



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust
Annual Report and Accounts 2018/19

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Chair and Chief Executive's statement

We are pleased to share with you the past 12 months for the Trust which have been filled with achievements, improvements and innovations. As an organisation we have consolidated the good progress we have made in patient care, treatment and experience in recent years, whilst further strengthening our links with partners both locally and nationally.

This year we have also had the opportunity to reflect upon our vision, values and objectives, clearly laying out where we want to head as an organisation. This has resulted in a revised vision for DBTH, which is 'to become the safest Trust in England, outstanding in all that we do'. While undoubtedly ambitious, we feel that with the skill, expertise and dedication we can count on amongst our colleagues, this is an entirely achievable destination for the Trust.

Aiding our refreshed vision, in the summer of 2018 we were successful in applying to be part of a national programme to give additional support to the Trust's Quality Improvement (Qi) Team. We believe that with this added support, we have the opportunity to further develop our Qi work, with additional support and standardisation to ensure improvement is seen as the way we do things at DBTH, and ultimately improving our offer for patients.

Moving to further achievements, in January 2019, we celebrated our second year as a Teaching Hospital. As a learning organisation, we continue to receive overwhelmingly positive feedback from medical, nursing and allied health professional students, a point of pride for the organisation.

We believe this to be particularly important as we look towards our future workforce and further innovate with roles such as Assistant Practitioners, Nursing Associates and Advanced Clinical Practitioners to meet any potential shortfalls in staff in the future.

Ensuring we offer the best possible experience for our students and learners is hugely important, as we strive to provide them with meaningful placements and have shown further commitment to this vision by partnering with Hall Cross Academy, one of Doncaster's leading secondary schools.

Together, we have created the nation's very first Foundation School in Health and throughout the next few years we will work closely with the Academy to provide the best support, information and advice to enable local students to follow a career within the NHS.

One of our proudest achievements this year has been our renewed focus on delivery, quality, safety and ensuring patients receive the best possible care, treatment and experience when staying with us.

Throughout the past 12 months, we have implemented a number of campaigns and projects such as 'Making Mealtimes Matter', 'Sleep Helps Healing', increasing visiting times and our 'Sharing How We Care' conference and newsletter, all with the aim of ensuring that patients remain at the heart of everything we do.

While we do not have quantifiable data to understand their impact at this time, we are confident that the focus on getting the fundamental things right, ensuring our patients eat well, sleep soundly and staff learn from innovations, improvements and challenges will pay dividends in the not-too-distant future.

We can once again describe good progress in terms of our financial performance. Thanks to our identified savings and continued drive towards improved 'Efficiency and Effectiveness', we have been able to meet our control total of £6.6 million deficit, slightly ahead of our plan by £23,000.

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This meant that, as a Trust, we qualified for bonus payments from NHS Improvement (known as Provider Sustainability Funding or PSF) which equated to £10.7m, resulting in the first surplus year-end position since 2015/16.

An achievement shared by all within the Trust, this ensures we are on a sound footing for the challenges ahead in 2019/20, when we expect to deliver cost improvements of around 3% of our overall budget.

To ensure that we maintain a strong focus on financial performance, whilst also continuing to go 'above and beyond' for our patients, we have launched the Doncaster and Bassetlaw Teaching Hospitals Charity brand. This fund, which has existed for several years, is dependent on the kindness of our local communities and partners, supports large-scale projects such as the renovation or development of an area, to the smaller things that provide comfort, like a teddy for a young patient spending their first time away from home.

Formally launching the new charity brand allows us to ensure that funds are raised and allocated for the benefit of services and schemes which cannot be prioritised from routine income. These kind donations will make a huge impact for patients, at a time when they need it most. Since the formal branch launch in May 2018, the charity has raised £361,000 and once again, we must express our most heartfelt thanks to those that have donated to such a worthy cause.

Throughout the year we have seen significant capital developments and infrastructure improvements, totalling £11.2 million to improve patient care, services and facilities. With partners we have also been able to see notable improvements including the opening of a Costa Coffee and further dining facilities at Doncaster Royal Infirmary, as well as a refurbishment of the site's 'Gate Four' entrance, which now features a brand-new Patient Advice and Liaison Service (PALS) office.

These changes are in addition to a multitude of smaller improvements and refurbishments which have taken place on all sites throughout the year, and we are also pleased to have started work on a brand-new CT scanning suite, a project which has been supported by our regional partners, as well as the Doncaster Cancer Detection Trust, to the tune of £4.9 million.

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 benefit of patients.

Throughout 2018/19, we have continued to strengthen our links with health and care partners in South Yorkshire and Bassetlaw. We are also an integral partner of the Doncaster and Bassetlaw Integrated Care Partnership (ICS) and the South Yorkshire and Bassetlaw Accountable Care System (ACS). 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 of our communities.

Despite the multitudes of positives, unfortunately we still continue to experience challenges in terms of recruitment, particularly within certain specialities in nursing and medicine. While a difficult obstacle to overcome, we have taken an active decision to view any shortfalls as an opportunity to think differently and innovate so that we can meet demand.

We must also reflect upon our most recent Care Quality Commission (CQC) inspection, as well as the resulting report which rated the Trust as 'Requires Improvement'.

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We have taken immediate action to address the specific concerns raised by the inspectors and are also progressing other points identified in the CQC's report. It is important for all colleagues to see this most recent inspection as an opportunity to improve further, and we are confident that positive progress is now underway.

Overall, as we reflect upon 2018/19 and preceding years, we believe it is clear that our development as an organisation has been substantial. 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.

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.

The Annual Report and Quality Report set out openly, honestly and in detail, how we performed in 2018/19, and what we plan to achieve in 2019/20. Finally, we can confirm this annual report for 2018/19 was prepared on a 'group' basis within the Trust and thank colleagues for their efforts in collating this document.



Suzy Brain England OBE
Chair
29 May 2019



Richard Parker OBE
Chief Executive
29 May 2019



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 county, 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 (HEE), 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. The site 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, however this will move to new premises soon. We also provide some services in community settings across South Yorkshire and Bassetlaw.

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Doncaster and Bassetlaw Hospitals (pre-2017) was one of the first 10 NHS trusts in the country to be awarded 'Foundation Trust' status in 2004. This granted the organisation more freedom to act than a traditional NHS trust, although we are still closely regulated and must comply with the same strict quality measures as a non-foundation trust.

Our headquarters are at Doncaster Royal Infirmary:

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

Tel: 01302 366666

Our strategy, vision, mission, values and objectives

Our Trust strategy for 2017 to 2022, **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

To be the safest trust in England, outstanding in all that we do.

Mission

As an Acute Teaching Hospitals Foundation 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.

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.
- **Quality Improvement:** Working together using methods, tools, data measurement, curiosity and an open mind set to make improvements in healthcare.

True north objectives

- Achieve and maintain CQC outstanding.
- 100% of staff know how to contribute to our vision.
- In top 10% for staff and patient feedback.
- The Trust is in recurrent surplus.

Overview of activity

As an organisation, we have built upon the achievements of the previous years, improving some aspects of care, while upholding the standards in others. We have also maintained a focus on ensuring we make progress in our financial performance. In 2018/19, we have delivered much to be proud of as a team; however, challenges still remain ahead for the Trust, which will once again require significant focus as we head into the next financial year.

A focus on patients:

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

Our patient safety key quality indicators show:

- 20 cases of Clostridium Difficile (C.Diff) seen at the Trust, with performance better than national average.
- We have maintained our good performance in regards to category three and four pressure ulcers, with only 31 reported in year, largely the same as the preceding two years. One area of the Trust (formerly known as the Musculoskeletal and Frailty Care Group) managed more than 19 months without occurrence of an ulcer.
- We have also continued to see good progress with our Hospital Standardised Mortality Ratio (HSMR) which stands at 93.3, which is 1.7% ahead of the Trust's target.
- Most pleasingly, we have seen a 40.2% decrease in the number of serious incidents reported at the Trust. We continue to encourage staff to report incidents to ensure risks are reduced, necessary actions are taken and learning opportunities are outlined.

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Continuing our emphasis on patient safety, in March 2019, the Trust celebrated 500 days without a Methicillin-resistant *Staphylococcus aureus* blood stream infection (also known as MRSA bacteraemia). Alongside colleagues throughout the Trust, our Infection Prevention and Control (IPC) Team have worked tirelessly throughout the past number of years to ensure that the bug is kept in check. This includes screening all patients for the bacteria, isolating those with a positive result and immediately beginning what is known as a 'decolonisation' process, in order to stop it spreading any further and causing harm.

Among other initiatives this year, the IPC team has led hand-washing campaigns within the Trust, ensuring all wards and services are compliant with hygiene and infection-control policies, as well as reviewing the use of any devices and treatment tools, which can lead to an increased chance of developing MRSA.

These improvements have also been evidenced in a Patient-Led Assessment of the Care Environment (PLACE) review, undertaken in late 2018. The Trust ranked amongst the highest NHS providers in the region, surpassing the national average for each of the six standards and even emerged as the best in Yorkshire and Humber for five of them:

- Cleanliness: 99.99% (national average: 98.47%)
- Condition, appearance and maintenance: 97.81% (national average: 94.33%)
- Dementia: 85.05% (national average: 78.89%)
- Disability: 88.39% (national average: 84.19%)
- Food and hydration: 90.20% (national average: 90.17%)
- Privacy, dignity and wellbeing: 85.78% (national average: 84.16%)

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 effective within the area of 'Person Centred Care', which has been an emphasis for the Trust for a number of years and has led to the following improvements:

- A further expansion of our 'Butterfly Volunteer' team, special helpers who support patients, and their families, who are nearing the end of life.
- The introduction of increased visiting times across the majority of our wards and services to 11am to 8pm each and every day.
- The launch of the 'Sleep Helps Healing (Shh)' campaign, which provides simple steps for colleagues to follow in order to keep night-time noise to a minimum.
- The implementation of 'Making Mealtimes Matter', which means all non-essential ward activity stops during the meal service and all activities shift to support patients to eat.

All of these projects and initiatives have been the result, in some way, of patient and public feedback, evidencing our commitment to putting listening into action.

This has also been supported by the introduction of the 'Sharing How We Care' newsletter, which features learning from deaths, incidents, patient experience and what work is going on across the Trust to keep our patients safer, as well as celebrating achievements. With seven issues in 2018/19, the newsletter has proven to be a huge success and has an average readership of around 1,000 each issue.

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Reflection and introspection as an organisation has also extended to some of our bigger projects this year. In October 2018, we officially opened the 'Butterfly Garden', a place dedicated to providing comfort to those who have experienced the loss of an infant. The tranquil venue is available to anyone who is in need of a quiet place to think. Costing £15,000 in total, this dedicated space is a commitment to Patient Centred Care and also a reminder for the Trust that we must look after the whole patient, both mentally and physically and always see them as an individual. By doing this, we can show that 'We Care' at all times.

Adding to this, we were also proud to open our very first 'Changing Places' facility in late 2018 at Bassetlaw Hospital. Located in the Outpatient Department, 'Changing Places' is a facility for anyone with a complex health issue who cannot use a standard disabled toilet, as they require extra equipment and space.

Going beyond the call of 'normal' care and treatment for our patients has remained a common theme throughout this year, and to support this we have officially launched the 'DBTH Charity'. As a Trust, we depend on the support and goodwill of the communities we serve. This new charity helps to formalise our approach to such fundraising.

In 2018/19, the charity was officially unveiled to the public, with a number of fundraising projects and activities shared to mark its first year, most notable of which was the publication of a book 'Good Health: A Pictorial Celebration of DBTH', which details the Trust's storied history, starting in 1840. A number of initiatives and campaigns are planned for the coming financial year, in what promises to be an exciting 12 months for the charity.

This support from the public has remained a theme throughout the year, particularly exemplified within the Trust's appeal for 'Traffic Light Hats', 'Cannula Mittens' and 'Bonding Hearts'. The hats serve an observational purpose, with each colour (green, orange and red) signalling the level of care required for the infant, while the cannula mittens stop the youngsters from interfering with the aforementioned device. To date, support for this appeal has been astounding with residents in Doncaster, Worksop and surrounding areas sending in their knitted garments and items coming from as far afield as Canada, Australia and New Zealand. Totalling around 3,000 contributions, the appeal itself has reached more than one million people via social media.

A focus on people:

Achieving 'Teaching Hospital' status in 2017 has facilitated 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 2018, this engagement highlighted huge improvements for the Trust.

DBTH's Intensive Care Unit was placed second out of all NHS providers across the country for 'overall satisfaction'. Scoring high amongst learners and mentors alike, the team were praised for the feedback given, clinical supervision, as well as the supportive environment fostered within the department, amongst many other indicators. Elsewhere in the Trust, Stroke, Geriatrics, General Internal Medicine and General Surgery were named as first, or joint-first, in Yorkshire and the Humber. Notable improvements have also been seen in nine other specialities ranging from Anaesthetics, Cardiology and Endocrinology to Obstetrics, Renal and Otolaryngology.

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These results cap a particularly successful number of years for education within the Trust, with region-topping results in the same survey in 2017. In January 2019 the organisation celebrated its second full year as a Teaching Hospital and now trains more than 25% of all medical students in the area, in addition to 30% of all other healthcare professionals.

This focus has also meant an expansion in our partnership work, working with local school, Hall Cross Academy, to create the nation's first 'Foundation School in Health'. With increasingly complex patient-need and an ever-expanding population, we anticipate that we will face further workforce demands in the near future. In order to address this challenge locally, the Trust and Hall Cross Academy are looking at innovative ways in which to support students as they look towards job prospects past the age of 16 and how things can be delivered locally with involvement from higher education.

By becoming a Foundation School in Health, the central Doncaster school will benefit from increased involvement from health professionals. This will include extensive work experience placements and internships, advice and information from experienced medics and clinicians about job roles within the hospitals, as well as the appointment of 'Careers Champions' within the Trust. Complementing this work, the Trust, with the local academy, will be hosting a careers event at the Doncaster Dome in July 2019, open to all secondary schools in the borough.

Further evidencing this commitment to education, our Knowledge, Library and Information Service has achieved a perfect score of 100% for HEE's NHS library assessment. This is for the third year running. Annually, libraries within the health service are assessed against national standards as detailed in the NHS Library Quality Assurance Framework. Recognising the excellent provision the organisation has to offer, HEE awarded the Trust top marks, making us one of only 10 services in the north of England to achieve such a feat, out of a total of 67 organisations.

To make the most of our strides within education, training and development, in 2018/19 the Trust completed an organisational restructure. This meant that we have gone from six 'Care Groups' which encompass the majority of our acute provider services to four 'Divisions'.

These are:

- Medical services
- Clinical Specialities
- Surgery and Cancer
- Children and Families.

We believe that making this change was needed in order to support us in the delivery of our five-year strategic direction, our Quality Improvement (Qi) work as well as enabling us to further commit to the South Yorkshire and Bassetlaw Integrated Care System (ICS).

Moving from Trust-wide achievements and looking at individuals, as well as departmental achievements, this year has been particularly successful for Team DBTH. In June 2018, Mr Mark Watson, Consultant Ear Nose and Throat (ENT) Surgeon was named President-Elect of the British Laryngological Association (BLA). Mr Watson, who has been working with the Trust since 1992, helped to pioneer a number of innovative and cutting-edge treatments throughout his career and we can think of no better candidate to undertake this national role.

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In the same month, Garry Swann, the Trust's Archivist and former Head of Medical Photography, was awarded the British Empire Medal in the Queen's Birthday Honours. Garry, who has completed over half a century of service to the NHS, was appointed to set-up and lead Doncaster Royal Infirmary's Department of Medical Photography in 1966 and oversaw the training and development of many young clinical photographers during his time as Head of Medical Photography, one of whom heads the team today.

Following this theme, Richard Parker, the Trust's Chief Executive, received an Order of the British Empire (OBE) for his services to health and social care in the Queen's New Year's Honours List. Working within the NHS for over 35 years, Richard has led the Trust as Chief Executive since January 2017, having previously served as Director of Nursing, Midwifery and Quality from 2013. During his tenure at DBTH, Richard has overseen significant improvements to the organisation's overall performance, working to develop the quality of clinical services.

Further achievements and highlights include Dr Neelam Dugar, Consultant Radiologist, receiving an exceptional contribution award from the Royal College of Radiologists (RCR) for her outstanding work in digital imaging informatics, while Mr Muhamad Quraishi, Ear Nose and Throat (ENT) Consultant, was named as the Royal Society of Medicine's Section President for Laryngology and Rhinology.

A focus on performance:

In 2018/19, the number of our patients waiting over four hours in our Emergency Department decreased by 1.18%, with the Trust reaching 92.64% against the target. While the national picture remains challenging, with increased attendances seen within services nationwide, we remain one of the best performing and most consistent trusts in the region, as well as nationally.

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 second phase of our Smart-ER service, while in August 2018 Doncaster Royal Infirmary's Emergency Department was expanded to include a new minor injuries facility.

Following the theme of sustained improvements, we have also completed another year of excellent mortality performance, with our Hospital Standardised Mortality Ratio (HSMR) below the expected level of 100 and the Trust target of 95 points, ending the year at 93.3, which is 1.7% better than the Trust target.

To aid in our overall performance, in mid-2018 we instigated a project to reduce the number of missed appointments experienced at our hospitals. Each year, the Trust records around 4,160 missed appointments, equating to around 140 a day. To reduce this number, we are working with partners PSL Print and DrDoctor, launching a new patient appointment and portal system, as well as other improvements to our services. The overall goal of this work is to achieve a 20% reduction in missed appointments by mid-2020. So far, we have currently achieved around 10.3%.

Making the most of the time and capacity available to our Trust has been a theme in 2018/19. As such, this year we have been making preparations to move our Hospital Sterilisation and Decontamination Unit services to an external provider, STERIS Instrument Management Services. By doing so, we will benefit from increased resilience, improved traceability and shorter turnaround times for medical instrument cleaning. Ultimately, this will ensure we have the right equipment, at the right time, enabling us to deliver care and treatment more efficiently for our patients.

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The Trust has also successfully delivered a number of initiatives through our Efficiency and Effectiveness programme in 2018/19, helping us to be more financially sustainable and to support new investments in our services. Overall the Trust has saved £12.1m through the hard-work of our front line staff, management teams and project managers.

Particular successes include:

1. The Trust's Procurement and Pharmacy teams have reduced spend by £1.6m below what was budgeted through effective negotiation, close management of purchasing and utilising bio-similar products.
2. The implementation of recommendations following 'Getting It Right First Time (GIRFT)' speciality review meetings.
3. Reviewing maintenance contracts to ensure the Trust is achieving value for money from all external providers.
4. Making the most of staff ideas and innovations to achieve small efficiencies and implement better ways of working.

Finally, the Trust was visited by the Care Quality Commission (CQC) late in 2017, completing both unannounced and 'Well-Led' inspections. The CQC report published in 10 July 2018 recognised a number of areas of quality care and practice at the Trust. Overall, 72% of the services inspected at Doncaster Royal Infirmary, and 77% at Bassetlaw Hospital, were judged to be 'Good' with no service at DBTH rated as 'Inadequate'.

The visits were undertaken during a period of increasing winter pressures and attendance, which saw the CQC suspend inspections nationally in January 2018. Despite this, inspectors highlighted a number of positives, with 'Medical Care' coming in for particular praise. The inspectors found this service within DBTH to be 'Good' across the five domains, pointing to an emphasis on infection control, patient assessment and seven-day service, all of which are supported by a culture of staff development.

The organisation's leadership team were also the recipients of praise, with the report evidencing a strong working relationship between the Trust's Chief Executive and Chair. The inspectors additionally pointed to training and development opportunities for leaders within DBTH with a goal to further improve patient care and treatment.

Following the publication of the mid-2018 report, the inspectors returned in November for an unannounced inspection focused upon the Emergency Departments. Following this, some of the 'domains' inspected by the CQC changed, with Bassetlaw Hospital's Emergency Department's score improving overall, whilst the 'Safe' domain at Doncaster Royal Infirmary moved to 'Inadequate'. As a result of this most recent visit, projects are now underway to address the concerns raised by the CQC.

A focus on partners

To improve facilities for our workforce, in October 2017, the Trust partnered with Sodexo, with a number of improvements realised within the 2018/19 financial year. The ten-year contract contained a number of investments and improvements to our catering services, which also offer significant benefit to our patients. On that note, a new electronic ordering system was introduced this year, alongside brand new and temperature-controlled meal trolleys, a Costa Coffee, a Subway restaurant, and other kitchens and eateries.

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The Trust continued its work with Care1Bank, a collaborative NHS initiative consisting of five NHS trusts including Barnsley Hospital, Chesterfield Royal Hospital, North Lincolnshire and Goole Hospitals and Sheffield Children's Hospital. This partnership has proven successful, offering a centralised bank of staff to cover workforce shortfalls and has been shortlisted for the HSJ Value Awards in 2019.

In May 2018, the Trust completed the '100 Day Challenge' alongside local NHS and social care partners. The focus of the campaign was to implement a series of intensive changes and innovations in specific service (these being Urology, ENT and Cardiology Elective Care) and monitor their progress and performance through the allotted time period. The challenge was effective with a number of positive enhancements being implemented. Because of this success, another 100 Day Challenge started in early 2019, this time focused upon Ophthalmology.

Working with international partners, we have continued to collaborate with health professionals in China. In November, a delegation from the Jinan province visited to explore our innovations in elderly care, as well as to learn more about our Quality Improvement Medical Education and Training (QiMET) project.

QiMET is the UK's first 'Hybrid International Emergency Medicine' Training Centre and offers training to overseas medical schools to provide an international rotation of qualified doctors. The goal of the project is to improve the quality of care for patients and provide value for money for the NHS. This project is unique, as it enables overseas medical trainees to earn, learn and, most importantly, return, providing a sustainable workforce for the UK and addressing the global shortage of qualified doctors. Following the visit to Doncaster, proposals are being drawn-up to set-up QiMET 5,000 miles away in Jinan.

This year has also seen further strengthening of our NHS partnership work in the region. In June 2017, the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) was named as one of the first Integrated Care Systems (ICS) in the country. It 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.

Since inception, the governance of the ICS has been, and continues to be, strengthened with updated interim arrangements expected to take effect from the 1 April 2019. Whilst the ICS does not replace the legal or statutory responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration.

A number of work streams have been identified as priorities for the ICS. These are: Mental health and learning disabilities, urgent and emergency care, primary and community care, cancer, maternity and children, elective and diagnostic, and population health management. In 2018/19, the work streams have continued to function as networks, with key individuals from each partner organisation meeting on a regular basis to identify and develop opportunities for collaborating to improve health and care services.

In November 2017, the Treasury committed £3.5 billion of capital funding nationally for the period between 2017/18 to 2022/2023. This was largely to support ICS transformation schemes, which will help to bring real benefits to patients including those across South Yorkshire and Bassetlaw. £10m had previously been set aside to support expansion of hyper-acute stroke services at Sheffield Teaching Hospitals and in February 2019, work began on the building of a £4.9m scanner facility at Doncaster Royal Infirmary, with supplementary funding from the Doncaster Cancer Detection Trust to buy an additional CT scanner.

1 Performance Report

The ICS-commissioned independent review of hospital services concluded phase one in 2018. The review looked at how hospital services are provided and what needs to happen to future-proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards.

Recommendations from the review, which were published in a report (including an easy read version) in May 2018, proposed that to continue providing high quality services, hospitals in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield must work together even more closely in a variety of different ways. This included ways for the hospitals to collaborate better with the development of hosted networks. It also included transforming the way we use our workforce, to make the best use of the staff we have at the moment, and to ensure that people receive care as close to their own homes as possible. The report can be found here: <https://bit.ly/2Xgrmoi>

A focus on prevention

This financial year has once again seen a significant emphasis on prevention, with one particular highlight being the Trust's flu vaccination campaign. Each year, this activity is spearheaded by a dedicated team of vaccinators, made up of Occupational Health and Wellbeing practitioners and supported by hospital clinicians of all grades and levels. These included Chief Executive, and registered nurse, Richard Parker, as well as Moira Hardy, Director of Nursing, Midwifery and Allied Health Professionals, both of whom administered the vaccines to members of staff.

Throughout the winter the team worked tirelessly, visiting wards and departments in order to give medics and clinicians easy access to the vaccine, while providing special drop-in sessions for weekend workers and night staff. This 'all hands on deck' model, which has proven so effective over the past number of years, has seen success again with the Trust hitting the target in record time.

This year's campaign was so popular, that the Trust ran out of vaccine after just three days, when more than 1,600 clinicians opted to get their vaccination. In all, when stocks were available, the team managed to reach the national target of 75 per cent in just 21 days, which was 38% faster than last year's efforts. In total, 97% of all doctors opted for the jab, alongside almost 80% of all nurses at the Trust. As a result of this performance, the vaccinators were named as 'Best Team' at NHS Employers' Annual Awards 2019.

Maintaining this focus on preventative care, in December 2018, a new Macmillan 'Pod' was opened in the main outpatient area of Doncaster Royal Infirmary, to help those affected by cancer. The pod - which will provide support, information and advice - has been funded by Macmillan Cancer Support, a charity which helps people affected by cancer through their journeys. While the facility is now open to the public, further work is ongoing to build consultation rooms and will be fully launched in January 2019.

The new centre provides a friendly, private environment for patients, carers and family members affected by cancer, to access appropriate information and support. From managing symptoms, to advice on benefits and financial support, the pod can provide expert help and has a wide-range of Macmillan booklets to take away.

Looking after those with existing diagnosis and offering enhanced support is a high priority for the Trust. Evidencing this further, in November 2018, the Trust was recognised as a 'Veteran Aware' hospital. This mark of distinction means that patients who have served in the British Armed Forces will be cared for by frontline staff, who has received training and education on their specific needs.

1 Performance Report

For example, they will be able to support them with things like mental health and can signpost them to relevant services.

DBTH is one of 24 NHS bodies across the UK that has received accreditation from the Veterans Covenant Hospital Alliance.

The Alliance is made up of national bodies, including NHS Improvement, NHS England, the Department of Health and Social Care, the Ministry of Defence, and the Confederation of Service Charities.

Finally, in late 2018 the Trust went 'System Perfect', focusing upon our Emergency Departments and how we can improve this particular service. This is a week-long exercise which looks at how health and social care pathways function when all hands are on deck and everything is working exactly as it should. A project that happens several times a year, the focus this time around was emergency and urgent care and looking at how we can get patients home as safely and soon as possible.

Throughout the week, a survey was conducted, ultimately reaching more than 2,000 local people. The findings of this engagement have been shared with the South Yorkshire and Bassetlaw Integrated Care System (ICS), as well as other local and regional partners and will inform service change in the future.

Focus on quality improvement

Quality Improvement underpins all that we do at DBTH, and is a key enabler for us to achieve our strategic goals and our vision of being the safest Trust in England, outstanding in all that we do.

In August 2018 we were successful in applying to be part of a national Qi programme, supported by NHS Improvement, to build on the existing work of the established Quality Improvement (Qi) team. The Executive Team have actively sponsored this programme, and over the year have been undertaking training as Qi Practice Coaches so they can champion and role model improvement behaviours. Our participation in this programme also means we are working as part of a learning network with six other trusts across the country, sharing successes and learning from one another.

The Qi programme priority areas for 2018/19 were identified as Trauma and Orthopaedics and Maternity Services. The focus of this work has been on reducing the number of unnecessary steps in the pathways, resolving issues that staff themselves have identified, improving the 'flow' of care and activity, and improving the patient experience. Rapid Improvement Events have taken place over the year where staff come together to work on change ideas for improvement in a specific area of work. These events are all about quickly testing out improvements that staff and patients have identified, measuring the impact, and then putting in plans to sustain the change. Clear Qi plans for the next 30, 60 and 90 days are then developed to take forward the work. Successes over the year have included the following.

Trauma & orthopaedic:

- Yorkshire Ambulance Service pre-alerting their arrival to the Emergency Department (ED) for patients with a fractured hip so all staff and resources are ready on arrival
- ED team having a very effective weekly Qi 'huddle', where team members come together to review data on their improvement work, and problem solve together
- Improvements in reducing the time for patients to receive pain relief for fractured hip and broken wrists

1 Performance Report

- Wards using patient boards to more effectively manage patient pathways and ensure patients get the right care at the right time.

Maternity:

- Reducing un-needed administration steps in antenatal clinics which has saved 20 hours admin time a week
- This has been re-invested to reduce the waiting list for appointments and to establish an admin booking hub for newly pregnant mums to contact
- Service user input was incredibly valuable as part of this improvement and is ongoing.

As well as this large-scale Qi programme, additional work has also been taking place over the year, enhancing services, enriching the patient experience and ultimately helping us in our ambition to become CQC 'Outstanding' within the next five years.

It's our goal to make all staff feel confident and empowered to suggest and make improvements in their area of work. One way we have done this in 2018/19 is by providing a wide range of practical Qi training for staff, which is focused on tools and Qi ways of working that staff can apply into their practice. This year we trained over 600 staff in face to face workshops, as well as all staff learning about Qi as part of their annual mandatory training.

As we move forward into 2019/20, we will continue to develop our culture of improvement to enable all of our staff to be able to contribute to improvement every day.

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 2018/19 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 fifth 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.

2018/19 in review

Throughout the year, our Finance and Efficiency and Effectiveness teams have worked with our staff to deliver savings of £12.1m for the Trust, reaching a control total deficit of £6.6m as agreed upon with NHS Improvement, ending the year slightly ahead of plan.

With additional Provider Sustainability Funding of £10.7m, the Trust ended the financial year in a surplus position of £5.169m.

1 Performance Report

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

Savings

We delivered cost savings of £12.1m for 2018/19 against a savings target of £17.8m.

Working capital

Cash balances for the Trust held at 31 March 2019 were £19.7m. Total loans received during 2018/19 were £10.4m. The Trust now has £94.9m of loans.

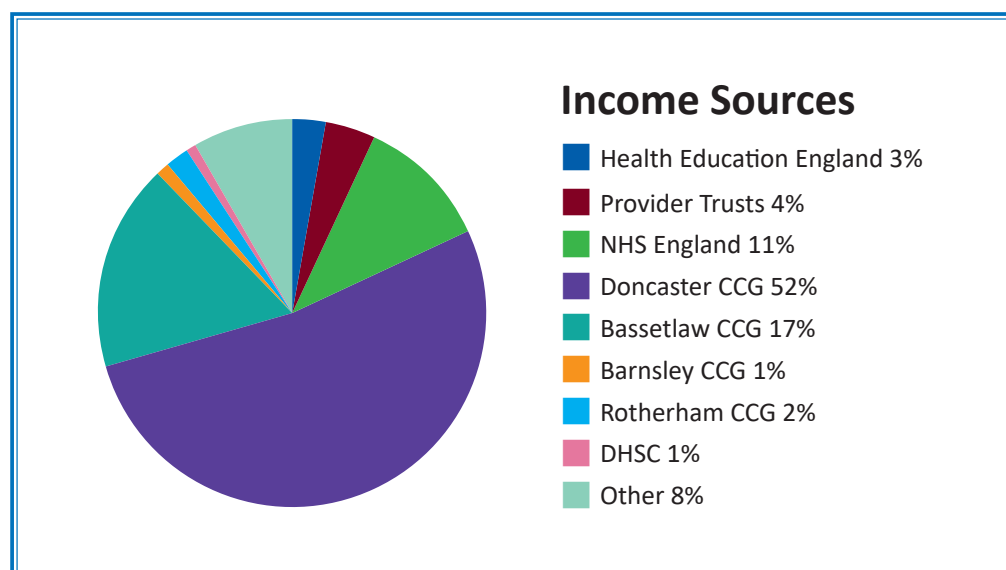
Public Dividend Capital (PDC) dividend

A charge of 3.5% of average relevant net assets is payable to the Department of Health as PDC dividend, reflecting the forecast cost of the capital we used. A dividend of £3.089m was payable during 2018/19.

Income

We received a total of £403m income in 2018/19 (before bonus Performance and Sustainability Funding), which is growth of 4% from the previous year.

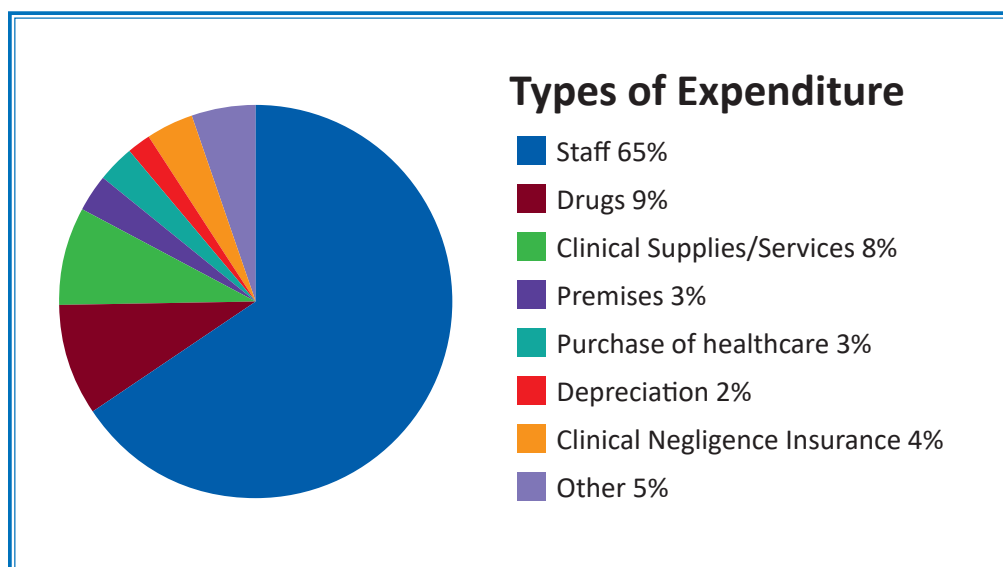
Our main sources of income continue to be NHS Doncaster Clinical Commissioning Group and NHS Bassetlaw Clinical Commissioning Group, as shown in the pie chart:



Revenue expenditure

During the year, the Foundation Trust spent a total of £404m. As in previous years, the vast majority of our expenditure is on pay budgets (staffing) at £262.4m, with nursing and medical staff continuing to be our biggest areas of expenditure. For 2018/19, a reduced proportion of our staffing spend was on non-substantive staff, reflecting productive recruitment cycles, although there are still pressures as a result of 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 £11.2m of which £231k was funded by charitable donations. The major capital schemes in year were:

- Electrical Enhancements: £1.971m
- Property Maintenance - £2.559m
- Medical Equipment Replacement Programme: £1.875m



1 Performance Report

Operational Performance

| Area | Indicator | Standard | Q1 18/19 | Q2 18/19 | Q3 18/19 | Q4 18/19 | YTD |
|---------|--|--------------|----------|----------|----------|----------|--------|
| Safety | Clostridium Difficile | 40 Full Year | 6 | 3 | 7 | 5 | 21 |
| | MRSA | 0 | 0 | 0 | 0 | 0 | 0 |
| Quality | 31-day wait for second or subsequent treatment: surgery | 94.00% | 97.8% | 100% | 100% | 100% | 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% | 86.2% | 85.6% | 85.3% | 86.5% | 85.8% |
| | 62-day wait for first treatment from consultant screening service referral | 90.00% | 94.7% | 94.9% | 86.6% | 92.5% | 92.8% |
| | 31-day wait for diagnosis to first treatment- all cancers | 96.00% | 99.5% | 99.8% | 99.4% | 98.7% | 99.3% |
| | Two-week wait from referral to date first seen: all urgent cancer referrals (cancer suspected) | 93.00% | 85% | 88.5% | 92.2% | 94.2% | 90.1 |
| | Two-week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) | 93% | 86.8% | 92.8% | 90.8% | 89.9% | 90% |
| | A&E: Maximum waiting time of four-hours from arrival/ admission/ transfer/ discharge | 95.00% | 91.5% | 93.5 | 90.9% | 92.32% | 92.64% |
| | Maximum time of 18-weeks from point of referral to treatment- incomplete pathway | 92.00% | 89.6% | 88% | 86.6% | 88.8% | 88.8% |

Green: Performance achieved

Orange: Performance close to achievement

Red: Performance not achieved.

1 Performance Report

Four-hour access target

Although we did not achieve the four-hour access target, 2018/19 saw the Trust outperform many of the trusts in the region and our performance placed us 20th out of 134 providers in the country.

As reflects the national picture, we have once again faced a difficult winter period with increased demands often from older more ill patients, a position not unique to this Trust, while record-breaking weather in the summer meant an increase in attendance in a traditionally quieter time for the service. Despite missing the target, we have still managed a strong performance throughout the year and the Trust managed to stay above 90% for all quarters of the year, with particularly strong performance in quarters two and four.

18-week Referral to Treatment (RTT) targets

While performing above the national average, and receiving a higher than expected level of referrals, we were below the local commissioned target for RTT (89.1%) achieving 88.8%. In order to address this issue, weekly meetings have been held throughout the year in order to steer performance levels back in-line with targets. We are working closely with our commissioners in order to improve this position in the next financial year.

Diagnostic waits

The overall position achieved was 99%, an improvement from last year, while challenges remain in Audiology. Plans are in place to move this service to a more suitable location in the next financial year.

Cancer targets

For 2018/19, we have achieved the 62 day wait for first treatment, delivering 92.8%. We missed our two-week referral rates, achieving 90.1% 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 in 2018/19.

Other quality targets, including internal targets

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

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 2018/19 including:

April 2018

The Trust was nominated for 'Best Social and Digital Media' campaign for NHS England's Flu Fighter Awards 2018.

May 2018

The Trust was visited by former Secretary of State for Health and Social Care, Jeremy Hunt MP, who thanked Team DBTH for their hard work and dedication.

June 2018

Garry Swann, Trust Archivist and former Head of Medical Photography, received the British Empire Medal for his services to the NHS in the Queen's Birthday Honours. Mr Mark Watson, Consultant Ear Nose and Throat, was elected President of the British Laryngological Association.

July 2018

The Trust celebrated the NHS 70 birthday with an event at Tick Hill Road Hospital, with members of the public invited to attend and meet with hospital colleagues.

In the same month, the Trust was rated 'Good' for being well-led, responsive and caring by the Care Quality Commission (CQC).

The former Care Group, known as Musculoskeletal (MSK) and Frailty, which contained 14 wards and departments across Doncaster, Bassetlaw and Mexborough, achieved 19 months without occurrence of a serious pressure ulcer.

Dr Neelan Dugar was given an exceptional contribution award by the Royal College of Radiologists for her outstanding work in digital imaging informatics.

August 2018

The Trust was highly rated within the General Medical Council's Training Survey, with our intensive care unit placed second nationally overall.

September 2018

We held our annual Star Awards, recognising over 100 members of the team for their hard work and dedication throughout the year.

October 2018

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 2018/19 programme, completing this in just 21 days.

1 Performance Report

Our Procurement Team achieved a 'level two' accreditation in NHS Procurement Commercial Standards, recognising the good purchasing practice that is followed within the Trust.

In the same month, we entered into a formal relationship with Hall Cross Academy, launching the nation's first Foundation School in Health.

Dr Kirsty Edmondson Jones, Director of Estates and Facilities, is awarded an Honorary Fellowship by Sheffield Hallam University.

Finally, we celebrated an entire year without a methicillin-resistant staphylococcus aureus blood stream infection (MRSA) on any ward.

November 2018

The Trust was recognised as 'Veteran Aware' by the Veterans Covenant Hospital Alliance.

Mr Muhamad Quraishi OBE, Ear Nose and Throat Surgeon at the Trust was named as the Royal Society of Medicine's Section President for Laryngology and Rhinology.

Also in November, the Trust celebrated an entire month without occurrence of a category three or four pressure ulcer on any ward.

The Trust was highly praised in the Patient-Led Assessment of the Care Environment (PLACE) review, ranking amongst the highest NHS providers in the region and nationally.

December 2018

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

Trust Chief Executive, Richard Parker, was awarded Officer of the Order of the British Empire (OBE) for his services to health and social care.

January 2019

The Trust's Pathology Services were granted full accreditation by the United Kingdom Accreditation Service (UKAS), for exemplary standards of 'safety and reliability'.

Richard Parker OBE, signed the Veteran's Charter, officially making the Trust 'Veteran Aware'.

The Trust's Finance Team were named 'Finance Team of the Year' by the Health Financial Management Association in Yorkshire and the Humber.

February 2019

Work began on the Trust's brand-new CT Suite to be completed in March 2020.

The Trust won a competitive tender to deliver 'Tier 3 Weight Management Services' in Doncaster.

For the 15th consecutive year, we hosted the Ear Nose and Throat Masterclass, with delegates attending from across the world.

1 Performance Report

March 2019

Our Skin Integrity Team clinched third-place for innovation at the Journal of Wound Care's 2019 awards.

The Trust was awarded 'platinum' for achieving the highest possible standards for its 'Wellbeing at Work' programme.

In the same month, the Trust achieved 500 days without a methicillin-resistant staphylococcus aureus blood stream infection (MRSA) on any ward and 50 days without C.Difficile.

The Trust's flu vaccination team are named 'Best Team' at NHS Employers' annual awards and Smart-ER was nominated for the HSJ Value awards, while our Estates and Facilities Senior Team and Director were shortlisted for the HEFMA 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 2018/19 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 a survey to engage with local people about when and why they use the Emergency Department.
- 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 regard 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.

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.

1 Performance Report

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

In May 2018, we launched the 'Doncaster and Bassetlaw Teaching Hospitals Charity' (DBTH Charity). The fundraising brand covers all three hospital sites at Doncaster, Worksop and Mexborough, with an ambition to ensure the Trust makes the most of the kind donations received for the benefit of patients.

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 grateful by their generosity, and that of the many companies and organisations that have made donations to benefit patient care in 2018/19.

Sustainable Development Plan

Our commitments to a sustainable environment and energy saving continues to form part of our overall Trust strategy, and the completion of a Sustainable Development Plan as identified within our revised Estates and Facilities Strategy is targeted for 2019.

This means that as a Trust we will aim to reduce our carbon footprint further, building on efficiency measures already employed such as the increased use of energy-efficient LED lighting, 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. We will also look to install electric vehicle charging points during 2019 for use by staff, patients and visitors.

Further efficiency measures will continue 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 Doncaster Royal Infirmary 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.

Reportable qualifying emissions under the UK's CRC Energy Efficiency Scheme fell by 8% last year compared to the previous year, reducing the Trust's CRC commitment cost and maintaining a downward trend for the fifth consecutive year. The most recent projection provided at month nine (December 2018) for the 2018/19 CRC reporting period indicated that this trend is likely to continue, with carbon emissions having reduced by a further 8% in comparison to the same period last year. Emissions associated with combustion on site at DRI, which qualify for the EU Emissions Trading Scheme (EUETS), remained relatively consistent with the previous year, with a marginal increase of 2% being reported.

Key developments since the end of 2018/19

The Trust welcomed Pat Drake and Kath Smart as Non-Executive Directors to the Board on 1 April 2018, two new additions to the Board, Alan Chan and Sheena McDonnell, beginning their tenures as Non-Executive Directors on 1 July 2018.

The Trust said goodbye to one Board Member on 31 March 2019. Moira Hardy left the organisation as Director of Nursing, Midwifery and Allied Health Professionals on 31 March 2019 having joined the NHS as a Registered General Nurse in 1985. Moira became the Acting Director of Nursing, Midwifery and Allied Health Professionals in January 2017 undertaking the post substantively. Moira retired in late March 2019 but has returned to the Trust until 31 July to ensure a smooth handover to her successor, David Purdue.

In the same month, Rebecca Joyce was appointed Chief Operating Officer, commencing in post 3 June 2019.

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 effectiveness and efficiency savings which equates to around 3% 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 an adverse variance in the financial performance of the Trust.

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

A significant proportion of the Trust's estate dates back to the 1960s and requires significant 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 increased the emphasis on ensuring public buildings are meeting changed evacuation strategies 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 2018/19 the Trust Estates Capital Programme was based upon maintaining and improving the safety of the buildings and environments, and in doing so, supporting patient safety. A number of property improvement areas are to be considered in 2019/20. Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge.

1 Performance Report

- **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.

As highlighted in the report this year saw the Trust embark upon a formal partnership with Hall Cross Academy in becoming the country's first 'Foundation School in Health' supporting students in choosing the health service as their career choice.

A key challenge for 2018/19 was 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 locums. This active management approach to our workforce has already achieved improvements in the relative use of agency nurses.



1 Performance Report

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 30 April 2019.

The Foundation Trust reported a surplus financial position of £5.169m for the year along with current liabilities exceeding current assets by £34.667m. 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 2019/20 and assumes the continuation of 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 31 March 2020.
- The Trust ended the year with circa £19m cash in the bank.
- Within the proposals for the local Integrated Care System 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 Trust (along with Sheffield Teaching Hospital and Mid Yorkshire Hospitals) will provide Hyper Acute Stroke Unit facilities for stroke patients in South Yorkshire and Bassetlaw.
- The Trust is in discussions with Clinical Commissioning Groups 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 surplus in 2018/19 and plans to achieve its control total for 2019/20. There are no licence conditions in place on the Trust from its regulatory body.

The lack of formal undertaking from NHS Improvement with relation to the provision of additional liquidity creates a material uncertainty that casts significant doubt upon the Trust's ability to continue as a going concern in the event that NHSI and DHSC withdraw current levels of support in terms of Provider Sustainability Fund. However, all planning assumptions that the Trust operates under imply that this will be forthcoming. As a result of this, the financial statements do not contain the adjustments that would result if the Trust was unable to continue as a going concern.



Richard Parker OBE

Chief Executive (acting in his capacity as Accounting Officer)

29 May 2019

2 Accountability Report

Directors Report

Composition of the Board

During 2018/19, 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 | 1.1.2017 | 12 of 12 |
| Alan Armstrong | Non-executive Director (Senior Independent Director) (left the Trust July 2018) | 2 years | 1.10.2016 | 2 of 6 |
| Linn Phipps | Non-executive Director | 3 years | 1.1.2017 | 12 of 12 |
| Neil Rhodes | Non-executive Director (Deputy Chair of the Board) | 3 years | 1.4.2017 | 10 of 12 |
| Philippe Serna | Non-executive Director (left the Trust 30 June 2018) | 3 years | 1.7.2015 | 3 of 3 |
| Sheena McDonnell | Non-Executive Director | 1 Year | 1.7.2018 | 8 of 9 |
| Alan Chan | Non-Executive Director | 1 Year | 1.7.2018 | 9 of 9 |
| Pat Drake | Non-Executive Director (Senior Independent Director) | 1 Year | 1.4.2018 | 11 of 12 |
| Kath Smart | Non-Executive Director | 1 Year | 1.4.2018 | 12 of 12 |
| Richard Parker | Chief Executive | | | 12 of 12 |
| Karen Barnard | Director of People and Organisational Development | | | 12 of 12 |
| Maira Hardy | Director of Nursing, Midwifery and Allied Health Professionals | | | 11 of 12 |
| David Purdue | Chief Operating Officer (and Deputy Chief Executive from 1 January 2018) | | | 12 of 12 |
| Jon Sargeant | Director of Finance | | | 12 of 12 |
| Mr. Sewa Singh | Medical Director | | | 10 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, Derwent Living and Sheffield Business Improvement District as well as a Lay Representative for Health Education England in Yorkshire and the Humber. In 2017/18, she took on an additional responsibility as an Acute Trust Chair on the board of NHS Providers and more recently co-opted as a member of the Board of Doncaster Chamber of Commerce.

2 Accountability Report

Balance of the Board

Non-executive Directors are appointed to bring particular skills to the Board, ensuring the balance, completeness and appropriateness of the Board membership.

The Board of Directors considers the balance and breadth of skills and experience of its members to be appropriate to the requirements of the Trust.

The skill mix of the Board was considered by the Appointments and Remuneration Committee of the Council of Governors during 2017/18 as part of the 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 and a further two non-executive directors appointed in 2018/19.

Brief details of all Directors who served during 2018/19 are as follows:

Chair



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, Chair of Sheffield Business Improvement District, 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 'public service', in particular 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.

Non-Executive Director



Alan Armstrong (left the Trust July 2018) 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, and 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.

2 Accountability Report



Linn Phipps has a background in the public sector, originally in public transport and local government director roles and is Chair of the Trust's Quality and Effectiveness Committee. 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 the 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 and Performance 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 (left the Trust June 2018) 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.



Alan Chan is a lifelong Doncaster resident who acts as General Counsel and Company Secretary for a Yorkshire based group, where he advises the board and senior leadership team on risk, compliance and commercial matters. Since qualifying as a solicitor in 2006, he has worked with the boards of numerous blue-chip companies, both in private practice and as part of in-house legal counsel.

Previously, Alan was the Head of Legal for the international brand deployment division of Commis plc. Prior to this, he worked as a senior associate in the corporate finance team for the international law firm Pinsent Masons LLP, which also included a secondment in Hong Kong.

2 Accountability Report



Patricia Drake is a former nurse with a wide-range of experience in both acute and community care. Since retiring from the Health Service, Pat has served a number of organisations and charities as a Non-Executive Director, as well as serving as Deputy Chair of Yorkshire Ambulance Service. She has also worked as a Non-Executive Director at Locala Community Partnerships, Justice of the Peace and as Governor of a large academy.

A passionate advocate for the delivery of high-quality patient care, Pat is focused upon ensuring that patients and the public have a significant voice within the NHS. Pat has taken on the role of Clinical Non-Executive, a position the Trust established following the Francis Report into failings at Mid Staffordshire NHS Foundation Trust.



Sheena McDonnell specialises in leadership and organisational development, as well as governance and transformation. She has extensive experience in both the public and charitable sectors and has held senior roles in housing for the past twenty five years. This includes several years with the Audit Commission, giving her a strong understanding of regulatory and governance requirements.

Sheena is now an independent consultant and coach, focused on delivering effective leadership within organisations and individuals. She has a keen interest in the quality of patient care and the views of patients and communities. Sheena also holds a non-executive role on the board of a leisure trust, encouraging people to be more active more often.



Kath Smart has an extensive background in the public sector, working within the NHS for over a decade as a commissioner in Doncaster, Wakefield and Hull, covering a variety of roles from risk management to governance and external inspections. As a Chartered Institute of Public Finance and Accountancy (CIPFA) qualified accountant, Kath has most recently worked with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) as a Non-Executive Director, as well as Chair of the organisation's Audit Committee and social enterprise, Flourish Enterprises.

Kath also has other Audit Committee-related roles with Doncaster Council and Acis Group (local housing provider), plus undertaking financial work for Foresters Friendly Society and mental health act work for RDaSH.

Executive Directors



Richard Parker OBE 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 an 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. In 2018, Richard was awarded an OBE in the Queen's New Year Honours for services to health and social care.

2 Accountability Report



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.



Moira Hardy qualified as a registered general nurse in 1985 from the Sheffield School of Nursing, and became Acting Director of Nursing, Midwifery and Allied Health Professionals 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. In 2018, David was appointed Deputy Chief Executive.



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.

2 Accountability Report



Mr 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.

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 2018/19 and no charitable donations in 2018/19.

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.

2 Accountability Report

| Non NHS | Number | Value of invoices (£000) |
|--|--------------|--------------------------|
| Total bills paid in the year | 85,199 | 190,714 |
| Total bills paid within target | 66,836 | 172,097 |
| Percentage of bills paid within target | 78.4% | 90.2% |

| NHS | | |
|--|--------------|--------------|
| Total bills paid in the year | 3,540 | 17,406 |
| Total bills paid within target | 2,607 | 14,549 |
| Percentage of bills paid within target | 73.6% | 83.6% |



2 Accountability Report

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 and Quality Account. 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. 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.

2 Accountability Report

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 2018/19, five executive directors and all of the non-executive directors received a 1% increase in line with the pay increase awarded to staff nationally. Doncaster and Bassetlaw Teaching Hospitals were outliers in respect of the Chairs remuneration in that our Chair was paid less when compared to neighbouring trusts. From the 1 October 2018, the Chairs remuneration increased by £5k to £50k. In addition, the Senior Independent Director and Deputy Chair received an increase in line with neighbouring trusts of £1,250. A wider review of non-executive remuneration is to be undertaken in 2019/20.

Suzy Brain England OBE

Chair of the Board

29 May 2019



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 2019, 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 2019/20.

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.

2 Accountability Report

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).

Future Policy Table

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

2 Accountability Report

Nominations and Remuneration Committee of the Board of Directors

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

The membership of the committee in 2018/19 consisted of the Chair and Non-executive Directors. The Chief Executive, the Director of People and Organisational Development (both of whom withdraw if their remuneration or appointment is considered) and the Trust Board Secretary attend by invitation in order to assist and advise the committee. The committee was convened on six occasions during the year to discuss appointments and the remuneration of Executive Directors.

| Name | Role | Attendance |
|------------------------|---|------------|
| Suzy Brain England OBE | Chair of the Board | 6 of 6 |
| Alan Armstrong | Non-executive Director (Senior Independent Director) (left the trust July 2018) | 0 of 1 |
| Linn Phipps | Non-executive Director | 6 of 6 |
| Neil Rhodes | Non-executive Director | 5 of 6 |
| Philippe Serna | Non-executive Director (left the trust 30 June 2018) | 0 of 0 |
| Alan Chan | Non-Executive Director | 5 of 6 |
| Sheena McDonnell | Non-Executive Director | 4 of 6 |
| Kath Smart | Non-Executive Director | 6 of 6 |
| Pat Drake | Non-Executive Director (Senior Independent Director) | 5 of 6 |

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 the financial year 2018/19 was £165k-£170k (2017/18: £165k-£170k). This was 7.17 times (2017/18: 7.53 times) the median remuneration of the workforce, which is £23,363 (2017/18: £22,232). 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

| | 2018/19 | | | 2017/18 | | |
|--------------------------------|---------------|------------------------|-------------------|---------------|------------------------|-------------------|
| | No. in office | No. receiving expenses | Expenses Paid (£) | No. in office | No. receiving expenses | Expenses Paid (£) |
| Non-executive directors | 8 | 8 | £12,030 | 7 | 6 | £12,738 |
| Executive directors | 6 | 3 | £1,097 | 6 | 6 | £2,021 |
| Governors | 35 | 8 | £3,117 | 45 | 6 | £2,131 |

2 Accountability Report

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.

| Name | Position | Date of contract (date commenced in post as senior manager) | Unexpired term as at 31 March 2019 |
|------------------------|--|---|------------------------------------|
| Suzy Brain England OBE | Chair of the Board | 1.1.2017 | 9 months |
| Alan Armstrong | Non-executive Director (Senior Independent Director) (left July 2018) | 1.10.2013 | n/a |
| Linn Phipps | Non-executive Director | 1.1.2017 | 9 months |
| Alan Chan | Non-executive Director | 1.7.2018 | 2 years 4 months |
| Sheena McDonnell | Non-executive Director | 1.7.2018 | 2 years 4 months |
| Pat Drake | Non-executive Director (Senior Independent Director) | 1.4.2018 | 2 years |
| Kath Smart | Non-executive Director | 1.4.2018 | 2 years |
| Neil Rhodes | Non-executive Director | 1.4.2017 | 1 year |
| Philippe Serna | Non-executive Director (left 30 June 2018) | 1.7.2015 | n/a |
| Richard Parker OBE | Chief Executive | 14.10.2013 | n/a |
| Karen Barnard | Director of People and Organisational Development | 2.5.2016 | n/a |
| Moiria Hardy | Director of Nursing, Midwifery and Allied Health Professionals (retire and return 31 March 2019) | 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 |

2 Accountability Report

| Name and Title | 2018/19 | | | | | | | 2017/18 | | | | | | |
|--|----------------------------------|--|---|--|--|-------------------------------------|------------------------|----------------------------------|--|---|--|--|-------------------------------------|------------------------|
| | 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) |
| Suzu Brain England OBE – Chair of the Board | 45-50 | | | | | | 45-50 | 45-50 | | | | | | 45-50 |
| Alan Armstrong Non-executive Director (left the Trust 01 October 2018) | 0-5 | | | | | | 0-5 | 10-15 | | | | | | 10-15 |
| Linn Phipps Non-executive Director | 10-15 | | | | | | 10-15 | 10-15 | | | | | | 10-15 |
| Neil Rhodes Non-executive Director | 10-15 | | | | | | 10-15 | 10-15 | | | | | | 10-15 |
| Alan Chan Non-executive Director | 5-10 | | | | | | 5-10 | - | | | | | | - |
| Kathryn Smart Non-executive Director | 5-10 | | | | | | 5-10 | - | | | | | | - |
| Sheena McDonnell Non-executive Director | 10-15 | | | | | | 10-15 | - | | | | | | - |
| Patricia Drake Non-executive Director | 10-15 | | | | | | 10-15 | - | | | | | | - |
| Philippe Serna Non-executive Director (left the Trust 30 June 2018) | 0-5 | | | | | | 0-5 | 10-15 | | | | | | 10-15 |
| Sewa Singh Medical Director | 155-160 | | | | 0 | | 155-160 | 155-160 (1) | | | | 0 | | 150-155 |
| David Purdue Chief Operating Officer | 130-135 | | | | 0 | | 130-135 (3) | 115-120 | | | | 35-37.5 | | 150-155 |
| Richard Parker OBE - Chief Executive | 165-170 | | | | 0 | | 165-170 | 165-170 (2) | | | | 75-77.5 | | 240-245 |
| Jon Sargeant - Director of Finance | 135-140 | | | | 7.5-10 | | 145-150 | 130-135 | | | | 0 | | 130-135 |
| Karen Barnard - Director of People and Organisational Development | 105-110 | | | | 0 | | 105-110 | 105-110 | | | | 22.5-25 | | 125-130 |
| Moir Hardy - Director of Nursing, Midwifery and Allied Health Professionals | 105-110 | | | | 15-17.5 | | 125-130 | 100-105 | | | | 150-152.5 | | 250-255 |

1 and 2: Prior period for Singh and Parker have been restated as was incorrect

3: Uplift reflects additional duties as Deputy Chief Executive

The remuneration report table above has been prepared in-line with 2018/19 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.

2 Accountability Report

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.

Pension benefits

Salary and pension entitlements of senior managers

| | Real increase/ (decrease) in Pension age (Bands of £2500) £000k | Real increase/ (decrease) in pension related lump sum at pension age (Bands of £2500) £000k | Total accrued pension at pension age at 31 March 2018 (Bands of £5000) £000k | Lump sum at pension age related to accrued pension at 31 March 2019 (Bands of £5000) £000k | Cash Equivalent Transfer Value at 1 April 2018 £000k | Real increase in Cash Equivalent Transfer Value £000k | Cash Equivalent Transfer value at 31 March 2019 £000k | Employers contribution to stakeholder pension £000k |
|---|---|--|---|--|---|---|---|---|
| Richard Parker OBE Chief Executive | 0 | 0 | 50 - 55 | 150 - 155 | 1052 | 52 | 1139 | 0 |
| David Purdue Chief Operating Officer | 0 | 0 | 45 - 50 | 110 - 115 | 801 | 49 | 890 | 0 |
| Sewa Singh Medical Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jon Sargeant Director of Finance | 0 - 2.5 | 0 | 40 - 45 | 105 - 110 | 754 | 87 | 881 | 0 |
| Karen Barnard Director of People and Organisational Development | 0 - 2.5 | 0 - 2.5 | 45 - 50 | 135 - 140 | 938 | 85 | 1065 | 0 |
| Moir Hardy Director of Nursing, Midwifery and Allied Health Professionals | 0 - 2.5 | 2.5 - 5 | 40 - 45 | 130 - 135 | 833 | 105 | 976 | 0 |

Cash Equivalent Transfer Value (CETV)

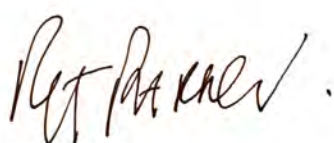
The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement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

Chief Executive

29 May 2019

2 Accountability Report

Our staff

We can only realise our vision to be outstanding in all we do 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 develop 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.

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 which 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 2017 we introduced a staff Facebook 'group' and since then this has grown to almost 3,000 members by March 2019, with an active community. This network is administrated by the Communications Team and is only open to members of the Trust. This has been followed up by department, Division and service-specific groups to great success.

Following this success on social media, the Communications Team continues to share daily tweets and Facebook posts on the Trust's public profiles.

The Communications and Engagement team embarked on a project to design and develop the Trust's new Extranet site called 'The Hive', which was completed in March 2019, further improving communication amongst colleagues.

Reward and recognition

We have an awards 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. A panel of staff and managers review the nominations and select the winning 'Star' employee for each month of the year. The winner receives gift vouchers, a certificate and is nominated for the Trust's annual award ceremony.

In September 2018, we held the annual DBTH Stars event celebration at Doncaster's Keepmoat Stadium. The event was organised entirely by the Trust's Communications and Engagement team, with support from local sponsors making the ceremony entirely cost-neutral. The event was a resounding success for staff and sponsors and we are already organising the 2019 event.

2 Accountability Report

Health and Wellbeing

In December of 2018, the Trust attained Nottinghamshire County Council's 'platinum award' for wellbeing at work. This acknowledges our continued development of staff health and wellbeing services and support, aimed at helping members of Team DBTH keep themselves happy and healthy.

Colleagues working at DBTH have access to a number of benefits which help them to eat healthy and stay active. The Trust works with its catering suppliers, local gyms and individual fitness instructors to provide healthy meal options and on-site exercises classes, as well as discounted gym memberships.

A staff physiotherapy service is also provided, meaning that staff can get quick appointments for aches and pains, whether they are acute injuries or long-standing problems and get advice on actions they should take to prevent musculoskeletal problems in the future.

As part of this platinum award winning health and wellbeing offer, staff at DBTH also has access to financial support opportunities, through saving schemes such as Neyber and Transave and car lease schemes. Home electronic solutions are also available to help staff with home essentials and reduce financial stress.

Finally, in 2018/19 the Trust achieved its fastest ever performance for vaccinating staff against the flu.

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 ensure we have a workforce reflective of our local patient need, enabling safe and excellent care for our patients.

Our Training and Education Department supports and governs this by providing a wide range of educational opportunities including Statutory and Essential Training (SET), Role Specific Training (ReST), the wider up-skilling of staff (to complement the introduction of new roles) as well as supporting on-going Professional Development. Educational Leads work with the Division 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 funding from Health Education England (HEE) to support our staff in the areas outlined above. We have also worked closely with the Local Workforce Action Board to help shape and support the key regional priorities: South Yorkshire Region Excellence Centre (SYREC), Advanced Practice Faculty, and the Allied Health Professional, Healthcare Scientist and Primary Care Workforce.

With the new structure of the apprenticeship levy, procurement processes and provider availability adds challenges and opportunities. As more apprenticeships become available, DBTH is enabled to maximise the benefits with both internal partnerships and education providers. The Apprenticeship Operational Group, reporting to the Workforce and Education Committee, provides direct oversight, direction and support for all apprenticeships enabling us to work with the Divisions and Corporate areas to maximise the use of apprenticeships. DBTH has been the first Trust to utilise the apprenticeship levy transfer ability to support training in Primary Care as part of our Doncaster Place Plan.

We continue to deliver training for students from a number of Higher and Further Education Institutes (HEI/FEIs). This is an important part of core business for DBTH. A recent pilot to expand pre-registration nursing students from the University of Lincoln for Doncaster and Bassetlaw residents has resulted in 95% of these learners now working with us as registered nurses.

2 Accountability Report

We are pleased to have achieved a reputation for providing quality education, which is confirmed by Practice Placement Quality Assurance (PPQA) PPQA and General Medical Council (GMC). Ensuring this continues to improve and assuring the Board of appropriate governance is a key priority next year. With national changes to PPQA moving to Practice Assessment Record and Evaluation and the poor delivery of the National Education and Training Survey (NETS) by HEE, local governance becomes more important. An education governance framework will be developed over the coming year to place the Trust in a strong position to maintain and grow quality and placement capacity.

The nationally recognised Montagu Clinical Simulation Centre continues to deliver high quality regional training to Yorkshire and the Humber as well as supporting research activity. It consistently delivers on contract (Health Education England) and the feedback from attendees remains positive.

Health and safety

Following a review of Health and Safety (H&S) reporting at the Trust and assurance to the Board of Directors, the Trust H&S Committee has increased its meeting frequency from quarterly to bi-monthly delivering a formal bi-annual report to the Audit and Risk Committee enabling the Chair to escalate areas of concern to the Board via the Chair's assurance report.

In addition, the Director of Estates and Facilities (E&F) provides an E&F management KPI report to Board which includes the Trust's annual declaration of Trust compliance performance against the Department of Health (DOH) NHS Premises Assurance Model (NHS PAM), which ensures that the Trust meets the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE).

The full annual DBTH NHS PAM is provided as a Board report. The NHS PAM has been developed into an interactive electronic assurance dashboard which is reviewed bi-monthly by the Trust's H&S Committee, and is included as an 'At a Glance' dashboard within the six-monthly H&S report to the Audit and Risk Committee.

Throughout the reporting year there has been a decrease in the number of H&S related incidents reported (94 fewer); the mean reporting rate is 1,105 reported incidents per month with a total of 963 recorded.

Incident reporting for the report period of 2018 has been lower than previous years, which is in direct response to the work carried out by the Falls Team and the Enhanced Care Teams at DBTH with a reduction in the number of falls reported evidencing the changes introduced are working. However; 2019 has seen an increase in the number of falls, which correlates with the increase in overall reporting for the Trust.

The location of the falls is principally within the Care of Older Persons, Rehabilitation and Emergency areas where patients are acutely unwell. These are recognised as areas of high likelihood of falls and falls risk assessments are completed. All fall are notified to the Falls and Bone Health Group actions are taken to review and train those areas if any deficiencies are found.

Over a two-year reporting period, there is normal variation in the number of sharps incidents reported; however over the last seven months of the reporting period there has been a decrease in reporting. A thorough review with Occupational Health has been undertaken, leading to the introduction of a new sharps reporting system where all sharps injuries reported on Datix are logged and reviewed individually by the Occupational Health department.

2 Accountability Report

Externally accredited Training in Senior Executives/Managers Health and Safety Responsibilities was delivered to Deputy Directors, General Managers, Heads of Nursing and Matrons. Further training is planned, to ensure all members of the Senior Management Team and Non-Executive Directors have attended as well as extending to other managerial levels.

Finally, a new electronic Control of Substances Hazardous to Health (COSHH) system was implemented in November 2018. There are currently 6 'Editor/Coordinators' trained in the use of the system and are currently updating this to include all identified substances used by the Trust. Following this a COSHH task and finish group will be implemented to review staff COSHH awareness, management roles and responsibilities, access to COSHH data information and COSHH management contact details.

Workforce statistics as at 31 March 2019

| (excl. bank and locum) | Headcount (Perm) | FTE | Headcount (Other) |
|---|---------------------|----------------|----------------------|
| Total staff employed as at 31 March 2019 | 5,920 | 4908.71 | 459 |
| Clinical Support | 1,390 | 1,144.22 | 27 |
| Other Healthcare Professionals | 546 | 477.70 | 12 |
| Medical and Dental | 319 | 302.37 | 284 |
| Nursing and Midwifery | 1,813 | 1,546.28 | 29 |
| Non Clinical (Admin & Clerical and Estates & Ancillary) | 1,852 | 1,438.14 | 107 |

Sickness

| | 2018/19 Actual | 2018/19 Target | Benchmarking data |
|-----------------------------|----------------|----------------|--|
| Staff Sickness Absence Rate | 4.51% | 3.50% | 2017/18 the rate was 4.40% |
| | | | In 2016/17 the regional average was 4.7% |

2 Accountability Report

Staff Cost

| | Total £000 | Permanently employed total £000 | Other total £000 |
|---|---------------|--|---------------------|
| Salaries and wages | 200,768 | 194,792 | 5,976 |
| Social security costs | 20,182 | 20,182 | - |
| Apprenticeship Levy | 995 | 995 | - |
| Pension cost - defined contribution plans employer's contributions to NHS Pensions | 23,038 | 23,038 | - |
| Pension cost - other | 69 | 69 | - |
| Other post-employment benefits | - | - | - |
| Other employment benefits | - | - | - |
| Termination benefits | - | - | - |
| Temporary staff - external bank | - | - | - |
| Temporary staff - agency/contract staff | 20,046 | - | 20,046 |
| NHS charitable funds staff | - | - | - |
| Total Staff costs | 265,098 | 239,076 | 26,022 |

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.

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Equality Information as at 31 March 2019 - Directors

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

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

Senior managers

| Gender | Headcount | Headcount % |
|--------|-----------|-------------|
| Female | 135 | 67.16% |
| Male | 66 | 32.84% |

Equality Information as at 31 December 2018

| Gender | Headcount | FTE | Headcount % |
|--------|-----------|---------|-------------|
| Female | 5,361 | 4390.20 | 82.6 |
| Male | 1,131 | 1052.72 | 17.4 |

| Age | Headcount | FTE | Headcount % |
|------------|-----------|--------|-------------|
| 16 - 20 | 51 | 45.92 | 0.79% |
| 21 - 25 | 410 | 387.07 | 6.32% |
| 26 - 30 | 730 | 651 | 11.24% |
| 31 - 35 | 736 | 622.75 | 11.34% |
| 36 - 40 | 694 | 580.19 | 10.69% |
| 41 - 45 | 677 | 578.42 | 10.43% |
| 46 - 50 | 827 | 715.57 | 12.74% |
| 51 - 55 | 976 | 820.2 | 15.03% |
| 56 - 60 | 826 | 645.36 | 12.72% |
| 61 - 65 | 465 | 334.12 | 7.16% |
| 66 - 70 | 83 | 52.54 | 1.28% |
| 71 & above | 17 | 9.79 | 0.26% |

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| Ethnicity | Headcount | FTE | Headcount % |
|---------------|-----------|---------|-------------|
| Any Other | 54 | 50.55 | 1.00% |
| Asian | 319 | 299.93 | 5.00% |
| Black | 115 | 104.85 | 2.00% |
| Chinese | 27 | 25.51 | 0.00% |
| Mixed | 56 | 50.46 | 1.00% |
| White | 5,710 | 4740.13 | 88.00% |
| Not Disclosed | 211 | 171.5 | 3.00% |

| Disability | Headcount | FTE | Headcount % |
|---------------|-----------|---------|-------------|
| No | 5,080 | 4268.45 | 78.3 |
| Yes | 176 | 142.69 | 2.7 |
| Not Disclosed | 77 | 64.84 | 1.2 |
| Unspecified | 1,159 | 966.94 | 17.9 |

| Sexual Orientation | Headcount | FTE | Headcount % |
|--------------------|-----------|---------|-------------|
| Bisexual | 18 | 16.08 | 0.28 |
| Gay or Lesbian | 34 | 31.93 | 0.52 |
| Heterosexual | 2,590 | 2208.08 | 39.90 |
| Not Disclosed | 3,196 | 2637.48 | 49.23 |
| Unspecified | 654 | 549.35 | 10.07 |

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

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 37.1% less than male staff at the Trust.

As was the case in 2017/18, the substantial difference 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 25.7% 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.

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 issues highlighted in this report, the gender pay gap will reduce.

2 Accountability Report

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 a 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 2018/19

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.

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.

2 Accountability Report

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 members of 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.



2 Accountability Report

Trade Union Facility Time

| <i>Number of employees who were relevant union officials during the relevant period</i> | <i>Full-time equivalent employee number (Trust Total)</i> |
|---|---|
| 55 | 5028.29 (WTE) |

| <i>Percentage of time</i> | <i>Number of employees</i> |
|---------------------------|----------------------------|
| 0% | 44 |
| 1-50% | 11 |
| 51-99% | 0 |
| 100% | 0 |

| | |
|---|--------------|
| Provide the total cost of facility time | £34,924.00 |
| Provide the total pay bill | £265,098,000 |
| Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100) | 0.013 |

| | |
|--|------|
| Time spent on paid union activities as a percentage of total facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours x100) | 5.75 |
|--|------|

Staff Survey

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

In 2018/19 we continued with an online survey for all staff, and saw our response rates increase, up to 54% (total number of replies 3325). 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.

2 Accountability Report

Response rate and overall staff engagement

| | 2017 | 2018 | | Trust improvement/deterioration |
|------------------|-------|-------|---------------------------------------|---|
| | Trust | Trust | Benchmarking Group (All acute Trusts) | Increase/decrease in percentage points |
| Response rate | 50% | 54% | 47% | An increase of 4% on previous year |
| Staff engagement | 3.66 | | | 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

| | 2017 | 2018 | | Trust improvement/deterioration |
|---|-------|-------|---------------------------------------|--|
| | Trust | Trust | Benchmarking Group (All acute Trusts) | |
| KF16. Percentage of staff working extra hours | 67% | 65% | | 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 | 10% | | | 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 | 2% | 27% | | No statistically significant change 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 | 29% | 26% | | No statistically significant change in this Key Finding. This was one of our five highest last year. |
| KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | 23% | 11% | | No statistically significant change in this Key Finding This was one of our five highest last year. |

2 Accountability Report

| Bottom 5 Ranking Scores | | | | |
|--|-------|-------|---|---|
| | 2017 | 2018 | | Trust improvement/deterioration |
| | Trust | Trust | Benchmarking Group (all Acute Trusts) average | |
| 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 | 58% | 69% | | An increase, but not statistically significant |
| KF7: Percentage of staff able to contribute towards improvements at work | 65% | 69% | | An improvement, but still well short of the benchmark One of our five lowest last year. |
| KF.4: Staff motivation at work | 3.81% | | | A statistically significant reduction. |
| KF9: Effective Team Working | 3.61% | | | Trust score held fast, whilst benchmark reduced. One of our five lowest last year. |

Future priorities and targets:

Generally most improved areas since last year's survey are:

- 86% of staff have had an appraisal or annual review.
- 35% of staff are satisfied with level of pay.
- 50% of staff are satisfied with recognition for good work.
- 43% of staff are satisfied with the value the organisation places on their work.
- 64% said their employer made adequate adjustments to enable them to carry out their work.

Least improved areas are:

- 25% does your organisation take positive action on health and wellbeing.
- 48% receive regular updates on service user experience and feedback in my department.
- 49% my team meet to discuss its effectiveness.
- 80% I know who my managers are.
- 29% the review of training helped me agree clear objectives for my work.

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.

Work will commence in 2019/20 to improve lower scores seen in this year's Staff Survey, with each of the divisions focussing on their annual business plan and staff engagement.

2 Accountability Report

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 costs the NHS millions of pounds a year and we recognise within our Trust that it is not a victimless crime as it takes away valuable resources intended for patient care. Everyone has a duty to help prevent as it 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 2018/19 was at 96%. To further amplify our efforts, we held a Fraud Awareness Month in November 2018 and 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 is committed to applying the highest standards of ethical conduct and integrity in its business activities and every employee and individual acting on the Trust's behalf is responsible for maintaining the organisation's reputation and for conducting Trust business honestly and professionally. The Board and senior management are committed to implementing and enforcing effective systems to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010. The Trust has ensured related policies including, the Fraud Policy & Response Plan, Standards of Business Conduct and Whistleblowing outline the Trust's position on preventing and prohibiting bribery. Employees and others acting for or on behalf of the organisation are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments. The Trust will not conduct business with service providers, agents or representatives that do not support the organisation's anti-bribery objectives.

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 2018/19, we have maintained our collaborative counter fraud arrangement with two other local acute NHS trusts. This arrangement allows us to have an 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 Risk Committee, has been in place over the last year. The key aims are 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 Risk Committee.

2 Accountability Report

Expenditure on consultancy

The Trust incurred consultancy expenditure of £1.3 million.

Staff Exit packages for 2018/19

| Exit package cost band | Number of compulsory redundancies | Number of other departures agreed | Total value of exit packages |
|--|-----------------------------------|-----------------------------------|------------------------------|
| <£10,000 | | | |
| £10,001 - £25,000 | | | |
| £25,001 - £50,000 | | | |
| £50,001 - £100,000 | | | |
| £100,001+ | | | |
| Total number of exit packages by type | 0 | 0 | £0.00 |

| | Agreement Number | Total value of Agreement |
|--|------------------|--------------------------|
| Voluntary redundancies including early retirement contractual costs | | |
| Mutually agreed resignations (MARS) contractual costs | | |
| Early retirements in the efficiency of the service contractual costs | | |
| Contractual payments in lieu of notice | | |
| Exit payments requiring HMT approval | | |
| Total | 0 | £0.00 |

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months:

| | |
|--|----------|
| No. of existing engagements as of 31 March 2019 | 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 |

2 Accountability Report

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 2018 and 31 March 2019, 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 2018 and 31 March 2019 | 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 | 0 |
| The number that were reassessed for consistency/ assurance purposes during the year | 0 |
| The number that saw a change to IR35 status following the consistency review | 0 |

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

| | |
|--|----|
| Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. | 0 |
| 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. | 15 |



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

Board of Directors

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

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

Performance evaluation of directors

The Chair conducts the performance appraisals of the Chief Executive and Non-Executive Directors. The Senior Independent Director and Deputy Chairman conducted the performance appraisal of the Chair in 2018/19. 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 from the Chair, from Non-executive Directors and Governors.

2 Accountability Report

Performance evaluation of the Board and its committees

The Board and its committees conduct regular self-assessments of their performance. In 2018/19, the Board's self-assessment was carried out by KPMG as part of its internal audit into corporate governance. 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 committees changed. The Clinical Governance and Financial Oversight Committees were replaced by the Finance and Performance Committee and Quality and Effectiveness Committee. In view of the change, performance evaluation of the committees was deferred until 2018/19. In 2018/19, KPMG undertook a Committee Effectiveness Review with significant assurance given.

Audit and 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 (the chair) has recent and relevant financial experience and is a qualified accountant.

| Name | Role | Meeting attendance |
|--|------------------------|--------------------|
| Philippe Serna - Chair (to 30 June 2018) | Non-executive Director | 1 of 1 |
| Kath Smart - Chair (from 1 July 2018) | Non-executive Director | 5 of 5 |
| Linn Phipps | Non-executive Director | 4 of 5 |
| Sheena McDonnell | Non-executive Director | 3 of 5 |
| Alan Chan | Non-executive Director | 4 of 5 |

The Audit and 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 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 2018/19 was carried out by KPMG.

2 Accountability Report

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.
- 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 2018/19, the Audit and 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 concern are followed up and addressed by the executive team.

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

For 2018/19, the Trust paid audit fees (Statutory Audit and Assurance on the Quality Account) to the external auditor of £92 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 | 11 of 12 |
| Karen Barnard | Director of People and Organisational Development | 11 of 12 |
| David Purdue | Deputy Chief Executive (from 1 January 2018) and Chief Operating Officer | 11 of 12 |
| Jon Sargeant | Director of Finance | 12 of 12 |
| Philippe Serna | Non-executive Director (left 30 June 2018) | 2 of 3 |
| Pat Drake | Non-executive Director | 11 of 12 |
| Kath Smart | Non-executive Director | 8 of 8 |

2 Accountability Report

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 the 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.
- 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 | 6 of 6 |
| Alan Armstrong | Non-executive Director (left July 2018) | 1 of 2 |
| Sheena McDonnell | Non-executive Director | 4 of 4 |
| Pat Drake | Non-executive Director | 6 of 6 |
| Karen Barnard | Director of People and Organisational Development | 6 of 6 |
| Moira Hardy | Director of Nursing, Midwifery and Allied Health Professionals (retire and return 31 March 2019) | 6 of 6 |
| Sewa Singh | Medical Director | 6 of 6 |

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.

2 Accountability Report

- 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.

Council of Governors

During 2018/19 the Council of Governors met on five 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 | 5 of 5 |
| Michael Addenbrooke | Public - Doncaster (Vice Chairman) | 5 of 5 |
| Philip Beavers | Public - Doncaster | 5 of 5 |
| Shelley Brailsford | Public - Doncaster | 3 of 5 |
| Mark Bright | Public - Doncaster | 5 of 5 |
| Hazel Brand | Public - Bassetlaw | 5 of 5 |
| Anwar-ul-aq Choudhry | Public - Doncaster | 1 of 2 |
| Sharon Cook | Public - Bassetlaw | 0 of 2 |
| David Cuckson | Public - Rest of England & Wales | 2 of 5 |
| Eddie Dobbs | Public - Doncaster | 0 of 3 |
| Linda Espey | Public - Doncaster | 0 of 1 |
| Nicky Hogarth | Public - Doncaster | 3 of 3 |
| Lynne Logan | Public - Doncaster | 5 of 5 |
| Steve Marsh | Public - Bassetlaw | 1 of 1 |
| Bev Marshall | Public - Doncaster | 5 of 5 |
| Brenda Maslen | Public - Doncaster | 5 of 5 |
| David Northwood | Public - Doncaster | 4 of 5 |
| Susan Overend | Public - Bassetlaw | 1 of 5 |
| Liz Staveley-Churton | Public - Rest of England and Wales | 5 of 5 |
| Sheila Walsh | Public - Bassetlaw | 1 of 1 |
| George Webb | Public - Doncaster (Lead Governor) | 5 of 5 |
| Maureen Young | Public - Doncaster | 4 of 4 |
| Karl Bower | Staff - Other Healthcare Professionals | 5 of 5 |
| Duncan Carratt | Staff - Non-clinical | 5 of 5 |
| Dr Vivek Desai | Staff - Medical and Dental | 2 of 5 |
| Lynn Goy | Staff - Nurses and Midwives | 2 of 5 |
| Lorraine Robinson | Staff - Nurses and Midwives | 3 of 5 |
| Roy Underwood | Staff - Non-Clinical | 4 of 5 |

2 Accountability Report

| | | |
|-------------------------|--|--------|
| Prof Ruth Allarton | Partner - Sheffield Hallam University | 3 of 4 |
| Dr Jackie Hammerton | Partner - Sheffield Hallam University | 0 of 1 |
| Prof Rob Coleman | Partner - Sheffield University | 3 of 5 |
| Kathryn Dixon | Partner - Doncaster College (from 2 March 2018) | 1 of 3 |
| Griff Jones | Partner - Doncaster MBC | 1 of 4 |
| Ainsley MacDonnell | Partner - Nottinghamshire County Council | 1 of 5 |
| Anthony Fitzgerald | Partner - Doncaster CCG | 4 of 5 |
| Victoria McGregor-Riley | Partner - Bassetlaw CCG | 1 of 5 |
| Susan Shaw | Partner - Bassetlaw District Council | 3 of 5 |
| Rupert Suckling | Partner - Doncaster Council | 2 of 5 |
| Clive Tattley | Partner - Bassetlaw Community and Voluntary Services | 4 of 5 |

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 | 5 of 5 |
| Alan Armstrong | Non-executive Director (Senior Independent Director) (left July 2018) | 1 of 1 |
| Linn Phipps | Non-executive Director | 2 of 5 |
| Neil Rhodes | Non-executive Director | 3 of 5 |
| Sheena McDonnell | Non-executive Director (from 1 July 2018) | 2 of 3 |
| Kath Smart | Non-executive Director (from 1 April 2018) | 5 of 5 |
| Alan Chan | Non-executive Director (from 1 July 2018) | 3 of 3 |
| Pat Drake | Non-executive Director (from 1 April 2018 and Senior Independent Director from 1 August 2018) | 5 of 5 |
| Philippe Serna | Non-executive Director (left 30 June 2018) | 0 of 2 |
| Richard Parker | Chief Executive | 5 of 5 |
| Karen Barnard | Director of People and Organisational Development | 4 of 5 |
| 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) (retire and return 31 March 2019) | 3 of 5 |
| David Purdue | Chief Operating Officer (and Deputy Chief Executive from 1 January 2018) | 4 of 5 |
| Jon Sargeant | Director of Finance | 4 of 5 |
| Sewa Singh | Medical Director | 3 of 5 |

2 Accountability Report

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 2018/19, 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:

- Kathryn Smart and Patricia Drake, appointed Non-executive Directors for a term of three years, commencing 1 April 2018.
- Sheena McDonnell, appointed Non-executive Director for a term of three years commencing 1 July 2018
- Alan Chan, appointed Non-executive Director for a term of three years commencing 1 July 2018.

The committee was convened on five occasions during the year.

Open advertisement is used for all new appointments. In August 2017 the Committee agreed that all four Non-executive Director roles whose terms ended in 2017/18 would proceed to open competition.

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

| Name | Role | Attendance |
|------------------------|---|------------|
| Suzy Brain England OBE | Chair of the Board | 3 of 5 |
| Mike Addenbrooke | Public Governor, Doncaster | 4 of 5 |
| Ruth Allarton | Partner Governor (left December 2018) | 2 of 4 |
| Phil Beavers | Public Governor, Doncaster | 2 of 5 |
| Hazel Brand | Public Governor, Bassetlaw (co-opted by agreement of Council of Governors, 31 January 2018) | 3 of 5 |
| David Cuckson | Public Governor, Rest of England & Wales | 5 of 5 |
| Lynn Goy | Staff Governor | 2 of 5 |
| Brenda Maslen | Public Governor, Doncaster | 2 of 5 |
| Clive Tattley | Partner Governor | 3 of 5 |
| George Webb | Public Governor, Doncaster | 1 of 5 |
| Roy Underwood | Staff Governor | 1 of 4 |

On two occasions in the year, the Committee sat as a panel to consider candidates for Non-executive Director roles.

2 Accountability Report

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 (co-opted 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 2019, the following elections were held:

| Constituency | Date of election | No. of seats | No. of candidates | Ballot turnout (if applicable) |
|-----------------------------|------------------|--------------|-------------------|--------------------------------|
| Public - Bassetlaw | 14.01.2019 | 3 | 3 | n/a |
| Public - Doncaster | 14.01.2019 | 7 | 9 | n/a |
| Staff - Non-clinical | 14.01.2019 | 1 | 6 | n/a |
| Staff - Nurses and Midwives | 14.01.2019 | 1 | 3 | n/a |
| Staff - Medical and Dental | 14.01.2019 | 1 | 3 | n/a |

2 Accountability Report

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 2019, there were 16,050 members overall. An analysis of our current membership body is provided below:

| | Number of members at 31 March 2019 |
|--------------------------------|---------------------------------------|
| Public Constituency | 9,467 |
| Doncaster | 5,506 |
| Bassetlaw | 2,809 |
| Rest of England & Wales | 1,152 |
| Staff Constituency | 6,583 |
| Nurses and Midwives | 3,275 |
| Non-clinical | 1,966 |
| Other healthcare professionals | 701 |
| Medical and Dental | 641 |
| TOTAL | 16,050 |

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 2018/19 on developments in Accident and Emergency and Smart-ER. 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 governor's 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.
- 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 dbth.foundation.office@nhs.net 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 Risk Committee, Quality and Effectiveness Committee, Charitable Funds 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 and issues
- 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 2019, 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 any 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 Non-executive Directors to account for the performance of the Board
- 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. 65). |
| 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. 33); Remuneration Report (p. 41); and Audit Committee section (p. 66). |
| 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. 69) |

2 Accountability Report

| | | |
|--------|--|---|
| B.1.1 | The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary. | See Accountability Report (p.33) |
| 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.34-37) |
| 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.41) and Council of Governors section (p.69-70) |
| 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.65) |
| 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.73) |
| 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.65-69) |
| 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. | Not applicable |
| 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.80) and Auditor's report (p.87) |
| 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.80) |

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| | | |
|-------|--|--|
| C.2.2 | <p>A trust should disclose in the annual report:</p> <p>(a) if it has an internal audit function, how the function is structured and what role it performs; or</p> <p>(b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.</p> | See Audit Committee section (p.66) |
| C.3.5 | <p>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.</p> | This has not occurred. |
| C.3.9 | <p>A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. | See Audit Committee section (p.66) |
| D.1.3 | <p>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.</p> | This has not occurred. |
| E.1.5 | <p>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.</p> | See Council of Governors section (p.69-70) |
| E.1.6 | <p>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.</p> | See membership section (p. 73) |

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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 two (Targeted Support). Previously the Trust had been segment 3 (Mandated Support) which reflected the breach of licence notified on 24 February 2016. The undertakings provided were discharged and progress was reported regularly to Board of Directors.

This segmentation information is the Trust's position as at 31 March 2019. 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.

| Area | Metric | 2018/19 | | | | 2017/18 | |
|--------------------------|--|---------|----|----|----|---------|----|
| | | Q4 | Q3 | Q2 | Q1 | Q4 | Q3 |
| Financial sustainability | Capital service cover rating | 2 | 2 | 2 | 2 | 4 | 4 |
| | Liquidity rating | 4 | 4 | 4 | 4 | 3 | 3 |
| Financial efficiency | I&E margin rating | 1 | 1 | 1 | 1 | 4 | 4 |
| Financial controls | I&E margin: distance from financial plan | 1 | 1 | 1 | 1 | 1 | 1 |
| | Agency rating | 2 | 2 | 2 | 2 | 2 | 2 |
| 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 OBE

Chief Executive (acting in his capacity as Accounting Officer)

29 May 2019

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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 2019 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.

Divisional 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 Divisional 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.

2 Accountability Report

Other assurance comes from committee effectiveness reviews, Board and committee inspection of key performance metrics, consideration of the board assurance framework and corporate risk register, reviews of key governance documents such as the constitution, 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 2018/19 this responsibility has been supported through the assurance committees of the Board:

- Audit and Risk Committee – responsible for non-clinical risk, including financial governance, information governance, health and safety, counter fraud, law and corporate governance
- Quality and Effectiveness Committee – responsible for clinical risk, including clinical and quality governance, patient safety and experience.
- Finance and Performance Committee – responsible for undertaking monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.
- Charitable Committee – responsible for undertaking scrutiny of the Trust's charitable fundraising efforts.

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 Board receives a quarterly report highlighting 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 Data Security and Protection Toolkit, previously known as the Information Governance Toolkit.

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 Divisional management team meeting. Any risk identified as 'extreme' is escalated to the Management Board for consideration regarding action required.

To mitigate the risk of 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.

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.

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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 2018/19 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 and Performance 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 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 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 Sharing How We Care, patient experience films and other initiatives.

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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 projections, 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 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 Risk Committee.

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 Risk Committee, which can provide assurance, subject to the inherent limitations described below. The opinion covers the period 1 April 2018 to 31 March 2019 inclusive, and is based on the 10 audits that were completed in this period.

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For the period 1 April 2018 to 31 March 2019, 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 Emergency Planning Procedures and four 'significant assurance with minor improvement opportunities' reports relating to core financial systems, information governance, committee effectiveness and review of CIPs.

They also issued four 'partial assurance with improvements required' opinions in respect of financial grip and control, complaints and serious incident reporting. Recommendations are being addressed in each case and reported to Audit and 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.

The Trust's 2018 reference cost index is 96.3%, which means costs are 3.7% 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 Report) Regulations 2010 (as amended) to prepare Quality Report for each financial year. NHSI has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Report 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.

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.

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

Compliance with CQC standards is monitored by the 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 Risk Committee.

Quality governance is subject to rigorous challenge through Non-executive Director and Governor engagement and non-executive chairmanship of the Audit and 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.

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 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.

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.

The Trust embarked upon a formal partnership with Hall Cross Academy in becoming the country's first 'Foundation School in Health' supporting students in choosing the health service as their career choice, furthermore continuing to develop and motivate our future workforce at the Trust.

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 Integrated Care System for South Yorkshire and Bassetlaw (ICS). We reviewed our Board governance structures and introduced new arrangements for financial governance including effectiveness and efficiency plans and for quality and effectiveness.

2 Accountability Report

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 direction, new catering service and wider local health system changes. Unfortunately, this did not manifest in significantly better staff survey scores received on 26 February 2019. 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 2018/19, we have achieved the 62-day wait for first treatment, at 92.8%. We missed our two-week referral rates when cancer is not suspected, and also missed out on suspected cases, achieving 90.1% instead of the required 93%. All 31-day targets were achieved.


While performing above the national average, we were slightly below the contracted performance (89.1%) for Referral to Treatment (RTT) at 88.8%.

Although we failed to achieve the four-hour access target, 2018/19 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 and 20th best performing Trust for the full year.

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, we were successful in our application to join the NHSI Quality Improvement Programme and are developing a Trust wide programme which has developed a true north statement and breakthrough objectives which are the basis of the 2019/20 appraisal processes. The Trust recognises the need for ongoing development and continuous improvement of its systems of control and assurance to ensure the assurance framework and risk register remain fit for purpose therefore further reviews are expected in 2019/20 with Clinical Governance teams.

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 OBE

Chief Executive

29 May 2019

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF DONCASTER AND BASSETLAW TEACHING HOSPITALS 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 2019 which comprise the Trust and Group Statement of Comprehensive Income, the Trust and Group Statement of Financial Position, Group Statement of Cash Flows, the Group and Trust Statement of Changes in Equity and the related notes 1 to 48, 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 2019 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 and Social Care's Group Accounting Manual 2018/19 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.

Material uncertainty related to going concern

We draw attention to Note 1.2 in the financial statements, which indicates that the Trust has reported a surplus of £5.2m for the year ended 31 March 2019, after receipt of £10.7m of STF incentive monies at the year-end. As of that date, the Trust's current liabilities exceeded its total assets by £34.7m. As stated in Note 1.2, these events or conditions, along with other matters as set forth in Note 1.2, indicate that a material uncertainty exists that may cast significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

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Overview of our audit approach

| | |
|-------------------|---|
| Key audit matters | Going Concern Risk of fraud in revenue recognition Risk of fraud or error |
| Audit scope | We performed audit procedures on specific balances for one group component (the Trust charitable funds). The components where we performed specific audit procedures accounted for 99.9% of gross expenditure, 99.9% of Revenue and 96.6% of Total assets. |
| Materiality | Overall materiality of £8.1m 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 2017-18 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 2018-19 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 currently forecasting a £10.3m deficit, which could rise to £16m if Q4 Provider Support Funding was not achieved.</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 additional liquidity support of £3m during 2019-20 and a planned deficit of £15.3m before additional funding. 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 around £28m. Whilst carrying this deficit, the Trust has successfully met annual control totals set by NHSI and has benefitted from additional non-recurrent PSF monies to support the financial position.</p> <p>During the year the Trust has deferred the re-payment of £7.2m of loans due its financial position. This amount plus an additional £45m are due for re-payment in 2019-20. The Trust will not have the resources to fund these re-payments and is therefore considering options for re-financing.</p> <p>These matters give rise to a material uncertainty relating to the Trust’s ability to continue as a going concern.</p> <ul style="list-style-type: none"> • The Trust has recognised this in note 1 to the financial statements, referencing that: • The Trust has contracts in place with Commissioners to 2020 • Financial plans for 2019-20 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 lifted all licence conditions on the Trust • Taking these factors into consideration along with guidance in practice note 10, we concur with management’s view that the financial statements should be prepared on a going concern basis. |

| Risk | Risk of fraud in revenue recognition |
|------|---|
| | <p>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.</p> <p>We consider the significant risk does not apply to payroll.</p> <p>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/non contract revenue. The risks in these areas relate to improper application of revenue cut-off, overstatement of debtors/accrued income and potential understatement of liabilities in the balance sheet at the year-end.</p> |
| | <p><i>In responding to the identified risk we:</i></p> <ul style="list-style-type: none"> • 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 • Tested revenue cut-off at the period end date • Conducted testing to identify unrecorded liabilities at the year-end |
| | <p><i>Key observations communicated to the Audit Committee</i></p> <p>Our testing has not identified any material misstatements with respect to revenue and expenditure recognition.</p> <p>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.</p> <p>Our review of Department of Health and Social Care agreement of balances data identified 6 mismatches above the £300k NAO reporting threshold for which we obtained appropriate audit evidence.</p> <p>Our testing of assets and liabilities within the Statement of Financial Position identified £1.2m of credit balances originally within receivables relating to credit notes and unallocated receipts. These balances have been reclassified by management with no impact on the reported financial position of the Trust.</p> |

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| 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) 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"> • 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 of the oversight given by those charged with governance of management's processes over fraud. • Performed mandatory procedures, including testing of journal entries and other adjustments in the preparation of the financial statements. • Performed substantive testing of a sample of manual journals that met specific risk criteria in order to understand their purpose and appropriateness. • Reviewed and tested significant accounting estimates for evidence of management bias, including those related to pensions, accruals, asset valuation, depreciation and provisions. • 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 identify 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.</p> <p>We have not identified any instances of inappropriate judgements being applied or bias within significant accounting estimates.</p> <p>We gained assurance that the £26.96m of STF income reported in the financial statements has been appropriately accounted for.</p> <p>Our journal testing has not identified any unusual activity.</p> | |

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In the prior year, our auditor's report included a key audit matter in relation to the valuation of land and buildings. In the current year, this matter has not been included due to a decreased risk of material misstatement. The effectiveness of the design and operation of controls in this area have been confirmed through documentation and walkthrough and our audit work has not identified any significant matters that would warrant inclusion in this report.

An overview of the scope of our audit

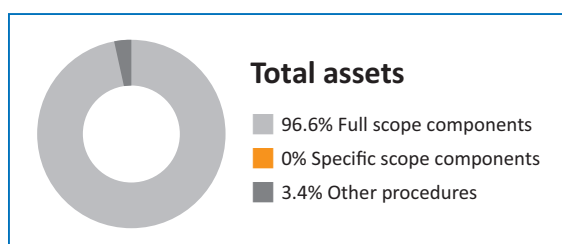
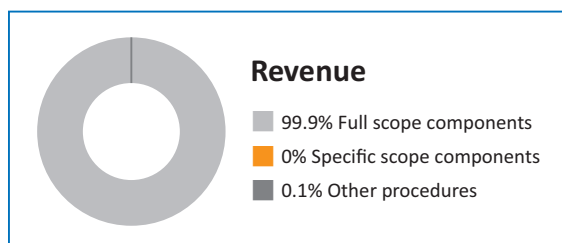
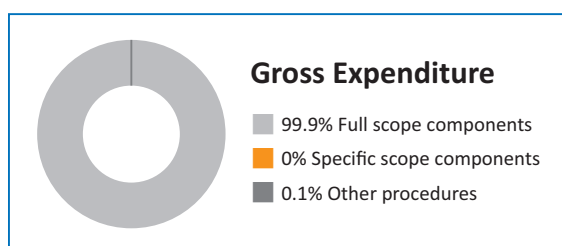
Tailoring the scope

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 99.9% (2017-18: 99.3%) of the Group's gross expenditure, 99.9% (2017-18: 99.5%) of the Group's Revenue and 96.6% (2017-18: 96.5%) of the Group's Total assets. The specific scope charitable funds component contributed 0.1% (2017-18: 0.7%) of the Group's gross expenditure, 0.1% (2017-18: 0.5%) of the Group's Revenue and 3.4% (2017-18: 3.5%) 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.



2 Accountability Report

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 £8.1 million (2017-18: £7.9 million), which is 2% (2017-18: 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 consistent with that in 2017/18.

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 75% (2017-18: 50%) of our planning materiality, namely £6.1million (2017-18: £3.95million). We have set performance materiality at this percentage due to the Trust having a strong control environment with no significant errors identified in the prior year financial statements.

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 £0.3m (2016-17: £0.395m), 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 2018/19 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 2018/19.

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 2018/19 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 2018/19 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 below 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>The deficit control total for the year of £6.6m requires £17.8m of cost savings to be achieved.</p> <p>As at month 9 there is a reported risk that the Trust will not achieve the control total as CIP achievement is at £6.8m and the year to date deficit is reported as £11.5m.</p> <p>The month 9 position illustrates that the year end outturn is a significant challenge, with the current forecast position of £3.72m behind control total. This could increase further if mitigating actions and savings plans are not delivered.</p> <p>Should the Trust not achieve planned financial performance, the deficit will be further increased by the potential loss of quarter 4 Provider Sustainability Funding which is dependent on achievement of financial and operational performance, increasing the forecast deficit in excess of control total to £9.4m.</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 considered future financial plans and the assumptions underpinning them We considered the 2018-19 outturn financial performance of the Trust and the impact of this on PSF funding 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>The Trust has reported a surplus of £5.2m for 2018-19 which is an improvement on the £11.7m deficit for 2017-18. This surplus has been achieved following the receipt of £10.7 STF incentive funding at the year-end, following achievement of the deficit control total of £6.6m.</p> <p>Total STF funding received for the year is therefore £27m.</p> <p>In achieving the control total for the year, the Trust has delivered 71% of planned CIP targets for the year and benefitted from additional funding from the CCG to support improvements to RTT waiting times.</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 £28m.</p> <p>The Trust continues to require ongoing cash support from NHS Improvement in order to meet financial liabilities, with an additional planned draw down of £3m in 19-20.</p> <p>During the year, loan support balances have increased by £5.6m to £95m. 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>During the year, the Trust was due to repay £7.2m of loans but this has been deferred given the financial position of the Trust. A further £45m of loans are due to be repaid during 19-20 and the Trust is exploring options to re-finance these.</p> <p>The Trust has a deficit control total of £15.3m for 19-20 requiring CIP savings of £13.2m to be delivered. Should the Trust achieve this control total it should benefit from further central funding which would result in an overall break-even position for the year. This position however, would be achieved with continued existence of the residual underlying deficit.</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 and it is working with partners as part of the South Yorkshire and Bassetlaw Integrated Care System to develop strategic plans to achieve this going forward.</p> <p>This issue is evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.</p> |

Qualified conclusion on reporting by exception

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 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 2019.

Responsibilities of Accounting Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on page 88, 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.

2 Accountability Report

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).

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.

Stephen Clark
for and on behalf of Ernst & Young LLP
Birmingham
29 May 2019

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.

A particular success has been seen within our infection, prevention and control measures; with no recorded cases of MRSA bacterium, as well as a 25% reduction in C.Difficile.

This commitment to Infection Prevention and Control has been further evidenced within 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 third year running.

In doing so, we successfully delivered the vaccination to almost 4,000 doctors and nurses in just 21 days. Achieving such a high standard against a potentially preventable harm helps to protect not only our staff, but patients in their charge. Similarly, implementation and adoption of better sepsis diagnostics, such as NEWS2 (National Early Warning Score) will help improve our provision of safe care long into the future.

We have also seen a reduction of 20% in the number of formal complaints received in the year. Additionally, the number of complaints received relating to staff attitude and behaviour has dropped modestly in-line with last year's priorities.

This continued improvement 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, as well as the introduction of our 'Sharing How We Care' newsletter.

Following last year's priorities, we have seen continued progress with our Hospital Standardised Mortality Ratio (HSMR), achieving 93.3 against a Trust target of 95. This is particularly pleasing as mortality rose during summer months due to the impact of particularly warm weather. The Standardised Hospital Mortality Indicator (SHMI), which also includes deaths following discharge from hospital, has also maintained last year's performance at 101.

Although this is now within the expected range we will continue to try and improve this standard, aiming for less than 100 in 2019/20.

Throughout the past number of years, like many trusts nationally, we have faced challenges recruiting to particular specialities. As such, we are a key partner within the South Yorkshire and Bassetlaw Integrated Care System (ICS), where amongst other initiatives we have been working to identify possible regional solutions for issues such as recruitment.

We have sought throughout the past number of years 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 is equipped with the expertise to provide safe and effective services for our patients.

This focus has led to a development of opportunities with partners from other health providers, universities and colleges, implementing new roles such as Nursing Associates, as well as partnering with local school, Hall Cross Academy.

3 Quality Accounts

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 2019/20.

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.

Finally, our Emergency Departments were inspected by the Care Quality Commission (CQC) in late 2018, and as a result the Trust maintained a 'Requires Improvement' rating.

Some 'domains' inspected by the CQC have changed, with Bassetlaw Hospital's Emergency Department's score improving overall, however the 'Safe' domain at Doncaster Royal Infirmary has moved to 'Inadequate'.

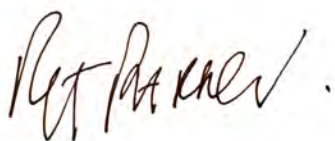
As a result of the initial feedback at the time of the inspection, we made immediate changes to our front door access and streaming service to ensure that the CQC's concerns regarding assessment and observation of patients were dealt with, with increased privacy now in place when the initial assessment takes place.

We are however pleased that the CQC noted that our staff are caring, offer good levels of emotional support and ensure that individuals are seen in a timely manner and escalated appropriately.

The Emergency Department team, and the whole Trust are committed to continuing to improve our services and we would expect to reverse the rating change when the CQC re-inspect the services.

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 maintain our good performance related to infection control, whilst further developing our approach to Sepsis management.

As such, we seek to improve our patient safety indicators further and this is reflected in our priorities for improvement in 2019/20. To the best of my knowledge, the information in this Quality Account is accurate.



Richard Parker OBE

Chief Executive

29 May 2019

3 Quality Accounts

Looking forward to our priorities for improvement in 2019/20

The Trust has reviewed its performance against the quality priorities for 2018/19 and reviewed the risk profile of patient safety, experience and clinical effectiveness. This has meant a number of indicators from 2018/19 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 2019/20 and the table below identifies those indicators which are our highest priorities:

| Patient safety quality improvement targets | Target 2019/20 | Actual 2018/19 |
|---|----------------|-------------------------------|
| 1. Take a zero-tolerance approach to Never Events | 0 | 1 |
| 2. Reduce the number of healthcare associated infections (MRSA bacteraemia) | 0 | 0 |
| 3. Implementation & Use of NEWS2 | >90% | Data not previously collected |

| Clinical effectiveness quality improvement targets | Target 2019/20 | Actual 2018/19 |
|--|----------------|----------------|
| 4. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR) | <95 | 93.3 |
| 5. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI) | <100 | 101 |
| 6. 80% of deaths screened as part of structured judgement review (SJR) (Governor selection) | 80% | N/A |
| 7. Reduce the number of missed hospital appointments | <7% | 10.3% |

| Patient experience quality improvement targets | Target 2019/20 | Actual 2018/19 |
|--|-------------------------------------|------------------|
| 8. Duty of Candour – Initial communication 1 st letter | >90% | 81.40% 70.50% |
| 9. Demonstrate increased Patient Engagement activities in each Divison. | 100% of Divisions | 100% |
| 10. Reduce the number of complaints relating to staff attitude and behaviour | 5% reduction based on 2018/19 (102) | 107 |

3 Quality Accounts

In identifying the priorities for improvement for 2019/20, 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.










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Looking back on our priorities for improvement in 2018/19

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 2018/19.

KEY:  **Target achieved**  **Close to target**  **Behind plan**

| Patient safety quality improvement targets | Target 2018/19 | Actual 2018/19 | Progress |
|--|----------------|---|---|
| 1. Take a zero tolerance approach to “never events” | 0 | 1 |  |
| 2. Reduce the number of healthcare associated infections - MRSA bacteraemia | 0 | 0 |  |
| 3. Increase reliability of Sepsis management on admission to hospital* (governor selection) | >90% | Screening: Q1 = 96.7% Q2 = 93.9% Q3 = 97% Q4 = 92.8% Treatment Q1 = 92.7% Q2 = 100% Q3 = 94% Q4 = 100% |  |
| Clinical effectiveness quality improvement targets | Target 2018/19 | Actual 2018/19 | Progress |
| 4. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR) | <100 | 92.43 (Jan 18 – Dec 18) |  |
| 5. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI) | <100 | 101 (Jan 18 – Dec 18) |  |
| 6. Reduce avoidable Re-admissions (30 days - Standardised Readmission Ratio) | SRR <99 | 96.73 (Jan 18 – Dec 18) |  |
| 7. Reduce the number of missed hospital appointments | 7% | 9% |  |

3 Quality Accounts

| Patient experience quality improvement targets | Target 2018/19 | Actual 2018/19 | Progress |
|--|-------------------|----------------|---|
| 8. Reduce the number of complaints | 402 | 412 |  |
| 9. Demonstrate increased Patient Engagement activities in each Division. | 100% of Divisions | 100% |  |
| 10. Reduce the number of complaints relating to staff attitude and behaviour | 102 | 107 |  |

Statements of assurance

Review of services

During 2018/19, 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 2018/19 represents 100% of the total income generated from the provision of relevant health services by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for 2018/19.

Participation in clinical audits

During 2018/19, 38 national clinical audits and 3 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 38 of the national clinical audits and 3 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 2018/19, 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 2019/19 are as follows (see table on the next page – ineligible audits stated as NA).

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| | Trust participation | Data collection completed during 2018/19 | % of cases submitted |
|--|---------------------|--|----------------------|
| Adult Community Acquired Pneumonia | Yes | On going | 100% |
| Adult Cardiac Surgery | N/A | N/A | N/A |
| BAUS Urology Audit - Cystectomy | NA | N/A | N/A |
| BAUS Urology Audit - Female Stress Urinary Incontinence (SUI) | | | |
| BAUS Urology Audit - Nephrectomy | Yes | Yes | 100% |
| BAUS Urology Audit - Percutaneous Nephrolithotomy | Yes | Yes | 100% |
| BAUS Urology Audit - Radical Prostatectomy | NA | N/A | N/A |
| Cardiac Rhythm Management (CRM) | Yes | Yes | 100% |
| Case Mix Programme (CMP) | YES | YES | 100% |
| Child Health Clinical Outcome Review Programme | N/A | N/A | N/A |
| Elective Surgery (National PROMs Programme) | Yes | Yes | 100% |
| Falls and Fragility Fractures Audit programme (FFFAP) | Yes | Yes | 100% |
| Feverish Children (care in emergency departments) | Yes | Yes | 100% |
| Inflammatory Bowel Disease (IBD) programme/IBD Registry | YES | YES | 100% |
| Learning Disability Mortality Review Programme | YES | YES | 100% |
| Major Trauma Audit | Yes | Yes | 70.5% |
| Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection | 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 | N/A | N/A | N/A |
| Myocardial Ischaemia National Audit Project (MINAP) | Yes | Yes | 100% |
| National Asthma and COPD Audit Programme | Yes | On going | COPD 61% (Year 2) |
| National Audit of Anxiety and Depression | N/A | N/A | N/A |
| National Audit of Breast Cancer in Older Patients (NABCOP) | Yes | Yes | 100% |
| National Audit of Cardiac Rehabilitation | Yes | On going | 100% |
| National Audit of Care at the End of Life (NACEL) | Yes | Yes | 67% |
| National Audit of Dementia | Yes | Yes | 100% |

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| | | | |
|--|-----|----------|-------|
| National Audit of Percutaneous Coronary Interventions (PCI) | N/A | N/A | N/A |
| National Audit of Pulmonary Hypertension | N/A | N/A | N/A |
| National Audit of Seizures and Epilepsies in children and young people | Yes | On going | 100% |
| National Bariatric Surgery Registry (NBSR) | Yes | Yes | 100% |
| National Bowel Cancer Audit (NBOCA) | Yes | Yes | 100% |
| National Cardiac Arrest Audit (NCAA) | Yes | Yes | 100% |
| National Clinical Audit for Rheumatoid and Early Inflammation Arthritis (NCAREIA) | Yes | Yes | 100% |
| National Clinical Audit of Psychosis | N/A | N/A | N/A |
| National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI) | N/A | N/A | N/A |
| National Comparative Audit of Blood Transfusion Programme | YES | YES | 100% |
| National Congenital Heart Disease (CHD) | N/A | N/A | N/A |
| National Diabetes Audit -Adults | Yes | On going | 100% |
| National Emergency Laparotomy Audit (NELA) | Yes | Yes | 40% |
| National Heart Failure Audit | Yes | Yes | 54.5% |
| National Joint Registry (NJR) | Yes | Yes | 100% |
| National Lung Cancer Audit (NLCA) | Yes | Yes | 100% |
| National Maternity & Perinatal Audit (NMPA) | Yes | Yes | 100% |
| National Neonatal Audit Programme (NNAP) | Yes | Yes | 100% |
| National Oesophago-gastric Cancer (NAOGC) | Yes | Yes | 100% |
| National Ophthalmology Audit | N/A | N/A | N/A |
| National Paediatric Diabetes Audit (NPDA) | Yes | Yes | 100% |
| National Prostate Cancer Audit | Yes | Yes | 100% |
| National Vascular Registry | Yes | Yes | 95% |
| Neurosurgical National Audit Programme | No | N/A | N/A |
| Non-Invasive Ventilation - Adults | Yes | On going | 100% |
| Paediatric Intensive Care (PICANet) | No | N/A | N/A |
| Prescribing Observatory for Mental Health (POMH-UK) | N/A | N/A | N/A |
| Sentinel Stroke National Audit programme (SSNAP) | Yes | On going | 100% |
| Serious Hazards of Transfusion (SHOT): UK National Haemovigilance | Yes | Yes | 100% |
| Seven Day Hospital Service | Yes | Yes | 100% |

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| | | | |
|--|-----|-----|------|
| UK Cystic Fibrosis Registry | Yes | YES | 100% |
| Vital Signs in Adults (care in emergency departments) | Yes | Yes | 100% |
| VTE risk in lower limb immobilisation (care in emergency department) | Yes | Yes | 100% |

The reports of all national clinical audits were reviewed by the Trust in 2018/19 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 115 local clinical audits were reviewed in 2018/19 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 Division level.

We have listed below three examples of improvements which have been made as a result of audits undertaken throughout 2018/19

Re-audit: External Cephalic Version (ECV) in Bassetlaw Hospital

Following re-audit:

- 100% of appropriate women were informed of ECV trial
- Of the 27 women offered an ECV trial 19 (70.4%) accepted
- Of the 19 women who accepted an ECV trial, 16 (84.2%) had the ECV trial. However, the 3 women that did not have it performed was due to a spontaneous version of the head or going into labour before the ECV could be performed. No woman declined after accepting the trial.
- Of the 16 ECV trials done there were no complications and 8 (50%) were successful
- All women who had a successful ECV trial gave birth via a normal vaginal delivery.

Re-audit: Trans Obturator Tape (TOT)

Following re-audit

- The re-audit results have shown that we have improved and are 100% compliant with all of the NICE guidelines.
- New prompt sticker has increased information given to patient about the lack of long-term outcome data by 100%.

Re-audit: Consent for anaesthesia and choice of technique in patients who have spinal/epidural anaesthesia, at Bassetlaw Hospital

Following re-audit

- 90% patients had possible technique+ risks/benefits explained and documented compared to 40% in previous audit.
- 100% patients had the above discussed with the anaesthetist performing spinal/epidural compared to 98% in previous audit.

3 Quality Accounts

- 3.3% complications rates and success in line with national targets compared with 16% in previous audit.
- 96.3% patients were happy with the anaesthetic they received compared to 97% in previous audit.

Participation in clinical research

The number of patients receiving NHS services provided or sub contracted by Doncaster & Bassetlaw Hospitals NHS Foundation Trust in 2017/18 that were recruited during that period in order to participate in NIHR Portfolio research approved by the Trust was in excess of 1000.

During 2018/19, 47 additional studies were approved within the Trust.

Participation in Clinical Research: Information provided for 2018/19

The number of patients receiving relevant health services provided or sub contracted by Doncaster & Bassetlaw Hospitals NHS Foundation Trust in 2018/19 that were recruited onto studies adopted onto the National Institute for Health Research Portfolio was 1032, exceeding our annual target of 1000.

During 2018/19, 47 additional studies were approved to commence within the Trust, which include Clinical Trials of Investigational Medicinal Products (CTIMPs) and Medical Device trials. The Trust supports research in differing roles, either as a sponsoring organisation, a participating organisation or as a participant identification centre. The department of Research and Development is continuing to expand to reflect both the increasing level of research activity and also to support the continuing advancement of research within the Trust, with the Research team providing comprehensive support to researchers during the planning, set-up and delivery phases of research.

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

We have delivered successfully to almost all of our KPIs listed in the R&D Strategy and released our next five-year Strategy, which commenced in September 2018.

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

A proportion of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust income in 2018/19 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 2018/19 and for the following 12 month period are available electronically at:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

The monetary total in 2018/19, conditional upon achieving quality improvement and innovation goals, was **£7.316m**. The total associated payment in 2018/19 is **£7.316m** (associated payment £7.07m in 2017/18).

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 2018/19.

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 November 2018 as follow-up to ensure that the actions required from the December 2017 Inspection had been completed.

From the last comprehensive inspection in December 2017 the outcome report provided in July 2018 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'.

An action plan that was developed in response to the Comprehensive Inspection report and has been delivered and reported through the Clinical Governance Committee and the Audit and Non-Clinical Risk Committee.

Data quality

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data (month 10 2018/19)

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%**
- **99.8%** for outpatient care – national position **99.6%**
- **97.3%** for accident and emergency care – national position **97.6%**

which included the patients valid General Medical Practice Code was:

- **100%** for admitted patient care – national position **99.9%**
- **99.9%** for outpatient care – national position **99.8%**
- **99.9%** for accident and emergency care – national position **99.3%**

Information governance toolkit attainment 2018/19

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2018/19 was 87% and was graded as Standards Met.

Clinical coding error rate

In line with the DS&P requirements the Trust has undertaken a clinical coding audit (diagnoses and procedure coding) during 2018/2019 which resulted in the Trust achieving the mandatory compliance level. The combined results of the audits were:

Table 1: Overall results for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

| | Primary diagnosis correct | Secondary diagnosis correct | Primary procedure correct | Secondary procedure correct |
|---|---------------------------|-----------------------------|---------------------------|-----------------------------|
| DS&P Advisory level | >=95.0% | >=90.0% | >=95.0% | >=90.0% |
| DS&P Mandatory level | >=90.0% | >=80.0% | >=90.0% | >=80.0% |
| Doncaster and Bassetlaw Teaching Hospitals | 91.0% | 89.6% | 97.3% | 90.9% |

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 has recently employed a Terminology and Classifications Delivery Service Approved Auditor. This will allow the Trust to carry out a regular internal audit programme with feedback and action planning to drive forward further improvements in the quality of the clinically coded data. Additionally the Trust has successfully invested in Data Quality Assurance (DQA) software and a Clinical Coding Data Quality Systems Manager which has also had a positive impact on the quality of the clinically coded data. For 2019/20 there will be a drive on extending clinical engagement even further in the drive for ongoing data quality improvements.

There has been a significant investment in the Clinical Coding team during 2018/2019 including a rolling programme of trainee clinical coders to provide a high quality and resilient service for the Trust.

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

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

3 Quality Accounts

Maintaining and driving improvements in data quality continued to be an area of high priority and focus for the Trust, during 2018/2019 and this will continue in 2019/2020 and beyond. The Trust continues to invest in data quality resources.

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

- At the end of 2018/2019 the Trust will be implementing a new Clinical Administration structure. As part of this significant project and planning stages users will be re-trained in key systems, SOPs (Standard Operating Processes) have been re-written and key areas of data quality will be fed into the training. This all forms part of the “Right First Time” culture within the Trust.
- 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 “Right First Time”. 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. As part of this work and other areas of data quality risk the Trust in conjunction with our local Commissioners have commissioned NECS (North of England Commissioning Support Unit) to provide additional short term validation support to ensure we have “clean” data across our clinical administration data and to dovetail with the implementation of the Clinical Administration restructure and re-training of staff.
- Nationally, data quality is measured by the Secondary Uses Service (SUS) Data Quality Dashboards. For 2018/2019 to month 10 (latest published data) the Trust had a composite score of 99.6% across a range of indicators against a national comparative score of 96.7% and within Yorkshire and Humber 97.8%. The Trust is consistently above the national average and is currently top within Yorkshire and the Humber. This is a significant achievement for the Trust and demonstrates a strong commitment to high quality data.
- Key priority packages of work were agreed and delivered in line with the requirements laid down within the Data Quality Improvement Plan for 2018/2019 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.
- We continue to provide focus on key data quality performance areas through the Trust Data Quality Group. The group identifies key work streams to address areas of concern and then monitors and review progress against improvement targets. The Data Quality Group reports to the Trust Information Governance Group.
- We continue to undertake key regular data quality audits, both to fulfil NHS Data Security Protection Toolkit (DSP) 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 2018/19 there were 1,881 in-hospital deaths. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 440 in the first quarter
- 443 in the second quarter
- 470 in the third quarter
- 525 in the fourth quarter

By 30/4/2019, 359 case record reviews (**accurate as of 30/4/2019**) have been carried out in relation to 1881 of the deaths included above.

In 0 cases was a death subject 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:

- 121 in the first quarter
- 102 in the second quarter
- 76 in the third quarter
- 60 in the fourth quarter (**accurate as of 30/4/19**)

0 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:

- Documentation of conversations with families when end of life is approaching are essential.
- The date and time of any case note entry must be detailed along with the clinician's signature and printed name.
- When completing DNACPRs, learning disability/ learning difficulty/Downs Syndrome are NOT reasons for not undertaking resuscitation.

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 newsletter "Sharing How We Care"
- Individual feedback given to Drs when an inappropriate reason for DNACPR is written
- Bereavement information booklet published.

3 Quality Accounts

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.

From 2018/19 the Trust are required to complete a self-assessment survey outlining performance against the priority standards. This new measurement method replaces the previous self-assessment survey.

This self-assessment will then be formally assured by the trust board and the completed template submitted to regional 7DS leads to enable measurement against the national ambitions for 7DS.

Target for delivery of the standards for the Trust is April 2020 and the threshold for compliance of each standard is 90%.



3 Quality Accounts

| 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 | 1.057 Banding 2 (2014/15) | 1.0011 Banding 2 (2015/16) | 1.0202 Banding 2 (2016/17) | 1.04 Banding 2 (2017/18) | 1 Banding 2 (2017/18) | The Trust will continue to implement the measures which have been outlined on page 117 of the Quality Report 2018/19 | 1.26 Banding 1 | 0.727 Banding 3 |
| Percentage of patient deaths with palliative care coded at either diagnosis or speciality level | 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) | | | | | | PROMs score are actively monitored within the Division and is taken as appropriate in order to improve health gain scores for patients. | | |
| Groin hernia surgery | 0.067 | 0.068 | 0.070 | 0.097 (2017) | 0.164 (2017) | | 0.135 (2017) | 0.006 (2017) |
| Varicose vein surgery | 0.119 | 0.105 | * | * | 0.092 | | 0.131 | 0.010 |
| Hip replacement surgery | 0.455 | 0.403 | 0.424 | 0.445 | 0.0.458 | | 0.537 | 0.010 |
| Knee replacement | 0.331 (2014/15) | 0.313 (2015/16) | 0.294 (2016/17) | 0.311 (2017/18) | 0.337 (2017/18) | | 0.404 (2017/18) | 0.242 (2017/18) |
| The percentage of patients aged 0 – 16 16 and over | 10.1% 12.8% (2014/15) | 9.5% 13.2% (2015/16) | 9.2% 13% (2016/17) | 10% 12.9% (2017/18) | 11.9% 14.1% (2017/18) | | 32.9% 46.4% (2017/18) | 1.3% 1.8% (2017/18) |
| Readmitted to a hospital which forms part of the Trust within 28 days of discharge from a hospital which forms part of the Trust during the reporting period | | | | | | | | |
| The Trusts responsiveness to the personal needs of its patients during the reporting period | 69.9% (2014/15) | 70.1% (2015/16) | 67.7% (2016/17) | 66.7% (2017/18) | 68.6% (2017/18) | 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% (2017/18) | 60.5% (2017/18) |
| 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 | 64% (2015) | 59% (2016) | 62% (2017) | 89% (2018) | 85% (2018) | 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. | 91% | 74% |
| Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period | 95.02% (Jan18-Mar18) | 95.20% (Apr18-Jun18) | 95.02% (Jul18 – Sep18) | 95.17% (Oct18 – Dec18) | 95.65% (Oct18-Dec18) | Trust performance remains on target. | 100% | 54.86% |
| The rate per 100,00 bed days of cases of C.difficile infection reported within the Trust among patients aged 2 or over during the reporting period | 37.1 (2014/15) | 31.8 (2015/16) | 41.4 (2016/17) | 35.7 (2017/18) | 38 (2017/18) | Implementing all the measures which have been outlined on page XX of the Quality Report 2018/19 | 86.3 | 0.0 |
| Number and, where available rate of patient safety incidents within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death | Number: 55 Rate:0.36 (2014/15) | Number: 21 Rate: 0.14 (2015/16) | Number: 18 Rate: 0.13 2016/17 | Number: 18 Rate: 0.14 2017/18 | Number: 205 Rate: (2017/18) | Incident reporting rates are within the expected range when compared to our class. | Number: 14506 Rate: 45.7 | Number: 1301 Rate: 24.6 |
| | 0.03% (2014/15) | 0.01% (2015/16) | 0.01% 2016/17 | 0.01% 2017/18 | (2017/18) | The latest dataset from the National Reporting and Learning System (NRLS) shows the Trust is 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.



Take a zero tolerance approach to “never events”

1 CASE

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.

Never Events are defined by the National Patient Safety Agency (NPSA) as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.’

| Period | 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 |
| 2018/19 | 1 | 0.006 |

During 2018/19 there was one ‘Never Event’.

Progress, Monitoring & Reporting: The learning from root cause analysis which follows any such events is shared Trust-wide to ensure a 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



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.

Outcome = Trust on target to achieve Zero MRSA Bacteraemia 2018/19

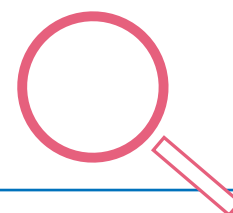
| Year | Number of reported cases | Per 1000 occupied bed days |
|---------|--------------------------|----------------------------|
| 2012/13 | 2 | 0.0062 |
| 2013/14 | 2 | 0.0061 |
| 2014/15 | 2 | 0.0061 |
| 2015/16 | 2 | 0.0063 |
| 2016/17 | 3 | 0.0102 |
| 2017/18 | 2 | 0.0072 |
| 2018/19 | 0 | 0.0000 |

The Trust has achieved zero MRSA bacteraemia by promoting good practices where possible and improving education and compliance. The last Trust attributed MRSA bacteraemia was the 28th of October 2017. 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 oral routes where possible with antibiotics. We continue to promoting the Zero Tolerance to MRSA: search and destroy approach.
- VIP scores are monitored more frequently on the ward to determine levels of compliance, each wards PVC results are included on their quality metrics report for the board of governors to see their performance rating.
- Use of decolonisation treatments proactively for higher risk patients.
- The “Blood culture contaminants: Break it Down” promotion continues to be effective in encouraging staff to use an aseptic non-touch technique when carrying out venepuncture for blood cultures.

Progress, Monitoring & Reporting: Dashboards are completed for the monitoring and reporting of HCAs. 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



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.

Outcome = The overall compliance throughout 2018/19 against screening and timely treatment was consistently over 90%. Target Achieved.

| Period | Sepsis Screening | Timely Treatment |
|------------|------------------|------------------|
| Q1 2018/19 | 96.7% | 92.7% |
| Q2 2018/19 | 93.9% | 100% |
| Q3 2018/19 | 97% | 94% |
| Q4 2018/19 | 92.8% | 100% |

The successful management of sepsis relies on prompt recognition, together with appropriate interventions and escalation in order to achieve the possible best outcome for our patients.

The Trust continued to monitor sepsis management throughout 2018/19, using local protocols to help identify those patients who should have been screened for sepsis we were able to demonstrate that over 90% of those patients who met the criteria for sepsis screening were screened, and over 90% received appropriate timely treatment as set out by NICE guidelines.

For 2019/20 we will be monitoring the implementing and use of NEWS2.

National Early Warning Score (NEWS) is a tool which is used to help identify those patients at risk of clinical deterioration. The NEWS tool was updated in 2018 and at the start of Q4 2018/19 the Trust implemented NEWS2 throughout the trust.

It is the aim that in using this tool we will transform the speed and effectiveness of patients needing treatment at DBTH, therefore we will monitor the implementation and utilisation of NEWS2 throughout 2019/20.

Progress, Monitoring & Reporting: Compliance dashboards are completed monthly for monitoring by Divisions. Monthly reporting to the Clinical Governance committee. National reporting quarterly.

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

This data is governed by: National definitions

Quality improvement 3 - patient safety



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.

Outcome = Target achieved HSMR: 92.43 (Jan 18 – Dec 18) SHMI 101 (Jan 18 – Dec 18).

| 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) |
| 2018 | 92.43 (Jan 18 – Dec 18) | 101 (Jan 18 – Dec 18) |

Over the last 12 months the Trust's overall HSMR has maintained a steady trend around the low 90's with only a couple of minor blips in the past year.

There has been a steady improvement since 2014 due to refinements in the emergency pathway, with more consultant involvement and better palliative care services.

Case mix continues to be challenging as the population ages and revealing a high level of co-morbidities. The crude mortality (not accounting for case mix) while showing inevitable fluctuation has also followed a downward trajectory.

The Trust's SHMI to include deaths outside hospital within 30 days of discharge has also remained within the expected range

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

Data Source: HED

This data is governed by: National definitions

Quality improvement 4 & 5 - clinical effectiveness





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 = Target Achieved

| 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) |
| 2018 | 96.73 (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 ratios, however with a slight increase from the last data set.

This illustrates that the readmission rate is still 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.

We continue to work with our partners and commissioners to improve safe discharge and agree pathways of care that help mitigate patient re-admission.

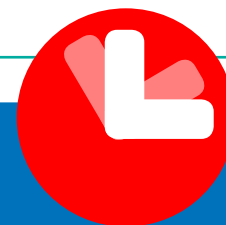
Progress, Monitoring & Reporting: Monthly reporting to Clinical Governance Committee.

Data Source: HED

This data is governed by: National definitions

Quality improvement 6 - clinical effectiveness





Reduce the number of missed hospital appointments

In 2017, it was highlighted that the Trust was in the bottom 20% of Hospital Trust for performance in DNA (did not attend). With over 500,000 hospital appointments each year, over 50,000 appointments are missed.

The impact of missed appointments results in significant waste in precious clinical services, reduced patient experience, impact on patient waiting times and financial risk due to waste of appointment time. The Trust therefore undertook a missed appointments improvement project in partnership with Healthwatch Doncaster to engage with people in Doncaster and Bassetlaw to understand why people miss their hospital appointment and to learn how, together, we can improve our services and overall patient experience.

An evaluation report was produced with a number of recommendations. These recommendations were supported by the Trust Board and partnering organisational boards. An action plan was developed and a monthly steering group was formed to drive forward the recommendations.

Outcome = The Trust DNA rate has not reduced to 7% as planned. That said, the Trust DNA rate has improved in the last two months of 2018/19: February: 9.2% and March: 8.4%.

| Year | Actual Performance |
|---------|--------------------|
| 2017/18 | 10.7% |
| 2018/19 | 10.3% |



Although the Trust has not achieved a reduced DNA rate, it has delivered significant progress against the recommendations from the improvement project. These actions will underpin the improvement in DNA rates whilst continuing to improve communication and engagement with our patients. Please see progress as outlined below:

1. Focussed project on improving access and quality of services in Ophthalmology by participation in the 100 day elective care collaborative programme.
2. Young Persons Charter - Established team and developed a draft charter – in progress and on track
3. Development of a solution to assist people attending hospital – video developed in partnership with Doncaster College students on how and what to do when visiting the hospital for an appointment. Mock version available.
4. Develop a service specification for a digital solution to improve communication and management of outpatient appointments. Completed.
5. Procurement undertaken to identify a digital partner to support patient communication. A multi-professional group with patient representatives undertook an interview process with the shortlisted providers.
6. Appointment of a provider and the development of a Trust wide roll out plan.
7. Project confirmed in the Trust wide Outpatient Improvement Plan 2019/20 and awaiting a 'go live' date following Executive approval.

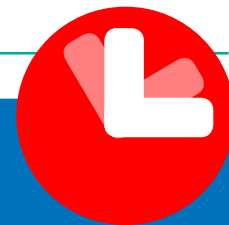
Progress, Monitoring & Reporting: Monthly reporting to Clinical Governance Committee.

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

This data is governed by: National definitions

Quality improvement 7 - clinical effectiveness





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.

Outcome = 412 formal complaints have been reported during 2018/19 this demonstrates an increase on the number reported during 2017/18. Target not achieved.

The Trust objective for 2018/19 was to achieve a 5% reduction in the number of formal complaints received, however the number of formal complaints received by the trust increased during 2018/19.

Although we have not achieved the objective which was set for 2018/19, this may be partly as a result of the Trust having to relocate the PALS from the main office reducing the opportunity to act of patient feedback at the informal stage, which is the Trust's aim.

There have been numerous patient experience surveys carried out during 2018/19 as Patient feedback allows us to get a better understanding of the experience of our patients, their carers and/or their relatives, it also enables us to monitor and ensure that patients and families know how to raise a complaint should they feel they have not received the best possible care.

Patient feedback allows us to get a better understanding of the experience of our patients, their carers and/or their relatives, it also enables us to monitor and ensure that patients and families know how to raise a complaint should they feel they have not received the best possible care.

Although we don't want our patients, their families or carers to have a negative experience it is important that we receive this feedback as potentially this gives us the opportunity to learn lessons, implement changes and improve the overall experience of our patients.

Also during 2018/19 the Trust relaunched and rebrand our Patients Advice and Liaison Service (PALS) making it more visible and accessible for our service users.

Received and investigated complaints, concerns and questions:

| | | | | | |
|---------------------|--|---------------------|--|---------------------|--|
| In 2016 /2017 | 514 formal complaints | In 2017 /2018 | 411 formal complaints | In 2018 /2019 | 412 formal complaints |
| In 2016 /2017 | 782 concerns | In 2017 /2018 | 667 concerns | In 2018 /2019 | 783 concerns |
| In 2016 /2017 | 321 advice, comments and questions | In 2017 /2018 | 253 advice, comments and questions | In 2018 /2019 | 222 advice, comments and questions |

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



Target achieved



Close to target



Behind plan

Demonstrate increased Patient Engagement activities in each Division



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.

Outcome = Achieved

The relaunch of the Patient Advice and Liaison Service as Your PALS in Hospital has resulted in pulling together all the many forms of patient experience and engagement information in a simple infographic (below).

This helps to demonstrate some of the various ways we ask patients about their experience in our care. By pulling together these themes, we have been able to make some significant improvements for the benefit of our patients.

Each Division in the Trust presents a report on the learning from patient experience (including where patients have told us we got it right) and from when we have received a complaint. Included in this monthly template is evidence of patient engagement, where divisions have actively sought patient opinion to help share future services.

The Medical Division sought the views of 1000 members of the to seek views on why patients attended the emergency department. The Women's and Children's Division are working with Partners at HealthWatch on a Children's Charter and the Surgical Division actively recruited patients as part of their NHSi Improving practice programme to support improvements in the Orthopaedic pathways for patients.

In addition to this, work has been completed centrally to ask patients and visitors what they would like our visiting times to be. Over 1000 responses were given, with patient and the public asking for more open visiting to allow them to stay connected in the patients' lives, while in hospital. We responded to this consultation by having standard visiting times across all adult wards of 11am to 8pm with some wards having even more open access.

The monthly patient experience survey lowest score was that patients didn't receive enough help to eat meals. From this feedback, we dropped the protected meal times policy and introduced making mealtimes matter, to ensure that all staff are encouraged to view mealtimes as an important part of the patients day, with the best medicine given through good nutrition.

Patients told us that the avoidable noise at night was not conducive to good recovery, leading to the launch of the Sleep Helps Healing (Shh) campaign to help reduce avoidable noise at night.

The infographic will be used as a starting point for capturing patient experience and engagement information, while moving towards being able to demonstrate improvements. Full infographic on overleaf.

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



Your PALS in Hospital

Patient Advice and Liaison Service



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

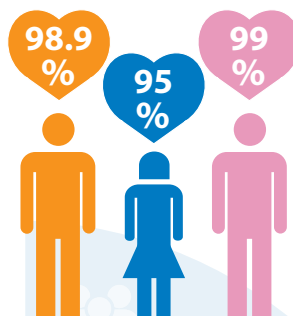
DBTH Patient Experience Activity & Feedback 2018/19

Annual Inpatient Survey (Picker)
497 responses



What our patients said:

- Treated with care & compassion
- Informed about care & treatment
- Opportunity to ask questions.



Monthly Inpatient Patient Experience Surveys completed

3342

98.7% were treated with care and compassion.
46.3% had help to eat meals.

Feedback

NHS choices
Patient/Relative Feedback

30 Posts

222
Advice/Comment/questions

335
Compliments

- Top 3 compliment themes**
- The Care was excellent.
 - The staff have done an outstanding job.
 - Patients and families felt supported while under the care of the hospital.

784
Concerns

412
Formal Complaints

- Top 3 complaint themes**
- Diagnosis. Unsure of their diagnosis and what to expect next.
 - Communication. Don't feel listened to or have been unable to speak to someone who can tell them what is going on.
 - Poor Staff attitude and behaviour.



Annual End of Life Survey

National summary scores compared with submission summary scores

| | National summary score | DRI submission summary score | BH submission summary score |
|---|------------------------|------------------------------|-----------------------------|
| Recognising the possibility of imminent death | 9.1 | 9.7 | 9.1 |
| Communication with the dying person | 6.9 | 8.9 | 8.9 |
| Communication with families and others | 6.6 | 8.9 | 8.8 |
| Involvement in decision making | 8.4 | 9.0 | 9.0 |
| Needs of families and others | 6.1 | 8.7 | 8.1 |
| Individual plan of care | 6.7 | 7.6 | 6.6 |
| Families and others experience of care | 7.1 | - | - |
| Governance | 9.5 | 10.0 | 10.0 |
| Workforce/specialist palliative care | 7.4 | 9.2 | 9.2 |

WHAT A DIFFERENCE A SAY MAKES

Family & Friends

14,146

Monthly Inpatient Responses

Top 3 areas done well

- Helpful staff
- Made to feel at ease
- Nurses a credit to the NHS.

99% of Inpatients extremely likely to recommend our services to family & friends.

Top 3 areas for improvement

- Poor state of food served
- Discharge process
- Poor environment.

99% of A&E patients extremely likely to recommend our services to family & friends.

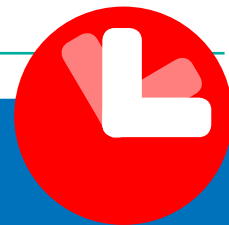
Maternity responses

Top scores

- 94%** Were provided with relevant information about feeding baby
- 80%** Found partner could stay for as long as wanted
- 46%** Were given choice about where to have check ups.

Bottom scores

- 76%** Told to arrange post-natal check up with GP
- 75%** Felt they were given appropriate advice and support at the start of labour
- 47%** Were discharged without delay.



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.

Outcome = 107, this demonstrates an increase in the number reported during 2017/18.

Target not achieved.

The Trust objective was to aim to achieve a 5% reduction in the number of complaints received relating to staff attitude and behaviour, however, there has been a slight increase in during 2018/19.

When communicating with patients, the attitude of some staff can sometimes be seen as dismissive or argumentative. This may be when trying to diagnose or explain complex and sensitive information about a patient's care and treatment. This could also occur if staff are under strain due to workload, or they are having difficulties in explaining to the patient or relative, or due to an unintended misunderstanding.

Common themes raised by patients/relatives about the attitude of staff have included: perceived lack of empathy, complex explanations and use of medical terminology or NHS jargon and failure to provide early responses to requests for informal meetings or explanations from medical staff, from patients/carer when concerns first arise.

In response to patients comments around the attitude of staff, we carried out a visiting times consultation in December 2018, which opened up visiting times across all adult wards to at least 11 am – 8pm. This allows relatives and visitors to stay connected with the patients' lives and allow flexibility for being present for ward rounds.

Sharing How We Care newsletter is deliberately woven around the Trust values to reinforce the positive messages to all staff and regular feedback about improving the patient experience shared.

The new bedside information book will clearly state that patients and relatives can make an appointment to see their consultant, which may be at a separate time to the ward round, but this will be encouraged to ensure good communication with patients and families supports the reduction in complaints about staff attitude and behaviour.

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



3 Quality Accounts

Review of Quality Performance 2018/19

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 the Associated Directors of Nursing and Deputy Directors in the Nursing Directorate. When issues are identified the Deputy Directors take forward interventions with the relevant Associated Director 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 | 2018/19 | National target or trajectory 2017/18 |
|---|---------|---------|---------|---------|---------------------------------------|
| All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> Urgent GP referral for suspected cancer | 85.5% | 86.5% | 85.9% | 85.8% | 85% |
| All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> NHS Cancer Screening Service referral | 92.7% | 93.5% | 93.7% | 92.8% | 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% | 88% | 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% | 92.6% | 95% |
| Maximum 6-week wait for diagnostic procedures | 98.7% | 99% | 99.13% | 98.78% | 99% |
| Venous thromboembolism (VTE) risk assessment | 95% | 95.02% | 95.02% | 95.02% | 95% |

3 Quality Accounts

2019/20 Quality Improvement Priorities comparative data

The table below shows comparative data to provide additional context:

| | Target 2019/20 | 2018/19 | 2017/18 | 2016/17 | 2015/16 | 2014/15 |
|---|-------------------------------------|----------------------------|----------------------------|---------------------------|---------------------------|-----------------------------|
| Patient safety quality improvement targets | | | | | | |
| Take a zero tolerance approach to Never Events | 0 | 1 | 0 | 1 | 2 | 1 |
| Reduce the number of healthcare associated infections (MRSA bacteraemia) | 0 | 0 | 2 | 3 | 2 | 2 |
| Implementation & completion of NEWS2 | >90% | Not measured | Not measured | Not measured | Not measured | Not measured |
| Clinical effectiveness quality improvement targets | | | | | | |
| Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR) | <95 | 92.43 (Jan 18 - Dec 18) | 88.43 (Jan 17 - Dec 17) | 93.66 (Jan16 - Dec 16) | 95.15 (Jan 15 - Dec15) | 108.68 (Jan 14 - Dec 14) |
| Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI) | <100 | 101 (Jan 18 - Dec 18) | 101 (Dec 16 - Nov 17) | 102 (Dec 15 - Nov 16) | 105.7 (Oct 14 - Sep15) | 112.88 (Oct 13 - Sep 14) |
| 80% Deaths screened as part of structured judgement review (SJR)* (governor selection) | 80% | Not measured | Not measured | Not measured | Not measured | Not measured |
| Reduce the number of missed hospital appointments | 7% | 9% | 10.2% | Not measured | Not measured | Not measured |
| Patient experience quality improvement targets | | | | | | |
| Duty of Candour – Initial communication 1 st letter | >90% | 81.40% 70.50% | Not measured | Not measured | Not measured | Not measured |
| Demonstrate increased Patient Engagement activities in each Division | 100% of Divisions | 100% | 100% | Not measured | Not measured | Not measured |
| Reduce the number of complaints relating to staff attitude and behaviour | 5% reduction based on 2018/19 (102) | 107 | 108 (12.9% reduction) | 129 | 144 | 143 |

Comments on the 2018/19 Quality Account were received by:

Comment one: NHS Doncaster Clinical Commissioning Group

Doncaster Clinical Commissioning Group (CCG) is pleased to comment on Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts Annual Quality Account for 2018/19. The trust continues to work collaboratively with local partners as part of the Doncaster Place Plan. They approach the delivery of care jointly to ensure quality service provision is in line with local commissioning intentions for the patients of Doncaster.

During 2018/19 the trust has continued to work to build close relationships with partners across the South Yorkshire and Bassetlaw Integrated Care System. This work is enabling health and social care organisations across the South Yorkshire and Bassetlaw footprint share responsibility for managing resources, delivering NHS standards and improving the health of the population.

The Trust became a Teaching Hospital in 2017 and their commitment to training education and research is having a positive effect on the learners who are choosing our local trust to train in. The CCG are pleased to learn that the trust now train 25%+ of all medical students and 30% of all other healthcare professionals. This is a significant achievement for the area of Doncaster and its population. In addition, the Trust has been forward thinking and embraced local partnership working to a new level. Working with a local secondary school they have created the first 'Foundation School in Health'. This innovative approach has enabled increased involvement from health professionals in young people in education. This in turn should help shape the future face of their workforce.

The Trust has successfully completed an organisational re-structure to meet with their five year strategic direction and their Quality Improvement work has seen their six 'Care Groups' move into four 'Divisions':

- Medical Services
- Clinical Specialties
- Surgery and Cancer
- Children and Families

The Trust has been part of a national Quality Improvement (Qi) programme supported by NHS Improvement and the CCG are encouraged to see their first focus being on Trauma and Orthopedics and Maternity. This focus is on reducing unnecessary steps in patient pathways and resolving issues that staff working within these areas have identified. This will improve the flow of patients and activity levels which in turn will support improved patient satisfaction.

The Trust has continued to be challenged by the pressure on the urgent care system (as have most organisations on a national level) and this has been evident particularly within A&E targets. They have continued to work in a flexible way to meet the requirements of patients in Doncaster for both physical and mental healthcare needs. They have engaged in a range of transformational programmes to both reduce attendance and ensure that people are seen by the right service in and out of hospital. On a positive note ambulance handover times consistently are the best across the South Yorkshire and Bassetlaw footprint. Following on the positivity the Trust was the first in the country to meet their National staff flu vaccination targets ensuring there was a co-ordinated awareness rising and vaccination programme in place. They are now busy preparing for the next flu season in 2019/20.

3 Quality Accounts

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 which includes improving patient safety quality targets, clinical effectiveness targets and patient experience targets including 'Duty of Candour' improvements.

We commend the Trust on their continued focus on patient safety strategies particularly in relation to continued implementation and use of NEWS2 for the identification and treatment of sepsis.

We would like to take this opportunity to thank the Trust and all their staff for their dedication, continued focus and hard work during 2018/19 and we look forward to working with them collaboratively to both deliver further improvements in the quality of care and experience and to rise to the challenges of the coming year.

Andrew Russell

Chief Nurse

NHS Doncaster Clinical Commissioning Group



3 Quality Accounts

Comment two: 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.

Nicola Ryan

Deputy Chief Nurse

NHS Bassetlaw Clinical Commissioning Group



3 Quality Accounts

Comment three: Healthwatch Doncaster

Healthwatch Doncaster is pleased to provide comments and a response to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's (DBTH) 2018-19 Quality Accounts.

Over 2018-19 Healthwatch Doncaster has received 117 stories and pieces of feedback about the Trust through the Healthwatch Doncaster Feedback Centre and through Patient Opinion.

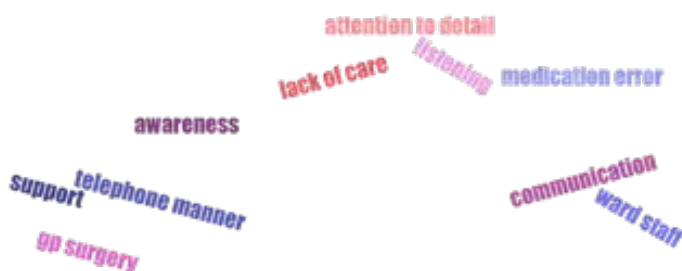
Word Clouds for stories shared about Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust:



What was good?



What could be improved?



3 Quality Accounts

Healthwatch Doncaster have been working closely with Doncaster and Bassetlaw Teaching Hospitals on a number of different projects throughout 2018-19:

Implementation of recommendations of Missed Hospital Appointments project that Healthwatch Doncaster carried out in 2017-18 – the recommendations from the report were fully supported by the Board and Directors of DBTH. The Missed Appointments Steering Group has overseen a number of projects to reduce Missed Appointments including the procurement of a new text messaging and patient appointment information system linked to patient letters, on-going work around developing a young person's charter and the development of a patient information video by students from Doncaster College.

The System Perfect project in November 2018 was a good example of how DBTH, Healthwatch Doncaster and other local partners came together to talk to local people about why they use Urgent and Emergency Services in Doncaster and to listen to views and experiences of using community-based services and support to avoid having to come in the ED or Urgent Care services.

100-day Improvement Challenge in Ophthalmology, Fibromyalgia and Spinal specialties – Healthwatch Doncaster supported the active engagement of patients and service users in new information and improvements in these speciality areas. There were a number of new resources developed that have been co-produced with local people.

Healthwatch Doncaster continue to be members of the DBTH's Patient Experience and Engagement Committee and recognise the value of continued close working relationships to ensure that local people's voices influence an improvement in the quality of hospital services and outcomes for patients.

Andrew D. Goodall

Chief Operating Officer

Healthwatch Doncaster

Comment four: Nottinghamshire Health Scrutiny Committee

The reporting body declined to comment on this report.

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 Report) 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 2018 to March 2019
 - Papers relating to Quality reported to the Board over the period April 2018 to March 2019;
 - Feedback from Doncaster Clinical Commissioning Group dated May 2019 and from Bassetlaw Clinical Commissioning Group dated May 2019
 - Feedback from Healthwatch Doncaster dated May 2019
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30 April 2019.
 - The latest national patient survey dated February 2019
 - The latest national staff survey dated February 2019
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019
- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Report 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
- 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.

3 Quality Accounts

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


By order of the Board,



Suzy Brain England OBE

Chair

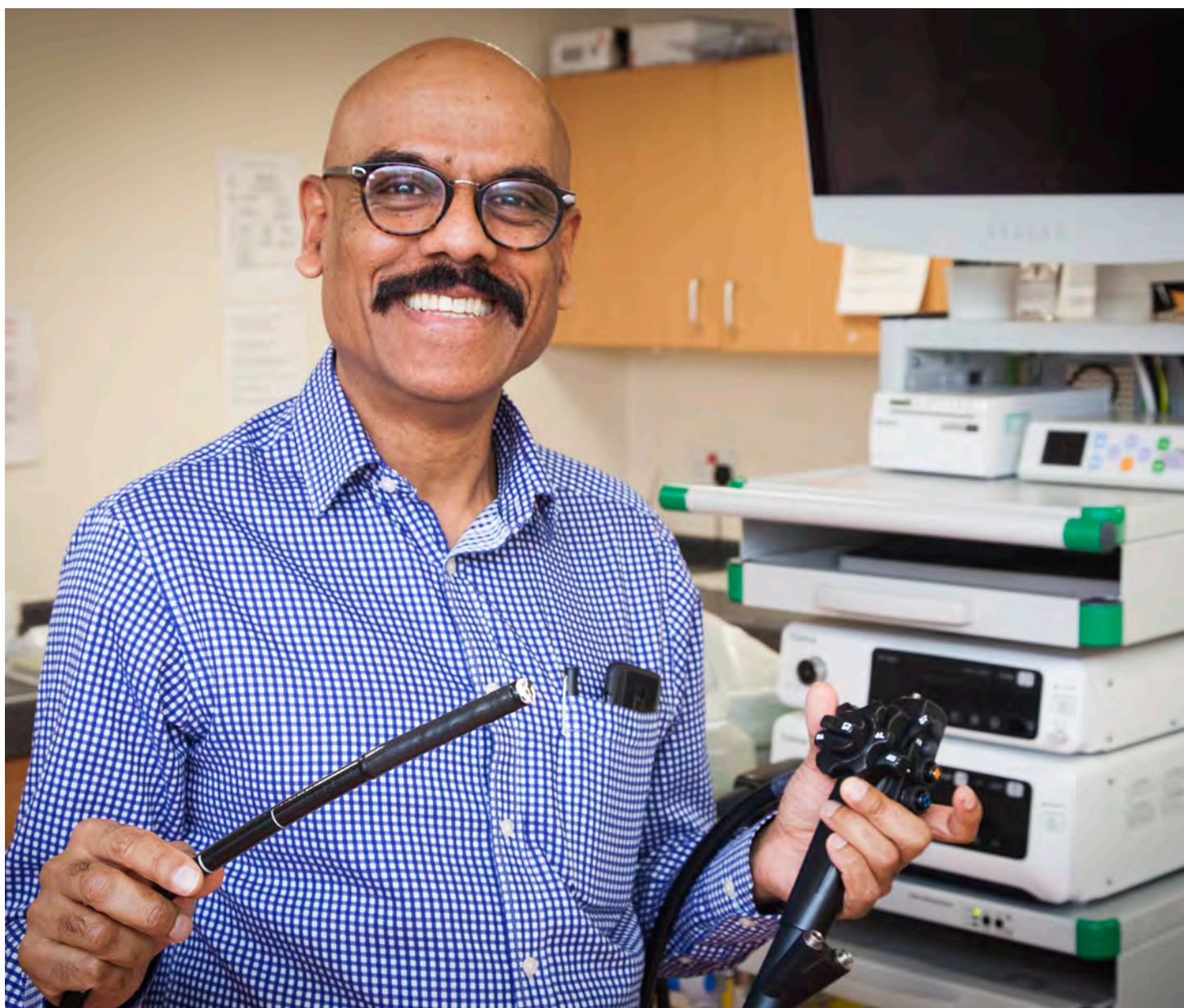
29 May 2019



Richard Parker OBE

Chief Executive

29 May 2019



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

Independent auditor's report to the council of governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on the quality report

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 2019 (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 03/05/2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 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 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- ▶ **Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.**
- ▶ **Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.**

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 2018/19' 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 2018/19', which is supported by NHS Improvement's Detailed Requirements for quality reports 2018/19;

3 Quality Accounts

- the quality report is not consistent in all material respects with the sources specified in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2018/19' 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 Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' 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 2018/19'. These are:

- Council of Governors / Board minutes for the period April 2018 to May 2019;
- Papers relating to quality, reported to the Council of Governors / Board for the period April 2018 to May 2019;
- Feedback from Commissioners dated May 2019;
- Feedback from Governors dated May 2019;
- Feedback from local Healthwatch organisations dated May 2019;
- Feedback from the Overview and Scrutiny Committee dated May 2019;
- The Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 published May 2019;
- Care Quality Commission inspection dated 10/07/2018;
- The latest national and local patient survey dated January 2019;
- The latest national and local staff survey dated January 2019; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019.

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 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 2019, 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.

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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 2018/19’ 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 2018/19’ 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 2019:

- 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 2018/19 and the Detailed requirements for quality reports 2018/19, published in December 2018, issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified, and
- 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 2018/19 and the Detailed requirements for quality reports 2018/19 published in December 2018, issued by NHS Improvement.

Ernst & Young
Birmingham
May 2019

Notes:

1. 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.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

4 Financial Review

Financial Review

Foreword to the accounts

These accounts for the year ended 31 March 2019 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 OBE

Chief Executive

29 May 2019



Statement of Comprehensive Income

| | Note | Group | | Trust | |
|---|------|----------------|--------------------|----------------|--------------------|
| | | 2018/19 | 2017/18 - restated | 2018/19 | 2017/18 - restated |
| | | £000 | £000 | £000 | £000 |
| Operating income from patient care activities | 3 | 350,865 | 335,060 | 350,865 | 335,060 |
| Other operating income | 4 | 62,860 | 51,952 | 62,580 | 51,323 |
| Operating expenses | 7 | (404,254) | (394,949) | (403,793) | (393,893) |
| Operating surplus/(deficit) from continuing operations | | 9,471 | (7,937) | 9,652 | (7,510) |
| Finance income | 12 | 424 | 49 | 131 | 49 |
| Finance expenses | 13 | (1,640) | (1,358) | (1,640) | (1,358) |
| PDC dividends payable | | (3,089) | (2,869) | (3,089) | (2,869) |
| Net finance costs | | (4,305) | (4,178) | (4,598) | (4,178) |
| Other gains / (losses) | 14 | 418 | (11) | 115 | (11) |
| Surplus / (deficit) for the year | | 5,584 | (12,126) | 5,169 | (11,699) |
| Other comprehensive income | | | | | |
| Will not be reclassified to income and expenditure: | | | | | |
| Impairments | 8 | (874) | - | (874) | - |
| Revaluations | 20 | - | 13,490 | - | 13,490 |
| Total comprehensive income / (expense) for the period | | 4,710 | 1,364 | 4,295 | 1,791 |
| Surplus/ (deficit) for the period attributable to: | | | | | |
| Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust | | 5,584 | (12,126) | 5,169 | (11,699) |
| TOTAL | | 5,584 | (12,126) | 5,169 | (11,699) |
| Total comprehensive income/ (expense) for the period attributable to: | | | | | |
| Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust | | 4,710 | 1,364 | 4,295 | 1,791 |
| TOTAL | | 4,710 | 1,364 | 4,295 | 1,791 |
| Reconciliation between reported position and Control Total performance | | | | | |
| Trust only surplus/(deficit) | | 5,169 | | | |
| Add back: I&E impairments | | 1,133 | | | |
| Add back: impact of charitable donation/depreciation | | 96 | | | |
| Less: Prior year adjustments | | (2,271) | | | |
| Adjusted financial performance surplus/(deficit) pre incentive PSF | | 4,127 | | | |
| Less: Incentive PSF income | | (10,719) | | | |
| Adjusted financial performance surplus/(deficit) post incentive PSF | | (6,592) | | | |
| Control Total | | (6,615) | | | |
| Favourable/(adverse) performance against Control Total | | 23 | | | |

4 Financial Review

Statement of Financial Position

| | Note | Group | | Trust | |
|--|------|--------------------------|--|--------------------------|--|
| | | 31 March 2019 £000 | 31 March 2018 - restated £000 | 31 March 2019 £000 | 31 March 2018 - restated £000 |
| Non-current assets | | | | | |
| Intangible assets | 17 | 6,939 | 6,792 | 6,939 | 6,792 |
| Property, plant and equipment | 18 | 197,054 | 198,424 | 197,054 | 198,424 |
| Other investments / financial assets | 22 | 8,388 | 8,025 | - | - |
| Receivables | 26 | 1,695 | 1,621 | 1,695 | 1,621 |
| Total non-current assets | | 214,076 | 214,862 | 205,688 | 206,837 |
| Current assets | | | | | |
| Inventories | 25 | 5,510 | 5,526 | 5,510 | 5,526 |
| Receivables | 26 | 36,342 | 32,376 | 36,334 | 31,899 |
| Non-current assets held for sale and assets in disposal groups | 28 | 343 | - | 343 | - |
| Cash and cash equivalents | 29 | 20,627 | 12,775 | 19,740 | 11,866 |
| Total current assets | | 62,822 | 50,677 | 61,927 | 49,291 |
| Current liabilities | | | | | |
| Trade and other payables | 30 | (40,970) | (42,541) | (40,911) | (41,939) |
| Borrowings | 32 | (52,682) | (10,214) | (52,682) | (10,214) |
| Provisions | 35 | (823) | (627) | (823) | (627) |
| Other liabilities | 31 | (2,178) | (2,054) | (2,178) | (2,054) |
| Total current liabilities | | (96,653) | (55,436) | (96,594) | (54,834) |
| Total assets less current liabilities | | 180,245 | 210,103 | 171,021 | 201,294 |
| Non-Current liabilities | | | | | |
| Borrowings | 32 | (42,265) | (79,157) | (42,265) | (79,157) |
| Provisions | 35 | (2,108) | (1,949) | (2,108) | (1,949) |
| Other liabilities | 31 | (307) | - | (307) | - |
| Total non-current liabilities | | (44,680) | (81,106) | (44,680) | (81,106) |
| Total assets employed | | 135,565 | 128,997 | 126,341 | 120,188 |
| Financed by | | | | | |
| Public dividend capital | | 132,019 | 130,161 | 132,019 | 130,161 |
| Revaluation reserve | | 45,327 | 46,584 | 45,327 | 46,584 |
| Income and expenditure reserve | | (51,005) | (56,557) | (51,005) | (56,557) |
| Charitable fund reserves | 24 | 9,224 | 8,809 | - | - |
| Total taxpayers' equity | | 135,565 | 128,997 | 126,341 | 120,188 |

The notes on pages 7 to 48 form part of these accounts.

Signed

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Date

23 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

| Group | Public dividend capital £000 | Revaluation reserve £000 | expenditure reserve £000 | Income and expenditure reserve £000 | Charitable fund reserves £000 | Total £000 |
|---|---------------------------------|-----------------------------|-----------------------------|---|-------------------------------------|----------------|
| Taxpayers' and others' equity at 1 April 2018 - brought forward - restated | 130,161 | 46,584 | | (56,557) | 8,809 | 128,997 |
| Impact of implementing IFRS 15 on 1 April 2018 | - | - | - | - | - | - |
| Impact of implementing IFRS 9 on 1 April 2018 | - | - | - | - | - | - |
| Surplus/(deficit) for the year | - | - | - | 4,938 | 646 | 5,584 |
| Impairments | - | (874) | - | - | - | (874) |
| Transfer to retained earnings on disposal of assets | - | (383) | - | 383 | - | - |
| Other reserve movements - charitable fund consolidation adjustment | - | - | - | 231 | (231) | - |
| Public dividend capital received | 1,858 | - | - | - | - | 1,858 |
| Taxpayers' and others' equity at 31 March 2019 | 132,019 | 45,327 | | (51,005) | 9,224 | 135,565 |

Statement of Changes in Equity for the year ended 31 March 2018 - restated

| Group | Public dividend capital £000 | Revaluation reserve £000 | expenditure reserve £000 | Income and expenditure reserve £000 | Charitable fund reserves £000 | Total £000 |
|--|---------------------------------|-----------------------------|-----------------------------|---|-------------------------------------|----------------|
| Taxpayers' and others' equity at 1 April 2017 - brought forward | 128,780 | 33,094 | | (43,033) | 9,236 | 128,077 |
| Prior period adjustment | - | - | - | (1,825) | - | (1,825) |
| Taxpayers' and others' equity at 1 April 2017 - restated | 128,780 | 33,094 | | (44,858) | 9,236 | 126,252 |
| Surplus/(deficit) for the year | - | - | - | (11,699) | (427) | (12,126) |
| Revaluations | - | 13,490 | - | - | - | 13,490 |
| Public dividend capital received | 1,381 | - | - | - | - | 1,381 |
| Taxpayers' and others' equity at 31 March 2018 | 130,161 | 46,584 | | (56,557) | 8,809 | 128,997 |

Statement of Changes in Equity for the year ended 31 March 2019

| Trust | Public dividend capital £000 | Revaluation reserve £000 | Income and expenditure reserve £000 | Total £000 |
|---|---------------------------------|-----------------------------|--|----------------|
| Taxpayers' and others' equity at 1 April 2018 - brought forward - restated | 130,161 | 46,584 | (56,557) | 120,188 |
| Impact of implementing IFRS 15 on 1 April 2018 | - | - | - | - |
| Impact of implementing IFRS 9 on 1 April 2018 | - | - | - | - |
| Surplus/(deficit) for the year | - | - | 4,938 | 4,938 |
| Other reserve movements - charitable fund consolidation adjustment | - | - | 231 | 231 |
| Impairments | - | (874) | - | (874) |
| Public dividend capital received | 1,858 | - | - | 1,858 |
| Transfer to retained earnings on disposal of assets | - | (383) | 383 | - |
| Taxpayers' and others' equity at 31 March 2019 | 132,019 | 45,327 | (51,005) | 126,341 |

Statement of Changes in Equity for the year ended 31 March 2018 - restated

| Trust | Public dividend capital £000 | Revaluation reserve £000 | Income and expenditure reserve £000 | Total £000 |
|--|---------------------------------|-----------------------------|--|----------------|
| Taxpayers' and others' equity at 1 April 2017 - brought forward | 128,780 | 33,094 | (43,033) | 118,841 |
| Prior period adjustment | - | - | (1,825) | (1,825) |
| Taxpayers' and others' equity at 1 April 2017 - restated | 128,780 | 33,094 | (44,858) | 117,016 |
| Surplus/(deficit) for the year | - | - | (11,699) | (11,699) |
| Revaluations | - | 13,490 | - | 13,490 |
| Public dividend capital received | 1,381 | - | - | 1,381 |
| Taxpayers' and others' equity at 31 March 2018 | 130,161 | 46,584 | (56,557) | 120,188 |

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential. If this is the case, a charge is made to the Statement of Comprehensive Income.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted.

Statement of Cash Flows

| | | Group | 2017/18 - restated |
|---|------|-----------------|-----------------------|
| | Note | 2018/19 £000 | £000 |
| Cash flows from operating activities | | | |
| Operating surplus / (deficit) | | 9,471 | (7,937) |
| Non-cash income and expense: | | | |
| Depreciation and amortisation | 7.1 | 9,644 | 9,272 |
| Net impairments | 8 | 1,133 | - |
| Income recognised in respect of capital donations | 4 | - | (257) |
| (Increase) / decrease in receivables and other assets | | (4,449) | (5,357) |
| (Increase) / decrease in inventories | | 16 | (942) |
| Increase / (decrease) in payables and other liabilities | | (1,462) | 15,019 |
| Increase / (decrease) in provisions | | 194 | (212) |
| Movements in charitable fund working capital | | (134) | (363) |
| Other movements in operating cash flows | | 5 | 600 |
| Net cash flows from / (used in) operating activities | | 14,418 | 9,823 |
| Cash flows from investing activities | | | |
| Interest received | | 131 | 49 |
| Purchase of intangible assets | | (1,294) | (1,125) |
| Purchase of PPE and investment property | | (8,471) | (5,685) |
| Sales of PPE and investment property | | 526 | 75 |
| | | (9,108) | (6,686) |
| Cash flows from financing activities | | | |
| Public dividend capital received | | 1,858 | 1,381 |
| Movement on loans from DHSC | | 5,290 | 9,201 |
| Interest on loans | | (1,453) | (1,358) |
| PDC dividend (paid) / refunded | | (3,153) | (2,773) |
| Net cash flows from / (used in) financing activities | | 2,542 | 6,451 |
| Increase / (decrease) in cash and cash equivalents | | 7,852 | 9,588 |
| Cash and cash equivalents at 1 April - brought forward | | 12,775 | 3,187 |
| Cash and cash equivalents at 31 March | 29 | 20,627 | 12,775 |

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. This is based on:

- Continuing support from local commissioners – the Trust currently has a contract in place to 31st March 2020.
- The Trust ended the year with a cash balance of £19,740k
- 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 Trust (along with Sheffield Teaching Hospital and Mid Yorkshire Hospital) will provide Hyper Acute Stroke Unit (HASU) facilities for stroke patients in the area, with HASU's in Rotherham and Barnsley being closed from 1 July and 1 October 2019 respectively. The Trust is in discussions with CCG's 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 surplus in 2018/19 and plans to achieve its control total for 2019/20. There are no licence conditions in place on the Trust from its regulatory body.

The lack of formal undertaking from NHSI with relation to the provision of additional liquidity creates a material uncertainty that casts significant doubt upon the Trust's ability to continue as a going concern in the event that NHSI and DHSC withdraw current levels of support in terms of Provider Sustainability Fund. However, all planning assumptions that the Trust operates under imply that this will be forthcoming. As a result of this, the financial statements do not contain the adjustments that would result if the Trust was unable to continue as a going concern.

Note 1.3 Consolidation

NHS Charitable Funds

The Trust is the corporate trustee to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that the collection of consideration is probable. Where contract challenges are expected to be upheld, the Trust reflects this in the transaction price and derecognised the relevant portion of income. The level of challenge is not generally material.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty. The level of penalties is generally not material.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability, but is generally not material.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Note 1.4.1 Revenue from contracts with customers (cont)

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income / Net Expenditure.

Note 1.7.3 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Note 1.7.4 Expenditure on other goods and services (cont.)

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.5 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.6 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.7 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

| | Min life Years | Max life Years |
|--------------------------------|-------------------|-------------------|
| Land | Not depreciated | |
| Buildings, excluding dwellings | 7 | 58 |
| Dwellings | 21 | 42 |
| Plant & machinery | 5 | 16 |
| Transport equipment | 5 | 8 |
| Information technology | 3 | 12 |
| Furniture & fittings | 6 | 16 |

The above lives take into account the revised RICS guidance, as described in Note 20.

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

| | Min life Years | Max life Years |
|-----------------------|-------------------|-------------------|
| All intangible assets | 1 | 5 |

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO₂ emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO₂ it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO₂ emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO₂ emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

Note 1.12 Financial assets and financial liabilities

Note 1.12.1 Recognition

Financial assets/liabilities are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets/liabilities are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Note 1.12.2 Classification and measurement

Financial assets/liabilities are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets/liabilities not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets/liabilities are classified into the following categories: financial assets/liabilities at amortised cost, financial assets/liabilities at fair value through other comprehensive income, and financial assets/liabilities at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets/liabilities, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets and financial liabilities at amortised cost

Financial assets/liabilities measured at amortised cost are those held within a business model whose objective is to hold financial assets/liabilities in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets/liabilities are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset/liabilities to the gross carrying amount of the financial asset.

Financial assets/liabilities measured at fair value through other comprehensive income

Financial assets/liabilities measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets/liabilities and where the cash flows are solely payments of principal and interest.

The Trust does not currently have any such financial assets/liabilities.

Financial assets and financial liabilities at fair value through profit and loss

Financial assets/liabilities measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets/liabilities acquired principally for the purpose of selling in the short term.

The Trust does not currently have any such financial assets/liabilities.

Note 1.12.2 Classification and measurement (cont.)

Impairment of financial assets

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Note 1.12.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12.4 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13.2 The Trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.29% (2017-18: positive 0.10%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 0.76% (2017-18: negative 2.42% in real terms) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 1.14% (2017-18: negative 1.85% in real terms) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

All 2018-19 percentages are expressed in nominal terms with 2017-18 being the last financial year that HM Treasury provided real general provision discount rates.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 35.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

A contingent liability is:

- a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or
- a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Note 1.16 Public dividend capital (PDC) and PDC Dividend

Public dividend capital is a type of public sector equity finance, which represents the Department of Health and Social Care's investment in the trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- donated assets (including lottery funded assets)
- average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility)
- any PDC dividend balance receivable or payable.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets. In accordance with the requirements laid down by the Department of Health and Social Care, the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. The PDC dividend calculation is based upon the Trust's group accounts (i.e. including subsidiaries), but excluding consolidated charitable funds.

Note 1.17 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Foreign exchange

The Trust's functional currency and presentational currency is pounds sterling, and figures are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction.

At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.

Exchange gains and losses on monetary items (arising on settlement of the transaction or on retranslation at the Statement of Financial Position date) are recognised in the Statement of Comprehensive Income in the period in which they arise.

Note 1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note X to the accounts.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks.

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

Income estimates

In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year.

Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at midnight on 31st March. The number of open spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current year.

Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However as cash is not received until future periods, when the claims have been settled, an estimation must be made as to the collectability.

Expense accruals

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted. This is done utilising data extracted from the Trust's accounts payable system, allied with professional judgement of the Trust's expenditure profile. The Trust is also required to account for the cost of annual leave carried forward, which is based on a statistically sound sample of staff.

Impairment of trade receivables

In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables based on professional judgement and the type of debts typically held by the Trust.

Provisions

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rate as stated in the case of provisions for injury benefit claims and early retirements. The level of this provision is also based on information provided by the Government Actuaries Department. Other provisions that may arise are employee related claims and legal claims, which are based on information received from the Trust's insurers and internally generated information.

Valuation of property, plant and equipment

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites. The application of valuation methodologies and external indices are covered in the accounting policies at note 1.5.

Asset lives applied to property, plant and equipment are provided by the Trust's externally appointed and professionally qualified valuers.

Note 1.22.1 Sources of estimation uncertainty

There are no key assumptions concerning the future, or other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The main area of estimation uncertainty within the Trust is the carrying value of the property portfolio and the assumptions used in the determination of fair value at the Statement of Financial Position date. However, the Trust commissioned a property revaluation exercise as at 31 March 2019, which significantly reduces the risk of material misstatement.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

The Trust Board, as the chief operating decision maker as defined by IFRS 8, consider that all of the Trust's activities fall under the single segment of 'Provision of Healthcare'. They consider that this is consistent with the core principle of IFRS 8 which is to enable users of the financial statements to evaluate the nature and financial effects of business activities and economic environments. No further segmental analysis is therefore required.

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Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

| Note 3.1 Income from patient care activities (by nature) | 2018/19 | 2017/18 |
|--|----------------|--------------------------|
| | £000 | restated £000 |
| Acute services | | |
| Elective income | 57,273 | 55,682 |
| Non elective income | 108,986 | 98,662 |
| First outpatient income | 22,975 | 22,714 |
| Follow up outpatient income | 25,390 | 22,885 |
| A & E income | 21,487 | 19,586 |
| High cost drugs income from commissioners (excluding pass-through costs) | 20,674 | 23,739 |
| Other NHS clinical income | 82,941 | 85,360 |
| Community services | | |
| Income from other sources (e.g. local authorities) | 3,488 | 3,484 |
| All services | | |
| Private patient income | 848 | 856 |
| Agenda for Change pay award central funding (from DHSC) | 4,348 | - |
| Other clinical income | 2,455 | 2,092 |
| Total income from activities | 350,865 | 335,060 |

Note 3.2 Income from patient care activities (by source)

| | 2018/19 | 2017/18 |
|---|----------------|----------------|
| | £000 | £000 |
| Income from patient care activities received from: | | |
| NHS England | 29,735 | 30,083 |
| Clinical commissioning groups | 310,002 | 298,546 |
| Department of Health and Social Care | 4,348 | - |
| NHS other | 34 | - |
| Local authorities | 3,488 | 3,484 |
| Non-NHS: private patients | 848 | 855 |
| Non-NHS: overseas patients (chargeable to patient) | 471 | 158 |
| Injury cost recovery scheme | 1,662 | 1,617 |
| Non NHS: other | 277 | 317 |
| Total income from activities | 350,865 | 335,060 |
| Of which: | | |
| Related to continuing operations | 350,865 | 335,060 |
| Related to discontinued operations | - | - |

4 Financial Review

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

| | 2018/19 | 2017/18 |
|--|---------|---------|
| | £000 | £000 |
| Income recognised this year | 471 | 158 |
| Cash payments received in-year | 56 | - |
| Amounts added to provision for impairment of receivables | 181 | - |
| Amounts written off in-year | - | - |

Note 4 Other operating income (Group)

| | 2018/19 | 2017/18 |
|---|---------------|---------------|
| | £000 | £000 |
| Other operating income from contracts with customers: | | |
| Research and development (contract) | 758 | 1,269 |
| Education and training (excluding notional apprenticeship levy income) | 11,382 | 10,903 |
| Non-patient care services to other bodies | 17,184 | 16,626 |
| Provider sustainability / sustainability and transformation fund income (PSF / STF) | 26,957 | 16,302 |
| Other contract income | 5,378 | 5,283 |
| Other non-contract operating income: | | |
| Receipt of capital grants and donations | - | 257 |
| Rental revenue from operating leases | 690 | 683 |
| Charitable fund incoming resources | 511 | 629 |
| Total other operating income | 62,860 | 51,952 |
| Of which: | | |
| Related to continuing operations | 62,860 | 51,952 |
| | - | - |

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

2018/19
£000

Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end

-

Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods

-

Note 5.2 Transaction price allocated to remaining performance obligations

31 March
2019
£000

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

within one year

-

after one year, not later than five years

-

after five years

-

Total revenue allocated to remaining performance obligations

-

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

| | 2018/19 | 2017/18 |
|--|----------------|------------------|
| | £000 | restated £000 |
| Income from services designated as commissioner requested services | 350,865 | 335,060 |
| Income from services not designated as commissioner requested services | 62,860 | 51,952 |
| Total | 413,725 | 387,012 |

Note 5.4 Profits and losses on disposal of property, plant and equipment

The Trust has not disposed of any land or buildings relating to services designated as commissioner requested services. Equipment that has been disposed of, has been disposed during the normal course of business.

Note 6 Fees and charges (Group)

The Group does not have any material fees or charges in either 2018/19 or 2017/18.

4 Financial Review

Note 7.1 Operating expenses (Group)

| | 2018/19 | 2017/18 - restated |
|---|----------------|-----------------------|
| | £000 | £000 |
| Purchase of healthcare from NHS and DHSC bodies | 4,940 | 5,874 |
| Purchase of healthcare from non-NHS and non-DHSC bodies | 8,258 | 9,399 |
| Staff and executive directors costs | 262,411 | 256,848 |
| Remuneration of non-executive directors | 132 | 133 |
| Supplies and services - clinical (excluding drugs costs) | 31,661 | 25,804 |
| Supplies and services - general | 6,232 | 6,434 |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 36,469 | 37,244 |
| Consultancy costs | 1,329 | 1,566 |
| Establishment | 2,259 | 2,707 |
| Premises | 15,828 | 14,281 |
| Transport (including patient travel) | 1,509 | 502 |
| Depreciation on property, plant and equipment | 8,497 | 8,485 |
| Amortisation on intangible assets | 1,147 | 787 |
| Net impairments | 1,133 | - |
| Movement in credit loss allowance: contract receivables / contract assets | (119) | - |
| Movement in credit loss allowance: all other receivables and investments | - | 365 |
| Increase/(decrease) in other provisions | 480 | - |
| Change in provisions discount rate(s) | 24 | - |
| Audit fees payable to the external auditor | | |
| audit services- statutory audit | 72 | 92 |
| other auditor remuneration (external auditor only) | 19 | 16 |
| Internal audit costs | 92 | 92 |
| Clinical negligence | 16,628 | 18,094 |
| Legal fees | 322 | 424 |
| Insurance | 284 | 284 |
| Research and development | 358 | 311 |
| Education and training | 2,866 | 2,791 |
| Rentals under operating leases | 498 | 736 |
| Redundancy | - | 13 |
| Car parking & security | 459 | 468 |
| Losses, ex gratia & special payments | 5 | 4 |
| Other NHS charitable fund resources expended | 461 | 1,056 |
| Other | - | 139 |
| Total | 404,254 | 394,949 |
| Of which: | | |
| Related to continuing operations | 404,254 | 394,949 |
| Related to discontinued operations | - | - |

Note 7.2 Other auditor remuneration (Group)

| | 2018/19 £000 | 2017/18 £000 |
|---|-----------------|-----------------|
| Other auditor remuneration paid to the external auditor: | | |
| 1. Audit of accounts of any associate of the Trust | - | - |
| 2. Audit-related assurance services | 19 | 16 |
| 3. Taxation compliance services | - | - |
| 4. All taxation advisory services not falling within item 3 above | - | - |
| 5. Internal audit services | - | - |
| 6. All assurance services not falling within items 1 to 5 | - | - |
| 7. Corporate finance transaction services not falling within items 1 to 6 above | - | - |
| 8. Other non-audit services not falling within items 2 to 7 above | - | - |
| Total | 19 | 16 |

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k (2017/18: £2,000k).

Note 8 Impairment of assets (Group)

| | 2018/19 £000 | 2017/18 £000 |
|---|-----------------|-----------------|
| Net impairments charged to operating surplus / deficit resulting from: | | |
| Changes in market price | 1,133 | - |
| Total net impairments charged to operating surplus / deficit | 1,133 | - |
| Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve | 874 | - |
| Total net impairments | 2,007 | - |

The impairment in 2018/19 arose due to a revaluation exercise on certain buildings under the modern equivalent asset basis.

Note 9 Employee benefits (Group)

| | 2018/19 Total £000 | 2017/18 restated Total £000 |
|--|--------------------------|--------------------------------------|
| Salaries and wages | 200,768 | 195,900 |
| Social security costs | 20,182 | 18,168 |
| Apprenticeship levy | 995 | 967 |
| Employer's contributions to NHS pensions | 23,038 | 22,401 |
| Pension cost - other | 69 | 18 |
| Termination benefits | - | - |
| Temporary staff (including agency) | 20,046 | 21,857 |
| Total gross staff costs | 265,098 | 259,311 |
| Recoveries in respect of seconded staff | - | - |
| Total staff costs | 265,098 | 259,311 |
| Of which | | |
| Costs capitalised as part of assets | 205 | 136 |
| Disclosed within: | | |
| Staff and executive directors costs | 262,411 | 256,848 |
| Research and development | 358 | 311 |
| Education and training | 2,124 | 2,003 |
| Redundancy | - | 13 |
| | 264,893 | 259,175 |

Note 9.1 Retirements due to ill-health (Group)

During 2018/19 there were no early retirements from the Trust agreed on the grounds of ill-health (none in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £nilk (£nilk in 2017/18). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

There are no director long term incentive schemes, other pension benefits, guarantees or advances.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) Alternative pension schemes

As a result of "automatic enrolment", the Trust has taken steps to ensure those members of staff who are not eligible for the NHS Pension Scheme, are enrolled into a pension scheme. The Trust treats such pension arrangements as a defined contribution pension and as such, no actuarial assumptions are required to measure the obligation or the expense and there is not possibility of any actuarial gain or loss.

Note 11 Operating leases (Group)

Note 11.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust is the lessor.

The Trust has a number of leasing arrangements for the use of land and buildings, mainly with other NHS organisations. The only significant leasing arrangement not with another NHS organisation is with Parkhill Hospital at Doncaster Royal Infirmary.

| | 2018/19 £000 | 2017/18 £000 |
|--|-----------------------------------|-----------------------------------|
| Operating lease revenue | | |
| Minimum lease receipts | 690 | 683 |
| Contingent rent | - | - |
| Other | - | - |
| Total | 690 | 683 |
| | 31 March 2019 £000 | 31 March 2018 £000 |
| Future minimum lease receipts due: | | |
| - not later than one year; | 344 | 346 |
| - later than one year and not later than five years; | 72 | 417 |
| - later than five years. | - | - |
| Total | 416 | 763 |

Note 11.2 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust is the lessee.

| | 2018/19 £000 | 2017/18 £000 |
|--|-----------------------------------|-----------------------------------|
| Operating lease expense | | |
| Minimum lease payments | 498 | 736 |
| Total | 498 | 736 |
| | 31 March 2019 £000 | 31 March 2018 £000 |
| Future minimum lease payments due: | | |
| - not later than one year; | 513 | 550 |
| - later than one year and not later than five years; | 292 | 1,063 |
| - later than five years. | - | - |
| Total | 805 | 1,613 |
| Future minimum sublease payments to be received | - | - |

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Note 12 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

| | 2018/19 £000 | 2017/18 £000 |
|---------------------------------------|-----------------|-----------------|
| Interest on bank accounts | 131 | 49 |
| NHS charitable fund investment income | 293 | - |
| Total finance income | 424 | 49 |

Note 13.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

| | 2018/19 £000 | 2017/18 £000 |
|---|-----------------|-----------------|
| Interest expense: | | |
| Loans from the Department of Health and Social Care | 1,479 | 1,358 |
| Total interest expense | 1,479 | 1,358 |

| | | |
|-------------------------------------|--------------|--------------|
| Unwinding of discount on provisions | 161 | - |
| Total finance costs | 1,640 | 1,358 |

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

| | 2018/19 £000 | 2017/18 £000 |
|--|-----------------|-----------------|
| Total liability accruing in year under this legislation as a result of late payments | - | - |
| Amounts included within interest payable arising from claims made under this legislation | - | - |
| | - | - |

Note 14 Other gains / (losses) (Group)

| | 2018/19 £000 | 2017/18 £000 |
|---|-----------------|-----------------|
| Gains on disposal of assets | 115 | - |
| Losses on disposal of assets | - | (11) |
| Gains / losses on disposal of charitable fund assets | 142 | - |
| Gains / losses on charitable fund investment revaluations | 161 | - |
| Total gains / (losses) on disposal of assets | 418 | (11) |
| Total other gains / (losses) | 418 | (11) |

Note 15 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus/(deficit) for the period was £5,169k (2017/18: (£11,699k)). The Trust's total comprehensive income/(expense) for the period was £4,295k (2017/18: £1,791k).

Note 16 Discontinued operations (Group)

The Trust does not have any operations that are classified as discontinued in the year ended 31st March 2019.

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Note 17.1 Intangible assets - 2018/19

| Group and Trust | Software licences £000 | Other (purchased) £000 | Total £000 |
|--|------------------------------|------------------------------|---------------|
| Valuation / gross cost at 1 April 2018 - brought forward | 13,501 | 27 | 13,528 |
| Additions | 1,294 | - | 1,294 |
| Valuation / gross cost at 31 March 2019 | 14,795 | 27 | 14,822 |
| Amortisation at 1 April 2018 - brought forward | 6,736 | - | 6,736 |
| Provided during the year | 1,147 | - | 1,147 |
| Amortisation at 31 March 2019 | 7,883 | - | 7,883 |
| Net book value at 31 March 2019 | 6,912 | 27 | 6,939 |
| Net book value at 1 April 2018 | 6,765 | 27 | 6,792 |

Note 17.2 Intangible assets - 2017/18

| Group and Trust | Software licences £000 | Other (purchased) £000 | Total £000 |
|---|------------------------------|------------------------------|---------------|
| Valuation / gross cost at 1 April 2017 | 12,376 | 27 | 12,403 |
| Additions | 1,125 | - | 1,125 |
| Valuation / gross cost at 31 March 2018 | 13,501 | 27 | 13,528 |
| Amortisation at 1 April 2017 | 5,949 | - | 5,949 |
| Provided during the year | 787 | - | 787 |
| Amortisation at 31 March 2018 | 6,736 | - | 6,736 |
| Net book value at 31 March 2018 | 6,765 | 27 | 6,792 |
| Net book value at 1 April 2017 | 6,427 | 27 | 6,454 |

Note 18.1 Property, plant and equipment - 2018/19

| Group and Trust | Land £000 | Buildings excluding dwellings £000 | Dwellings £000 | Plant & machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|--|--------------|--|-------------------|------------------------------|--------------------------------|-----------------------------------|---------------------------------|----------------|
| Valuation/gross cost at 1 April 2018 - brought forward | 8,425 | 172,394 | 3,490 | 52,855 | 415 | 23,621 | 6,510 | 267,710 |
| Additions | - | 6,430 | - | 2,346 | - | 1,055 | 57 | 9,888 |
| Transfers to / from assets held for sale | (105) | (245) | - | - | - | - | - | (350) |
| Impairments charged to operating expenses | - | (1,133) | - | - | - | - | - | (1,133) |
| Impairments charged to revaluation reserve | - | (874) | - | - | - | - | - | (874) |
| Other revaluations | - | (2,541) | - | - | - | - | - | (2,541) |
| Disposals / derecognition | (150) | - | (250) | - | - | - | (60) | (460) |
| Valuation/gross cost at 31 March 2019 | 8,170 | 174,031 | 3,240 | 55,201 | 415 | 24,676 | 6,507 | 272,240 |
| Accumulated depreciation at 1 April 2018 - brought forward - restated | - | - | 182 | 42,285 | 332 | 21,288 | 5,199 | 69,286 |
| Provided during the year | - | 3,528 | 95 | 2,499 | - | 1,850 | 525 | 8,497 |
| Transfers to / from assets held for sale | - | (7) | - | - | - | - | - | (7) |
| Other revaluations | - | (2,541) | - | - | - | - | - | (2,541) |
| Disposals / derecognition | - | - | (1) | - | - | - | (48) | (49) |
| Accumulated depreciation at 31 March 2019 | - | 980 | 276 | 44,784 | 332 | 23,138 | 5,676 | 75,186 |
| Net book value at 31 March 2019 | 8,170 | 173,051 | 2,964 | 10,417 | 83 | 1,538 | 831 | 197,054 |
| Net book value at 1 April 2018 restated | 8,425 | 172,394 | 3,308 | 10,570 | 83 | 2,333 | 1,311 | 198,424 |

Note 18.2 Property, plant and equipment - 2017/18 - restated

| Group and Trust | Land £000 | Buildings excluding dwellings £000 | Dwellings £000 | Plant & machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|--|--------------|--|-------------------|------------------------------|--------------------------------|-----------------------------------|---------------------------------|----------------|
| Valuation / gross cost at 1 April 2017 - restated | 8,035 | 178,919 | 3,490 | 51,325 | 410 | 22,700 | 6,449 | 271,328 |
| Additions | - | 3,895 | - | 1,530 | - | 921 | 66 | 6,412 |
| Revaluations | 390 | (10,420) | 89 | - | - | - | - | (9,941) |
| Reclassifications | - | - | - | - | 5 | - | (5) | - |
| Disposals / derecognition | - | - | (89) | - | - | - | - | (89) |
| Valuation/gross cost at 31 March 2018 | 8,425 | 172,394 | 3,490 | 52,855 | 415 | 23,621 | 6,510 | 267,710 |
| Accumulated depreciation at 1 April 2017 - as previously stated | - | 20,311 | 92 | 39,561 | 332 | 17,476 | 4,635 | 82,407 |
| Prior period adjustments | - | - | - | - | - | 1,825 | - | 1,825 |
| Accumulated depreciation at 1 April 2017 - restated | - | 20,311 | 92 | 39,561 | 332 | 19,301 | 4,635 | 84,232 |
| Provided during the year | - | 3,120 | 90 | 2,724 | - | 1,987 | 564 | 8,485 |
| Revaluations | - | (23,431) | - | - | - | - | - | (23,431) |
| Accumulated depreciation at 31 March 2018 | - | - | 182 | 42,285 | 332 | 21,288 | 5,199 | 69,286 |
| Net book value at 31 March 2018 | 8,425 | 172,394 | 3,308 | 10,570 | 83 | 2,333 | 1,311 | 198,424 |
| Net book value at 1 April 2017 | 8,035 | 158,608 | 3,398 | 11,764 | 78 | 3,399 | 1,814 | 187,096 |

Note 18.3 Property, plant and equipment financing - 2018/19

| Group and Trust | Land £000 | Buildings excluding dwellings £000 | Dwellings £000 | Plant & machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|--|--------------|--|-------------------|------------------------------|--------------------------------|-----------------------------------|---------------------------------|----------------|
| Net book value at 31 March 2019 | | | | | | | | |
| Owned - purchased | 8,170 | 172,480 | 2,964 | 9,636 | 83 | 1,510 | 831 | 195,674 |
| Owned - government granted | - | - | - | - | - | - | - | - |
| Owned - donated | - | 571 | - | 781 | - | 28 | - | 1,380 |
| NBV total at 31 March 2019 | 8,170 | 173,051 | 2,964 | 10,417 | 83 | 1,538 | 831 | 197,054 |

Note 18.4 Property, plant and equipment financing - 2017/18 - restated

| Group and Trust | Land £000 | Buildings excluding dwellings £000 | Dwellings £000 | Plant & machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|--|--------------|--|-------------------|------------------------------|--------------------------------|-----------------------------------|---------------------------------|----------------|
| Net book value at 31 March 2018 | | | | | | | | |
| Owned - purchased | 8,425 | 171,823 | 3,308 | 9,575 | 83 | 2,288 | 1,311 | 196,813 |
| Owned - government granted | - | - | - | 25 | - | - | - | 25 |
| Owned - donated | - | 571 | - | 970 | - | 45 | - | 1,586 |
| NBV total at 31 March 2018 | 8,425 | 172,394 | 3,308 | 10,570 | 83 | 2,333 | 1,311 | 198,424 |

Note 19 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £231k from its charitable subsidiary, Doncaster & Bassetlaw Teaching Hospitals Foundation Trust Charitable Fund.

These donated assets relate to medical equipment, as well as building work and relates to items which are over and above usual NHS provision.

Note 20 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 to ensure that property is stated at fair value. The default frequency of these valuations is currently every five years, in accordance with the FT ARM. However, interim valuations are also carried out as deemed appropriate by the Trust. Valuations are performed by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisals and Valuation Manual. The Trust commissioned a full valuation of its land and buildings as at 31 March 2015, which was undertaken by Cushman & Wakefield.

In both 2017/18 and 2018/19, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings. This has had a slight downward impact on the residual value of the assets in 2018/19, of £2,007k which can be seen in the Statement of Comprehensive Income. This is as a result of the underlying land and property prices in the region.

In January 2019, the Royal Institute of Chartered Surveyors released additional guidance with regards to the calculation of the useful economic lives for property. The impact of this guidance is reflected within the useful lives sub-note within the accounts, and will be reflected in the 2019/20 financial position.

Note 21 Investment Property

The Foundation Trust does not hold any Land, Buildings or Dwellings on an Investment only basis.

Note 22 Other investments / financial assets (non-current)

| | Group | | Trust | |
|---|--------------|--------------|---------|---------|
| | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| | £000 | £000 | £000 | £000 |
| Carrying value at 1 April | 8,025 | 8,016 | - | - |
| Acquisitions in year | 607 | 681 | - | - |
| Movement in fair value through income and expenditure | 161 | - | - | - |
| Disposals | (405) | (672) | - | - |
| Carrying value at 31 March | 8,388 | 8,025 | - | - |

Note 22.1 Other investments / financial assets (current)

The Foundation Trust does not hold either other investments or financial assets (current).

Note 23 Disclosure of interests in other entities

The Trust does not hold any interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

Note 24 Analysis of charitable fund reserves

The Foundation Trust is the Corporate Trustee of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Charitable Fund (registered charity number 1057917). The object is for funds to be used "for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust".

| | 31 March 2019 £000 | 31 March 2018 £000 |
|-------------------------------|--------------------------|--------------------------|
| Unrestricted funds: | | |
| Unrestricted income funds | 2,237 | 2,906 |
| Restricted funds: | | |
| Other restricted income funds | 6,987 | 5,903 |
| | 9,224 | 8,809 |

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the Trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 25 Inventories

| | Group | | Trust | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2019 £000 | 31 March 2018 £000 | 31 March 2019 £000 | 31 March 2018 £000 |
| Drugs | 2,136 | 2,211 | 2,136 | 2,211 |
| Consumables | 3,351 | 3,250 | 3,351 | 3,250 |
| Energy | 23 | 19 | 23 | 19 |
| Other | - | 46 | - | 46 |
| Total inventories | 5,510 | 5,526 | 5,510 | 5,526 |
| of which: | | | | |
| Held at fair value less costs to sell | - | - | - | - |

Inventories recognised in expenses for the year were £46,643k (2017/18: £44,341k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 26.1 Receivables

| | Group | | Trust | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2019 £000 | 31 March 2018 £000 | 31 March 2019 £000 | 31 March 2018 £000 |
| Current | | | | |
| Contract receivables* | 34,264 | - | 34,264 | - |
| Trade receivables* | - | 13,833 | - | 13,833 |
| Accrued income* | - | 15,692 | - | 15,692 |
| Allowance for impaired contract receivables / assets* | (1,367) | - | (1,367) | - |
| Allowance for other impaired receivables | - | (642) | - | (642) |
| Prepayments (non-PFI) | 2,085 | 2,114 | 2,085 | 2,114 |
| VAT receivable | 1,292 | 902 | 1,292 | 902 |
| NHS charitable funds: trade and other receivables | 68 | 477 | - | - |
| Total current receivables | 36,342 | 32,376 | 36,274 | 31,899 |
| Non-current | | | | |
| Trade receivables* | - | 3,219 | - | 3,219 |
| Contract receivables* | 2,170 | - | 2,170 | - |
| Allowance for impaired contract receivables / assets* | (475) | - | (475) | - |
| Allowance for other impaired receivables | - | (1,598) | - | (1,598) |
| Total non-current receivables | 1,695 | 1,621 | 1,695 | 1,621 |
| Of which receivable from NHS and DHSC group bodies: | | | | |
| Current | 30,337 | 22,079 | 30,337 | 22,079 |
| Non-current | - | - | - | - |

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

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Note 26.2 Allowances for credit losses - 2018/19

| | Group | | Trust | |
|---|--|-----------------------|--|-----------------------|
| | Contract receivables and contract assets | All other receivables | Contract receivables and contract assets | All other receivables |
| | £000 | £000 | £000 | £000 |
| Allowances as at 1 Apr 2018 - brought forward | - | 2,240 | - | 2,240 |
| Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018 | 2,240 | (2,240) | 2,240 | (2,240) |
| Reversals of allowances | (119) | - | (119) | - |
| Utilisation of allowances (write offs) | (279) | - | (279) | - |
| Allowances as at 31 Mar 2019 | 1,842 | - | 1,842 | - |

The above note differs to the format of the prior year comparative shown in Note 26.2, due to the adoption of IFRS 9 in 2018/19.

Note 26.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

| | Group All receivables £000 | Trust All receivables £000 |
|---|-------------------------------------|-------------------------------------|
| Allowances as at 1 Apr 2017 - as previously stated | 1,875 | 1,875 |
| Increase in provision | 365 | 365 |
| Allowances as at 31 Mar 2018 | 2,240 | 2,240 |

Note 26.4 Credit quality of financial assets

| | Group | | Trust | |
|--|--------------|------------------|--------------|------------------|
| | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| | £000 | restated £000 | £000 | restated £000 |
| Ageing of impaired financial assets | | | | |
| 0 - 30 days | 27 | 129 | 27 | 129 |
| 30 - 60 days | 27 | 17 | 27 | 17 |
| 60 - 90 days | 4 | 4 | 4 | 4 |
| 90 - 180 days | 58 | 219 | 58 | 219 |
| Over 180 days | 1,726 | 1,871 | 1,726 | 1,871 |
| | <u>1,842</u> | <u>2,240</u> | <u>1,842</u> | <u>2,240</u> |

Ageing of non-impaired financial assets past their due date

| | | | | |
|---------------|--------------|--------------|--------------|--------------|
| 0 - 30 days | 150 | 703 | 150 | 703 |
| 30 - 60 days | 495 | 622 | 495 | 622 |
| 60 - 90 days | 303 | 470 | 303 | 470 |
| 90 - 180 days | 642 | 1,807 | 642 | 1,807 |
| Over 180 days | 3,975 | 2,103 | 3,975 | 2,103 |
| | <u>5,565</u> | <u>5,705</u> | <u>5,565</u> | <u>5,705</u> |

The Trust believes that the level of impairment of financial assets is appropriate given the credit quality of the assets involved, particularly given trading conditions in the sector.

Note 27 Other assets

The Trust does not have any receivables classified as other assets.

Note 28 Non-current assets held for sale and assets in disposal groups

| | Group | | Trust | |
|---|------------|----------|------------|----------|
| | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| | £000 | £000 | £000 | £000 |
| NBV of non-current assets for sale and assets in disposal groups at 1 April | - | - | - | - |
| Assets classified as available for sale in the year | 343 | - | 343 | - |
| NBV of non-current assets for sale and assets in disposal groups at 31 March | <u>343</u> | <u>-</u> | <u>343</u> | <u>-</u> |

The Trust has advertised a building (Chequer Road) in Doncaster for sale. This prospective sale is to assist with the redesign of clinical services offered by the Trust. There is not yet an expected date of disposal.

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Note 28.1 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 29.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

| | Group | | Trust | |
|--|---------------|---------------|---------------|---------------|
| | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| | £000 | £000 | £000 | £000 |
| At 1 April | 12,775 | 3,187 | 11,866 | 2,396 |
| Net change in year | 7,852 | 9,588 | 7,874 | 9,470 |
| At 31 March | 20,627 | 12,775 | 19,740 | 11,866 |
| Broken down into: | | | | |
| Cash at commercial banks and in hand | 977 | 1,280 | 90 | 371 |
| Cash with the Government Banking Service | 19,650 | 11,495 | 19,650 | 11,495 |
| Total cash and cash equivalents as in SoFP and SOCF | 20,627 | 12,775 | 19,740 | 11,866 |

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

| | Group and Trust | |
|---------------------------------|-----------------|---------------|
| | 31 March 2019 | 31 March 2018 |
| | £000 | £000 |
| Bank balances | - | - |
| Monies on deposit | 2 | - |
| Total third party assets | 2 | - |

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Note 30.1 Trade and other payables

| | Group | | Trust | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2019 £000 | 31 March 2018 £000 | 31 March 2019 £000 | 31 March 2018 £000 |
| Current | | | | |
| Trade payables | 7,976 | 10,417 | 7,976 | 10,417 |
| Capital payables | 2,681 | 1,495 | 2,681 | 1,495 |
| Accruals | 20,582 | 19,619 | 20,582 | 19,619 |
| Social security costs | 5,235 | 5,125 | 5,235 | 5,125 |
| PDC dividend payable | 82 | 146 | 82 | 146 |
| Accrued interest on loans* | - | 257 | - | 257 |
| Other payables | 4,355 | 4,880 | 4,355 | 4,880 |
| NHS charitable funds: trade and other payables | 59 | 602 | - | - |
| Total current trade and other payables | 40,970 | 42,541 | 40,911 | 41,939 |

Of which payables from NHS and DHSC group bodies:

| | | | | |
|-------------|-------|-------|-------|-------|
| Current | 5,747 | 6,362 | 5,747 | 6,362 |
| Non-current | - | - | - | - |

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 32. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 30.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

| | 31 March 2019 £000 | 31 March 2019 Number | 31 March 2018 £000 | 31 March 2018 Number |
|---|--------------------------|----------------------------|--------------------------|----------------------------|
| - to buy out the liability for early retirements over 5 years | - | | - | |
| - number of cases involved | | - | | - |

Note 31 Other liabilities

| | Group | | Trust | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2019 £000 | 31 March 2018 £000 | 31 March 2019 £000 | 31 March 2018 £000 |
| Current | | | | |
| Deferred income: contract liabilities | 2,178 | 2,054 | 2,178 | 2,054 |
| Total other current liabilities | 2,178 | 2,054 | 2,178 | 2,054 |
| Deferred income: contract liabilities | 307 | - | 307 | - |
| Total other non-current liabilities | 307 | - | 307 | - |

Note 32 Borrowings

| | Group | | Trust | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2019 £000 | 31 March 2018 £000 | 31 March 2019 £000 | 31 March 2018 £000 |
| Current | | | | |
| Loans from DHSC | 52,682 | 10,214 | 52,682 | 10,214 |
| Total current borrowings | 52,682 | 10,214 | 52,682 | 10,214 |
| Non-current | | | | |
| Loans from DHSC | 42,265 | 79,157 | 42,265 | 79,157 |
| Total non-current borrowings | 42,265 | 79,157 | 42,265 | 79,157 |

Note 32.1 Reconciliation of liabilities arising from financing activities

| Group and Trust | Loans from DHSC £000 | Other loans £000 | Finance leases £000 | Total £000 |
|---|----------------------------|---------------------|---------------------------|---------------|
| Carrying value at 1 April 2018 | 89,371 | - | - | 89,371 |
| Cash movements: | | | | - |
| Financing cash flows - payments and receipts of principal | 5,290 | - | - | 5,290 |
| Financing cash flows - payments of interest | (1,453) | - | - | (1,453) |
| Non-cash movements: | | | | - |
| Impact of implementing IFRS 9 on 1 April 2018 | 257 | - | - | 257 |
| Application of effective interest rate | 1,479 | - | - | 1,479 |
| Other changes | 3 | - | - | 3 |
| Carrying value at 31 March 2019 | 94,947 | - | - | 94,947 |

Note 33 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 34 Finance leases

Note 34.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor

The Trust does not have any finance lease receivables as a lessor.

Note 34.2 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessee

The Trust does not have any finance lease receivables as a lessee. Certain items of equipment and machinery are leased via operating leases which are disclosed within note 11.

Note 35.1 Provisions for liabilities and charges analysis - Group and Trust

| Group & Trust | Pensions: early departure costs £000 | Pensions: injury benefits* £000 | Legal claims £000 | Redundancy £000 | Other £000 | Total £000 |
|--|---|------------------------------------|----------------------|--------------------|---------------|---------------|
| At 1 April 2018 - restated | 741 | 1,443 | 270 | 105 | 17 | 2,576 |
| Change in the discount rate | 15 | 9 | - | - | - | 24 |
| Arising during the year | 396 | 35 | 323 | 72 | - | 826 |
| Utilised during the year | (60) | (355) | (65) | (79) | (1) | (560) |
| Reversed unused | - | - | (54) | (26) | (16) | (96) |
| Unwinding of discount | 63 | 98 | - | - | - | 161 |
| At 31 March 2019 | 1,155 | 1,230 | 474 | 72 | - | 2,931 |
| Expected timing of cash flows: | | | | | | |
| - not later than one year; | 100 | 177 | 474 | 72 | - | 823 |
| - later than one year and not later than five years; | 319 | 554 | - | - | - | 873 |
| - later than five years. | 736 | 499 | - | - | - | 1,235 |
| Total | 1,155 | 1,230 | 474 | 72 | - | 2,931 |

The provision for legal claims is in respect of employer's liability and public liability cases made against the Trust. This figure is based on information provided by the NHS Resolution which at present represents the Trust's best assessment of the likely future costs associated with processing the claims. The eventual settlement costs and legal expenses may be higher or lower than that provided.

Pensions: early departure costs (2018/19: £1,155k, 2017/18: £741k) and Pensions: injury benefits (2018/19: £1,230k, 2017/18: £1,443k) is calculated based on information provided by the NHS Business Services Authority - Pensions Division. There are uncertainties surrounding these provisions as the amounts incorporate assumptions made concerning the life expectancy of the individuals.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

Note 35.2 Clinical negligence liabilities

At 31 March 2019, £225,091k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (31 March 2018: £173,200k).

Note 36 Contingent assets and liabilities

| | Group | | Trust | |
|---|--------------------------|--------------------------------------|--------------------------|--------------------------------------|
| | 31 March 2019 £000 | 31 March 2018 restated £000 | 31 March 2019 £000 | 31 March 2018 restated £000 |
| Value of contingent liabilities | | | | |
| Employment Tribunal and other employee based litigation | 71 | - | 71 | - |
| NHS Resolution legal claims | 139 | 119 | 139 | 119 |
| Gross value of contingent liabilities | 210 | 119 | 210 | 119 |
| Amounts recoverable against liabilities | - | - | - | - |
| Net value of contingent liabilities | 210 | 119 | 210 | 119 |
| Net value of contingent assets | - | - | - | - |

The contingent liabilities relate to personal litigation claims above the amount included in provisions up to the maximum excess amount for which the Trust is liable.

Note 37 Contractual capital commitments

| | Group | | Trust | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2019 £000 | 31 March 2018 £000 | 31 March 2019 £000 | 31 March 2018 £000 |
| Property, plant and equipment | 2,782 | 823 | 2,782 | 823 |
| Intangible assets | 1,304 | 140 | 1,304 | 140 |
| Total | 4,086 | 963 | 4,086 | 963 |

Note 38 Other financial commitments

The group / Trust does not have any commitments to make payments under non-cancellable contracts.

Note 39 Defined benefit pension schemes

The Trust does not operate any material defined pension schemes other than the statutory NHS Pension Scheme.

Note 40 Financial instruments

Note 40.1 Financial risk management

International Financial Reporting Standard 7 ("IFRS 7") requires disclosure of the role that financial instruments have had during the period in creating and changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCG's) and the way those CCG's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating and changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

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Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Credit risk is the risk of financial loss to the Trust if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Trust's trade receivables. As the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

The carrying amount of financial assets represents the maximum credit exposure. Therefore the maximum exposure to credit risk at the reporting date for the Group was £51,718k (2017/18: £49,797k), being the total of the carrying amount of financial assets.

With regard to the credit quality of financial assets and impairment losses, the movement in the allowance for impairment in respect of trade receivables during the year is disclosed in note 26.2 and the ageing of non-impaired trade receivables past their due date at 31 March 2019 is disclosed in note 26.4.

Interest rate risk

All of the Trust's financial liabilities carry nil or fixed rates of interest. In addition, the only element of the Trust's financial assets that is currently subject to a variable rate is cash held in the Foundation Trust's main bank accounts and in a short term deposit account. The Trust is therefore not exposed to significant risk of fluctuations in interest rates.

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and other NHS or Government bodies, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves or loans. All major capital expenditure is supported by detailed financial assessment including the assessment of cash flow requirements and impact on liquidity and any funding is within the Trust's prudential borrowing limit, as set by NHS Improvement. The Trust is not, therefore, exposed to significant liquidity risks.

4 Financial Review

Note 40.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

| Group | Held at fair value | | | Total book value |
|--|------------------------|-------------|--------------------------------|------------------|
| | Held at amortised cost | through I&E | Held at fair value through OCI | |
| | £000 | £000 | £000 | |
| Carrying values of financial assets as at 31 March 2019 under IFRS 9 | | | | |
| Trade and other receivables excluding non financial assets | 34,592 | - | - | 34,592 |
| Cash and cash equivalents | 19,740 | - | - | 19,740 |
| Consolidated NHS Charitable fund financial assets | 955 | 8,388 | - | 9,343 |
| Total at 31 March 2019 | 55,287 | 8,388 | - | 63,675 |

The only Group financial assets held at fair value through the I&E are the Investments held within the NHS Charitable Fund. These have been valued in a consistent manner throughout.

| Group | Assets at fair value | | | | |
|--|-----------------------|-----------------|------------------|--------------------|------------------|
| | Loans and receivables | through the I&E | Held to maturity | Available-for-sale | Total book value |
| Carrying values of financial assets as at 31 March 2018 under IAS 39 | £000 | £000 | £000 | £000 | £000 |
| Trade and other receivables excluding non financial assets | 28,883 | - | - | - | 28,883 |
| Cash and cash equivalents | 11,866 | - | - | - | 11,866 |
| Consolidated NHS Charitable fund financial assets | 9,048 | - | - | - | 9,048 |
| Total at 31 March 2018 | 49,797 | - | - | - | 49,797 |

| Trust | Held at fair value | | | Total book value |
|--|------------------------|-------------|--------------------------------|------------------|
| | Held at amortised cost | through I&E | Held at fair value through OCI | |
| Carrying values of financial assets as at 31 March 2019 under IFRS 9 | £000 | £000 | £000 | £000 |
| Trade and other receivables excluding non financial assets | 34,592 | - | - | 34,592 |
| Cash and cash equivalents | 19,740 | - | - | 19,740 |
| Total at 31 March 2019 | 54,332 | - | - | 54,332 |

4 Financial Review

Note 40.2 Carrying values of financial assets (cont.)

| Trust | Loans and receivables | Assets at fair value through the I&E | Held to maturity | Available-for-sale | Total book value |
|---|-----------------------|--------------------------------------|------------------|--------------------|------------------|
| | £000 | £000 | £000 | £000 | £000 |
| Carrying values of financial assets as at 31 March 2018 under IAS 39 | | | | | |
| Trade and other receivables excluding non financial assets | 28,883 | - | - | - | 28,883 |
| Cash and cash equivalents | 11,866 | - | - | - | 11,866 |
| Total at 31 March 2018 | 40,749 | - | - | - | 40,749 |

Note 40.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

| Group | Held at amortised cost | Held at fair value through I&E | Total book value |
|--|------------------------|--------------------------------|------------------|
| | £000 | £000 | £000 |
| Carrying values of financial liabilities as at 31 March 2019 under IFRS 9 | | | |
| Loans from the Department of Health and Social Care | 94,947 | - | 94,947 |
| Trade and other payables excluding non financial liabilities | 35,594 | - | 35,594 |
| Consolidated NHS charitable fund financial liabilities | - | - | - |
| Total at 31 March 2019 | 130,541 | - | 130,541 |

| Group | Held at amortised cost | Held at fair value through I&E | Total book value |
|--|------------------------|--------------------------------|------------------|
| | £000 | £000 | £000 |
| Carrying values of financial liabilities as at 31 March 2018 under IAS 39 | | | |
| Loans from the Department of Health and Social Care | 89,371 | - | 89,371 |
| Trade and other payables excluding non financial liabilities | 31,529 | - | 31,529 |
| Consolidated NHS charitable fund financial liabilities | 601 | - | 601 |
| Total at 31 March 2018 | 121,501 | - | 121,501 |

Note 40.4 Fair values of financial assets and liabilities

The book value (carrying value) of receivables is a reasonable approximation of the fair value of the asset.

The book value (carrying value) of payables is a reasonable approximation of the fair value of the asset.

Note 40.5 Maturity of financial liabilities

| | Group | | Trust | |
|---|------------------|------------------|------------------|------------------|
| | 31 March 2019 | 31 March 2018 | 31 March 2019 | 31 March 2018 |
| | £000 | £000 | £000 | £000 |
| In one year or less | 89,100 | 55,087 | 89,041 | 54,485 |
| In more than one year but not more than two years | 15,062 | 22,957 | 15,062 | 22,957 |
| In more than two years but not more than five years | 17,883 | 43,457 | 17,883 | 43,457 |
| In more than five years | 11,427 | - | 11,427 | - |
| Total | 133,472 | 121,501 | 133,413 | 120,899 |

Note 41 Losses and special payments

| | 2018/19 | | 2017/18 | |
|---|------------------------------|---------------------------|------------------------------|---------------------------|
| Group and Trust | number of cases Number | value of cases £000 | number of cases Number | value of cases £000 |
| Total losses | - | - | - | - |
| Special payments | | | | |
| Compensation under court order or legally binding arbitration award | 35 | 119 | 37 | 206 |
| Ex-gratia payments | 22 | 5 | 15 | 47 |
| Total special payments | 57 | 124 | 52 | 253 |
| Total losses and special payments | 57 | 124 | 52 | 253 |

There were no individual cases in excess of £300k.

Note 42 Gifts

Neither the Trust or Group made gifts during the year.

Note 43.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £257k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £3,067k.

Note 43.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 44 Related parties

The total value of receivables and payables balances held with related parties as at 31 March is:

| | 31 March 2019 Receivables £000 | 31 March 2018 restated Receivables £000 |
|-------------------------------------|---|--|
| Department of Health | 17 | - |
| Other NHS bodies | 30,321 | 22,079 |
| Other bodies (including WGA bodies) | 1,597 | 902 |
| | 31,935 | 22,981 |
| | 31 March 2019 Payables £000 | 31 March 2018 Payables £000 |
| Other NHS bodies | 5,510 | 5,959 |
| Other bodies (including WGA bodies) | 8,541 | 5,125 |
| | 14,051 | 11,084 |

The Department of Health ("the Department") is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities include NHS England, Clinical Commissioning Groups, NHS Foundation Trusts, NHS Trusts, the NHS Litigation Authority, the NHS Business Services Authority and the NHS Purchasing and Supply Agency.

"Other bodies (including WGA bodies)" includes local authorities, HM Revenue & Customs and NHS Pension Scheme.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue and Customs (including National Insurance Fund), NHS Pension Scheme and Doncaster Metropolitan Borough Council.

4 Financial Review

Note 45 Prior period adjustments

As a result of a review of the fixed asset register, assets with a value of £3,991k were found to have not been depreciating. This has resulted in a prior year adjustment of £1,825k to the opening balances as at 1st April 2017, and additional depreciation of £446k in 2017/18.

Note 46 Events after Balance Sheet Date

There are no material events after the reporting period.

Note 47 NHS Charitable Fund

The Foundation Trust is the Corporate Trustee of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Charitable Fund (registered charity number 1057917). The object is for funds to be used "for any purpose or purposes relating to the National Health Service wholly or mainly for the service provided by Doncaster and Bassetlaw Hospitals NHS Foundation Trust".

Note 48 Summary statement of financial activities

| | 2018/19 Total Funds £000 | 2017/18 Total Funds £000 |
|--|-----------------------------------|-----------------------------------|
| Incoming resources | 511 | 375 |
| Resources expended | (692) | (1,056) |
| Net outgoing resources | (181) | (681) |
| Investment Income | 293 | 244 |
| Gains on revaluation and disposal of investment assets | 303 | - |
| Net movement in funds | 415 | (437) |
| Fund balances at 1 April | 8,809 | 9,246 |
| Fund balances at 31 March | 9,224 | 8,809 |

| | 2018/19 Total Funds £000 | 2017/18 Total Funds £000 |
|-------------------------|-----------------------------------|-----------------------------------|
| Investment assets | 8,388 | 8,025 |
| Current assets | 68 | 477 |
| Cash | 887 | 909 |
| Current liabilities | (119) | (602) |
| Total net assets | 9,224 | 8,809 |



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