905	-

Note 1 - Variance due to retirement and therefore taking pension

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Cash Equivalent Transfer Value (CETV)

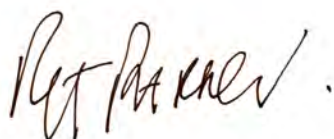
The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement 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.



Richard Parker
Chief Executive
31 May 2017

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Our staff

We can only realise our vision as a Trust through the enthusiasm, innovation, hard work, engagement and behaviours of our staff. 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 crucial that we recruit and retain the right people, support their health and wellbeing, enable them to maintain the highest level of knowledge and skill, and support them in doing their jobs. We believe that this is a Trust with great people providing great care every day, but we also know that we can continually improve, aiming to be the best 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 through collective agreements, to open feedback forums regarding planned changes. Our monthly Staff Brief keeps people informed about key news and developments, including the Trust's performance and how staff can contribute towards improvement. This follows the monthly Board of Directors meeting that takes place a few days earlier and ensures information is cascaded quickly throughout the organisation. Members of the executive team brief members of staff at each site, encouraging engagement and informal questions. The Staff Brief documents are also cascaded through the organisation by managers and team leaders and are made available on the intranet.

The weekly DBTH Buzz staff newsletter, which communicates key information, celebrates individual and team achievements and explains 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, continues to be well received across the organisation.

In line with our cost saving efforts this year, we introduced a separate, monthly, bulletin called the Monthly Turnaround. This one page missive kept staff up-to-date on all things cost improvement, simply communicating this information in a number of small boxes contained with snippets of information such as our performance against monthly cost saving targets, overachievement and overarching goal.

The Ask the Boss facility also 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.

We have also branched into different mediums of communication. In 2017 we introduced a staff Facebook 'group'. With over 1,200 members, this closed network is hosted by Facebook and administrated by the Communications Team, only open to members of the Trust. This new platform gives staff an informal forum in which to communicate, as well as giving the organisation the opportunity to share news with those harder to reach groups of staff.

Reward and recognition

It is important that we encourage and recognise good performance by our staff so our staff awards scheme called DBTH Stars (Staff Awards and Recognition Scheme) enables any employee to 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'; all nominees receive a certificate.

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In September 2016, we held the annual DBTH Stars event celebration at Doncaster's Keepmoat Stadium. The event, organised in partnership with the Doncaster Free Press, and hosted by Look North's Harry Gration, was a resounding success with staff and sponsors and we are already organising the 2017 event.

Health and Wellbeing

A healthy workforce is a vital element in providing high-quality care to our patients. The Health and Wellbeing strategy has picked up pace with an increase in staff engagement of healthy lifestyle activities. A new Lifestyle Assessment Service for staff has been launched, along with a range of exercise opportunities including a walking programme. A team of over 50 health champions from within existing staff have been recruited and trained and are available to support staff with leading a healthier lifestyle.

Our 2016 Staff Survey results show a slight increase in staff experiencing work related stress and we aim to improve on this in the coming year, with a range of opportunities for staff including training and mindfulness.

We have achieved the Nottinghamshire Wellbeing at Work Award at Silver level and we are working towards Gold. We are also working towards achieving the National Workplace Health Charter. We achieved the National Sport and Physical Activity Bronze Award and are working towards the Silver Award. We also came third in a national NHS physical activity challenge.

Our Health and Wellbeing team supports people returning to work after illness and this year with cross-organisational support ran another very successful flu vaccination programme that resulted in 75% of frontline staff being immunised by 30 October 2016 and receiving the accolade of being the first Trust in the Country to vaccinate 75% of frontline workers.

Health and safety

During the past year, we have continued to encourage staff to report issues, and have seen a decrease of 8.9% in the number of issues reported in comparison to the last financial year. This reduction can be attributed to different ways of working, such as the Enhanced Care Team which ensures vulnerable patients have supervision when on the ward.

This financial year has seen an increase in the number of correctly reported staff incidents to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting to the Health and Safety Executive (HSE), attributable to a variety of causes. While there have been a small number of incidents that have been submitted erroneously, the rest remain correctly reported, an encouraging development, with further awareness training scheduled for 2017.

It has been identified through HSE and regional reports that the Trust has been under-reporting for Sharps, with the number of related injuries lower than other Trusts locally. Throughout the past 12 months there has been a drive to ensure that Sharps injuries are not only reported to Occupational Health or Emergency Departments but are reported on Datix. There is a 16.3% increase in reported sharps injuries compared to the last financial year (121 incidents compared to 104). This is encouraging, and further work is scheduled for 2017 within this reporting field.

Our approach to Statutory and Essential to role Training (SET) continues to improve, with the Trust achieving 74.23% compliance for 2016/17 based upon 6,330 Trust employees. Action plans have been developed and are in place to support areas specifically around access to and support with e-Learning, with a number of bespoke education sessions trialled recently for the identified staff



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groups with positive outcomes evidenced. This will help to increase the compliance statistics further in the coming year.

Education and training

As part of our promise to staff to *Develop Belong Thrive Here* we are committed to the training of our staff to enable them to provide an excellent service for our patients. Our Education and Training department facilitates this process by providing a wide range of courses offering personal and professional development, as well as Statutory and Essential for Role Training.

Our formal recognition as a Teaching Hospital is reflected in our commitment to developing our staff to enable them to provide an excellent service to our patients. Our Education and Training department facilitates this process by providing a wide range of educational opportunities, study events and courses offering personal and professional development, as well as Statutory and Essential for Role Training.

Care Group Education leads support the Training and Education Department to align the Care Group structure with bespoke training within the service.

All three hospital sites have newly refurbished training rooms with eLearning suites to support learning close to the work place. There will be many new opportunities over the next year with the introduction of the apprenticeship levy.

Workforce statistics as at 31 March 2017

(excl. bank and locum)	Total (WTE)	Permanently Employed (WTE)	Other
Total staff employed as at 31 March 2017	5,858	5,744	115
Medical and dental	647	583	64
Administration and Estates	1,044	1,044	-
Healthcare assistants and other support staff	733	725	8
Nursing, midwifery and health visiting staff	2,567	2,541	26
Scientific, therapeutic and technical staff	461	459	2
Healthcare science staff	406	392	14
Other	-	-	-

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Workforce sickness absence figures

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2016	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
5,523	56,625	10.3	2,015,942	91,859

Source: NHS Digital - Sickness Absence and Publication - based on data from the ESR Data Warehouse.

Period covered: January to December 2016.

Data items: ESR does not hold details of normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365 - day year.

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365 (with a further adjustment where the figures are based on less than 12 months' data).

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure (with a further adjustment where the figures are based on less than 12 months' data).

Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).



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Staff Costs

	Total £000	Permanently employed total £000	Business with other WGA bodies £000	Business with bodies external to Government £000	Other total £000	Business with NHS FTs £000	Business with NHS Trusts £000	Business with bodies external to the Government £000
Salaries and wages	199,660	187,602	-	187,602	12,058	7,041	-	5,017
Social security costs	16,744	16,744	16,744	-	-	-	-	-
Pension cost - defined contribution plans employer's contributions to NHS Pensions	21,986	21,986	21,986	-	-	-	-	-
Pension cost - other	23	23	23	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-
Temporary staff - external bank	0	-	-	-	-	-	-	-
Temporary staff -agency/contract staff	12,281	-	-	-	-	-	-	12,281
NHS charitable funds staff	-	-	-	-	-	-	-	-
Total Staff costs	250,694	226,355	38,753	187,602	24,339	7,041	-	17,298

2 Accountability Report

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 and 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 now recognised as Level 2 on the Disability Confident Scheme (replaced the Disability Two Ticks framework) focused on retention as well as recruitment. To support this work we 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 with support from our Occupational Health Team.

Details of our equality priorities and some of the actions we take can be found on the Equality and Diversity page of the Trust website www.DBTH.nhs.uk, where we also publish information to comply with our obligations under the Equality Act.

Equality Information as at 31 March 2017 - Directors

Gender (Directors Only)	Headcount	Headcount %
Female	3	43%
Male	4	57%

Note: All staff meeting the NHS Improvement criteria to be considered a 'senior manager' are directors.

Senior Managers

Gender	Headcount	Headcount %
Female	116	68%
Male	54	32%

Equality Information as at 31 December 2016

Gender	Headcount	FTE	Headcount %
Female	5,512	4,439.13	82.3%
Male	1,183	1,068.18	17.7%

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Age	Headcount	FTE	Headcount %
16 - 20	45	33.24	0.67
21 - 25	485	446.35	7.24
26 - 30	697	613.13	10.41
31 - 35	712	583.47	10.63
36 - 40	667	547.02	9.96
41 - 45	835	693.86	12.47
46 - 50	971	816.88	14.50
51 - 55	1,059	871.96	15.82
56 - 60	801	614.32	11.96
61 - 65	351	242.77	5.24
66 - 70	61	37.35	0.91
71 & above	11	6.96	0.16

Ethnicity	Headcount	FTE	Headcount %
Any Other	45	42.09	0.67%
Asian	309	281.64	5.32%
Black	96	83.66	1.50%
Chinese	20	19.39	0.35%
Mixed	58	50.51	0.98%
White	6,102	4,890.36	88.79%
Not Disclosed	179	139.66	2.38%

Disability	Headcount	FTE	Headcount %
No	4,989	4,118.91	74.5
Yes	225	180.19	3.4
Not Disclosed	92	78.58	1.4
Unspecified	1,389	1,129.62	20.7

Sexual Orientation	Headcount	FTE	Headcount %
Bisexual	9	7.24	0.13
Gay	15	14.36	0.22
Heterosexual	2,574	2,134.91	38.45
Lesbian	15	12.75	0.22
Not Disclosed	3,174	2,596.62	47.41
Unspecified	908	741.43	13.56

2 Accountability Report

Our Trust values set out in the strategic direction, embeds our desire to eliminate all forms of discrimination, promote equality of opportunity, value diversity and foster good relations. We are firmly committed to fair and equitable treatment for all and by truly valuing the diversity everyone brings, create the best possible services for our patients and working environment for our staff.

Our Fair Treatment for all policy explicitly sets out our expectations of all staff that we will not tolerate any form of discrimination, victimisation, harassment, bullying or unfair treatment on the grounds of a person's age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnic origin, religion or belief, gender or sexual orientation.

Slavery and Human Trafficking Statement 2016/17

Slavery and human trafficking remains a hidden blight on society. We all have a responsibility to be alert to the risks in our business and in the wider supply chain. Employees are expected to report concerns and management are expected to act upon them.

Organisation's Structure and Principal Activities

As well as being an acute foundation trust with one of the busiest emergency services in the country, we are Teaching Hospital, supported by Sheffield University and Sheffield Hallam University and have strong links with the Yorkshire and Humber Deanery.

We are fully licensed by NHS Improvement 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 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, Bassetlaw Hospital and Montagu Hospital.

Our Supply Chains

Our supply chains include the sourcing of all products and services necessary for the provision of high quality care to our service users.

Our Policies on Slavery and Human Trafficking

We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business.

Due Diligence Processes for Slavery and Human Trafficking

We expect that our supply chains have suitable anti-slavery and human trafficking policies and processes. Most of our purchases are against existing supply contracts or frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract which have the requirement for suppliers to have in place suitable anti-slavery and human trafficking policies and processes.

We expect each entity in the supply chain to, at least, adopt 'one-up' due diligence on the next link in the chain as it is not always possible for us (and every other participant in the chain) to have a direct relationship with all links in the supply chain.

Our standard ITT documentation includes a standard question asking whether suppliers are compliant with section 54 (Transparency in supply chains etc.) of the Modern Slavery Act 2015. If they are, they are required to provide evidence. If they are not, they are required to provide an explanation as to why not. In addition, our standard contract contains the following provisions:

The Supplier warrants and undertakes that:

It will comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;

10.1.29 it shall at all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Authority and shall provide to the Authority any reports or other information that the Authority may request as evidence of the Supplier's compliance with this Clause 10.1.29 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery policy.

Supplier Adherence to Our Values

We have zero tolerance to slavery and human trafficking. We expect all those in our supply chain and contractors to comply with our values. The Trust will not support or deal with any business knowingly involved in slavery or human trafficking.

Training

Senior staff within our Procurement Team are duly qualified as Fellows of the Chartered Institute of Procurement and Supply and have passed the Ethical Procurement and Supply Final Test.

This statement is made pursuant to section 54 (1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the current financial year.

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 have continued with that approach each year, surveying every substantive employee (i.e. those on long-term or permanent contracts).

2 Accountability Report

In 2016 we continued with an online survey for all staff, and saw our response rates again increase. This gives us confidence in the validity of the data and the ability to drill down. We will continue to work with leaders across the Trust to achieve further improvements in response rates. However, there was a notable decrease in engagement levels reflecting broader staff concerns described below.

Summary of Performance

Results show a disappointing picture overall, with a downturn across areas, returning broadly to the results achieved prior to last year's considerable improvement and the upward trajectory since our first census survey in 2012. Our overall score for staff engagement was 3.66 which is a decrease against 3.78 in 2015, and below the average of 3.81 for all acute trusts. We have made increasing levels of engagement across DBTH one of the key priorities for 2017.

Response rate and overall staff engagement

	2015	2016		Trust improvement/deterioration
	Trust	Trust	Benchmarking Group (all Acute Trusts) average	Increase/decrease in percentage points
Response rate	44%	47%	43%	An improved response rate, greater than the 2% increase for all acute trusts.
Staff engagement	3.77	3.66	3.81	Our rate has decreased compared to an increase of 0.6% for all acute trusts for the same period.

Top 5 Ranking scores

	2015	2016		Trust improvement/deterioration
	Trust	Trust	Benchmarking Group (all Acute Trusts) average	
KF16. Percentage of staff working extra hours	72	69	72	A statistically significant decrease in this Key Factor.
KF20. Percentage of staff experiencing discrimination at work in the last 12 months	8	9	11	No statistically significant increase in this Key Finding. This was one of our five highest last year also.
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26	26	27	No statistically significant change in this Key Finding. This was one of our five highest last year also.

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KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23	24	25	No statistically significant change in this Key Finding This was one of our five highest last year also.
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	30	30	31	No statistically significant change in this Key Finding.

Bottom 5 Ranking Scores				
	2015	2016		Trust improvement/deterioration
	Trust	Trust	Benchmarking Group (all Acute Trusts) average	
KF7: Percentage of staff able to contribute towards improvements at work	66	63	70	A statistically significant decrease in this Key Factor. One of our five lowest last year also.
KF9: Effective Team Working	3.68	3.6	3.75	A statistically significant decrease in this Key Factor. One of our five lowest last year also.
KF8. Staff satisfaction with level of responsibility and involvement	3.88	3.83	3.92	A statistically significant decrease in this Key Factor.
KF10. Support from immediate managers	3.68	3.61	3.73	A statistically significant decrease in this Key Factor.
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.72	3.55	3.76	A statistically significant decrease in this Key Factor.

Future priorities and targets:

From our results it is clear that as we went through the period of Turnaround last year it negatively impacted on our staff. Generally overall experience of being part of team DBTH was worse than in previous surveys and whilst there are a lot of areas for improvement there was also some really positive feedback highlighted by the survey. Low levels of staff reported witnessing potentially harmful errors at work and the levels of harassment, discriminations and bullying experienced by staff, from patients and other staff, are amongst some of the lowest in the country.

2 Accountability Report

We saw statistically significant decreases in 14 of the 27 Key Factors compared to the 2015 survey. The corporate priorities to address these will be determined following a series of listening events instigated by the Chief Executive soon after his recent appointment.

We continue to use a range of local systems to monitor progress, in addition to quarterly surveys from the Staff Friends & Family Test and the next Annual Staff Survey.

Countering fraud, bribery and corruption

Fraud costs the NHS millions of pounds a year that could have been spent on patient care, so everyone has a duty to help prevent it. The Trust is committed to deterring and detecting all instances of fraud, bribery and corruption. Our aim is to make sure that losses are reduced to an absolute minimum, therefore ensuring that valuable public resources are used for their intended purpose.

NHS fraud may be committed by anyone, including staff, patients and suppliers of goods/services to the NHS. To ensure we have the right culture and that our staff are able to recognise and report fraud, we require all employees to receive fraud awareness training as part of our Statutory and Essential Training (SET) program. To amplify our efforts, we held a Fraud Awareness Month in November 2016 and we were pleased to be an official supporter of International Fraud Awareness Week in the same month.

We have a well-publicised system in place for staff to raise concerns if they identify or suspect fraud. They can do this via our Local Counter Fraud Specialist (LCFS), the Director of Finance or via the NHS Fraud and Corruption reporting line (0800 028 40 60 or online at www.reportnhsfraud.nhs.uk) and our whistleblowing procedures. Patients and visitors can also refer suspicions of NHS fraud to the Trust via the same channels.

The Director of Finance is nominated to lead counter fraud work and is supported by our resident LCFS. The Trust has a robust Fraud, Bribery and Corruption Policy and Response Plan which provides a framework for responding to suspicions of fraud and provides advice and information on various aspects of fraud investigations. The Trust also has a Standards of Business Conduct and Employees Declarations of Interest Policy which clearly sets out the expectations we have of all our staff where probity is concerned. To reinforce this, the Chief Executive has recently issued an updated and publically available statement setting out our position to ensuring our organisation is free from bribery and corruption. There are references to counter fraud measures and reporting processes in various other Trust policies and procedures.

We have maintained our collaborative counter fraud arrangement with two other local acute NHS trusts. This arrangement allows us to have a LCFS permanently on site, supported by a small team of counter fraud specialists dedicated to dealing with fraud in a secondary care setting. An annual work plan, approved by the Director of Finance with oversight from the Trust's Audit and Non-Clinical Risk Sub-Committee, has been in place over the last year. 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 and professionally investigated to a criminal standard and to this end successful prosecutions have taken place. Progress reports on all aspects of counter fraud work and details of investigations are received at each meeting of the Trust's Audit and Non-Clinical Risk Sub-Committee.

The Trust follows the guidance contained in the NHS Provider Standards and ensures our contractual obligations with our local Clinical Commissioning Groups are adhered to.

2 Accountability Report

NHS Protect provide the national framework through which NHS trusts seek to minimise losses through fraud and annually we submit our assessment to NHS Protect setting out our position in relation to these standards. For the past four years we have maintained an overall 'Green' level of compliance, which we affirm by benchmarking our activity with other Trusts.

Expenditure on consultancy

The Trust incurred expenditure of £1.885m of which £222k was related solely to Capital Projects.

Staff exit packages

As part of the Trust wide Turnaround projects we introduced a limited Mutually Agreed Resignation Scheme (MARS), running from October 2016 to March 2017. This voluntary scheme enabled nine employees, in agreement with the Trust, to leave their employment voluntarily in March in return for a payment. The Scheme was only available to members of staff with permanent contracts of employment with two years or more continuous service with the Trust.

2016/17

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000		5	36,837
£10,001 - £25,000		3	50,403
£25,001 - £50,000	1	3	146,412
£50,001 - £100,000			
£100,001+			
Total number of exit packages by type	1	11	233,652

	Agreement Number	Total value of Agreement
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs	9	£169,731
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice		
Exit payments requiring HMT approval	2	£21,800
Total	11	£191,531

2 Accountability Report

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2017	1
Of which:	
Number that have existed for less than one year at the time of reporting	
Number that have existed for between one and two years at the time of reporting	
Number that have existed for between two and three years at the time of reporting	1
Number that have existed for between three and four years at the time of reporting	
Number that have existed for four or more years at the time of reporting	

The Trust undertakes a risk based assessment on new and existing off-payroll engagements, to seek assurance that each individual is paying the right amount of tax.

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017, for more than £220 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration between 1 April 2016 and 31 March 2017	1
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	1
Number for whom assurance has been requested	1
Of which:	
Number for whom assurance has been received	1
Number for whom assurance has not been received	
Number that have been terminated as a result of assurance not being received	

All off-payroll contracts are required to allow the trust to seek assurance as to their tax obligations as part of their engagement.

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Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	2*
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	18

* (a) Jeremy Cook was employed on an interim basis from November 2015 to November 2016, until the appointment of a substantive Finance Director. (b) Martin McAreavey is a non-executive director, and the Trust pays his remuneration (£12k per annum) to his main employer, Leeds University, in exchange for the time he spends on his duties as a member of the Board of Directors. Martin McAreavey is not paid through a personal service company, and gains no personal benefit from this arrangement, paying tax on the income through PAYE. For this reason, there are no current plans to change this arrangement.



2 Accountability Report

Governance Report

Responsibility for preparing this annual report and ensuring its accuracy sits with the Board of Directors. The principal responsibilities and decisions of the Board of Directors and Board of Governors are as shown below. The process for resolution of conflict between the Board of Directors and Board of Governors is detailed in the Trust Constitution.

The respective roles of the Board of Directors and Board of Governors are as follows:

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

Board of Directors

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.

Performance evaluation of directors

The Chair conducts the performance appraisals of the Non-executive Directors. The Senior Independent Director and Vice Chairman conduct the performance appraisal of the Chair. The Board of Governors approves the objectives of the Chair and Non-executive Directors, and all governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chair and Non-executive Directors.

2 Accountability Report

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 and its sub-committees conduct regular self-assessments of its performance. In 2016/17, the Board's self-assessment was carried out as part of the external governance review undertaken by Deloitte LLP under NHS Improvement's Well Led Framework. The reviewer was chosen following a competitive tendering exercise and had no previous connection with the Trust. The next external governance review will take place in 2019.

During the year both the Audit and Non-clinical Risk Committee and Clinical Governance Oversight Committee conducted self-assessments of their performance and are now implementing the action plans from those reviews.

Audit and Non-clinical Risk Committee

The committee's remit is to make sure that effective internal control and systems are in place and in compliance with law, guidance and codes of conduct. The Committee has three members – all Non-executive Directors, including the Chair of the Committee. One member has recent and relevant financial experience.

Name	Role	Meeting attendance
Philippe Serna - Chair	Non-executive Director	4 of 5
David Crowe	Non-executive Director	4 of 5
Martin McAreavey	Non-executive Director	5 of 5

The Audit and Non-clinical Risk Committee has, on behalf of the Board:

- 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 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 internal audit function in 2016/17 was carried out by KPMG. Internal audit's main functions are to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively by:

2 Accountability Report

- Reviewing the Trust's internal control system
- Undertaking investigations into particular aspects of the Trust's operations
- Examining relevant financial and operating information
- Undertaking VFM audits
- Reviewing compliance by the Trust with particular laws or regulations
- Identifying, assessing and controlling significant risks to the Trust.

External auditors review the accuracy of the Annual Accounts and may carry out various reviews in accordance with the Audit Code for NHS Foundation Trusts. 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 2016/17, the committee considered a range of issues including matters raised through internal audit, compliance with CQC standards, corporate risk, security, and compliance with standing orders. The committee maintains a formal work plan and action log to ensure that areas of concerns are followed up and addressed by the executive team.

The Trust began 2016/17 with PricewaterhouseCoopers (PWC) as its external auditing firm. Following consideration of a report by the Board of Governors in June 2017, PWC were replaced as the Trust's external auditors.

A sub-committee made up of three Governors supported by the Chair of Audit and Non-clinical Risk Committee, the Interim Deputy Director of Finance, Head of Procurement and Trust Board Secretary conducted the tender exercise. EY were appointed as the Trust's new external auditors by Governors in September 2016 for an initial term of three years.

For 2016/17, the Trust paid audit fees (Statutory Audit and Assurance on the Quality Report) to the external auditor of £91,000 (inc. VAT) in addition to £61,495 (inc. VAT) for the Charitable Fund Statutory Audit.



2 Accountability Report

Board of Governors

During 2016/17 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	Meeting attendance
Michael Addenbrooke	Public - Doncaster (Vice Chairman)	4 of 5
Dr Utpal Barua	Public - Bassetlaw (to 31.3.17)	4 of 5
Philip Beavers	Public - Doncaster	4 of 5
Dennis Benfold	Public - Doncaster (to 17.8.16)	0 of 2
Shelley Brailsford	Public - Doncaster	5 of 5
Hazel Brand	Public - Bassetlaw	3 of 5
Anwar-ul-aq Choudhry	Public - Doncaster (from 18.8.16)	1 of 3
David Cuckson	Public - Rest of England & Wales	4 of 5
Dev Das	Public - Doncaster	4 of 5
Eddie Dobbs	Public - Doncaster	5 of 5
Nicky Hogarth	Public - Doncaster	5 of 5
Peter Husselbee	Public - Bassetlaw	3 of 5
Bev Marshall	Public - Doncaster	4 of 5
Susan Overend	Public - Bassetlaw	5 of 5
John Plant	Public - Doncaster	5 of 5
Patricia Ricketts	Public - Doncaster	4 of 5
Denise Strydom	Public - Bassetlaw (to 1.2.17)	2 of 5
George Webb	Public - Doncaster (Lead Governor)	5 of 5
Maureen Young	Public - Doncaster	4 of 5
Dr Vivek Desai	Staff - Medical and Dental	4 of 5
Lynn Goy	Staff - Nurses and Midwives	4 of 5
Shahida Khalele	Staff - Other Healthcare Professionals	2 of 5
Lorraine Robinson	Staff - Nurses and Midwives	5 of 5
Andrew Swift	Staff - Non-Clinical (to 29.9.16)	3 of 3
Roy Underwood	Staff - Non-Clinical	4 of 5
Prof Ruth Allarton	Partner - Sheffield Hallam University	3 of 5
Dr Oliver Bandmann	Partner - Sheffield University	0 of 5
Lisa Bromley	Partner - Bassetlaw CCG	2 of 5
Pat Knight	Partner - Doncaster MBC	4 of 5
Ainsley MacDonnell	Partner - Nottinghamshire County Council	4 of 5
Jackie Pederson	Partner - Doncaster CCG (to 17.7.2016)	0 of 2
Anthony Fitzgerald	Partner - Doncaster CCG (from 18.7.2016)	3 of 3
Susan Shaw	Partner - Bassetlaw District Council	4 of 5
Rupert Suckling	Partner - Doncaster MBC	3 of 5
Clive Tattley	Partner - Bassetlaw and Doncaster CVS	4 of 5

2 Accountability Report

Our public and staff governors are elected by the members of their constituencies, while our partner governors are appointed by the partner organisations named in our constitution.

In addition to the Chair of the Board, 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
Suzy Brain England OBE	Chair of the Board (from 1.1.17)	1 of 1
Chris Scholey	Chairman (to 31.12.16)	4 of 4
Alan Armstrong	Non-executive Director (Senior Independent Director from 1.10.16)	4 of 5
Geraldine Broderick	Non-executive Director (and Senior Independent Director). Both to 18.7.16	1 of 2
Jeremy Cook	Interim Director of Finance (to 1.11.16)	3 of 3
David Crowe	Non-executive Director (to 31.3.17)	4 of 5
Moirra Hardy	Acting Director of Nursing, Midwifery and Quality (from 3.1.17)	1 of 1
Dawn Jarvis	Director of Strategy & Improvement (to 31.3.17)	3 of 5
Martin McAreavey	Non-executive Director	5 of 5
John Parker	Non-executive Director (Deputy Chairman to 31.3.17)	4 of 5
Linn Phipps	Non-executive Director (from 1.1.17)	1 of 1
Richard Parker	Director of Nursing, Midwifery & Quality (to 31.12.16) / Chief Executive (acting from 1.1.17; substantive from 1.2.17)	4 of 5
Mike Pinkerton	Chief Executive (to 31.1.17)	4 of 5
Karen Barnard	Director of People and Organisational Development (from 2.5.16)	2 of 4
David Purdue	Chief Operating Officer	4 of 5
Jon Sargeant	Director of Finance (from 2.11.16)	1 of 2
Philippe Serna	Non-executive Director	1 of 5
Sewa Singh	Medical Director	3 of 5

2 Accountability Report

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 2016/17, the Appointments and Remuneration Sub-committee of the Board of Governors was convened to discuss the recruitment of the Chair of the Board, Non-executive Director appointments and objective setting and performance evaluation for the Chair and Non-executives. The committee recommended the following appointments, all of which were approved by the Board of Governors:

- Suzy Brain England OBE, appointed as Chair for a term of three years commencing 1 January 2017
- Alan Armstrong, reappointed Non-executive Director for a term of two years commencing 1 October 2016
- Linn Phipps, appointed Non-executive Director for a term of three years commencing 1 January 2017
- Neil Rhodes, appointed Non-executive Director for a term of three years commencing 1 April 2017.

The committee was convened on six occasions during the year.

Open advertisement is used for all new appointments. The committee has not traditionally used 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.

The membership of the Appointments and Remuneration Committee during the year consisted of:

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	2 of 2
Chris Scholey	Chairman	3 of 3
Geraldine Broderick	Senior Independent Director (Chair of the committee in respect of the Chair's appointment)	1 of 1
Alan Armstrong	Senior Independent Director (Chair of the committee in respect of the Chair's objective setting)	1 of 1
Ruth Allarton	Partner Governor	4 of 6
David Cuckson	Public Governor, Rest of England & Wales	6 of 6
Peter Husselbee	Public Governor, Bassetlaw	2 of 6
John Plant	Public Governor, Doncaster	3 of 6
Rupert Suckling	Partner Governor	1 of 4
Clive Tattley	Partner Governor	2 of 2
George Webb	Public Governor, Doncaster	5 of 6
Roy Underwood	Staff Governor	5 of 6

2 Accountability Report

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 2017, no elections for governor positions were held.

Membership

The trust has two categories of members:

- Public members - people who live within the areas covered by either of the three public constituencies:
 - Bassetlaw District
 - Doncaster Metropolitan Borough
 - Rest of England and Wales.
- Staff members - Trust staff automatically become members unless they decide to 'opt-out'. There are four staff classes:
 - Medical and Dental
 - Nurses and Midwives
 - Other healthcare professionals
 - Non-clinical.

At 31 March 2017, there are 16,172 members overall. An analysis of our current membership body is provided below:

	Number of members at 31 March 2017
Public Constituency	9,517
Doncaster	5,750
Bassetlaw	2,566
Rest of England & Wales	1,201
Staff Constituency	6,655
Nurses and Midwives	2,215
Non-clinical	2,167
Other healthcare professionals	1,660
Medical and Dental	613
TOTAL	16,172

The Trust's current membership strategy is to improve the quality and quantity of member engagement with a focus on underrepresented groups rather than increasing the overall membership numbers.

2 Accountability Report

No member events took place in 2016/17 but one was scheduled for the first month of 2017/18 on Medical Imaging and Oncology. The Trust also held an Annual Members' Meeting, where our staff put on health related displays and stalls.

We work to engage with our members, 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, targeting events at schools and colleges in order to recruit and engage with young people.
- 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 improved member participation in the election process.
- Working to recruit and engage young members, who are currently under-represented, through engagement with local schools.
- Publicising the governor role and the 'Governor Patient Experience Pledge' through the use of posters and cards.

Members who wish to contact directors or Governors may do so via the Foundation Trust Office on foundation.office@dbh.nhs.uk or 01302 644157, or by post to: Trust Board Secretary, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.

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
- Attendance at Board of Governors' sub-committee meetings where appropriate
- Giving governors opportunities to raise queries and concerns directly with directors
- Regular meetings and briefings between the Board of Governors, Chief Executive and Chair of the Board
- Accessibility of the Chair of the Board, Trust Board Secretary, Senior Independent Director, and Foundation Trust Office
- Nominated governor observers are invited to observe or sit on committees with directors, including the Clinical Governance Oversight Committee, Audit and Non-clinical Risk Committee, Financial Oversight Committee and Fred and Ann Green Legacy Advisory Group
- Governor participation in Ward Quality Assurance Toolkit inspections
- Governor sponsorship of wards
- consultation sessions with governors regarding the development of Trust forward plans
- Governor views are sought as part of the process for appraising the performance of the Chair of the Board and Non-executive Directors
- Sharing information, such as Board minutes, *Governors' Brief*, reports and briefing papers and *Foundations for Health*, the members' magazine.



NHS Foundation Trust Code of Governance

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

For the year ending 31 March 2017, the Board considers that it was fully compliant with the provisions of the 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 carries out an ongoing programme of work to ensure that its governance procedures are in line with the principles of the Code, including:

- supporting governors to appoint Non-executive Directors and external auditors with appropriate skills and experience
- ensuring a tailored and in-depth induction programme for the new Chair, Non-executive directors and Governors
- facilitating an external review of the Trust's governance arrangements
- working with governors in 'time out' sessions, briefings 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
- 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.

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.62)
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 Accountability Report (p.30); Remuneration Report (p. 37); and Audit Committee section (p.63);
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.65)

2 Accountability Report

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 Accountability Report (p.30)
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 Accountability Report (p.31-34)
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 Remuneration Report (p.37) and Board of Governors section (p.65--69)
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.62)
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 section (p.68)
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 Governance Report (p.62)
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 Governance Report (p.62)
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.76) and Auditor's report (p.84)
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.76)

2 Accountability Report

C.2.2	<p>A trust should disclose in the annual report:</p> <p>(a) if it has an internal audit function, how the function is structured and what role it performs; or</p> <p>(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.</p>	See Audit Committee section (p.63)
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. 63)
C.3.9	<p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	See Audit Committee section (p.63)
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 page 37)
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.66)
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 section (p. 68)

2 Accountability Report

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, NHS Improvement's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

The Trust is currently in segment 3 (mandated support) which reflects the breach of licence notified on 24 February 2016. The Trust has an additional condition on its licence that it has in place sufficient and effective board, management and clinical leadership capacity and capability as well as appropriate governance systems and processes. On 29 February 2016, the Trust provided, and NHS Improvement accepted, a series of undertakings to ensure that the breaches do not continue or reoccur. These related to:

- Sustainability
- Financial governance
- Distressed Financing and Sustainability and Transformation Fund
- General undertakings.

The undertakings provided have largely been discharged and progress is reported on a quarterly basis to Board of Directors.

This segmentation information is the Trust's position as at 31 March 2017. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

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Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric 2016/17	Q3 score	Q4 score
Financial sustainability	Capital service capacity	4	4
	Liquidity	4	2
Financial efficiency	I&E margin	4	4
Distance from financial plan	Agency spend	1	2
	Financial controls	2	
Overall scoring		3	3



Statement of 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 NHS Improvement.

Under the NHS Act 2006, NHS Improvement has directed Doncaster and Bassetlaw Teaching 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.

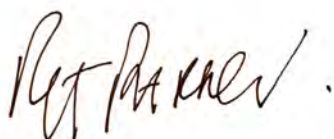
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual 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.

The financial reporting matters which affected the Trust during the year are outlined further in the Annual Governance Statement.

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



Richard Parker
Chief Executive (acting in his capacity as Accounting Officer)
31 May 2017

2 Accountability Report

Annual governance statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 Teaching 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 Teaching Hospitals NHS Foundation Trust, for the year ended 31 March 2017 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 to the safety and quality of patient care, and the Director of Finance is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Assurance Framework and Corporate Risk Register. The Trust Board Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

Risk policies are reviewed annually, in light of current best practice advice, to assess whether changes are required.

Care Group directors and directorate 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. The Trust uses the Datixweb integrated risk management system, and an associated training programme has been undertaken with staff at all levels, including Care Group management teams, to ensure that they are aware of current good practice in relation to risk management. Local risk management training needs are discussed with the risk management department and tailored accordingly, and the Trust Board Secretary's office may be contacted to provide guidance to staff on application of the relevant policies.

The risk and control framework

The Board assures itself of the validity of its corporate governance statement through reviews of its governance processes which are routinely undertaken by internal audit but this year formed part of the external governance review under the Well Led Framework.

2 Accountability Report

Other assurance comes from committee effectiveness reviews, Board and committee inspection of key performance metrics, consideration of the board assurance framework and corporate risk register, reviews of key governance documents such as the constitution, SFIs and standing orders and involvement in a range of processes geared towards maintaining focus on quality such as ward walkabouts and quality impact assessments.

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 2016/17 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 Oversight Committee - responsible for clinical risk, including clinical and quality governance
- Financial Oversight Committee - responsible for undertaking monthly scrutiny of financial reporting and progress against turnaround and cost reduction plans.

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.

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 plan. Risks to data security are managed and controlled through application of the Information Governance Policy and assessment of compliance with the requirements in the Information Governance Toolkit.

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 2016/17 and both are subject to further enhancement in 2017/18.

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 Care Group and department is responsible for maintaining its own risk register, which is a standing agenda item on the Care Group management team meeting. Any risk identified as 'Extreme' is escalated to the Management Board for consideration regarding action required.

To mitigate the risk of planned savings programmes adversely impacting on quality of care, all plans are reviewed and signed off by the Medical Director and Director of Nursing, Midwifery and Quality before being approved.

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The principal risks to compliance with licence condition FT4 are:

- Risks to the provision of accurate, comprehensive, timely and up to date financial information to support board decision-making and oversight
- Risk of failure to maintain sound financial governance and control processes
- Failure to maintain fit for purpose board assurance and governance processes.

The Trust undertakes a variety of work in order to mitigate corporate governance risks, including regular audits and reviews of governance processes each year including reviews of its constitution and standing orders and the reporting lines between Board, committees and other decision-making bodies. Significant risks to achievement of governance standards are included within the assurance framework and corporate risk register, and therefore reviewed in line with the processes outlined above.

The Trust has ended 2016/17 in full compliance with the code of governance. The Board commissioned an external review of its governance arrangements in Q3 2016/17. In addition to the four key strands of NHS Improvement's Well Led framework, the reviewers also assessed the Trust's position in relation to eight key areas of focus agreed with the regulator. The review made a total of 18 recommendations, including around strengthening the risk and board assurance processes, which are being taken forward through a working group of the Board of Directors.

The Business Intelligence Report, Nursing Workforce Report and Finance Report are the key method through which operational performance data is reported to the board for oversight and assurance purposes. This report is kept under continuous review and its format is amended regularly in order to ensure it meets the needs of the board and supports rigorous oversight and decision making.

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

- Failure to achieve compliance with financial performance aspects of the Single Oversight Framework and provider license, triggering regulatory action
- Failure to deliver accurate financial reporting underpinned by effective financial governance
- Failure to ensure that appropriate estates infrastructure is in place
- Failure to achieve compliance with performance and delivery aspects of Single Oversight Framework, CQC and other regulatory standards, triggering regulatory action
- Risk that Trust becomes non-operational due to cyber attack, notwithstanding that the Trust remained unaffected during the national attack on NHS systems in May 2017.
- Failure to secure the workforce required to deliver sustainable services and the requirements of the Five Year Forward View.

This list is not exhaustive and more details can be found in the Corporate Risk Register, where mitigating actions and outcomes are detailed. These risks will be managed through the governance and assurance processes outlined above. Outcomes will be assessed through the Trust's management reporting systems.

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, and finance and associated risks at its quarterly meetings and through new monthly briefings

2 Accountability Report

- 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 Oversight Committee, Audit and Non-clinical Risk Committee and Financial Oversight Committee.

Public stakeholders are involved in managing risks through involvement in patient safety review group and patient experience committee as well as a range of patient safety campaigns such as Gina's Story, Carol's Story, John's Campaign and Sign Up to Safety.

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 the economy, efficient 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 plans and turnaround work-streams, managed by the Strategy and Improvement directorate and designed to not impinge on effective delivery of quality patient care
- Strategy and Improvement processes to drive turnaround and cost reduction programmes
- Grip and control work, including tight controls on vacancy management, non-permanent staffing and recruitment.

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, while the Financial Oversight Committee receives monthly detailed reports on progress in delivering CIPs. 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.

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The Head of Internal Audit is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit and Non-Clinical Risk Committee, which can provide assurance, subject to the inherent limitations described below. The opinion covers the period 1 April 2016 to 31 March 2017 inclusive, and is based on the 21 audits that were completed in this period.

For the period 1 April 2016 to 31 March 2017, Internal Audit found that, when taken as a whole, significant assurance with minor improvement opportunities can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. Overall the review found that the Assurance framework in place was founded on a systematic risk management process and did provide appropriate assurance to the Board. The Assurance Framework reflected the organisation's key objectives and risks and was reviewed on a quarterly basis by the Board. In 2016/17 the Trust reviewed the content and format of the Assurance Framework to ensure it remains relevant and fit for purpose.

Internal audit issued one 'significant assurance' report and eight 'significant assurance with minor improvement opportunities' reports and these included core reviews of financial reporting month end checklists, Reference Costs, Independent Project Assurance over the outsourcing of financial systems, IG Toolkit, Payroll and Finance Team Structure and Patient Safety & Infection Control reviews.

They issued eleven 'partial assurance with significant improvements required' opinions in respect of our 2016-17 assignments. These reviews related to Core Financial Systems, Financial Reporting Month End Checklist – month three, Performance Indicators, IT Capability, Booking Management, CQC Compliance, Medicines Management, Incident Reporting, Investigation and Learning, Duty of Candour, Recruitment Strategy and E-rostering.

As part of these audits seven high risk recommendations were raised relating to:

- Performance Indicators -ensuring data quality processes are fully understood and that correct data is reported within the Audiology Department;
- IT Capability -the absence of an Information Management and Technology Strategy and capacity within the IT department;.
- Medicines Management and CQC Compliance -the safe and secure storage of medicines and Intra Venous fluids.

The annual external audit review by EY, as stated in their ISA 260 report, provides an unqualified opinion on the Trust's financial statements. As the Trust has a breach of its license conditions from the previous misreporting of the financial position the report identifies in the Value for Money assessment that the Trust has a significant underlying deficit to address in the medium to long term, and is currently reliant on ongoing liquidity support from NHS Improvement.

The Trust's 2016 reference cost index is 96, which means that costs are 4% below average.

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Information governance

There have been no serious incidents relating to information governance, including data loss or confidentiality breach. Internal audit carried out an audit of the information governance toolkit in 2016/17 and gave it an assurance rating of green (significant).

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. NHSI 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.

Data in relation to the measures in the Quality Report is collected and reported alongside the data in relation to other performance and quality metrics, including NHSI compliance targets. The quality of this data is audited through regular internal audit reviews.

In line with information governance requirements, the Trust carries out a rolling annual audit programme of specialty based inpatient waiting times data. 18 weeks data quality is a high priority, with a comprehensive rolling programme of routine validation. This ensures we have high quality data to maintain the accuracy of waiting times to enable us to treat patients in chronological order for the same clinical priority, support demand and capacity modelling and ensure accurate performance reporting. The results are reported to the Data Quality Group, which reports to the Information Governance Group, and results are used to inform action planning and targeted training. Additionally, we undertake quarterly reviews of all planned inpatient waiters and the results are shared with our main commissioner, Doncaster Clinical Commissioning Group.

The CQC last conducted a full inspection across all of the Trust's sites in April 2015, and gave the Trust an overall rating of 'requires improvement', with a rating of 'good' for the Caring and Well-Led domains. 74% of areas assessed were rated 'good', and no areas were rated 'inadequate', placing the Trust in the top 20% of trusts inspected nationally. The full results of the inspection, which provide an external view of the risks presented by the Trust, were reported to the Board. An action plan was developed in response to all recommendations made following the inspection, and the Trust has implemented all recommendations within agreed timescales.

Compliance with CQC standards is monitored by the Clinical Governance Oversight 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.

2 Accountability 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 Oversight Committees. Non-executive Directors and Governors also actively engage with staff and patients on quality by regularly visiting wards and departments.

The 2016/17 quality accounts were reviewed by external audit as part of consideration of this annual report and received an unqualified audit.

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 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 and Non-clinical Risk, Clinical Governance Oversight and Financial Oversight Committees and plans to address any weaknesses and ensure continuous improvement of the system are in place.

A number of the ways in which the Board and I have received assurance regarding the effectiveness of the Board's system of controls have been outlined above.

Following the financial misreporting in 2015/16, the Trust has worked hard to implement all the changes required to both reduce its deficit and deliver improvements in financial governance. The recommendations from the KPMG investigation into financial misreporting have largely been implemented and the achievement of an £6.462m end-of-year deficit and £11.9m of cost improvements, both reported to Financial Oversight Committee and Board in April 2017, whilst still maintaining appropriate levels of quality, is a testament to the hard work and dedication of all staff.

In Quarter three, the Trust employed Deloitte to carry out an external review of its governance processes as part of our undertakings to NHS Improvement. In addition to examining the Trust's approach to the entire Well Led framework, the Trust agreed eight key areas of focus with NHS Improvement to provide additional assurance around whistleblowing, internal audit, collaborative working, strategic planning, risk management, the Board's sub-committees, business planning and Board level mentoring/support. The review made 18 recommendations which the Trust is now taking forward through an action plan, monitored by a Board-level working group.

The year has been one of change at Board level with our experienced Chair and Chief Executive both departing the Trust towards the end of the year. A new Chair, Chief Executive, Director of Finance and Non-executive Directors have committed to bring a pace and dynamism to the Trust's work.

In quality and performance terms, the Board remains assured that governance processes are effective. During 2016/17, the Trust managed effective improvements in pathways, due to

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the hard work of the staff in medical imaging department, ensured the overall Trust position achieved 98.8%.

This year we achieved the 62 day wait for first treatment, coming in at 93.5%. We also achieved our two week referral rates when cancer is not suspected, however we narrowly missed out on suspected cases, achieving 92.8% instead of the required 93%. All 31 day targets were achieved.

We narrowly missed the target of 92% for the singular target of complete pathways for 2016/17, achieving 90.5%. There were eight speciality pathways not achieving at the end of the year, mainly due to increasing levels of referrals in the year. These were General Surgery, Urology, Trauma and Orthopaedics, ENT, Ophthalmology, Pain Services, gynaecology and cardiology.

Although we failed to achieve the four hour access target, 2016/17 saw the Trust outperform many neighbouring trusts and we were amongst the best performing organisations in the country. The Trust managed to stay above 90% ten months out of the year, with Bassetlaw Hospital's Emergency Department achieving over 95% for six separate months, routinely being in the top ten of best performing departments, despite high attendance.

NHS Improvement's new Single Oversight Framework placed the Trust in segment 3 (mandated support) due to the breach of its licence position. However, the Trust is working with NHS Improvement to explore the potential for coming out of breach with its licence sometime during 2017/18.

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.

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

Conclusion

Following my review, my opinion is that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has a sound system of internal control that supports the achievement of its policies, aims and objectives.



Richard Parker
Chief Executive
31 May 2017

Independent auditor's report to the Council of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Trust NHS Foundation Trust

Certificate

We certify that we have completed the audit of the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Our opinion on the financial statements

In our opinion, the financial statements:

- give a true and fair view of the state of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Group's affairs as at 31 March 2017 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2016/17 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Emphasis of Matter - Going Concern

In forming our opinion, which is not modified, we have also considered the adequacy of the disclosures made in note 1 to the financial statements concerning the Trust's ability to continue as a going concern. The conditions described in note 1 indicate the existence of a material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust was unable to continue as a going concern.

What we have audited

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's financial statements comprise:

- the Trust and Group's Statement of Comprehensive Income;
- the Trust and Group's Statement of Financial Position;
- the Trust and Group's Statement of Changes in Taxpayers' Equity;
- the Trust and Group's Statement of Cash Flows; and
- the related notes 1 to 36.

The financial statements have been prepared in accordance with the Department of Health (DH) Group Accounting Manual (GAM) 2016/17. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRS), as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

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Overview of our audit approach

Risks of material misstatement	<ul style="list-style-type: none">• Going concern• Authorisation of cash payments• Risk of management override• Risk of fraud in revenue recognition• Risk of misstatement in valuation of property plant and equipment.
Audit scope	<ul style="list-style-type: none">• We have performed a full audit on the group's financial statements, including the relevant elements of the Charitable Fund for group consolidation purposes.
Materiality	<ul style="list-style-type: none">• Overall Group materiality of £3.9million which represents 1% of operating expenditure.

Our assessment of risk of material misstatement

We identified the risks of material misstatement described below as those that had the greatest effect on our overall audit strategy, the allocation of resources in the audit and the direction of the efforts of the audit team. In addressing these risks, we have performed the procedures below which were designed in the context of the financial statements as a whole and, consequently, we do not express any opinion on these individual areas.



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Risk	Going concern
<p>The 2015/16 audit opinion on the financial statements of the Trust included an emphasis of matter relating to the Trust's ability to continue operating as a going concern for the foreseeable future. This related to the deficit position of the Trust in 2015/16 and uncertainty over the availability of ongoing cash distress funding.</p>	
<p><i>Our response to the risk</i></p> <ul style="list-style-type: none"> We obtained and considered management's justification supporting why the financial statements of the Trust are prepared on a going concern basis We obtained the future financial plans of the Trust, including cash flow forecasts for a period of at least 12 months from the anticipated date of signing the financial statements and considered the assumptions underlying these, particularly relating to the availability of cash support We monitored the financial position of the Trust and considered the factors outlined in practice note 10 in relation to going concern and our reporting responsibilities. 	
<p><i>Key observations communicated to the Audit Committee</i></p> <p>We identified that the Trust financial plans include the requirement for liquidity support to continue into 2018-19. This support, whilst anticipated to continue and included in plans submitted to NHSI, has not been formally confirmed.</p> <p>The Trust has an underlying deficit of £28m and is currently developing financial plans to bring the Trust back to financial balance.</p> <p>These matters give rise to a material uncertainty relating to the Trust's ability to continue as a going concern. The Trust has recognised this in note 1 to the financial statements along with the fact that the Trust now has two year contracts in its place with its main commissioners and has delivered in-year financial performance ahead of control total.</p> <p>We concur with management's view that the financial statements should be prepared on a going concern basis. We have, however, included an emphasis of matter in our audit report due to the uncertainty identified above.</p>	

Risk	Authorisation of cash payments
<p>Documentation and walkthrough of the Accounts Payable System has identified that controls over the authorisation of cash payments are not in line with the requirements of the Standing Financial Instructions of the Trust.</p> <p>Our review noted that there is no senior management review or authorisation of cash payments made and formal delegation of authority from the Director of Finance to authorise payments has not been completed.</p> <p>We noted one instance where a cash payment was authorised by a temporary junior member of staff within the Accounts Payable team.</p> <p>During the year, the Trust has identified this as a control weakness and taken action to address this going forward. There is an increased risk of fraudulent payments being made in the absence of controls in this area. This matter was reported to the Audit Committee within our Audit Plan.</p>	
<p><i>Our response to the risk</i></p>	

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- We used data analytics to compare staff bank details to supplier bank details in order to identify potential fraudulent payments.
- We reviewed and re-performed internal audit testing of mitigating controls around changes to supplier bank details and new supplier set up within the Accounts Payable department.
- We evaluated the authorisation control implemented by the Trust and tested its application in practice. No issues were noted.

Key observations communicated to the Audit Committee

Data analytic procedures identified 14 instances of staff bank details matching those of suppliers. Follow up investigation identified that payments were made to five of the matched suppliers during the year. The payments all relate to medical staff who provide additional services to the Trust with no indication of fraudulent activity identified.

We identified no issues from re-performance of the work of internal audit and we have confirmed that the Trust has implemented enhanced controls over authorisation of cash payments.

We have not identified any indication of fraud based on completion of the specified procedures.

Risk

Risk of fraud in revenue recognition

Under ISA240 there is a presumed risk that revenue may be misstated due to improper recognition of revenue.

In the public sector, this requirement is modified by Practice Note 10, issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

As part of our consideration of this, we do not include payroll expenditure as a significant risk.

Our response to the risk

- We considered and tested revenue and expenditure recognition policies
- We considered and discussed with management any accounting estimates on revenue or expenditure recognition for evidence of bias
- We developed a testing strategy to test material revenue and expenditure streams with a focus on assets and liabilities at the period end and the completeness of liabilities
- We tested revenue cut-off of revenue and expenditure at the period end date
- We conducted testing to identify unrecorded liabilities at the period end
- We reviewed performance against CQUIN targets, considering the appropriateness of associated income recognition
- We reviewed Department of Health agreement of balances data, investigating significant differences (outside of DH tolerances)
- We considered appropriateness of revenue recognition relating to STF and STF incentive funding.

Key observations communicated to the Audit Committee

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We gained sufficient audit assurance over the entries in the financial statements.

We identified a classification issue relating to disclosure of income and expenditure in note 5. Income from CCGs was understated by £22m with a corresponding overstatement of income from NHS England. Management have amended for this within the audited financial statements.

The adjustment did not affect the total income recognised by the Trust or the reported financial performance.

Risk	Risk of management override
As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.	

Our response to the risk

- We tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements;
- We tested accounting estimates for evidence of management bias;
- We evaluated the business rationale for significant unusual transactions.

Key observations communicated to the Audit Committee

Testing identified that the Trust use of manual journals is excessive and does not support a clear audit trail. Our testing has not identified any further issues to report to you in respect of journal entries;

Testing of estimates included in the financial statements identified that within the Trust's bad debt provision of £983k, there is £281k relating to NHS organisations. Under guidance in the Group Accounting Manual, bad debt provisions should not be made against NHS debtors. The Trust has not amended for this in the financial statements and we reported an unadjusted misstatement to the Audit and Non-clinical Risk Committee.

No significant unusual transactions were identified other than the receipt of sustainability and transformation fund income during the year (£22m). The Trust has accounted for this in line with relevant guidance and it has been appropriately recognised.

Area of focus	Risk of misstatement in valuation of property plant and equipment
Trust assets were revalued during 2016/17. Assumptions and estimates underpinning the valuation process can be subjective and have a significant impact on the financial statements.	
There is a risk that the valuation may not be compliant with guidance issued by the Department of Health and that the financial statements are misstated.	
<i>Our response to the risk</i>	

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- We considered the approach adopted by the valuer and their findings;
- We reviewed assumptions and valuations against relevant guidance provided to NHS Trusts; and
- We substantively tested a sample of revalued assets to confirm that valuations were appropriately reflected in the financial statements and that the correct accounting treatment has been applied.

Key observations communicated to the Audit Committee

Trust assets have been valued in line with relevant guidance and the valuations provided by the independent valuer have been appropriately reflected in the financial statements.

The scope of our audit

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit strategy and scope. In assessing the risk of material misstatement to the financial statements, we focus audit effort towards higher risk areas, such as management judgements and estimates and balances that are considered significant based on value and complexity. We ensure that our audit provides adequate assurance of these significant accounts identified.

The audit team follows a programme of work to ensure we have obtained an understanding of the entity-level controls of the Trust and the Trust's system, including documentation and walking through key financial systems which assisted us in identifying and assessing risks of material misstatement due to fraud and error; as well as assisting us in determining the most appropriate audit strategy.

The Trust prepares group financial statements, consolidating the Charitable Fund accounts, which we also audit and issue an opinion on. We have audited the group financial statements, including the relevant elements of the Charitable Fund for group consolidation purposes.

We were provided with sufficient access to the Trust to ensure appropriate audit procedures could be completed.

Our application of materiality

We apply the concept of materiality in planning and performing the audit, in evaluating the effect of identified misstatements on the audit and in forming our audit opinion.

Materiality

The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.

We determined materiality for the Group to be £3.9million, which is 1% of operating expenses. We believe that revenue expenditure provides us with a reasonable basis for determining materiality as it is the key driver of the Trust's financial position. During the course of our audit, we reassessed initial materiality and updated it to account for the reported group outturn figure.

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Performance materiality

The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.

On the basis of our risk assessments, together with our assessment of the Group's overall control environment, our judgement was that performance materiality was 50% of our planning materiality, namely £1.9million. We have set performance materiality at this percentage due to this being our first year as Trust auditor.

Reporting threshold

An amount below which identified misstatements are considered as being clearly trivial.

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.195m, which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

Scope of the audit of the financial statements

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. This includes an assessment of:

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

In addition, we read all the financial and non-financial information in the Annual Report and Accounts 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.

Auditors work on Value for Money arrangements

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

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In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risks that we consider significant within the Code of Audit Practice which defines as:

“A matter is significant if, in the auditor’s professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects”.

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

We report by exception if we conclude that we are not satisfied that the audited body has in place proper arrangements to secure value for money in the use of its resources.



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The following table presents the findings of our work in response to the risk areas identified:

Area of focus	Sustainable resource deployment - Financial resilience
	<p>The Trust agreed a control total deficit of £26.5m with NHS Improvement for 2016/17. This deficit was after STF funding of £11.8m and a Cost Improvement Programme (CIP) stretch target of £12.4m.</p> <p>During the year, the Trust forecast a significantly improved outturn deficit of £9.2m and substantive achievement of CIP targets.</p> <p>The financial performance was supported through £22m of sustainability and transformation fund income.</p> <p>The Trust however, continues to require liquidity funding to meet ongoing liabilities and the forecast loan liability to 31 March 2017 is £80.6m.</p> <p>The Trust however, continues to face an underlying deficit of around £28m that needs to be addressed in order to bring the Trust to a sustainable financial position and ensure the continued delivery of services to the local population.</p>
	<p><i>How our audit addressed the area of focus</i></p> <p>In responding to the identified risk we:</p> <ul style="list-style-type: none"> • Reviewed and considered of Trust's future financial plans and the assumptions underpinning them • Considered the availability of ongoing cash support and the impact on the going concern assumption • Reviewed performance against significant income contracts, STF and STF incentive funding and considered appropriateness of revenue recognition
	<p><i>Key observations communicated to the Audit Committee</i></p> <p>The reported outturn financial position of the Trust shows significant improvement from the £46.7m deficit of 2015-16. This has been achieved through significant hard work by the Trust as an organisation and a renewed focus on achieving sustainability in delivery of services and savings targets.</p> <p>Whilst the reported deficit has reduced significantly it is important to acknowledge that this has been supported through the receipt of £22m of STF income. This income is not recurrent in nature and therefore the Trust effectively has an underlying deficit of over £28m.</p> <p>The Trust has commissioned work from BDO LLP, to review the underlying financial position and the reasons for the deficit. This will be used to inform the development of a strategic plan over the summer.</p> <p>The strategic planning process will include development of a long term financial model that will seek to bring the Trust back to financial balance. This project is in its early stages and therefore not been subject to detailed review and scrutiny.</p> <p>During the year, the Trust has continued to rely on ongoing liquidity support from NHSI, increasing outstanding loan financing to over £80m. This support is required to continue in each of the next two financial years as identified in cash flow forecasts submitted to NHSI. The Trust has no formal agreement in place to confirm the continued availability of this funding going forward.</p>

Area of focus	Informed decision making - Financial governance
	<p>During 2015/16 the Trust identified significant financial misreporting issues that resulted in the true financial position of the Trust being concealed from Those Charged with Governance.</p> <p>The misreporting and subsequent identification of a significant deficit resulted in a breach of Licence.</p>
	<p><i>How our audit addressed the area of focus</i></p>
	<p>In responding to the identified risk we:</p> <ul style="list-style-type: none"> Reviewed Trust actions to meet the undertakings specified by Monitor as a result of the Licence breach Reviewed the findings of the recent Well-Led inspection and associated actions the Trust is taking to address them Considered Trust actions to address weaknesses in financial governance and reporting arrangements.
	<p><i>Key observations communicated to the Audit Committee</i></p>
	<p>The Trust has responded positively to the circumstances that led to the financial misreporting issues in previous years and the required actions identified by Monitor (now NHS Improvement).</p> <p>A detailed review into the circumstances of the misreporting was conducted by Internal Audit and the Trust has implemented actions to address the findings of this along with other governance centred recommendations that have been identified from the work of Internal Audit. As a result of this, there have been improvements noted in financial governance and internal financial reporting. This is reflected in the 'significant assurance' opinion included in the annual Head of Internal Audit Opinion.</p> <p>A Well Led governance inspection was carried out at the Trust by independent assessors during the year. The results of this were positive and recognised the improvements made by the Trust during the year. The Trust has taken action to implement recommendations made following the review and progress is actively monitored at Board level.</p> <p>The Trust remains under licence breach conditions however, though management are working with NHS Improvement to address this position.</p>

Respective responsibilities of accounting officer and auditors

As explained more fully in the Statement of Accounting Officer's Responsibilities, set out on page 76, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report is made solely to the members of the Governing Body of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act and the National Health Service Act 2006. Our audit work will be undertaken so that we might state to the Board of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. In those circumstances, to the fullest extent permitted by law, we will not accept or assume responsibility to anyone other than the Trust and the Trust's Governors as a body, for our audit work, for the audit report, or for the opinions we form.

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Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2016/17.

Matters on which we report by exception

The Code of Audit Practice requires us to report to you if:

We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006.	We have no exceptions to report.
We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.	We have no exceptions to report.
We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006.	<p>The Trust has reported a deficit of £7.2m for the year ended 31 March 2017. This performance is significantly within the control total agreed with NHS Improvement of £26.5m and includes substantive achievement of the £12m annual efficiency savings target for the year.</p> <p>In achieving the reported financial performance the Trust has received £22m of additional funding as part of the Sustainability and Transformation Fund (STF). This funding is not recurrent and does not address the £28m underlying deficit of the Trust.</p> <p>The Trust is currently working on a strategic plan to address the deficit and to bring the Trust back to financial balance.</p> <p>The Trust continues to rely on ongoing cash support to meet liabilities and the requirement for this support is planned to continue in each of the next two financial years. This support has not been formally agreed or guaranteed.</p> <p>On 1 March 2016, Monitor (Now NHS Improvement) issued enforcement undertakings following an investigation into the sudden deterioration of the Trust's financial position and financial governance arrangements. This concluded that the Trust was in breach of its licence. The licence breach has not been lifted during the year.</p>

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Qualified conclusion (Except for)

On the basis of our work, having regard to the guidance issued by the C&AG in November 2016, with the exception of the matters reported above, we are satisfied that, in all significant respects, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

Other matters on which we report by exception

<p>NHS Foundation Trust Annual Reporting Manual 2016/17 and ISAs (UK and Ireland) reporting.</p>	<p>We are required to report to you if, in our opinion, information in the Annual Report is:</p> <ul style="list-style-type: none"> materially inconsistent with the information in the audited financial statements; or apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit; or otherwise misleading. <p>In particular, we consider if:</p> <ul style="list-style-type: none"> we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable; or whether the annual report appropriately discloses those matters that were communicated to the Audit Committee which we consider should have been disclosed. 	<p>We have no exceptions to report.</p>
<p>Code of Audit Practice issued by the NAO.</p>	<p>We are required to report to you if we have been unable to satisfy ourselves that:</p> <ul style="list-style-type: none"> the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17 and is not misleading or inconsistent with other information forthcoming from the audit; and proper practices have been observed in the compilation of the financial statements. 	<p>We have no exceptions to report.</p>

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Who we are reporting to

This report is made solely to the Council of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Stephen Clark
for and on behalf of Ernst & Young LLP
Birmingham
31 May 2017

The maintenance and integrity of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust web site 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 web site.

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



Chief Executive's statement

Despite the challenges we have faced as a Trust over the past 12 months, and the changes we had to make at a pace consistent with our Turnaround plans, we have succeeded in making improvements in the quality of the care offered to our patients. Ensuring the organisation is on a sustainable financial footing would be no achievement if we did not continue to make efforts to maintain our commitment to patient safety, while ensuring the continual improvement of the care we offer to patients, and I am proud to say we have not slipped in this regard.

This year we have made good progress in a number of areas. In line with one of our improvement priorities from last year, we have achieved a lower than expected performance on C.Diff infection achieving an 18.75% improvement on our performance in 2015/16, with a similar improvement in the number of cases resulting in a possibly preventable cause. Furthermore, only four of the 26 reported cases were classified as potentially avoidable.

This commitment to infection prevention and control was also evidenced in our extremely good performance in vaccinating our staff against flu. Thanks to the efforts of our Health and Wellbeing Team, we became the first acute Trust nationally to vaccinate over 75% of our front line staff, successfully delivering the vaccination to over 3,500 doctors and nurses in just two months. Achieving such a high standard protects not only staff, but patients in their charge.

We have also seen a reduction of 14% in repeated falls, and falls with harm caused, as well as serious harm from falls. This is due in large part to a number of initiatives such as our Enhanced Care Team and our Falls Champions which have ensured that our most vulnerable patients are well supervised and supported during their care.

Also in line with last year's priorities, we have seen continued progress with our Hospital Standardised Mortality Ratio (HSMR), reducing by 4.54 points from 95.62 last year to 91.08 this year. This is lower the expected range of 100 for the 12 month period. The Standardised Hospital Mortality Indicator (SHMI), which also includes deaths following discharge from hospital, has also improved, reducing 3.7 points from 105.7 to 102. Although this is now within the expected range we will look to continue the improvement and move to less than 100 in the coming year.

Like many NHS providers, this year we have continued to face considerable challenges in regards to staffing, an issue that is not just local to our Trust. In January it became apparent that we did not have the capacity to sufficiently and safely staff Bassetlaw Hospital's Children's Ward. Together with our partners at NHS Bassetlaw Clinical Commissioning Group (CCG), we took the decision to close the ward overnight with children needing to be admitted for a prolonged period of time transferred to Doncaster Royal Infirmary. We recognise that this decision has caused concern for the local communities and will maintain our efforts to fill the medical and nursing vacancies that led to the change in our paediatric services.

In order to address the ongoing staffing challenges, we are investigating schemes to fill any workforce gaps we encounter. One of our focuses for the next year and beyond will be to ensure that we are looking at how we can change and refresh our workforce plans to make the best use of the skills and expertise we have available in South Yorkshire and Bassetlaw. We are committed to working closely with our local and regional partners, looking towards strengthening partnerships with commissioners, primary care and other health and social care providers to support clinically-led change which improves the outcomes of care for patients.

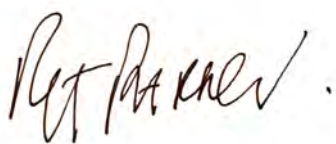
3 Quality Accounts

In January 2017, we became Doncaster and Bassetlaw Teaching Hospital. Amongst other improvements, this means that the Trust is projecting to train 25% of medical students in the region, which adds to the fact that we are already training 30% of other healthcare professional students. I firmly believe that this achievement will help the Trust to recruit high calibre staff and in the training and retention of the skills and expertise needed to ensure we sustain high quality services for the people of Doncaster, Bassetlaw and beyond.

Over the year we have worked closely with our South Yorkshire and Bassetlaw partners to strengthen our working relationships as part of the Working Together Vanguard to develop new care models and address wider issues. We are also an integral partner of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) which is set to become a first wave Accountable Care System. 2016/17 marks the penultimate 12 months of our five year strategic direction 'Looking Forward to our Future' and as we refresh this vision, we will emphasise the need for our future direction to fit with the needs of the wider health and social care community to deliver the local, regional and national priorities and improvements.

As we look forward to the year ahead, we recognise that there is more to be done, to eliminate Never Events, further reduce infection risks from MRSA bacteraemia and improve our patient safety indicators further to achieve the Sign up to Safety target of a 50% reduction in avoidable harm over three years, ending in 2018 and these reflect in our priorities for improvement in 2017/18.

To the best of my knowledge, the information in this Quality Report is accurate.



Richard Parker
Chief Executive
31 May 2017

3 Quality Accounts

Looking forward to our priorities for improvement in 2017/18

The Trust has reviewed its performance against the quality priorities for 2016/17 and reviewed the risk profile of patient safety, experience and clinical effectiveness, reaching a blend of indicators from 2016/17 being carried forward and an introduction of indicators new for this year.

These indicators will be reported to the Board or the Clinical Governance and Quality Committee on a quarterly basis or more frequently if required. Delivering harm free care and improving patient experience continues to be the Trust's focus for 2017/18 and the table below identifies those indicators which are our highest priorities:

Patient safety quality improvement targets	Target 2017/18	Actual 2016/17
1. Take a zero tolerance approach to Never Events	0	1
2. Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	3
3. Maintain low levels or reduce healthcare associated infections (C.Diff)	40	26
4. Increase reliability of Sepsis management on admission to hospital*	<90%	75%

Clinical effectiveness quality improvement targets	Target 2017/18	Actual 2016/17
5. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<95	91.08 (Jan 16 - Dec 16)
6. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	102 (Dec 15 - Nov 16)
7. Reduce avoidable Re-admissions (30 days – Standardised Readmission Ratio)	SRR <99	SRR 99.2

Patient experience quality improvement targets	Target 2017/18	Actual 2016/17
8. Reduce the number of complaints	517	570
9. Demonstrate increased Patient Engagement activities in each Care Group.	100% of Care Groups	Not measured
10. Reduce the number of complaints relating to staff attitude and behaviour	10% reduction	129

* Governor selection.

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In identifying the priorities for improvement for 2017/18, the Trust has taken into account the views of:




- **Patients and their care outcomes:** Via patient surveys and complaints monitoring
- **Staff:** Reports on clinical outcomes and incident reporting
- **Commissioners:** Via quality meetings and contractual arrangements
- **Service users:** Via the work of the Patient Experience and Engagement Committee and priorities identified in analysis of key themes.




Over the coming year, the Trust aims to develop strategies to improve patient engagement and listening activities. This will strengthen the patients and public voice in how we prioritise quality improvement initiatives.

Looking back on our priorities for improvement in 2016/17





Over the last year we have made substantial improvements in delivering harm free care. The following tables provide an overview of our achievements against the quality improvement targets we set for 2016/17.

Key  = target achieved  = close to target  = behind plan

Patient safety quality improvement targets	Target 2016/17	Actual 2016/17	Progress
1. Take a zero tolerance approach to “never events”	0	1	
2. Reduce the number of healthcare associated infections - MRSA bacteraemia	0	3	
3. Maintain or reduce the number of healthcare associated infections - C difficile	40	26	

Clinical effectiveness quality improvement targets	Target 2016/17	Actual 2016/17	Progress
4. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<100	91.08 (Jan 16 - Dec 16)	
5. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	102 (Dec 15 - Nov 16)	
6. Reduce avoidable Re-admissions	5.4%	6.34%	

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Patient experience quality improvement targets	Target 2016/17	Actual 2016/17	Progress
7. Reduce the number of complaints	535	574	
8. Reduce the number of complaints issues about communication.	170.1	169	
9. Improve response rates for Friends & Family Test - Accident & Emergency	6.9%	4.2%	
10. Reduce the number of complaints relating to staff attitude and behaviour	130	129	

Statements of assurance

Review of services

During 2016/17, Doncaster and Bassetlaw Hospitals NHS Foundation Trust provided and or sub-contracted 49 relevant health services.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 49 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by Doncaster and Bassetlaw Hospitals NHS Foundation Trust for 2016/17.

Participation in clinical audits

During 2016/17, 37 national clinical audits and six national confidential enquiries covered relevant health services that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides.

During that period, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in 33 national clinical audits and six 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 Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2016/17 are as follows: (see table on the next page - ineligible audits stated to be NA).

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in during 2016/17 are as follows: (see table on the next page).

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2016/17, 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.

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	Trust participation in audits	Data collection completed during 2016/17	% of cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	100%
Adult Asthma	Yes	Yes	100%
Adult Cardiac Surgery	NA	NA	-
Asthma (paediatric and adult) care in emergency departments	Yes	Yes - DRI only	100%
Bowel Cancer (NBOCAP)	Yes	Yes	100%
Cardiac Rhythm Management (CRM)	Yes	Yes	100%
Case Mix Programme (CMP)	Yes	Yes	100%
Child Health Clinical Outcome Review Programme	Yes	Yes	100%
Chronic Kidney Disease in primary care	NA	NA	NA
Congenital Heart Disease (CHD)	NA	NA	NA
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	NA	NA	NA
Diabetes (Paediatric) (NPDA)	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	100%
Endocrine and Thyroid National Audit	No	No	-
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	Yes	100%
Head and Neck Cancer Audit	No	No	(1)
Inflammatory Bowel Disease (IBD) programme	Yes	Yes	100%
Learning Disability Mortality Review Programme	NA	NA	-
Major Trauma Audit	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Yes	100%
Medical & Surgical Clinical Outcome Review Programme	Yes	Yes	100%
Mental Health Clinical Outcome Review	Yes	Yes	100%
National Audit of Dementia	Yes	Yes	100%
National Audit of Pulmonary Hypertension	NA	NA	-
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit	Yes	Yes	100%
National Comparative Audit of Blood Transfusion - Audit of Patient Blood Management in Scheduled Surgery	Yes	Yes	100%
National Diabetes Audit -Adults	No	No	-
National Emergency Laparotomy Audit (NELA)	Yes	Yes	80%
National Heart Failure Audit	Yes	Yes	100%
National Joint Registry (NJR)	Yes	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	Yes	75%
National Neurosurgery Audit Programme	NA	NA	-
National Ophthalmology Audit	No	No	-
National Prostate Cancer Audit	Yes	Yes	100%



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National Vascular Registry	Yes	Yes	100%
Neonatal Intensive and Special Care (NNAP)	Yes	Yes	100%
Nephrectomy audit	NA	NA	-
Oesophago-gastric Cancer (NAOGC)	Yes	Yes	100%
Paediatric Intensive Care (PICANet)	NA	NA	-
Paediatric Pneumonia	Yes	Yes	100%
Per ous Nephrolithotomy (PCNL)	Yes	Yes	100%
Prescribing Observatory for Mental Health (POMH-UK)	NA	NA	-
Radical Prostatectomy Audit	NA	NA	-
Renal Replacement Therapy (Renal Registry)	Yes	Yes	100%
Rheumatoid and Early Inflammatory Arthritis	NA	NA	-
Sentinel Stroke National Audit programme (SSNAP)	Yes	Yes	100%
Severe Sepsis and Septic Shock - care in emergency departments	Yes	Yes - DRI only	100%
Specialist rehabilitation for patients with complex needs	NA	NA	-
Stress Urinary Incontinence Audit	Yes	Yes	100%
UK Cystic Fibrosis Registry	NA	NA	-

(1) Problems with national database - closed down for over a year, changed provider, unable to accept uploads, Infoflex unable to help.



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The reports of all national clinical audits were reviewed by the Trust in 2016/17 and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- The Trust will undertake any actions which were found necessary to improve the quality of healthcare.

The reports of 140 local clinical audits were reviewed in 2016/17 and we intend to take the following actions to improve the quality of healthcare:

- The Trust will ensure all actions are taken forward through the clinical governance arrangements at specialist and Care Group level.

We have listed below **three** examples of improvements which have been made as a result of audits undertaken throughout 2016/17:

Audit into the prescribing of tetanus immunoglobulin in Emergency Department at Doncaster Royal Infirmary

It was noticed that the usage and expenditure of tetanus immunoglobulin had significantly increased right across the Emergency Care Group in this financial year. It was acknowledged that a change in practice may have contributed to this, so this audit was undertaken to assess the appropriateness of the treatment. Not all wounds require the tetanus immunoglobulin even if they are tetanus-prone and this is outlined in the 'Green Book'.

Not all wounds that are tetanus-prone are high risk and therefore will not require tetanus immunoglobulin. High risk means they are heavily contaminated with soil or manure where tetanus spores may exist, so lightly soiled or clean wounds that do not meet the above criteria are not classed as such.

Methodology: All patients who received any tetanus product between the 15 October and 15 November 2016 were retrieved using the Symphony clinical system. All patient records were accessed and the auditor made an independent assessment of the nature of the tetanus product that the patient should receive (if any) and then compared this decision with the actual product prescribed.

Standards:

- 100% of patients who receive tetanus immunoglobulin should fulfil the criteria for a (contaminated) tetanus-prone wound
- 100% of patients who receive the Diphtheria/Tetanus/Pertussis (DTP) vaccine should meet the criteria outlined in the Green Book
- 100% of patients who were prescribed tetanus immunoglobulin should have been given a DTP vaccine (as appropriate) at the same time.

Results (of the 40 patients which were audited):

- Standard one was not met. Of the patients that received the immunoglobulin only 33.3% (2/6) of patients met the criteria of a contaminated tetanus-prone wound, based on the information recorded on Symphony
- Standard two was not met. Of the patients that were prescribed DTP vaccine, 91% (31/34) met the criteria for vaccination
- Standard three was not met. Three patients who were prescribed tetanus immunoglobulin

(whether or not this was inappropriate) who should have also received a DTP vaccine based on the guidance did not receive the vaccine based on the vaccination history recorded on Symphony

- 50% of the patient records had no mention of vaccination status
- Batch numbers of the vaccines/immunoglobulins did not seem to be recorded on Symphony.

Conclusion:

- The usage of tetanus immunoglobulin does not reflect the prescription numbers during the same month, which leads the auditor to believe that whilst the prescribing is broadly appropriate there may have been an administration error whereby the DTP vaccine has been prescribed but the immunoglobulin given in error
- Knowledge gaps have been identified in some areas
- Incidentally, it appears that the batch numbers of the vaccines/immunoglobulins have not been recorded after administration
- The PGD's that legislate for ENP's to administer these products need updating and clarifying
- Some additional training is required both for medical and nursing staff in the Emergency Department.

Audit on Consultant Sign-off

In December 2010 the Royal College of Emergency Medicine published a standard for 'Consultant sign-off'. The Department of Health subsequently adopted 'Consultant sign-off' as a quality indicator for Emergency Departments in England. This topic is on the RCEM national audit programme.

The aim of this audit is to identify current levels of compliance against the RCEM standards, raise awareness of the standards and improve the standard of care and increase patient safety.

Actions:

- Display Consultant sign-off conditions in Triage and Doctor workplace
- Educate junior doctors and ENPs about consultant sign-off.

Audit of compliance with documentation – notes audit, 100% compliance with criteria in notes audit on Ward 16

The aim of this audit is to determine ward performance against completion of criteria in notes. To understand compliance position at ward level, identify areas of concern and where necessary implement change.

Results:

- 100% compliance in five out of 16 criteria
- All criteria consistently over 70% compliance
- Overall improvement in all criteria from start of audit.

Actions Plan:

- Continue regular monitoring of documentation
- Feedback to both qualified therapy staff and therapy assistants - preferred method to be agreed with staff
- Redesign of audit tool
- Refresher training on 'Notes guidelines' and 'Legal implications of accurate documentation'
- Repeat audit three months after original to assess improvement.

Participation in clinical research

The number of patients receiving relevant health services provided or subcontracted by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee 3606. Of these, 1,416 participants were recruited onto studies adopted onto the National Institute for Health Research Portfolio, exceeding our annual target of 1,000.

During 2016/17, 57 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.

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 members 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.

We have delivered successfully to almost all of our Key Performance Indicator (KPI) listed in the Research and Development strategy and have set the last two years of KPIs.

Within this last year we have been particularly focussed on delivery to the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) programme. This has included the twelve-month appointment of a Research Fellow, who will be taking forward specific elements of our strategy over the next year.

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

A proportion of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/>

The monetary total in 2016/17, conditional upon achieving quality improvement and innovation goals, was £6.46m. The total associated payment in 2016/17 was £6.23m.

We have worked with our local commissioners to ensure that the CQUIN scheme was aligned with local commissioning strategies and our own 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.

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Although challenging, the Trust successfully achieved the majority of improvements and innovations which had been agreed.

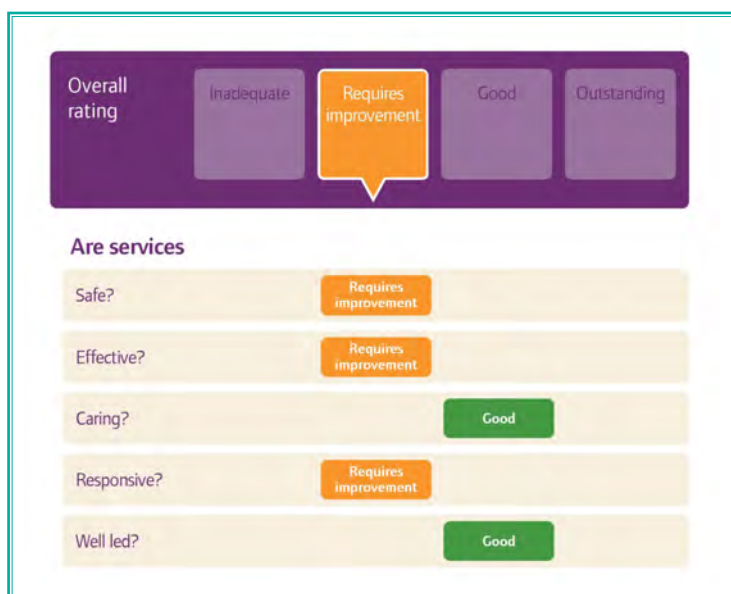
Statements from the Care Quality Commission (CQC)

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is FULL Registration compliance with no conditions on registration.

The CQC Commission has not taken enforcement action against Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust during 2016/17.

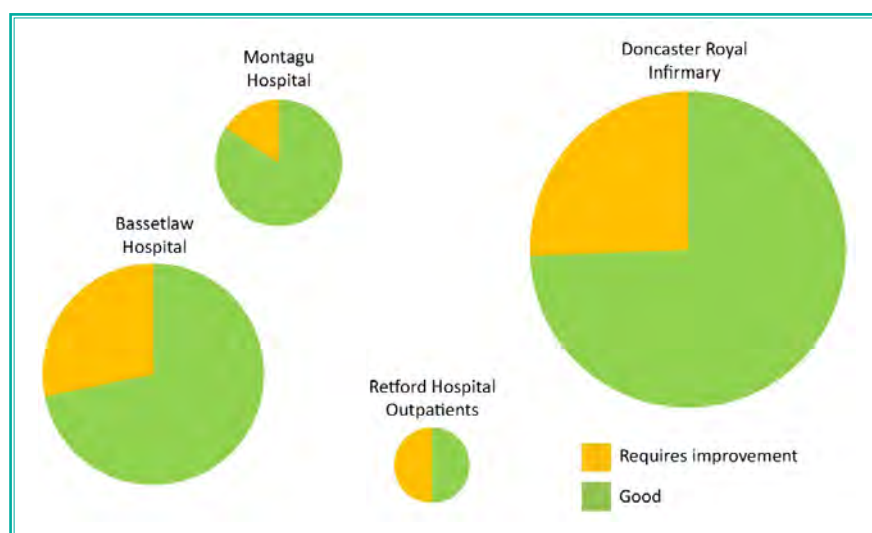
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has undergone a Comprehensive Inspection by the CQC in April 2015. The subsequent findings were that the Trust overall outcome was 'Requires Improvement'. Doncaster Royal Infirmary, Bassetlaw Hospital and Retford Hospital were given outcome of 'Requires Improvement', with Montagu Hospital being assessed as 'Good'.



Positively noted in the assessment was that there were no services or components of core pathways identified as 'Inadequate', with a total of 74% of services and their component parts being assessed as 'Good'.

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The action plan that was developed in response to the Comprehensive Inspection report in October 2015 has been delivered and reported through the Clinical Governance and Quality Committee and the Audit and Non-Clinical Risk Committee. Internal audit have followed up including mock inspection. This has identified further recommendations to sustain improvements and remedy findings from the mock inspection.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has participated in the Joint OFSTED and CQC targeted inspection for Special Educational Needs and Disability (SEND) for Nottinghamshire in June 2016. There were no recommendations specific to the Trust.

Data quality

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Including the patient's valid NHS number:

- 99.6% for admitted patient care – national position 99.3 %
- 99.7% for outpatient care – national position 99.5%
- 97.7% for accident and emergency care – national position 96.7%.

Including the patients valid General Medical Practice Code:

- 100% for admitted patient care – national position 99.9%
- 100% for outpatient care – national position 99.8%
- 99.9% for accident and emergency care – national position 99%.

Information governance toolkit attainment 2016/17

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 of 75% and was graded as **Satisfactory**.

Clinical coding error rate

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

In line with Information Governance Requirements the Trust had external inpatient clinical coding audits, (diagnoses and procedure coding) undertaken during 2016/17 which resulted in the Trust maintaining IG level three. The combined results of the audits were:

- Primary diagnoses incorrect - 97%
- Secondary diagnoses incorrect - 97.6%
- Primary procedures incorrect - 95%
- Secondary procedures incorrect - 99%.

The results should not be extrapolated further than the actual sample audit as some of the issues raised may only relate to the speciality selected and will not apply to other specialities. Extrapolating the overall results would not provide an accurate position in relation to performance. The audit consisted of 303 finished consultant episodes split over two audits covering a wide variety of specialties. Additionally during 2016/17 work was undertaken with an external company to improve the accuracy and depth of clinical coding, which also included clinical documentation. The learning from this project will be taken into 2017/18 by the Trust. Work continues to ensure we are using the Clinical Coding Encoder system to its full potential.

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 and in meeting the needs of clinical governance, management information, accountability, financial control, health planning and service agreements.

High quality business information supports decision making as well as ensuring that the Trust reports its performance accurately both internally and externally including Commissioners, NHS England, NHS Improvement, the Department of Health and the Care Quality Commission.

Achievement of CQUIN, accurate charging for income, through robust data collection and reporting, is also reliant on high quality data. It also provides commissioner confidence and assurance.

Maintaining and driving improvements in data quality continued to be an area of high priority and focus for the Trust, during 2016/17 and this will continue in 2017/18 and beyond. The Trust continues to invest in data quality resources.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

- In October 2016, the Trust implemented a modern Patient Administration System (PAS), which alongside other benefits, has provided opportunities for long term improved data quality. As with all major new system implementations, there continues to be some data quality challenges, and focused work continues to address these challenges

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- Nationally, data quality is measured by the Secondary Uses Service (SUS) Data Quality Dashboards. For 2016/17 to month 10 (latest published data) the Trust had a composite score of 99.6% across a range of indicators which cover inpatients, outpatient and Emergency Department, against a national comparative score of 96.5%. The Trust is consistently above the national average and is fourth within Yorkshire and Humberside. This is a significant achievement for the Trust and demonstrates a strong commitment to high quality data
- 18 Weeks data quality continues to be of high priority for the Trust with routine validation firmly embedded within the Trust. During 2016/17 there was a specific data quality improvement plan on 18 Weeks, which was agreed with commissioners and further work and extended scope are planned for 2017/18. This ensures we have high quality data to maintain the accuracy of waiting times to support treating patients in chronological order for the same clinical priority, support demand and capacity modelling and ensure accurate performance reporting
- Key priority packages of work were agreed and delivered in line with the requirements laid down within the Data Quality Improvement Plan for 2016/17 within the NHS Standard Contract with commissioners. The PAS Replacement data quality work continued to be the area of highest priority
- 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 review progress against improvement targets. 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. We promote the principle of 'Right First Time' in respect of recording patient information. This also links into the Trust's financial Turnaround projects and focused work will continue in 2017/18 through specific task to finish groups
- For all Trust system implementations, data quality is a key element within the project, including potential risks along with mitigating strategies and actions.

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The Trust is required to report on a core set of indicators. Presented, in the table below is the required data for the last two reporting periods. The data was made available by the Health & Social Care Information Centre.							NHS Trusts & NHS Foundation trusts performance	
					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
The value and banding of the SHMI* for the Trust	1.0556 Banding 2 (2012/13)	1.128 Banding 1 (2013/14)	1.057 Banding 2 (2014/15)	1.0011 Banding 2 (2015/16)	1 Banding 2 (2015/16)	Implementing all the measures which have been outlined on page 115 of the Quality Account 2016/17	1.1783 Banding 1	0.678 Banding 3
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level	13.2% (2012/13)	19.2% (2013/14)	29.3% (2014/15)	40.98% (2015/16)	28.53	The Trust has an active process to monitor mortality rates including those patients who are in receipt of palliative care, include a quality of care review.	54.60	0.583
Patient Reported Outcome Measures (PROMs) (EQ 5D Adjusted average health gain)						Ensuring that the Clinical Director within the Care Group actively monitors the PROMs scores and takes action as appropriate in order to improve health gain scores for patients.		
Groin hernia surgery	0.099	0.076	0.067	0.068	0.088		0.150	0.021
Varicose vein surgery	0.176	0.138	0.119	0.105	0.096		0.150	0.018
Hip replacement surgery	0.401	0.423	0.455	0.403	0.438		0.512	0.320
Knee replacement	0.322 (2012/13)	0.322 (2013/14)	0.331 (2014/15)	0.313 (2015/16)	0.320 (2015/16)		0.398	0.198
Readmissions to hospital within 28 days of being discharged, percentage aged:	10.82% 11.45% (2010/11)	10.24% 11.86% (2011/12)	10.01% 11.45% (2011/12)			At the time of producing this report no data was available from HSCIC. The planned update of the emergency readmissions to hospital within 28 days of discharge indicators has been delayed whilst a review of the methodology is carried out.	14.94% 11.86% (2011/12)	6.40% 8.96% (2011/12)
0 - 14								
15 and over								
Responsiveness to inpatients personal needs	68.9% (2012/13)	67.4% (2013/14)	69.9% (2014/15)	70.1% (2015/16)	69.6% (2015/16)	The Trust's achievement is above the national average. We will continue to monitor the views of our service user and implement changes where necessary in order to improve the experience of our patients.	86.2%	58.9%
Percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	59% (2013)	57% (2014)	64% (2015)	59% (2016)	69% (2016)	Using staff surveys about the provision of care on wards and departments helps identify ways of improving services, coupled with demonstrating initiatives to improve the quality of care. As staff go through appraisals the discussions about the quality of care are included.	85%	49%
Percentage of patients who were admitted to hospital and who were assessed for venous thromboembolism	95.0% (Jan16 - Mar 16)	95.03% (Apr16 - Jun16)	95.01% (Jul16 - Sep16)	95.03% (Oct16 - Dec16)	95.64%	Trust performance remains on target.	98.16%	76.46%
Rate of C.difficile per 100,000 bed days	21.5 (2012/13)	14.2 (2013/14)	14.8 (2014/15)	10.8 (2015/16)	14.9 (2015/16)	Implementing all the measures which have been outlined on page 114 of the Quality Account 2016/17	66.0	0.0
Number and rate of patient safety incidents reported within the Trust	Number: 5548 Rate: 36.1 (Oct 14 - Mar 15)	Number: 6158 Rate: 42.2 (Apr15 - Sep15)	Number: 5522 Rate: 38 (Oct 15 - Mar 16)	Number: 5433 Rate: 39.9 (Apr 16 - Sep 16)	Number: 4955 Rate: 40.8 (Apr16 - Sep 16)	Incident reporting rates are within the expected range when compared to our class.	Number: 11835 Rate: 57.7	Number: 1579 Rate: 29.1
Percentage of patient safety incidents which resulted in severe harm or death.	0.9% (Oct 14 - Mar15)	0.9% (Apr15 - Sep15)	0.36% (Oct 15 - Mar16)	0.42% (Apr16 - Sep16)	0.5% (Apr16 - Sep16)	The latest dataset from the National Reporting and Learning System (NRLS) shows an increase although below the national average. A culture of reporting is promoted and encouraged.	1.73%	0.02%
The Doncaster & Bassetlaw NHS Foundation Trust considers that this data is as described for the following reasons: It has been extracted from HSCIC systems without further amendments, and the Trust has considered underlying reasons for its performance against these indicators, putting action plans in place as required								



Take a zero tolerance approach to “never events”



Never events are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust.

During 2016/17 the Trust reported one never event against a target of zero. 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.’

Year	Number of incidents reported*	Per 1000 occupied bed days
2012/13	2	0.0062
2013/14	3	0.0092
2014/15	1	0.0030
2015/16	2	0.0063
2016/17	1	0.0034

Details of the Trust’s reported never event during 2016/17 are as follows:

- Retained wire following emergency admission and indication for life saving treatment.

The incident has not caused any long term physical harm to the patient, but has provided a valuable learning opportunity that has been introduced into local and regional medical staff training for the technique of chest drain insertion using a guidewire. The guidewire was successfully removed and the patient has been informed of the incident and findings of the investigation.

Progress, Monitoring & Reporting: The learning from root cause analysis which follows any such events, is shared Trust-wide to ensure that the learning from the never event does not happen again in the future. Reporting to the Board of Directors takes place monthly.

The Trust has an incident reporting system that specifically enables any member of staff to highlight never events or serious incidents, so that any potential case can be reviewed rapidly. This provides a culture of openness and the duty of candour to our patients.


*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, and revised again in 2014/15.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 1 - patient safety

Key  = target achieved

 = close to target

 = behind plan

To reduce levels of hospital acquired MRSA bacteraemia



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

Trust not achieved trajectory with three cases reported during 2016/17, this is a slight increase on the number of cases reported during 2015/16.

Year	Number of reported cases	Per 1000 occupied bed days
2012/13	2	0.0062
2013/14	2	0.0061
2014/15	2	0.0061
2015/16	2	0.0063
2016/17	3	0.0102

The Trust had three MRSA bacteraemia against a zero tolerance to avoidable infection in 2016/17 financial year:

- The first case was a patient who screened negative for MRSA, but later colonised MRSA, that was identified on subsequent screening. The patient had complex care needs and was difficult to take blood cultures from. The outcome at the post infection review was that it was a blood culture contaminant
- The second case was in a complex patient who had been found to be colonised with MRSA, and a peripheral cannula was inserted for intravenous antibiotic due to urosepsis and left in without documentation of visual infusion phlebitis (VIP) score completed daily. The post infection review concluded that the cannula was the source of infection
- The third was a patient who had multiple negative screens for MRSA, and was admitted into a side room due to Clostridium difficile infection. They acquired MRSA colonisation while in hospital; although no cross infection could be identified from other patients. The blood culture isolate was considered to be contaminant as it was not in keeping with clinical findings and patient had not required treatment on discharge.


There are policies, procedures and training in place to reduce the risk of MRSA bacteraemia, and other infections, with surveillance monitoring systems in place to monitor the reliability of the processes that mitigate risks. In addition to impressing upon staff that the compliance to policies and procedures is required, the following learning have been identified:


- Patients who are colonised with MRSA are at a greater risk of MRSA infection, so avoiding when possible: invasive devices, such as urinary catheters, central venous access, IV cannulas, use of IV routes when possible with antibiotics
- Documentation of VIP scores is to be monitored more frequently to determine levels of compliance
- Use of decolonisation treatments proactively for higher risk patients.


Progress, Monitoring & Reporting: Dashboards are completed for the monitoring and reporting of HCAI's. Reporting to the Board of Directors takes place monthly.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 2 - patient safety

Key  = target achieved

 = close to target

 = behind plan





To reduce levels of hospital acquired C-diff

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

Trust trajectory achieved with 26 cases reported during 2016/17, which demonstrates a 18.75% reduction on the number of cases reported during 2015/16.

Year	Number of reported cases	Per 1000 occupied bed days
2012/13	67	0.1988
2013/14	41	0.1269
2014/15	44	0.1353
2015/16	32	0.1023
2016/17	26	0.0891

We recorded 26 cases attributed to the Trust with four of these showing lapses in care due to antibiotic use outside Trust guidelines.

We met our trajectory for Clostridium difficile infection for 2016/17, and further improved by approximately 18.75% from 2015/16 financial year achievement.

There was no evidence of cross-infection as different ribotypes, confirmed through suspected samples being sent for testing at the reference centre.

The lapses in care for the four cases have been addressed through local action, with antibiotic stewardship being the focus for trust wide learning.


This means using the correct antibiotic for the presenting need and keeping course lengths within recommended use.

Progress, Monitoring & Reporting: Dashboards are completed for the monitoring and reporting of HCAI's. Reporting to the Board of Directors takes place monthly.

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

This data is governed by: National definitions

Quality improvement 3 - patient safety

Key  = target achieved

 = close to target

 = behind plan



Reduce the number of deaths which may have been preventable

Implementing a system for continuous review of HSMR and SHMI will support achievement of no avoidable deaths and no avoidable harm to patients.

Target achieved HSMR: 91.08 (Jan 16 - Dec 16) SHMI 102 (Dec 15 - Nov 16).

Year	HSMR	SHMI
2013	111.12 (Jan 13 - Dec 13)	108.47 (Oct 12 - Sep 13)
2014	108.68 (Jan 14 - Dec 14)	112.88 (Oct 13 - Sep 14)
2015	95.62 (Jan 15 - Dec 15)	105.7 (Oct 14 - Sep 15)
2016	91.08 (Jan 16 - Dec 16)	102 (Dec 15 - Nov 16)

Both the HSMR and the SHMI continue to show a steady improving picture reflecting the work that the Trust has put in in recent years in re-engineering emergency pathways, improved depth of coding and 7/7 working as well as undertaking reviews of deaths and undertaking thematic analysis for the purpose of learning.

The difference in the values reflects that the SHMI also takes account of deaths within 30 days of discharge and not just in hospital deaths.


Progress, Monitoring & Reporting: Monitoring of the Trust HSMR and SHMI continues through the Mortality Monitoring Group. Reporting to the Board of Directors takes place monthly.


Data Source: HED

This data is governed by: National definitions

Quality improvement 4&5 - clinical effectiveness

Key  = target achieved

 = close to target

 = behind plan



Reduce the number of avoidable re-admissions

Avoidable emergency re-admissions are a symptom of poor planning and support for patients when going home. This can also identify pathways of care that are prematurely discharging patients before they are well enough to cope at home.

A 3.8% reduction achieved based on the readmissions rates reported in Q1 2016/17 & Q4 2016/17, however, the overall Trust target readmission rate of 5.4% has not been achieved.

Benchmarking data illustrates that there is slightly better than average rates of emergency readmissions, however the reduction target has not been achieved this year.


	Readmission Rate Q1(Jan - Mar)	Readmission Rate Q4(Oct - Dec)	Difference	Difference %
2014	6.39%	6.01%	0.38	5.9
2015	6.18%	5.73%	0.45	7.3
2016	6.32%	6.17%	0.15	2.4


Progress, Monitoring & Reporting: Establish a process to review re-admissions. Monitoring through the CQUIN working groups and reporting to the board on the Readmission rate in the Business Intelligence report. These figures are based on re-admissions within 29 days, we are unable to disclose age split for patient who have been readmitted due to data limitations.

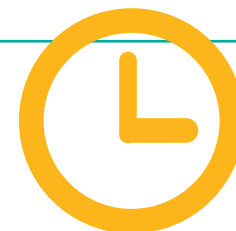
Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems
This data is governed by: National definitions

Quality improvement 6 - clinical effectiveness

Key  = target achieved

 = close to target

 = behind plan

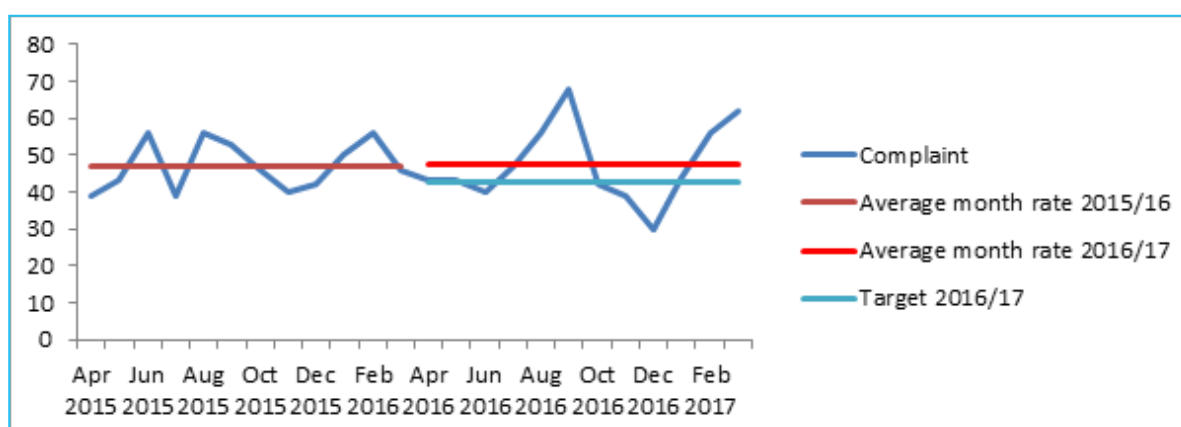


Reduce the number of complaints

Learning from complaints is taken forward through actions to improve services in line with the needs of the patients. 3.8% reduction achieved based on the readmissions rates reported in Q1 2016/17 & Q4 2016/17, however, the overall Trust target readmission rate of 5.4% has not been achieved.

570 complaints have been reported during 2016/17 this demonstrates a slight increase on the number reported during 2015/16.

An increased rate of complaints in quarter two and quarter four has resulted in not achieving the intended reduction in complaints this year. The intention is to pursue achieving a higher number of concerns being dealt with before they become complaints, so promoting local resolution of issues at ward and department level is key to helping patients have an improved experience.



Progress, Monitoring & Reporting: Internal Audit review of actions. Audit of high risk and Parliamentary Health Service Ombudsman investigations. Reporting to the Patient Experience and Engagement Committee.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National & Local definitions

Quality improvement 7 - patient experience

Key ★ = target achieved

→ = close to target

⌚ = behind plan

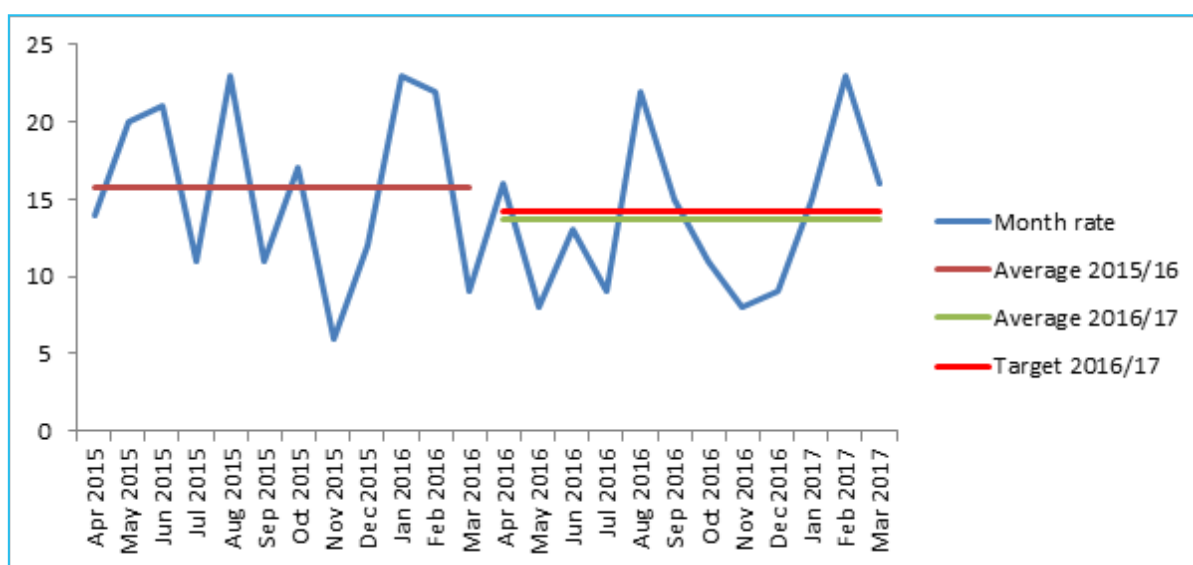


Reduce the number of complaints issues about communication



Communication issues are identified in more complaints than any other issue and are often a contribution to other concerns raised with the Trust.

The Trust set an objective of reducing the number of complaints about communication for the quality account for 2016/17, to reduce by 10%. The chart below illustrates that this has been achieved. The total number of communication complaints in 2015/16 was 189 and in 2016/17 it was 169 (10.58%). There has been a challenge to all teams to improve communication and examples of changes made in services have proved to be effective in reducing issues in several areas. However, there continues to be issues and although there is improvement greater than the target was set, there is an intent to continue to tackle communication issues across all staff groups and improve patient experience in that regard.





Progress, Monitoring & Reporting: Internal Audit review of actions. Audit of high risk and Parliamentary Health Service Ombudsman investigations. Reporting to the Patient Experience and Engagement Committee.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National & Local definitions

Quality improvement 8 - patient experience

Key  = target achieved

 = close to target

 = behind plan





Improve response rates for the Friends and Family Test in the Emergency Department

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

The FFT rate of completion in A&E has not been achieved, although slightly improved on the rate from 2015/16. On analysing the reasons for this, there is a small window of opportunity to capture patients who are discharged from the Emergency Department, in part because they want to leave as soon as they can and the cards given to patients are often discarded on the way out of the department. There are an average of 488 FFT scores obtained each month, providing comments and an average positive score of 91%, which is higher than the regional and national rate.

With other data for the FFT test for inpatients, there is a similar to national and regional average recommended rate and a higher rate of response.

	Emergency Department Completion Rates
2013/2014	25.1%
2014/2015	6.9%
2015/2016	3.4%
2016/2017	4.2%

Progress, Monitoring & Reporting: Monthly monitoring of A&E and inpatient FFT completion rates. Monthly reporting to the Board of Directors. Monthly benchmarking against national reporting.

Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems. This data is governed by: National definitions

Quality improvement 9 - patient experience

Key ★ = target achieved

→ = close to target

⌚ = behind plan

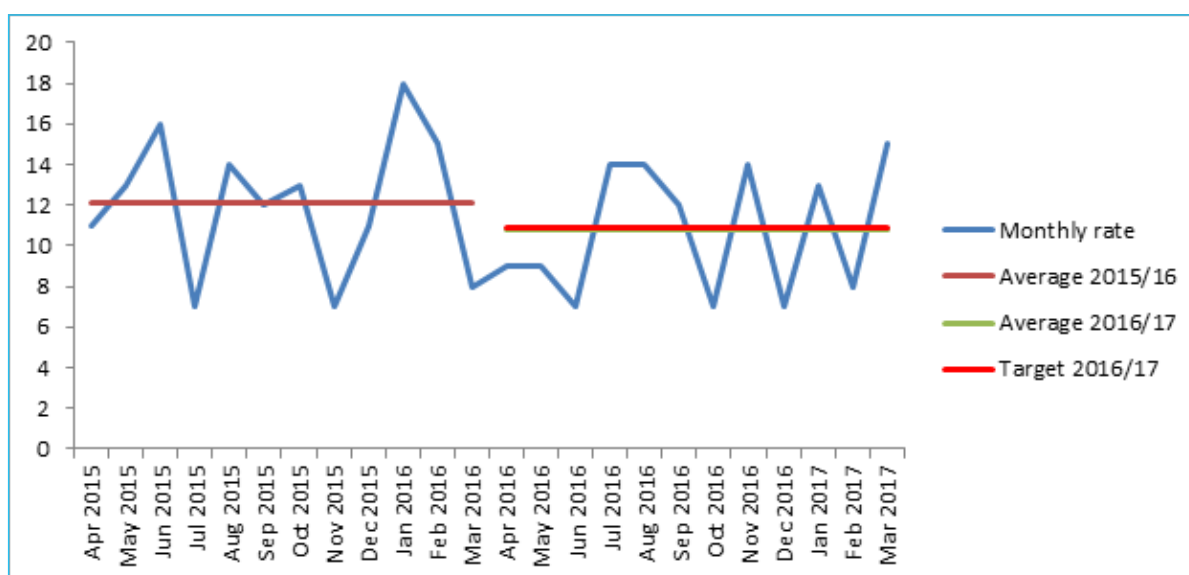


Reduce the number of complaints relating to staff attitude and behaviour



The good attitudes and behaviour of staff is paramount to providing a good quality service and patient experience. This also relates to the families and visitors of patients, who should be afforded the appropriate good quality customer service skills.

The Trust set an objective of reducing the number of complaints about staff attitude and behavior for the quality account for 2016/17, to reduce by 10%. The chart below illustrates that this has been achieved. The total number of staff attitude and behavior complaints in 2015/16 was 145 and in 2016/17 it was 129 (11.03%).




Progress, Monitoring & Reporting: Monthly monitoring of Emergency Department and inpatient FFT completion rates. Monthly reporting to the Board of Directors. Monthly benchmarking against national reporting.


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

This data is governed by: National definitions

Quality improvement 10 - patient experience

Key  = target achieved

 = close to target

 = behind plan



Review of Quality Performance 2016/17

The national and local Commissioning for Quality and Innovation (CQUIN) targets have been met on the whole. There was full achievement across all but some aspects of the Sepsis screening and treatment and monitoring of antibiotics, which were partially achieved. A particularly positive achievement in the CQUIN's over the last year are the flu vaccination of staff, with the Trust being the first to reach the target nationally, with Helen Houghton, Health and Wellbeing Lead, being awarded Flu Fighter Champion by NHS Employers. Helen graciously accepted the award on behalf of the wider team involving the occupational health and the senior nursing tea

The local CQUIN initiatives have continued from previous activities over the last year, with collaborative working with community partners in the management of discharge processes and end of life care. These measures have resulted in closer working relationships and tackled issues that have been exposed to benefit patients care and access to the right services. We acknowledge the contribution made from our provider colleagues in the health community and the support of the clinical commissioners in taking these initiatives forward.

The schemes for 2016/17 are shown below:

- Local CQUINs
 - Patient safety – sign up to safety plan
 - Discharge multi-disciplinary review
 - End of Life multi-disciplinary review
 - Pressure ulcer reduction.
- National CQUINs
 - National Health and Well Being improvement plan
 - National Health and Well Being healthy food
 - National Health and Well Being frontline flu
 - National Sepsis ED
 - National Sepsis Wards
 - National Cancer 62 day performance
 - National Cancer RCA for >104 day cases
 - National Antibiotic consumption
 - National Empiric review.
- NHS England CQUINs
 - NHSE Critical care discharge
 - NHSE specialty schemes.

The Trust uses a range of quality measurements to assess the services that we provide, including accreditation for nutrition, infection prevention and control, patient safety, effective, responsive and patient experience. Much of this information is relevant to each clinical area, so have driven quality improvement through use of triangulated measurements and annual assessments by Heads of Nursing and Midwifery and Deputy Directors in the Nursing Directorate. When issues are identified then the Deputy Directors take forward interventions with the relevant Head of Nursing or Midwifery and their leadership team to tackle performance and provide support. We have taken a harder line with expected standards, improving on each ward's historical performance, to contribute to the Quality Assurance Tool outcomes so that we can continue to build on the progress of previous years.

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The indicators below are included to demonstrate the Trust's performance against additional mandatory quality initiatives.

National targets and regulatory requirements	2013/14	2014/15	2015/16	2016/17	National target or trajectory 2016/17
All cancers: 62-day wait for first treatment from: • Urgent GP referral for suspected cancer	89.4%	87.8%	85.5%	86.5%	85%
All cancers: 62-day wait for first treatment from: • NHS Cancer Screening Service referral	94.7%	94.4%	92.7%	93.5%	90%
18 week maximum wait from referral to treatment (patients on an incomplete pathway) <i>Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems</i>	92.8%	93%	92.1%	90.5%	92%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or Discharge <i>Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems</i>	95.5%	92.9%	94.51%	91.4%	95%



3 Quality Accounts

Definitions used by audited indicators

Indicator	Definition
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	<p>Numerator</p> <p>Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)</p> <p>Denominator</p> <p>Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)</p> <p>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 starts if the patient is subsequently diagnosed. For further detail refer to technical guidance at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131880</p>
Emergency re-admissions within 28 days of discharge from hospital	<p>Numerator</p> <p>The number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main speciality upon re-admission coded under obstetric; and those where the re-admitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.</p> <p>Denominator</p> <p>The number of finished continuous inpatient spells within selected medical and surgical specialities, with a discharge date up to 31 March within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days before admission are excluded.</p> <p>This definition is adapted from the definition for the 30 days re-admissions indicator in the NHS Outcomes Framework 2013/14: Technical Appendix. We require trusts to report 28-day emergency re-admissions rather than 30 days to be consistent with the mandated indicator requirements of the NHS (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081).</p>
Eliminate Never Events	<p>Review the cases reported as never events in line with the Never Events Framework.</p> <p>Audit a selection of incidents reported to establish if there are any incidents that fulfilled the criteria but were not reported as a never event.</p> <p>The Never Event Framework can be found here: https://improvement.nhs.uk/resources/never-events-policy-and-framework/</p>

The completeness and accuracy of the data used in the indicator calculation is dependent on the completeness and accuracy of the data capture at source. To the best of our knowledge and belief the information used to calculate indicators is complete, accurate and relates to the reporting period.

3 Quality Accounts

2017/18 Quality Improvement Priorities comparative data

The table below shows comparative data to provide additional context.

	Target 2017/18	2016/17	2015/16	2014/15
Patient safety quality improvement targets				
1. Take a zero tolerance approach to “never events”	0	1	2	1
2. Reduce the number of healthcare associated infections - MRSA bacteraemia	0	3	2	2
3. Maintain or reduce low levels the number of healthcare associated infections (C.Diff)	40	26	32	44
4. Increase reliability of Sepsis management on admission to hospital*	>90%	75%	Not measured	Not measured
Clinical effectiveness quality improvement targets				
5. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<95	91.08 (Jan16 - Dec 16)	95.62 (Jan 15 - Dec15)	108.68
6. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	102 (Dec 15 - Nov 16)	105.7 (Oct 14 - Sep15)	112.88
7. Reduce avoidable Re-admissions	SRR <99	97.81**	98.53	100.21
Patient experience quality improvement targets				
8. Reduce the number of complaints	517	570	563	640
9. Demonstrate increased Patient Engagement activities in each Care Group	100% of Care Groups	Not measured	Not measured	Not measured
10. Reduce the number of complaints relating to staff attitude and behaviour	116	129	144	143

*Governor selection.

** April 16 – Jan 17 discharges.

Comments on the 2016/17 Quality Account were received by:

Healthwatch Nottingham

As the independent watchdog for health and social care in the county, we work to ensure that patient and carer voices are heard by providers and commissioners. We are grateful to be given the opportunity to view and comment on the Quality Report. We specifically reviewed it in response to the issues that have been brought to the attention of Healthwatch.

Healthwatch Nottinghamshire would like to highlight a number of recognised successes presented in the Account and to seek assurance and guidance from the Trust in addressing under performance and the areas of concern that remain.

Successes

Over the past 12 months the Trust appears to have made some significant positive shifts in a number of patient safety areas.

- Reduction of the number of falls
- Reduction of reported Never Events
- Continued reduction of patients with C.Diff (Clostridium difficile infection)
- Reduction of number of deaths which may have been preventable.

In addition to these improvements, we congratulate Helen Houghton and the Health and Wellbeing Team who were recognised nationally for their efforts in vaccinating over 75% of Trust staff, the first in the country to do so.

In addition to the above, Healthwatch Nottinghamshire is pleased that the Trust received 10% fewer complaints relating to staff communication and acknowledges the efforts of all departments in doing so. However, staff communication is still the second most prevalent negative theme reported to Healthwatch Nottinghamshire, so we welcome the Trust's intent to continue to improve in this area.

Healthwatch Nottinghamshire has welcomed a closer working relationship with the Trust over the past year, with our Chair and Chief Executive meeting regularly with senior staff at the Trust. Whilst observing the different roles both organisations have, it is acknowledged that both have a joint objective of ensuring high quality services for patients. Healthwatch Nottinghamshire has in particular used these opportunities to scrutinise how the decisions to move services from Bassetlaw Hospital to Doncaster Royal Infirmary affects patients.

Healthwatch Nottinghamshire has also been involved in conversations with seldom-heard groups in the Bassetlaw area as part of the consultation process for the South Yorkshire & Bassetlaw Sustainability and Transformation Plan.

Improvement / Concerns

Healthwatch Nottinghamshire recognises the increased demands on Emergency and Urgent Care Services and is therefore aware of the intense pressure to maintain the target admitting, transferring or discharging patients within four hours of arrival at Emergency Department. These increased pressures are reflected in the fall of patients being seen in four hours from 94.5% to 91.4% year-on-year.

3 Quality Accounts

We are disappointed that the Trust was not able to reduce the number of complaints from members of the public, one of their quality improvement objectives for 2016/17, although we welcome the Trust's commitment to resolve issues at ward and department level as a means to preventing complaints.

The draft of the Quality Account we saw would benefit from some more explanation and contextual information, particularly for members of the public who may not have the background knowledge of NHS systems and terminology.

Comments received by Healthwatch Nottinghamshire

Between April 2016 and March 2017, we collected 85 experiences about the Trust. Over this period only 42% of the comments Healthwatch Nottinghamshire received were positive, a fall from 57% in 2015/16. Over one fifth of patients (21%) with negative comments talked about waiting times for services, which is reflected in the increase of patients not being seen within the four hour target at Emergency Department. The most prevalent positive trend patients spoke about was the compassionate care shown by staff, with 26% talking about this.

Actions / Recommendations

Healthwatch Nottinghamshire seeks clarification on the following:

1. Opportunities for Healthwatch Nottinghamshire to engage with the Trust in identifying opportunities to ensure continuing improvements across communications and patient feedback/complaints
2. How the Trust plans to increase the percentage of patients seen within four hours of arrival at the Emergency Department.

Healthwatch Nottinghamshire welcomes improvements in a number of the priority areas set for 2016/17, but we also recognise the challenges still faced by the Trust. We look forward to seeing further improvements in 2017/18. We will continue to work with the Trust, to monitor any issues which arise, and ensure that we represent the views of local people.

Healthwatch Doncaster

I have shared it with the Board of Healthwatch Doncaster and the following comments/suggestions have been made:

- It would be useful for the account to demonstrate whether there has been an increase in patient activity over the year across in patients, out patients, A&E and other services, this then sets the context for how many patients they are seeing and more importantly all the percentages quoted are then in context.
- There is very little mention of national data comparisons i.e. 1 never event against a national reporting system of xxx in similar sized organisations. xxx complaints against a national profile of xxx for similar size hospitals.
- On complaints it would be useful to know if any trends were identified for increase in complaints in quarter 2 and 4 and which areas were affected.
- There is also nothing said about compliments received and this is important so that there is balance with complaints.

Overall a detailed report, but it would be nice to see a summary with some key points to share with patients and local communities.

Andrew D. Goodall

Chief Operating Officer
Healthwatch Doncaster.

NHS Bassetlaw Clinical Commissioning Group (CCG)

On Behalf of Denise Nightingale, Chair of the Bassetlaw CCG Quality and Patient Safety Committee.

Thank you for the opportunity to comment on Doncaster and Bassetlaw Hospitals NHS Foundation Trust Quality Account for 2016/17.

Firstly, I should like to commend the Trust for its open and constructive approach to engaging with its commissioners in the planning, delivery and monitoring of services. We concur with the priorities that have been focussed on, and assess this report is an accurate record of progress towards their achievement. Progress regarding patient safety and a reduction in avoidable harms remains excellent and has now been improving for a number of years.

We encourage the Trust to further focus upon the following:

- A focus on improving patient experience and in particular a reduction in negative experience relating to staff attitude and behaviour
- A focus on staff wellbeing which is key to the delivery of high quality services and can be measured in part through staff retention rates
- A continuation of work to address avoidable mortality and morbidity with an increase in system wide reviews in partnership with other agencies.

We look forward to further discussions ensuring there are sustainable and safe services for our area.

Denise Nightingale

Executive Lead for Quality and Safety, Chief Nurse
NHS Bassetlaw CCG.

NHS Doncaster Clinical Commissioning Group (CCG)

Doncaster Clinical Commissioning Group (CCG) is pleased to comment on Doncaster and Bassetlaw NHS Foundations Trusts annual Quality Account for 2016/17. The Trust continues to work collaboratively with our local partners and approaches the delivery of care jointly to ensure quality service provision is in line with local commissioning intentions for the patients of Doncaster. We continue to work together to ensure the best quality and evidence based care is available to all.

Following a public consultation, Doncaster and Bassetlaw Hospitals NHS Foundation Trust officially became a Teaching Hospital on Friday 27 January. They are supported by both Sheffield Hallam University and the University of Sheffield, and had approval from regulator NHS Improvement to become 'Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust'.

Attaining Teaching Hospital status will help the Trust further enhance education and training capacity, grow research capability and improve the recruitment and retention of high quality staff across all professions, as a CCG we have welcomed this and feel that this will have a positive impact on sustaining the quality of care for the population of Doncaster, improving outcomes for patients and also providing learning opportunities for the local community.

3 Quality Accounts

The report focuses on positive achievements throughout the year and also identifies some priorities for improvement in the coming year. These priorities will be reported to their Board and/or their Clinical Governance and Quality Committee. The Trust continues to strive to deliver harm free care and improve patient outcomes and experience.

The Trust has continued to be challenged by the pressure on the urgent care system as have most organisations on a national level and this has been evident particularly within A&E targets. They have continued to work in a flexible way to meet the needs of patients in Doncaster. They have engaged in a range of transformational programmes being undertaken by the CCG to both reduce attendance and ensure that people are seen by the right service both within the hospital and outside of the acute setting.

There is an on-going challenge within the Trust in relation to meeting the 62 day wait for cancer treatments and the Trust is engaged with the CCG and wider network to understand and improve performance.

The Trust continues to demonstrate a willingness to be open and transparent about the quality and safety of the care they provide. They have achieved a further reduction in C.Diff, harm from pressure ulcers, falls with harm and repeat falls. They have also reduced the number of reportable SIs which was a Board target for the year. They have established a moderate harm baseline and have reduced the number of incidents where tests and investigations were not appropriately acted on.

We commend the Trust on their continued focus on patient safety strategies and we continue to ensure these stay in focus as part of our on-going commissioning responsibilities.

The CCG continues to understand the challenges that the trust have faced in relation to their turn around plans and is pleased to acknowledge that during this time the quality of care offered to their patients continued to improve. The Trust has faced significant challenges in regards to staffing as have many other Trusts nationally. They continue to work with partners to ensure services provided are safe effective and ensure the best outcome for patients. This will continue to be a focus in the coming year and we will continue to work with the Trust and other partners to ensure services remain safe.

The Trust has rolled out individual mortality reviews which also look at clinical pathways.

On the back of this they have seen continued progress against their Hospital Standardised Mortality Ratio (HSMR) and their Standardised Hospital Mortality Indicator (SHMI). This coming year the Trust will expand this in line with National CQC priorities in reviewing deaths in line with learning, candour and accountability principles. The CCG support this and recognise that this approach will continue to improve mortality and learning outcomes.

The Quality Account again identifies some on-going challenges for the Trust in relation to understanding patient experience and this is evident within their sections relating to the Friends and Family Test and the number of complaints. We again encourage the Trust to continue developing systems and processes to allow open dialogue with their patients and families in line with duty of candour.

We would like to take this opportunity to thank the Trust and all their staff for their dedication, continued focus and hard work during a difficult year 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.

Andrew Russell

Chief Nurse

NHS Doncaster Clinical Commissioning Group.

Statement of Directors' responsibilities in respect of the Quality Account/Report

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.

NHS Improvement 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:
 - Board minutes and papers for the period April 2016 to April 2017 (draft minutes for April 2016)
 - Papers relating to Quality reported to the Board over the period April 2016 to March 2017;
 - Feedback from Doncaster Clinical Commissioning Group dated 25 May 2017 and from Bassetlaw Clinical Commissioning Group dated 16 May 2017
 - Feedback from Healthwatch Nottinghamshire dated 16 May 2017 and Healthwatch Doncaster dated 11 May 2017
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25 April 2017
 - The latest national patient survey dated February 2017
 - The latest national staff survey dated 7 March 2017
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 26 May 2017.
- 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

3 Quality Accounts

- 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 NHS Improvement's annual reporting guidance.

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



Suzy Brain England
Chair
31 May 2017



Richard Parker
Chief Executive
31 May 2017



Limited assurance report on the content of the quality reports and mandated performance indicators

Independent Auditor's Report to the Board of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on the quality report

We have been engaged by the Board of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

62 day wait from urgent GP Referral to treatment from cancer.

Emergency readmissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the 'indicators'.

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 criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by NHS Improvement.

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 is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance
- The quality report is not consistent in all material respects with the sources specified in:
 - Board minutes for the period April 2016 to May 2017;
 - papers relating to quality reported to the Board over the period April 2016 to May 2017;
 - feedback from NHS Bassetlaw Clinical Commissioning Group dated May 2017; and NHS Doncaster Clinical Commissioning Group dated May 2017
 - feedback from Healthwatch Nottinghamshire and Healthwatch Doncaster dated May 2017;
 - feedback from Governors, dated April 2017
 - the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 dated April 2017;
 - feedback from Doncaster Metropolitan Borough Council Overview and Scrutiny Committee dated May 2017;
 - the latest Care Quality Commission inspection report dated June 2016;
 - the national staff survey dated March 2017;
 - The head of Internal Audit's Annual Opinion over the trust's control environment, dated March 2017; and

3 Quality Accounts

- The indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to May 2017;
- papers relating to quality reported to the Board over the period April 2016 to May 2017;
- feedback from NHS Bassetlaw Clinical Commissioning Group dated May 2017; and NHS Doncaster Clinical Commissioning Group dated May 2017
- feedback from Healthwatch Nottinghamshire and Healthwatch Doncaster dated May 2017;
- feedback from Governors, dated April 2017
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 dated April 2017;
- feedback from Doncaster Metropolitan Borough Council Overview and Scrutiny Committee dated May 2017;
- the latest Care Quality Commission inspection report dated June 2016;
- the national staff survey dated March 2017;
- The head of Internal Audit's Annual Opinion over the trust's control environment, dated March 2017.

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 Teaching Hospitals NHS Foundation Trust as a body, to assist the Board of Governors in reporting Doncaster and Bassetlaw Teaching 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 2017, 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 Teaching Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

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Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘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:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- Comparing the content requirements of the ‘NHS Foundation Trust Annual Reporting Manual’ to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller 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 affect 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 of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the ‘NHS foundation trust annual reporting manual’ and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

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 2017:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the ‘NHS Foundation Trust Annual Reporting Manual’ and supporting guidance
- The Quality Report is not consistent in all material respects with the sources specified in:
 - Board minutes for the period April 2016 to May 2017;
 - papers relating to quality reported to the Board over the period April 2016 to May 2017;
 - feedback from NHS Bassetlaw Clinical Commissioning Group dated May 2017; and NHS
 - Doncaster Clinical Commissioning Group dated May 2017

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- feedback from Healthwatch Nottinghamshire and Healthwatch Doncaster dated May 2017;
 - feedback from Governors, dated April 2017
 - the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 dated April 2017;
 - feedback from Doncaster Metropolitan Borough Council Overview and Scrutiny Committee dated May 2017;
 - the latest Care Quality Commission inspection report dated June 2016;
 - the national staff survey dated March 2017;
 - The head of Internal Audit's Annual Opinion over the trust's control environment, dated March 2017; and
- The indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Ernst & Young
1 Colmore Square, Birmingham, UK
31 May 2017.

The maintenance and integrity of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust web site 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 Quality Report since it was initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of the Quality Report may differ from legislation in other jurisdictions.



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Foreword to the accounts

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2017 have been prepared by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Richard Parker
Chief Executive
31 May 2017

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2017				
	Group		Foundation Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Operating income	387,547	360,035	385,847	359,572
Operating expenses	(309,106)	(402,471)	(387,352)	(400,830)
Operating deficit	(2,559)	(42,436)	(1,505)	(41,258)
Financial costs:				
Finance income	325	384	38	42
Finance costs	(1,762)	(857)	(1,762)	(857)
Public dividend capital dividends payable	(3,232)	(4,666)	(3,232)	(4,666)
Net finance costs	(4,669)	(5,139)	(4,956)	(5,481)
Deficit for the year	(7,228)	(47,575)	(6,462)	(46,739)
Other comprehensive expense \ income				
Revaluation (losses) \ gains on investment assets		(1,039)		
Revaluation gains on property, plant and equipment	3,959		3,959	
Impairments on property, plant and equipment		(5,778)		(5,778)
Other reserve movements	259		259	
Total comprehensive expense for the year	(3,010)	(54,392)	(2,244)	(52,517)

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CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 March 2017				
	Group		Foundation Trust	
	31 March 2017 £000	Restated 31 March 2016 £000	31 March 2017 £000	Restated 31 March 2016 £000
Non-current assets				
Intangible assets	6,453	2,937	6,453	2,937
Property, plant and equipment	188,921	188,652	188,921	188,652
Charitable fund investments	8,016	9,732		
Trade and other receivables	1,533	1,592	1,533	1,592
Total non-current assets	204,923	202,913	196,907	193,181
Current assets				
Intangible assets	4,584	5,474	4,584	5,474
Trade and other receivables	26,659	15,129	26,631	15,676
Cash and cash equivalents	3,187	2,967	2,397	2,169
	34,430	23,570	33,612	23,319
Non-current assets held for sale		300		300
Total current assets and non-current assets held for sale	34,430	23,870	33,612	23,619
Total assets	239,353	226,783	230,519	216,800
Current liabilities				
Trade and other payables	(27,555)	(28,214)	(27,258)	(27,274)
Borrowings	(3,027)	(2,775)	(3,027)	(2,775)
Provisions	(583)	(524)	(583)	(524)
Tax payable	(5)	(4,199)	(5)	(4,199)
Other liabilities	(1,096)	(556)	(1,096)	(556)
Total current liabilities	(32,266)	(36,268)	(31,969)	(35,328)
Total assets less current liabilities	207,087	190,515	198,550	181,472
Non-current liabilities				
Borrowings	(77,143)	(59,037)	(77,143)	(53,037)
Provisions	(2,204)	(728)	(2,204)	(728)
Total non-current liabilities	(79,347)	(59,765)	(79,347)	(59,765)
Total assets employed	127,740	130,750	119,204	121,707
Financed by Taxpayers' equity				
Public dividend capital	128,780	128,780	128,780	128,780
Revaluation reserve	33,094	29,939	33,094	29,939
Income and expenditure reserve	(43,033)	(37,375)	(42,670)	(37,012)
Charitable fund reserve	8,899	9,406		
Total taxpayers' equity	127,740	130,750	119,204	121,707

4 Summary Financial Statements

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2017					
	Group				
	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserve £000	Total Taxpayers Equity £000
Balance at 1 April 2016	128,780	29,939	(37,375)	9,406	130,750
Changes in equity for 2016/17					
(Deficit) \ Surplus for the year					
Impairments on property, plant and equipment			(6,462)	(507)	(6,969)
Transfers to the income and expenditure account in respect of assets disposed of		(804)	804		
Transfer of the excess of current cost depreciation over Revaluation losses on investment assets					
Revaluations - property, plant and equipment		3,959			3,959
New PDC received					
Balance at 31 March 2017	128,780	33,094	(43,033)	8,899	127,740
Balance at 1 April 2015	128,755	36,353	9,091	11,433	185,632
Changes in equity for 2015/16					
Deficit for the year			(47,252)	(1,292)	(48,544)
Impairments on property, plant and equipment		(5,788)			(5,788)
Transfers to the income and expenditure account in respect of assets disposed of		(636)	636		
Consolidation Reserves Transfer			150	(150)	
Revaluation losses on investment assets				(585)	(585)
New PDC received	25				25
Balance at 31 March 2016	128,780	29,939	(37,375)	9,406	130,750

	Foundation Trust				
	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserve £000	Total Taxpayers Equity £000
Balance at 1 April 2016	128,780	29,939	(37,012)		121,707
Changes in equity for 2015/16					
Deficit for the year			(6,462)		(6,462)
Impairments on property, plant and equipment					
Transfers to the income and expenditure account in respect of assets disposed of		(804)	804		
Revaluations - property, plant and equipment		3,959			3,959
Balance at 31 March 2017	128,780	33,094	(42,670)		119,204
Balance at 1 April 2015	128,755	36,353	9,091		174,199
Changes in equity for 2015/16					
Impairments on property, plant and equipment		(5,778)			(5,778)
Transfers to the income and expenditure account in respect of assets disposed of		(636)	636		
Consolidation Reserves Transfer					
Deficit for the year			(46,739)		(46,739)
New PDC received	25				25
Balance at 31 March 2016	128,780	29,939	(37,012)		121,707



4 Summary Financial Statements

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2017				
	Group		Foundation Trust	
	2016/17 £000	2015/16 £000	2016/17 £000	2015/16 £000
Cash flows from operating activities				
Operating deficit	(2,559)	(43,422)	(1,505)	(41,258)
Depreciation and amortisation	8,827	9,281	8,827	9,281
Impairments	2,249	12,365	2,249	12,365
Reversal of impairments	(1,463)	(1,983)	(1,463)	(1,983)
Other non cash movements				
(Gain) on disposal	(869)		13	(18)
Income recognised in respect of capital donations	(2,077)		(2,077)	(342)
Decrease \ (Increase) in inventories	890	2	890	2
(Increase) in trade and other receivables	(12,871)	853	(12,596)	700
(Decrease) \ Increase in trade and other payables	(4,236)	(12,515)	(3,992)	(12,273)
(Decrease) in tax payable				
Increase in other current liabilities	540	530	540	530
Increase \ (Decrease) in provisions	1,535	220	1,535	220
Other movements in operating cash flows	2,227	928	10	
Net cash (outflow) \ inflow from operating activities	(7,807)	33,741	(7,569)	(32,776)
Cash flows from investing activities				
Interest received	38	42	38	42
Purchase of investment assets				
Disposal of investment assets				
Purchase of intangible assets	(731)	(739)	(731)	(739)
Purchase of property, plant and equipment	(9,442)	(14,169)	(9,386)	(14,169)
Receipts from disposal of plant, property and equipment	982	942	982	942
Receipt of cash donations to purchase fixed assets	2,077		2,077	
NHS Charitable funds - net cash flows from investing activities	287	342		
Net cash outflow from investing activities	(6,789)	(13,582)	(7,020)	(13,924)
Net cash outflow before financing	(14,596)	(47,323)	(14,589)	(46,700)
Cash flows from financing activities				
Public dividend capital received		25		25
Loans received	61,134	46,352	61,134	46,352
Loans repaid	(42,752)	(2,435)	(42,752)	(2,435)
Other loans repaid	(22)	(50)	(22)	(50)
Interest paid	(1,734)	(693)	(1,734)	(693)
Public Dividend Capital dividends paid	(1,810)	(6,036)	(1,810)	(6,036)
Net cash inflow from financing	14,816	37,163	14,816	37,163
Net decrease in cash and cash equivalents	220	(10,160)	227	(9,537)
Cash and cash equivalents at 1 April	2,967	13,127	2,169	11,706
Cash and cash equivalents at 31 March	3,187	2,967	2,396	2,169



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