



Looking
forward
to our
future

Annual Report
& Summary
Financial
Statements
2014/15

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1 Introduction

Who we are and what we do

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

We are licensed by Monitor and 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 district general hospital services, some community services, including family planning and audiology, and a range of specialist tertiary services to the populations of Doncaster and Bassetlaw and surrounding areas. We provide abdominal aortic aneurysm (AAA) screening and other screening services to South Yorkshire.

We serve a population of more than 410,000 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 and renal medicine. It has inpatient, day case and outpatient facilities.

Bassetlaw District General Hospital in Worksop

Bassetlaw Hospital 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 AAA screening programme.



1 Introduction

We are also registered to provide outpatient and other health services at **Retford Hospital**, including clinical therapies and medical imaging. Our site at the **Chequer Road Clinic** in Doncaster town centre offers audiology and breast screening services. We provide outpatients for older people at **Tickhill Road Hospital**, Doncaster.

We also provide services in community settings across South Yorkshire and Bassetlaw.

Our headquarters are at Doncaster Royal Infirmary:

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

Tel: 01302 366666





**Chairman and Chief Executive's
statement**

2 Chairman and Chief Executive's statement

This year has been described by commentators as one of the hardest years yet experienced by the NHS. However, now in the second year of our strategic direction 'Looking Forward To Our Future', its vision, mission, values and strategic themes have guided us and we have achieved some excellent results, building on the progress made last year. Facing the challenge of growing demand for services and limited resources our key priority remains to put patient quality and safety first, and let that drive all our plans and deliver the efficiency we need to sustain our services. Our strong relationships with local Clinical Commissioning Groups in Doncaster and Bassetlaw and our partner organisations working across the health and social care communities make this possible.

We completed an organisational restructure, changing how our clinical services are organised from 16 Clinical Service Units to six Care Groups and aligning our services to patient pathways i.e. how patients use and experience our services. Each Care Group is supported by the corporate functions they need to deliver high quality services for their patients and also carries corporate responsibility for the overall operational management of the Trust as part of a new Management Board.

We also strengthened the Board of Directors further by appointing a non-executive director with clinical expertise, demonstrating our commitment to being a patient focussed organisation and completing our response to the Francis Report recommendations.

We have Signed up to Safety, committing us to contribute to the national ambition to reduce avoidable harm to patients by 50% over the next three years. This adds to our excellent progress this year towards delivering harm free care, which has seen avoidable clostridium difficile rates, serious falls, complaints, serious incidents and never events all reduce significantly. A strategy involving on the ward training to tackle pressure ulcers has achieved a reduction of 36%.

Like the rest of the NHS, we faced a very difficult winter period in particular, with increased demand from patients who on average are older, more ill and often with multiple underlying conditions. This was a very significant challenge and unfortunately resulted in patients waiting longer in some cases than desirable. We ended the year at 92.9% against the four hour wait standard. Our mortality performance improved during the year, but remains outside our target on some measures. Our seven day programme continued apace, with further developments of the medical care pathway and end of life care now provided on a seven day basis. New bespoke inpatient rooms for patients at the end of life and their families and carers were created at Bassetlaw Hospital.

Reflecting on 2014/15, we can note many more significant achievements and developments including working in partnership with Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) to collectively deliver 'TriHealth' sexual health services across Doncaster in 2015/16. We have been commissioned by NHS England to deliver community engagement and communications across South Yorkshire and Bassetlaw for breast, abdominal aortic aneurysm, diabetic eye and cervical screening programmes to raise the awareness and uptake of screening. Trust services and staff were shortlisted for a number of national awards and the Integrated Discharge Team, a partnership of staff from four Doncaster-based agencies, Doncaster and Bassetlaw Hospitals, Doncaster Metropolitan Borough Council, RDaSH and Doncaster Clinical Commissioning Group, won the national Outstanding Collaborative Leadership Award.

In 2014/15 we refurbished the Adwick and Wentworth rehabilitation wards and Imaging Department at Montagu Hospital. We completed the new Acute Medical Unit Phase 1, Diabetes Centre and Clinical Decision Unit in the Emergency Department at Doncaster Royal Infirmary.



2 Chairman and Chief Executive's statement

Work has begun on the extension and development of the Ophthalmic Outpatients Department at Doncaster Royal Infirmary which will be completed in 2015, as will the new Clinical Decision Unit at Bassetlaw Hospital Emergency Department. We secured funding from the Department of Health to progress developments for a new wing at Bassetlaw Hospital and construction work will begin in the summer to provide the improved facilities. This will incorporate a new education centre, further supporting our ambition to be an outstanding teaching institution.

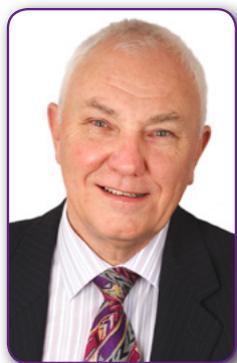
We also invested more than £2.8 million in nursing posts for our general wards and the emergency departments to ensure we provide a safe level of nursing staff. In the next year we are committing further resources to additional nursing posts as determined by evidence based tools. This level of investment is supported by the Trust delivering a surplus, which was achieved in 2014/15 as set out in the financial review section. The surplus was lower than planned, primarily due to the impact of the winter pressures.

Research and Development continues to expand, with a new record level of trial activity and a significant new commitment to expand commercial research in line with our strategy.

As all of the improvements and achievements we have made this year have been based upon the commitment and hard work of our staff, it was pleasing that the staff survey uptake increased and demonstrated continued progress across a number of indicators. The survey has also shaped our plan with regard to where we need to improve further. Our joint work with our Staff Side has been helpful and progressive.

We would like to take this opportunity to thank our staff, governors, members, volunteers, partner organisations, and everyone else who has worked with us or supported us over the past year. It is also appropriate at this point to mention and acknowledge the significant contributions of those staff who left the Trust during 2014/15, including Catherine Dymond, Non-executive Director.

This Annual Report and Quality Accounts sets out openly, honestly and in detail how we performed in 2014/15 and an outline of what we plan to achieve in 2015/16. We hope you enjoy reading them and thank you for your interest and support.



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

Chris Scholey
Chairman



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

Mike Pinkerton
Chief Executive





Fire exit
Stairs & Way out

Strategic report

3 Strategic report

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

Our vision, mission, values and strategy

Vision

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

Mission

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

Values

Our values show WE CARE:

- **W**e always put the patient first.
- **E**veryone counts – we treat each other with courtesy, honesty, respect and dignity.
- **C**ommitted to quality and continuously improving patient experience.
- **A**lways caring and compassionate.
- **R**esponsible and accountable for our actions – taking pride in our work.
- **E**ncouraging 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 for improvement.



3 Strategic report

Review of the year

During 2014/15 there have been a number of important developments at the Trust, and we have made some significant improvements to the quality and sustainability of our services. The vision, mission, values and strategic themes of our strategic direction “Looking Forward To Our Future” have been central to our work throughout.

Provide the safest, most effective care possible

In 2014/15 we improved performance in a number of key quality indicators, including:

- 36% reduction in Clostridium Difficile
- 27% reduction in falls and 37% reductions in serious falls
- 18% reduction in Serious Incidents
- 36% reduction in severe pressure ulcers.

The implementation of a new strategy focusing on training, documentation and investigating if pressure ulcers are avoidable, has seen a reduction of 36% in severe pressure ulcers, an improvement beyond the target.

Having revised our approach and how we listen to patients, to improve the experience for complainants, the number of Parliamentary and Health Service Ombudsman cases and the number of upheld investigations has reduced, with only one partially upheld case reported under the new ways of working.

We have implemented our new Quality Assurance Tool (QAT) that helps us to review the standard of care we provide to our patients. The tool brings together patient surveys, staff surveys, matron ward rounds and a whole programme of activities that assess all aspects of safety and quality of care. In the coming year there are plans to build on the QAT to make it more robust and adaptable to roll out across all nursing departments across the Trust.

We've Signed up to Safety as part of our commitment to contribute to the national ambition to reduce avoidable harm to patients by 50% over the next three years, and we have undertaken a number of activities and investments to support improvements through learning, developing a culture of safety. An example of this is the filming of Gina's Story. Gina was the victim of a serious incident that caused her significant harm when errors took place. Through an honest and open approach we worked with the staff involved, Gina herself, and her family to collectively produce Gina's story, examining the human factors and systems issues involved in her incident.

In 2014/15 the number of our patients waiting over four hours in our Emergency Department increased, reflecting the national picture of increased demand on emergency services. We have worked with the NHS Emergency Care Intensive Support Team to put an action plan in place and they are confident we are doing everything possible to improve performance in 2015/16.

Our mortality performance improved during the year, with our Hospital Standardised Mortality Ratio (HSMR) reducing by 8.5 points from 106.8 to 98.3 using the 2012/13 baseline. However, using the 2013/14 baseline, our year end 12 month HSMR was rebased to 109.7. Despite a significant improvement in our HSMR, we have ended the year with an HSMR above the upper control limit.



3 Strategic report

We continue to focus on improving care quality and patient safety seven days a week in order to improve our HSMR.

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

Control and reduce the cost of healthcare

We delivered our financial plan for the year, including a surplus of £1.6m, cost savings of £12.2m and investment of £18.4m in capital assets, such as buildings and equipment. Delivering our planned level of surplus is very important, as this funding is retained by the Trust to be invested in further developments to improve patient care in future years.

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

More detailed information is set out in the financial performance section on page 16.

Develop responsibly, delivering the right services with the right staff

In 2014/15 we restructured our clinical services, aligning them to patient care pathways and where possible maintaining responsibility for end to end patient care within one Care Group. This resulted in 16 Clinical Service Units being reorganised into six Care Groups, with management teams focused on delivering seamless services for patients. The restructure incorporated a review and restructure our governance arrangements in response to the external governance review undertaken in 2014. This review also led to the development of the post of Deputy Director of Quality and Governance as well as strengthening the clinical management structure, with additional investment in Heads of Nursing, Midwifery and Therapies and Quality, who take leadership of quality for their Care Group.

In 2014/15 we remained focused on achieving safe staffing levels and invested more than £2.8m in nurse staffing across the Trust. We completed four Safer Nursing Care assessments throughout the year (formerly known as Association of United Kingdom University Hospitals). Next year we are committing to investing a further £384k (13wte posts) on our wards to bring the overall nursing workforce to the level suggested by these assessments, providing the workforce required to meet our patients' needs.

In addition to the work we have undertaken on the acute and general ward areas we are using specific workforce planning tools for the emergency departments, midwifery and paediatrics: BEST, Birth Rate+ and ePanda. The results of these assessments will be reviewed by the Board of Directors.

Our commitment to staff development has seen 114 members of our staff, from frontline nurses to Care Group Directors supported, through the NHS Leadership Academy's suite of development programmes. We have also launched our own internal management programme to ensure that more of our staff can access development opportunities.



3 Strategic report

In 2015/16, as we approach the halfway point of our five year strategic direction 'Looking Forward To Our Future', we plan to engage with staff, external partners, patients and our communities to ensure that our strategic direction continues to fit with the needs of the wider health community and take account of the current and anticipated context for healthcare delivery.

Focus on innovation for improvement

In 2014/15 we launched the DBH2020 programme to deliver organisation wide change, improve performance, build capability, and future proof services. The programme team has been established as part of People and Organisational Development directorate and the organisation-wide projects have been identified. Projects identified to deliver in 2015/16 include a new website and intranet, ambulatory care and emergency surgery pathways.

The iHospital Programme is our ambitious programme of projects which support our staff to use Information Technology (IT) better to support clinical decision making and release time to care. In the last year the programme has achieved a number of key milestones including the Symphony system going live in our Emergency Departments, K2 maternity system upgrades, implementing iPads in pharmacy and infection prevention control, building a new data centre and improving the IT infrastructure. Infrastructure improvements include wireless networks, a server room and fibre optic cables to support the delivery of major projects due to launch in 2015/16.

In 2015/16 the roll out of the telecommunications system replacement and upgrade will be completed. Other major projects that will go live in 2015/16 include a new Patient Administration System (CaMIS PAS), electronic whiteboards, electronic observations, medical records scanning and outpatient self check-in kiosks. These projects will transform how we work in the hospital, releasing more time to care, and will also improve access for patients to our services.

We have piloted innovative technology to improve the quality and safety of patient care including a skin scanner to identify pressure ulcers before they are visible on the surface of the skin, and a hand hygiene reminder tool to further reduce the risk of infections. Security staff now wear body cameras – a form of closed circuit television which will record interactions when activated.

Trust staff and services were shortlisted for a number of awards including an Oncology Quality in Care Award, a Healthcare People Management Associated Award, the Silver Scalpel Award, the Yorkshire and Humber Leadership Award for Most Inspirational Leader Award and the Outstanding Collaborative Leadership Award. The Integrated Discharge Team won the regional Outstanding Collaborative leadership Award and went on to win the national prize.



3 Strategic report

Operational performance

Performance against Monitor framework

Area	Indicator	Target	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	YTD
Safety	Clostridium difficile	45 Full Year	15	11	6	12	44
	MRSA	0	0	1	1	0	2
Quality	31 day wait for second or subsequent treatment: surgery	94.0%	96.2%	100.0%	100.0%	98.1%	98.7%
	31 day wait for second or subsequent treatment: anti-cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	31 day wait for second or subsequent treatment: radiotherapy	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	62 day wait for first treatment from urgent GP referral to treatment	85.0%	87.7%	89.1%	86.7%	87.0%	87.6%
	62 day wait for first treatment from consultant screening service referral	90.0%	98.0%	96.2%	90.5%	93.1%	94.6%
	31 day wait for diagnosis to first treatment: all cancers	96.0%	98.2%	98.6%	97.9%	99.6%	98.5%
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	94.4%	95.0%	95.9%	95.1%	94.9%
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.0%	92.8%	93.5%	95.9%	95.1%	93.7%
	A&E: Maximum waiting time of four hours from arrival/admission/transfer/discharge	95.0%	95.0%	92.7%	91.4%	92.2%	92.9%
	Maximum time of 18 weeks from point of referral to treatment: admitted	90.0%	90.4%	87.9%	88.2%	86.9%	88.2%
	Maximum time of 18 weeks from point of referral to treatment: non-admitted	95.0%	95.4%	94.9%	94.4%	94.7%	94.9%
	Maximum time of 18 weeks from point of referral to treatment: incomplete pathway	92.0%	92.6%	92.7%	93.1%	93.8%	93.8%

Achieved	
Not met	



3 Strategic report

18 week Referral to Treatment (RTT) targets

The Trust has three referral to treatment targets - Active Waiters, Non-Admitted and Admitted Waiters. The Trust was compliant against all 3 targets in quarter 1 and has been compliant with Active Waiters throughout the year. As part of a national incentive by the Department of Health all trusts were requested to treat additional long waiters from quarter 2 to the end of quarter 4. The Trust achieved the additional waiters as per plan which meant, as planned, we failed to meet the standard. The Trust is now in a strong position going forward.

This additional activity has helped to reduce our waiting list over 18 weeks by 16% and the waiting list position is planned to be compliant during 2015/16.

Diagnostic waits

Diagnostic waits of over 6 weeks failed to be maintained at below 1% due to both increases in demand and difficulties experienced with the new computerised reporting system. We sourced mobile units and introduced additional sessions in response to the increased demand. Diagnostic waits will be compliant from Q1 onwards.

4-hour access target

We faced a very difficult winter period with increased demands from older and more ill patients, often with multiple underlying conditions. This was a very significant challenge for our Emergency Departments, which was reflected nationally. This unfortunately resulted in patients waiting longer in some cases than desirable and we ended the year at 92.9% against the four hour wait standard.

The NHS Emergency Care Intensive Support Team worked with the Trust and our health and social care partners to review the pathways inside and outside the hospitals and develop an action plan to improve waiting times. All the actions identified were implemented, including:

- Introducing a new pathway for patients to be seen by an Emergency Care Practitioner to ensure more patients are seen per hour.
- In February we opened a new, extended Clinical Decision Unit (CDU) at DRI which includes 12 beds and 10 chairs. This facility is a major improvement, not only improving the capacity of the Emergency Department but also improving the privacy, dignity and overall environment for patients. The design of the unit has incorporated the dementia friendly features to great effect.
- At Bassetlaw Hospital we worked with our commissioners to introduce middle grade staffing on weekends and afternoons to help improve the flow of the Emergency Department and we are currently rebuilding the Bassetlaw Hospital CDU.

Cancer targets

We achieved our cancer target for the year despite the extra pressures we experienced in quarter three. Two week wait referral rates increased by 33%.

Other quality targets, including internal targets

Details of our performance against our quality targets can be found in our Quality Report on page 43.



3 Strategic report

Financial performance

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

Our financial statements have been prepared in accordance with the 2014/15 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 only the second year we have consolidated the accounts of the Trust's charitable funds with the accounts of the Foundation Trust, to produce 'group' accounts (in line with the guidance above). The comments below refer to the financial performance of the Foundation Trust, with a separate annual report for the charity being published at a later date.

2014/15 in review

2014/15 has been a challenging year for the NHS with significant peaks in emergency activity over the winter period in addition to a general increase in referrals contributing to many providers falling into deficit (effectively spending more money than earned in the year).

We have not been immune to these pressures, providing more activity in 2014/15 than any previous year, with a 3% increase in emergency work and referral growth of greater than 3%, and far more than this in certain areas. As a result of this we have not been able to deliver our planned surplus of £3.5m for the year, but have remained in the black, with a surplus of £1.6m for the year. Whilst this is significantly lower than planned, this must be considered in the context of the exceptionally challenging financial environment that the Trust has been operating in. We must also recognise that the Trust has continued to invest in key areas, despite these challenges. We have spent £18.4m on capital developments over the course of the year. The Trust is proud to have been able to continue to invest in staffing, with £7.3m more spend on nursing staff in 2014/15 than previous two years. We are already seeing the impact of these investments in some of the key quality metrics that are reported elsewhere in this report.

Our financial performance is reviewed, alongside other key performance metrics, by the Independent Regulator of Foundation Trusts – Monitor. We have ended the year with a continuity of services risk rating from Monitor of 3, as planned, indicating a relatively low level of risk. When assessing continuity of services risk, Monitor looks at liquidity and capital service coverage. Achievement against each of these criteria is scored from 4 (lowest risk) to 1 (highest risk), with both scores then used to determine the overall risk rating, which is intended to reflect the relative financial risk to the Trust's continuing operation.

We continue to recognise the need to carefully manage our finances, with the ongoing need to invest to improve our services to ensure we can meet the needs of the populations that we serve. Our plans for 2015/16 reflect this, with further significant investments in site development, medical equipment and staffing planned.



3 Strategic report

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

Delivery of income & expenditure surplus

We planned to deliver a surplus of £3.5m in 2014/15, effectively earning more money than we plan to spend. As described previously, the actual surplus delivered in year was lower than this at £1.6m. The surplus will be reinvested to support our capital expenditure plans, investing in buildings and equipment to provide our patients with the highest quality care.

Savings

We delivered cost savings of £12.2m for 2014/15, with the recurrent impact of the savings delivered £14.3m. Savings of £14m were planned for the year. Specific savings were achieved from outsourcing workforce bank, implementation of the E-Roster System, and procurement price reductions. The continued delivery of efficiency savings is key to our financial position, with our income reduced each year to reflect assumed savings (of 3.8% for 2015/16). The proposed 2015/16 delivery of a further £14m (3.85%) comes from a combination of £4m additional income generation and £10m savings from expenditure budgets. We continue to work hard to ensure that savings made do not reduce the quality of the services we provide.

Working capital

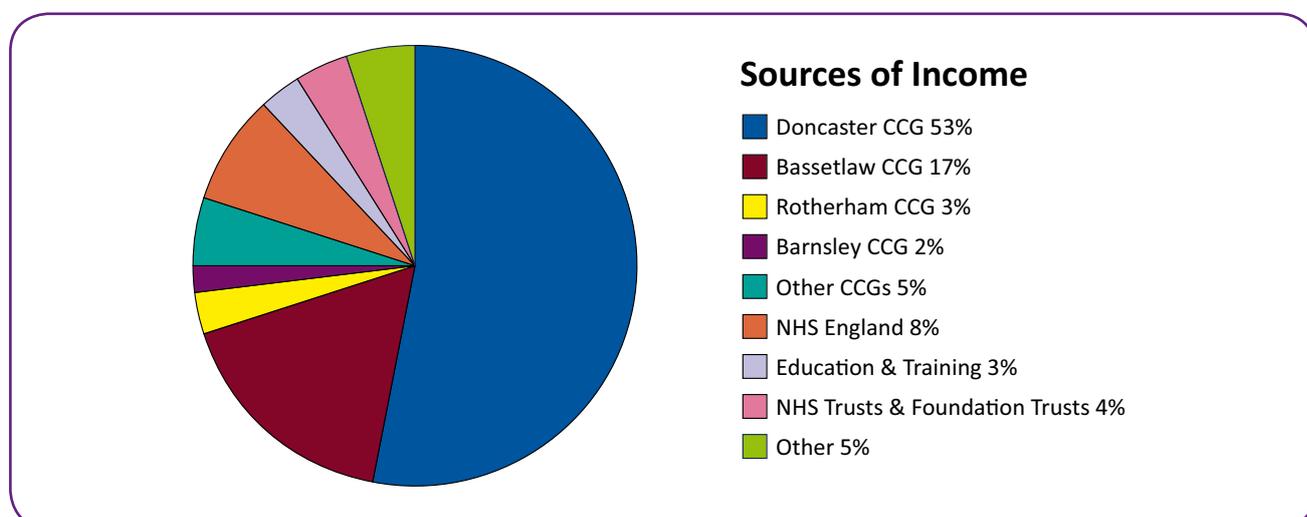
Cash balances held at 31 March 2015 were £11.7m, which was £2.8m lower than planned reflecting the reduced surplus delivered.

Public Dividend Capital (PDC) dividend

A charge of 3.5% of average relevant net assets is payable to the Department of Health as PDC dividend, reflecting the forecast cost of the capital we used. A dividend of £5.7m was paid, which equates to a 3.5% return.

Income

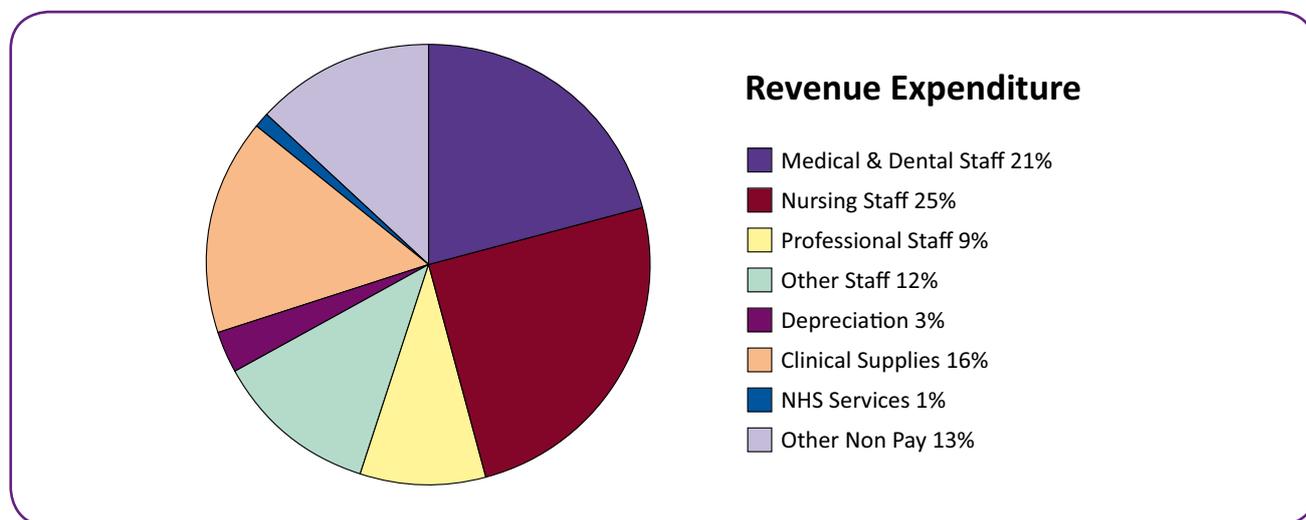
We received a total of £355.9m income in 2014/15, an increase of 1.2% on the previous year, reflecting the funding received for the additional activity we delivered in the year. Our main sources of income continue to be Doncaster CCG and Bassetlaw CCG, as shown in the pie chart below. We are seeing an increase in income for Education and Training and for Research, in line with our strategy.



3 Strategic report

Revenue expenditure

During the year the Trust spent a total of £348.4m. As in previous years the vast majority of our expenditure is on staffing (67.2%), with nursing staff and medical staff continuing to be our biggest areas of expenditure. For 2014/15 an increased proportion of our staffing spend was on non-substantive staff, reflecting both the challenges in recruiting in a range of key areas and the in-year increase in staffing requirements in response to the growth in demand.



Capital expenditure

Expenditure on larger items with a life of more than one year, typically buildings and equipment, was £18.4m, of which £0.24m was funded by charitable donations. The major capital schemes in year were:

Scheme	£m
iHospital	4.7
Estate investment	1.4
Medical Imaging replacements	1.5
MAU development	1.4
Medical equipment replacement	1.2
Clinical Decision Unit (DRI)	1.0
Switchboard	0.8
Montagu development	0.8
IT Maternity system	0.8
DRI Ophthalmology Outpatients	0.7
Capital Design Team	0.5
Other schemes below 500k	3.6
Total capital investment	18.4



3 Strategic report

Principal risks and uncertainties and factors affecting future performance

The principal risks and challenges currently facing the Trust are:

- **Affordability.** Rising health care demand, rising costs and flat real funding mean the NHS could face an estimated £30 billion financial shortfall by 2021 according to NHS England.
- **Continued achievement of governance compliance targets in the face of continued growth in demand.** Whilst there are health community plans aimed at reducing demand for acute services such as the Better Care Fund (with financial resources transferring to support this), the demographic projections illustrate the scale of impact required to avoid further growth. We are also reliant upon other healthcare partners to manage demand on services in line with commissioning intentions.
- **Availability of workforce.** In particular, as we have seen in 2014/15 there will be a number of organisations increasing the numbers of substantive nursing and midwifery staff at the same time in order to deliver evidence based staffing levels, resulting in a national and regional shortage of additional qualified nurses and midwives.
- **Seven day working.** Delivering 24/7 services is identified as a priority in our strategic direction. However, this will present a dual challenge in terms of cost and recruitment and retention of workforce.
- **Maintaining and delivering our specialist service profile.** We provide a number of services that could potentially be at risk due to the lack of critical mass and the move to centralise services into significantly fewer providers than the current model.



3 Strategic report

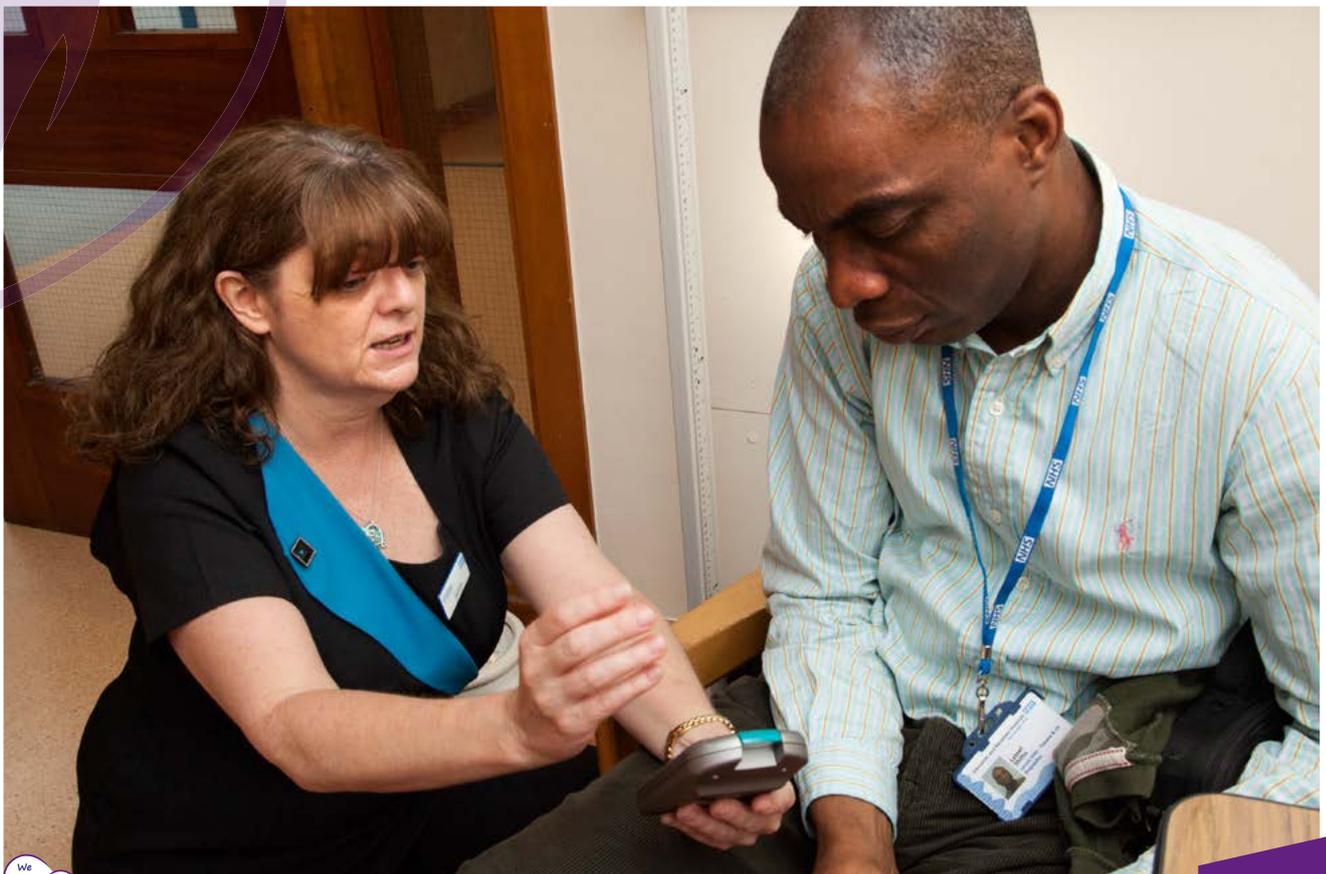
Our staff

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 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. During the early part of the year we made changes to our structure to mirror and support our patient pathways and introduced a new more collaborative way of working. We consulted and involved staff throughout that process and made some changes to the new structures as a result of that consultation.

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. The Chief Executive briefs staff on each site via videoconference. The Staff Brief is also cascaded through the organisation by managers and team leaders and is made available on the intranet.



3 Strategic report

During 2014 we improved the format of the weekly DBH Buzz staff newsletter, which continues to communicate key information, celebrate individual and team achievements and explain what different people's jobs involve to highlight how every member of staff has an important role to play in our success as an organisation. We issued a special edition in September 2014, with a series of detailed organisation charts, to communicate the changes to our structure and ensure all staff knew about changes to management teams.

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.

Reward and recognition

It is important that we encourage and recognise good performance by our staff so our staff awards scheme called DBH 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.

Last September we again held the annual DBH Stars celebration event at Doncaster Racecourse. The event, organised in partnership with the Doncaster Free Press, Worksop Guardian and South Yorkshire Times and hosted by Look North's Claire Frisby, was a resounding success with staff and sponsors and we are already organising the 2015 event.

Health and wellbeing

A healthy workforce is a vital element in providing high-quality care to our patients. Although we have made improvements over the recent years, we have just appointed a new Health & Wellbeing lead to help us expand and accelerate that progress and we will be publishing our action plan during the spring.

Our 2014 Staff Survey results show a drop in staff experiencing bullying, harassment or discrimination and we are determined to do even better next year.

We have introduced a new Employee Assistance Programme, delivered by HELP, a confidential service of wellbeing and counselling practitioners who can offer independent and unbiased information and guidance to staff and managers.

Our Occupational Health and Wellbeing team supports people returning to work after illness and again ran a highly successful flu vaccination programme that resulted in 82.5% of frontline staff being immunised by 28 February 2015, the second best rate in the country for an acute trust.

We continued to have one of the lowest staff sickness rates in the region, at 3.92% for 2014/15.



3 Strategic report

Health and safety

Caring for the health and safety of our staff while they are at work is vital. We recently appointed a dedicated Health and Safety Officer to help us to progress in this area of work. We have already revised our Health and Safety Policy, put more rigour into our RIDDOR reporting and started a plan of visits across the Trust to assess and address any health and safety concerns. Based on the year 14/15 the average monthly accidents reported causing harm to staff and public contractors is 26.8 with trend lines showing a decreasing rate in reported harm at the end of the reporting period.

We also focused on increasing the uptake of training and 81% of our staff said they received health, safety and fire training in the 2014 staff survey, compared to 50% in 2013.

Education and training

As part of our promise to our staff to Develop Belong 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.

We are currently restructuring the Education Department to align with the Care Group structure and support training within the service, including the recent appointment of a Deputy Director of Education to take forward the strategic goals. After the successful Education Centre development at DRI in 2012, fulfilling the last of our foundation trust application commitments, we have just agreed plans for a new Education Centre at our Bassetlaw site to open in 2016. This will give us excellent facilities to build towards our ambitions of being an education centre of choice and excellence.



3 Strategic report

Workforce statistics as at 31 March 2015

	2014/15 Actual	2014/15 Target	Benchmarking data
Staff sickness absence rate	3.92%	3.5%	13/14 rate was 4.05% In 2014/15 the regional average is 5.1%
Staff with appraisals in last 12 months	42%	85%	National benchmark of 85%.

	Headcount	FTE
Total staff employed as at 31 March 2015 (excl. bank and locum)	6,638	5,486.29
Clinical support	1,277	1,049
Other healthcare professionals	726	643
Medical and dental	503	479.81
Nursing and midwifery	1,889	1,620.47
Non clinical (Administrative & clerical and estates & ancillary)	2,243	1,694.72

Equality and diversity

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

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

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

Equality information as at 31 March 2015 - Directors

Gender (directors only)	Headcount	Headcount %
Female	2	16.66%
Male	10	83.33%

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



3 Strategic report

Equality information as at 31 December 2014

Gender	Headcount	FTE	Headcount %
Female	5,454	4,393.52	82.20%
Male	1,180	1,066.60	17.80%

Age	Headcount	FTE	Headcount %
16 - 20	33	24.49	0.50%
21 - 25	484	443.49	7.30%
26 - 30	675	592.71	10.17%
31 - 35	712	581.88	10.73%
36 - 40	668	550.18	10.07%
41 - 45	846	702.96	12.75%
46 - 50	987	827.49	14.88%
51 - 55	1,056	870.25	15.92%
56 - 60	761	587.33	11.47%
61 - 65	348	241.08	5.25%
66 - 70	55	31.57	0.83%
71 and above	9	6.29	0.14%

Ethnicity	Headcount	FTE	Headcount %
Any other	54	49.01	0.81%
Asian	308	280.72	4.64%
Black	93	84.68	1.40%
Chinese	20	19.39	0.30%
Mixed	59	52.87	0.89%
White	5,924	4,837.49	89.30%
Not Disclosed	176	135.96	2.65%

Disability	Headcount	FTE	Headcount %
No	4,887	4,041.01	73.66%
Yes	226	181.35	3.41%
Not disclosed	93	80.26	1.40%
Undefined	1,428	1,157.50	21.53%



3 Strategic report

Sexual orientation	Headcount	FTE	Headcount %
Bisexual	9	7.24	0.14%
Gay	14	13.36	0.21%
Heterosexual	2,563	2,127.12	38.63%
Lesbian	14	11.75	0.21%
Not disclosed	3,087	2,529.59	46.53%
Undefined	947	771.07	14.27%

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). In 2013/14 we moved to an online survey for the first time and saw a drop in the numbers responding, but response rates improved in 2014, with 43% of our staff sharing their views. This increase and our census approach gives us confidence in the validity of the data and our ability to drill down in a valid way. We will continue to work with leaders across the Trust to achieve further improvements in response rates.

Summary of performance

Results were generally positive with some notable improvements on last year and more significant progress since our first census survey in 2012. Our overall score for staff engagement was 3.72 and although this remained the same as last year, we have seen some notable improvements during a period when the Trust was restructuring services.

Response rate and overall staff engagement

	2014/15		2013/14		Comments
	Trust	Average	Trust	Average	
Response rate	42%	43%	34%	50%	A significantly improved response rate, compared to a drop in the average rate for all acute trusts
Staff engagement	3.72	3.74	3.72	3.74	Maintain engagement levels throughout a period of organisational restructuring



3 Strategic report

We have seen an encouraging trajectory since adopting a ‘census’ approach (survey all staff) in 2012. For example:

- A 14% increase in staff who believe that communication with senior management is effective and an 11% increase in staff who say senior managers involve them in important decisions.
- 76% now say they have clear, planned goals and objectives for their job; a 9% increase in staff who feel they get recognition for good work; and an 11% increase in feeling the Trust values their work.
- We’ve also seen a positive shift since 2012 in opinions about line managers – encouraging staff to work as part of a team increased by 5%; giving clear feedback on work up by 8%; asking staff for their opinions before making decisions that affect their work up 7%; and taking a positive interest in their health and wellbeing up 7%.

Since the survey results were published we have been looking at the areas where we need to improve and have identified a number of priorities for the coming year:

- Performance appraisal
- Statutory & essential training
- Management skills
- Health & wellbeing.

We 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.

Top 4 Ranking Scores	2014/15		2013/14		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
KF28: Percentage of staff experiencing discrimination at work in last 12 months	9	11	9	11	Statistically insignificant - No Change
KF18: Percentage of staff experiencing harassment, bullying or abuse from patients relatives or the public in the last 12 months	25	29	26	29	Statistically insignificant - No Change (Actual increase of 1%)
KF14: Fairness and effectiveness of incident reporting procedures	3.59	3.54	3.54	3.51	Increase (0.05)
KF19: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22	23	24	24	Decrease (2%)

3 Strategic report

Bottom 4 Ranking Scores	2014/15		2013/14		Trust Improvement /Deterioration	Future priorities and targets (Linked to Corporate Priorities for 2015/16)
	Trust	National Average	Trust	National Average		
KF7: Percentage of staff appraised in last 12 months.	64	85	67	84	Statistically insignificant - No Change (Actual decrease of 3%)	<p>Performance Appraisal:</p> <p>(1) This is a corporate priority for 2015/16, including a target of 90% recorded appraisals by September 2015.</p> <p>(2) Appraisal and Performance Management Lead and Support Officers appointed to drive this project.</p> <p>(3) Dedicated Project Board to be established to provide the governance and accountability framework.</p> <p>(4) Phased action plan being developed to highlight short, medium and long term outputs/deliverables.</p> <p>Statutory & Essential Training:</p> <p>(1) An agreed outcome from all appraisals is a Personal Development/ Training plan, including personal and job essential requirements.</p> <p>Management Skills Programme:</p> <p>(1) Modules of the programme include: Managing People and Managing Resources, which will provide managers with the right competencies to undertaken effective appraisals.</p>
KF26: Percentage of staff having equality and diversity training in last 12 months.	36	63	30	60	Increase (6%)	<p>Statutory & Essential Training:</p> <p>(1) E&D training is part of the SET training priorities for 2015/16.</p> <p>(2) A Cultural Change Lead post has been appointed to drive this, and the broader diversity agenda.</p> <p>(3) We will refresh the current training plan in context of the broader inclusive management programme.</p> <p>Management Skills Programme:</p> <p>(1) This will provide a well-structured programme to assist and support managers. Modules include: Managing Yourself, and Managing People.</p>
KF8: Percentage of staff having well-structured appraisals in last 12 months.	32	38	31	38	Statistically insignificant - No Change (Actual increase of 1%)	As above (KF7)



3 Strategic report

Bottom 4 Ranking Scores	2014/15		2013/14		Trust Improvement /Deterioration	Future priorities and targets (Linked to Corporate Priorities for 2015/16)
	Trust	National Average	Trust	National Average		
KF13: Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	88	90	90	90	Statistically insignificant - No Change (Actual decrease of 2%)	<p>Statutory & Essential Training: (1) DBH aims to generate a culture of openness, such as the reporting of incidents. SET ensures that all staff are able to fulfil their roles by providing job related training and support. The Trust Welcome emphasizes the DBH Values, and the need to put patient first. It also sets the tone for staff to feel confident to speak up.</p> <p>Management Skills Programme: (1) Modules within the programme focus on the need for openness and for all to understand their roles and responsibilities.</p> <p>General: A new reporting process (DATIX) was introduced in 2014. Work is ongoing to embed this across DBH, and this should make a significant contribution to reporting.</p>



3 Strategic report

Charity, volunteers and fundraising

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

Volunteers

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.

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

Charitable funds and fundraising

Charitable and legacy funds such as the Montagu Hospital Comforts Fund, the 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 2014/15.



3 Strategic report

Being green and sustainable

Our commitment to providing sustainable environments and implementing energy saving techniques is always at the forefront of our business and site development.

The Trust operates a Combined Heat & Power (CHP) engine at both DRI and Montagu hospitals, generating over 1.2 Mega Watts of energy. The energy generated helps to heat the sites and also produced steam which is used for the sterilization processes within the Hospital Sterile Disinfection Unit (HSDU). The electricity generated provides nearly 50% the supply required at the DRI site.

In addition to making the best use of heat and electricity the Trust operates two deep ground boreholes which provide the primary water supplies from a sustainable and natural water aquifer to both Bassetlaw Hospital and DRI.

Our Carbon Reduction Commitment (CRC) assessments identified that the reportable carbon emission of the Trust continues to reduce.

As part of our development of our capital and estates we continuously strive to provide new energy saving initiatives, promoting and championing energy efficiency, ensuring it is embedded within the construction, environmental designs and management of our buildings and equipment.

All general waste is compacted and collected, then transferred to a materials recycling facility where it is sorted and separated. All recyclable materials including paper, cardboard, glass, plastics wood and metals, are recycled.

We continue to review and promote energy saving strategies and implement carbon reduction measures to ensure that we are minimising our environmental impact.

Our full sustainability report can be found on page 122.

Going concern

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

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



Mike Pinkerton
Chief Executive

Date: 26 May 2015





Director's report

4 Directors' report

This report is presented on behalf of the Board of Directors. In 2014/15, the following people were members of the Board of Directors.

Chairman: Chris Scholey
Chief Executive: Mike Pinkerton

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

Executive Directors: Dawn Jarvis, Director of People & Organisational Development
Matthew Lowry, Director of Finance and Infrastructure
Richard Parker, Director of Nursing, Midwifery & Quality
David Purdue, Chief Operating Officer
Mr Sewa Singh, Medical Director

Information regarding the following areas has been included within the Strategic Report (pages 10 to 30):

- Business review and analysis of performance, including description of the principal risks and uncertainties facing the Trust (page 16)
- Environmental matters (page 30)
- Information regarding our employees, including how we communicate and consult with staff, and policies regarding the employment, training and development of disabled persons (page 20)
- Social and community issues (page 29, 30)
- Health and safety, and occupational health (page 21)



4 Directors' report

Looking forward to 2015/16

Key developments since the end of 2014/15

To improve our patients' experience and assist our staff in delivering great care, the Trust is developing an estates strategy identifying the investment needed to meet the aspirational plans for the capital and infrastructure of all sites. To help deliver this volume of capital investment the Trust has selected a building development partner using the national P21+ scheme for selecting supply chain partners.

The CQC conducted a formal inspection, visiting all of our sites over the course of four days in April 2015. We expect to receive formal feedback on the outcome of this visit by late spring.

Future plans and developments

We have completed our second full year of our Strategic Direction 2013-17 Looking Forward To Our Future, which identifies our vision to be recognised as the best healthcare provider in our class, consistently performing in the top 10% nationally. To make sure we are still heading in the right direction and have taken account of the changes we expect in health policy we will refresh the strategy with our wider stakeholders, including patients, public, staff and partners, in the autumn of 2015. We will continue with our operational plan for 2014-16, which can be viewed at the Monitor website (www.monitor-nhsft.gov.uk).

We are making significant year on year improvements in delivering high quality care in line with national targets and developing our services in the Doncaster and Bassetlaw communities and in adjacent areas. Our commitment to quality and delivering harm free care remains our highest priority and we have Signed up to Safety, committing us to contribute to the national ambition to reduce avoidable harm to patients by 50% over the next three years.

2015/16 will be the first year of the Better Care Fund plans being turned into actions and both Doncaster and Nottinghamshire were planning to reduce emergency admissions to hospital through developing integrated community services. We strongly support that aim but also need to be prepared for all eventualities to ensure resilience.

Our financial plans have been developed alongside the other elements of our operational plan. Successful delivery of the plan for 2015/16 will see the Trust deliver a £2.2m surplus, which is about 0.6% of turnover. This surplus is important in both supporting the investments we make and also providing a financial buffer given the increasing financial volatility in the NHS nationally.

One of the key additional investments for 2015/16 is a further £347k to support additional nursing posts, reflecting the outcome of the regular reviews undertaken throughout the year and the need to ensure we continue to have a level of safe nurse staffing.

£21.4m has been identified for capital investment in 2015/16, which includes investments to improve the environment and services for our patients and staff through buildings and infrastructure. The developments include starting the new Bassetlaw Hospital wing and other site developments, completing work on the Rehabilitation Centre at Montagu Hospital and completing work on ophthalmology outpatient department at DRI. We have also set aside £8m to support further site developments on the DRI site.



4 Directors' report

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

- The DBH2020 programme has been developed to deliver organisation wide change, improve performance, build capability, and future proof services. Key projects identified to deliver in 2015/16 include a new website and intranet, outpatient, elective surgery and emergency admission process improvements.
- The iHospital Programme continues to deliver our ambitious programme to support our staff to use Information Technology (IT) better to support clinical decision making and release time to care. In 2015/16 the continued roll out of the already underway telecommunications system replacement and upgrade will be completed. Other major projects that will go live in 2015/16 include a new Patient Administration System (CaMIS PAS), electronic whiteboards, electronic observations, medical records scanning and outpatient self check-in kiosks. These projects will transform how we work in the hospital, releasing more time to care and will also improve access for patients to our services.

We will continue to work with our partners in the community to develop new forms of integrated care and better systems resilience, as well as working with our acute hospital partners in the Working Together programme, where several work streams are scheduled to complete during the year. We will bring innovative ways of working to the Trust through many routes including our membership of the Academic Health Science Network, and will continue to implement our research strategy including developing plans for a Clinical Research Facility.

In order to care for our patients we need to care for our staff, so during the year we will launch our first staff Health and Wellbeing Strategy. Staff are our most important asset and we will invest in training, education, development and support to enable them to flourish and develop their careers here at DBH.



4 Directors' report

Improving patient care - awards and accolades

Our staff 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 2014/15 including:

June 2014:

Our 'people identity' of Develop.Belong.Here was shortlisted for the Healthcare People Management Association Awards.

December 2014:

Our acute oncology team were presented with the commended award for Cancer team of the year at the national awards for Quality in Care Oncology programme. The award was for providing an extended out of hours service, ensuring cancer patients who became unwell or developed a new problem, would have prompt access to a specialist acute oncology nurse every day of the week.

At the Yorkshire and Humber Leadership Awards, Bassetlaw's Emergency Department Matron, Marie Hardacre, was shortlisted for the Most Inspirational Leader and the Integrated Discharge Team at Doncaster won the Outstanding Collaborative Leadership accolade. The Integrated Discharge Team went on to be shortlisted for the national award.

February 2015:

Ear, nose and throat consultant surgeon Mr Muhamad Quraishi was shortlisted for the prestigious national Silver Scalpel Award, which is given to consultants who have shown the highest standards of surgical training. He was nominated by his students.

March 2015:

Our health and wellbeing team were shortlisted for Team of the Year at the National Flu Fighter Awards 2015. The team immunised 82.5% of staff against flu and we were the second highest performing trust in England for vaccinating our healthcare workers against flu.

The Integrated Discharge Team went on to scoop the national award for Outstanding Collaborative Leadership at an event held by the National Leadership Academy. The award highlighted how agencies across Doncaster provide high quality, seamless care for our patients by working together across organisations.



4 Directors' report

Communication and engagement

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

Our commitment to this includes:

- Publicising key news and developments and pursuing positive working relationships with the media.
- Consulting with 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.
- 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 e.g. about health conditions and treatment.
- Keeping key stakeholders including governors, members, staff and GPs informed through regular briefings and publications.
- Holding our Board of Directors meetings and Board of Governors meetings in public.
- Publicising our complaints procedure.

Over the last year we have developed the use of social media as an engagement tool. There is a more significant presence from senior members of staff and services, which has seen our number of twitter followers increase by 50% and the Facebook page gain fans at an increasing rate. Campaigns surrounding appropriate service use during holiday periods, recruitment, and the Director of People and Organisational Development's #nhseverydayheroes campaign to raise the profile of our staff have all been well received. Future plans include engagement to obtain feedback on the development of patient and service user information.

Acknowledging the diverse ways in which people receive information, we are increasingly using the medium of video as an aid to demonstrate how our services work and to support recruitment. The development of these resources will ensure that the new website and intranet, in development for 2015/16, will be rich in content and easily accessible to a wide range of stakeholders.

Our work with the NHS England screening programmes has strengthened our community engagement across South Yorkshire and Bassetlaw, developing relationships with key partners and community leaders.

We will continue to ensure we are using the most effective channels for informing and involving people, listening to feedback and continually improving the services we provide.



4 Directors' report

Quality governance

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

The Board undertook a self-assessment of its performance against the Quality Governance Framework in February 2015, and also commissioned Internal Audit to undertake an independent review against the Quality Governance Framework. The review found that overall the Trust demonstrated a good level of evidence against most of the requirements in the quality governance framework, although work was needed to implement the newly approved Quality, Innovation and Service Improvement Strategy. The Board gives consideration to ensuring service quality in all aspects of its work and 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 (p.105) and Quality Report (p.43).

Care Quality Commission (CQC)

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

The CQC conducted an inspection of child safeguarding across the Doncaster health community in September 2014. The CQC inspection team assessed services across primary and secondary care, including those provided at DRI and by Community Midwifery Services and RDaSH. A number of examples of good practice were highlighted in the final report, including areas within our midwifery services, and the Children's Safeguarding Services were found to have improved significantly since the last visit. There were no areas which needed immediate action and no significant concerns were reported.

There are no material inconsistencies to report between the annual governance statement, annual/quarterly board statements, quality report, annual report and CQC reports.



4 Directors' report

Research and development (R&D)

To ensure that our patients are able to benefit from the latest advances in treatment we support a thriving research culture with a focus on improving patient care, encouraging innovations and promoting clinical excellence. In 2014/15 we recruited 3757 patients into research studies, of which 766 were recruited to National Institute for Health Research (NIHR) portfolio studies.

In the second year of the R&D strategy we are expanding, with a new record level of trial activity – 50 additional studies were approved to take place in the Trust as part of a significant new commitment to expand commercial research in line with our strategy. These trials included Clinical Trials of Investigational Medicinal Products and Medical Device trials.

To support the expanding portfolio of research work we have strengthened the R&D infrastructure. We have successfully secured a commercially funded research nurse and we are also supporting two further full time research nurse posts.

Academic Health Science Network

Chief Executive Mike Pinkerton was appointed as a director on the board of the Yorkshire and Humber Academic Health Science Network. The network was set up to create and harness a strong, purposeful partnership between patients, health services, industry, and academia. This strengthens the relationships of the Trust in the network.



4 Directors' report

Statutory declarations and disclosures in the public interest

Information governance and data security

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

There were no Serious Incidents Requiring Investigation (SIRIs) involving data loss or breaches of confidentiality in 2014/15.

Application of charitable funds

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

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

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

During 2014/15 the charity received incoming resources of £0.98m, and spent £2.14m which after gains and losses on the revaluation and disposal of investment assets gave a reduction in funds of £0.373m.

The total fund balances carried forward into 2015/16 are £11.433m (unrestricted funds £2.759m and restricted funds £8.674m) and are sufficient for the charity to further pursue its objectives in the coming year.

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

Countering fraud, bribery and corruption

Fraud costs the NHS millions of pounds a year that could have been spent on patient care, so every member of staff has a duty to help prevent it. Completing fraud awareness training is a mandatory requirement for all our staff and 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 and Infrastructure or the NHS Fraud & Corruption reporting line.

NHS Protect provide the framework through which NHS trusts seek to minimise losses through fraud. The Director of Finance and Infrastructure is nominated to lead the work and is supported by the LCFS.



4 Directors' report

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.

We have a collaborative counter fraud arrangement with two acute NHS trusts, which has allowed us to have a LCFS permanently onsite, supported by a team of counter fraud specialists dedicated to combatting fraud within a secondary care setting.

An annual work plan, approved by the Audit and Non-Clinical Risk Sub-committee, has been completed over the last year by the LCFS. The work plan addresses the requirements of the Trust's Counter Fraud, Bribery and Corruption Policy. The key aims are to seek to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and ensure that allegations of fraud are appropriately investigated. Reports on progress against the work plan and details of investigations are received quarterly by the Audit and Non-Clinical Risk Sub-committee.

Whistleblowing

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

Payment Practice Code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. In 2014/15 £1,300 was paid in late payment charges.

Audit information

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

Donations

The Trust made no donations to political parties or other political organisations in 2014/15 and made no charitable donations in 2014/15.

Financial risk management

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

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



4 Directors' report

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

Market risk

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

- **Currency risk** - The Trust has no overseas operations, and the great majority of our transactions, assets and liabilities are in the UK and sterling based. The Trust therefore has low exposure to currency rate fluctuations.
- **Interest rate risk** - We borrow from government for capital expenditure, and interest is fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.
- **Price risk** - The Trust is exposed to price risk through its listed securities and fixed interest investments. We manage those risks through an appointed investment manager monitoring the markets closely and through the spread of investments in line with our investment policy. Price volatility in 2014/15 led to unrealised gains across the portfolio of £0.8m.

Credit risk

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

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

Liquidity risk

The Trust is not exposed to significant liquidity risks.

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

Other statutory declarations and disclosures relating to finance

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

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

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

Accounting policies for pensions and other retirement benefits are set out in note 9 to the accounts. Details of senior employees' remuneration can be found on page 97 of the remuneration report.





Quality accounts 2014/15

5. Quality accounts

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Key

Indicates the direction of travel / performance for 2013/14



= Performance achieved or exceeded trajectory for 2013/14



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



= Performance not achieved trajectory for 2013/14



5. Quality accounts

Chief Executive's statement

In 2014/15 we have seen significant improvements in patient experience and quality outcomes building further on the significant progress made in 2013/14 and the implementation of our Strategic Direction: Looking Forward to Our Future 2013 – 2017. The Strategy focuses on safe and effective care, controlling and reducing the cost of healthcare, developing responsibly, and focusing on innovation for improvement. The dedication and enthusiasm of our staff helps to drive the strategy forward with the aim of becoming recognised as one of the best healthcare providers in our class, consistently performing in the top 10% nationally.

During the year we introduced a new clinical governance process, fully integrated with the new Care Groups and allowing a better line of sight from Board to Ward. The new Care Groups themselves have worked hard to improve outcomes with considerable success and we now have a form of organisation that can be both properly supported and held to account.

This year excellent progress has been made towards delivering harm free care. Avoidable Clostridium Difficile improved beyond trajectory, serious falls reduced by 37%, serious incidents reduced by 18% and never events reduced significantly from three to one, all compared to the 2013/14 outturn. We achieved a reduction of 36% of hospital acquired pressure ulcers by focusing on training, documentation and investigating whether pressure ulcers are avoidable. An innovative nurse training programme has enabled the Trust to identify pressure ulcers earlier and determine if they are present on admission, usually through the Emergency Department, so that joint work can take place across organisations to prevent pressure ulcers developing in the community.

We invested heavily in nursing posts for our general wards and the Emergency Departments to ensure we provide a safe level of nursing staff. We completed four Safer Nursing Care assessments throughout the year (formerly known as Association of United Kingdom University Hospitals). Next year we are committing further investment to nurse establishments to bring the overall nursing workforce to the required level in order to meet the changing needs of our patients. Following the same principles we are using specific workforce planning tools for the Emergency Department, Midwifery and Paediatrics.

The introduction of a Quality Assessment Tool for nursing wards and departments during the year has provided the basis for comparison of a wide range of key indicators and next year will be used for goal setting as we strive for continuous improvement.

We have Signed up to Safety, a national campaign that is consistent with the strategic aims of the Trust and which will see us contribute to the national ambition to reduce avoidable harm to patients by 50% over the next three years. By signing up to the campaign we are committed to listening to our patients, carers and staff, learning from what they say when things go wrong and taking action to improve patients' safety, helping to ensure they get harm free care every time. Our pledges have been developed and informed by our analysis of legal claims, our organisational objectives and our quality and safety journey so far.

282 fewer patients had been waiting more than 18 weeks at the end of the year than at the start of it. Our national cancer patient survey results showed significant improvements, placing us in the top 20% highest scoring trusts for a third of the areas covered, with almost every question asked in the survey showing an improvement on last year. Improvements were also made in the Adult Inpatient Survey 2014 across all questions.



5. Quality accounts

Although our A&E Patient Survey 2014 highlighted many positives, scoring the overall patient experience at eight out of ten, like the rest of the NHS, we faced a very challenging winter period which unfortunately resulted in patients waiting longer in some cases than desirable. We ended the year at 92.9% against the four hour wait standard.

The significant improvement in the quality of our medical training was recognised as being sustained by the lifting of enhanced GMC monitoring which had been in place since 2009.

Our Research and Development Department had a record breaking year with recruitment to National Institute for Health Research (NIHR) portfolio trials increased by 35% and capacity in place to significantly expand commercial research in 2015/16.

Despite our mortality performance improving during the year, it remains outside our target on some measures. The process of reviewing mortality has been improved, with support from within the Trust and from external organisations to give a better insight into the quality of care. Our seven day programme developments continued during the year, with the medical care pathway and End of Life Care now provided on a seven day basis.

During 2014/15 we completed our response to the Francis Report recommendations by appointing a clinically qualified non-executive director, demonstrating our commitment to being patient focused organisation.

I would like to thank all our staff for their continued hard work throughout the year that has led to such great results, during what all commentators have said has been one of the hardest years yet experienced by the NHS. I am so proud of what we are achieving for our patients and look forward to improving the quality of patient care further in 2015/16 as Team DBH.

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



Mike Pinkerton
Chief Executive

May 2015



5. Quality accounts

Priorities for improvement 2014/15

The following table provides an overview of our achievements against the quality improvement targets we set for 2014/15.

		Trajectory/Threshold 2014/15	2010/11	2011/12	2012/13	2013/14	2014/15
Patient Safety	Take a zero tolerance approach to "never events"	0	0	3	2	3	1
	Reduce the number of healthcare associated infections - MRSA bacteraemia	0	1	5	2	2	2
	Reduce the number of healthcare associated infections - C difficile	45	67	43	64	41	44
	Reduce the number of hospital acquired pressure ulcers above Category 2	14% reduction in hospital acquired pressure ulcers above category 2 (135)	87	70	157	169	103
Clinical Effectiveness	Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	5% reduction	104.26 (Jan 10-Dec 10)	107.88 (Jan 11-Dec 11)	106.83 (Jan 12-Dec 12)	102.85 (Jan 13-Dec 13)	110.31 (Jan 14-Dec 14)
	Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	5% reduction	102.21 (Apr 10-Mar 11)	103.07 (Jan 11-Dec 11)	104.17 (Jan 12-Dec 12)	107.92 (Jul 12-Jun 13)	110.42 (Jul 13-Jun 14)
	Nursing Staffing Levels		* No historical data - new initiative for 2014/15				95.36% (May 14-Mar 15)
Patient Experience	Ensure 90% of complaints are responded to within the timeframe agreed with the complainant by Q3 of 2014/15	90%	* No historical data - new initiative for 2013/14			28%	Q3 – 59% Q4 – 18%
	Improve response rates for Friends & Family Test - Inpatients	To ensure that the trust is in the top 50% nationally in relation to completion rates.	* No historical data - new initiative for 2013/14			27.5%	28.3%
	Improve response rates for Friends & Family Test – Accident & Emergency		* No historical data - new initiative for 2013/14			25.1%	6.9%
	Improve Net Promoter Score (NPS) - Inpatients	48.97	* No historical data - new initiative for 2013/14			72 ¹	93%
	Improve Net Promoter Score (NPS) - Accident & Emergency	84.03	* No historical data - new initiative for 2013/14			65	78%

* Data was not available for this period

¹It should be noted that Net Promoter Score (NPS) was only measured until August 2014. From September 2014 participants were asked "How likely are you to recommend our service to Friends and Family if they needed similar care or treatment". The percentage reported during 2014/15 is the final response reported for this period.



5. Quality accounts

Priorities for improvement 2015/16

Delivering harm free care is again the Trust's focus for 2015/16 and the table below identifies those indicators which are our highest priorities:

		Outturn 2014/15	Trajectory/Threshold 2015/16
Patient Safety	Take a zero tolerance approach to "never events" Progress, monitoring & reporting <ul style="list-style-type: none"> Utilisation of DATIXWEB Report monthly to Board of Directors & commissioners Monitor via Patient Safety Review Group 	1	0
	Reduce the number of healthcare associated infections <ul style="list-style-type: none"> MRSA C difficile Progress, monitoring & reporting <ul style="list-style-type: none"> Dashboards for the monitoring and reporting of HCAs has proved very successful and will be continued in 2015/16 Reporting directly to the relevant clinical area Monthly reporting to the Board of Directors, Care Groups and Management Board 	2 44	0 40
	Reduce the number of hospital acquired pressure ulcers category 3, 4 Progress, monitoring & reporting <ul style="list-style-type: none"> Review of any trends will continue Accountability meetings will continue throughout 2015/16 Monthly reporting to Board of Directors & commissioners Monitor via Patient Safety Review Group 	103	84
	Reduce the number of repeated fallers Progress, monitoring & reporting <ul style="list-style-type: none"> Review of rates of falls and repeated falls will continue using DatixWeb Ward and Care Group data will be used to monitor trends Monthly reporting cycle to the Patient Safety Review Group and Bone Health Group 	224	202
Clinical Effectiveness	Reduction in HSMR <i>(Jan 14-Dec 14)</i>	HSMR - 110.31 <i>(Jan 14-Dec 14)</i>	102 after re-basing
	Reduction in SHMI Progress, monitoring & reporting <ul style="list-style-type: none"> Continue to monitor at Mortality Monitoring Group Monthly reporting to Board of Directors, Care Groups and Management Board 	SHMI - 110.42 <i>(Jul 13 - Jun 14)</i>	
	Nursing Staff Levels (Ward/Department) – Improvement in Filled Shift Rate Progress, monitoring & reporting <ul style="list-style-type: none"> Each ward will report establishment vs actual nurses working every month Progress relating to appropriate staffing levels will be monitored twice per year Reporting and monitors via Board of Directors 	95.36% Average <i>(May 14 - March 15)</i>	97%
	Reduce avoidable re-admissions Progress, monitoring & reporting <ul style="list-style-type: none"> Readmission review process to be established to determine availability Baseline to be determined for Q1 Monthly reporting from July readmissions Reporting to Quality Effectiveness Committee, Care Group Clinical Governance 	No historical data - new initiative for 2015/16	10% reduction from Q1 to Q4



5. Quality accounts

		Outturn 2014/15	Trajectory/Threshold 2015/16
Patient Experience	Improve response rates for the Friends and Family test Progress, monitoring & reporting <ul style="list-style-type: none"> Reporting completion rates of FFT data for inpatient and Accident and Emergency departments Benchmark monthly against national reporting Reporting to Board of Directors and commissioners 	Completion rates: 28.3% - Inpatients 6.9% - Accident & Emergency (Final 2014/15 year end position)	To ensure that the Trust is in the top 50% nationally in relation to completion rates.
	Demonstrate improvement in patient satisfaction scores Progress, monitoring & reporting <ul style="list-style-type: none"> Reporting FFT patient satisfaction results for inpatient and Accident and Emergency departments. Benchmark monthly against national reporting Reporting to Board of Directors and commissioners 	93% - Inpatients 78% - Accident & Emergency (Final 2014/15 year end position)	To ensure that the trust is above national average in relation to patient satisfaction
	Ensure all agreed actions resulting from upheld complaints are completed within agreed timescales Progress, monitoring & reporting <ul style="list-style-type: none"> Monthly reporting to Board of Directors and commissioners. Monthly reporting to Care Groups with action plans where appropriate 	No historical data - new initiative for 2015/16	

In identifying the priorities for improvement for 2015/16, the Trust has taken into account the views of:

Patients – via patient surveys & complaints monitoring

Staff – via staff surveys, 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.

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



5. Quality accounts

Statements of assurance

Review of services

During 2014/15, Doncaster and Bassetlaw Hospitals NHS Foundation Trust provided and or sub-contracted 45 relevant health services.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 45 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 100% of the total income generated from the provision of relevant health services by Doncaster and Bassetlaw Hospitals NHS Foundation Trust for 2014/15.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Doncaster and Bassetlaw Hospitals NHS Foundation Trust in 2014/15 that were recruited to during that period to participate in research approved by a research ethics committee was 3757. Of these, 766 participants were recruited onto studies adopted onto the National Institute for Health Research Portfolio

During 2014/15, 50 additional studies were approved to commence within the Trust, which include Clinical Trials of Investigational Medicinal Products and Medical Device trials. The Trust supports research in differing roles, either as a sponsoring organisation, a participating organisation or as a participant identification centre. The department of Research and Development is continuing to expand to reflect both the increasing level of research activity and also to support the continuing advancement of research within the Trust, with the Research team providing comprehensive support to researchers during the planning, set-up and delivery phases of research.

In July 2014, we reviewed all the key targets we had set ourselves for the first year of our Research and Development Strategy 2013-2018 and had met nearly all of them, including a number set to achieve in the second year of the strategy. One particular highlight within this year was the success of securing our commercially funded research nurse. On the back of this success, we as a Trust are supporting two further full time research nurses through this funding stream.

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.

Participation in clinical audits

During 2014/15, 40 national clinical audits and 4 national confidential enquiries covered relevant health services that Doncaster and Bassetlaw Hospitals NHS Foundation Trust provides.

During that period, Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in 87.5% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.



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The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Hospitals NHS Foundation Trust was eligible to participate in during 2014/15 are as follows:

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in during 2014/15 are as follows:

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Clinical Audits that the Trust was eligible to participate in during 2014/15			
Audits that the Trust was eligible to participate in during 2014/15	Trust participation in audits	Data collection completed during 2014/15	% of cases submitted
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Participated	Completed	100%
Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	Participated	Completed	(1)
Adult community acquired pneumonia	Participated	Completed	100%
Bowel cancer (NBOCAP)	Participated	Completed	100%
Cardiac Rhythm Management (CRM)	Participated	Completed	100%
Case Mix Programme (CMP)	Participated	Completed	100%
Chronic kidney disease in primary care*	Did not participate	N/a	N/a
Congenital heart disease (Paediatric cardiac surgery) (CHD)	Participated	Completed	100%
Coronary angioplasty (PCI)	Did not participate	N/a	N/a
Diabetes (Adult), includes National Diabetes Inpatient Audit (NADIA), diabetes care in pregnancy, diabetes footcare*	Participated	Completed	100%
Diabetes (Paediatric) (NPDA)	Participated	Completed	100%
Elective surgery (National PROMs Programme)	Participated	Completed	100%
Epilepsy 12 audit (Childhood Epilepsy)	Participated	Completed	100%



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National Clinical Audits that the Trust was eligible to participate in during 2014/15 continued			
Audits that the Trust was eligible to participate in during 2014/15	Trust participation in audits	Data collection completed during 2014/15	% of cases submitted
Falls and Fragility Fractures Audit Programme (FFFAP)	Participated	Completed	100%
Fitting child (care in emergency departments)	Participated	Not completed	N/a
Head and neck oncology (DAHNO)	Participated	Completed	100%
Inflammatory bowel disease (IBD) programme*	Participated	Completed	100%
Lung cancer (NLCA)	Participated	Completed	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Participated	Completed	100%
Medical and surgical clinical outcome review programme: National confidential enquiry into patient outcome and death (NCEPOD)	Participated	Completed	100%
Mental health (care in emergency departments)	Participated	Completed	100%
Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Did not participate	N/a	N/a
National Adult Cardiac Surgery Audit	Did not participate	N/a	N/a
National Audit of Dementia (care in general hospitals)	Did not participate	N/a	N/a
National Audit of Intermediate Care	Did not participate	N/a	N/a
National Cardiac Arrest Audit (NCAA)	Did not participate	N/a	N/a
National Chronic Obstructive Pulmonary Disease (COPD) Audit	Participated	Completed	100%
National Comparative Audit of Blood Transfusion programme	Participated	Completed	100%
National emergency laparotomy audit (NELA)	Participated	Completed	52%
National Heart Failure Audit	Participated	Completed	61%
National Joint Registry (NJR)	Participated	Completed	100%
National Vascular Registry*	Participated	Completed	100%
Neonatal intensive and special care (NNAP)	Participated	Completed	100%
Non-invasive ventilation – adults	Participated	Completed	(1)
Oesophago-gastric cancer (NAOGC)	Participated	Completed	100%
Older people (care in emergency departments)	Did not participate	N/a	N/a
Paediatric intensive care (PICANet)	Participated	Completed	100%
Pleural procedure	Participated	Completed	100%
Prescribing Observatory for Mental Health (POMH)	Did not participate	N/a	N/a
Prostate Cancer	Participated	Completed	(1)
Pulmonary hypertension (Pulmonary Hypertension Audit)	Did not participate	N/a	N/a
Renal replacement therapy (Renal Registry)	Participated	Completed	100%
Rheumatoid and early inflammatory arthritis*	Participated	Completed	100%
Sentinel Stroke National Audit Programme (SSNAP)*	Participated	Completed	100%
Severe trauma (Trauma Audit & Research Network, TARN)	Participated	Completed	100%

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



5. Quality accounts

The reports of 48 national clinical audits were reviewed by the provider in 2014/15 and Doncaster and Bassetlaw 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 123 local clinical audits were reviewed in 2014/15 and we intend to take the following actions to improve the quality of healthcare:

Cardiac rehabilitation - patient survey annual report (Sep 13 – Oct 14)

This service is continually evolving, working with patients to identify necessary changes to the service. An example of this is the introduction of the new 'Home Exercise Programme' booklet which was created after patients commented in the survey that they were struggling to remember some of the exercises at home. We are also planning to produce a video of a patient story and their journey through the cardiac rehabilitation programme as a result of the survey findings.

Acute medicine 7 day physiotherapy pilot

This audit shows that with the introduction of the physiotherapy 7 day service to the acute medical wards at DRI resulted in the following:

- A decrease in hospital length of stay
- A decrease in duration of physiotherapy treatment
- Improvement in patient outcomes.

Audit of Post Partum Haemorrhage (PPH)

This audit is part of National PPH Audit 2014 led by UK Audit and Research Collaborative in Obstetrics and Gynaecology. This audit deals with management of PPH at DRI in line with the local guideline. From the information gathered it was decided that a 'guideline group' was needed to update PPH guidelines in line with national guidelines.

Cardioversion in atrial fibrillation (AF) – timescale

Direct Current (DC) Cardioversion is suggested by NICE as first line rhythm control for all patients with persistent AF. Success rates of DC cardioversion are inversely proportionate to length of time in AF. It is therefore imperative that patients have their procedure in a timely manner.

This audit was designed to investigate why these cancellations take place and see if it is impacting the timeliness of procedures, action plans from the results are:

- New design of the form to meet the demand for holiday dates
- Weekly International Normalised Ratio (INR) assessment at anti-coag clinic between booking and DC date



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Cancer of Unknown Primary (CUP)

This was the first audit undertaken by the CUP service to acquire a baseline of current practice and compliance to CUP pathway. The audit will inform an action plan to develop the service further in line with Peer Review measures to improve standards resulting in a better patient experience of the cancer journey. The following plans were discussed and agreed:

Recommendations / action plans

1. Although it appears that patients are getting referred to CUP, as a service we need to make staff more aware of the CUP service in order to encourage earlier referral and avoid omissions.
2. For the CUP team to be more visible through more regular attendance at all site specific MDT's as is feasibly possible, as this depends on daily workload.
3. More visible out on the wards to try and pick patients up earlier and emphasise criteria for referral.
4. Educate staff on the importance of recording performance status and CUP pathway for oncology patients that they may be referring.
5. Review and update Trust CUP Pathway and ensure still fit for purpose and user friendly.

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

A proportion of Doncaster and Bassetlaw Hospitals NHS Foundation Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed by the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at: <http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>

The monetary total in 2014/15 conditional upon achieving quality improvement and innovation goals was £6.76 million. The total associated payment in 2014/15 was £4.64 million.

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

Statements from the CQC

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

The Care Quality Commission **has not** taken enforcement action against Doncaster and Bassetlaw Hospitals NHS Foundation Trust during 2014/15.

The "Looked After Children and Safeguarding" targeted CQC inspection for the Doncaster health and social care services has resulted in recommendations for improving systems in the Emergency Department.



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These actions have been progressed and will be pursued to completion working with Doncaster CCG.

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

Information governance toolkit attainment 2014/15

Doncaster and Bassetlaw Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2014/15 of 71% and was graded as 'satisfactory'.

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

The Action and Improvement areas for 2015/16 (the IG Work Plan) were formally agreed by the IGG at its meeting on the 24th March 2015²; the Work Plan is an integral element of the Trust's Information Governance Assurance Framework which is reported to and approved by the Trust's Audit & Non Clinical Risk sub committee annually. The IGG will also continue to concentrate their efforts on some of the significantly changed standards in this financial year. These relate to:

- Regularising the responsibilities and reporting arrangements for Information Governance and RA Smartcard Management from the Trust's SIRO to and from the Trust's Care Groups and the corporate directorates
- Improving the way in which Smartcard is used with particular emphasis on using them for:
 - o 'Single Sign On' to computer systems, for access to controlled working areas.
 - o their extended use for access to National eLearning Management Systems, especially at corporate induction.
- Extending use of The Summary Care Record Access Role
- Working smarter with FOI requests and information available to the public through the Trust internet website www.dbh.nhs.uk

Data quality

Doncaster and Bassetlaw Hospitals NHS Foundation Trust submitted records during 2014/15 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:

-which included the patient's valid NHS number was:

- 99.8% for admitted patient care – national position 99.1 %
- 99.9% for outpatient care – national position 99.3 %
- 97.5% for accident and emergency care – national position 95.1 %

-which included the patients valid General Medical Practice Code was:

- 100% for admitted patient care – national position 99.9 %
- 100% for outpatient care – national position 99.9 %
- 99.9% for accident and emergency care – national position 99.2 %

²IG Work Plan for 2015/16



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Clinical coding error rate

Doncaster and Bassetlaw Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. Based on the mandatory Information Governance carried out in November 2014, the error rates reported for diagnoses and treatment coding (clinical coding) in this published audit for that period was:

- Primary diagnoses incorrect (3.5%)
- Secondary diagnoses incorrect (2.52%)
- Primary procedures incorrect (0%)
- Secondary procedures incorrect (1.43%)

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 services reviewed within the sample consisted of 200 finished consultant episodes and included the following areas: general medicine, urology, ambulatory care and deceased episodes across DRI and Bassetlaw sites.

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

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, Monitor, the Department of Health and the Care Quality Commission.

Achievement of CQUIN and the accurate charging for PbR and non PbR income is reliant on high quality data through robust data collection and reporting. 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 2014/2015 and this will continue in 2015/2016 and beyond. The Trust continues to invest in data quality resources.

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

- Nationally, data quality is measured by the Secondary Uses Service (SUS) Data Quality Dashboards. For 2014/2015 to month 9 (latest published data) the Trust improved its performance to 99.3% across a range of indicators which cover inpatients, outpatient and A&E, against a national comparative score of 96.1%. The Trust is consistently above the national average and is the top performing Trust within the Working Together trusts and within South Yorkshire and Bassetlaw.



5. Quality accounts

- 18 weeks data quality continues to be a high priority for the Trust with routine validation embedded within the Trust. 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 2014/2015 within the NHS Standard Contract with commissioners.
- We continue to provide focus on key data quality performance areas through the Trust Data Quality Group. The group identifies key work streams to address areas of concern and then monitors and review progress against improvement targets. It also links into the iHospital project. The Data Quality Group reports to the Trust's 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.
- For all Trust system implementations, data quality is a key element within the project, including potential risks along with mitigating strategies and actions.
- A key focus, during 2014/2015, has been preparatory work to support the Trust's Patient Administration System (PAS) Replacement project, which is due to go live in 2015. This includes data cleansing and migration as well as system functionality, training and process re-design to ensure we maintain and build on the work that we have already done to deliver high quality information.
- Through iHospital projects the Trust will continue to ensure that all opportunities are maximised for improving data quality.



5. Quality accounts

NHS Trusts & NHS Foundation trusts performance

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

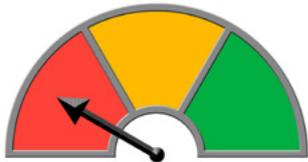
National targets and regulatory requirements	National Average						Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:	Highest	Lowest
	1.0203 Banding 2 (2010/11)	1.0352 Banding 2 (2011/12)	1.0556 Banding 2 (2012/13)	1.1128 Banding 1 (2013/14)	1 Banding 2 (2013/14)	1.198 Banding 1 (2013/14)			
The value and banding of the SHMI* for the Trust	10% (2010/11)	9.2% (2011/12)	13.2% (2012/13)	23.5% (2013/14)	25.4% (2013/14)	49.4% (2012/13)	0.597 Banding 3 (2013/14)		
Percentage of patient deaths with palliative care coded at either diagnosis of speciality level for the Trust	0.059 0.111 0.349 0.222 (2010/11)	0.081 0.119 0.392 0.263 (2011/12)	0.099 0.176 0.401 0.322 (2012/13)	0.076 0.138 0.423 0.322 (2013/14)	0.085 0.093 0.436 0.323 (2013/14)	0.133 0.150 0.544 0.425 (2013/14)	0% (2013/14)		
Patient Reported Outcome Measures (PROMs) (EQ 5D Adjusted average health gain) Groin hernia surgery Varicose vein surgery Hip replacement surgery Knee replacement	10.56% (2008/09)	10.08% 11.03% (2009/10)	10.82% 11.45% (2010/11)	10.24% 11.86% (2011/12)	10.01% 11.45% (2011/12)	14.94% 11.86% (2011/12)	0.008 0.022 0.341 0.195 (2013/14)		
Readmissions to hospital within 28 days of being discharged, percentage aged: 0-15 16 and over	67.4% (2010/11)	65.5% (2011/12)	68.9% (2012/13)	67.4% (2013/14)	68.7% (2013/14)	85% (2013/14)	54.4% (2013/14)		
Responsiveness to inpatients personal needs	60% (2011)	51% (2012)	59% (2013)	57% (2014)	67% (2014)	93% (2014)	38% (2014)		
Percentage of staff employed who would recommend the Trust as a provider of care to their family or friends	95.7% (Apr 14-Jun 14)	95.7% (Jul 14 - Sep 14)	95.0% (Oct 14-Dec 14)	95% (Jan 15-Feb 15)	96% (Jan 15-Feb 15)	100% (Jan 15-Feb 15)	74% (Jan 15 - Feb 15)		
Percentage of patients who were admitted to hospital and who were assessed for venous thromboembolism	21.2 (2010/11)	13.9 (2011/12)	21.5 (2012/13)	14.2 (2013/14)	13.9 (2013/14)	37.1 (2013/14)	1.2 (2013/14)		
Rate of C.difficile per 100,000 bed days	1761 (Oct 12-Mar 13)	2692 (Apr 13-Sep 13)	3905 (Oct 13-Mar 14)	35 (Apr 14-Sep 14)	4196 (Apr 14-Sep 14)	12,020 (Apr 14-Sep 14)	35 (Apr 14-Sep 14)		
Number of patient safety incidents reported within the Trust	0.11% (Oct 12-Mar 13)	0.13% (Apr 13-Sep 13)	0.17% (Oct 13-Mar 14)	0.20% (Apr 14-Sep 14)	0.18% (Apr 14-Sep 14)	1.09% (Apr 14-Sep 14)	0% (Apr 14-Sep 14)		
Percentage of patient safety incidents that resulted in severe harm or death.									

The Doncaster & Bassetlaw NHS Foundation Trust considers that all the data contain in the above table 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



5. Quality accounts

Achievements against quality improvement priorities 2014/15

Priority 1:		Patient Safety	
Take a zero tolerance approach to “never events”			
Aim: To stop all harmful clinical events that must never happen (never events)			
Rationale: These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust			
	Number of Incidents reported	Per 1000 occupied bed days	Trust performance against this indicator has been rated as RED based on a locally set trajectory of zero tolerance. 
2010/2011	0		
2011/2012	3		
2012/2013³	2	0.0062	
2013/2014	3	0.0092	
2014/2015	1	0.0030	
Progress, monitoring & reporting	<ul style="list-style-type: none"> The learning from root cause analysis which follows any such events, is shared Trust-wide to ensure that the never event does not happen again in the future Reporting to the Board of Directors takes place monthly 		
<p>During 2014/15 the Trust has reported 1 never event. Never events are defined by the National Patient Safety Agency (NPSA) as “serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.” (For information the incidents which NPSA define as “Never Events” are listed below)</p> <p>Details of the Trust’s reported never event during 2014/15 is as follows:</p> <ul style="list-style-type: none"> February 2015: Retained vaginal swab following perineal repair after childbirth. <p>The Trust has reduced the number of never events during this financial year to just one case. An investigation has been completed and has resulted in immediate changes in practice in maternity services including the removal of swabs that are not x-ray detectable and putting additional safety checks in place for any repair procedures.</p> <p>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems This data is governed by: National definitions</p>			
Never Events as defined by NPSA			
<ul style="list-style-type: none"> <i>Wrong site surgery</i> <i>Wrong implant/prosthesis</i> <i>Retained foreign object post-operation</i> <i>Wrongly prepared high-risk injectable medication</i> <i>Maladministration of potassium-containing solutions</i> <i>Wrong route administration of chemotherapy</i> <i>Wrong route administration of oral/enteral treatment</i> <i>Intravenous administration of epidural medication</i> <i>Maladministration of Insulin</i> <i>Overdose of midazolam during conscious sedation</i> <i>Opioid overdose of an opioid-naïve patient</i> <i>Inappropriate administration of daily oral methotrexate</i> <i>Falls from unrestricted windows</i> <i>Entrapment in bedrails</i> <i>Transfusion of ABO-incompatible blood components</i> <i>Transplantation of ABO or HLA-incompatible Organs.</i> <i>Misplaced naso- or oro-gastric tubes</i> <i>Wrong gas administered</i> <i>Failure to monitor and respond to oxygen saturation</i> <i>Air embolism</i> <i>Misidentification of patients</i> <i>Severe scalding of patients</i> <i>Maternal death due to post partum haemorrhage after elective caesarean section</i> <i>Suicide using non-collapsible rails</i> <i>Escape of a transferred prisoner</i> 			

³It should be noted that year on year figures are not directly comparable as the original ‘Never Events’ definition as set out by NPSA in April 2009 was expanded for 2011/12 and then expanded further in 2012/13



5. Quality accounts

Priority 2:

Patient Safety

Reduce the number of Healthcare Associated Infections (HCAI)

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

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

MRSA*	Number of Cases	Per 1000 occupied bed days	Trust performance against this indicator has been rated as RED based on a nationally set trajectory 
2010/2011	1		
2011/2012	5		
2012/2013	2	0.0062	
2013/2014	2	0.0061	
2014/2015	2	0.0061	
C- diff**	Number of Cases	Per 1000 occupied bed days	Trust performance against this indicator has been rated as GREEN based on the nationally set trajectory 
2010/2011	67		
2011/2012	43		
2012/2013	64	0.1988	
2013/2014	41	0.1269	
2014/2015	44	0.1353	
Progress, monitoring & reporting	<ul style="list-style-type: none"> • Dashboards for the monitoring and reporting of HCAIs has proved very successful and will be continued in 2014/15 • Reporting directly to the relevant clinical area • Monthly reporting to the Board of Directors, Care Groups and Management Board 		

* MRSA - Methicillin-resistant *Staphylococcus aureus*

** C-diff - *Clostridium difficile*

For 2014/15 the Trust was set a trajectory of no more than 45 cases of C difficile by the Foundation Trust regulator, Monitor. The number of C-diff cases during the first and second quarter has made meeting the year end trajectory very challenging. The main themes from Post Infection Reviews were associated with some compliance issues with antimicrobials, delay in sampling and isolation. The latter part of the year has seen a considerable improvement and brought the Trust back into trajectory although an increase in the number of cases in March resulted in the Trust ending the year position just under trajectory. Considerable work has been done to update antimicrobial policies and make them web and smart phone friendly.

The MRSA blood stream infection rate per occupied bed day remains below the Monitor de minimis limit. The Trust identified 2 cases of MRSA bacteraemia, one was deemed to have some possible lapses in care and as such avoidable. The blood culture contamination rates overall remain below 3% and help to support the Trust's strategy to prevent MRSA bacteraemia cases.

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

This data is governed by: National definitions



5. Quality accounts

Priority 3:

Patient Safety

Reduce the number of hospital acquired pressure ulcers above Category 2

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

Rationale: To prevent injury to our patients relating to hospital acquired pressure ulcers, our Trust has adopted a zero tolerance approach

Grade 3/Ungradeables	Number Reported	Per 1000 occupied bed days	Trust performance against this indicator has been rated as GREEN based on a locally set trajectory 
2010/2011	85		
2011/2012	65		
2012/2013	153	0.4754	
2013/2014	163	0.5045	
2014/2015	100	0.3167	
Grade 4	Number Reported	Per 1000 occupied bed days	Trust performance against this indicator has been rated as GREEN based on a locally set trajectory 
2010/2011	2		
2011/2012	5		
2012/2013	4	0.0124	
2013/2014	6	0.0185	
2014/2015	3	0.0092	
Progress, monitoring & reporting	<ul style="list-style-type: none"> Review of any trends will continue Accountability meetings will continue throughout 2014/15 		

During 2014/15 the Trust has seen a decrease in hospital acquired pressure ulcers (HAPU) with a reduction of 36% across all categories. This is a result of the Trust's revised strategy which comprises of:

- Risk assessment within 2 hours of admission**
 Introduction of a new pressure ulcer risk assessment tool which simplifies the risk assessment process (Trust wide). Patients are required to having the pressure ulcer risk assessed within two hours of admission in the Emergency Departments.
- Equipment supplied within four hours of admission**
 Operational standards have been introduced for patients identified as being at risk of pressure ulceration having their equipment supplied within four hours of admission. The Trust is currently undertaking a collaborative project with one of the leading equipment suppliers in developing a hybrid pressure relieving support system for the trolleys within the Emergency Departments.
- Education**
 The tissue viability competency based training programme continues. Cohorts of staff from both Emergency Departments have been identified as the nominated Tissue Viability Department Based Practitioners in addition to five ward areas. The Tissue Viability training programme has a competency pass rate of 90+%. The training programme comprises of a workshop attendance and a clinical session for each of the practitioners.

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

This data is governed by: National definitions

¹The Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- The number of category 3 & category 4 graded pressure ulcers acquired by all inpatients to the Trust, including both adults and children;
- Community acquired pressure ulcers are excluded from the indicator and identified as those identified within two hours of admission / transfer; and
- Pressure ulcers are graded according to the European Pressure Ulcer Advisory Panel (EPUAP).



5. Quality accounts

Priority 4:

Clinical Effectiveness

Reduce the number of deaths which may have been preventable

Aim: To implement a system for continuous review of HSMR* and SHMI**

Rationale: This system will support achievement of priority 4 – To have no avoidable deaths and no avoidable harm to patients.

	HSMR	SHMI	Trust performance against this indicator has been rated as RED based on a locally set trajectory 
2010	104.26 (Jan10 – Dec 10)	102.21 (Apr 10 – Mar 11)	
2011	107.88 (Jan 11 – Dec 11)	103.07 (Jan 11 – Dec 11)	
2012	106.83 (Jan 12 – Dec 12)	104.17 (Jan 12 – Dec 12)	
2013	102.85 (Jan 13 – Dec 13)	107.92 (Jul 12 – Jun 13)	
2014	110.13 (Jan 14 – Dec 14)	110.42 (Jul 13 – Jun 14)	
Progress, monitoring & reporting	<ul style="list-style-type: none"> • Monitor HSMR and SHMI • Continue to monitor at Mortality Monitoring Group • Monthly reporting to Board of Directors, Care Groups and Management Board through monitoring of corporate objectives 		

* Hospital Standardised Mortality Ratio

** Summary Hospital-level Mortality Indicator

The Trust's HSMR/SHMI (measures of risk adjusted mortality) appears to have deteriorated over the last 5 years despite an improvement in crude mortality over the same period. Both the HSMR and SHMI analysis models have been rebased over this period. The Trust commissioned an external review of our HSMR/SHMI performance in November 2014. The findings of this review concluded that there were several factors which explained the Trust's performance to include:

- Standardised mortality in Doncaster being about 10 points above the English average
- High day case rate (patients excluded from analysis)
- The way the Trust codes consultant episodes adversely affects data accuracy

The Trust takes patient safety and care quality very seriously and has worked hard from 2012 to improve care delivery to patients admitted as emergencies and to remove variation in care between weekdays and weekends. In addition to this, the Trust is engaged with the Academic Health Science Network for Yorkshire and the Humber in a pilot to identify and minimise avoidable deaths.

Data Source: Dr Foster

This data is governed by: National definitions

5. Quality accounts

Priority 5:

Clinical Effectiveness

Nursing Staff Levels

Aim: To increase the proportion of rotas which achieve the planned levels of staffing.

Rationale: To support safe staffing across the inpatient ward areas, to ensure the right people, with the right skills, are in the right place at the right time – a guide to nursing midwifery and care staffing capacity and capability (2013)

2014/2015	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	95.00%	93.00%	92.00%	91.00%	95.00%	98.00%	98.00%	95.00%	97.00%	97.00%	98.00%

Progress, monitoring & reporting

- Each ward will report establishment vs actual nurses working every month
- Progress relating to appropriate staffing level will be monitored twice per year
- Reporting and monitors via Board of Directors

In the last year we invested more than £1.7million in nurse staffing across general wards and the Emergency Department. This investment has helped to ensure that we are achieving safe staffing numbers. We completed four Safer Nursing Care assessments throughout the year (formerly known as Association of United Kingdom University Hospitals). Following a review of the results by Heads of Nursing with the Director of Nursing, Midwifery & Quality, next year we are committing resource to posts on our wards to bring the overall nursing workforce to within 1% of our patient's needs.

In addition to the work we have undertaken on the acute and general ward areas to ensure that staffing levels are appropriate to our patients' needs in all areas we are using specific workforce planning tools for the Emergency Department, midwifery and paediatrics; BEST, Birth Rate+ and ePanda. The results of these assessments will be reviewed by the Board of Directors once they are available.

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



5. Quality accounts

Priority 6:

Patient Experience

90% of complaints are responded to within the timeframe agreed with the complainant

Aim: To ensure that 90% of complaints are responded to within the timeframe agreed with the complainant by quarter 3 of 2014/ 2015

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

	Number of complaints received	Percentage of complaints responded to with agreed timeframe	Trust performance against this indicator has been rated as RED based on a locally set trajectory 
2010/2011	536	No historical data - new initiative for 2013/14	
2011/2012	470		
2012/2013	518		
2013/2014	417	28%	
2014/2015	635	24.80%	

Progress, monitoring & reporting

- Monthly reporting to Board of Directors and commissioners.
- Monthly reporting to Care Groups with action plans where appropriate

The Trust has re-launched its complaints and concerns policy and processes at the end of March 2014 and the classification of complaints changed from 1 April 2014 to include a wider range of sources other than just formal written complaints.

During April 2014, the Patient Experience module of DatixWeb was implemented. These processes have then required some reconfiguration with the Trust's Management restructure, and some reporting functions and data capture on DatixWeb.

The combined effect of these factors has resulted in some challenges in achieving timely complaint outcomes. However there have been improvements in the number of cases being upheld by the Parliamentary and Health Service Ombudsman, with only one partially upheld investigation of a complaint in the year, compared to 5 investigations upheld and partially upheld cases in 2013/14.

In the year, steps have been taken to change the style of complaint responses, by structuring the investigation and reply letters to demonstrate learning points and actions being taken. Using meetings as a method of resolution has also been promoted and been an effective outcome for the majority of complainants. These measures of setting up meetings can exceed the initial timescale.

The additional steps of quality checking complaint reply letters, through the Care Group management teams and Patient Experience Team, have improved reliability and reduced additional editing delays.

Moving forward, a revision and update of the policy and streamlining processes are underway with mapping exercises and providing tracking systems more easily to management teams. This is being supported with training and a suite of investigation tools and templates to structure the processes introduced.

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

This data is governed by: National definitions

5. Quality accounts

Priority 7:

Patient Experience

Friends & Family Test (FFT) Response Rates

Aim: To ensure that the trust is in the top 50% nationally in relation to completion rates

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

	Response Rates Inpatients	Response Rates Accident & emergency	Trust performance against this indicator has been rated as RED based on a locally set trajectory 
2013/2014	27.5%	25.1%	
2014/2015	28.3%	6.9%	
Progress, monitoring & reporting	<ul style="list-style-type: none"> Reporting completion rates of FFT data for inpatient and Accident and Emergency departments. Benchmark monthly against national reporting Reporting to Board of Directors and commissioners. 		

The friends and family test (FFT) is a national initiative, which commenced in April 2013 across all inpatient areas, with data collection in Emergency Departments commencing in the summer of 2013.

FFT was re-launched supported by a marketing strategy in December 2014 using the strap line 'What a difference a say makes'. Information leaflets for staff and patients were produced to explain FFT and banners and posters in patient areas promoted FFT and completion of the FFT questionnaire or on-line completion via a QR code.

Inpatient

The ward discharge facilitators embraced the challenge of increasing FFT response rates and response rates have subsequently risen month on month from November 2014 (25.6%) with the latest figure for February 2015 showing a response rate of 44.9%. This is the best response rate across trusts in South Yorkshire & Bassetlaw and the 16th best response rate (out of 50 trusts) in the North of England.

Emergency Department

Despite also implementing a text messaging service for completing FFT, response rates within the Emergency Department have not risen as they have for inpatient areas. Response rates have risen from 3.8% in November 2014 to 8.5% in February 2015.

The volunteer co-ordinator has been approached to identify volunteers willing to support FFT in the Emergency Department (ED). This is in addition to the identification of ED staff who will champion FFT with patients who have attended the department. Text messaging will also continue within ED and new methods of data capture, e.g. kiosks are being explored.

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

This data is governed by: National definitions

5. Quality accounts

Priority 8:

Patient Experience

Friends & Family Test (FFT) Net Promoter Score (NPS) / Would you Recommend this hospital

Aim: To measure the experience of our patients

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

	NPS Inpatients	NPS Accident & emergency	Trust performance against this indicator has been rated as GREEN based on a locally set trajectory 
2013/2014	76.39	46.64	
2014/2015	72 (August 2014)	65 (August 2014)	
	Would you recommend this hospital Inpatients	Would you recommend this hospital Accident & Emergency	
2013/2014	This data was only collected from September 2014	This data was only collected from September 2014	
2014/2015	93%	78%	
Progress, monitoring & reporting	<ul style="list-style-type: none"> • Reporting completion rates of FFT data for inpatient and Accident and Emergency departments. • Benchmark monthly against national reporting • Reporting to Board of Directors and commissioners. 		

The friends and family test (FFT) is a national initiative, which commenced in April 2013 across all inpatient areas, with data collection in Emergency Departments commencing in the summer of 2013.

The FFT question asks if people would recommend the services they have used and offers a range of responses. When combined with supplementary follow up questions, the FFT question provides a mechanism to highlight both good and poor patient experience. Prior to September 2014, the FFT responses were used to calculate a single score based on 'net promoter' methodology. Following NHS England's review of the FFT, the presentation of the FFT results changed to provide a percentage of those people who would recommend Trust services, which is a more transparent presentation and is easier to understand.

The free text comments provided in the supplementary follow up question are a rich source of data for individual wards/departments that provide a greater depth of understanding about the experience of patients. This helps to understand areas of strength and weakness, which drives improvements in patient care.

Since the re-launch of FFT in December 2014 the percentage of patients who would recommend our services has increased from 91% to 95.6% in February 2015 (26th out of 50 Trust in the North of England) for inpatient areas and from 66.7% to 78.4% for the Emergency Departments.

Whilst some areas publically display FFT results and highlight changes to practice via 'you said, we did ...' boards; these are not used consistently across the Trust and this work will be undertaken in 2015/16 in order to drive improvements.

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

5. Quality accounts

Review of Quality Performance 2014/15

The indicators below are included to demonstrate the Trust's performance against some additional quality initiatives which were selected by the Board of Directors and which were monitored internally throughout 2014/15. Some of the indicators were mandatory for 2014/15, however, the remaining indicators were chosen as we were able to benchmark against national targets.

The achievements made throughout 2014/15 against national targets and regulatory requirements are set out in the table below;

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	National target or trajectory 2014/15
Screening all elective in-patients for MRSA <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	**		100%	100%	100%	100%	100%	100%
MRSA – maintaining the annual number of MRSA bloodstream, infections at less than half the 2003/04 level <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	13	12	1	5	2	2	2	0
Clostridium difficile year on year reduction <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	147	67	67	43	64	41	44	45
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	98.5%	98.16%	97.3%	96.5%	93.8%	95.5%	92.9%	95%
A two week wait from referral to date first seen comprising: <ul style="list-style-type: none"> • all cancer • Symptomatic breast patients <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	99.1% ****	95.2% ****	96.1% 96.3%	95.1% 96.2%	94.8% 95.3%	93.7% 93.9%	94.9% 94.1%	93% 93%
A maximum wait of 31 days from diagnosis to treatment of all cancers <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	99.8%	98.3%	97.9%	99.2%	98.6%	99.2%	98.7%	96%
A A maximum wait of 62 days from urgent GP referral to treatment of all cancers⁴ <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	97.3%	90.8%	91.9%	92.48%	90.8%	89.2%	87.8%	85%

⁴Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. Cancer referral to treatment period start date is the date the acute provider receives an urgent (two week wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment commences if the patient is subsequently diagnosed.

Numerator: 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)

Denominator: 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)



5. Quality accounts

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	National target or trajectory 2014/15
A maximum waiting time of 31 days for subsequent treatments for all cancers: <ul style="list-style-type: none"> • Surgery • Drugs • Radiotherapy and other • 62 day - screening <p><i>(this figure includes the Rare Tumours which are managed on a 31 day Referral to treatment pathway)</i></p> <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>		97.5	97.7	98.9%	97.5%	98.3%	99.1%	94%
		100%	100%	100%	100%	100%	100%	98%
		100%	100%	100%	100%	100%	100%	94%
		95.7%	92.2%	97%	94%	94.2%	94.4%	90%
18 week maximum wait from referral to treatment (admitted patients) <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	94.8%	96.6%	95.8%	94.1%	88%	84.8%	88.2%	90%
18 week maximum wait from referral to treatment (non-admitted patients) <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	98%	99.2%	99.1%	99.0%	97.4%	96.2%	94.9%	95%
 18 week maximum wait from referral to treatment (patients on an incomplete pathway)⁵ <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	*****	*****	*****	*****	92.2%	92.8%	93%	92%
A maximum two-week wait standard for Rapid Access Chest Pain Clinics <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	100%	100%	99.9%	100%	90.31%	100%	0% ⁶	100%
People suffering heart attack to receive thrombolysis within 60 minutes of call <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	88.9%	95.5%	100%	100%	100%	0%	0%	68%
Guaranteed access to a genito-urinary medicine clinic within 48 hours of contacting a service <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	90.8%	100%	99.9%	100%	100%	100%	99.99%	98%
100% of people with diabetes to be offered screening for early detection (and treatment if needed) of diabetic retinopathy <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	100%	100%	100%	100%	100%	99.9%	94.5%	100%
Breastfeeding initiation <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	60.64%	68.63%	65.13%	65.86%	66%	66%	64.3%	68%
Breastfeeding at transfer to Health Visitor <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	**	**	33.99%	31.51%	30%	32.9%	29.6%	40%
Patients admitted with Stroke spend 90% of their stay on a stroke unit <p><small>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</small></p>	***	68.5%	71.4%	82.9% ⁷	86.7%	80%	83.1%	80%

⁵ The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

Numerator: The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks Denominator: The total number of patients on an incomplete pathway at the end of the reporting period

⁶ There were no patients who required access to Rapid Access chest clinic during 2014/15

⁷ The 2011/12 position was reported in our prior year's quality account as 79.1%, following validation with commissioners the 2011/12 position has been amended accordingly



5. Quality accounts

National targets and regulatory requirements	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	National target or trajectory 2014/15
All patients who have operations cancelled for non clinical reasons to be offered another date within 28 days <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	1.14%	0.64%	1.40%	0.78%	1.02%	1.14%	1.2%	0.75%
Number of Patient Safety Incidents <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	****	****	8398	9119	9228	10485	10260	N/A ⁸
Percentage of Patient Safety Incidents resulting in severe harm/death⁹ <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	****	****	0.05%	0.09%	0.08%	3.8%	1.03%	N/A ¹⁰
Staff sickness rates <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	5%	4.30%	3.89%	3.79%	3.90%	3.98%	3.97%	< 3.5%
Number of staff who have had a Personal Development Review (PDR) within the last 12 months <i>Data Source: Doncaster and Bassetlaw Hospitals NHS Foundation Trust internal systems</i>	46%	81%	77%	77%	69%	66%	42.33%	N/A ¹¹

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

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

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

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

⁸Number of Patient Safety Incidents - No trajectory has been set for this indicator as this is not a National measure for 2014/15

⁹It should be noted that the Serious incidents, as defined by the old NHS Yorkshire and Humber incorporates more than just severe harm and death events resulting in the numbers reported by Doncaster and Bassetlaw Hospitals NHS foundation Trust and the information made available by Health & Social Care Information Centre. This is the criteria the Trust uses to report all serious incidents. Those that have resulted in severe harm &/or death are then classified as "Dangerous" on our internal Datix system and this is the data reported in the indicator above. Note that this information is correct as at

¹⁰Percentage of Patient Safety Incidents resulting in severe harm/death - No trajectory has been set for this indicator as this is not a National measure for 2014/15

¹¹Number of staff who have had a Personal Development Review within the last 12 months – No trajectory has been set for this indicator as this is not a National measure for 2014/15



5. Quality accounts

Comments on the 2014/15 Quality Account were received by:

Nottinghamshire Healthwatch

As the independent watchdog for health and care in the County, we work hard to ensure patient and carer voices are heard by providers and commissioners. We are grateful for the opportunity to view and comment on the Quality Report. We specifically reviewed it in terms of patient and carer involvement.

Healthwatch Nottinghamshire welcomes improvements in a number of the priority areas set for 2014/15, but we also recognise the challenges still faced by the Trust, as outlined in the Chief Executive's statement. We look forward to seeing further improvements in 2015/16.

We are pleased to see the improvements during 2014/15 in the priority areas of hospital acquired pressure ulcers and healthcare associated infections, and recognise the dedication of staff and teams in achieving this. However, a number of targets from 2014-15 have not been met, and we are particularly concerned to see that the response time for complaints continues to fall far below the target set.

Many of the priority areas from 2014-15 have been rolled forward to 2015-16 and we hope to see that there will be further improvements. Patient experience targets for 2015-16 relate to both improved response rates in the Friends and Family Test and an improvement in patient satisfaction scores. We know that there is a range of other patient experience activity across the Trust and it would be helpful to see that activity described in the report and to see how all of the data about patient experience is collected and used.

It is good to see that DBH has participated in national clinical audits and enquiries and undertaken local audits in a range of areas, but more detail of the local audits would be helpful. It is useful to see examples of where local audits have led directly to improvements in the quality and safety of services to patients. We would also like to see more information about the CQUINs for 2014/15 and what was and was not achieved, as well as the plans for CQUINs for 2015/16. This information would contribute to a fuller picture of the range of the Trust's activities to improve the quality of its services.

The draft of the document we saw is largely made up of tables and dashboards, and 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. It is difficult to see from the report how the views of patients and service users have influenced its development and the final content. Where performance and delivery is below expectation, it would be helpful to have some explanation about why the targets have not been reached and, more importantly, what will be done in 2015/16 to improve performance and ultimately patient outcomes. We also feel that the Trust could take the opportunity in the report to highlight some examples of good practice and developments that have contributed to the quality of services and positive patient experience.

Healthwatch Nottinghamshire is pleased to have been invited to join the Trust's Patient Experience Committee and feel that this is a useful forum to look at the quality of the patient experience of the Trust's services.



5. Quality accounts

We acknowledge the positive way that DBH have engaged with Healthwatch Nottinghamshire and we look forward to continued and positive working relationships in the year ahead.

Bassetlaw Clinical Commissioning Group (CCG)

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

There have been significant successes during 2014/15, in particular relating to avoidable harms to patients. We commend the Trusts successful strategies for reducing hospital acquired pressure ulcers, serious falls and repeat falls, and expect to see these strategies continue and enhance during 2015/16.

We commend the Trusts open culture with regards the reporting of serious untoward incidents and look forward to working with them closely to learn from and reduce those incidents that are avoidable.

Delivery of waiting times, notably in A&E, continues to be a challenge and we wish to further enhance the experience of patients who present there, as demonstrated through the Friends and Family Test.

We commend the Trusts focus on reducing avoidable deaths and the reviews and clinical improvements this entails. We recognise the limitations of using the single HSMR measure with regards this and encourage the Trust to focus on clinical pathways, mortality case review and if possible peer review.

Further to the above we look forward to working with the Trust to ensure the correct services and support are available 7 days a week, ensuring equity of safety and clinical effectiveness irrespective of the day a patient is admitted or discharged.

Underpinning all the challenges above is of course the need to continue attracting the right mix of qualified and above all compassionate staff.

Staffing and recruitment will continue to be a challenge for all NHS employers and we look forward to working with the Trust and other partners of the integrated care board to ensure that they continue to employ and develop the right staff to deliver future needs, while reducing any reliance on agency staff wherever possible.

We would like to thank the trust for its very open and partnership approach. It continues to welcome commissioners onto its clinical areas and to attend meetings we wish to observe. We are grateful for the engagement with the CCG of its senior leaders, who constantly strive to provide strong leadership and to focus on quality.

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



5. Quality accounts

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 2014/15. Partnership working with our local Trusts ensures a robust joint approach to the commissioning and delivery of care to patients in Doncaster. We will continue to work together to ensure the best quality and evidence based care is available to all.

The report focuses on the many positive achievements throughout the year but also identifies some of the key challenges facing the Trust in the coming year. These will be addressed positively to improve care quality and clinical outcomes for patients.

The Trust alongside many others, have continued to be challenged by the pressure on the urgent care system and this has been evident particularly within A&E. The Trust have continued to work in a flexible way to meet the needs the patients of Doncaster and engaged in a range of transformational programmes being undertaken by the CCG.

The Trust continues to demonstrate a willingness to be open and transparent about the quality and safety of the care provided. The CCG are confident that the Trust have acknowledged the challenges in relation to safer staffing levels and have undertaken significant work to understand and address the workforce and recruitment issues within the Trust. This will continue to be an area requiring focus in the coming year and we will continue to work with the Trust on this.

Building on last year's achievements, the Trust have again, demonstrated a commitment to safe care. Key successes during the year have included a further reduction of harm from health care acquired infections, reducing harm from serious falls. We commend the Trust on their continued focus on patient safety strategies and we will support these as part of our on-going commissioning responsibilities.

The Trust has embedded the new pressure ulcer strategy throughout the year and this has delivered some significant improvements in the number of Hospital Acquired Pressure Ulcers. The Trust is committed to continuing this work and working in partnership across health and social care.

The Trust continues to focus on avoidable deaths including individual mortality reviews and when necessary, the review of clinical pathways. The CCG would support this approach and recognising that there are some limitations with HSMR and other standardised mortality measures.

The Quality account 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. We encourage the Trust to continue developing systems and processes to allow open dialogue with their patients and families.

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



5. Quality accounts

Governors

Thank you for forwarding the report. I would like to thank all parties concerned for the concerted efforts that has resulted in the overall improvement of DBHT Quality account. However I would like to make a brief comment regarding C.Difficile infection and a report (Feb.2013) by the Scottish Health Secretary that patients in single rooms minimise the risk of healthcare associated infections. Canada reported an 11% increase risk of C.Difficile infection with each exposure to a new hospital room-mate. I think as DBHT is embarking on a number of R&D projects, we need to consider such an observation.

Secondly in response to HSMR death, it has been reported that 70% of adverse effects are due to human error. Namely, failure of a technical nature. I wonder if data is available to analyse & understand the cause/effect of human failures so that we can learn and offer safe care delivery to our patients.

I believe that The Doncaster and Bassetlaw NHS Foundation Trust Staff and Management, from the Chief Executive to even the lowliest employee, have achieved a very good result, and made tremendous progress in a very challenging year, in working towards a harm-free, caring Trust. While progress has been made we must still strive to reach a better result each year. I would like to commend everyone's efforts, and truly believe that excellent patient care is a the top of every persons list.

My main concern is that we are not achieving quicker responses to complaints and that we are still in the red rating although I accept that work has been undertaken to improve the situation. My only other comment is regarding MRSA which is also red, but I am aware that we have also had the problem that the actual numbers are so low that achieving a percentage reduction is extremely difficult.

There were no comments received from the Overview and Scrutiny Committee.



5. Quality accounts

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.

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

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

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual
- The content of the quality report is not inconsistent with internal and external sources of information including:
 - o Board minutes for the financial year, April 2014 and up to March 2015 (the period);
 - o Draft Board minutes for a meeting held on 28 April 2015;
 - o Papers relating to quality report reported to the Board over the period April 2014 to March 2015;
 - o Feedback from Doncaster Clinical Commissioning Group dated 27 May 2015 and from Bassetlaw Clinical Commissioning Group dated 26 May 2015;
 - o Feedback from Governors dated 12 May 2015 and 22 May 2015;
 - o Feedback from Local Healthwatch organisations; Healthwatch Nottinghamshire dated 20 May 2015;
 - o The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28 April 2015; Complaints report Q1- Q4;
 - o The *latest* national and local patient survey dated 2014;
 - o The *latest* national and local staff survey dated 2014;
 - o Care Quality Commission Intelligent Monitoring Reports dated July 2014 and December 2014;
 - o The Head of Internal Audit's annual opinion over the Trust's control environment dated 22 April 2015.
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the quality report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measure of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporated the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).



5. Quality accounts

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

By order of the Board



Chairman
26th May



Chief Executive
26th May



5. Quality accounts

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

Independent Auditors' Limited Assurance Report to the Council of Governors of Doncaster and Bassetlaw NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Doncaster and Bassetlaw NHS Foundation Trust to perform an independent assurance engagement in respect of Doncaster and Bassetlaw NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance (the "specified indicators"); marked with the symbol  in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	Specified indicators criteria (exact page number where criteria can be found)
<i>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.</i>	<i>Criteria can be found on page 66-67 of a final Quality Account report.</i>
<i>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.</i>	<i>Criteria can be found on page 66-67 of a final Quality Account report.</i>

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2014/15" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2014/15";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2014/15 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2014/15; and consider the implications for our report if we become aware of any material omissions.



5. Quality accounts

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

- Board minutes for the financial year, April 2014 and up to March 2015 (the period);
- Draft Board minutes for a meeting held on 28 April 2015;
- Papers relating to quality report reported to the Board over the period April 2014 to March 2015;
- Feedback from the Doncaster Clinical Commissioning Group dated 27 May 2015 and from Bassetlaw Clinical Commissioning Group dated 26 May 2015;
- Feedback from Governors dated 12 May 2015 and 22 May 2015;
- Feedback from Local Healthwatch organisations; Healthwatch Nottinghamshire dated 20 May 2015;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28 April 2015; Complaints reports Q1-Q4;
- The latest national and local patient survey dated 2014;
- The latest national and local staff survey dated 2014;
- Care Quality Commission Intelligent Monitoring Reports dated July 2014 and December 2014;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 22 April 2015.

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 Council of Governors of Doncaster and Bassetlaw NHS Foundation Trust as a body, to assist the Council of Governors of Doncaster and Bassetlaw 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 2015, to enable the Council 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 Council of Governors as a body and Doncaster and Bassetlaw NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.



5. Quality accounts

Assurance work performed

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

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2014/15";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the "Detailed requirements for quality reports 2014/15 and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different [NHS Foundation Trusts/organisations/entities]. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Doncaster and Bassetlaw NHS Foundation Trust.



5. Quality accounts

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2015,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the “Detailed requirements for quality reports 2014/15”;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “Detailed guidance for external assurance on quality reports 2014/15”.

PricewaterhouseCoopers LLP

Leeds

Date 28 May 2015

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





Governance report

6 Governance report

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

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

Board of Directors	Board of Governors
<ul style="list-style-type: none"> • Operational management • Strategic development • Capital development • Business planning • Financial, quality and 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 Trust's 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%

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

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

Registers of governors' and directors' interests

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

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

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

'Fit and Proper Persons' Test

All directors make an annual declaration regarding their compliance with the 'fit and proper persons' requirements of Monitor and the CQC, as well as relevant checks being undertaken on appointment. Details of the declaration are published in the Board of Directors papers and are available on request from the Foundation Trust Office at Doncaster Royal Infirmary.



6 Governance report

NHS Foundation Trust Code of Governance

Doncaster and Bassetlaw 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.

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance. The Trust has undertaken a great deal of work to ensure that its governance procedures are in line with the principles of the Code during 2014/15, including:

- supporting governors to appoint Non-executive Directors with appropriate skills and experience, including appointing a new Non-executive Director with a clinical background.
- implementing a new the structure for the sub-committees of the Board, to ensure the Board is able to effectively assure itself in relation to clinical and quality governance.
- working with governors in 'time out' sessions, and enabling governors to attend meetings of the governance sub-committees of the Board, to improve the ways in which governors engage with and hold the Board to account.
- ensuring that all directors and governors receive a comprehensive and tailored induction.
- ongoing review of compliance with the Code of Governance by the Board of Governors and Board of Directors when making decisions which impact on governance arrangements.
- commissioning an independent internal audit of the Board position against the Quality Governance Framework.

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 board 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.80).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the Board and those committees and individual attendance by directors.	See Board of Directors section (p.88); Remuneration Report (p.96); and Audit Committee section (p.91).
A.5.3	The annual report should identify the members of the board 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.85).
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	See Board of Directors section (p.88).



6 Governance report

B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	See Board of Directors section (p.88).
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to Board appointments.	See Nominations Committee sections (p.98).
B.3.1	A chairperson's other significant commitments should be disclosed to the board of governors before appointment and included in the annual report. Changes to such commitments should be reported to the board of governors as they arise, and included in the next annual report.	See Governance Report (p.80).
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	See membership report (p.94).
B.6.1	The board of directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the chairperson, has been conducted.	See Board of Directors section (p.88).
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the Trust.	See the Annual Governance Statement (p.105).and Auditor's report (p.113).
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.105). and Auditor's report (p.113).
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.105).
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	See Audit Committee section (p.91).

6 Governance report

C.3.5	If the board 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 Board of Governors has taken a different position.	This has not occurred (See Audit Committee section on p.91).
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.91).
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	This has not occurred (see Remuneration Report on p.96).
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 board of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See Board of Governors section (p.85).
E.1.6	The board of directors should monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	See Membership Report (p.94).

6 Governance report

For the year ending 31 March 2015, the Board considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance with the following exceptions:

Ref.	Code of Governors Provision (relevant extracts only shown)	Trust Position
A.4.2	“Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson’s performance.”	For the 2013/14 appraisal, which was conducted during the first quarter of 2014/15, representatives of the Board of Governors conducted the appraisal of the chairman with the senior independent director.
B.6.3	“The senior independent director should lead the performance evaluation of the chairperson.”	For the 2014/15 appraisal, the Trust will be compliant with this provision.
B.1.2	“At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.”	<p>Prior to the approval of a revised Constitution on 23 February 2015, the Trust had six executive directors and five independent non-executive directors, excluding the chairman, with the chairman holding a casting vote.</p> <p>Since 23 February 2015, the Trust has been compliant, with the composition of the board being six executive directors and six independent non-executive directors, excluding the chairman.</p>



6 Governance report

Board of Governors

During 2014/15 the Board of Governors met on four 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	4 of 4
Dr Utpal Barua	Public – Bassetlaw	2 of 4
Dennis Benfold	Public – Doncaster	4 of 4
Hazel Brand	Public – Bassetlaw	4 of 4
David Cuckson	Patient (to 23.02.15) Public – Rest of England & Wales (from 24.02.15)	3 of 4
Dev Das	Public - Doncaster	4 of 4
Eddie Dobbs	Public - Doncaster	3 of 4
Nicky Hogarth	Public - Doncaster	4 of 4
John Humphrey	Patient (to 23.02.15) Public – Rest of England & Wales (from 24.02.15)	2 of 4
Peter Husselbee	Public - Bassetlaw	3 of 4
Bruce Lewis	Public - Doncaster	0 of 4
Bev Marshall	Public – Doncaster	4 of 4
Susan Overend	Public - Bassetlaw	4 of 4
John Plant	Public - Doncaster	3 of 4
Patricia Ricketts	Public - Doncaster	4 of 4
William Skelley	Public - Doncaster	2 of 4
Denise Strydom	Public – Bassetlaw	2 of 4
Howard Taylor	Public - Doncaster	3 of 4
George Webb	Public - Doncaster (Vice-Chair and Lead Governor)	4 of 4
Maureen Young	Public - Doncaster	3 of 4
Dr Vivek Desai	Staff - Medical and Dental	3 of 4
Lynn Goy	Staff - Nurses and Midwives	4 of 4
Shahida Khalele	Staff – Other Healthcare Professionals (from 21.10.14)	0 of 1
Lorraine Robinson	Staff - Nurses and Midwives (from 23.06.14)	2 of 3
Andrew Swift	Staff - Non-Clinical	4 of 4
Roy Underwood	Staff - Non-Clinical	3 of 4
Ruth Allarton	Partner - Sheffield Hallam University	4 of 4
Dr Oliver Bandmann	Partner - Sheffield University	0 of 4
Sue Batty	Partner - Nottinghamshire County Council (from 12.08.14)	0 of 2
Joan Beck	Partner - Doncaster MBC (to 29.05.14)	1 of 1
Cllr Andrew Bosmans	Partner - Doncaster MBC (from 30.06.14)	1 of 2
Lisa Bromley	Partner - Bassetlaw CCG	3 of 4
David Hamilton	Partner - Nottinghamshire County Council (to 29.06.14) Partner - Doncaster MBC (from 04.08.14)	1 of 4
Cllr John Mounsey	Partner - Doncaster MBC (to 29.06.14)	0 of 2
Cllr Adele Mumby	Partner - Bassetlaw District Council (to 31.01.15)	1 of 3
Jackie Pederson	Partner - Doncaster CCG	2 of 4
Clive Tattley	Partner - Bassetlaw and Doncaster CVS	3 of 4



6 Governance 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.

The patient constituency was redesignated as a public constituency covering the 'rest of England and Wales' area in February 2015, and the patient governors were therefore redesignated as public governors.

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

Director	Role	Board of Governors meeting attendance
Chris Scholey	Chairman	4 of 4
Alan Armstrong	Non-executive Director	4 of 4
Geraldine Broderick	Non-executive Director (Senior Independent Director)	4 of 4
David Crowe	Non-executive Director	2 of 4
Catherine Dymond	Non-executive Director (to 10.11.14)	3 of 3
Dawn Jarvis	Director of People & Organisational Development	4 of 4
Matthew Lowry	Director of Finance & Infrastructure	4 of 4
Martin McAreavey	Non-executive Director (from 01.03.15)	n/a
John Parker	Non-executive Director (Deputy Chairman)	4 of 4
Richard Parker	Director of Nursing, Midwifery & Quality	4 of 4
Mike Pinkerton	Chief Executive	4 of 4
David Purdue	Chief Operating Officer	4 of 4
Mr Sewa Singh	Medical Director	4 of 4

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 2015, the following elections were held:

Constituency	No. of Seats	Date of Election	No. of Candidates	Voting turnout (%)
Public – Bassetlaw	2	June 2014	5	26%
Public – Doncaster	2	June 2014	5	16.3%
Staff – Nursing & midwifery	1	June 2014	3	12.6%
Staff – Other healthcare professionals	1	June 2014	0	n/a
Patient (<i>constituency now redesignated as Public - Rest of England & Wales</i>)	2	June 2014	2	n/a
Staff – Other healthcare professionals	1	October 2014	1	n/a



6 Governance report

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

Executive and non-executive directors attend Board of Governors meetings to offer their knowledge on their areas of expertise and to listen to the views of governors. Other steps that directors have taken to understand the views of governors and members are:

- attendance at governors' quarterly 'time out' sessions.
- attendance at Board of Governors' sub-committee meetings where appropriate.
- giving governors opportunities to raise queries and concerns directly with directors.
- biannual meetings between the Board of Governors, Chief Executive and Chairman.
- accessibility of the Chairman, Head of Corporate Affairs, Senior Independent Director, and Foundation Trust Office.
- nominated governor observers are invited to observe or sit on committees with directors, including the Clinical Governance Oversight Committee, Audit and Non-clinical Risk Committee, and Fred and Ann Green Legacy Advisory Group.
- governor participation in Ward Quality Assurance Toolkit inspections.
- governor sponsorship of wards involved in the Productive Ward programme.
- consultation sessions with governors regarding the development of Trust plans, including site development plans and annual plans.
- governor views are taken into account in the annual appraisal of the Chairman and Non-executive Directors.
- sharing information, such as Board minutes, *Governor Brief*, reports and briefing papers and *Foundations for Health*, the members' magazine.



6 Governance report

Board of Directors

Name	Position	Term of office	Term of office from	Attendance at Board meetings
Chris Scholey	Chairman	3 years	1 January 2013	13 of 13
Alan Armstrong	Non-executive Director	3 year	1 October 2013	13 of 13
Geraldine Broderick	Non-executive Director (Senior Independent Director)	2 years	1 April 2014	12 of 13
David Crowe	Non-executive Director	3 years	1 April 2012	12 of 13
Catherine Dymond	Non-executive Director (to 10.11.14)	3 years	1 November 2014	9 of 9
Martin McAreavey	Non-executive Director (to 01.03.15)	3 years	1 March 2015	1 of 1
John Parker	Non-executive Director (Deputy Chairman)	3 years	1 April 2013	12 of 13
Mike Pinkerton	Chief Executive			13 of 13
Dawn Jarvis	Director of People & Organisational Development			13 of 13
Matthew Lowry	Director of Finance & Infrastructure			13 of 13
Richard Parker	Director of Nursing, Midwifery & Quality			12 of 13
David Purdue	Chief Operating Officer			11 of 13
Mr Sewa Singh	Medical Director			13 of 13

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

Performance evaluation of directors

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

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

Performance evaluation of the Board and its sub-committees

The Board conducted a self-assessment of its performance in February 2015. In addition to this, internal audit were asked to review the Board's performance against Monitor's Quality Governance Framework. The performance, membership and terms of reference of the sub-committees of the Board of Directors are also subject to annual review.

An external review of the Board's governance processes was conducted in December 2013 by KPMG, and the Trust responded to the recommendations of the review during 2014/15.



6 Governance report

The external reviewer did not have any other connection to the Trust or its directors. Internal Audit has undertaken a review during the year to establish whether this review meets the scope of the Monitor 'Well Led' review framework.

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 2014/15 as part of Non-executive Director appointments processes, and the committee recruited a Non-executive Director with clinical experience in order to strengthen the Board in this area.

Brief details of all Directors who served during 2014/15 are as follows:



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

Alan Armstrong has spent most of his career working in personnel and human resources in industry. In 1996, he joined NSK Europe Ltd as their Human Resources Manager and rose to Board-level positions. He was their European HR Director from 2010 until May 2013. Alan now runs his own consultancy firm focusing on corporate HR strategy development, talent management, employee engagement and facilitating continuous improvement within organisations. He is also a member of the Institute of Directors and spent two years as a non-executive director of Nottinghamshire and Derbyshire Chamber of Commerce. He is Chair of Dawn House School Governors and Trustee of ICAN Council.



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

David Crowe has a background in human resources management. Over the years, he has worked in printing, home shopping, local government, and engineering. Most recently, he was HR Director for a privately-owned printing group, 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.



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

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

Mike Pinkerton's first degree was in biomedical electronics and his early career was in medical and industrial technologies in the private and public sectors. Mike has an MSc in Public Sector Management and was on the NHS Graduate Management 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.



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

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



6 Governance report



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

David 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.



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

Audit and Non-clinical Risk Committee

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

Name	Role	Meeting attendance
John Parker (Chair)	Non-executive Director	4 of 5
Alan Armstrong	Non-executive Director	5 of 5
David Crowe	Non-executive Director	4 of 5

6 Governance report

The Audit and Non-clinical Risk Committee:

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

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

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, published by Monitor. 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 2014/15, 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 workplan and action log to ensure that areas of concerns are followed up and addressed by the executive team.

The Trust's external auditor for 2014/15 was PricewaterhouseCoopers. PricewaterhouseCoopers have been the Trust's auditor since 2009 and the Board of Governors reappointed PricewaterhouseCoopers as the Trust's external auditors in April 2014.

A sub-committee made up of three governors was established to undertake the appointment process, supported by the Chair of Audit, Deputy Director of Finance and Acting Head of Procurement.

For 2014/15, the Trust paid audit fees to the external auditor of £68,000 (inc. VAT); in addition to £6,000 (inc. VAT) for the Charitable Fund Statutory Audit.

Appointments and Remuneration Committee of the Board of Governors

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

During 2014/15, the Appointments and Remuneration Sub-committee of the Board of Governors was convened to discuss Non-executive Director terms and conditions, Non-executive Director remuneration, three Non-executive Director appointments, and the reappointment of the Chair.



6 Governance report

The committee recommended the following appointments, all of which were approved by the Board of Governors:

- Chris Scholey reappointed for a term of one year commencing 1 January 2016
- Martin McAreavey appointed for a term of three years commencing 1 March 2015
- David Crowe reappointed for a term of two years commencing 1 April 2015

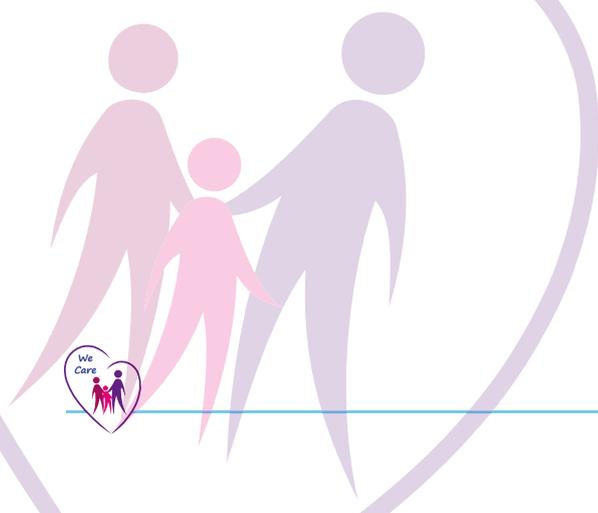
The committee was convened on four occasions during the year. In addition, a panel made up of members of the committee was convened on two occasions to conduct interviews.

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

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

Name	Role	Attendance
Chris Scholey (Chair)	Chairman	3 of 4
John Parker (Deputy Chair)	(Deputised for Chairman)	(1 of 1)
Ruth Allarton	Partner Governor	2 of 4
Joan Beck	Partner Governor	0 of 0
David Cuckson	Public Governor, Rest of England & Wales	3 of 4
Dev Das	Public Governor, Doncaster	2 of 4
Vivek Desai	Staff Governor	1 of 4
David Hamilton	Partner Governor	2 of 3
Peter Husselbee	Public Governor, Bassetlaw	3 of 4
John Plant	Public Governor, Doncaster	4 of 4
George Webb	Public Governor, Doncaster	4 of 4

We
Care



6 Governance report

Membership

Following a change to the Constitution in February 2015, the Trust has two categories of members:

- Public members - people who live within the areas covered by either of the three public constituencies:
 - o Bassetlaw District
 - o Doncaster Metropolitan Borough
 - o Rest of England and Wales

- Staff members - Trust staff automatically become members unless they decide to 'opt-out'. There are four staff classes:
 - o Medical and dental
 - o Nurses and midwives
 - o Other healthcare professionals
 - o Non-clinical

At 31 March 2015, there are 16,733 members overall. An analysis of our current membership body is provided below:

	Number of members at 31 March 2015
Public constituency	10,069
Doncaster	6,292
Bassetlaw	2,495
Rest of England & Wales	1,282
Staff constituency	6,664
Nurses and midwives	2,721
Non-clinical	2,343
Other healthcare professionals	1,014
Medical and dental	586
TOTAL	16,733

Progress towards recruitment targets:

Membership figures	Staff Constituencies		Public Constituency (previously patient and public)	
	Target	Actual	Target	Actual
31 March 2013	6,000	6,356	12,000	10,391
31 March 2014	6,000	6,554	12,000	10,328
31 March 2015	6,000	6,664	12,000	10,069

We held one member event during 2014/15, on the topic of arthritis. We also held an Annual Members Meeting, where our staff put on health related displays and stalls.



6 Governance report

During 2014/15, we worked to improve the quality and quantity of member engagement, and support governors to seek the views of members, in a number of ways, including:

- Continuing to communicate directly with individual members and keeping them informed regarding governors activities via the member magazine, *Foundations for Health*.
- Inviting feedback from members through the Foundation Trust Office.
- Holding member events on the topics that our members are interested in, and seeking their feedback on the services discussed.
- Governor attendance at local community events.
- Continuing to regularly inform the membership of the Trust's plans and activities through the member magazine, *Foundations for Health*.
- Working to ensure contested governor elections and improve member participation in the election process.
- Working to recruit and engage young members, who are currently under-represented, through engagement with local schools.
- 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 0800 169 4857 / 01302 381355, or by post at: Head of Corporate Affairs, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT.



6 Governance report

Remuneration report

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.

During the year, the committee approved a 1% pay uplift for all executive directors, effective from 1 April 2014. It was reported to the committee that staff paid in accordance with Agenda for Change had been awarded a 1% uplift in 2013 and a non-consolidated increase of 1% in 2014, and it was in this context, alongside the performance of the executive directors individually and as a team, that the decision to apply an uplift was made.

Another factor the committee takes into account is the total senior management cost, including deputy directors. Due to reductions in the size of the Board in recent years and changes to management structures, we have been able to avoid increasing the overall cost of executive and senior management pay, while maintaining executive remuneration at appropriate levels.

In addition to the 1% uplift, the committee also applied a more significant increase to the remuneration of the Chief Operating Officer and Director of Finance & Infrastructure following satisfactory performance during their first year in post. The appointments had been made at a lower interim salary, with the uplift agreed at the point of appointment subject to satisfactory performance. The committee was satisfied that the increase was appropriate given the performance of these two individuals.



Chris Scholey
Chair



6 Governance 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, to ensure that the Trust is able to recruit and retain individuals with the required competencies and skills.

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.

Remuneration policy – Senior managers¹²

As at 31 March 2015, 17 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.

All other managers are remunerated in accordance with either the Agenda for Change or Doctors' 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.

The Trust intends to maintain this remuneration policy for 2015/16.

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 Doctors' Terms and Conditions of service.

Off payroll arrangements

There were no off payroll arrangements for senior managers in 2014/15.

¹²This 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 Monitor definition of a 'senior manager', and have therefore not been included in the remuneration tables .



6 Governance 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 2014/15 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 Head of Corporate Affairs attend by invitation in order to assist and advise the committee. The committee was convened on one occasion during the year to discuss the remuneration of Executive Directors.

Name	Role	Attendance
Chris Scholey (Chair)	Chairman	1 of 1
Alan Armstrong	Non-executive Director	1 of 1
Geraldine Broderick	Non-executive Director	1 of 1
David Crowe	Non-executive Director	1 of 1
Catherine Dymond	Non-executive Director	1 of 1
John Parker	Non-executive Director	1 of 1

Median pay comparison

At 31 March 2015, the ratio of the annual salary of the highest-paid director (the Chief Executive) to the median salary of Trust staff was 7.27:1 (6.81:1 on 31 March 2014). The median figure was £20,368 (31 March 2014 was £22,016).

Expenses

	2014/15			2013/14		
	No. in office	No. receiving expenses	Expenses Paid (£)	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive Directors	7	6	7,353	6	6	7,457
Executive Directors	6	6	4,262	9	5	2,502
Governors	37	9	2,483	37	9	1,314



6 Governance report

Remuneration

Name and Title	2014-15						2013-14							
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual performance related bonus (bands of £5000)	Long term performance related bonus (bands of £5000)	Pension related benefits (bands of £2500)	Other remuneration (bands of £5000)	Total (bands of £5000)	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual performance related bonus (bands of £5000)	Long term performance related bonus (bands of £5000)	Pension related benefits (bands of £2500)	Other remuneration (bands of £5000)	Total (bands of £5000)
Chris Scholey - Chairman	40-45						40-45							40-45
Alan Armstrong Non-executive Director	10-15						10-15							5-10
Geraldine Broderick Non-executive Director	10-15						10-15							10-15
David Crowe Non-executive Director	10-15						10-15							10-15
Catherine Dymond Non-executive Director (to November 2014)	5-10						10-15							10-15
John Parker Non-executive Director	10-15						10-15							10-15
Martin McAreevey Non-executive Director (from March 2015)	0-5						0-5							
Mike Pinkerton Chief Executive	145-150				(100.0 - 102.5)		145-150					247.5 - 250.0	15.0 - 20.0	410-415
Sewa Singh - Medical Director	45-50				95.0 - 97.5		45-50					342.5 - 345.0	145-150	535-540
Matthew Lowry - Director of Finance and Infrastructure	105-110				55.0 - 57.5		50-55					(27.5 - 30.0)		20-25
Dawn Jarvis Director of People & OD	120-125				37.5 - 40.0		115-120					37.5 - 40.0		155-160
David Purdue Chief Operating Officer	110-115				87.5 - 90.0		75-80					77.5 - 80.0	15-20	155-160
Richard Parker Director of Nursing, Midwifery and Quality	115-120				92.5 - 95.0		50-55					10.0 - 12.5		65-70

6 Governance report

The remuneration report table above has been prepared in line with 2014/15 ARM for foundation trusts. The 2014/15 guidance requires a new basis for calculation of pension related benefits. As a result prior year comparatives have been restated in line with new guidance. The new basis of calculation shows the pension accrued in year multiplied by a factor of 20, this has resulted in large pension related benefits being shown in the remuneration report table above.

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

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

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

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

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

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

Note 1 - Remuneration in respect of clinical duties



6 Governance report

Pension benefits

Salary and pension entitlements of senior managers

Name and Title	Pension benefit at March 2015 (Bands of £5000) £000	Pension benefit at March 2014 (Bands of £5000) £000	Real increase / (decrease) in pension benefit (Bands of £2500) £000	Real increase / (decrease) in pension and related lump sum at age 60 (Bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2015 (Bands of £2500) £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real increase / (decrease) in Cash Equivalent Transfer Value £000	Employers contribution to stakeholder pension To nearest £100
Mike Pinkerton Chief Executive	50.0 - 55.0	55.0-60.0	(2.5 - 5.0)	(17.5-20.0)	207.5-210.0	1023	1077	(54)	0
Sewa Singh Medical Director	70.0 - 75.0	60.0-65.0	2.5 - 5.0	15.0-17.5	280.0-282.5	1538	1405	133	0
Matthew Lowry Director of Finance & Infrastructure	25.0 - 30.0	30.0 - 35.0	(0.0 - 2.5)	(7.5-10.0)	102.5-105.0	361	384	(23)	0
Dawn Jarvis Director of People & OD	5.0 - 10.0	0.0-5.0	0.0 - 2.5	0.0-2.5	5.0-7.5	61	39	22	0
David Purdue Chief Operating Officer	35.0 - 40.0	30.0 - 35.0	2.5 - 5.0	15.0-17.5	150.0-152.5	623	543	80	0
Richard Parker Director of Nursing, Midwifery & Quality	40.0 - 45.0	35.0 - 36.0	2.5 - 5.0	15.0-17.5	160.0-162.5	751	657	94	0

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

6 Governance report

Cash Equivalent Transfer Value (CETV)

The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. On 1 October 2008, there was a change in the factors used to calculate CETVs as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETV from Public Sector Pension Schemes came into force on 13 October 2008.

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

Signed



Mike Pinkerton
Chief Executive

Date: 26 May 2015



6 Governance report

Regulatory ratings

Our regulator, Monitor, uses risk ratings to assess our performance. The Risk Assessment Framework sets out the way in which our risk ratings are calculated.

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

The continuity of services risk rating indicates the level of risk to our continuation as a going concern, and is based on our liquidity and capital service coverage. Risk levels are rated using a scale from 1 (high risk) to 4 (lowest risk).

Summary of performance on compliance targets

In relation to referral to treatment times, the Trust was compliant with active waits throughout the year. The Trust was non-compliant in relation to admitted and non-admitted waits for quarters two, three and four. The non-compliance with admitted waits was planned and agreed in advance.

Following a difficult winter period, we did not meet the 4hr wait standard, ending the year at 92.7%. We also failed to achieve the diagnostic waits target but will be compliant from Q1 2015 onwards. However, we achieved our cancer target for 2014/15 despite the extra pressures in quarter three, and referral rates increased specifically against two week wait referrals by 33%.

For further information regarding our overall performance on compliance targets, please see page 14.

	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
<i>Under the Risk Assessment Framework</i>					
Continuity of Services Risk Rating	3	3	4	3	3
Governance Risk Rating	Green	Green	Green	Green	Green

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



6 Governance report

Statement of the Accounting Officer's responsibilities

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

Under the NHS Act 2006, Monitor has directed Doncaster and Bassetlaw Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Doncaster and Bassetlaw Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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



Mike Pinkerton
Chief Executive

26 May 2015



6 Governance report

Annual Governance Statement 2014/15

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Doncaster and Bassetlaw Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Doncaster and Bassetlaw Hospitals NHS Foundation Trust for the year ended 31 March 2015 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 and Infrastructure is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Assurance Framework and Corporate Risk Register. The Head of Corporate Affairs, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

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.

Risk management training needs across the Trust are reviewed annually. Local risk management training needs are discussed with the risk management department and tailored accordingly, and the Head of Corporate Affairs' office may be contacted to provide guidance to staff on application of the relevant policies. During 2014/15 the Trust has commenced implementation of the Datixweb integrated risk management system, and an associated training programme has been undertaken with staff at all levels. Meetings have been held with Care Group management teams to ensure that they are aware of current good practice in relation to risk management.



6 Governance report

The risk and control framework

The Board is responsible for determining the organisation's risk appetite, ensuring that robust systems of internal control and management are in place and that risks to the achievement of organisational objectives are being appropriately managed. During 2014/15 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.

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.

The current sub-committee structure was put in place at the beginning of 2014/15 in response to the recommendations of a governance review by KPMG.

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

Risks to data security are managed and monitored through the Information Governance toolkit, self-assessment and internal audits.

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 2014/15.

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.



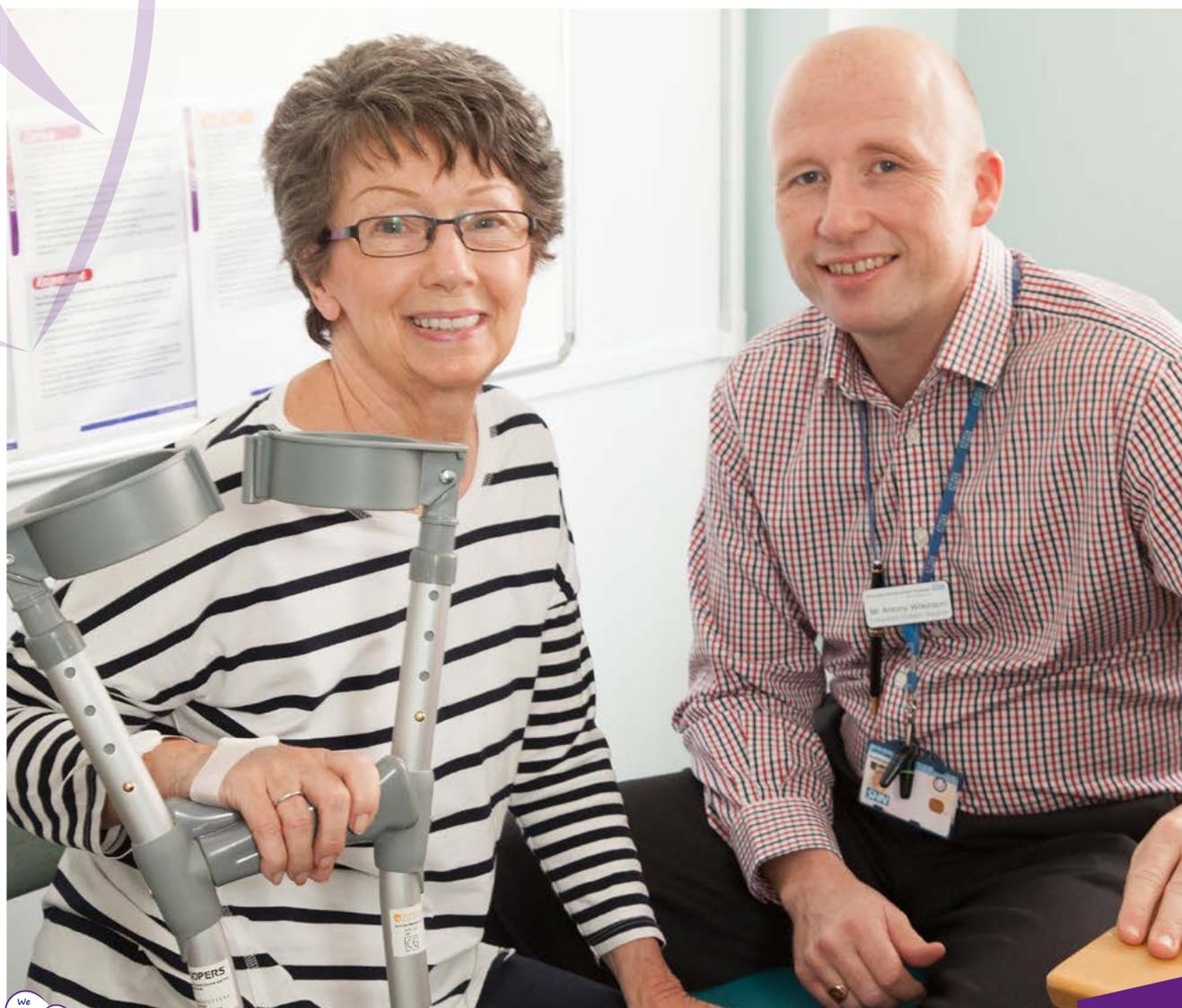
6 Governance report

The principal risks to compliance with licence condition FT4 are:

- o Risks associated with the roll-out and implementation of the Datixweb integrated risk management system
- o Risks to the provision of accurate, comprehensive, timely and up to date information to support board decision-making and oversight
- o 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. 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 2014/15 in full compliance with the code of governance. Towards the end of 2013/14 the Trust commissioned KPMG to undertake a governance review, and the recommendations of this were implemented during 2014/15. A number of changes were implemented to deliver the recommendations, including the establishment of a revised committee structure and changes to committee reporting lines. The date of the monthly Board of Directors meeting was changed at the beginning of 2015 to enable the board to receive more timely management information.



6 Governance report

The Business Intelligence Report is the key way in 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:

- **Affordability.** Rising health care demand, rising costs and flat real funding mean the NHS could face an estimated £30 billion financial shortfall by 2021 according to NHS England.
- **Continued achievement of governance compliance targets** in the face of continued growth in demand. Whilst there are health community plans aimed at reducing demand for acute services such as the Better Care Fund (with financial resources transferring to support this), the demographic projections illustrate the scale of impact required to avoid further growth. We are also reliant upon other healthcare partners to manage demand on services in line with commissioning intentions.
- **Availability of workforce.** In particular, as we have seen in 2014/15 there will be a number of organisations increasing the numbers of substantive nursing and midwifery staff at the same time in order to deliver evidence based staffing levels, resulting in a national and regional shortage of additional qualified nurses and midwives.
- **Seven day working.** Delivering 24/7 services is identified as a priority in our strategic direction. However, this will presents a dual challenge in terms of cost and recruitment and retention of workforce.
- **Maintaining and delivering our specialist service profile.** We provide a number of services that could potentially be at risk due to the lack of critical mass and the move to centralise services into significantly fewer providers than the current model.

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

- Care Group/directorate overspending
- Delivery of required savings
- Urgent care activity levels
- Commissioner affordability / success of demand management

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

During 2014/15, internal audit undertook a review of the self-certification process to support the annual Corporate Governance Statement, and found there to be significant assurance that the processes and structures supporting the Corporate Governance Statement were robust.

During 2014/15, the Trust carried out a significant piece of work to roll out an electronic integrated risk management system, which integrates risk register management with incident reporting and complaints. Training on this system has been delivered to staff at all levels, and all staff are encouraged to report incidents electronically.



6 Governance report

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

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

The 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 Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The following policies and processes are in place to ensure that resources are used economically, efficiently and effectively:

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

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



6 Governance report

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

The Trust's 2014 reference cost index is 94.5, which means that costs are 5.5% below average.

Information Governance

There have been no serious incidents relating to information governance, including data loss or confidentiality breach.

Annual Quality Report

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

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

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 Monitor 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. In addition, external validation of waiting lists undertaken at the end of the year has demonstrated excellent levels of data accuracy. 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 conducted an inspection of child safeguarding across the Doncaster health community in September 2014. The CQC inspection team assessed services across primary and secondary care, including those provided at Doncaster Royal Infirmary. A number of examples of good practice were highlighted in the final report, including areas within our services, and children's safeguarding services were found to have improved significantly since the last visit. No areas needed immediate action and no significant concerns were reported.



6 Governance report

Compliance with CQC standards is monitored by the Audit and Non-clinical Risk Committee and 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.

In addition to this, the results of quarterly CQC Intelligent Monitoring reports, which provide an external view of the risks presented by the Trust, are reported to the Board. Actions are undertaken in response to all risks reported through the intelligent monitoring process.

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.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and clinical governance oversight committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

During 2014/15, the Trust met all of its annual performance targets with the exception of non-admitted referral to treatment waits for quarters 2-4; the 4hr emergency department access target for quarters 2-4; and diagnostic waits. Processes and controls have been reviewed and action plans addressing the relevant areas have been developed. These are being implemented and reviewed on an ongoing basis in order to improve performance. In addition to the above, the Trust agreed with Monitor that it would be non-compliant with admitted referral to treatment waits for quarters 2-4 to facilitate reductions to waiting lists.

At the time of writing, the Trust's Monitor Governance rating was 'Green' for quarters one to three, with the fourth quarter also expected to be rated as 'Green'.

At the end of 2014/15, a weakness was detected in the controls applied to the management of reserves, which led to an inaccuracy in the forecasted and reported financial position. This was resolved before the year end, and the Audit and Non-Clinical Risk Committee will review the robustness of controls in this area via future internal audit plans.



6 Governance report

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. Following the 2013 KPMG review of the Trust's governance processes, the delivery of an action plan responding to the review recommendations was monitored through the Audit and Non-clinical Risk Committee.

In addition, during 2014/05, internal audit reviewed the assurance framework, the Annual Plan self certification process, compliance with the quality governance framework and risk management.

The systems for clinical and non-clinical risk management and governance are aligned, with robust processes in place for the monitoring of risks and controls. These processes and structures are also being further developed. As part of 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

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

Signed



Mike Pinkerton
Chief Executive

Date: 26 May 2015

6 Governance report

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

Report on financial statements

Our opinion

In our opinion, Doncaster and Bassetlaw Hospitals NHS Foundation Trust's ("the Trust's") Group and Parent Trust's consolidated financial statements (the "financial statements"):

- give a true and fair view of the state of the Group's and of the Parent Trust's affairs as at 31 March 2015 and of the Group's and Parent Trust's income and expenditure, and Group's and Parent Trust's cash flows for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15 ("ARM").

What we have audited

The Group and Parent Trust's financial statements comprise:

- the Consolidated and Parent Trust's Statement of Comprehensive Income for the year ended 31 March 2015;
- the Consolidated and Parent Trust's Statement of Financial Position as at 31 March 2015;
- the Consolidated and Parent Trust's Statement of Changes in Taxpayer's Equity for the year then ended;
- the Consolidated and Parent Trust's Statement of Cash Flows for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

Certain required disclosures have been presented elsewhere in the Annual Report and Accounts (the "Annual Report"), rather than in the notes to the financial statements. These are cross-referenced from the financial statements and are identified as audited.

The financial reporting framework that has been applied in the preparation of the financial statements is the NHS Foundation Trust Annual Reporting Manual 2014/15 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").



6 Governance report

Our audit of financial statements involves

Overview

Materiality: Overall materiality: £7,120,000 which represents 2% of total revenue.

Audit scope: In establishing our overall approach we assessed the risks of material misstatement and applied our professional judgement to determine the extent of testing required over each balance in the financial statements.

The group consists of the Doncaster and Bassetlaw Hospitals NHS Foundation Trust and its subsidiary, Doncaster and Bassetlaw Hospitals NHS Foundation Trust Charitable Fund.

The audit was undertaken at Doncaster and Bassetlaw Hospitals General Hospital, based in Doncaster, South Yorkshire, which is where the finance function and Trust's Headquarters are based.

Area of focus: The key areas of focus for our audit are summarised as follows:

- o Management override of control and fraud in revenue / expenditure recognition;
- o Medium term financial sustainability; and
- o Property, Plant and Equipment valuation.

The scope of our audit and areas of focus

Doncaster and Bassetlaw Hospitals NHS Foundation Trust provides acute, elective, specialist and emergency care for a population of over 420,000 in South Yorkshire, North Nottinghamshire and the surrounding areas.

Services are provided from three sites, being Doncaster Royal Infirmary, Bassetlaw Hospital in Worksop, and Montagu Hospital in Mexborough. The Trust is also registered to provide outpatient and other health services at a number of other sites in the region it covers.

The Trust's primary Clinical Commissioning Group ("CCG") commissioners are NHS Doncaster CCG and NHS Bassetlaw CCG. However a significant proportion of the Trust's income is from NHS England, Sheffield Teaching Hospitals NHS Foundation Trust, and a number of other CCGs and Foundation Trusts.

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

We designed our audit by determining materiality and assessing the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain. As in all of our audits, we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are identified as "areas of focus" in the table below. We have also set out how we tailored our audit to address these specific areas in order to provide an opinion on the financial statements as a whole, and any comments we make on the results of our procedures should be read in this context. This is not a complete list of all risks identified by our audit.



6 Governance report

Area of focus	How our audit addressed the area of focus
<p>1) Management override of control and fraud in revenue /expenditure recognition</p> <p>See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to the recognition of revenue and expenditure and notes two to five for further information. We focussed on this area because there is a heightened risk that the Trust's results could be materially misstated, due to:</p> <ul style="list-style-type: none"> the pressures surrounding the financial position and sustainability of the Trust in future years, hence there is an incentive to defer revenue and recognise as much expenditure as possible in 2014/15; the Trust's principal source of income is from CCGs. A contract reconciliation is negotiated with each CCG at the end of financial year and is, therefore, subject to management judgement regarding its value and recoverability of the related income; a number of areas of expenditure involve estimation, such as provisions; the inherent complexities in a number of contractual arrangements entered into by the Trust; and the timing and complexity intra-NHS balance reconciliation process. <p>The Trust's income contracts with commissioners include a Commissioning for Quality and Innovation ("CQUIN") element. The Trust's entitlement to this income is contingent on it meeting its targets for these indicators. As such there was a potential risk of income being included in the financial statements which may have been subject to clawback by commissioners for breach of targets.</p>	<p>Revenue</p> <p>We evaluated the accounting policy for income and expenditure recognition of the Trust to ensure that it is consistent with the requirements of the ARM and noted no issues in this respect.</p> <p>We tested a sample of revenue transactions recognised after the year end to check that the amount of revenue recognised was accurately and appropriately recognised in 2014/15. For transactions close to the year-end we tested a sample to check that they had been recorded in the correct accounting period.</p> <p>We also tested a sample of revenue transactions recognised during the year to check the amount was recognised accurately and the Trust had received the cash for those transactions.</p> <p>Our testing did not identify any exceptions.</p> <p>Intra-NHS balances</p> <p>We obtained the Trust's mismatch reports received from Monitor, which identified balances (debtor, creditor, income or expenditure balances) that were disputed by the counterparty. We then checked that management had investigated all disputed amounts and discussed with them the results of their investigation and the resolution.</p> <p>We read correspondence with the counterparties, which was consistent with the results management reported to us. We then considered the impact that the remaining disputed amounts had on the Trust's financial statements and determined that there was no material impact. Our testing did not identify any issues.</p> <p>CQUINs</p> <p>We examined the Trust's contracts with all its material commissioners, in particular understanding the performance targets attached to those contracts which can result in fines or lost CQUIN payments. We have then compared the year end performance against those targets and did not identify any other areas of potential fine or clawback of income.</p> <p>Journals</p> <p>We selected a sample of journal transactions that had been recognised in both income and expenditure. We used computer-assisted auditing techniques ("CAATs") and focussed in particular on those journals with a significant net debit or credit to the Statement of Comprehensive Income.</p> <p>We traced these journal entries to the supporting documentation (for example, invoices, goods received notes and cash receipts and payments). Our testing confirmed did not identify any issues.</p> <p>Accruals</p> <p>The Trust has released its annual leave accrual due to a change in its annual leave policy of not allowing unused annual leave to be carried beyond the year end. No material issues were noted.</p> <p>Provisions</p> <p>In assessing provisions we have confirmed that: the recognition criteria of IAS 37 'Provisions, Contingent Liabilities and Contingent Assets' had been met; and the assumptions underpinning the provisions are within acceptable ranges.</p>

6 Governance report

<p>2) Financial sustainability and going concern We are required to consider if the Trust remains a going concern.</p> <p>In 2014/15 this was a heightened area of focus due to the general pressures on demand and healthcare funding, as well as reductions in some of the Trust's income contracts.</p> <p>The Trusts overall surplus at 31 March 2015 was below its forecast. The Trust's balance sheet at 31 March 2015 also shows a ratio of current assets to current liabilities of 0.95.</p> <p>The 2015/16 financial plans forecast higher surplus levels, but reflect the significant challenges around recent commissioning contract negotiations with CCGs and the tighter funding environment.</p>	<p>In considering the financial performance of the Trust we:</p> <ul style="list-style-type: none"> • confirmed that the Foundation Trust has complied with covenants with lenders; • tested material balances owing to and from other health bodies through the national balance agreement exercise at 31 March 2015; and • confirmed that the going concern principle applied to the financial statements is appropriate, through assessment of the Trust's budget, cash flow forecasts and levels of reserves. <p>We have also performed the following to inform our assessment of the Trust's financial position and performance:</p> <ul style="list-style-type: none"> • assessed the reasonableness of the assumptions within the Trust's financial forecasts against assumptions provided by Monitor and those seen at other Trusts; • performing targeted audit procedures to gain comfort over the recognition of revenue; and • assessed areas of key accounting judgement including deferred income and provisions. <p>We concur with the Directors' view that the going concern basis of accounting is appropriate for the preparation of these financial statements.</p>
<p>3) Capital expenditure and Property, Plant and Equipment revaluation</p> <p>We focussed on this area because Property, Plant and Equipment ("PPE") represents the largest balance in the Trust's statement of financial position and the Trust has continued to invest in its estate during 2014/15. PPE is valued at £201.6m as at 31 March 2015.</p> <p>All PPE assets are measured initially at cost, with land and buildings being subsequently measured at fair value based on periodic valuations.</p> <p>The valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual, and are required to be performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date.</p> <p>The Trust has taken the decision to not carry out a revaluation of its land and buildings during 2014/15. The Trust's decision has been based on information provided by their external valuers, that the assets have not materially changed in value in the year.</p> <p>The specific areas of risk arising from this are a potentially unrecognised material revaluation movement of PPE, or impairments of PPE not being charged to the Statement of Comprehensive Income.</p>	<p>We considered, based on our knowledge of the Trust obtained during our audit, whether the Trust had any future plans that would impact on the usage (and, hence, valuations) of the properties. Our testing did not identify any such matters.</p> <p>We physically verified a sample of assets across all classes of asset to confirm existence and in doing so considered whether there was any indication of physical obsolescence which would indicate potential impairment. Our testing did not identify any such indicators.</p> <p>We confirmed that the valuer had a UK qualification and was registered with an appropriate professional body and was not connected with the Trust.</p> <p>We obtained and read the guidance provided to management by the Trust's Valuers. We used our own valuations expertise to evaluate and challenge the assumptions used by management in their assessment.</p> <p>We have examined the relevant indices on which the valuation would be based, as well as other assumptions a valuer would apply in assessing the value on a modern equivalent asset basis, as required under RICS guidance.</p> <p>We concluded the movement indicated by these assumptions would not be material.</p>

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3) Capital expenditure and Property, Plant and Equipment revaluation

We focussed on this area because Property, Plant and Equipment (“PPE”) represents the largest balance in the Trust’s statement of financial position and the Trust has continued to invest in its estate during 2014/15. PPE is valued at £201.6m as at 31 March 2015.

All PPE assets are measured initially at cost, with land and buildings being subsequently measured at fair value based on periodic valuations.

The valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual, and are required to be performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date.

The Trust has taken the decision to not carry out a revaluation of its land and buildings during 2014/15. The Trust’s decision has been based on information provided by their external valuers, that the assets have not materially changed in value in the year.

The specific areas of risk arising from this are a potentially unrecognised material revaluation movement of PPE, or impairments of PPE not being charged to the Statement of Comprehensive Income.

We considered, based on our knowledge of the Trust obtained during our audit, whether the Trust had any future plans that would impact on the usage (and, hence, valuations) of the properties. Our testing did not identify any such matters.

We physically verified a sample of assets across all classes of asset to confirm existence and in doing so considered whether there was any indication of physical obsolescence which would indicate potential impairment. Our testing did not identify any such indicators.

We confirmed that the valuer had a UK qualification and was registered with an appropriate professional body and was not connected with the Trust.

We obtained and read the guidance provided to management by the Trust’s Valuers. We used our own valuations expertise to evaluate and challenge the assumptions used by management in their assessment.

We have examined the relevant indices on which the valuation would be based, as well as other assumptions a valuer would apply in assessing the value on a modern equivalent asset basis, as required under RICS guidance.

We concluded the movement indicated by these assumptions would not be material.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the trust, the accounting processes and controls, and the environment in which the Group operates.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, consistent with last year, we determined materiality for the financial statements as a whole as follows:

Overall materiality	£7,120,000 (2014: £7,038,000).
How we determined it	2% of revenue
Rationale for benchmark applied	We have applied this benchmark, which is a generally accepted measure when auditing not for profit organisations, because we believe this to be the most appropriate financial measure of the performance of a Foundation Trust.



6 Governance report

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £250,000 (2014: £150,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other required reporting in accordance with the Audit Code for NHS foundation trusts

Opinions on other matters prescribed by the Audit Code for NHS foundation trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

Consistency of other information

Under the Audit Code for NHS foundation trusts we are required to report to you if, in our opinion:

<ul style="list-style-type: none"> • information in the Annual Report is: <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 Trust acquired in the course of performing our audit; or - otherwise misleading. 	We have no exceptions to report arising from this responsibility.
<ul style="list-style-type: none"> • the statement given by the directors in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable and provides the information necessary for members to assess the Trust's performance, business model and strategy is materially inconsistent with our knowledge of the Trust acquired in the course of performing our audit. 	We have no exceptions to report arising from this responsibility.
<ul style="list-style-type: none"> • the section of the Annual Report as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee. 	We have no exceptions to report arising from this responsibility.
<ul style="list-style-type: none"> • the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls. 	We have no exceptions to report arising from this responsibility.

Economy, efficiency and effectiveness of resources and Quality Report

Under the Audit Code for NHS Foundation Trusts we are required to report to you if in our opinion:

<ul style="list-style-type: none"> • we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. 	We have no exceptions to report arising from this responsibility.
<ul style="list-style-type: none"> • we have qualified, on any aspect, our opinion on the Quality Report. 	We have no exceptions to report arising from this responsibility.



6 Governance report

Responsibilities for the financial statements and the audit

Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

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

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

What an audit of financial statements involves

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 circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

We primarily focus our work in these areas by assessing the directors' judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive procedures or a combination of both.

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



6 Governance report

Certificate

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

Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
May 2015

- (a) The maintenance and integrity of the Doncaster and Bassetlaw Hospitals NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.





Sustainability report

7 Sustainability report

Being green and sustainable

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

Energy & carbon emissions

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

Our CHP engines are subject to an annual scrutiny by the Environment Agency, which administers the Carbon Reduction Commitment (CRC) scheme and the EU Emission Trading Scheme identifies the carbon emissions from their use. The latest certification identifies reductions in our yearly emission and the management of the energy use is continually monitored to assure efficiency.

The Trust manages energy within buildings by use of an electronic Building Energy Management System. This system uses internal and external temperatures and conditions to manage the most efficient and optimum parameters to run plant and equipment ensuring carbon and energy resources are managed and environmental conditions achieved.

Reduction in hot water storage has been assessed and direct heat transferred system installed to reduce energy in the heating of stored water.

Waste

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

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

Water

The Trust operates two deep ground water boreholes at DRI and Bassetlaw Hospital under licence with the Environment Agency. The boreholes help to provide water supplies to the sites and reduce the cost, and carbon footprint of main supply provision. The boreholes save around £100,000 a year compared to purchasing water from the local statutory undertaker.

Site developments

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

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



7 Sustainability report

Elsewhere, we are upgrading our buildings fabric during refurbishment, to meet current Building Regulation legislation and to provide a more comfortable environment for our patients and staff.

Replacement windows with solar reflective double glazing have been installed on the most recent schemes and insulation to engineering services, walls and roofs has been improved.

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

Performance, targets and assessments

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

The Trust will continue to monitor its energy performance within the CHP and CRC schemes and also by use and consumption in conjunction with our energy contract provider Schneider Electric.

The Trust records, checks and audits its energy management through these systems and with the Department of Health Estates Returns and Information Collection returns annually.



7 Sustainability report

Area	Measure	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Waste minimisation and management	Expenditure on waste disposal	£543,671	£644,743	£633,863	£579,727	£498,464	£563,439,42
	Total amount of waste produced by the Trust	2182 tonnes	2014 tonnes	1875 tonnes	1796 tonnes	1955 tonnes	1891 tonnes
	Methods of disposal (optional)	<ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	<ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	<ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling 	<ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling • Recovery • Re-use 	<ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling • Recovery • Re-use 	<ul style="list-style-type: none"> • Incineration • Alternative treatment • Landfill • Recycling • Recovery • Re-use
Finite resources	Water	299,852 m ³	254,515 m ³	286,523 m ³	142,155 m ³	144,718 m ³	162,534 m ³
	Electricity	62,780 GJ	76,712 GJ	76,917 GJ	55,192 GJ	57,918 GJ	64,686 GJ
	Gas	223,841 GJ	229,160 GJ	203,332 GJ	211,252 GJ	197,762 GJ	181,654 GJ
	Other energy consumption	None	None	None	None	None	None
	Total cost of energy and utilities	£3,101,101	£2,975,275	£3,486,755	£3,413,188	£3,514,255	£3,273,419



Financial review

8. Summary financial statements

Foreword to the summary financial statements

The Summary Financial Statements are a summary of information in the Annual Report and Accounts 2014/15. These Summary Financial Statements do not contain sufficient information to allow as full an understanding of the results of the Trust as is provided by the Annual Report and Accounts 2014/15.

The accounts for the year ended 31 March 2015 have been prepared by the Doncaster and Bassetlaw Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25, schedule 7 of the National Health Service Act 2006 in the form Monitor has, with the approval of the Treasury, directed.

A full copy of the audited Annual Accounts and Charitable Fund Accounts can be obtained from the Head of Communications, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster, DN2 5LT



Mike Pinkerton
Chief Executive
26 May 2015

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2015

	Group		Foundation Trust	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
Operating income	355,490	350,910	355,989	351,895
Operating expenses	(349,098)	(342,053)	(348,414)	(341,011)
Operating surplus	6,392	8,857	7,575	10,884
Finance costs:				
Finance income	417	420	36	38
Finance costs	(332)	(229)	(332)	(229)
Public dividend capital dividends payable	(5,660)	(5,473)	(5,660)	(5,473)
Net finance costs	(5,575)	(5,282)	(5,956)	(5,664)
Surplus for the year	817	3,575	1,619	5,220
Other comprehensive income				
Revaluation gains/(losses) on investment assets	429	(6)	0	0
Revaluation gains on property, plant and equipment	0	4,887	0	4,887
Impairments on property, plant and equipment	0	(305)	0	(305)
Revaluation gains on assets held for sale	0	50	0	50
Total comprehensive income for the year	1,246	8,201	1,619	9,852
All activities relate to continuing operations.				
The Group income is lower than the Foundation Trust income due to the elimination of funds transferred from its NHS charitable fund to the Foundation Trust.				



8. Summary financial statements

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 March 2015

	Group		Foundation Trust	
	31 March 2015 £000	31 March 2014 £000	31 March 2015 £000	31 March 2014 £000
Non-current assets				
Intangible assets	3,498	2,374	3,498	2,374
Property, plant and equipment	201,632	193,771	201,632	193,771
Charitable fund investments	12,686	11,917	0	0
Trade and other receivables	1,993	1,526	1,993	1,526
Total non-current assets	219,809	209,588	207,123	197,671
Current assets				
Inventories	5,476	3,584	5,476	3,584
Trade and other receivables	15,319	11,296	16,562	11,572
Cash and cash equivalents	11,800	20,776	11,706	20,588
	32,595	35,656	33,744	35,744
Non-current assets held for sale	350	350	350	350
Total current assets and non-current assets held for sale	32,945	36,006	34,094	36,094
Total assets	252,754	245,594	241,217	233,765
Current liabilities				
Trade and other payables	(27,570)	(28,031)	(27,466)	(28,008)
Borrowings	(2,483)	(1,117)	(2,483)	(1,117)
Provisions	(442)	(1,352)	(442)	(1,352)
Tax payable	(4,087)	(4,335)	(4,087)	(4,335)
Other liabilities	(26)	(26)	(26)	(26)
Total current liabilities	(34,608)	(34,861)	(34,504)	(34,838)
Total assets less current liabilities	218,146	210,733	206,713	198,927
Non-current liabilities				
Borrowings	(15,460)	(14,117)	(15,460)	(14,117)
Provisions	(590)	(815)	(590)	(815)
Total non-current liabilities	(16,050)	(14,932)	(16,050)	(14,932)
Total assets employed	202,096	195,801	190,663	183,995
Financed by Taxpayers' equity				
Public dividend capital	128,755	123,706	128,755	123,706
Revaluation reserve	36,353	36,353	36,353	36,353
Income and expenditure reserve	25,555	23,936	25,555	23,936
Charitable fund reserve	11,433	11,806	0	0
Total taxpayers' and others' equity	202,096	195,801	190,663	183,995
The summary financial statements were approved by the Board of Directors on 26 May 2015 and signed on its behalf by:			 Mike Pinkerton Chief Executive 26 May 2015	



8. Summary financial statements

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2015

Group					
	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserve £000	Total £000
Balance at 1 April 2013	122,632	31,829	18,608	13,457	186,526
Changes in equity for 2013/14					
Surplus for the year	0	0	5,220	(1,645)	3,575
Revaluation losses on investment assets	0	0	0	(6)	(6)
Revaluation gains on property, plant and equipment	0	4,887	0	0	4,887
Impairments on property, plant and equipment	0	(305)	0	0	(305)
Revaluation gains on assets held for sale	0	50	0	0	50
Transfers to the income and expenditure account in respect of assets disposed of	0	(108)	108	0	0
New PDC received	1,074	0	0	0	1,074
Balance at 31 March 2014	123,706	36,353	23,936	11,806	195,801
Changes in equity for 2014/15					
Surplus for the year	0	0	1,619	(802)	817
Revaluation gains on investment assets	0	0	0	429	429
New PDC received	5,049	0	0	0	5,049
Balance at 31 March 2015	128,755	36,353	25,555	11,433	202,096
Foundation Trust					
	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000	
Balance at 1 April 2013	122,632	31,829	18,608	173,069	
Changes in equity for 2013/14					
Surplus for the year	0	0	5,220	5,220	
Revaluation gains on property, plant and equipment	0	4,887	0	4,887	
Impairments on property, plant and equipment	0	(305)	0	(305)	
Revaluation gains on assets held for sale	0	50	0	50	
Transfers to the income and expenditure account in respect of assets disposed of	0	(108)	108	0	
New PDC received	1,074	0	0	1,074	
Balance at 31 March 2014	123,706	36,353	23,936	183,995	
Changes in equity for 2014/15					
Surplus for the year	0	0	1,619	1,619	
New PDC received	5,049	0	0	5,049	
Balance at 31 March 2015	128,755	36,353	25,555	190,663	



8. Summary financial statements

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2015

	Group		Foundation Trust	
	2014/15 £000	2013/14 £000	2014/15 £000	2013/14 £000
Cash flows from operating activities				
Operating surplus	6,392	8,857	7,575	10,884
Depreciation and amortisation	9,302	8,576	9,302	8,576
Impairments	0	(2,174)	0	(2,174)
Other non cash movements	(282)	(495)	14	45
(Increase) in inventories	(1,892)	(612)	(1,892)	(612)
(Increase)/decrease in trade and other receivables	(4,482)	3,967	(5,458)	4,165
Increase in trade and other payables	816	492	735	528
(Decrease)/Increase in tax payable	(248)	80	(248)	80
Decrease in other current liabilities	0	(114)	0	(114)
Decrease in provisions	(1,158)	(1,637)	(1,158)	(1,637)
Net cash inflow from operating activities	8,448	16,940	8,870	19,741
Cash flows from investing activities				
Interest received	410	413	38	38
Purchase of investment assets	(2,035)	(1,230)	0	0
Disposal of investment assets	1,991	3,181	0	0
Purchase of intangible assets	(1,775)	(2,012)	(1,775)	(2,012)
Purchase of property, plant and equipment	(17,870)	(16,016)	(17,870)	(16,016)
Receipts from disposal of plant, property and equipment	75	318	75	318
Net cash outflow from investing activities	(19,204)	(15,346)	(19,532)	(17,672)
Net cash (outflow) inflow before financing	(10,756)	1,594	(10,662)	2,069
Cash flows from financing activities				
Public dividend capital received	5,049	1,074	5,049	1,074
Loans received	3,825	12,200	3,825	12,200
Loans repaid	(1,116)	(474)	(1,116)	(474)
Interest paid	(297)	(131)	(297)	(131)
Public Dividend Capital dividends paid	(5,681)	(5,357)	(5,681)	(5,357)
Net cash inflow from financing	1,780	7,312	1,780	7,312
Net (decrease) / increase in cash and cash equivalents	(8,976)	8,906	(8,882)	9,381
Cash and cash equivalents at 1 April	20,776	11,870	20,588	11,207
Cash and cash equivalents at 31 March	11,800	20,776	11,706	20,588



Accident & Emergency

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

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