

70
YEARS
OF THE NHS
1948 - 2018

DONCASTER
ROYAL INFIRMARY
150
years
1868 - 2018



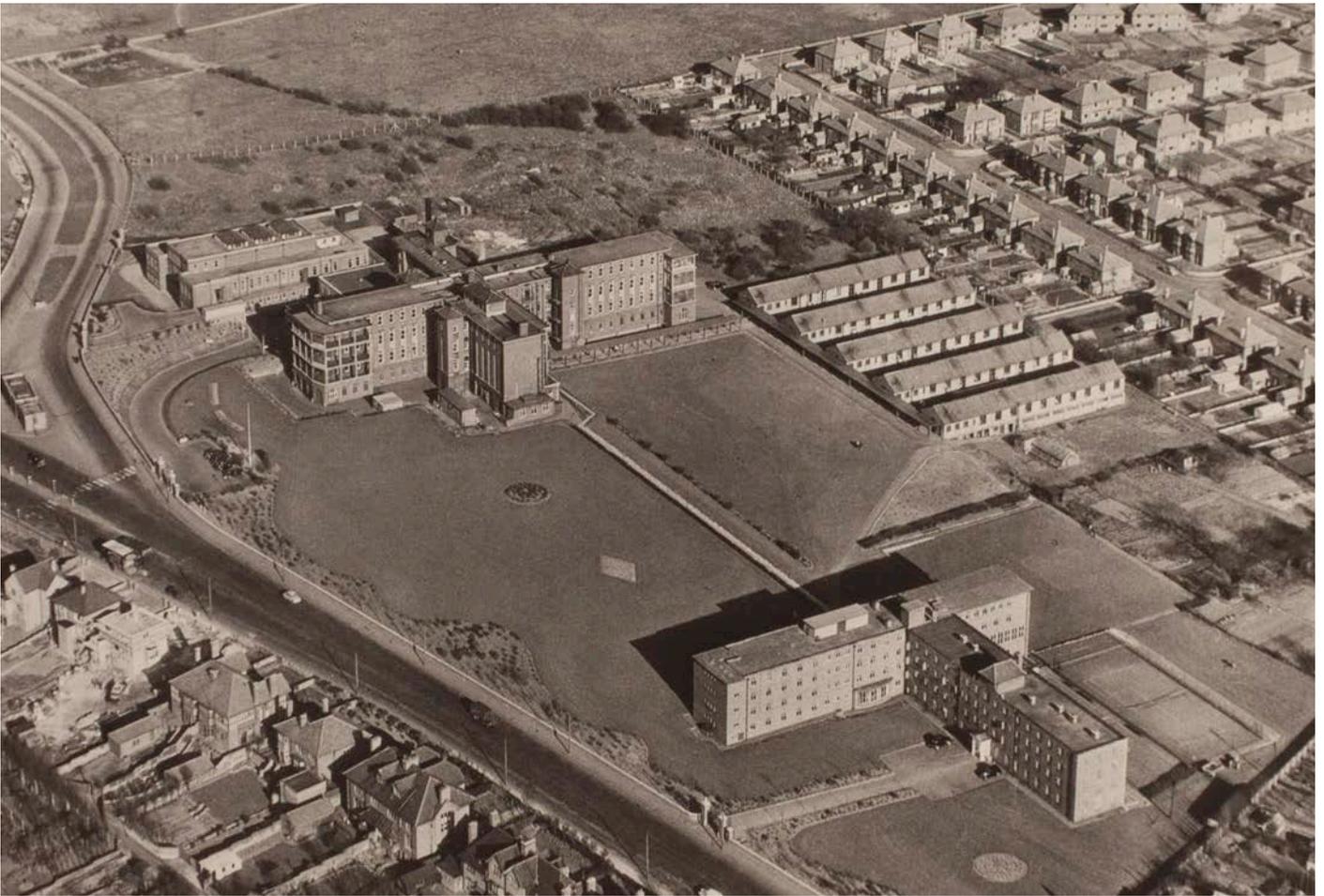
Celebrating **150** YEARS

Annual Report & Summary Financial Statements 2017/18

Florence Longrigg

Matron 1896 - 1907





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Chair and Chief Executive's statement

The past 12 months for the Trust have been filled with organisational achievements, improvements, and the continuation of the financial recovery journey that we embarked upon two years ago. It has also been a time of consolidation to maintain the good progress made in patient care, treatment and experience, while overcoming challenges local to the organisation and nationally within the NHS.

2017/18 marked our first full year as a Teaching Hospital, with some substantial achievements made in this period, reflecting our ongoing commitment to training, education and research. Organisationally, we had always held the belief that becoming a Teaching Hospital would be of great benefit for our local communities, patients and staff and this has proven to be the case, with some fantastic feedback from learners and visitors alike.

The positive feedback we have received from medical, nursing and allied health professional students has been extremely encouraging for the organisation, particularly as we look to the future. With partners we have developed new roles such as Trainee Assistant Practitioners and Trainee Advanced Clinical Practitioners, amongst others. Ensuring we cater for students and learners, providing them with meaningful placements, will help us to ensure that we are able to bridge the many workforce challenges we may face in the future.

This year we have also been extremely proud of the excellent improvements we have seen in the quality of care provided to our patients; including improvements we have sustained for the fifth year in a row. Developments such as further reductions in severe avoidable pressure ulcers, a substantial improvement in our mortality rate, as well as an increase in our overall Emergency Department performance have been particularly pleasing.

Following this theme, we can also describe good progress in terms of our financial performance. Thanks to our identified savings and drive towards improved 'Efficiency and Effectiveness', we have been able to meet our control total, ending the year £5.2m ahead of plan, finishing the financial year in a position of £11.253m deficit (for Foundation Trust). This position ensures we are on a sound footing for the challenges ahead in 2018/19.

Throughout the year we have seen significant capital developments, totalling £7.279m, to improve patient care, services and facilities. The most notable of these has seen us enter into a long-term partnership with caterers, Sodexo. This has delivered much-needed investment in our catering services as well as new facilities and retail offerings.

In September 2017, we launched our new Trust website (www.dbth.nhs.uk), ensuring that our patients can access the right information whenever they need it. Replacing the previous site, this revamped online portal is far easier to navigate and access. While the site continues to develop, we are pleased to have received excellent feedback from both patients and staff.

Research and Development at the Trust has continued to grow, alongside our new Teaching Hospital status. With increased activity, our commitment to research has been acknowledged externally, with two notable studies, amongst many others, 'The Age Gap Study' and the 'Genome Project' being undertaken by our teams. The former is led by our newly-accredited Professor of Cancer Surgery, Lynda Wyld.

1 Performance Report

Throughout 2017/18, we have continued to strengthen our links with health and care partners in South Yorkshire and Bassetlaw, working as part of the Working Together Vanguard to develop new care models. We are also an integral partner of the Doncaster and Bassetlaw Accountable Care Partnerships and the South Yorkshire and Bassetlaw Accountable Care System (ACS), and a key stakeholder in the Hospital Services Review. This commitment to local and regional partnership work is thanks to established, strong relationships with neighbouring trusts and clinical commissioning groups and our proven history of working together to improve health and care for our population.

As ever, Trust staff and services have been shortlisted for a number of local, regional and national awards. These improvements and achievements have been made as a result of our collective commitment and hard work, and members of Team DBTH continue to amaze us as they strive, each-and-every-year, to develop and innovate for the betterment of patients.

We are pleased to once again reflect upon the efforts of our Occupational Health and Wellbeing Team as, for the second year running, our flu vaccination campaign became the first in the country to vaccinate over 75% of all front-line staff, administering the jab to over 3,500 of our doctors and nurses in just five weeks. These efforts have since been recognised by NHS Employers.

Despite the multitudes of positives, unfortunately we have continued to experience challenges in terms of recruitment, particularly within certain specialities in nursing and medicine. This issue was encountered no more acutely than with the Paediatric Ward (A3) at Bassetlaw Hospital, which, in January 2017, closed to admissions from 7pm each day due to workforce gaps in nursing staff and junior doctors. In October 2017, following a period of review, the decision was taken to extend this action for the foreseeable future, whilst further work is undertaken by partners in South Yorkshire and Bassetlaw ACS to identify possible regional solutions for issues such as recruitment.

The past 12 months have also marked the completion of our first full year in post, with the organisation's Executive Team refreshed and fully established as Moira Hardy took up the position of Director of Nursing, Midwifery and Allied Health Professionals (following a period as Acting Director).

Finally, this year we redeveloped the Trust's five year strategy. Our vision for 2017 to 2022 was developed with substantial staff and stakeholder input. We believe that this will serve us well as we approach the next few years, which promise to be exciting, challenging and full of opportunities for the Trust.

We believe it is clear that our development as an organisation has been substantial as we reflect upon 2017/18 and preceding years. This is a testament to the hard-work and dedication of members of Team DBTH and speaks volumes for the talent, care and innovation we can count on amongst our colleagues. Regardless of any changes we have undergone, it has always remained our goal to ensure that patients are at the heart of everything we do and we believe that, despite increased demands and challenges, we have managed to achieve this once again throughout the past 12 months.

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

1 Performance Report

The Annual Report and Quality Accounts set out openly and honestly, in detail, how we performed in 2017/18, and what we plan to achieve in 2018/19. We hope you enjoy reading them and once again thank you for continued support.



Suzy Brain England OBE
Chair
29 May 2018

Richard Parker
Chief Executive
29 May 2018



1 Performance Report

Who we are and what we do

As well as being an acute NHS Foundation Trust, hosting one of the busiest emergency services in the country, we are also one of only five teaching hospitals in the Yorkshire region, working closely with the University of Sheffield and Sheffield Hallam University. As a Trust, we also maintain strong links with Health Education England, our local clinical commissioning groups in both Doncaster and Bassetlaw, as well as our regional partners in South Yorkshire and Bassetlaw.

We are fully licensed by NHS Improvement, and fully registered (without conditions) by the Care Quality Commission (CQC) to provide the following regulated activities and healthcare services:

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

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

We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and 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. It has inpatient, day case and outpatient facilities.

Bassetlaw Hospital in Worksop (BH)

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

Montagu Hospital in Mexborough

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

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

1 Performance Report

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

Our headquarters are at Doncaster Royal Infirmary:

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

Tel: 01302 366666.

Our vision, mission, values and strategy

Over the past two years we have gone through substantial change as a Trust. As we came to the end of our previous five year strategy, which covered the period 2012 to 2017, we needed a future vision which reflected our position, as well as the environment we now find ourselves in as an NHS organisation.

We have set out in our new strategy 'Stronger Together' our goals and ambitions for the next five years and how we intend to get there.

In developing this vision, nearly 700 members of Team DBTH gave their thoughts, feedback and suggestions on this direction, through clinical governance meetings, our various communications channels, and by completing and returning feedback postcards.

Stronger Together outlines our plans for the future, working with stakeholders and partners. In turn, this will help us to implement our plans and facilitate high quality services for the communities we serve in Doncaster, Bassetlaw and beyond.

The full strategy can be found at:

<https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy-2017-2022/>

Vision

As an Acute Teaching Hospitals Trust, and a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients, partners and the public to maintain and improve the delivery of high quality integrated care.

Values

Our values show **WE CARE**:

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



1 Performance Report

Strategic objectives

- **Patients:** Work with patients to continue to develop accessible, high quality and responsive services.
- **People:** As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.
- **Performance:** We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
- **Partners:** We will increase partnership working to benefit people and communities.
- **Prevention:** Support the development of enhanced community based services, prevention and self-care.



1 Performance Report

Overview of activity

As an organisation, we have built upon the achievements of the previous years, improving some aspects of care, while maintaining the standards of others. We have also maintained a focus on ensuring we make progress in our financial performance. In 2017/18, we delivered much to be proud of; however challenges still remain ahead, which will require significant focus as we head into the next financial year.

In the following sections you will find a breakdown of the Trust's patient safety key quality indicators, as outlined in our 'Sign up to Safety' plan (page 11), as well as innovation and development projects. There is also a section on our financial performance and key indicators (page 19) as well as a section outlining our operational performance and associated quality indicators (page 22), all of which are presented to the Board of Directors on a monthly, bi-monthly or quarterly basis, depending on the metric.

A focus on patients

For the fifth year in a row, we continued to make excellent strides in patient safety, improving certain aspects of care or maintaining high standards in many others (complimenting substantial improvements implemented over the past number of years).

Our patient safety key quality indicators show:

- 28 cases of Clostridium Difficile seen at the Trust, with our performance better than expected for the year
- 99.5% of patients received a falls assessment when admitted to one of our hospital sites, with our falls rate maintaining the same performance as 2016/17
- One Care Group achieved an entire year without a severe avoidable pressure ulcer on their wards, with an 8.5% reduction across the Trust in severe pressure ulcers in the year
- 3.66 point decrease in our Hospital Standardised Mortality Ratio (HSMR) since 2016/17
- 30.1% increase in the number of serious incidents reported at the Trust, with an emphasis on members of staff being encouraged to report incidents to ensure risks are reduced and actions taken as necessary.

As we draw to the end of the 'Sign Up to Safety Plan', the Trust has improved, or maintained the key quality indicators of the scheme. Although the national Sign Up to Safety scheme has ended, the ambitions of the programme remain key to the Trust's performance into the future.

The 8.5% reduction in severe avoidable pressure ulcers at the Trust is a continuation of the progress made. Our Musculoskeletal and Frailty Care Group which recently passed more than 365 days without occurrence of such an ulcer on their 14 wards. Confirming this success, the department was nominated for the Nursing Times' Care of Older People award.

These improvements have also been evidenced in a recent Care Quality Commission (CQC) Inpatient Survey. Completed by 1,250 patients who had been admitted to one of our sites in 2016, the results show:

- 8.9/10 patients staying in our hospitals have confidence and trust in the doctors treating them
- 9/10 patients staying in our hospitals describe the hospital room or wards as clean
- 9.1/10 patients staying in our hospitals say they were offered a choice of food.

1 Performance Report

Patients are at the heart of everything we do as an organisation, and as such we have also seen substantial achievements within the care we provide. This development has been particularly potent within the area of 'Person Centred Care', resulting in the development of five successful initiatives:

- An enhanced patient supervision and engagement policy focused upon daily assessment for all patients to identify and action tailored supervision
- An 'Enhanced Care Plan' to guide appropriate and timely assessment of falls risk factors and targeting bespoke treatment and advice to aid prevention
- Further embedding of the Enhanced Care Team to offer 24/7 provision of care and support at Doncaster and Bassetlaw for patients requiring one-on-one supervision
- A hand-held care record for patients who are in the last months of their life called 'Me and My Plan' in addition to other innovative palliative care schemes
- An 'Advance Care Planning' initiative that gives patients the chance to have a greater voice within their treatment and hospital stay.

To compliment this work, we have also seen the adoption of the national campaign #EndPJPParalysis. A novel and engaging programme asking patients to become active participants within their own recovery, encouraging them to get up, dressed and out of bed when possible, taking part in everyday activities which can help with the rehabilitation process.

The same team have also implemented the 'Achieving Reliable Care' approach – a system of patient care which lays out a clear visual plan for each patient, which is then communicated to staff directly involved in care. The areas which have piloted this way of working have seen an average reduction of 18% in length of stay, meaning patients are able to get the right care at the right time, ultimately meaning they can go home safe, sooner.

Going beyond the call of normal care and treatment for our patients has remained a common theme throughout the year, exemplified particularly by our End of Life Care team. In charge of looking after people in the final stages of their life, this team has introduced a number of innovations over the past number of months and years, with 2017/18 seeing the successful implementation of 'Butterfly Volunteers'.

Supporting members of Team DBTH, the volunteers spend time with patients when families and friends find this helpful. They will sit and talk, run errands and also help a patient's loved ones, giving them valuable time to be able to go home for a few hours, safe in the knowledge that their friend, parent, child or significant other is not alone. With around 15 volunteers at the Trust currently, we intend to actively promote this scheme for the foreseeable future, ensuring our patients get the best care both at the start of life, as well as at the end.

Following this theme, we have also seen patient experience improvements within our midwifery services at both Doncaster and Bassetlaw. The department has seen fantastic feedback from mums who have used the services, as highlighted by a CQC poll of 347 local parents. Far above the national average, 91% of DBTH mums said that the midwives listened to them during their antenatal check-ups, with 93% confirming that their partner was encouraged to be involved in their care.

Maternity at the Trust was also reaccredited by the Baby Friendly Initiative (BFI). This followed a visit by a UNICEF team in July who recognised the high and best practice standards in place within our service, while the team also saw the purchase of SIM-MOM, a realistic birthing simulator, helped by £80,000 of additional funding, which enables the further training of midwives, doctors and support staff.



1 Performance Report

In 2017, the department oversaw one of its most successful recruitment campaigns, appointing 33 new midwives, which will help to support our expectant parents in Doncaster and Bassetlaw.

Building on these successes elsewhere in the Trust, in October 2017, the Dialysis Unit at our Doncaster site was recognised as the number one in the region for patient support. Around 8,000 patients took part in a survey by the UK Renal Registry, the findings of which showed that our unit was number one for patient support out of 40 participating facilities, coming second overall in terms of feedback. A landmark year for the service, in 2017 the team also celebrated a decade of patient care and treatment.

Looking towards technology, our IT Team installed free Wi-Fi access for patients and visitors coming to our hospital sites. Available in time for Christmas 2017, this service means that patients spending a prolonged period of time with us can make use of services such as FaceTime and Skype, while also keeping them entertained by watching streaming platforms such as Netflix and Amazon Prime.

Always looking to innovate, the IT team have had a busy year working with InTouch with Health to roll-out a number of self-check-in kiosks in outpatient areas, as well as migrating the organisation's email system from an internal service to NHSMail 2, a much more secure environment in which to send messages and, potentially sensitive, patient information.

This emphasis on technology has also been seen within our Emergency Department, and the introduction of Smart-ER. Currently being piloted at Doncaster Royal Infirmary, patients are asked to take a few minutes to complete a short, digital form within the department's waiting room, describing their ailment or injury as well as providing general health details. By completing this process, the patient is able to explain the reason for their visit, while also disclosing previous medical problems, all of which becomes part of their medical record. By completing this step, this improves communication in the Emergency Department, aids clinicians and also uses the patient's waiting time more productively, reducing overall waiting times. The scheme will be evaluated and enhanced throughout 2018/19.

On a more challenging note, this year has seen issues with our telephony services, with some callers finding it hard to get through to our hospital sites. With over 75,000 calls received per week, our team have been working hard to find solutions to this particular problem, implementing priority lines for patients posing a clinical risk, securing additional funding to increase call-handling capacity, as well as doubling the number of phone-lines into the Trust in late March 2018.

Ensuring that patients receive the right information when they need it, our Communications and Engagement team have also overseen the development of a brand new Trust website, launched in September 2017. Replacing the older site, this revamped online portal is far easier to navigate, much more responsive to the needs of users and provides a range of tools to enable the team to communicate crucial messages to our public.

Finally, our Orthotics team have worked with partners to introduce a revolutionary new brace, making use of this aid in the treatment of a young patient, ultimately preventing the need for surgery. Known as a Blount Knee Ankle Foot Orthoses (or KAFO for short), the innovative brace allows the wearer to undertake normal activity, without too much discomfort, while correcting leg alignment at the same time. Designed in America, this is one of the first cases in which the support has been used in the country.

1 Performance Report

A focus on people

Achieving 'Teaching Hospital' status last year has facilitated us to make significant strides in our commitment to training, education and research, and this year has seen a further consolidation of this ambition.

Evidencing this progress has been the feedback from our learners. Annually, our doctors-in-training, health professionals and mentors take part in the General Medical Council's (GMC) Training Survey, the results of which help us to monitor the quality of medical education. In 2017, this engagement highlighted huge improvements for the Trust.

Specialities which came in for significant praise included Acute Internal Medicine, General Internal Medicine and General Surgery, all of which scored as best in the region. In other areas, Endocrine, Diabetes and Gastroenterology were close runners-up in South Yorkshire with notable improvements seen in Emergency Medicine, Obstetrics and Gynaecology and Paediatrics. Additionally, Core Medical Training and Geriatric Medicine came in for particular praise, not only leading neighbouring organisations but placing us joint fourth nationally.

These improvements were also reflected in the evaluations received from pre-registration students (Nurses, Midwives and Allied Health Professionals) on placement with the Trust. These students reported an overall satisfaction rate for learners of 98% (taken from Practice Placement Quality Assurance), placing us amongst the best in the region. Signalling this good performance, one of our Education Leads was nominated for the Student Nursing Times' Awards under the category for 'Learner of the Year', while once again our Knowledge, Library and Information Service achieved a perfect score of 100% for Health Education England's (HEE) annual NHS library assessment, for the second year running.

To aid in our education ambitions, 2017/18 also saw the official opening of The Hub at Bassetlaw Hospital. Formally the Management Suite, the new area was opened following a £30,000 refurbishment. This new purposely designed facility encompasses training, education and library services under one roof offering a seamless service for students, doctors-in-training and staff.

This focus has also meant an expansion in our partnership work, working with Health Education England, local colleges and Trusts in the creation of Assistant Practitioners. An award-winning 18 month pilot scheme, this role bridges the gap between Health Care Assistant and Registered Nurse, providing a clear path for those wishing to join the health service. With 27 trainees employed at the Trust, this scheme has been proven to be extremely successful, outlining our commitment to developing our future workforce, alongside similar work with apprentices, 103 of which were placed within our hospital sites this year.

To further strengthen this good performance within education, training and research, we also made two related appointments. The first, Julie Bury, was appointed as Research Fellow in April 2017, and the second, Ms Lynda Wyld, a Consultant Breast Surgeon at DBTH, was awarded Professor of Cancer Surgery by the University of Sheffield. Both are the first to hold such titles and posts at the Trust.

Capping this successful first year as a Teaching Hospital, our Research Team have further improved our development ambitions, overseeing an 12.8% increase in the number of patients taking part in portfolio clinical research across the Trust, surpassing our target of 1,000 participant patients.

While there have been some successes in recruitment to some areas, staffing for certain specialities, particularly within nursing but also within medical areas, has been challenging.

1 Performance Report

A national issue rather than local, this has been felt no more acutely than within our Paediatrics department at Bassetlaw Hospital.

Throughout 2016/17, the Trust faced significant challenges in staffing the Children's Ward, known as A3, at Bassetlaw Hospital. Due to gaps in nursing staff and the junior doctor rota, the decision was taken in partnership with NHS Bassetlaw Clinical Commissioning Group (CCG) to close the ward to overnight admissions until suitable staffing could be recruited and the service operated overnight safely. In October 2017, following a period of review, the decision was taken to extend this action for the foreseeable future whilst further work is undertaken by partners in South Yorkshire and Bassetlaw Accountable Care System (ACS) to identify possible regional solutions for issues such as recruitment.

Despite challenges in terms of recruitment, in 2017/18 we remained focused on safe staffing levels and investments were made in-line with national recommendations from evidence based tools including Association of UK University Hospitals (AUKUH), e-panda, Baseline Emergency Staffing Tool (BEST) and Birth Rate plus. Over the year more than 99% of shifts identified were filled with the nursing workforce required to meet the needs of our patients, in accordance with the assessments.

Moving from recruitment and looking at individual, as well as departmental achievements, one of our Ear, Nose and Throat (ENT) consultants, Mr Muhammad Shahed Quraishi was named Section President of the Royal Society of Medicine, London. This caps a particularly successful number of years for the Surgeon who became the first British Surgeon to receive visiting professor status within a medical university in China, as well as being awarded an OBE in the Queen's Birthday Honours List for his outstanding work within the health service.

Finally, one of our doctors, who specialises in the treatment of eye disorders has developed an innovative free app that alerts primary care professionals to eye conditions, which if left untreated could lead to blindness. Mr Gerard Jayamanne, Consultant Ophthalmologist, has designed the 'Red Eye Red Flags' app to help GPs, Practice Nurses, Emergency Care Physicians and Opticians to spot the warning signs of the condition. Some red eye problems can cause loss of sight if treatment is not started promptly. The new app identifies red flag features which should prompt primary care professionals to make urgent referrals to an eye specialist for treatment.

A focus on performance

In 2017/18 the number of our patients waiting over four hours in our Emergency Department decreased by 0.1%, a small improvement over performance last year. While the national picture remains challenging, with increased attendances seen within services nationwide, we remain one of the best performing and consistent trusts in the region.

In order to improve our four-hour access performance, we continue to work with our partners in South Yorkshire and Bassetlaw, as well as our commissioners in both Doncaster and Bassetlaw. Further improvements are also being planned and implemented within emergency care, such as the introduction of Smart-ER which will undoubtedly benefit patients and further develop our performance.

Following the theme of sustained improvements, we have also completed another year of excellent mortality performance, with our Hospital Standardised Mortality Ratio (HSMR) reducing by 3.66 points from 91.08 last year to 87.42 this year (lower than the expected range) for the 12 month period.

1 Performance Report

These positive developments come as we renew our focus to ensure we are making every penny count. Initiatives led by the our Efficiency and Effectiveness teams, Finance Team, as well as other partners throughout the Trust have led to £10.3m in cost-savings. Coupled with an emphasis on making sure we make every penny count, this has meant we have finished the year £5.2m ahead of plan.

Particular successes have been seen in the reduction of temporary staffing, from a high of £1.476m in June 2017, to just £707,000 in January 2018. Improvements have also been seen within length of stay, safely reducing the amount of time patients have spent on wards and decreasing costs by around £840,000 in the past 12 months. At the same time, our procurement costs have been reviewed, delivering substantial savings to the Trust of around £1.08m. The latter was spearheaded by our Procurement department and to recognise this good work, the team were nominated for the Health Care Supplies Association annual awards, under the category of 'Team of the Year'.

None of this would have been possible without the support and hard work of members of Team DBTH. Care Groups have made significant cost-savings within their own areas and services, amounting to around £1.4m, with lots of ideas and plans in the pipeline, as we look to work more efficiently and effectively well into the future, ensuring the Trust is on a sustainable footing.

Aiding this position was an addition of £4.3m Sustainability and Transformation Funding (STF) due to positive financial performance. More detailed information is set out in the financial performance section on page 19.

Finally, the Trust was visited by the Care Quality Commission (CQC) late in 2017, which completed both unannounced and 'Well-Led' inspections. During these visits, the direction of the revised strategy and development of the governance structures were recognised, with acknowledgement of our continued work-in-progress across the Trust.

We expect a final report to be published in quarter one of 2018.

A focus on partners

To improve facilities for our workforce, in October, the Trust partnered with Sodexo. The ten year contract will see a number of investments and improvements to our catering services which will also offer significant benefit to our patients, such as the introduction of a new electronic ordering system, the purchase of brand new and temperature-controlled meal trolleys, as well as the opening of a Costa Coffee, Subway and a number of refurbished eateries and kitchens at Doncaster Royal Infirmary.

The Trust began work with Care1Bank, a collaborative NHS initiative consisting of five NHS trusts Barnsley Hospital, Chesterfield Royal Hospital, Lincolnshire and Goole and Sheffield Children's Hospital. By taking part in this partnership, we will be able to draw from a collective bank of skilled staff, reducing our reliance on agency workers.

This year has also seen further strengthening of our partnership work. In June 2017 the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Accountable Care Systems (ACS) in the country. Known as Health and Care Working Together in South Yorkshire and Bassetlaw, the ACS is a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.



1 Performance Report

In 2017/18, a number work streams were identified as priorities for the ACS: Mental Health and Learning Disabilities, Urgent and Emergency Care, Primary and Community Care, Cancer, Maternity and Children, Elective and Diagnostic and Healthy Lives, Living Well and Prevention. Additional work streams are set for further planning and development in 2018/19.

The ACS has helped secure additional funding into South Yorkshire and Bassetlaw health and care services thanks to the Government pledging additional funding for capital and transformation schemes. For the Trust, this is likely to lead to the purchase of a new CT scanner and an expansion in capacity at Doncaster Royal Infirmary, to improve stroke as well as cancer care.

One of the biggest pieces of work commenced in 2017/18 by the ACS was a review of all acute hospital services. The review looks at how current hospital services are provided and what needs to happen to future proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards. Related to this work, the Trust is also a key organisation within the Working Together Partnership Vanguard, a group which has now saved over £3.6m through joined-up procurement exercises.

A focus on prevention

2017/18 has seen a significant focus on prevention through innovation, exploring new technologies to improve our patient care, treatment and experience. Funded by the Fred and Ann Green Legacy, in May 2017 we purchased FilmArray, a specialist piece of equipment which can diagnose causes of meningitis and encephalitis with an hour. One of the few Trusts to have such technology, FilmArray is a further example of our commitment to ensuring patients receive the best possible care.

We have also seen further focus on research, with an emphasis on future prevention of disease and illness, with two notable projects currently underway at the Trust. The first, led by Professor Lynda Wyld, looks to reduce the difference in the outcomes of breast cancer treatment which is often seen between older and younger women. Called the 'Age Gap Study' over 3,500 patients are taking part across the country, with findings to be used to look at how treatment can become more effective for patients.

The second scheme, known as the 'Genome Project' marks the beginning of the Trust's work towards the national initiative, looking to maximise the health communities' understanding of genomics and their potential benefit when tailoring care and treatment to individuals. The project will focus on patients with a rare disease and their families and patients with cancer. As a Trust, we are pleased to be working as a partner within the project, with specialties, Breast, Urology and Haematology, taking part and patients from our hospitals consenting for samples to be part of the sequencing study.

Looking towards the challenging winter period, our Communications and Engagement team worked alongside our Occupational Health and Wellbeing department in delivering another successful flu vaccination campaign. Thanks to the tireless efforts of our vaccinators, over 3,500 flu jabs were administered to members of Team DBTH in just five weeks, becoming the first trust in the country to vaccinate over 75% frontline workers, an accolade achieved for the second year running. With a large amount of (internal) advertising and publicity involved in this successful campaign, all those involved were nominated for NHS England's Flu Fighter annual awards in the category of 'Social and Digital Media'.

1 Performance Report

Financial performance

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

Our financial statements have been prepared in accordance with the 2017/18 FT ARM and follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent to which they are meaningful and appropriate to NHS foundation trusts. Accounting policies are applied consistently in dealing with items considered material in relation to the accounts.

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

2017/18 in review

Throughout the year, our Finance and Efficiency and Effectiveness teams have worked with our staff to deliver savings of £10.3m for the Trust, reaching a control total of £16.4m as agreed upon with NHS Improvement, ending the year £5.2m ahead of plan.

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

Savings

We delivered cost savings of £10.3m for 2017/18 with a target of savings set at £17.8m for 2018/19.

Working capital

Cash balances held at 31 March 2018 were £11.866m. Total loans received during 2017/18 were £15.178m. The Trust now has £89.371m of loans.

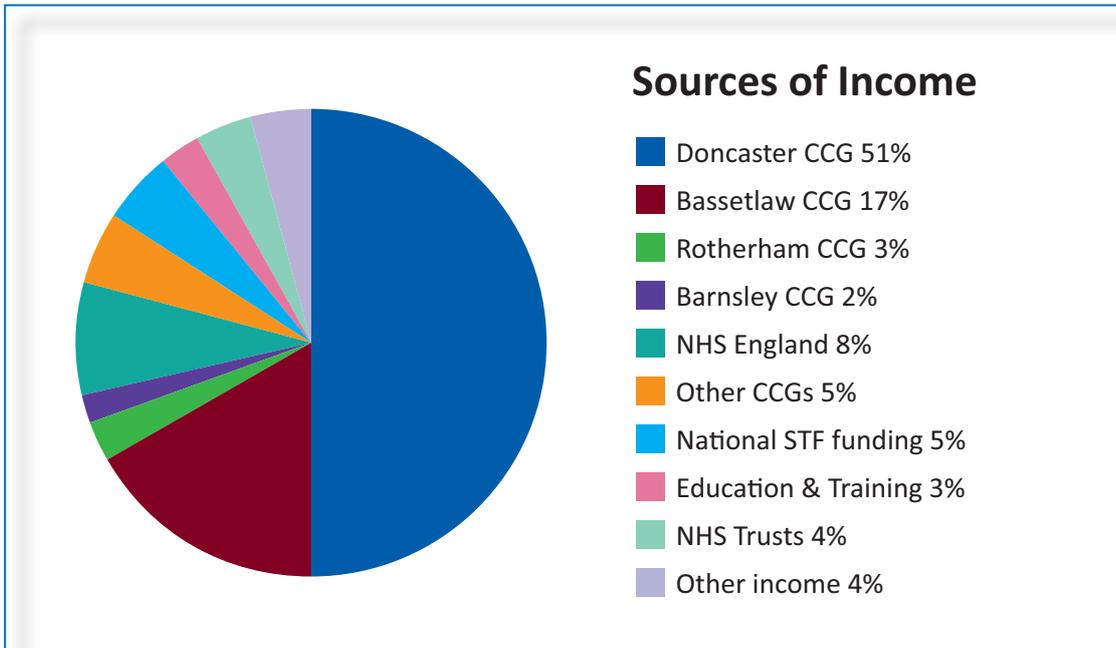
Public Dividend Capital (PDC) dividend

A charge of 3.5% of average relevant net assets is payable to the Department of Health as PDC dividend, reflecting the forecast cost of the capital we used. A dividend of £2.868m was payable during 2017/18.

Income

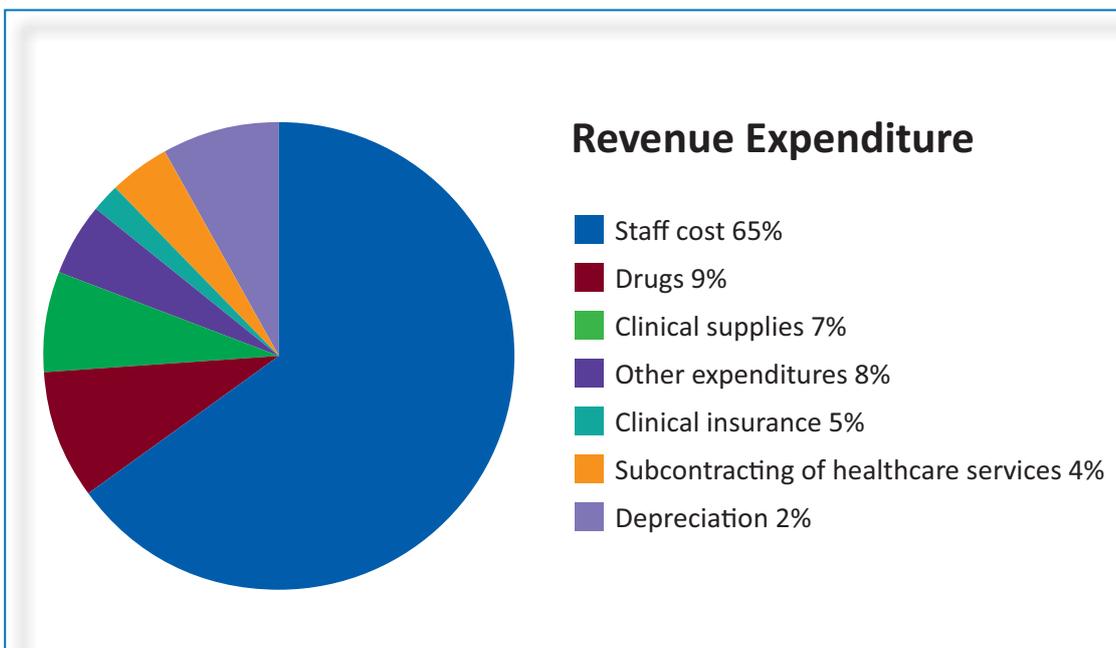
We received a total of £387m income in 2017/18, which is growth of 0.26% from the previous year.

Our main sources of income continue to be NHS Doncaster Clinical Commissioning Group and NHS Bassetlaw Clinical Commissioning Group, as shown in the following pie chart:



Revenue expenditure

During the year the Foundation Trust spent a total of £394m. As in previous years, the vast majority of our expenditure is on pay budgets (staffing) at £259m, with nursing and medical staff continuing to be our biggest areas of expenditure. For 2017/18 an increased proportion of our staffing spend was on non-substantive staff, reflecting both the national challenges in recruiting in a range of key areas, and the in-year increase in staffing requirements in response to the growth in demand.



1 Performance Report

Capital expenditure

Expenditure on larger items with a life of more than one year, typically buildings and equipment, was £7.279m of which £257k was funded by charitable donations. The major capital schemes in year were:

- Fire and Electrical Enhancements: £2.127m
- Emergency Department Front Door Service at Doncaster Royal Infirmary and Bassetlaw Hospital: £1.361m
- Medical Equipment Replacement Programme: £1.703m
- IT Infrastructure and Improvement Programme: £1.974m.



1 Performance Report

Operational Performance

Area	Indicator	Standard	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	YTD
Safety	Clostridium Difficile	40 Full Year	7	7	8	4	28
	MRSA	0	1	0	1	0	2
Quality	31 day wait for second or subsequent treatment: surgery	94.00%	100%	100%	100%	97.8%	99.4%
	31 day wait for second or subsequent treatment: anti-cancer drug treatments	98.00%	100%	100%	100%	100%	100%
	31 day wait for second or subsequent treatment: radiotherapy	94.00%	100%	100%	100%	100%	100%
	62 day wait for first treatment from urgent GP referral to treatment	85.00%	85.1%	84.8%	87.2%	86.7%	85.9%
	62 day wait for first treatment from consultant screening service referral	90.00%	96.3%	94.1%	92%	92.4%	93.7%
	31 day wait for diagnosis to first treatment- all cancers	96.00%	98.9%	98.9%	100%	98.8%	99.2%
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%	90.6%	89.9%	93.1%	78.6%	89.2%
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93%	92.5%	90.6%	94.3%	91.1%	92.1%
	A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge	95.00%	91.5%	93.5%	90.9%	90%	91.5%
	Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	90.9%	89.5%	89.6%	89.1%	89.1%

Green: Performance achieved

Orange: Performance close to achievement

Red: Performance not achieved

1 Performance Report

Four hour access target

Although we failed to achieve the four hour access target, 2017/18 saw the Trust outperform many of the trusts in the region and we were amongst the best performing organisations in the country.

Despite seeing very high attendances, the Trust managed to stay above 90% for all quarters of the year, with particularly strong performance in March, achieving 93.3% against the access target, making us 13th best performing in the country which has been undoubtedly due to all the staff working extremely hard in our emergency services pathways.

As reflects the national picture, we have faced a difficult winter period with increased demands often from older more ill patients, a position not unique to this Trust. A number of innovations have been put in place over the years to mitigate these challenges, and we expect the introduction of Smart-ER will further increase our Emergency Department performance in the coming year.

Despite missing the target, we have still managed a strong performance throughout the year.

18 week Referral to Treatment (RTT) targets

While performing above the national average, we are below the target set for RTT. In order to address this issue, weekly meetings have been held throughout the year in order to steer performance levels back in-line with our commissioned activity and targets.

To aid in this ambition, we have purchased a modelling tool called Gooroo to more accurately model activity requirements in the new financial year.

Diagnostic waits

The overall position achieved was 98.4%, a slight deterioration from last year with the biggest challenges seen in Audiology. Plans are in place to improve this service in the next financial year.

Cancer targets

For 2017/18, we have achieved the 62 day wait for first treatment, delivering 93.7%. We missed our two-week referral rates, achieving 89.2% instead of the required 93%, while all 31 day targets were achieved.

To help achieve this target in the future, the Trust has transitioned all two week referrals to the Electronic Referral System, with all GP practices within Doncaster and Bassetlaw moved to this method for 2018/19.

Other quality targets, including internal targets

Details of our performance against our quality targets can be found in our Quality Account on page 99.

1 Performance Report

Summary of awards and accolades

Members of Team DBTH 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 or noted for recognition in 2017/18 including:

April 2017

The Renal Unit at Doncaster Royal Infirmary celebrated 10 years of service and was ranked first for patient support and second for overall experience in a survey conducted by UK Renal Registry.

May 2017

The Trust's Procurement team in partnership with Rotherham NHS Foundation Trust were awarded level one in NHS Procurement and Commercial Standards. The accreditation recognises that both organisations have the 'awareness and building blocks in place' to achieve the highest standards of procurement and get the best deal for the local NHS.

June 2017

Mr Muhammad Shahed Quraishi, a Consultant Ear, Nose and Throat (ENT) Surgeon at the Trust, was appointed Order of the British Empire (OBE) for the care and treatment he has provided to the many patients he has seen in the 30 years he has spent working in the NHS, 16 at DBTH.

July 2017

As the first Trust in the country to vaccinate over 75% of all front-line staff against the flu in 2016/17, we were featured in an NHS Employers' case-study highlighting best practice for impressing on staff the importance of the job.

Mr Muhammad Shahed Quraishi is named Section President of the Royal Society of Medicine, London and will formally take up this position 2 November 2018 to the section of Laryngology and Rhinology.

The 2017/18 General Medical Council surveys were released this month, reflecting positive results for the Trust's Acute Internal Medicine, General Internal Medicine and General Surgery, all of which have scored as best in the region. Other areas, Endocrine, Diabetes and Gastroenterology, were second best in South Yorkshire with notable improvements in Emergency Medicine, Obstetrics and Gynaecology and Paediatrics. Additionally, Core Medical Training and Geriatric medicine came in for particular praise, not only leading neighbouring organisations but being placed joint fourth nationally.

Finally, this month also saw the Trust awarded 'gold' for 'Wellbeing at Work' from Nottinghamshire County Council.

August 2017

One of our consultants at Doncaster Royal Infirmary was selected for a teaching award for the third time. The Medical School at the University of Sheffield awarded Juan Ballesteros, Consultant in Emergency Medicine, the Clinical Teaching Award after students at the medical school were asked to nominate individuals who provided high quality teaching, inspiring and supporting them throughout their learning.

1 Performance Report

September 2017

Thanks to our focus on patient centred care, the Trust was nominated for the Nursing Times' award for 'Care of Older People'. This comes as we delivered substantial improvements, such as a reduction of over 20 per cent in falls since 2014, with a further 76 per cent reduction in these incidents resulting in serious harm.

October 2017

Following a successful campaign led by the Health and Wellbeing team, we became the first acute Trust in the country to vaccinate over 75% of our front-line staff against flu in the 2017/18 programme.

November 2017

Our MSK and Frailty Care Group mark an entire year without incidence of a single severe, avoidable hospital acquired pressure ulcer, with one ward going more than 1,000 days.

December 2017

The Trust's Knowledge, Library and Information Service are awarded a perfect score of 100% for Health Education England's annual NHS Library Assessment for the second year running.

February 2018

New mothers praised our Maternity services in an annual survey, sharing positive experiences during antenatal, labour and postnatal care. This national survey by the Care Quality Commission (CQC) was undertaken to gain an insight into women's experiences of maternity services across England and highlights the Trust as having scored significantly better than the national average.

Ms Lynda Wyld was awarded the title 'Professor of Cancer Surgery' by the University of Sheffield for her achievements in health and education, the first person to hold such a position at the Trust.

March 2018

The Trust's flu vaccination campaign is nominated for NHS Employers' annual Flu Fighter Awards in the category of 'Digital and Social Media'.

Aimi Dillon, Education Lead at the Trust, is nominated for the Student Nursing Times Awards under the category of 'Learner of the Year'.

Melissa Simpson, the Doncaster Children's Services Trust lead on the multi-agency Pregnancy Liaison Meeting (PLM) team and the scheme's founder, and Debbie Rees-Pollard, midwife at Doncaster and Bassetlaw Teaching Hospitals (DBTH), scoop the Partnership Working title at the national Royal College of Midwives' 2018 awards.

Social, community and human rights

Communications and Engagement

Having an open and honest approach to keeping patients, the public, GPs, staff, governors and members informed about key news and developments is very important to us. Through a wide variety of mediums, including social media, members' events and the local press, we look to genuinely engage with people, listen to their views, suggestions and feedback, and work with them to keep improving the care we provide:

- Publicising public health messages, key news and developments and pursuing positive working relationships with the media. Throughout 2017/18 the Trust once again substantially increased its output via traditional and social media to positive effect
- Consulting with patients, the public and partner organisations about our strategies and developments where appropriate – typified within the development of our new Trust strategy 2017 to 2022, demonstrating the benefits of a successful campaign
- Being honest about mistakes, both with patients/next of kin and with external bodies where appropriate. We have continued to be open and transparent in regards to our financial position, publishing a number of staff bulletins as to our progress as well as placing columns in local media
- Learning from and responding to feedback, whether it is provided directly to us or via websites like Patient Opinion and NHS Choices
- Responding to Freedom of Information (FOI) requests
- Providing patient and service users with high quality information, for example about health conditions and treatment
- Keeping key stakeholders, including governors, members, staff and GPs informed through regular briefings, publications and member events
- Holding our Board of Directors meetings and Council of Governors meetings in public
- Publicising our complaints procedure.

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

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

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

1 Performance Report

Volunteers

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

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

Charitable funds and fundraising

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

Countless individuals, many of them patients or their relatives have fundraised for the Trust's charitable funds or bequeathed legacies. We are very touched by their generosity, and that of the many companies and organisations that have made donations to benefit patient care in 2017/18.

The next financial year will mark the official launch of Doncaster and Bassetlaw Teaching Hospitals Charity.

Sustainable Development Plan

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

This means that as a Trust we will aim to reduce our carbon footprint further, building on existing efficiency measures such as cross-site shuttle services aimed at reducing grey mileage emissions, the use of Combined Heat and Power plants (CHP) at our Doncaster and Montagu sites, and an ongoing capital investment programme which has led to an increased use of energy efficient plant and equipment across Trust properties.

Further efficiency measures are to be developed in-line with the Lord Carter supported guidance document 'Implementing Energy Strategies in Healthcare Estates: A Best Practice Guide to the Model Hospital', published by the Carbon Energy Fund with support from organisations such as HEFMA, IHEEM and NHS Improvement.

The Trust's CHP plants at DRI and Montagu Hospital have the potential to generate over 1.2 megawatts of electrical energy, and provide efficiency by utilising the heat produced by the CHP engine to support the generation of steam, hot water and heating, thus reducing the total energy required to provide these services at each site.

The reportable carbon emission of the Trust has demonstrated a continued downward trend for the last four years, resulting in a reduced Carbon Reduction Commitment (CRC) cost to the Trust. The most recent projection provided at month nine (December 2017) for the 2017/18 CRC reporting period indicates that this trend is likely to continue, with carbon emissions having reduced by 9% in comparison to the same period last year. Similarly, emissions associated with combustion on site at DRI, which qualify for the EU Emissions Trading Scheme (EUETS), were found to have fallen by 4% in comparison to the previous year.

Key developments since the end of 2017/18

The Trust said goodbye to one Board member at the end of March 2018 and welcomed two others. John Parker left the organisation on 31 March as a Non-Executive Director. Two new additions to the Board, Pat Drake and Kath Smart, began their tenure as Non-Executive Directors on 1 April 2018.

The Trust is anticipating the publication of its Care Quality Commission (CQC) results in addition to being accepted into NHS Improvement's LEAN programme. The focus of this programme will be on delivering results patients will see and feel. This will be using quality and improvement, as well as 'lean' methods to empower staff and patients to improve their own processes and ways of working, and to improve the care we provide. Previous trusts who have been involved in similar programmes have seen significant improvements in their patient feedback, CQC ratings and in their staff engagement.

In May, we received the Hospital Services Review. Like our partners across the South Yorkshire and Bassetlaw region, we will be considering its recommendations with our Board of Directors, as well as with key health organisations in the area.

Principal risks and uncertainties and factors affecting future performance

The principal risks against achievement of the Trust's strategic objectives are as highlighted below:

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

Whilst the Trust has gone through an extensive and detailed budget setting process, the organisation has a number of risks which may affect the delivery of this budget. This includes £17.8m of effectiveness and efficiency savings which equates to around 4.5% of our total budget.

There is also a variance between the Trust's financial plan and what commissioners feel they are able to pay. Whilst there are plans across the health community aimed at reducing demand for acute services, demand predictions for demographic growth not included in contracts by commissioners may result in adverse variance in the financial performance of the Trust.

- **Ensuring that appropriate estates infrastructure is in place to deliver services and inability to meet Trust's need for capital investment**

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

The Grenfell Tower tragedy has increased the emphasis on ensuring public buildings are meeting changed evacuation strategies and in line with fire safety regulations, with additional requirements put in place over and above the significant investment the Trust was already making in respect of fire safety compliance.

In 2017/18, following the specific Turnaround requirements the Trust reinstated its governance framework for overseeing capital works, and the estates capital programme for 2018/19 is based upon maintaining and improving the safety of the buildings and our environments, and in so doing, supporting patient safety.

1 Performance Report

Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge.

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

Like many trusts nation-wide this year we have faced staffing challenges. In order to address these issues, we are looking at new and innovative programmes to fill these workforce gaps, promoting our teaching hospital status to aid our recruitment processes. We continue to strive to improve the use of locums and our bank workforce, ensuring we utilise our temporary workforce in a cost effective and efficient way.

A key challenge for 2018/19 is to recruit, retain and develop sufficient nursing and other clinical staff to ensure safe staffing levels. We are using both national and local evidence to define evidence-based staffing levels for an increasingly wide range of staff.

The governance structures are in place to support the active reduction of our agency spending in line with the identified price caps and to minimise our reliance on agency and locum. This active management approach to our workforce has already achieved improvements in the relative use of agency nurses.



Going Concern

The Department of Health requires Foundation Trusts to decide the going concern status on an annual basis, the going concern principle being the assumption that the entity will remain in business for the foreseeable future. The Board of Directors considered this at their meeting on 22 May 2018.

The Foundation Trust reported a deficit financial position of £11.253m the year along with current liabilities exceeding current assets by £5.5m. The Board recognised a level of material uncertainty, with the key issues being the Trust's reliance on additional cash resource provided by NHS Improvement. The Trust has submitted a financial plan for 2018/19 that assumes the continuation of this support.

However, the Board agreed that the Trust was a going concern on the basis of the following:

- Continuing support from local commissioners - the Trust currently has a contract in place to 31st March 2019
- The Trust ended the year with c. £12m cash in the bank
- Within the proposals for the local ICS the Trust is expecting to become the second major emergency centre in South Yorkshire and Bassetlaw with inward investment to support the additional services once final decisions are made e.g. the successful bid for additional CT facilities to support this show the intent to support the site going forward
- The Trust is in discussions with CCGs to repatriate work to its sites
- Whilst no formal undertaking has been received from NHSI to continue to provide additional liquidity on an ongoing basis, all planning assumptions that the Trust operates under imply this will be forthcoming
- The Trust has delivered a year-end financial outcome ahead of its agreed control total for 2017/18 and plans to achieve the lower target assigned for 2018/19
- The NHSI Board have agreed to lift all licence conditions on the Trust following the second year of financial delivery ahead of plan.



Richard Parker
Chief Executive (acting in his capacity as Accounting Officer)
29 May 2018

2 Accountability Report

Directors Report

Composition of the Board

During 2017/18, the following persons were members of the Board of Directors:

Name	Position	Term of office	Term of office from	Attendance at Board meetings
Suzy Brain England	Chair of the Board	3 years	1.1.17	12 of 12
Alan Armstrong	Non-executive Director (Senior Independent Director)	2 years	1.10.16	11 of 12
Martin McAreavey	Non-executive Director (resigned 27 September 2017)	3 years	1.3.15	5 of 6
John Parker	Non-executive Director (left the Trust 31 March 2018)	2 years	1.4.16	10 of 12
Linn Phipps	Non-executive Director	3 years	1.1.17	10 of 12
Neil Rhodes	Non-executive Director	3 years	1.4.17	12 of 12
Philippe Serna	Non-executive Director	3 years	1.7.15	8 of 12
Richard Parker	Chief Executive			12 of 12
Karen Barnard	Director of People and Organisational Development			12 of 12
Moira Hardy	Acting Director of Nursing, Midwifery and Quality (until 31 December 2017) and Director of Nursing, Midwifery and Allied Health Professionals (from 1 January 2018)			12 of 12
David Purdue	Chief Operating Officer (and Deputy Chief Executive from 1 January 2018)			12 of 12
Jon Sargeant	Director of Finance			11 of 12
Sewa Singh	Medical Director			12 of 12

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

Non-executive Directors are appointed and removed by the Council of Governors, while Executive Directors are appointed and removed by the Nominations and Remuneration Committee of the Board of Directors. The Chair of the Board's other main commitments are as Chair of Keep Britain Tidy and Derwent Living and as a Lay Representative for Health Education England: Yorkshire and Humber. In 2017/18, she took on an additional responsibility as an Acute Trust Chair on the board of NHS Providers.

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 Council of Governors during 2017/18 as part of Non-executive Director appointments processes when it was agreed that all four non-executive roles would proceed to open competition. Two new non-executive directors were appointed in 2017/18. Both are due to fill vacancies from 1 April 2018.

2 Accountability Report

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

Non-Executive Directors



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



Alan Armstrong has spent most of his career working in personnel and human resources in industry. In 1996, he joined NSK Europe Ltd, a Japanese-owned firm that produces bearings for the automotive and general industrial markets, as their Human Resources Manager and rose to Board-level positions. He was their European HR Director from 2010 until May 2013. Alan now runs his own consultancy firm focusing on corporate HR strategy development, talent management, employee engagement and facilitating continuous improvement within organisations. He is also a member of the Institute of Directors and spent two years as a Non-executive Director of Nottinghamshire and Derbyshire Chamber of Commerce.



Martin McAreavey (resigned 27 September 2017) left Northern Ireland when he was 18 to train in Medicine and General Medical Practice in Scotland. In 1999 he moved with his family to Yorkshire to train in Public Health Medicine. Since qualifying as a Consultant in Public Health Medicine in 2005 he has taken on increasingly senior roles in Health Care and Health Care Education, his current role being Deputy Director of the Leeds Institute of Medical Education, this institute responsible for the training of new doctors (approx. 1,400 medical students in total), and Associate Professor at the University of Leeds. He also holds an honorary Consultant contract in Public Health Medicine with Public Health England and an Executive Master of Business Administration degree from the Leeds University Business School.



John Parker (left the Trust 31 March 2018) was born and brought up in Manton, Worksop and currently lives in Saxilby. He is a qualified accountant and during his career has gained a wealth of financial experience. In addition to senior Civil Service appointments, John has been Finance Director for a number of large public and private sector organisations. John is currently Senior Lecturer in Finance at Sheffield Hallam University Business School and is a partner in a firm of financial management consultants.

2 Accountability Report



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



Neil Rhodes was born and brought up in Barnsley and now lives in the north of Lincolnshire. His particular areas of interest in the NHS are the quality of patient care and the importance of the patient perspective in designing services that give real value for money. Neil is the Chair of the Financial Oversight Committee of the Trust, responsible for the scrutiny of those areas on behalf of the wider board. His professional background was in policing, where as a chief constable he was responsible for the running of a large public sector organisation, with complex finances and a clear public service ethos. Neil has extensive experience in the delivery of large programmes of work, including the management of organisational change, provision of core computer systems and the outsourcing of services. His interests outside of the Trust include non-executive membership of the national Youth Justice Board since 2013 and both personnel and organisational development work as a consultant.



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

Executive Directors



Richard Parker was appointed Chief Executive in January 2017. Richard's previous role was Director of Nursing, Midwifery & Quality. Richard began his career as a student nurse, qualifying in 1985. Richard was appointed Deputy Chief Nurse at Sheffield Teaching Hospitals in 2005, Deputy Chief Operating Officer in 2010 and then Chief Operating Officer in 2013. He held that position until joining us in October 2013. Richard has a special interest in ways of ensuring that nurse staffing levels are safe, appropriate and provide high-quality patient care. He gained a MBA (Health and Social Services) in 1997 from Leeds University and the Nuffield Institute for Health and his dissertation was on acuity, patient dependency and safe staffing levels.



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

2 Accountability Report



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



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



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



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

Registers of interests

All Directors and Governors are required to declare their interests, including company directorships, on taking up appointment and as appropriate at Council 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 Council of Governors or Board of Directors. One director declared a company directorship which may have conflicted with his management or governance responsibilities at the Trust and subsequently resigned his position at the Trust. The Register of Directors' Interests and the Register of Governors' Interests are available on request from the Foundation Trust Office at Doncaster Royal Infirmary.

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Cost allocation and charging

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

Donations

The Trust made no donations to political parties or other political organisations in 2017/18 and no charitable donations in 2017/18.

Payments Practice Code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. The Trust is in receipt of cash support from the Department of Health and therefore the Trust's cash flow is being proactively managed with the aim of paying outstanding invoices within the Public Sector Payment Policy 30 day target.

Performance for 12 months ending 31st March 2018	Number	000's
Non NHS payables		
Total non NHS trade invoices paid in the period	85,638	182,108
Total non NHS trade invoices paid within target	54,567	157,082
Percentage of non-NHS trade invoices paid within target	63.7%	86.3%
NHS payables		
Total NHS trade invoices paid in the period	2,508	13,766
Total NHS trade invoices paid within target	1,656	8,463
Percentage of NHS trade invoices paid within target	66.0%	61.5%

Quality governance

The Board of Directors monitors a series of quality measures and objectives on a monthly basis, reported as part of the Business Intelligence Report and Nursing Workforce report. Risks to the quality of care are managed and monitored through robust risk management and assurance processes, which are outlined in our Annual Governance Statement. The committees of the Board, particularly the Quality and Effectiveness Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement.

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

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

The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality. More information on our arrangements to govern service quality can be found in our Annual Governance Statement (page 81) and Quality Account (page 107). There are no material inconsistencies to report between the Annual Governance Statement, annual/quarterly board statements, the Board Assurance Framework, Quality Account, Annual Report and CQC reports.

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

Disclosures to auditors

Each director confirms that, as far as they are 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.

Income disclosures

The directors confirm that, as required by the Health and Social Care Act 2012, the income that the Trust has received from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

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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 Council of Governors' new role in providing oversight of this.

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

Remuneration report

Annual Statement on Remuneration

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

During 2017/18, all executive and non-executive directors received a 1% increase in line with the pay increase awarded to staff nationally.

Suzy Brain England OBE
Chair of the Board
29 May 2018



Remuneration policy – Executive Directors

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

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

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

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

Two Executive Directors earn more than £150,000, and the Nominations and Remuneration Committee has given detailed consideration to the context of this salary and the performance of the individuals in order to satisfy itself that this remuneration is reasonable.

Remuneration policy – Senior managers¹

As at 31 March 2018, three senior managers other than the Executive Directors are not remunerated according to Agenda for Change Terms and Conditions of service.

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

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

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

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

The Trust intends to maintain this remuneration policy for 2018/19.

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

Remuneration policy - Other employees

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

Early Termination Liability

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



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Future Policy Table

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

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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 2017/18 consisted of the Chairman and Non-executive Directors. The Chief Executive, the Director of People and Organisational Development (both of whom withdraw if their own remuneration or appointment is considered) and the Trust Board Secretary attend by invitation in order to assist and advise the committee. The committee was convened on four occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	4 of 4
Alan Armstrong	Non-executive Director (Senior Independent Director)	4 of 4
Martin McAreavey	Non-executive Director (resigned 27 September 2017)	1 of 2
John Parker	Non-executive Director (left the Trust 31 March 2018)	2 of 4
Linn Phipps	Non-executive Director	2 of 4
Neil Rhodes	Non-executive Director	4 of 4
Philippe Serna	Non-executive Director	4 of 4

Fair pay comparison

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

The banded remuneration of the highest paid director in in the financial year 2017/18 was £200 -205k (2016/17 - £215 -220k). This was 9.04 times (2016/17 - 8.55 times) the median remuneration of the workforce, which is £22,232 (2016/17, £25,413). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employers' pension contributions and the cash equivalent transfer value of pensions.

Expenses

	2017/18			2016/17		
	No. in office	No. receiving expense	Expenses Paid (£)	No. in office	No. receiving expense	Expenses Paid (£)
Non-executive directors	7	6	£12,738.16	9	9	£10,209.24
Executive directors	6	4	£2,021.09	9	5	£1,980.43
Governors	45	6	£2,131.44	35	8	£2,242.80

Senior Managers Service Contracts

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

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Name	Position	Date of contract (date commenced in post as senior manager)	Unexpired term as at 31 March 2018
Suzy Brain England OBE	Chair of the Board	1.1.2017	1 years 9 months
Alan Armstrong	Non-executive Director (Senior Independent Director)	1.10.2013	6 months
Martin McAreavey	Non-executive Director (resigned 27 September 2017)	1.3.2015	n/a
John Parker	Non-executive Director (left 31 March 2018)	1.4.2010	n/a
Linn Phipps	Non-executive Director	1.1.2017	1 years 9 months
Neil Rhodes	Non-executive Director	1.4.2017	2 years
Philippe Serna	Non-executive Director	1.7.2015	4 months
Richard Parker	Chief Executive	14.10.2013	n/a
Karen Barnard	Director of People and Organisational Development	2.5.2016	n/a
Moira Hardy	Acting Director of Nursing, Midwifery and Quality (until 31 December 2017) and Director of Nursing, Midwifery and Allied Health Professionals (from 1 January 2018)	3.1.2017	n/a
David Purdue	Chief Operating Officer (and Deputy Chief Executive from 1 January 2018)	10.7.2013	n/a
Jon Sargeant	Director of Finance	2.10.2016	n/a
Sewa Singh	Medical Director	1.4.2012	n/a

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Name and Title	2017-18							2016-17						
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual Performance related bonus (bands of £5000)	Long Term Performance related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual Performance related bonus (bands of £5000)	Long Term Performance related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)
Suzy Brain England OBE - Chair of the Board	45-50						45-50	10-15						10-15
Alan Armstrong Non-executive Director	10-15						10-15	10-15						10-15
John Parker Non-executive Director (left the Trust 31.3.18)	10-15						10-15	10-15						10-15
Martin McAreavey Non-executive Director	5-10						5-10	10-15						10-15
Linn Phipps Non-executive Director	10-15						10-15	0-5						0-5
Philippe Serna Non-executive Director	10-15						10-15	10-15						10-15
Sewa Singh Medical Director	200-205				0		200-205	215-220				70-72.5		285-290
David Purdue Chief Operating Officer	115-120				35-37.5		150-155	110-115				70-72.5		180-185
Richard Parker Chief Executive	155-160				77-77.5		230-235	125-130				125-127.5		250-255
Jon Sargeant Director of Finance	130-135				0		130-135	55-60				30-32.5		85-90
Karen Barnard - Director of People and Organisational Development	105-110				22.5-25		125-130	95-100				22.5-25		115-120
Moira Hardy – Acting Director of Nursing, Midwifery and Quality (until 31 December 2017) & Director of Nursing, Midwifery and Allied Health Professionals (from 1 January 2018)	100-105				150-152.5		250-255	20-25				22.5-25		40-45

The remuneration report table above has been prepared in-line with 2017/18 ARM for Foundation Trusts. The basis of calculation for pension related benefits shows the pension accrued in year multiplied by a factor of 20, this has resulted in large pension related benefits being shown in the remuneration report table above.

The basis of calculation for pension related benefits is in line with section 7.69 of the ARM, and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is:

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

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.

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Pension benefits

Salary and pension entitlements of senior manager

Name and Title	Real increase/ (decrease) in Pension age (Bands of £2500) £000	Real increase/ (decrease) in pension related lump sum at pension age (Bands of £2500) £000	Total accrued pension at pension age at 31 March 2018 (Bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2018 (Bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2017 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer value at 31 March 2018 £000	Employers contribution to stakeholder pension £000
Sewa Singh Medical Director	0	0	65-70	225-230	1774	1774- *Note 1	0	-
Jon Sergeant Director of Finance	0	0	35-40	105-110	778	0	754	-
Karen Barnard Director of People and Organisational Development	0-2.5	2.5-5	40-45	130-135	848	80	937	-
David Purdue Chief Operating Officer	0-2.5	0-2.5	45-50	115-120	715	76	798	-
Moira Hardy – Acting Director of Nursing, Midwifery and Quality (substantive from 1 January 2018)	5-7.5	20-22.5	40-45	120-125	661	165	833	-
Richard Parker Chief Executive	2.5-5	12.5-15	50-55	155-160	905	138	1052	-

Note 1 – Variance due to retirement and therefore taking pension

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. CETVs are calculated within the guidelines and framework prescribed by the Institute and faculty of Actuaries.

Real increase in CETV

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

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



Richard Parker
Chief Executive
29 May 2018

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Our staff

We can only realise our vision as a Trust through the enthusiasm, innovation, hard work, engagement, values and behaviours of our staff. 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 DBTH is an organisation with great people, providing great care, each and every day.

We also know that we can continually improve, aiming to be the best 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 Union representatives, through collective agreements, to open feedback forums regarding planned changes.

Our monthly Staff Brief keeps team members informed about key news and developments, including the Trust's performance and how staff can contribute towards improvement. This follows the monthly Board of Directors meeting that takes place a few days earlier and ensures information is cascaded quickly throughout the organisation. Members of the Executive Team brief members of staff at each site, encouraging engagement and informal questions. The Staff Brief documents are also cascaded through the organisation by managers and team leaders and are made available on the intranet.

The weekly DBTH Buzz staff newsletter, which communicates key information, celebrates individual and team achievements and draws attention to the various roles within the organisation highlighting how every member of staff has an important role to play in our success as an organisation. The newsletter enjoys a healthy following, with an average of 4,000 readers each week.

In-line with our cost saving efforts this year, we produced a separate, monthly, bulletin detailing our Efficiency and Effectiveness journey. Ultimately, this brief kept staff up-to-date on all things cost improvement, with a key focus on our control total, total savings and target for the financial year.

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

We have also branched out into different mediums of communication. In 2017 we introduced a staff Facebook 'group'. With almost 2,000 members by March 2018, this closed network is administrated by the Communications Team and only open to members of the Trust. This new platform gives staff an informal forum in which to communicate, as well as giving the organisation the opportunity to share news with those harder to reach groups of staff.

The Communications and Engagement team embarked on a project to design and develop the Trust's new Intranet site, expected to be completed by quarter three of 2018, further improving communication.

Reward and recognition

It is important that we encourage and recognise good performance by our staff.

We have a team award scheme called DBTH Stars (Staff Awards and Recognition Scheme), which enables any employee to nominate colleagues whom they believe deserve recognition for the work they do.

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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.

In September 2017, we held the annual DBTH Stars event celebration at Doncaster's Keepmoat Stadium. For the first time, the event was organised entirely by the Trust's Communications and Engagement team, with support from local sponsors. Hosted by Look North's Harry Gration, the event was a resounding success with staff and sponsors and we are already organising the 2018 event.

Health and Wellbeing

A healthy workforce is a vital element in providing high-quality care to our patients. The Health and Wellbeing strategy has picked up pace with an increase in staff engagement in relation to healthy lifestyle activities. Our new Lifestyle Assessment Service for staff has been implemented, along with a range of exercise opportunities including a walking programme. A team of over 60 health champions from within existing staff have been recruited and trained and are available to support staff with leading a healthier lifestyle.

Our 2017 Staff Survey results show a slight increase in staff experiencing work related stress and we aim to improve on this in the coming year, with a range of opportunities for staff including training and mindfulness.

We have achieved the Nottinghamshire Wellbeing at Work Award at 'Gold Level' and we are working towards achieving 'Platinum Level', as well as the National Workplace Health Charter. We achieved the National Sport and Physical Activity 'Bronze Award' and are building towards the 'Silver Award'.

Our Occupational Health and Wellbeing team supports people returning to work after illness and this year with cross-organisational support ran another very successful flu vaccination programme that resulted in over 85% of frontline staff being immunised and receiving the accolade of being the first Trust in the country to vaccinate 75% of frontline workers by 30 October 2017.

Health and safety

Over the past year, although we have continued to encourage staff to report issues, we have shown a 5.6% decrease in incident reporting from 2,122 to 2,003 and we are still well below the national average.

Nationally the NRLS has reported that there has been an overall 6.9% increase in reporting to them. DBTH has seen an 8.6% decrease in reporting over the same period.

There has been a drop in the number of falls reported within the Trust from 1,583 to 1,485 which equates to 6.19%. This correlates with the work of the Enhanced Care Team who commenced in post in October 2017. The harm/no harm ratio is under the national average (NRLS figures demonstrate 24.5% harm rate for all submitted incidents) at 21.81% harm.

There is normal variation in the number of sharps incidents reported, however there is a demonstrable increase in the number being reported over the last year from 120 to 131 equating to 8.3%. This may relate to the push on improving reporting on Datix to Occupational Health and the Emergency Departments.

This financial year has seen a significant decrease in the number of RIDDOR reportable incidents from 33 to 19, but a concern is the number of late reported incidents. We are required to report RIDDOR incident within 15 days, we have often exceed this which can be attributed to a lack of understanding



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of the importance of reporting incidents immediately, which we are looking to improve in 2018/19.

Education and training

As part of our promise to staff to 'Develop Belong Thrive Here' and our formal recognition as a Teaching Hospital, we are committed to the training of our staff to enable them to provide an excellent service for our patients.

Our Training and Education Department facilitates this process by providing a wide range of courses offering professional development, as well as Statutory and Essential for Role Training (SET). Care Group Educational Leads work with the Care Group and corporate service leaders to ensure that the Training and Education Department commission and deliver education aligned to the business need. As a Trust we have successfully secured 'training grant' money from Health Education England (HEE) to support the upskilling of some staff to Assistant Practitioners and Advanced Clinical Practitioners. We have also worked closely with the Local Workforce Action Board to help shape and support the three regional priorities: South Yorkshire Region Excellence Centre (SYREC), Advanced Practice Faculty and Primary Care Workforce.

With the introduction of the apprenticeship levy we have further developed partnerships both internally and with external education providers to maximise the benefit for our staff. An apprenticeship operational group, reporting to the Workforce and Education Committee has been established to provide direct oversight, direction and support for all apprenticeships.

All three of our hospital sites have newly refurbished training rooms with eLearning suites to support learning close to the work place. Within the Mexborough Hospital site we continue to host a regional simulation centre, supported by Health Education England which regularly receives outstanding feedback from a range of learners.

Workforce statistics as at 31 March 2018

(excl. bank and locum)	Total (Headcount)	Permanently Employed (WTE)	Other (Headcount)
Total staff employed as at 31 March 2018	6001	4995.63	500
Medical and dental	313	297.69	284
Administration and Estates	1841	1428.88	147
Healthcare assistants and other support staff	1338	1100.43	17
Nursing, midwifery and health visiting staff	1812	1553.75	35
Scientific, therapeutic and technical staff	558	491.18	15
Healthcare science staff	139	123.70	2
Other	-	-	-

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	2017/18 Actual	2017/18 Target	Benchmarking data
Staff Sickness Absence Rate	4.40%	3.50%	2016/17 rate was 4.9%
			In 2015/16 the regional average is 5.0%

Staff Costs

	Total £000	Permanently employed total £000	Business with other WGA bodies £000	Business with bodies external to Government £000	Other total £000	Business with NHS FTs £000	Business with NHS Trusts £000	Business with bodies external to the Government £000
Salaries and wages	197,564	192,115				5,449	-	
Social security costs	22,406		22,406	-	-	-	-	-
Apprenticeship Levy	967		967					
Pension cost - defined contribution plans employer's contributions to NHS Pensions	22,401		22,401	-	-	-	-	-
Pension cost - other	18		18	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-
Temporary staff - external bank	-	-	-	-	-	-	-	-
Temporary staff -agency/contract staff	15,819	-	-	-	-	-	-	15,819
NHS charitable funds staff		-	-	-	-	-	-	-
Total Staff costs	259,694	192,115	45,792	-	-	5,449	-	15,819

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Equality and diversity

We have a richly diverse workforce (see our workforce statistics below), with staff from across the globe working alongside those born in South Yorkshire and Bassetlaw. Respect for each other's unique skills, experience and strengths is an integral element in effective team-working and our Fair Treatment for All Policy sets out the standards we expect. This includes equality of opportunity for job applicants, where we anonymise applications before shortlisting. We are now recognised as Level 2 on the Disability Confident Scheme (replacing the Disability Two Ticks framework) focused on retention as well as recruitment. To support this work we have policies and guidelines in place to encourage recruitment of people with disabilities. We also make reasonable adjustments to enable us to retain staff that become ill, or develop disabilities, with further support available from our Occupational Health Team.

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

Equality Information as at 31 March 2018 - Directors

Gender (Directors Only)	Headcount	Headcount %
Female	4	44.44
Male	5	55.56

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

Senior Managers

Gender	Headcount	Headcount %
Female	134	69.07
Male	60	30.93

Equality Information as at 31 December 2017

Gender	Headcount	FTE	Headcount %
Female	5,503	4,478.70	82.5
Male	1,164	1,028.09	17.5

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Age	Headcount	FTE	Headcount %
16 - 20	42	35.7	0.63
21 - 25	455	425.09	6.82
26 - 30	733	622.84	10.99
31 - 35	738	612.91	11.07
36 - 40	702	568.83	10.53
41 - 45	733	621.16	10.99
46 - 50	873	745.46	13.09
51 - 55	1,052	878.55	15.78
56 - 60	795	613.01	11.92
61 - 65	437	317.7	6.55
66 - 70	91	57.37	1.36
71 & above	16	8.18	0.24

Ethnicity	Headcount	FTE	Headcount %
Any Other	59	54.03	0.88
Asian	328	290.32	4.92
Black	96	183.14	1.44
Chinese	24	19.65	0.36
Mixed	57	48.78	0.85
White	5,880	4836.65	88.2
Not Disclosed	223	171.66	3.34

Disability	Headcount	FTE	Headcount %
No	5,021	4157.42	75.3
Yes	190	152.81	2.8
Not Disclosed	79	66.35	1.2
Unspecified	1,377	1130.21	20.7

Sexual Orientation	Headcount	FTE	Headcount %
Bisexual	12	10.65	0.18
Gay	13	12.40	0.19
Heterosexual	2,443	2054.73	36.64
Lesbian	15	13.23	0.22
Not Disclosed	3,447	2803.76	51.70
Unspecified	737	612.03	11.05



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

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

Gender Pay Gap

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap annually commencing 31 March 2018 with data as at 31st March 2017. The Trust uses the national job evaluation framework for Agenda for Change staff to determine appropriate pay bandings; this provides a clear process of paying employees equally for the same or equivalent work. Each grade has a set of pay points for annual progression, the longer period of time that someone has been in a grade the higher their salary is likely to be irrespective of their gender.

It should be noted that gender pay gap reporting is different from equal pay which deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is prohibited under UK law to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women and the regulations require both median and mean figures to be reported. The median shows the mid-point salary of any sample, calculated through sorting the hourly rates from lowest to highest and calculating the middle value. The mean is the overall average of the sample and therefore the overall figure can be influenced by any extremely high or low hourly rates of pay.

It is therefore possible to have genuine pay equality but still have a significant gender pay gap.

Mean Gender Pay Gap

The mean gender pay gap shows that female staff are paid 36.1% less than male staff at the Trust.

This is a substantial difference which we believe is due largely to the fact that we employ a higher number of male staff in senior medical and dental positions. In addition, some senior medical and dental staff are in receipt of Clinical Excellence Awards which are consolidated into basic pay.

Median Gender Pay Gap

The median gender pay gap shows that female staff are paid 26.5% less than male staff. We believe this is a more accurate representation of the position at DBTH but acknowledge that there is still work to be done.

As a Trust we welcome the introduction of gender pay gap reporting across both public and private sector organisations. We are fully supportive of equality of opportunity within our workforce. We recognise that this data tells us that there is further work to be undertaken to achieve that equality of opportunity. We have females represented in many senior positions – our Chair of the Board is female and four of our nine Directors are also female.

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But we acknowledge that there could be greater representation in the senior clinical roles which appear to drive the greatest variances in this report. The current NHS medical workforce has a far greater proportion of men, however at junior doctor level the numbers are more equal. This should create a viable pipeline to more senior roles over time.

We have a robust recruitment process and diversity and inclusion is embedded into this, and all our policies. We will continue to recruit on merit in a fair, open and transparent manner. We also have a suite of family friendly policies with a range of flexible working patterns including support for women returning to work.

We hope that, over time, and by taking account of some of the issue highlighted in this report, the gender pay gap will reduce.

Organisation's Structure and Principal Activities

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

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

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

We serve a population of more than 420,000 across south Yorkshire, north Nottinghamshire and the surrounding areas and we run three hospitals: Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital, as well as outpatient services at Retford Hospital and Chequer Road Clinic.

Our Supply Chains

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

Slavery and Human Trafficking Statement 2017/18

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

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Our Policies on Slavery and Human Trafficking

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

Due Diligence Processes for Slavery and Human Trafficking

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

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

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

The Supplier warrants and undertakes that it will:

- (i) comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and
- (ii) Notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;
- (iii) At all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Authority and shall provide to the Authority any reports or other information that the Authority may request as evidence of the Supplier's compliance with this Clause 10.1.29 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery policy.

Supplier Adherence to Our Values

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

Training

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

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

Staff Survey

Our performance on staff satisfaction is benchmarked against other similar trusts once a year in the NHS National Staff Survey. In most trusts this is done by surveying a randomly-selected representative



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sample of staff. Our first census survey was in 2012 and we have continued with the same approach each year, surveying every substantive employee (those on long-term or permanent contracts).

In 2017/18 we continued with an online survey for all staff, and saw our response rates again increase, now up to 50%. This gives us confidence in the validity of the data and the ability to drill down. We will continue to work with leaders across the Trust to achieve further improvements in response rates.

Response rate and overall staff engagement

	2016	2017		Trust improvement/deterioration
	Trust	Trust	Benchmarking Group (all Acute Trusts) average	Increase/decrease in percentage points
Response rate	47%	50%	45%	A further improvement in the response rate, greater than the 2% increase for all acute trusts.
Staff engagement	3.66	3.66	3.79	Our rate has remained steady, whilst the figure for all acute trusts has decreased by 0.6% for the same period.

Top 5 Ranking scores

	2016	2017		Trust improvement/deterioration
	Trust	Trust	Benchmarking Group (all Acute Trusts) average	
KF16. Percentage of staff working extra hours	69	67	72	A statistically significant decrease in this Key Factor. This was one of our five highest last year.
KF20. Percentage of staff experiencing discrimination at work in the last 12 months	9	10	12	No statistically significant increase in this Key Finding. This was one of our five highest last year.
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26	26	28	No statistically significant increase in this Key Finding. This was one of our five highest last year.
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	30	29	31	No statistically significant change in this Key Finding This was one of our five highest last year.

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KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	24	23	25	No statistically significant change in this Key Finding. This was one of our five highest last year.
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Bottom 5 Ranking Scores				
	2016	2017		Trust improvement/deterioration
	Trust	Trust	Benchmarking Group (all Acute Trusts) average	
KF.29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	89	87	90	A decrease, but not statistically significant
KF.18 percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	56	58	52	An increase, but not statistically significant
KF7: Percentage of staff able to contribute towards improvements at work	63	65	70	An improvement, but still well short of the benchmark. One of our five lowest last year.
KF.4: Staff motivation at work	3.86	3.81	3.92	A statistically significant reduction.
KF9: Effective Team Working	3.61	3.61	3.72	Trust score held fast, whilst benchmark reduced. One of our five lowest last year.

Future priorities and targets:

Generally overall experience of being part of team DBTH showed a modest improvement this year. Again, there was some really positive feedback highlighted by the survey. Low levels of staff reported witnessing potentially harmful errors at work and the levels of harassment, discrimination and bullying experienced by staff, from patients and other staff, are amongst some of the lowest in the country.

Work will commence in 2018/19 to improve lower scores seen in this year's Staff Survey, with each Care Group and directorate required to complete a SMART action plan to address the issues identified.

In terms of comparison with the 32 Key Factors with 2016/17 results, we saw a statistically significant decrease in only one, and a significant increase in one other, with the vast majority relatively unchanged. The corporate priorities to address these will be determined following a local action planning exercise instigated by the Chief Executive.

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

Countering fraud, bribery and corruption

Fraud in the NHS is not a victimless crime as losses can have an impact on the delivery of patient care, so everyone has a duty to help prevent it. NHS fraud may be committed by anyone, including staff, patients and suppliers of goods/services to the NHS. To ensure we have the right culture and that our staff are able to recognise and report fraud, we require all employees to receive fraud awareness training as part of our Statutory and Essential Training (SET) program; the compliance level for 2017/18 was at 94%. Annually, we also conduct a fraud awareness survey and to further amplify our efforts, we held a Fraud Awareness Month in November 2017. The Trust was also pleased to be an official supporter of International Fraud Awareness Week in the same month.

The NHS Counter Fraud Authority (NHSCFA) provides the national framework through which NHS trusts seek to minimise losses through fraud. The Director of Finance is nominated to lead counter fraud work and is supported by the Trust's Local Counter Fraud Specialist (LCFS). The Trust follows the guidance contained in the NHS Provider Standards and ensures our contractual obligations with our local clinical commissioning groups are adhered to. The Trust has a robust Fraud, Bribery and Corruption Policy which provides a framework for responding to suspicions of fraud and provides advice and information on various aspects of fraud investigations. The Trust also has a Standards of Business Conduct and Employees Declarations of Interest Policy which clearly sets out the expectations we have of all our staff where probity is concerned. To reinforce this, the Chief Executive has issued a publically available statement setting out our position to ensuring our organisation is free from bribery and corruption. There are references to counter fraud measures and reporting processes in various other Trust policies and procedures.

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

During 2017/18, we have maintained our collaborative counter fraud arrangement with two other local acute NHS trusts. This arrangement allows us to have a LCFS permanently on site, supported by a small team of counter fraud specialists dedicated to dealing with fraud in a secondary care setting. An annual work plan, approved by the Director of Finance with oversight from the Trust's Audit and Non-Clinical Risk Committee, has been in place over the last year. The key aims are to seek to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and ensure that allegations of fraud are appropriately and professionally investigated to a criminal standard. Progress reports on all aspects of counter fraud work and details of investigations are received at each meeting of the Trust's Audit and Non-Clinical Risk Committee.

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Expenditure on consultancy

The Trust incurred consultancy expenditure of £1.566m.

Staff exit packages

As part of the Trust wide cost-saving projects last year, we introduced a limited Mutually Agreed Resignation Scheme (MARS), running from October 2017 to March 2018. This voluntary scheme enabled one employee, in agreement with the Trust, to leave their employment voluntarily in March in return for a payment. The Scheme was only available to members of staff with permanent contracts of employment with two years or more continuous service with the Trust.

2017/18

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000		1	£6,500
£10,001 - £25,000			
£25,001 - £50,000		1	£30,000
£50,001 - £100,000			
£100,001+			
Total number of exit packages by type		2	£36,500

	Agreement Number	Total value of Agreement
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs	1	£30,000
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice	1	£6,500
Exit payments requiring HMT approval		
Total	2	£36,500

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High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2018	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

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

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration between 1 April 2017 and 31 March 2018	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
The number that were engaged directly (via PSC contracted to trust) and are on the trust's payroll	93
The number that were reassessed for consistency/ assurance purposes during the year	All
The number that saw a change to IR35 status following the consistency review	0

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For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018.

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	18



2 Accountability Report

Governance Report

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

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

Board of Directors	Board of Governors
<ul style="list-style-type: none">Operational managementStrategic developmentCapital developmentBusiness planningFinancial, quality and service performanceTrust-wide policiesRisk assurance and governanceStrategic direction of the Trust (taking account of the views of the Council 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 DirectorsAppoint the auditorsPromote membership, and governorship, of the TrustEstablish links and communicating with members and stakeholdersSeek the views and represent the interests of members and stakeholdersApprove significant transactions, mergers, acquisitions, separations, dissolutions, and increases in non-NHS income of over 5%.

Board of Directors

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

In addition to the responsibilities listed above, the powers of each body, and those delegated to specific officers, are detailed in the Trust's Reservation of Powers to the Board and Delegation of Powers.

Performance evaluation of directors

The Chair conducts the performance appraisals of the Chief Executive and Non-Executive Directors. The Senior Independent Director and Vice Chairman conducted the performance appraisal of the Chair in 2017/18. The Council of Governors approves the objectives of the Chair and Non-executive Directors, and governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chair and Non-executive Directors.

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

Performance evaluation of the Board and its committees

The Board and its committees conduct regular self-assessments of their performance. In 2017/18, the Board's self-assessment was carried out by KPMG as part of its internal audit into corporate governance.



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The next external governance review will take place in 2019, as the Trust had previously undertaken one in 2016.

In June 2017, the Board's committee changed. The Clinical Governance and Financial Oversight Committees were replaced by Finance and Performance Committee and Quality and Effectiveness Committee. In view of the change, performance evaluation of the committees was deferred until 2018/19.

Audit and Non-clinical Risk Committee

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

Name	Role	Meeting attendance
Philippe Serna - Chair	Non-executive Director	6 of 6
Martin McAreavey	Non-executive Director (until 27 September 2017)	3 of 3
John Parker	Non-executive Director (left the Trust 31 March 2018)	2 of 3
Linn Phipps	Non-executive Director	3 of 6

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

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

The Trust has an internal audit function, and the internal auditors attend all meetings of the Audit and Non-clinical Risk Committee to report on progress against the annual audit plan and present summary reports of all internal audits conducted. The internal audit function in 2017/18 was carried out by KPMG. Internal audit's main functions are to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively by:

- Reviewing the Trust's internal control system
- Undertaking investigations into particular aspects of the Trust's operations
- Examining relevant financial and operating information
- Undertaking VFM audits
- Reviewing compliance by the Trust with particular laws or regulations

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- Identifying, assessing and controlling significant risks to the Trust.

External auditors review the accuracy of the Annual Accounts and may carry out various reviews in accordance with the Audit Code for NHS Foundation Trusts. Directors made the auditors aware of all the information that they require to carry out their audit responsibilities in accordance with the Audit Code.

During 2017/18, the Audit and Non-clinical Risk Committee considered a range of issues including matters raised through internal audit. The committee maintains a formal work plan and action log to ensure that areas of concerns are followed up and addressed by the executive team.

The Trust employed EY as its external auditing firm in 2017/18. They were appointed in 2016 following a competitive process and their contract is until September 2019.

For 2017/18, the Trust paid audit fees (Statutory Audit and Assurance on the Quality Account) to the external auditor of £70k and £6k for the Charitable Fund Statutory Audit.

Finance and Performance Committee

The Finance and Performance Committee was established in June 2017 as a committee of the Board of Directors, replacing the Financial Oversight Committee. The remit of the committee is to provide assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting.

Name	Role	Meeting attendance
Neil Rhodes - Chair	Non-executive Director	10 of 10
Karen Barnard	Director of People and Organisational Development	8 of 10
Martin McAreavey	Non-executive Director (resigned 27 September 2017)	5 of 5
David Purdue	Deputy Chief Executive (from 1 January 2018) and Chief Operating Officer	9 of 10
Jon Sargeant	Director of Finance	10 of 10
Philippe Serna	Non-executive Director	8 of 10

In the year the Committee has, on behalf of the Board:

- Provided assurance on:
 - Current financial, workforce and operational performance,
 - Financial forecasts, budgets and plans in light of trends and operational expectations,
 - Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans,
 - Any specific risks in the Board Assurance Framework relevant to the committee.
- Reviewed and developed strategy in relation to clinical site development, estates and facilities, IT and information and finance.

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- Undertaken deep dives into key service areas, effectiveness and efficiency plans and areas of performance.

Quality and Effectiveness Committee

The Quality and Effectiveness Committee was established in June 2017 as a committee of the Board of Directors, replacing the Clinical Governance Oversight Committee. The remit of the committee is to provide assurance on the systems of control and governance specifically in relation to clinical quality and governance and organisational effectiveness.

Name	Role	Meeting attendance
Linn Phipps - Chair	Non-executive Director	5 of 5
Alan Armstrong	Non-executive Director	5 of 5
Karen Barnard	Director of People and Organisational Development	5 of 5
Moira Hardy	Acting Director of Nursing, Midwifery and Quality (until 31 December 2017) and Director of Nursing, Midwifery and Allied Health Professionals (from 1 January 2018)	5 of 5
Martin McAreavey	Non-executive Director (resigned 27	2 of 2
Sewa Singh	Medical Director	5 of 5

In the year the Committee has, on behalf of the Board:

- Provided assurance on:
 - The effectiveness of clinical governance, clinical risk management and clinical control,
 - Compliance with Care Quality Commission standards,
 - Adverse clinical incidents, complaints and litigation and examples of good practice and learning,
 - Comments, compliments and complaints,
 - Workforce matters including workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes.
- Reviewed and developed strategy in relation to clinical site development, patient experience and person centred care, clinical governance, research and development, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance and workforce related issues.
- Carried out interrogations of key risks on the Trust's corporate risk register and board assurance framework.
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust.

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Council of Governors

During 2017/18 the Council of Governors met on four occasions. Council of Governors meetings are held in public. The composition of the Council of Governors, including attendance at Council of Governors meetings is shown below:

Name	Constituency / Partner Organisation	Meeting attendance
Peter Abell	Public - Bassetlaw (from 23 June 2017)	3 of 3
Michael Addenbrooke	Public - Doncaster (Vice Chairman)	4 of 4
Philip Beavers	Public - Doncaster	4 of 4
Shelley Brailsford	Public - Doncaster	4 of 4
Mark Bright	Public - Doncaster (from 23 June 2017)	3 of 3
Hazel Brand	Public - Bassetlaw	2 of 4
Anwar-ul-aq Choudhry	Public - Doncaster	2 of 4
Sharon Cook	Public - Bassetlaw	0 of 3
David Cuckson	Public - Rest of England & Wales	4 of 4
Dev Das	Public - Doncaster (to 26 July 2017)	1 of 1
Eddie Dobbs	Public - Doncaster	2 of 4
Andrina Hardcastle	Public - Doncaster (from 23 June to 21 December 2017)	2 of 2
Nicky Hogarth	Public - Doncaster	3 of 4
Peter Husselbee	Public - Bassetlaw (to 22 June 2017)	1 of 1
Lynne Logan	Public - Doncaster (23 June 2017)	2 of 3
Bev Marshall	Public - Doncaster	3 of 4
Brenda Maslen	Public - Doncaster	4 of 4
David Northwood	Public - Doncaster (from 26 July 2017)	2 of 3
Susan Overend	Public - Bassetlaw	4 of 4
John Plant	Public - Doncaster (to 22 June 2017)	1 of 1
Patricia Ricketts	Public - Doncaster (to 22 June 2017)	1 of 1
Liz Staveley-Churton	Public - Rest of England and Wales (from 23 June 2017)	2 of 3
George Webb	Public - Doncaster (Lead Governor)	3 of 4
Maureen Young	Public - Doncaster	3 of 4
Karl Bower	Staff - Other Healthcare Professionals (from 21 October 2017)	1 of 2
Duncan Carratt	Staff - Non-clinical (from 23 June 2017)	3 of 3
Dr Vivek Desai	Staff - Medical and Dental	2 of 3
Lynn Goy	Staff - Nurses and Midwives	3 of 4
Shahida Khalele	Staff - Other Healthcare Professionals (to 20 October 2017)	0 of 1
Lorraine Robinson	Staff - Nurses and Midwives	3 of 4
Roy Underwood	Staff - Non-Clinical	3 of 4
Prof Ruth Allarton	Partner - Sheffield Hallam University	3 of 4
Dr Oliver Bandmann	Partner - Sheffield University (to 9 November 2017)	0 of 1
Prof Rob Coleman	Partner - Sheffield University (from 10 November 2017)	2 of 2
Lisa Bromley	Partner - Bassetlaw CCG (to 31 August 2017)	2 of 2

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Kathryn Dixon	Partner - Doncaster College (from 2 March 2018)	n/a
Pat Knight	Partner - Doncaster MBC (to 22 June 2017)	1 of 1
Griff Jones	Partner - Doncaster MBC (from 7 September 2017)	2 of 2
Ainsley MacDonnell	Partner - Nottinghamshire County Council	2 of 4
Anthony Fitzgerald	Partner - Doncaster CCG	3 of 4
Victoria McGregor-Riley	Partner - Bassetlaw CCG (from 1 September 2017)	2 of 2
Susan Shaw	Partner - Bassetlaw District Council	2 of 4
Rupert Suckling	Partner - Doncaster MBC	2 of 4
Clive Tattley	Partner - Bassetlaw CVS	4 of 4

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

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

Director	Role	Council of Governors meeting attendance
Suzy Brain England OBE	Chair of the Board	4 of 4
Alan Armstrong	Non-executive Director (Senior Independent Director)	4 of 4
Martin McAreavey	Non-executive Director (resigned 27 September 2017)	2 of 2
John Parker	Non-executive Director (left the Trust 31 March 2018)	2 of 4
Linn Phipps	Non-executive Director	3 of 4
Neil Rhodes	Non-executive Director	4 of 4
Philippe Serna	Non-executive Director	0 of 4
Richard Parker	Chief Executive	4 of 4
Karen Barnard	Director of People and Organisational Development	4 of 4
Moira Hardy	Acting Director of Nursing, Midwifery and Quality (until 31 December 2017) & Director of Nursing, Midwifery and Allied Health Professionals (from 1 January 2018)	0 of 4
David Purdue	Chief Operating Officer (and Deputy Chief Executive from 1 January 2018)	4 of 4
Jon Sargeant	Director of Finance	3 of 4
Sewa Singh	Medical Director	3 of 4

Appointments and Remuneration Committee of the Council of Governors

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

During 2017/18, the Appointments and Remuneration Committee of the Council of Governors was convened to discuss the recruitment of Non-executive Directors, objective setting and performance evaluation for the Chair and Non-executives and remuneration of Chair and Non-executives. The committee recommended the following appointments, all of which were approved by the Council of Governors:

- Ruth Allarton, appointed Associate Non-executive Director for a term of five months commencing 1 November 2017 until 31 March 2018
- Pat Drake, appointed Non-executive Director for a term of three years commencing 1 April 2018
- Kath Smart, appointed Non-executive Director for a term of three years commencing 1 April 2018.

The committee was convened on seven occasions during the year.

Open advertisement is used for all new appointments. Although the committee has not traditionally used open advertisement for reappointments of existing directors, in August 2017 the Committee agreed that all four Non-executive Director roles whose terms ended in 2017/18 would proceed to open competition in order to better enhance the diversity of the Trust's membership, patients and staff.

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

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	5 of 5
Mike Addenbrooke	Public Governor, Doncaster	5 of 5
Alan Armstrong	Senior Independent Director (Chair of the committee in respect of the Chair's objective setting)	1 of 1
Ruth Allarton	Partner Governor	2 of 5
Phil Beavers	Public Governor, Doncaster (from 27 July 2017)	5 of 5
Hazel Brand	Public Governor, Bassetlaw (by agreement of Council of Governors, 31 January 2018)	1 of 1
David Cuckson	Public Governor, Rest of England & Wales	4 of 5
Lynn Goy	Staff Governor (from 19 December 2017)	1 of 1
Brenda Maslen	Public Governor, Doncaster (from 27 July 2017)	4 of 5
Clive Tattley	Partner Governor	4 of 5
George Webb	Public Governor, Doncaster	4 of 5
Roy Underwood	Staff Governor (to 20 November 2017)	2 of 4

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On two occasions in the year, the Committee sat as a panel to interview candidates for Non-executive Director roles. On these occasions the membership of the Appointments and Remuneration Committee was as follows:

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	2 of 2
Mike Addenbrooke	Public Governor, Doncaster	1 of 1
Phil Beavers	Public Governor, Doncaster (from 27 July 2017)	2 of 2
Hazel Brand	Public Governor, Bassetlaw (by agreement of Council of Governors, 31 January 2018)	1 of 1
David Cuckson	Public Governor, Rest of England & Wales	2 of 2
Brenda Maslen	Public Governor, Doncaster (from 27 July 2017)	1 of 1
Clive Tattley	Partner Governor	1 of 1
George Webb	Public Governor, Doncaster	1 of 1

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. There is a maximum of three terms.

During the year ending 31 March 2018, the following elections were held:

Constituency	Date of election	No. of seats	No. of candidates	Ballot turnout (if applicable)
Public Constituency				
Public - Bassetlaw	5 June 2017	3	8	28%
Public - Doncaster	5 June 2017	2	14	13.3%
Public - Rest of England and Wales	5 June 2017	2	3	10.3%
Staff Constituency				
Staff - Non-clinical	5 June 2017	1	2	16.7%
Staff - Nurses and Midwives	5 June 2017	1	1	n/a
Staff - Other Healthcare Professionals	5 June 2017	1	1	n/a

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Membership

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 2018, there are 16,145 members overall. An analysis of our current membership body is provided below:

	Number of members at 31 March 2018
Public Constituency	9,644
Doncaster	5,601
Bassetlaw	2,870
Rest of England and Wales	1,172
Staff Constituency	6,501
Nurses and Midwives	3,202
Non-clinical	1,988
Other healthcare professionals	714
Medical and Dental	597
Total	16,145

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

The Trust held one member event during 2017/18 on medical imaging and oncology. The Trust also held an Annual Members' Meeting, where our staff put on health related displays and stalls.

2 Accountability Report

We work to engage with our members, and support Governors to seek the views of members, in a number of ways, including:

- Continuing to communicate directly with individual members and keeping them informed regarding governors activities via the member magazine, Foundations for Health.
- Inviting feedback from members through the Foundation Trust Office.
- Holding member events on the topics that our members are interested in, and seeking their feedback on the services discussed.
- Governor attendance at local community events, targeting events at schools and colleges in order to recruit and engage with young people.
- Continuing to regularly inform the membership of the Trust's plans and activities through the member magazine, Foundations for Health.
- Working to ensure contested Governor elections and improved member participation in the election process.
- Working to recruit and engage young members, who are currently under-represented, through engagement with local schools.
- Publicising the governor role and the 'Governor Patient Experience Pledge' through the use of posters and cards.
- Holding 'meet the governor' events at each of our main hospital sites.

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

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

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

NHS Foundation Trust Code of Governance

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

For the year ending 31 March 2018, the Board considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance.

The Board of Directors is committed to high standards of corporate governance, understanding the importance of transparency and accountability and the impact of Board effectiveness on organisational performance. The Trust carries out an ongoing programme of work to ensure that its governance procedures are in line with the principles of the Code, including:

- Supporting governors to appoint Non-executive Directors and external auditors with appropriate skills and experience
- Ensuring a tailored and in-depth induction programme for the new Chair, Non-executive Directors and Governors
- Facilitating an external review of the Trust’s governance arrangements
- Working with governors in ‘time out’ sessions, briefings and enabling governors to attend meetings of the committees of the Board, to improve the ways in which governors engage with and hold the Board to account
- Ongoing review of compliance with the Code of Governance by the Council of Governors and Board of Directors when making decisions which impact on governance arrangements.

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

Ref.	Requirement	Disclosure
A.1.1	This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	See Governance Report (p.61).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	See Accountability Report (p. 31); Remuneration Report (p. 37); and Audit Committee section (p. 62).



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A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	See Council of Governors section (p. 67-69)
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	See Accountability Report (p.31)
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	See Accountability Report (p. 32-34)
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	See Remuneration Report (p.37) and Council of Governors section (p. 65-66)
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	See Governance Report (p. 61)
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	See membership section (p.69)
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	See Governance Report (p.61-64)
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	See the Governance Report (p.61) - not used in the past year
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.77) and Auditor's report (p.85)

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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.77)
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.62)
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	This has not occurred.
C.3.9	<ul style="list-style-type: none"> • A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	See Audit Committee section (p.62)
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.
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See Council of Governors section (p.65-66)
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	See membership section (p. 69)

Single Oversight Framework

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

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

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

Segmentation

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

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

The undertakings provided have been discharged and progress is reported regularly to Board of Directors.

This segmentation information is the Trust's position as at 31 March 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

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

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Area	Metric	2017/18				2016/17	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service cover rating	4	4	4	4	4	4
	Liquidity rating	3	3	3	3	2	4
Financial efficiency	I&E margin rating	4	4	4	4	4	4
Financial controls	I&E margin: distance from financial plan	1	1	1	1	2	
	Agency rating	2	2	3	3	2	1
Overall Rating		3	3	3	3	3	3



Statement of Accounting Officer's responsibilities

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

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

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

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

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

The financial reporting matters which affected the Trust during the year are outlined further in the Annual Governance Statement. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in NHS Improvement's NHS Foundation Trust Accounting Officer Memorandum.



Richard Parker

Chief Executive (acting in his capacity as Accounting Officer)
29 May 2018

Annual governance statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2018 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 Allied Health Professionals are responsible for risk to the safety and quality of patient care, and the Director of Finance is responsible for financial risk. The allocation of risks to individual directors is outlined in both the Board Assurance Framework and Corporate Risk Register. The Trust Board Secretary, on behalf of the Chief Executive, is responsible for the Board Assurance Framework and Corporate Risk Register.

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

Care Group directors and directorate managers are responsible for the risk registers for their departments. In addition, management of risk is a fundamental duty of all employees whatever their grade, role or status. The Trust uses the Datixweb integrated risk management system, and an associated training programme has been undertaken with staff at all levels, including Care Group management teams, to ensure that they are aware of current good practice in relation to risk management. Local risk management training needs are discussed with the risk management department and tailored accordingly, and the Trust Board Secretary's office may be contacted to provide guidance to staff on application of the relevant policies.

The risk and control framework

The Board assures itself of the validity of its corporate governance statement through reviews of its governance processes which are routinely undertaken by internal audit. The Trust also underwent a well-led inspection under the CQC framework. Other assurance comes from committee effectiveness

2 Accountability Report

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

The Board is responsible for determining the organisation's risk appetite, ensuring that robust systems of internal control and management are in place and that risks to the achievement of organisational objectives are being appropriately managed. During 2017/18 this responsibility has been supported through the assurance committees of the Board:

- Audit and Non-clinical Risk Committee – responsible for non-clinical risk, including financial governance, information governance and corporate governance
- Quality and Effectiveness Committee – responsible for clinical risk, including clinical and quality governance
- Finance and Performance Committee – responsible for undertaking monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.

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

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

As part of the Board's commitment to improving risk management, the Trust's Corporate Risk Register and Assurance Framework underwent significant enhancement in 2017/18 following the approval of the Trust's revised strategic direction. The documentation was reviewed by internal audit and received a significant assurance rating with minor improvements.

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

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

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

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The principal risks to compliance with licence condition FT4 are:

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

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

The Trust has ended 2017/18 in full compliance with the code of governance. The Board commissioned its latest external review of its governance arrangements in quarter three of 2016/17. The review made a total of 18 recommendations, including around strengthening the risk and board assurance processes. Progress against these recommendations was taken through the Board of Directors and audited in quarter four of 2017/18. The audit found all recommendations had been sufficiently embedded, enough to give significant assurance to the Board of Directors.

The Business Intelligence Report and Finance Report are the key methods through which operational performance data is reported to the Board for oversight and assurance purposes. These reports are kept under continuous review and their formats are amended regularly in order to ensure they meet the needs of the board and support rigorous oversight and decision making.

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

- Failure to achieve compliance with financial performance and achieve financial plan
- Failure to achieve effectiveness and efficiency savings
- Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance
- Inability to recruit right staff and have staff with right skills
- Inability to meet Trust's needs for capital investment.

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

The Trust has an effective structure in place for public stakeholder involvement, predominantly through the Council 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 Council of Governors reviews updates from executive directors on performance, quality, and finance and associated risks at its quarterly meetings and through new monthly briefings
- Consistent engagement with commissioners through contract review meetings and other contacts, and in relation to key shared risks

- Governor observers in attendance at the Finance and Performance Committee, Audit and Non-clinical Risk Committee and Quality and Effectiveness Committee.

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

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

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

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

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

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

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

- Scheme of Delegation and Reservation of Powers to the Board
- Standing Financial Instructions and Standing Orders
- Competitive processes used for procuring non-staff expenditure items
- Use of materials management and other best practice approaches to hold appropriate stock levels and minimise wastage
- Cost improvement plans and effectiveness and efficiency work-streams, managed by the Finance directorate and designed to not impinge on effective delivery of quality patient care
- Grip and control work, including tight controls on vacancy management, non-permanent staffing and recruitment.

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

A range of internal and external audits that provide further assurance on economy, efficiency and effectiveness have been conducted during the year and reported to the Audit and Non-clinical Risk Committee.

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The Head of Internal Audit is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with management and approved by the Audit and Non-Clinical Risk Committee, which can provide assurance, subject to the inherent limitations described below. The opinion covers the period 1 April 2017 to 31 March 2018 inclusive, and is based on the 10 audits that were completed in this period.

For the period 1 April 2016 to 31 March 2017, Internal Audit was able to provide significant assurance with minor improvement opportunities to reflect that there is generally a sound system of internal control which is designed to meet the Trust's objectives and that generally controls are being consistently applied in all the areas reviewed.

Internal audit issued one 'significant assurance' report in relation to corporate governance and five 'significant assurance with minor improvement opportunities' reports relating to risk management and the board assurance framework, core financial systems, reference costs, estates strategy and workforce.

They also issued four 'partial assurance with significant improvements required' opinions in respect of 2017-18 assignments relating to medical records, medical equipment, staff engagement and receipting. Recommendations are being addressed in each case and reported to Audit and Non-clinical Risk Committee on a quarterly basis.

The annual external audit review by EY, as stated in their ISA 260 report, provides an unqualified opinion on the Trust's financial statements. The report identifies in the Value for Money assessment that the Trust continues to operate with a significant underlying deficit and requires ongoing cash support from NHS Improvement (£15.2m 17/18).

The Trust's 2017 reference cost index is 95.0, which means that costs are 5% below average.

Information governance

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

Annual Quality Account

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

The formulation of the Trust's Quality Account is led by the Director of Nursing, Midwifery and Allied Health Professionals, with the support of the Board of Directors and the Council 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 Board assurance framework and corporate risk register, and therefore reviewed in line with the processes outlined above.

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

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

The CQC last conducted a full inspection across all of the Trust's sites in April 2015, and gave the Trust an overall rating of 'requires improvement', with a rating of 'good' for the Caring and Well-Led domains. 74% of areas assessed were rated 'good', and no areas were rated 'inadequate', placing the Trust in the top 20% of trusts inspected nationally. The full results of the inspection, which provide an external view of the risks presented by the Trust, were reported to the Board. An action plan was developed in response to all recommendations made following the inspection, and the Trust has implemented all recommendations within agreed timescales. A further inspection under the CQC's new framework was carried out between December 2017 and January 2018 and the outcome is awaited.

Compliance with CQC standards is monitored by the Quality and Effectiveness 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.

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

The 2017/18 quality accounts were reviewed by external audit as part of consideration of this annual report and received an unqualified limited assurance report.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Account attached to this Annual Report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Non-clinical Risk, Finance and Performance and Quality and Effectiveness Committees and plans to address any weaknesses and ensure continuous improvement of the system are in place.



2 Accountability Report

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

This year has seen a stable leadership team continuing its efforts to reduce our financial deficit whilst continuing to improve standards of care. Building on our teaching hospital status gained in January 2017, we have continued to demonstrate improvement and innovation, building an excellent new Quality Improvement and Innovation Team and supporting specific projects developed by our own clinicians relating to emergency triage, ophthalmology and ear, nose and throat.

We agreed a new strategy and set of strategic objectives and took an active role in the developing accountable care partnerships at Place in Doncaster and Bassetlaw and the developing Accountable Care Systems for South Yorkshire and Bassetlaw. We reviewed our Board governance structures and introduced new arrangements for financial governance including effectiveness and efficiency plans and for quality and effectiveness.

We recognise that our organisation would not exist without its fantastic staff and we have worked hard throughout the year to engage with them on a number of issues including the strategic vision, new catering service and wider local health system changes. Unfortunately, this did not manifest in significantly better staff survey scores. So we pledge to redouble our efforts over the coming year to ensure Doncaster and Bassetlaw Teaching Hospitals is an employer of choice.

In quality and performance terms, the Board remains assured that governance processes are effective. For 2017/18, we have achieved the 62 day wait for first treatment, coming in at 93.7%. We narrowly missed our two week referral rates when cancer is not suspected, and also missed out on suspected cases, achieving 89.2% instead of the required 93%. All 31 day targets were achieved.

The overall position for diagnostic waits was 98.4%, a slight deterioration from last year with the biggest challenges seen in Audiology. Plans are in place to improve this service in the next financial year.

While performing above the national average, we are below the target set for RTT. In order to address this issue, weekly meetings have been held throughout the year in order to steer performance levels back in-line with our commissioned activity and targets. To aid in this ambition, we have purchased a modelling tool called Gooroo to more accurately model activity requirements in the new financial year.

Although we failed to achieve the four hour access target, 2017/18 saw the Trust outperform many of the trusts in the region and we were amongst the best performing organisations in the country. Despite seeing very high attendances, the Trust managed to stay above 90% for all quarters of the year, with particularly strong performance in March, achieving 93.3% against the access target, making us 13th best performing in the country.

The Trust ends the year in segment 3 (of 4) in NHSI's Single Oversight Framework owing to the breach on its licence arising from the financial misreporting in February 2016. This remains under review and the Trust is confident of coming out of breach of its licence some time during 2018/19.

The systems for clinical and non-clinical risk management and governance are aligned, with robust processes in place for the monitoring of risks and controls. As part of our work to ensure continuous improvement, the format and structure of both the corporate risk register and board assurance framework have been refreshed and revised and now reflect best governance practice.

2 Accountability Report

Conclusion

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

No significant internal control issues have been identified.



Richard Parker
Chief Executive
29 May 2018



INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS TRUST NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2018 which comprise the Group and Foundation Trust Statement of Comprehensive Income, the Group and Foundation Trust Statement of Financial Position, the Consolidated Statement of Cash Flows, the Group and Foundation Trust Statement of changes in equity and the related notes 1 to 51, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Group's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Use of our report

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

Material uncertainty related to going concern

We draw attention to Note 1 in the financial statements, which indicates that the Trust has reported a deficit of £11.7m during the year ended 31 March 2018 and, as of that date, the Trust's current liabilities exceeded its current assets by £4.8m. As stated in Note 1, these events or conditions, along with other matters as set forth in Note 1, indicate that a material uncertainty exists that may cast

2 Accountability Report

significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Overview of our audit approach

Key audit matters	<ul style="list-style-type: none">• Going Concern• Risk of fraud in revenue recognition• Risk of management override• PPE valuation
Audit scope	<ul style="list-style-type: none">• We performed audit procedures on specific balances for one group component (the Trust charitable funds)• The components where we performed full or specific audit procedures accounted for 99.7% of gross expenditure, 99.8% of Revenue and 99.5% of Total assets.
Materiality	<ul style="list-style-type: none">• Overall materiality of £7.89m which represents 2% of gross expenditure.

Key audit matters

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



Risk	Going concern
	<p>International Auditing Standard (ISA (UK&I) 570, requires auditors to “obtain sufficient appropriate audit evidence about the appropriateness of management’s use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity’s ability to continue as a going concern.</p> <p>The 2016-17 audit opinion on the Trust financial statements included an emphasis of matter relating to a material uncertainty over the Trust’s ability to continue as a going concern for the foreseeable future.</p> <p>During 2017-18 the Trust has continued to rely on ongoing cash funding from NHS Improvement to support cash flow and to meet financial obligations. The Trust was also forecasting a £16.5m in-year deficit against a background of dealing with a significant underlying deficit of circa £30m.</p>
	<p><i>In responding to the identified risk we:</i></p> <ul style="list-style-type: none"> • Obtained and considered management’s written justification supporting why the financial statements of the Trust are prepared on a going concern basis • Obtained the future financial plans of the Trust, including cash flow forecasts for a period of at least 12 months from the anticipated date of signing the financial statements and considered the assumptions underlying these • Monitored the financial position of the Trust and considered the factors set out in practice note 10 in relation to going concern and our reporting responsibilities • Reviewed disclosures on material uncertainties in the financial statements for completeness and accuracy.
	<p><i>Key observations communicated to the Audit Committee</i></p> <p>We identified that the Trust financial plans include the requirement for liquidity support to continue into 2018-19 due to a planned in-year deficit of £6.9m. This support, whilst anticipated to continue and built into the financial plan submitted to NHS Improvement, has not been formally confirmed.</p> <p>The Trust has an underlying deficit of £30m that has yet to be addressed, though the Trust is aiming to move into annual financial balance over the medium to long term.</p> <p>These matters give rise to a material uncertainty relating to the Trust’s ability to continue as a going concern. The Trust has recognised this in note 1 to the financial statements, referencing that:</p> <ul style="list-style-type: none"> • The Trust has contracts in place with Commissioners to March 2019 • Financial plans for 2018-19 have been agreed with NHS Improvement • The Trust is part of the local Integrated Care System through which additional investment is expected and there is an implied support for the continued operation of the Trust • The NHS Improvement Board have agreed to lift all licence conditions on the Trust following the second year of financial delivery ahead of plan.

Risk

Risk of fraud in revenue recognition

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition.

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

We consider the significant risk does not apply to payroll.

In respect of income and expenditure we consider the risk is most focussed around those items that are non-routine and involve more management estimation and judgement such as year-end accruals and activity based revenue.

In responding to the identified risk we:

- Documented our understanding of the processes and controls in place to mitigate the risks identified, and walked through those process and controls to confirm our understanding
- Identified significant accounting estimates, discussing assumptions and calculation methodology with management
- Tested the identified significant accounting estimates to confirm appropriateness and consistency with supporting records considering evidence of bias
- Sample tested material revenue and expenditure streams with a focus on assets and liabilities at the year-end and compliance with accounting policies
- Reviewed the Department of Health agreement of balances data, sample testing intra-NHS transactions and investigating significant differences (outside of DH tolerance thresholds).
- Tested revenue cut-off at the period end date
- Conducted testing to identify unrecorded liabilities at the year-end.

Key observations communicated to the Audit Committee

Our testing has not identified any material misstatements with respect to revenue and expenditure recognition.

Overall our audit work did not identify any material issues or unusual transactions which may have indicated that the Trust's financial position had been misreported.

Our review of Department of Health agreement of balances data identified a number of mismatches above the £300k NAO reporting threshold requiring further investigation.

Following review we have gained assurance that the amounts included by the Trust are fairly stated.

The Trust has not included £644k of expenditure with Rotherham NHS FT within supporting TAC forms and this will be reported to the National Audit Office as part of our reporting on whole of government accounts.

Our testing of assets and liabilities within the Statement of Financial Position identified £1.1m of credit balances within receivables relating to unallocated receipts and £1m of debit balances within payables relating to unallocated payments.

These balances have been reclassified by management with no impact on the reported financial position of the Trust.

There are no further matters to report to you.

Risk	Risk of management override
	<p>The financial statements as a whole are not free of material misstatements whether caused by fraud or error.</p> <p>As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p>
	<p><i>In responding to the identified risk we:</i></p>
	<ul style="list-style-type: none"> • We considered the nature and form of fraud risks as part of our audit planning, including direct inquiry of management about the risks of fraud and the controls put in place to address those risks. We also obtained and understanding the oversight given by those charged with governance of management’s processes over fraud. • We performed mandatory procedures, including testing of journal entries and other adjustments in the preparation of the financial statements. • We performed substantive testing of a sample of manual journals that met specific risk criteria in order to understand their purpose and appropriateness. • We reviewed and tested significant accounting estimates for evidence of management bias, including those related to pensions, accruals, asset valuation, depreciation and provisions. • We considered the existence of significant unusual transactions during the year, identifying the receipt of additional STF income and the release of prior year over accrued expenditure to test.
	<p><i>Key observations communicated to the Audit Committee</i></p>
	<p>We did not identify any specific fraud risks other than that relating to fraud in revenue recognition that has already been identified as a significant risk.</p> <p>We did not identified any material weaknesses in controls or evidence of material management override.</p> <p>Through our testing of a sample of journals, we have not identified any matters to report to you other than relating to the release of accruals as below.</p> <p>We have not identified any instances of inappropriate judgements being applied or bias within significant accounting estimates. We did however, identify an error in the calculation of the injury benefit provision leading to an understatement of £411k.</p> <p>We have also identified an overstatement of the bad debt provision relating to overseas patients of £100k. Management have chosen not to amend for these findings in the final version of the financial statements.</p> <p>We gained assurance that the £16.3m of STF income reported in the financial statements has been appropriately accounted for.</p> <p>Our journal testing identified that the Trust has released £3.6m of accrued expenditure from 2016-17 back to revenue on the basis that amounts had been over accrued or not matched with invoices received during 2017-18 following the transfer to the new ledger system.</p> <p>We have reviewed supporting documentation supporting the adjustment and concur with management’s treatment in this area. We have included this matter as a specific representation within the letter or management representation.</p>

Area of focus

Risk of misstatement in valuation of land and buildings

Land and buildings is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements.

In responding to the identified risk we:

- Reviewed the output of the Trust's valuer;
- Challenged the assumptions used by the Trust's valuer by reference to external evidence where appropriate; and
- Tested the journals for the valuation adjustments to confirm that they have been accurately processed in the financial statements.

Key observations communicated to the Audit Committee

As part of completing the valuation of land and buildings of the Trust for 2017-18 the external valuer identified that there had been an error in the valuation completed by them during 2016-17. Certain Trust buildings had not been subject to the correct valuation indices resulting in an understatement of the increase in valuation for 2016-17 to the value of £3m.

As this error is not material, no adjustment has been made to the prior year brought forward valuations and the impact of this is included in the valuation movement for 2017-18.

In reviewing the work of the valuer for the current year, we have obtained evidence to support their independence from the Trust and of their professional qualifications.

We have reviewed the assumptions applied by the valuer and have confirmed that they are within an acceptable range with reference to the report of a further independent firm of valuers relating to NHS property assets.

We have confirmed that the valuation movements have been correctly processed and reflected within the financial statements. We did note however, that the valuation was not processed through the asset register in advance of updating the ledger and financial statements.

In addition, in applying the valuation within note 18 to the financial statements, we identified that the Trust did not eliminate accumulated depreciation on revalued assets as required by the Department of Health Group Accounting manual. The impact of this is that the carry forward cost and depreciation of buildings was overstated by £23.6m.

Management have corrected for this issue which had no impact on the net book value of assets reported in the Statement of Financial Position.

We have no further matters to report.

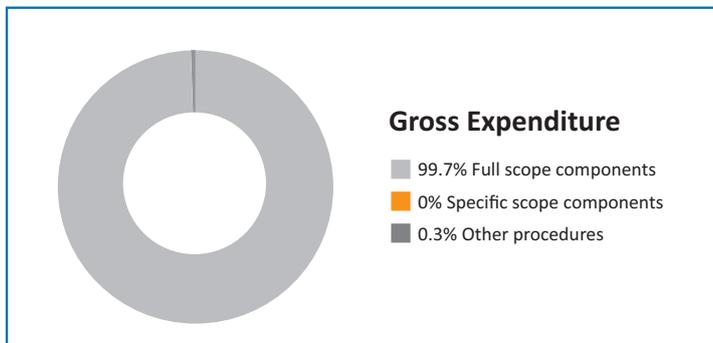
2 Accountability Report

In the prior year, our auditor's report included a key audit matter in relation to authorisation of cash payments. In the current year, this matter has not been included due to the Trust implementing controls and processes to address the identified weakness. The effectiveness of the design and operation of controls in this area have been confirmed through documentation and walkthrough.

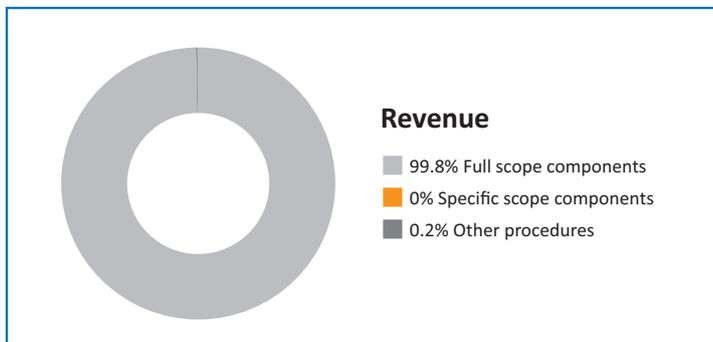
An overview of the scope of our audit

Tailoring the scope

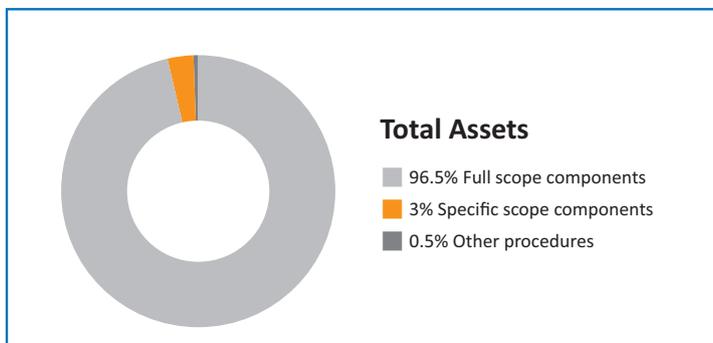
Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Group and Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.



We conducted an audit of the complete financial information of the Foundation Trust. For the consolidated charitable funds, we performed audit procedures on specific accounts that we considered had the potential for the greatest impact on the significant accounts in the financial statements either because of the size of these accounts or their risk profile.



The reporting components where we performed audit procedures accounted for 99.7% (2016-17: 99.3%) of the Group's gross expenditure, 99.8% (2016-17: 99.5%) of the Group's Revenue and 96.5% (2016-17: 99.6%) of the Group's Total assets. The specific scope charitable funds component contributed 0% (2016-17: 0%) of the Group's gross expenditure, 0% (2016-17: 0%) of the Group's Revenue and 3.0% (2016-17: 3.4%) of the Group's Total assets. The audit scope of these components may not have included testing of all significant accounts of the component but will have contributed to the coverage of significant accounts tested for the Group.



The charts illustrate the coverage obtained from the work performed by our audit teams.

Materiality

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

We determined materiality for the Group to be £7.89 million (2016-17: £3.9 million), which is 2% (2016-17: 2%) of gross expenditure. We believe that gross expenditure provides us with [a reasonable basis for determining materiality as this is the key activity and performance measure of the Trust. The materiality percentage has increased from 1% in 2016-17 to 2% in the current year on the basis that there were no significant adjusted or unadjusted errors identified during 2016-17 and our assessment of the control environment in place.

During the course of our audit, we reassessed initial materiality and updated it to account for the reported group outturn figure.

Performance materiality

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

On the basis of our risk assessments, together with our assessment of the Group's overall control environment, our judgement was that performance materiality was 50% (2016-17: 50%) of our planning materiality, namely £3.95million (2016-17: £1.9million). We have set performance materiality at this percentage due to the level of deficiencies identified in the prior year.

Reporting threshold

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

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.395m (2016-17: £0.195m), which is set at 5% of planning materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

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

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Annual Report and Accounts 2017/18 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.

2 Accountability Report

We have nothing to report in this regard.

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

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Matters on which we report by exception

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

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

In respect of the following, we have matters to report by exception

- Proper arrangements to secure economy, efficiency and effectiveness

We report to you if we are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006.

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

Risk	Financial resilience and sustainability
	<p>The financial position and sustainability of the Trust continues to be challenging.</p> <p>During the year the Trust has continued to drawdown cash funding from NHS Improvement to support ongoing liabilities reflective of its deficit position.</p> <p>With an underlying deficit of around £30m the Trust was forecasting to achieve an in-year deficit of £16.5m. This was after receipt of Sustainability and Transformation Funding (STF) of £11.6m and a cost improvement plan (CIP) target of £12.4m.</p> <p>Achievement of the planned financial performance represents a risk to the Trust as it was behind plan in achieving CIP targets during the year along with facing in year pressures that were driving increases in planned expenditure. There were also reductions in planned income in areas such as elective procedures.</p> <p>The above factors gave rise to a risk that the in-year deficit could further increase as failure to achieve planned financial performance would result in potential loss of the final quarter of STF funding of around £2.8m.</p> <p>The pressures on in-year financial performance, underlying deficit and reliance on cash support are indicative of a risk to the ongoing Trust's ability to deploy resources in a sustainable manner.</p>
	<p><i>In responding to the identified risk we:</i></p>
	<ul style="list-style-type: none"> • Reviewed the Trust's future financial plans and consideration of the Trust's future financial plans and the assumptions underpinning them • We considered the 2017-18 outturn financial performance of the Trust and the impact of this on STF funding • Obtained confirmations from NHS Improvement regarding the level of STF funding achieved by the Trust and confirmed whether the Trust had met required performance targets to support this • Considered the availability of ongoing cash support and the impact on the going concern assumption.
	<p><i>Key observations communicated to the Audit Committee</i></p>
	<p>Whilst the reported £11.7m deficit of the Trust is larger than the £7.2m deficit in 2016-17, the Trust has delivered financial performance ahead of its planned control total target of £16.5m.</p> <p>The Trust has continued to improve its approach to development and delivery of CIP targets and has achieved 84% of the planned savings for the year.</p> <p>In achieving this performance the Trust has benefitted from additional STF incentive and bonus income above the initial amount expected with total STF income of £16.3m.</p> <p>The receipt of STF income is not recurrent in nature and therefore the Trust effectively has an underlying deficit that has been assessed at around £30m.</p> <p>The Trust also continues to require ongoing cash support from NHS Improvement in order to meet financial liabilities. During the year, this support has increased the outstanding loan balance by £9.2m to £89.4m. The Trust expects to require this support over the next 12 months given continued planned annual deficits, though no formal agreement is in place to confirm the continued availability of this funding.</p> <p>In order to achieve future financial balance and to deliver sustainable healthcare services in the future, the Trust will need to address the underlying deficit position.</p> <p>During the year the Trust has improved arrangements for CIP design and delivery, responding to the findings and improvement recommendations of external consultants. A new efficiency team has been established to support this, led by an efficiency Director who reports to the Director of Finance.</p> <p>This team is taking a much more structured approach with significant involvement and input from clinical staff in identification, design and delivery of savings plans and is a positive development that is required given the challenging CIP target for 2018-19 of £17.8m.</p> <p>The Trust is also part of the South Yorkshire and Bassetlaw Integrated Care System, a vehicle which is expected to deliver significant savings across the local health economy along with this Trust.</p> <p>The Integrated Care System is expected to drive service rationalisation in the area and there are currently key projects underway to support this such as the acute services review. On 9th May 2018 the NHSI Board agreed to lift licence breach conditions, reflecting improvements made by the Trust and compliance with required actions.</p>



Qualified conclusion (Except for)

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in August 2017, with the exception of the matters reported above, we are satisfied that, in all significant respects, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on page 79, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Auditor's responsibilities with respect to value for money arrangements

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

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

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

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

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

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

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

Certificate

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

Stephen Clark
for and on behalf of Ernst & Young LLP
Birmingham
25 May 2018

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

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

Chief Executive's statement

This year we have made good progress in a number of areas across our quality and safety indicators, in-line with one of our improvement priorities from last year. One particular highlight has reaching our target of zero 'Never Events'. Additionally, we have achieved a lower than expected rate of Clostridium Difficile infections, with an improvement in the number of potentially preventable cases, with just three out of 28 identified preventable.

This commitment to Infection Prevention and Control was also evidenced in our exemplary performance in vaccinating our staff against flu. Due to the efforts of our Health and Wellbeing Team along with peer vaccinators, we became the first acute Trust nationally to vaccinate over 75% of our front line staff for the second year running. In doing so, we successfully delivered the vaccination to over 3,500 doctors and nurses in just two months.

Achieving such a high standard against a potentially preventable harm helps to protect not only our staff, but patients in their charge. Similarly, our achievement in improvements made in sepsis management has been exemplary, and a further accolade for our education teams.

We have also seen a reduction of 20.7% in the number of formal complaints received in the year. Additionally, the number of complaints received relating to staff attitude and behaviour has dropped by 12.9% in-line with last year's priorities. This is due to a number of initiatives such as education, quality improvement programmes and increased patient engagement activities led by our various Heads of Nursing, Midwifery and Therapies. Following this theme, in January, the Trust held a Patient Experience Day, championing the #HelloMyNameIs campaign across the Trust, as well as further commitments for the betterment of those we care for and treat.

Following last year's priorities, we have seen continued progress with our Hospital Standardised Mortality Ratio (HSMR), reducing by 3.66 points from 91.08 last year to 87.42 this year, much lower than the expected range of 100.

The Standardised Hospital Mortality Indicator (SHMI), which also includes deaths following discharge from hospital, has also improved, reducing by one point from 102 to 101. Although this is now within the expected range we will look to continue the improvement and move to less than 100 in 2018/19.

Throughout 2016/17, the Trust faced significant challenges in staffing the Children's Ward, known as A3, at Bassetlaw Hospital. Due to gaps in nursing staff and the junior doctor rota, the decision was taken in partnership with NHS Bassetlaw Clinical Commissioning Group (CCG) to close the ward to overnight admissions until suitable staffing could be recruited and the service operated overnight safely.

In October 2017, following a period of review, the decision was taken to extend this action for the foreseeable future whilst further work is undertaken by partners in South Yorkshire and Bassetlaw Accountable Care System (ACS) to identify possible regional solutions for issues such as recruitment.

To ensure we have the appropriate skills available to us, we have sought throughout the year to ensure that we have the right workforce to deliver our services. In order to address on-going staffing challenges, seen both locally and nationally, we are accessing training schemes and working with partners to ensure our workforce are equipped with the expertise to provide safe and effective services for our patients.

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This focus has led to a development of opportunities with partners from other health providers, universities and colleges. This is in order to provide more training opportunities for Registered Nurses and unregistered support roles, such as Advanced Care Practitioners, Assistant Practitioners and Clinical Nurse Specialist Roles. Where there are opportunities to introduce these types of new roles, we are evaluating their benefit to ensure that they contribute to our standards of providing high quality services.

We regularly review our workforce plans to make the best use of the skills and expertise we have available in South Yorkshire and Bassetlaw and this will continue into 2018/19. Strengthening this resolve, we are committed to working closely with our local and regional partners, looking towards strengthening partnerships with commissioners, primary care and other health and social care providers to support the quality initiatives that improve the clinical outcomes and experience of care for patients.

The attainment of 'Teaching Hospital' status in January 2017 was a major step forward for the Trust and recognition of the excellence in teaching and research that is embedded in the organisation. Although difficult to specifically measure, attainment of this status has had a direct benefit to patient care and staff. It has helped with recruitment of new staff, as well as retention, raised the profile and interest of current team members in education and research and raised the profile of the organisation. It is important that we continue to build on this success, increasing our focus on the research, with the future potential of being recognised as a University Hospital.

In June 2017 the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Accountable Care Systems (ACS) in the country. Known as Health and Care Working Together in South Yorkshire and Bassetlaw, the ACS is a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. We have continued to work as a key member of this partnership while also taking part in the Hospital Services Review.

As we look forward to the year ahead, we recognise that there is more to be done, to maintain our zero tolerance to 'Never Events', and further reduce infection risks from MRSA bacteraemia, whilst maintaining the improvements seen in Sepsis management.

We seek to improve our patient safety indicators further and this is reflected in our priorities for improvement in 2018/19.

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



Richard Parker
Chief Executive
29 May 2018

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Looking forward to our priorities for improvement in 2018/19

The Trust has reviewed its performance against the quality priorities for 2017/18 and reviewed the risk profile of patient safety, experience and clinical effectiveness. This has meant a number of indicators from 2017/18 have been carried forward and the introduction new indicators for this year.

These indicators will be reported to the Board or the Clinical Governance Committee on a quarterly basis, or more frequently if required. Delivering harm-free care and improving patient experience continues to be the Trust's focus for 2018/19 and the table below identifies those indicators which are our highest priorities:

Patient safety quality improvement targets	Target 2018/19	Actual 2017/18
1. Take a zero tolerance approach to Never Events	0	0
2. Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	2
3. Maintain reliability of Sepsis management on admission to hospital	>90%	91.7%

Clinical effectiveness quality improvement targets	Target 2018/19	Actual 2017/18
4. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<95	88.43 (Jan 17 - Dec 17)
5. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	101 (Dec 16 - Nov 17)
6. Reduce avoidable Re-admissions (30 days - Standardised Readmission Ratio)	SRR <99	SRR 95.54 (Dec 16 - Nov 17)
7. Reduce the number of missed hospital appointments	7%	10.02%

Patient experience quality improvement targets	Target 2018/19	Actual 2017/18
8. Reduce the number of complaints	5% reduction-based on 2017/18	424 (20.7% reduction achieved)
9. Demonstrate increased Patient Engagement activities in each Care Group.	100% of Care Groups	100%
10. Reduce the number of complaints relating to staff attitude and behaviour	5% reduction-based on 2017/18	108 (12.9% reduction achieved)

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In identifying the priorities for improvement for 2018/19, the Trust has taken into account the views of:

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

Over the coming year, the Trust aims to develop strategies to improve patient engagement and listening activities and we are developing an overarching measure of our improvement in patient experience - see page 133 to 136. Ultimately, we believe this will strengthen the patients and public voice in how we prioritise quality improvement initiatives.

Looking back on our priorities for improvement in 2017/18

Over the last year we have made substantial improvements in delivering harm free care. The following tables provide an overview of our achievements against the quality improvement targets we set for 2017/18.

Key  = target achieved  = close to target  = behind plan

Patient safety quality improvement targets	Target 2017/18	Actual 2017/18	Progress
1. Take a zero tolerance approach to “never events”	0	0	
2. Reduce the number of healthcare associated infections - MRSA bacteraemia	0	2	
3. Maintain or reduce the number of healthcare associated infections - C difficile	40	28	
4. Increase reliability of Sepsis management on admission to hospital*	>90%	91.7%	

Clinical effectiveness quality improvement targets	Target 2017/18	Actual 2017/18	Progress
5. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<100	88.43 (Jan 17 - Dec 17)	
6. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	101 (Dec 16 - Nov 17)	
7. Reduce avoidable Re-admissions (30 days – Standardised Readmission Ratio)	SRR <99	SRR 94.4 (Dec 16 - Nov 17)	

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Patient experience quality improvement targets	Target 2017/18	Actual 2017/18	Progress
8. Reduce the number of complaints	517	424 (20.7% reduction achieved)	
9. Demonstrate increased Patient Engagement activities in each Care Group.	100% of Care Groups	100%	
10. Reduce the number of complaints relating to staff attitude and behaviour	116	108 (12.9% reduction achieved)	

*Governor selection.

Statements of assurance

Review of services

During 2017/18, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provided and or sub-contracted **49** relevant health services.

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

The income generated by the relevant health services reviewed in 2017/18 represents **100%** of the total income generated from the provision of relevant health services by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for 2017/18.

Participation in clinical audits

During 2017/18, 30 national clinical audits and three national confidential enquiries covered relevant health services that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides.

During that period, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in 26 of the national clinical audits and three of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, 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.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2017/18 are as follows (see table on the next page— ineligible audits stated as NA).

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	Trust participation	Data collection completed during 2017/18	% of cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	100%
Adult Cardiac Surgery	NA	NA	NA
Bowel Cancer (NBOCAP)	Yes	Yes	100%
Cardiac Rhythm Management (CRM)	Yes	Yes	100%
Case Mix Programme (CMP)	Yes	Yes	100%
Child Health Clinical Outcome Review Programme	Yes	Yes	100%
Congenital Heart Disease (CHD)	NA	NA	NA
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	NA	NA	NA
Diabetes (Paediatric) (NPDA)	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	100%
Endocrine and Thyroid National Audit	No	No	-
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	Yes	100%
Fractured Neck of Femur	Yes	Yes	100%
Head and Neck Cancer Audit	No	No	(1)
Inflammatory Bowel Disease (IBD) programme	Yes	Yes	100%
Learning Disability Mortality Review Programme	Yes	Yes	100%
Major Trauma Audit	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Yes	100%
Medical & Surgical Clinical Outcome Review Programme	Yes	Yes	100%
Mental Health Clinical Outcome Review Programme	Yes	Yes	100%
National Audit of Breast Cancer in Older Patients (NABCOP)	No	No	-
National Audit of Dementia	Yes	Yes	100%
National Bariatric Surgery Registry (NBSR)	NA	NA	NA
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)	Yes	Yes	100%
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	NA	NA	NA
National Comparative Audit of Blood Transfusion Programme	Yes	Yes	100%
National Diabetes Audit -Adults	Yes	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	80%
National Heart Failure Audit	Yes	Yes	100%
National Joint Registry (NJR)	Yes	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	Yes	100%
National Maternity & Perinatal Audit	Yes	Yes	100%

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National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	Yes	Yes	100%
National Ophthalmology Audit	No	No	-
National Vascular Registry	Yes	Yes	100%
Neurosurgical National Audit Programme	NA	NA	NA
Oesophago-gastric Cancer (NAOGC)	Yes	Yes	100%
Paediatric Intensive Care (PICANet)	NA	NA	NA
Pain in Children	Yes	Yes	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	NA	NA	NA

(1) Trust participation has not been possible due to ongoing problems with the national database

The reports of all national clinical audits were reviewed by the Trust in 2017/18 and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

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

The reports of 245 local clinical audits were reviewed in 2017/18 and we intend to take the following actions to improve the quality of healthcare:

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

We have listed below three examples of improvements which have been made as a result of audits undertaken throughout 2017/18:

Management of Severe Sepsis and Septic Shock in Adults

An audit project within the Emergency Department at Bassetlaw Hospital, to monitor our compliance with nationally recognised standards in the management of sepsis. This audit is on the RCEM national audit programme.

Following this audit improvements have been observed in the following areas:

- Frontline staff awareness of the Trust Sepsis 6 Care Pathway
- The recording of vital signs, senior reviews and blood tests

External Cephalic Version (ECV) in Bassetlaw Hospital

An audit project within the Obstetrics Department at Bassetlaw Hospital, to monitor compliance with Royal College of Obstetricians and Gynaecologists Management of Breech Presentation

Following this audit and completion of the above action improvements have been observed in the following areas:

- 100% of appropriate women were informed of ECV trial.
- All women who had a successful ECV trial gave birth via a normal vaginal delivery.

Use of Infusion Pumps for IV Fluids administration in Adults on Doncaster Hospital Wards.

An audit was carried out to determine the Trust position against the following standards in line with NICE guideline CG37

- 100% of intravenous fluids for adults should be administered via a volumetric pump at specified volume, rate and duration

Following this audit an IV Fluid Balance Chart has been implemented in order to improve compliance.

Participation in clinical research

The number of participants recruited onto studies adopted onto the National Institute for Health Research Portfolio research was 1,128, exceeding our annual target of 1,000. This included patients receiving relevant health services provided or sub contracted by the Trust, as well as carers and staff.

During 2017/18, 69 additional studies were approved to commence within the Trust, which include Clinical Trials of Investigational Medicinal Products (CTIMPs) and Medical Device trials. We support research in differing roles, either as a sponsoring organisation, a participating organisation or as a participant identification centre.

The department of Research and Development is continuing to expand to reflect both the increasing level of research activity and also to support the continuing advancement of research within the Trust, with the Research team providing comprehensive support to researchers during the planning, set-up and delivery phases of research.

Participation in clinical research demonstrates our commitment to improving the quality of care we offer to patients and to making our contribution to wider health improvements.

Our clinical staff members stay abreast of the latest possible treatment options and active participation in research leads to successful patient outcomes. Our engagement with clinical research demonstrates our commitment to testing and offering the latest medical treatments and techniques.

We have successfully achieved almost all of the KPIs listed in the Research and Development Strategy and are in the process of writing our next five-year Strategy, which will commence in July 2018.

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

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

A proportion of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at:

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

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The monetary total in 2017/18, conditional upon achieving quality improvement and innovation goals, was £7.07m. The total associated payment in 2017/18 is £6.61m (associated payment £6.23 in 2016/17).

Statements from the Care Quality Commission (CQC)

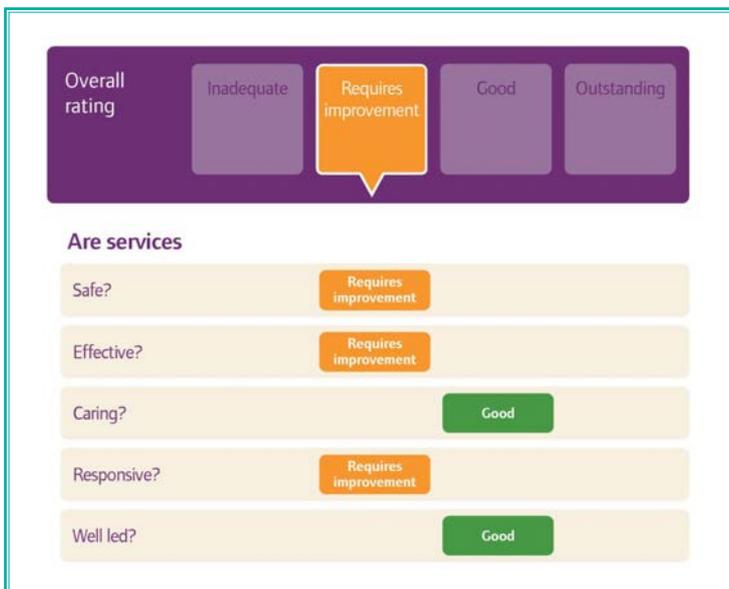
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is Full Registration compliance with no conditions on registration.

The CQC Commission has not taken enforcement action against Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust during 2017/18.

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

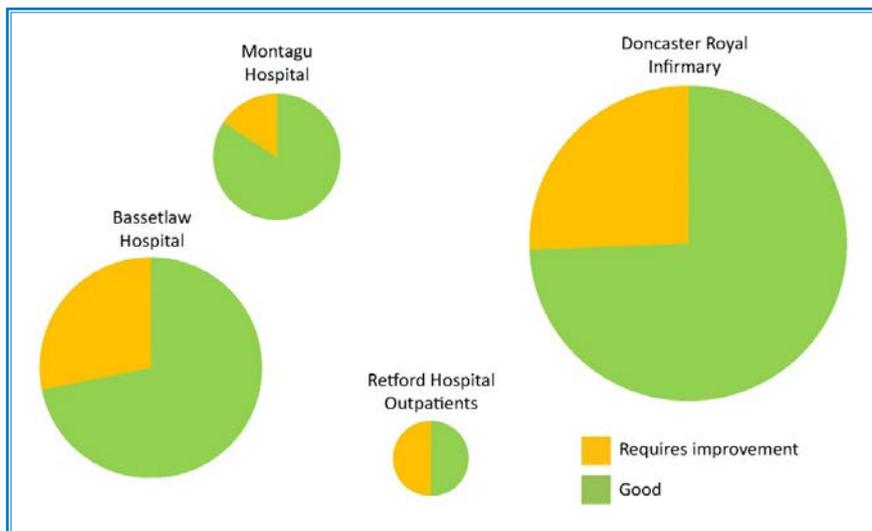
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has undergone an unannounced inspection by the CQC in December 2017 followed by a Well Led inspection in January 2018. The subsequent findings are expected in quarter one or two of 2018.

From the last comprehensive inspection in April 2015 the outcome report provided in October 2015 gave the Trust overall outcome was 'Requires Improvement'. Doncaster Royal Infirmary, Bassetlaw Hospital and Retford Hospital were given outcome of 'Requires Improvement', with Montagu Hospital being assessed as 'Good'.



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

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

Data quality

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data (month 10 2017/18) the percentage of records in the published data:

Which included the patient's valid NHS number was:

- **99.6%** for admitted patient care - national position **99.4%**
- **99.7%** for outpatient care - national position **99.5%**
- **97.4%** for accident and emergency care - national position **97.3%**

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 **99.8%**
- **99.9%** for accident and emergency care - national position **99.8%**

Information governance toolkit attainment 2017/18

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was 75% and was graded as Satisfactory.

Clinical coding error rate

In line with Information Governance Requirements the Trust had external inpatient clinical coding audits, (diagnoses and procedure coding) undertaken during 2017/2018 which resulted in the Trust achieving IG Level two. The combined results of the audits were:

- Primary diagnoses incorrect - 6.0 %
- Secondary diagnoses incorrect - 3.5 %

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- Primary procedures incorrect - 5.3 %
- Secondary procedures incorrect - 6.2 %

The results should not be extrapolated further than the actual sample audit as some of the issues raised may only relate to the speciality selected and will not apply to other specialities. Extrapolating the overall results would not provide an accurate position in relation to performance. The audit consisted of 200 finished consultant episodes covering a wide variety of specialties. The Trust continues to focus on improving the quality and depth of clinical coding and has further improved its data quality assurance processes.

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

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

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

Maintaining and driving improvements in data quality continued to be an area of high priority and focus for the Trust, during 2017/2018 and this will continue in 2018/2019 and beyond. The Trust continues to invest in data quality resources.

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

- In October 2016, the Trust implemented a modern Patient Administration System (PAS), which alongside other benefits, has provided opportunities for long term improved data quality. As with all major new system implementations, there continues to be some data quality challenges, and focused work continues to address these challenges.
- Nationally, data quality is measured by the Secondary Uses Service (SUS) Data Quality Dashboards. For 2017/2018 to month 10 (latest published data) the Trust had a composite score of 99.4% across a range of indicators against a national comparative score of 97.7 per cent. The Trust is consistently above the national average and is third within Yorkshire and Humberside. This is a significant achievement for the Trust and demonstrates a strong commitment to high quality data.
- 18 Weeks data quality continues to be of high priority for the Trust with routine validation firmly embedded within the Trust and an area of focus as part of the “Right First Time” Trust project. 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 2017/2018 within the NHS Standard Contract with Commissioners. “Right First Time” data quality work continues to be an area of highest priority both for the Trust and Commissioners. A key project delivery for 17/18 was the new Emergency Care Data Set.

The Trust achieved this on time with good data quality outcomes linked to CQUIN payments. This work continues in 18/19.

- We continue to provide focus on key data quality performance areas through the Trust Data Quality Group. The group identifies key work streams to address areas of concern and then monitors and reviews progress against improvement targets. The Data Quality Group reports to the Trust Information Governance Group.
- We continue to undertake key regular data quality audits, both to fulfil Information Governance and local requirements. We promote the principle of “Right First Time” in respect of recording patient information.

For all Trust system implementations, data quality is a key element within the project, including potential risks along with mitigating strategies and actions.

Learning from Deaths

During 2017/18, 1,873 of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 445 in the first quarter
- 416 in the second quarter
- 565 in the third quarter
- 447 in the fourth quarter.

In 2017/18, 461 case record reviews were carried out in relation to the 1,873 deaths included above.

In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out:

- 105 in the first quarter
- 264 in the second quarter
- 63 in the third quarter
- 29 in the fourth quarter.

Zero representing 0% of number in initial paragraph of patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing [number as a 0%] for the first quarter
- 0 representing [number as a 0%] for the second quarter
- 0 representing [number as a 0 %] for the third quarter
- 0 representing [number as a 0%] for the fourth quarter.

These numbers have been estimated using the Structured Judgement Mortality Review methodology.

The following themes have been identified from the reviews thus far:

- Delay in recognising the dying chronically ill patient resulting in unnecessary interventions/tests
- Inappropriate reasons for DNACPR documented
- Unnecessary ward transfers

- Poor fluid balance monitoring.

The following actions have been taken following the findings above:

- Educational sessions presented at trust wide lunchtime lectures which included all of the above themes
- Article written for the trust wide communication 'Buzz'
- Specific wards where fluid balance recording was an issue were alerted via the Matron and ward sister and this is being monitored via governance
- Individual feedback given to Drs when an inappropriate reason for DNACPR is written.

The main impact of the above actions is that patients who are started on an end of life care pathway has risen by 22% since we began this process. In addition, we have not identified any problems with inappropriate reasons for DNACPR since Q2.337 case record reviews and 2 investigations completed after 31/3/17 which related to deaths which took place before the start of the reporting period. Representing 0.59% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement methodology. This case was then investigated as a serious incident.

Seven Day Hospital Services

The seven day services programme is designed to ensure that patients who are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

Ten clinical standards for seven day services in hospital were developed in 2013, these standards define what seven day services should achieve, no matter when or where patients are admitted.

Of the ten clinical standards, four were identified as priorities due to their potential in improving patient outcomes, these four priority standards are:

- Standard 2 - Time to first consultant review
- Standard 5 - Access to diagnostic tests
- Standard 6 - Access to consultant-directed interventions
- Standard 8 - Ongoing review by consultant twice daily if high dependency patients, daily for others.

Progress against these standards is measured by a biannual survey where for standards 2 and 8, a sample of cases notes is reviewed from a seven day period. Compliance for standards 5 and 6 is via self-declaration from the Trust. Target for delivery of the standards for the Trust is April 2020 and the threshold for compliance of each standard is 90%.

In March 2017, the Trust achieved 69% for standard 2, declared itself non-compliant for weekend Echo and weekend MRI for clinical standard 5 and declared compliance for clinical standard 6. Clinical standard 8, the Trusts achieved an overall score of 88% for patients requiring ongoing twice daily consultant reviews and an overall score of 90% for patients requiring ongoing daily consultant reviews.

In September 2017 only clinical standard 2 was measured and the Trust achieved 58%. Meeting with our NHSE's Sustainable Improvement Team regional co-ordinator has highlighted some potential nuances in the data collection, which could be addressed in order to improve our position and provide a more accurate Trust position.

The spring 2018 survey is currently underway and the Trust is working closely with NHSE's Sustainable Improvement Team to help ensure that results in this round of the survey are optimal.

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The Trust is required to report on a core set of indicators. Presented, in the table below is the required data for the last two reporting periods. The data was made available by the Health & Social Care Information Centre.						NHS Trusts & NHS Foundation trusts performance		
					National Average	Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:	Highest	Lowest
The value and banding of the SHMI* for the Trust	1.128 Banding 1 (2013/14)	1.057 Banding 2 (2014/15)	1.0011 Banding 2 (2015/16)	1.0202 Banding 2 (2016/17)	1 Banding 2 (2016/17)	The Trust will continue to implement the measures which have been outlined on page 115 of the Quality Account 2017/18	1.2473 Banding 1	0.727 Banding 3
Percentage of patient deaths with palliative care coded at either diagnosis or speciality level	19.2% (2013/14)	29.3% (2014/15)	40.98% (2015/16)	45.02% (2016/17)	31.46%	The Trust has an active process to monitor mortality rates including those patients who are in receipt of palliative care, include a quality of care review.	59.76%	11.52%
Patient Reported Outcome Measures (PROMs) (EQ 5D Adjusted average health gain)						Ensuring that the Clinical Director within the Care Group actively monitors the PROMs scores and takes action as appropriate in order to improve health gain scores for patients.		
Groin hernia surgery	0.076	0.067	0.068	0.070	0.086		0.135	0.006
Varicose vein surgery	0.138	0.119	0.105	*	0.092		0.131	0.010
Hip replacement surgery	0.423	0.455	0.403	0.424	0.217		0.537	0.010
Knee replacement	0.322 (2013/14)	0.331 (2014/15)	0.313 (2015/16)	0.294 (2016/17)	0.224 (2016/17)		0.404 (2016/17)	0.242 (2016/17)
Readmissions to hospital within 28 days of being discharged, percentage aged:						At the time of producing this report no data was available from NHS Digital. The next release date for this indicator is yet to be confirmed.		
0 – 14	10.24%	10.01%					14.94%	6.40%
15 and over	11.86% (2011/12)	11.45% (2011/12)					11.86% (2011/12)	8.96% (2011/12)
Responsiveness to inpatients personal needs	67.4% (2013/14)	69.9% (2014/15)	70.1% (2015/16)	67.7% (2016/17)	68.1% (2016/17)	The Trust's achievement is just below the national average. We will continue to monitor the views of our service users and implement changes where necessary in order to improve the experience of our patients.	85.2%	60%
Percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	57% (2014)	64% (2015)	59% (2016)	62% (2017)	70% (2017)	Using staff surveys about the provision of care on wards and departments helps identify ways of improving services, coupled with demonstrating initiatives to improve the quality of care. As staff go through appraisals the discussions about the quality of care are included.	86%	47%
Percentage of patients who were admitted to hospital and who were assessed for venous thromboembolism	95.03% (Jan17 - Mar17)	95.01% (Apr17 - Jun17)	95.02% (Jul17 - Sep17)	95.04% (Oct17 - Dec17)	95.36% (Oct17 - Dec17)	Trust performance remains on target.	100%	76.08%
Rate of C.difficile per 100,000 bed days	14.2 (2013/14)	14.8 (2014/15)	10.8 (2015/16)	13.2 (2016/17)	13.2 (2016/17)	Implementing all the measures which have been outlined on page 113 of the Quality Account 2017/18	82.7	0.0
Number and rate of patient safety incidents reported within the Trust	Number: 3905 Rate: 6.6 (Oct13 – Mar14)	Number: 5548 Rate: 36.1 (Oct14 – Mar15)	Number: 5522 Rate: 38.0 (Oct15 – Mar16)	Number: 4908 Rate: 35.9 (Oct16 – Mar17)	Number: Rate: (Oct16 – Mar17)	Incident reporting rates are within the expected range when compared to our class.	Number: 14506 Rate: 45.7	Number: 1301 Rate: 24.6
Percentage of patient safety incidents which resulted in severe harm or death.	2.63% (103) (Oct13 – Mar14)	0.99% (55) (Oct 14 - Mar15)	0.38% (21) (Oct15 – Mar16)	0.36% (18) (Oct16 – Mar17)	(Oct16 – Mar17)	The latest dataset from the National Reporting and Learning System (NRLS) shows an increase although below the national average. A culture of reporting is promoted and encouraged.		

The Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

It has been extracted from NHS Digital without further amendments, and the Trust has considered underlying reasons for its performance against these indicators, putting action plans in place as required

* Adjusted average health gain data is not available for Varicose Vein Surgery as casemix adjusted figures are not calculated for organisations with fewer than 30 modelled records. There are only 18 modelled records attributed to the Trust.



Achievements against quality improvement priorities 2017/18



Take a zero tolerance approach to “never events”

These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust
Outcome = 1 case, close to target.

During 2017/18 the Trust achieved its aim of having no reported never events during this period. Never Events were 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.’ Up to January 2018.

Year	Number of incidents reported*	Per 1000 occupied bed days
2012/13	2	0.0062
2013/14	3	0.0092
2014/15	1	0.0030
2015/16	2	0.0063
2016/17	1	0.0034
2017/18	0	0.0000

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

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

This year also saw further embedding of the Trust’s ‘Freedom to Speak Up Guardians’. These staff champions help support the Trust to become a more open place to work, where all staff feel confident to speak up about patient care at all times. In December, we were visited by Dr Henrietta Hughes, National Guardian for the NHS, who met with staff as well as the Trust’s Guardian to further promote the role.

*It should be noted that year on year figures are not directly comparable as the original ‘Never Events’ definition as set out by NPSA in April 2009 was expanded for 2011/12 and then expanded further in 2012/13, and revised again in 2014/15. The latest version was published in January 2018.

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

Quality improvement 1 - patient safety

Key  = target achieved

 = close to target

 = behind plan



To reduce levels of hospital acquired MRSA bacteraemia



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

Trust not achieved trajectory with two cases reported during 2017/18; this is an improvement from 2016/17 with three cases reported.

Year	Number of reported cases	Per 1000 occupied bed days
2012/13	2	0.0062
2013/14	2	0.0061
2014/15	2	0.0061
2015/16	2	0.0063
2016/17	3	0.0102
2017/18	2	0.0072

The Trust had two MRSA bacteraemia against a zero tolerance to avoidable infection in 2017/18 financial year:

- The first case was a Patient admitted to the respiratory unit with anaemia secondary to heart failure. Admission screen was positive and the patient was referred to Dermatologist due to severe eczema. The patient had a single temperature spike in the background of long term urinary catheter, which was changed under Gentamicin cover. Blood culture grew MRSA considered to be a skin flora contaminant. PIR outcome: contaminant.
- The second case was in a Patient known to Chatfield suite, having chemotherapy for cancer, PICC was noted on clerking in, but no further mention, or review regarding line until patient spiked temperature. Blood cultures taken from PICC were positive with MRSA. PIR outcome: avoidable with lapse in care.

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

- Patients who are colonised with MRSA are at a greater risk of MRSA infection, so avoiding when possible: invasive devices, such as urinary catheters, central venous access, IV cannulas, use of IV routes when possible with antibiotics. We have launched and are promoting the Zero Tolerance to MRSA: search and destroy approach.
- Documentation of VIP scores is to be monitored more frequently to determine levels of compliance, we have also included an audit on CVAD as part of the quality matrix for care Group
- Use of decolonisation treatments proactively for higher risk patients.
- To reduce the impact of contaminants in blood culture, we also launched the “Blood culture contaminants: Break it Down” promoting the aseptic non-touch technique when carrying out venepuncture for blood cultures.

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

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

This data is governed by: National definitions

Quality improvement 2 - patient safety

Key  = target achieved

 = close to target

 = behind plan



To reduce levels of hospital acquired C-diff

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

Trust trajectory achieved with 28 cases reported during 2017/18, which demonstrates a 30% reduction out of a trajectory of 40 cases.

Year	Number of reported cases	Per 1000 occupied bed days
2012/13	67	0.1988
2013/14	41	0.1269
2014/15	44	0.1353
2015/16	32	0.1023
2016/17	26	0.0891
2017/18	28	0.1010

We recorded 28 cases attributed to the Trust with three of these showing lapses in care due to antibiotic use outside Trust guidelines. We met our PHE trajectory for Clostridium difficile infection for 2017/18, although failed to achieve our internal Trust trajectory by having three cases more.

There was one cross infection involving three patients in the respiratory unit with ribotype 015.

The lapses in care for the three cases, down by one case compared to 2016/17, have been addressed through local action, with antibiotic stewardship being the focus for trust wide learning. This means using the correct antibiotic for the presenting need and keeping course lengths within recommended use.

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

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

Quality improvement 3 - patient safety

Key  = target achieved  = close to target  = behind plan



Increase reliability of Sepsis management on admission to hospital

In line with NICE guidelines and national CQUIN requirements the Trust wants to ensure that we have a systematic approach towards the prompt identification and treatment of sepsis.

Although in Q1 compliance against screening and timely treatment was below 90%, from Q2 onwards the Trust achieved over 90% with Q3 achievement reaching over 95%.

Period	Sepsis Screening	Timely Treatment
Q1 2017/18	74%	85%
Q2 2017/18	92%	90%
Q3 2017/18	97%	100%
Q4 2017/18	97%	100%

Patient's presenting as an emergency should be appropriately screened for Sepsis and treated in a timely manner.

During Q1 the Trust only achieved 74% screening compliance, with only 85% of high risk patients been treated with IV antibiotics within 1 hour as per the NICE recommendations.

Following the implementation of the revised local sepsis protocol screening and treatment compliance steadily improved with Q3 screening performance achieving 97%, whilst 100% of high risk patients received appropriate treatment in a timely manner.

The Trust will continue to monitor sepsis management for 2018/19.

Progress, Monitoring & Reporting: Dashboards are completed for monitoring by Clinical Governance Committee. Monthly reporting to the Board of Directors. National reporting quarterly.

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

Quality improvement 4 - patient safety

Key  = target achieved

 = close to target

 = behind plan



Reduce the number of deaths which may have been preventable

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

Target achieved HSMR: 87.42 (Jan 17 – Dec 17) SHMI 101 (Dec 16 – Nov 17).

Year	HSMR	SHMI
2013	111.12 (Jan 13 – Dec 13)	108.47 (Oct 12 – Sep 13)
2014	108.68 (Jan 14 – Dec 14)	112.88 (Oct 13 – Sep 14)
2015	95.62 (Jan 15 – Dec 15)	105.7 (Oct 14 – Sep 15)
2016	91.08 (Jan 16 – Dec 16)	102 (Dec 15 – Nov 16)
2017	87.42 (Jan 17 – Dec 17)	101 (Dec 16 – Nov 17)

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

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

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

Data Source: HED

This data is governed by: National definitions

Quality improvement 5&6 - clinical effectiveness

Key  = target achieved

 = close to target

 = behind plan



Reduce the number of avoidable re-admissions

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

Outcome =

Year	HSMR
2013	111.12 (Jan 13 – Dec 13)
2014	108.68 (Jan 14 – Dec 14)
2015	95.62 (Jan 15 – Dec 15)
2016	91.08 (Jan 16 – Dec 16)
2017	87.42 (Jan 17 – Dec 17)

The Trust has an integrated discharge team, collaborating with social care to optimise safe discharge planning. This measure illustrates benchmarked performance that remains below the 100 standardised ratio, with a reduction in the last available set of data.

This illustrates that the readmission rate is slightly better than average and a positive indicator, particular when coupled with better than average length of stay for both elective and non-elective care.

Progress, Monitoring & Reporting: Monthly reporting to Clinical Governance Committee

Data Source: HED

This data is governed by: National definitions

Quality improvement 7 - clinical effectiveness

Key  = target achieved

 = close to target

 = behind plan



Reduce the number of formal complaints

Learning from formal complaints is taken forward through actions to improve services in line with the needs of the patients.

424 formal complaints have been reported during 2017/18 this demonstrates a 21% improvement on the number reported during 2016/17. Target achieved.

The number of formal complaints received into the trust has significantly decreased over 2017/18 well below the 10% reduction target. First line resolution at ward and department level and continued improvement work through education and quality initiatives across our Care Groups has been instrumental in this performance.

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

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

Quality improvement 8 - patient experience

Key  = target achieved

 = close to target

 = behind plan



Demonstrate increased Patient Engagement activities in each Care Group

We are committed to improving the experience of our patients, families and carers. This means we want to work in partnership with our staff and patients to seek opportunities to improve the quality of care that we provide.

We are constantly learning from the feedback that we receive and want to actively listen to our patients to understand what matters to them. We also recognise that sometimes we don't always get it right.

In situations like this we pledge to our patients, families and carers that we will work with them to understand where care has not met their your expectations and in doing so promise that this will not affect ongoing or future care that they may receive.

Through an increase in Patient Engagement activities aligned with learning from complaints and compliments, our Care Groups have reduced the number of formal complaints received and improved Patient Experience evidenced through patient feedback and sharing of patient stories.

We have pledged our commitment to increasing Patient engagement in our Patient Experience & Engagement Strategy in line with our Strategic Direction:

Patients - we will work with patients, their families and carers in co-designing and developing accessible, high quality and responsive services that provide a positive patient experience.

People - we are committed to actively listening to our patients, their families and cares and welcome all feedback to improve the quality and provide a positive experience of care.

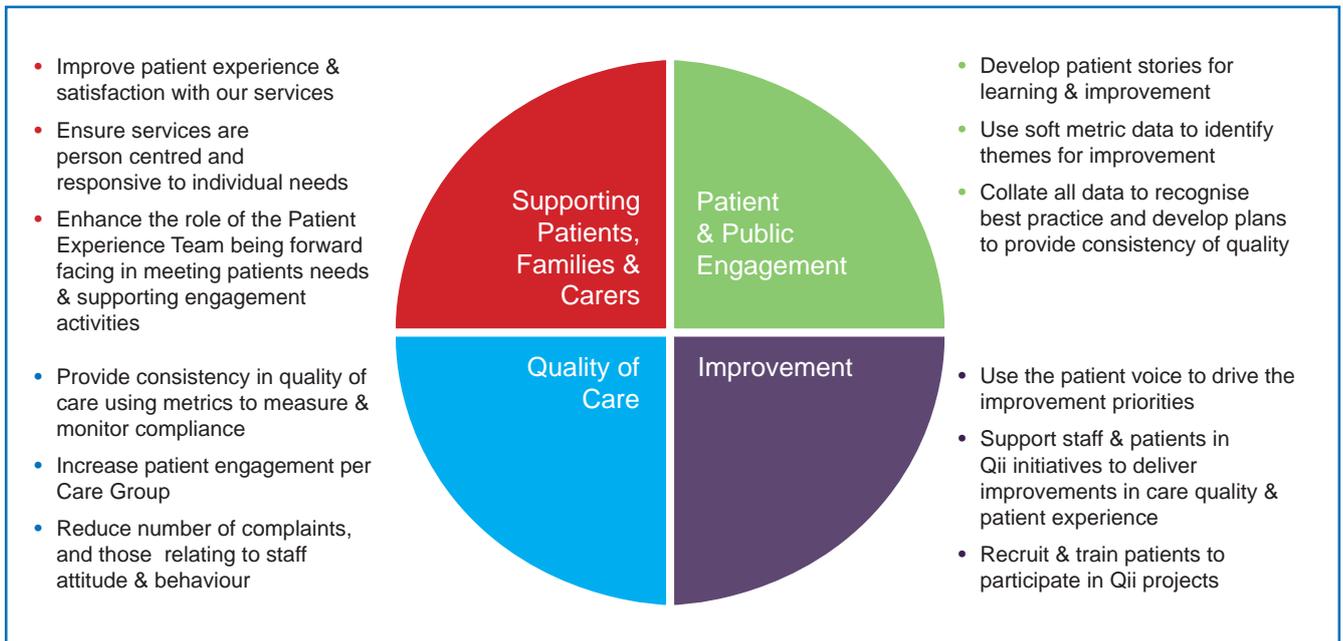
Performance - we welcome feedback to ensure our services are high performing and our Patient Experience Team will be proactive in making access even easier.

Partners - we will work with our partners to improve patient experience, listen to feedback and increase our engagement activities across our communities, using information technology tools where appropriate to do so.

Prevention - we will work with patients and their families and carers in seeking early resolution to concerns and complaints, will actively listen and when things go wrong we will ensure that lessons learned are shared to improve patient experience.

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The development of a balanced scorecard including hard and soft metrics (national and local) will also be used to provide thrice yearly surveillance of performance in relation to Patient Experience & Engagement:



Progress, Monitoring & Reporting: Reporting to Patient Experience & Engagement Committee and Clinical Governance Committee.

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

Quality improvement 9 - patient experience

Key = target achieved = close to target = behind plan



Reduce the number of complaints relating to staff attitude and behaviour



The good attitudes and behaviour of staff is paramount to providing a good quality service and patient experience. This also relates to the families and visitors of patients, and reinforces our Trust values.

Total 108, this demonstrates a 12.9% improvement on the number reported during 2016/17. Target achieved

The Trust set an objective of reducing the number of complaints about staff attitude and behaviour for the quality account for 2017/18, to reduce by 10%. The chart below illustrates that this has been achieved. The total number of staff attitude and behaviour complaints in 2016/17 was 129 and in 2017/18 it was 108 this represents an overall reduction of 12.9%.

Progress, Monitoring & Reporting: Reporting monthly to the Patient Experience & Engagement Committee and quarterly to the Clinical Governance Committee.

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

Quality improvement 10 - patient experience

Key  = target achieved

 = close to target

 = behind plan

3 Quality Accounts

Review of Quality Performance 2017/18

The national and local Commissioning for Quality and Innovation (CQUIN) targets have been met on the whole. There was full achievement across all but some aspects of the Sepsis screening and treatment and reduction of antibiotic consumption, which were partially achieved. A particularly positive achievement in the CQUIN's over the last year is the flu vaccination of staff, with the Trust being the first to reach the target nationally for the second year running.

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

The table below outlines the Trust's performance against indicators which form part of the Single Oversight Framework (SOF):

National targets and regulatory requirements	2015/16	2016/17	2017/18	National target or trajectory 2017/18
All cancers: 62-day wait for first treatment from: • Urgent GP referral for suspected cancer	85.5%	86.5%	85.9%	85%
All cancers: 62-day wait for first treatment from: • NHS Cancer Screening Service referral	92.7%	93.5%	93.7%	90%
18 week maximum wait from referral to treatment (patients on an incomplete pathway) <i>Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems</i>	92.1%	90.5%	89.1%	92%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or Discharge <i>Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems</i>	94.51%	91.4%	91.5%	95%
Maximum 6-week wait for diagnostic procedures	98.7%	99%	98.4%	99%
Venous thromboembolism (VTE) risk assessment	95%	95.02%	95.02%	95%



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2018/19 Quality Improvement Priorities comparative data

The table below shows comparative data to provide additional context:

	Target 2018/19	2017/18	2016/17	2015/16	2014/15
Patient safety quality improvement targets					
1. Take a zero tolerance approach to Never Events	0	0	1	2	1
2. Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	2	3	2	2
3. Maintain reliability of Sepsis management on admission to hospital	>90%	91.7%	75%		
Clinical effectiveness quality improvement targets					
4. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<95	88.43 (Jan 17 - Dec 17)	93.66 (Jan 16 - Dec 16)	95.15 (Jan 15 - Dec 15)	108.68 (Jan 14 - Dec 14)
5. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	101 (Dec 16 - Nov 17)	102 (Dec 15 - Nov 16)	105.7 (Oct 14 - Sep 15)	112.88 (Oct 13 - Sep 14)
6. Reduce avoidable Re-admissions	SRR <99	SRR 94.4 (Dec 16 - Nov 17)	97.81**	98.53	100.21
7. Reduce the number of missed hospital appointments *	7%	10.2%			
Patient experience quality improvement targets					
8. Reduce the number of formal complaints	5% reduction based on 2017/18	424 (20.7% reduction)	570	563	640
9. Demonstrate increased Patient Engagement activities in each Care Group.	100% of Care Groups	100%	Not measured	Not measured	Not measured
10. Reduce the number of complaints relating to staff attitude and behaviour	5% reduction based on 2017/18	108 (12.9% reduction)	129	144	143

*Governor selection.

Comments on the 2017/18 Quality Account were received by:

Healthwatch Doncaster

Healthwatch Doncaster are pleased to provide comments and a response to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's 2017-18 Quality Accounts.

Over 2017/18 Healthwatch Doncaster has received 129 stories and pieces of feedback about the Trust through the Healthwatch Doncaster Feedback Centre.

The feedback received covered a range of departments and gave an overall positive picture of the experience of local people: 76% of experiences shared were classed as a positive or neutral story.

Healthwatch Doncaster and Doncaster and Bassetlaw Teaching Hospital (DBTH) worked closely on a jointly agreed piece of work about 'Why do people miss their hospital appointments?' – this project engaged over 1600 people in hospital outpatients, primary care and community locations. The outcomes of the project clearly identified the need for improved communication and provision of information with and for local people. The recommendations from the Missed Appointments project have been presented to the Trust Board and a Task and Finish Group to implement the recommendations and improvements has been supported by the Chair, Non-Exec Directors and the Chief Executive. The 2018/19 Quality Improvement Priorities include the Governor's selection of a focus on reducing missed hospital appointments by 7% - this demonstrates a commitment to improving the quality of the patient experience as a result of listening to patients engaged by Healthwatch Doncaster through the Missed Appointments project.

Healthwatch Doncaster, NHS Doncaster CCG, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) and DBTH have been working closely on an exciting project linked to Planned Care. The NHS England 100-day challenge to make system improvements to three specialty areas – Cardiology, Urology and ENT – has been well supported across all the partners. Healthwatch Doncaster are pleased that there has a consistent focus on listening to the voice of patients and using their feedback to make improvements to services so that outcomes for patients are improved. The work in this specialty areas will continue beyond the initial 100 days.

Healthwatch Doncaster are members of DBTH's Patient, Engagement and Experience Committee. We attend regular monthly meetings and we are assured that the focus on the meetings is on improving the quality of services by listening to and engaging with patients, carers and families.

Healthwatch Doncaster would like to thank the staff at DBTH for their continued support enabling greater engagement and involvement of patients, carers and families in making improvements to the quality and experience clinical services.

Andrew Goodall

Chief Operating Officer
Healthwatch Doncaster

NHS Bassetlaw Clinical Commissioning Group (CCG)

Thank you for the opportunity to comment on Doncaster and Bassetlaw Hospitals NHS Foundation Trust Quality Account for 2017/18.

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

We encourage the Trust to further focus upon the following:

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

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

Cathy Burke

Deputy Chief Nurse
NHS Bassetlaw CCG

Nottinghamshire Health Scrutiny Committee

The Health Scrutiny Committee for Nottinghamshire welcomes the opportunity to comment on Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's Quality Account for 2017/18.

The closure of Ward A3 (Paediatrics) at Bassetlaw Hospital to inpatient admissions from 7:00 PM each day as a result of gaps in nursing and junior doctor rotas continues to be a source of concern to the committee. The committee urges the Trust to swiftly progress its work looking at regional solutions to recruitment issues with a view to reopening the ward as quickly as possible. The committee hopes that the Trust will employ imaginative measures to bolster recruitment, including rotation to Bassetlaw Hospital as part of normal duties.

The committee commends the Trust on its work examining missed hospital appointments, and explaining to the community the real costs involved.

The committee would like to see a wider range of information from the Trust in addition to winter planning, in order to build a up a more coherent picture of your work. This should include (but not be limited to) the learning outcomes from deaths, complaints, serious incidents and Never Events (if these occur).

The committee hopes that the Trust will engage in ongoing work to effectively direct patients away from the Emergency Department, if they are attending inappropriately, to other services.

NHS Doncaster Clinical Commissioning Group (CCG)

NHS Doncaster Clinical Commissioning Group (CCG) is pleased to comment on Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts Annual Quality Account for 2017/18. The Trust continues to work collaboratively with our local partners and approaches the delivery of care jointly to ensure quality service provision is in line with local commissioning intentions for the patients of Doncaster.

In June 2017, the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership became one of the first Accountable Care Systems (ACS). All trusts in the area are active members of this system. Alongside the work within the ACS, DBTH has played a key role in the development of the Doncaster Place Plan and this role continues as the plan moves forward to be implemented.

Becoming a Teaching Hospital in 2017 enabled the trust to gain recognition of excellence in teaching and research and being supported by both Sheffield Hallam University and the University of Sheffield. The CCG welcomed this and feel that this, alongside other initiatives, will continue to have a positive impact in relation to the workforce challenges both within the Trust and other care providers locally. The CCG support this work that is key to sustaining the quality of care for the population of Doncaster, improving outcomes for patients and also providing learning opportunities for the local community.

The report focuses on positive achievements throughout the year and also identifies some priorities for improvement in the coming year. These priorities will be reported to their Board and/or their Clinical Governance and Quality Committee.

The Trust has continued to be challenged by the pressure on the urgent care system as have most organisations on a national level and this has been evident particularly within Emergency Department targets. They have continued to work in a flexible way to meet the needs of patients in Doncaster. They have engaged in a range of transformational programmes being undertaken across Doncaster to both reduce attendance and ensure that people are seen by the right service both within the hospital and outside of the acute setting. We are pleased that there were no 12 hour trolley waits within the Emergency Department throughout the year.

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

As in previous years, the Trust continues with a commitment to be open and transparent in relation to quality and safety of care provided. Alongside key achievements, the Quality Account outlines areas of work that will continue into the coming year. The Trust has achieved an improvement in the Hospital Standard Mortality Ratio that reflects the ongoing commitment to delivering high quality, harm free care. As part of this work, the Trust is supporting particular areas of focus such as the Learning Disabilities Mortality Review programme (LeDeR) They continue to report on moderate harm and have implemented Duty of Candour (DoC) to medium as well as severe harm incidents.

We commend the Trust on their continued focus on patient safety strategies particularly in relation to Sepsis identification and treatment the reduction of Never Events to zero. In preparation for the winter period, the trust undertook a successful staff flu vaccination programme, becoming the first trust to achieve the 75% target for their front line staff to be vaccinated.

The Quality Account again identifies that they have made improvements from last year in relation to complaints management. They have seen a positive reduction in the number of complaints and

are also dealing with this in a timely and effective manner. We again encourage the Trust to continue developing systems and processes to allow open dialogue with their patients and families in line with the duty of candour.

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

Andrew Russell

Chief Nurse

NHS Doncaster CCG

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

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

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

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

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance
- The content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2017 to March 2018
 - Papers relating to Quality reported to the Board over the period April 2017 to March 2018;
 - Feedback from Doncaster Clinical Commissioning Group dated May 2018 and from Bassetlaw Clinical Commissioning Group dated May 2018
 - Feedback from Governors dated May 2018
 - Feedback from Healthwatch Doncaster dated May 2018
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30 April 2018.
 - The latest national patient survey dated February 2018
 - The latest national staff survey dated February 2018
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2018.
- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report
- 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

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- 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 NHS Improvement’s annual reporting guidance.

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

By order of the Board,



Suzy Brain England
Chair
29 May 2018



Richard Parker
Chief Executive
29 May 2018



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

We have been engaged by the council of governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (“the Trust”) to perform an independent assurance engagement in respect of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust’s quality report for the year ended 31 March 2018 (the ‘Quality Report’) and certain performance indicators contained therein.

This report is made solely to the Trust’s Council of Governors, as a body, in accordance with our engagement letter dated 23/04/2018. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that 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 Trust and the Trust’s Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- ▶ Percentage of patients within a total time in A&E of 4 hours or less from arrival to admission
- ▶ Percentage of incomplete pathways with 18 weeks for patients on incomplete pathways at the end of the reporting period.

We refer to these national priority indicators collectively as the ‘indicators’.

Respective responsibilities of the directors and Ernst & Young LLP

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’ issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’, which is supported by NHS Improvement’s Detailed Requirements for quality reports 2017/18;
- the quality report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the ‘Detailed guidance for external assurance on quality reports 2017/18’ and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the ‘NHS

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Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'.

These are:

- Board minutes for the period April 2017 to March 2018
- Papers relating to quality reported to the Board over the period April 2017 to March 2018
- feedback from commissioners, dated May 2018
- feedback from governors, dated May 2018
- feedback from local Healthwatch organisations, dated May 2018
- feedback from Overview and Scrutiny Committee dated May 2018
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30th April 2018
- the latest national patient survey, dated February 2018
- the latest national staff survey, dated February 2018
- Care Quality Commission inspection, dated April 2015 and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018.

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 Teaching Hospitals NHS Foundation Trust NHS Foundation Trust as a body, to assist the Council of Governors in reporting Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, 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 Teaching Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the ‘NHS Foundation Trust Annual Reporting Manual 2017/18’ to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Inherent limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the ‘NHS foundation trust annual reporting manual 2017/18’ and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified, and

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- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual 2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement.

Ernst & Young

1 Colmore Square, Birmingham

25 May 2018

The maintenance and integrity of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.

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



4 Summary Financial Statements

Foreword to the accounts

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

These accounts for the year ended 31 March 2018 have been prepared by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Richard Parker
Chief Executive
29 May 2018

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2018				
	Group		Foundation Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Operating income	387,012	387,547	386,384	385,847
Operating expenses	-394,503	-390,106	-393,448	-387,352
Operating deficit	-7,491	-2,559	-7,064	-1,505
Financial costs:				
Finance income	49	325	49	38
Finance costs	-1,359	-1,763	-1,358	-1,762
Public dividend capital dividends payable	-2,867	-3,232	-2,869	-3,232
Net finance costs	-4,177	-4,670	-4,178	-4,956
Other (losses) \ gains	-11	0	-11	0
Deficit for the year	-11,679	-7,229	-11,253	-6,461
Other comprehensive expense \ income				
Revaluation gains on property, plant and equipment	13,490	3,959	13,490	3,959
Other reserve movements		259		259
Total comprehensive expense for the year	1,811	-3,011	2,237	-2,243

4 Summary Financial Statements

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 March 2018				
	Group		Foundation Trust	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Non-current assets				
Intangible assets	6,792	6,453	6,792	6,453
Property, plant and equipment	200,695	188,921	200,695	188,921
Charitable fund investments	8,025	8,016	0	0
Trade and other receivables	1,621	1,533	1,621	1,533
Total non-current assets	<u>217,133</u>	<u>204,923</u>	<u>209,108</u>	<u>196,907</u>
Current assets				
Intangible assets	5,526	4,584	5,526	4,584
Trade and other receivables	32,376	26,725	31,899	26,631
Cash and cash equivalents	12,776	3,187	11,866	2,397
	<u>50,678</u>	<u>34,496</u>	<u>49,291</u>	<u>33,612</u>
Non-current assets held for sale				
Total current assets and non-current assets held for sale	<u>50,678</u>	<u>34,496</u>	<u>49,291</u>	<u>33,612</u>
Total assets	<u>267,811</u>	<u>239,419</u>	<u>258,399</u>	<u>230,519</u>
Current liabilities				
Trade and other payables	-42,542	-27,290	-41,939	-27,625
Borrowings	-10,214	-3,027	-10,214	-3,027
Provisions	-627	-583	-627	-583
Other liabilities	-2,054	-1,096	-2,054	-1,096
Total current liabilities	<u>-55,437</u>	<u>-31,996</u>	<u>-54,834</u>	<u>-32,331</u>
Total assets less current liabilities	<u>212,374</u>	<u>207,423</u>	<u>203,565</u>	<u>198,188</u>
Non-current liabilities				
Borrowings	-79,158	-77,143	-79,158	-77,143
Provisions	-1,948	-2,204	-1,948	-2,204
Total non-current liabilities	<u>-81,106</u>	<u>-79,347</u>	<u>-81,106</u>	<u>-79,347</u>
Total assets employed	<u>131,268</u>	<u>128,076</u>	<u>122,459</u>	<u>118,841</u>
Financed by Taxpayers' equity				
Public dividend capital	130,161	128,780	130,161	128,780
Revaluation reserve	46,584	33,094	46,584	33,094
Income and expenditure reserve	-54,286	-43,033	-54,286	-43,033
Charitable fund reserve	8,809	9,235	0	0
Total taxpayers' equity	<u>131,268</u>	<u>128,076</u>	<u>122,459</u>	<u>118,841</u>

4 Summary Financial Statements

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2018					
	Group				
	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserve £000	Total Taxpayers Equity £000
Balance at 1 April 2017	128,780	33,094	-43,033	9,235	128,076
Changes in equity for 2017/18					
(Deficit) \ Surplus for the year			-11,253	-426	-11,679
Revaluations - property, plant and equipment		13,490			13,490
Revaluations and impairments - charitable fund assets					0
Transfer to retained earnings on disposal of assets					0
Fair value gains on available-for-sale financial investments					0
New PDC received	1,381				1,381
Balance at 31 March 2018	130,161	46,584	-54,286	8,809	131,268
Balance at 1 April 2016	128,780	29,939	-37,375	9,742	131,086
Changes in equity for 2016/17					
(Deficit) \ Surplus for the year			-6,462	-766	-7,228
Revaluations - property, plant and equipment		3,959			3,959
Revaluations and impairments - charitable fund assets					0
Transfer to retained earnings on disposal of assets		-804	804		0
Fair value gains on available-for-sale financial investments				259	259
New PDC received					0
Balance at 31 March 2017	128,780	33,094	-43,033	9,235	128,076

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 March 2018				
	Foundation Trust			
	Public dividend capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Total Taxpayers Equity £000
Balance at 1 April 2017	128,780	33,094	-43,033	118,841
Changes in equity for 2017/18				
Deficit for the year			-11,253	-11,253
Revaluations - property, plant and equipment		13,490		13,490
Transfer to retained earnings on disposal of assets				0
New PDC received	1,381			1,381
Balance at 31 March 2018	130,161	46,584	-54,286	122,459
Balance at 1 April 2016	128,780	29,939	-37,375	121,344
Changes in equity for 2016/17				
Deficit for the year			-6,462	-6,462
Revaluations - property, plant and equipment		3,959		3,959
Transfer to retained earnings on disposal of assets		-804	804	0
New PDC received				0
Balance at 31 March 2017	128,780	33,094	-43,033	118,841

4 Summary Financial Statements

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2018		
	Group	
	2017/18 £000	2016/17 £000
Cash flows from operating activities		
Operating deficit	-7,491	-3,427
Non-cash income and expense:		
Depreciation and amortisation	8,826	8,827
Net Impairments	0	786
Income recognised in respect of capital donations	-257	-2,077
(Increase) / decrease in receivables and other assets	-5,357	-12,871
(Increase) / decrease in inventories	-942	890
(Increase) / decrease in payables and other liabilities	15,019	-3,696
Increase / (decrease) in provisions	-212	1,535
Movements in charitable fund working capital	-363	-196
Tax (paid) / received	0	0
Operating cash flows from discontinued operations	0	0
Other movements in operating cash flows	601	2,422
Net cash flows from / (used in) operating activities	9,824	-7,807
Cash flows from investing activities		
Interest received	49	38
(Purchase) / sale of financial assets / investments	0	0
Purchase of intangible assets	-1,125	-731
Sales of intangible assets	0	0
Purchase of PPE and investment property	-5,685	-9,442
Sales of PPE and investment property	75	982
Receipt of cash donations to purchase assets	0	2,077
Prepayment of PFI capital contributions	0	0
Net cash flows from charitable fund investing activities	0	287
Net cash flows from / (used in) investing activities	-6,686	-6,789
Cash flows from financing activities		
Public dividend capital received	1,381	0
Movement on loans from DHSC	9,201	18,382
Movement on other loans	0	-22
Other interest paid	-1,358	-1,734
PDC dividend (paid)	-2,773	-1,810
Financing cash flows of discontinued operations	0	0
Net cash flows from charitable fund financing activities	0	0
Net cash flows from financing activities	6,451	14,816
Increase in cash and cash equivalents	9,589	220
Cash and cash equivalents at 1 April 2017 - b/f	3,187	2,967
Cash and cash equivalents at 31 March 2018	12,776	3,187







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