

**Board of Directors Meeting Held in Public
To be held on Tuesday 16 June 2020 at 09:15
Via StarLeaf Videoconferencing**

AGENDA

		LEAD	ACTION	TIME / ENC	TIME/ MINS
A	MEETING BUSINESS				09:15
A1	Apologies for absence	SBE	Note	Verbal	5
A2	Declarations of Interest	SBE	Note	Verbal	
<p>Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</p>					
A3	Actions from previous meeting	SBE	Review	A3	
B	PRESENTATION				
	<i>No Presentation</i>				
C	STRATEGY				09:20
C1	ICS Update	RP	Note	C1	5
C2	Stabilisation and Recovery	JS/MP	Note	C2	10
C3	True North / Breakthrough Objectives	MP	Approve	C3	5
D	QUALITY, PERFORMANCE AND SAFETY				09:40
D1	COVID-19 Update	RJ	Note	Verbal	10
D2	Quality and Performance Report	RJ	Note	D2	15
E	CAPACITY AND CAPABILITY				10:05
E1	People & Organisational Development Covid19 Update	KB	Note	E1	10
BREAK 10:15 – 10:25					

F FINANCE AND CONTRACT MATTERS					10:25
F1	Finance Report – May 2020	JS	Note	F1	15
G GOVERNANCE AND RISK					10:40
G1	Corporate Risk Register	FD	Note	G1	5
G2	Chairs Assurance Logs for Board Committees:		Note	G2	10
	i) Finance and Performance Committee – 26 May 2020	NR			
	ii) Quality and Effectiveness Committee – 26 May 2020	PD			
	iii) Audit and Risk Committee Year-End – 04 June 2020	KS			
G3	Audit and Risk Committee Annual Report	KS	Assurance	G3	
G4	NHS Providers Licence Self-Assessment / Certification	JS	Approve	G4	
H INFORMATION ITEMS (To be taken as read)					10:55
H1	Minutes of the Finance and Performance Committee – 28 April 2020	NR	Note	H1	5
H2	Minutes of the Quality and Effectiveness Committee – 28 January 2020	PD	Note	H2	
H3	Minutes of the Audit and Risk Committee – 23 March 2020	KS	Note	H3	
H4	Minutes of the Management Board Meeting – 11 May 2020	RP	Note	H4	
H5	Board Work Plan	SBE	Note	H5	
H6	Trust Annual Report 2019/20 including the Annual Governance Statement	RP	Note	H6	
H7	Annual Accounts 2019/20	JS	Note	H7	
H8	ISA 260	JS	Note	H8	

I OTHER ITEMS					11:00
I1	Minutes of the meeting held on 19 May 2020 (pre-approved by the Board of Directors)	SBE	Note	I1	
I2	Any other business (to be agreed with the Chair prior to the meeting)	SBE	Note	Verbal	
I3	Governor questions regarding the business of the meeting (10 minutes)*	SBE	Note	Verbal	10
I4	Date and time of next meeting: Date: Tuesday 21 July 2020 Time: TBC Venue: StarLeaf Videoconferencing	SBE	Note	Verbal	
I5	Withdrawal of Press and Public Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	SBE	Note	Verbal	
J MEETING CLOSE					11:10

*Governor Questions

The Board of Directors meetings are held in public but they are not ‘public meetings’ and, as such the meetings, will be conducted strictly in line with the above agenda.

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time. Due to the anticipated number of governors attending the virtual meeting, Hazel Brand, as Lead Governor will be able to make a point or ask a question on governors’ behalf. If any governor wants Hazel to raise a matter at the Board meeting relating to the papers being presented on the day, they should contact Hazel directly prior to the meeting to express this. All other queries from governors arising from the papers or other matters should be emailed to Fiona Dunn for a written response.

In respect of this agenda item, the following guidance is provided:

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to Hazel Brand, Lead Governor.
- Questions will be asked by Hazel Brand, Lead Governor at the meeting.
- If questions are not answered at the meeting Fiona Dunn will coordinate a response to all

Governors.

- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.

A handwritten signature in black ink, appearing to read 'Suzy Brain England', with a stylized flourish at the end.

Suzy Brain England, OBE
Chair of the Board



Action notes prepared by:
Updated:

Katie Shepherd
19 May 2020

A3



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Action Log

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	19 May 2020	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	P20/01/B1	Council Motion on Climate and Biodiversity Emergency - A Board workshop would be planned to further explore Climate Change and Biodiversity – looking at what could be done immediately and what could be done in the future.	KEJ	May 2020 July 2020	Update 19/05/2020 – It was agreed that Karen Barnard would liaise with Kirsty Edmondson-Jones to organise a Board Workshop on this topic. Update 11/06/2020 – New information would be received during August 2020 which would be required for the Board Workshop on the topic and therefore it is suggested that the action be postponed until September 2020.
2.	P20/05/D1	Covid19 Recovery Plan – A Covid19 Recovery Plan would be presented to the Board July 2020 meeting which would include workforce plans, site plans and the restoration of activity plans.	JS/MP	July 2020	Close. This item was added to the work plan.
3.	P20/05/D10	Strategic Director Review Workshop – The Board of Directors would hold a workshop during July 2020 to identify any key principals that might influence the strategic direction based on the initial findings provided by Marie Purdue and Jon Sargeant.	JS/MP	July 2020	Progress - An update would be provided as part of Agenda Item C2 – Stabilisation and Recovery. Once final guidance has been received a workshop can be held in July 2020.

Action notes prepared by: Katie Shepherd
Updated: 19 May 2020

4.	P20/05/D10	Deep Dive on Complaints – A deep dive on Complaints would be provided to the Quality and Effectiveness Committee on 28 July 2020.	DP	July 2020	Close. This item had been added to the Quality and Effectiveness Committee Work Plan.
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CHIEF EXECUTIVE REPORT

June 2020

Author(s)	Andrew Cash, System Lead												
Sponsor													
Is your report for Approval / Consideration / Noting													
For noting and discussion													
Links to the STP (please tick)													
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Reduce inequalities</td> <td><input checked="" type="checkbox"/> Join up health and care</td> <td><input type="checkbox"/> Invest and grow primary and community care</td> <td><input checked="" type="checkbox"/> Treat the whole person, mental and physical</td> </tr> <tr> <td><input checked="" type="checkbox"/> Standardise acute hospital care</td> <td><input checked="" type="checkbox"/> Simplify urgent and emergency care</td> <td><input checked="" type="checkbox"/> Develop our workforce</td> <td><input checked="" type="checkbox"/> Use the best technology</td> </tr> <tr> <td><input checked="" type="checkbox"/> Create financial sustainability</td> <td colspan="3"><input checked="" type="checkbox"/> Work with patients and the public to do</td> </tr> </table>		<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical	<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology	<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do		
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<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do												
Are there any resource implications (including Financial, Staffing etc)?													
N/A													
Summary of key issues													
This monthly paper from the Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of May 2020.													
Recommendations													
The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.													

South Yorkshire and Bassetlaw Integrated Care System

CHIEF EXECUTIVE REPORT

June 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of May 2020.

2. Summary update for activity during May 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

The Covid-19 pandemic has affected everyone in South Yorkshire and Bassetlaw. Over recent weeks fewer people have tested positive for Covid-19, fewer people are being admitted to hospital and fewer people are dying of Covid-19 in care homes as well as hospitals. The curve appears to have been flattened as a result of the lockdown and there is a marked improvement in the number of cases.

The focus is now on the following priorities in SYB:

1. Shielding the vulnerable - providing wrap around services for those over seventy-years-old that require them as well as those under seventy-years-old with underlying health conditions.
2. Test and trace – working with Local Authorities, public health and environmental colleagues to increase testing, address outbreaks and improve knowledge of community infection rates.
3. Reassessing capacity in the NHS and delivering services is the ‘new norm’ – embedding and recalibrating services to deliver routine care and continue offering innovations e.g. virtual consultations.
4. The NHS supporting the local economy – for example, supporting people safely back to work.
5. Workforce – ensuring that staffing levels across SYB health and care are stabilised and that ongoing recruitment is supported.

2.2 National update

On May 11th, the Government published ‘Our Plan to Rebuild: The UK Government’s Covid-19 recovery strategy’ - a detailed 50-page plan which sets out guidance for Phase Two.

It is based upon a five-tier measure to gauge and respond to the ongoing threat from coronavirus. It outlines a continuation of a number of key elements from within the original lockdown arrangement. These include hand hygiene, social distancing and to only leave the home for essential purposes.

The Plan sets out the importance of innovative operating models for health and care settings, strengthening them for the long term and making them safer for patients and staff in a world where Covid-19 continues to be a risk. This will likely include using more tele-medicine and remote monitoring to give patients hospital-level care from the comfort and safety of their own homes. Capacity in community care and step-down services will be bolstered, health screening services expanded and the infrastructure for active travel also expanded. There is also a commitment to invest in preventative and personalised solutions to ill-health. Much of this ambition is already outlined in SYB’s Five Year Plan and along with the extensive preparations made to mitigate

against the longer-term impacts of delayed and paused medical procedures and screenings, we are already in an excellent position.

2.3 Regional Update

An ICS Leaders Conference intended to aid thinking towards resetting systems took place on 13th May with the four Integrated Care Systems across North East and Cumbria and Yorkshire and the Humber. This was a useful exercise in which leaders shared presentations on specific areas of transformation.

A further workshop took place on May 21st facilitated by military partners with leaders across North East and Cumbria and Yorkshire and the Humber to stress test the restoration and sustainment of health and care services in a Covid-19 environment. The session looked in detail at contingency plans for four possible Covid-19 scenarios: a) a continued decline in infection rates; b) a second peak; c) a second peak that coincided with seasonal flu and; d) a fluctuating infection rate over a sustained period. This was also a very useful exercise which ensured leaders had a greater understanding of the scale of the potential medium-to long-term impacts of Covid-19 and the response to its mitigation, in particular in terms of population and staff mental health and economic impacts.

2.4 Test and Trace

As part of the Government's Recovery Strategy: Plan to Rebuild, a new Test and Trace approach was announced on May 28th.

NHS Test and Trace brings together four tools to control the virus.

- **Test:** increasing availability and speed of testing will underpin NHS Test and Trace.
- **Trace:** when someone tests positive for coronavirus the NHS Test and Trace service will use dedicated contact tracing staff, online services and local public health experts to identify any close recent contacts they've had and alert those most at risk of having the virus who need to self-isolate. This will be complemented by the rollout of the NHS Covid-19 App in the coming weeks.
- **Contain:** A national Joint Biosecurity Centre will work with local authorities and public health teams in PHE, including local Directors of Public Health, to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations. Local authorities have been supported by £300m of new funding to help local authorities develop their own local outbreak control plans.
- **Enable:** Government to learn more about the virus, including as the science develops, to explore how we could go further in easing infection control measures.

In addition to testing to tell if someone has the virus, antibody testing is also now underway. This is a key part of the Government's testing programme and will play an increasingly important role as we move into the next phase of responding to the coronavirus pandemic.

2.5 Personal Protective Equipment (PPE)

The supply chain for PPE is now more stable. Following the call out from the Sheffield City Region Mayor, Dan Jarvis, dozens of offers from South Yorkshire businesses have been received and are being worked through. So far, five suppliers are manufacturing gowns, including two which are providing hand sanitiser and aprons.

Many of the offers have been directed to the NHS England procurement scheme, where companies who can produce at scale contribute to the national effort to supply PPE to the rest of the country.

2.6 Planning for Phase 3 and Phase 4

Prior to the coronavirus outbreak, the SYB Integrated Care System set out ambitious transformation plans to significantly improve population health and reduce health inequalities across SYB in the Five Year Plan 2019-2024. In the new landscape, leadership teams are now reviewing their plans and looking ahead to align their restoration and reset models. Work has been taking place within the ICS PMO to capture and review ICS work to inform the priorities during Phases 3 and 4.

In addition, a third letter from NHS England and NHS Improvement outlining the next steps for Phase 3 is expected shortly. It is anticipated that it will set out the approach to Phase 3 planning, which SYB will want to align to the reset work underway. The expectation is that a formal planning round will take place early June with a first submission 22 June and a final submission 13 July. This will subsequently be agreed nationally in early August. It is likely to be a light touch planning round with funding envelopes for integrated care in place.

2.7 Engagement

Work is underway to look at how the ICS can continue to engage with patients and the public. In the SYB Five Year Plan, ICS partners committed to two public events twice a year, which would feed into the Guiding Coalition meetings. The ICS is still very much committed to engaging with the public in this way and is exploring the use technology and working with the VCSE sector as an enabler for these conversations. Work is also underway to build a new online Citizen's Panel, with up to three thousand people from South Yorkshire and Bassetlaw who want to give us their views and are representative of our population.

As partners consider which of the transformations that have taken place during the pandemic could be continued in their new form, there is also a need to consider the legal duties to inform and involve. Plans are being develop to ensure that there are adequate opportunities for people to have their say, especially on whether any transformations become permanent.

2.8 Supporting care homes

NHS England is working with all regional providers including the North East and Yorkshire and the Humber Region to implement a new Enhanced Universal Support Offer to Care Homes. This is built around four key Principles; Leadership, Prevention, Additional Clinical Support and Workforce. The Enhanced Offer has been developed in conjunction across a number of key stakeholder groups; CCG Directors of Nursing, Directors of Adult Social Services in Local Authorities, Skills for Care, Primary Care, Public Health, Care Home Providers and others across the region. It provides a clear framework for support to care homes which will complement and, where appropriate, strengthen the support currently offered by these organisations.

Additional support to care homes across SYB includes:

- Virtual ward rounds to give care home staff access to senior medical advice and expertise.
- Video tutorials on safe use of PPE to demonstrate the use of and safe disposal of items.
- Deployment of specialist hospital equipment to help deep clean rooms.

In addition, the Government announced an extra £600 million to support care home providers through a new Infection Control Fund on 14th May. Following the recently announced Adult Social Care Action Plan, the funds are allocated to Local Authorities and are in addition to the funding already provided to support the Adult Social Care sector in its Covid response. This fund will be made available to the 349 care home providers in SYB to reduce the rate of transmission in and between care homes. This is a welcome step in the efforts to reduce transmission between sites across health and care settings as well as any potential impact on communities.

2.9 Supporting Voluntary, Community and Social Enterprise organisations

On May 20th, the Government pledged £750m to support voluntary, community and social enterprise (VCSE) organisations which are supporting COVID response efforts, including £150m which will come from dormant bank and building society accounts. The voluntary sector is a crucial partner in SYB work – they have a fantastic reach into the communities we serve, and a wealth of expertise on everything from tackling social isolation to better understanding the health profiles of different resident populations – and this is very welcome news.

3. Finance update

As a result of Covid-19, from April until at least July 2020, Trusts are funded on a block contract basis. The expectation is that Trusts and Commissioning organisations will break even during this period. Further detailed guidance is expected on how this will operate.

Revised Trust capital plans were required to be submitted on 28 May. The ICS has been given a capital financial envelope of £84.7m for 2020/21 excluding certain categories of capital spend.

Planning guidance will be issued shortly which will need to be completed by July 2020.

Andrew Cash

Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 29 May 2020



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Stabilisation, Recovery and Reset Planning Update		
Report to	Board of Directors	Date	16th June 2020
Author	Marie Purdue, Director of Strategy & Transformation Jon Sargeant, Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

In response to the COVID19 pandemic, a plan was developed by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) with the aim of protecting patients and staff throughout this challenging time. The planning and implementation process was managed using workstreams, each led by a Senior Responsible Officer (SRO) from the Executive Team. The incident was managed in line with the Major Incident Policy and Pandemic Influenza Plan with structures in place to manage at strategic, tactical and operational level.

Nationally, and locally the peak of hospitalisations appears to have passed but it is likely that Coronavirus will continue into the future (with a possible second spike), which requires both the continuing care of patients diagnosed with/suspected of having the virus and future reinstatement of services that have been paused where possible. Therefore, planning for increasing urgent and elective activity commenced in line with national guidance issued at the end of April 2020. The timescale for completion of the plan is 3rd July. Further national planning guidance was expected in early June but has not yet been issued.

The purpose of this paper is to keep Board updated on the approach to planning for Stabilisation, Recovery and Reset and to identify the progress made and governance of the process.

Key questions posed by the report

Is the Board assured that robust planning processes are being applied to enable stabilisation, recovery and reset following the COVID-19 pandemic?

How this report contributes to the delivery of the strategic objectives

This report is outlining the processes required to plan for reinstatement of services – that can impacts and can be measured in all four domains – quality, morale, demand and cost.

How this report impacts on current risks or highlights new risks
This report impacts on the risks associated with the COVID-19 pandemic
Recommendation(s) and next steps
Board is asked to note the content of the report.

DBTH Stabilisation, Recovery and Reset Planning

Background

The first reports of a COVID-19 outbreak in Wuhan, China were at the end of December 2019. At the end of January 2020 the first positive cases were reported in the UK and the first phase of the NHS's preparation and response to COVID-19 was triggered with the declaration of a Level 4 National Incident. National NHS guidance was provided in March initiating what was described by the NHS Chief Executive and Chief Operating Officer as *"the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history"*.

In response to the COVID19 pandemic, a plan was developed by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) with the aim of protecting patients and staff throughout this challenging time. The planning and implementation process was managed using workstreams, each led by a Senior Responsible Officer (SRO) from the Executive Team. The incident was managed in line with the Major Incident Policy and Pandemic Influenza Plan with structures in place to manage at strategic, tactical and operational level.

Nationally, and locally the peak of hospitalisations appears to have passed but it is likely that Coronavirus will continue into the future (with a possible second spike), which requires both the continuing care of patients diagnosed with/suspected of having the virus and future reinstatement of services that have been paused where possible. Therefore, planning for increasing urgent and elective activity commenced in line with national guidance issued at the end of April 2020.

Service provision for prioritised time critical care has continued and services have adapted with innovation and rapid adoption of new working practices by teams such as virtual clinics, new roles and "drive thru" services. The dedication and flexibility shown by teams throughout this time is crucial to delivering services in the future and the positive changes will be included and further developed where appropriate as part of the planning process.

The following aim and objectives were agreed to guide the planning process.

Aim and Objectives of Planning Process

Aim: To increase health service provision for the local population whilst keeping patients and our teams safe

Objectives:

1. Protect patients and staff from transmission of COVID 19 in hospital
2. Look after the health & wellbeing of our people and the local population
3. Develop a clinically led plan to prioritise the provision and reinstatement of services based on clinical need and safety
4. Keep what has been better – build on internal and external innovation and learning

Planning Approach

As part of the initial planning process, post implementation review of the COVID-19 plans commenced at the end of May 2020 with the teams that developed and implemented the changes. The purpose was twofold, firstly to ensure early identification of any issues and to mitigate these as far as possible. Secondly, to provide a “stocktake” of the current position and lock in learning and innovation to inform next steps in planning for the future.

The timescale for completion of the plan is 3rd July, with further national planning guidance was expected in early June but has not yet been issued. Planning is continuing in the interim and it is clear that DBTH will need to contribute information to the plan submitted by the South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) so is working to the timescales required for this and these are more challenging.

Planning is being developed over three horizons - “Stabilisation” (May – July 20), “Recovery” (August 20 – March 21) and the “Reset” which will include long term delivery of new service models and align to DBTH longer term strategic objectives.

The approach to planning will be through the following workstreams as illustrated below:

Planning Inputs	Delivery Workstreams*	Enabling Work	Reset
Clinical model to manage COVID-19 by site	<ul style="list-style-type: none">• Cancer• Elective and Daycase• Emergency pathways• Critical Care• Outpatients• Maternity and Childrens Services• Diagnostics <i>*To include local protocols to respond to surge levels</i>	<ul style="list-style-type: none">• Ethical Framework and Governance – prioritisation, review and monitoring• Infection Prevention & Control (inc. testing)• People• Estates• Digital• Training & Education• Finance Procurement & Information• Transport• Administration• Identification of surge triggers	Continued development of longer term strategic ambitions
Zoning and Flow			
Workforce Gap Analysis			
Current state by specialty (demand analysis, capacity, waiting list and prioritisation)			

Constraint Modelling

Communications Plan

Progress

Post implementation reviews have been undertaken and areas of further work and implications for planning identified. Management Board has undertaken work with colleagues to develop the clinical model which is now being refined and work is continuing on current state with an assessment of

demand and capacity being undertaken by divisions – taking account of limitations from various constraints such as IPC measures impacting turnaround time, availability of staff, impact on supply chains.

Some services have already been reinstated where this can be actioned with minimal impact on constraints and has been agreed through the governance structure, for example increases in routine virtual clinics or commencement of routine diagnostics.

Plans are being developed collaboratively to inform and align with those of partner health and social care organisations to continue the joined up working with health and social care partners that has been seen during the initial incident response.

Governance

The governance process for managing the planning process is detailed below. The Stabilisation and Recovery Group consists of the Executive team and Divisional Directors. This is a temporary arrangement to undertake this process and will discontinue once the planning is implemented.



Appropriate key performance indicators for recovery are being developed as part of the planning and will be integrated into the existing performance management and accountability framework.

Recommendation

Board is asked to note the content of this report.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	True North Objectives Update		
Report to	Board of Directors	Date	16th June 2020
Author	Marie Purdue, Director of Strategy & Transformation		
Purpose		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

Executive summary containing key messages and issues

As part of the Vital Signs Improvement programme, a True North vision and five year objectives were developed to guide the direction of the organisation, and to align all activity towards achieving the same vision and objectives. These were incorporated into the refreshed DBTH Strategic Direction in September 2019.

Following consultation with our senior leaders through a wider Management Board and discussion with Board of Directors, amendments were made to the five year objectives. These were changes to the wording but not the area of focus to ensure that this remained consistent.

Four annual objectives were then designed for 2020/21 by Management Board to align with the five year objectives. These were sufficiently generic to use in each division but are also specific enough to be used within teams to generate measures for aggregation at Trust level. Individual wards and departments can then develop individual plans to achieve them, so that all teams would be able to see how they will contribute to the vision.

The vision and objectives are being used in Executive team objective setting and throughout the appraisal process. The Board has been actively involved in the development of objectives and the purpose of this paper is to formalise this process.

Key questions posed by the report

Is the Board of Directors in agreement with the True North objectives for 20/21?

How this report contributes to the delivery of the strategic objectives
This report contributes to the delivery of the Trust Strategic Direction as it identifies the annual steps towards the vision of becoming the “safest Trust in England, outstanding in all we do”.
How this report impacts on current risks or highlights new risks
This report does not identify any new risks.
Recommendation(s) and next steps
Board of Directors is asked to agree the amendments to the wording of the five year objectives and agree the new annual objectives developed for 20/21.



Our vision

The ambition of the Trust

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



True north

How we arrive at our vision

Objective one:
To provide outstanding care and improve patient experience.

Objective two:
Everybody knows their role in achieving the vision.

Objective three:
Feedback from staff and learners in top 10% in UK.

Objective four:
In recurrent surplus to invest in improving patient care.



Breakthrough

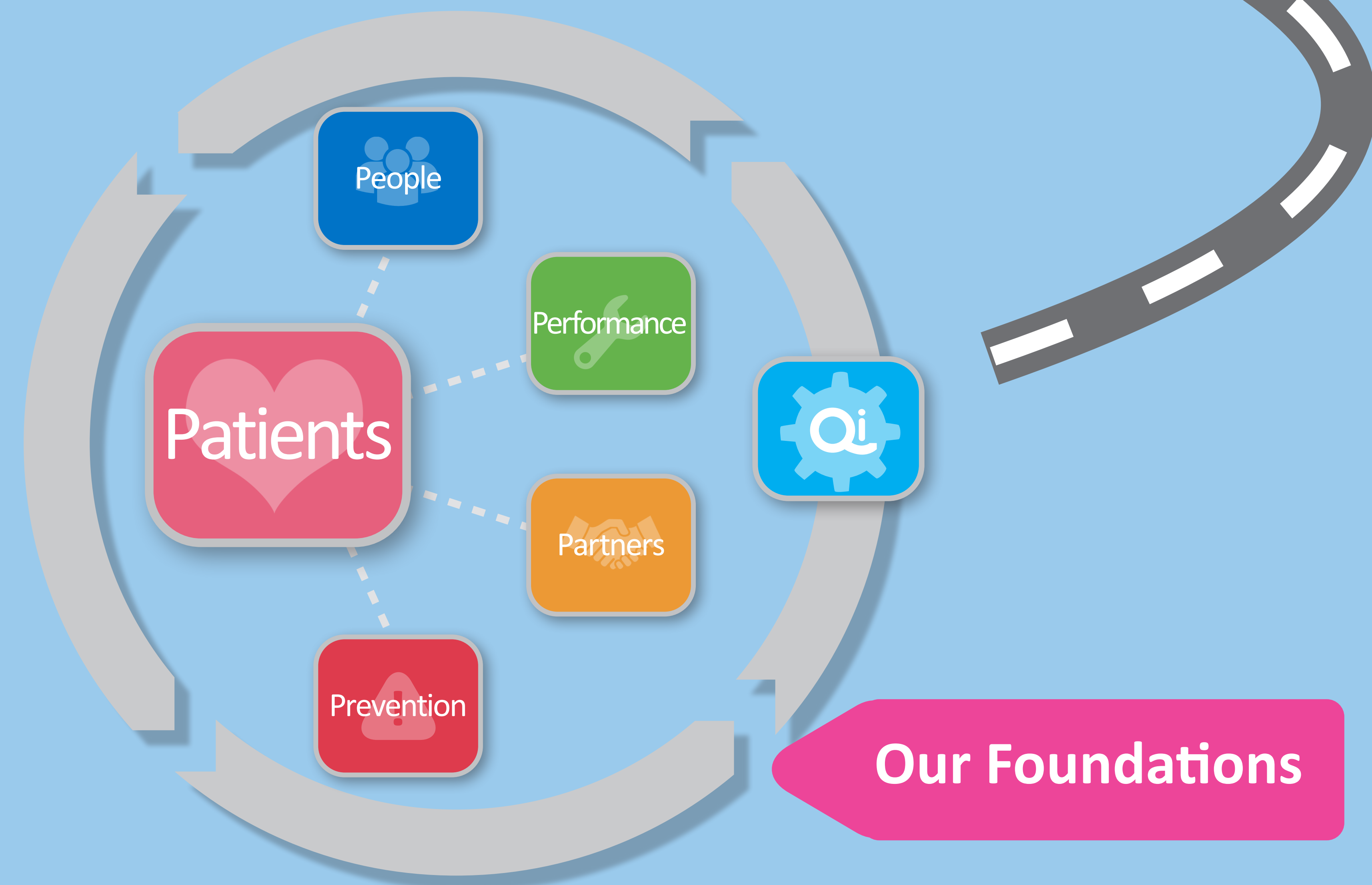
How we will move to deliver our True North in **2020/21**.

Objective one:
Achieve measurable improvements in our quality standards and patient experience.

Objective two:
Achieve a 5% improvement in our staff having a meaningful appraisal linked to our vision.

Objective three:
The Trust is within the top 25% for staff and learner feedback.

Objective four:
Every team achieves their financial plan for the year.





**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Integrated Quality & Performance Report		
Report to	Trust Board	Date	16 June 2020
Author	Rebecca Joyce, Chief Operating Officer Tim Noble, Medical Director David Purdue, Director of Nursing, Midwifery and AHPs		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	x	
	Information		

Executive summary containing key messages and issues

This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance. The report focuses on the main performance area for NHSI compliance for April 2020 including:

- Cancer 62 day classic, measured on average quarterly performance
- 4hr Access, measured on average quarterly performance
- 18 weeks measured on monthly performance against active waiters, performance measured on the worst performing month in the quarter
- Diagnostics performance against key tests
- Infection control measures, C Diff and MRSA Bacteraemia

























***Impact on performance from Covid 19 is clearly stated in the report.**




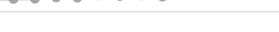




















The Quality report highlights the ongoing work with Divisions and external partners to improve patient outcomes and a focus on mortality rates.

The report contains a review of 7 day services against the National Standard.

Key questions posed by the report
<p>Key Questions for the Board are:</p> <ul style="list-style-type: none"> • Is the Trust maintaining performance against agreed trajectories with our CCGs and in the context of national standards? • Is the Trust providing a quality service for the patients? • Are NEDs assured that the actions being undertaken to address underperformance and maintain current standards are robust and deliver the agreed improvements?
How this report contributes to the delivery of the strategic objectives
<p>This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.</p>
How this report impacts on current risks or highlights new risks
<p>F&P6 Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards</p> <p>F&P15 Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction</p> <p>F&P5 Failing to address the effects of the agency cap</p>
Recommendation(s) and next steps
<p>The Board is asked to consider the report.</p>

Category	Indicator	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (May-18 - stated month) This is calculated based on rolling 24 month data with performance below expected control limits highlighted in red and above expected control limits in green
			Local Target	Actual	Variance	Local Target	Actual	Variance	
Performance (NHSI Compliance Framework)	A&E: Max wait four hours from arrival/admission/transfer/discharge	Apr-20	90%	90.78%	0.78%	90%	90.78%	0.78%	
	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Apr-20	80.10%	82.20%	2.10%	80.10%	82.20%	2.10%	
	RTT 52 Week Breaches to date	Apr-20	0	10	10	0	10	10	
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	Apr-20	29935	25006	4929	29935	25006	4929	
	% waiting less than 6 weeks from referral for a diagnostics test	Apr-20	99%	36.93%	-62.07%	99%	36.93%	-62.07%	
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	Mar-20	-	-	-	-	-	-	
	31 day wait for diagnosis to first treatment- all cancers	Mar-20	96%	99.5%	3.54%	96%	99.8%	3.75%	
	31 day wait for second or subsequent treatment: surgery	Mar-20	94%	92.9%	-1.14%	94%	99.4%	5.37%	
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Mar-20	98%	100.00%	2.00%	98%	100.00%	2.00%	
	31 day wait for second or subsequent treatment: radiotherapy	Mar-20	-	-	-	-	-	-	
	62 day wait for first treatment from urgent GP referral to treatment	Mar-20	85%	88.2%	3.21%	85%	84.8%	-0.20%	
	62 day wait for first treatment from consultant screening service referral	Mar-20	90%	90.9%	0.91%	90%	86.8%	-3.17%	
Performance (Activity)	A&E Attendances	Apr-20	0	7771	7771	0	7771	7771	
	Non Elective Activity - Discharges	Apr-20	0	2533	2533	0	2533	2533	
	Daycase Activity (Contracted levels achieved)	Apr-20	0	861	861	0	861	861	
	Other Elective Activity (Contracted levels achieved)	Apr-20	0	204	204	0	204	204	
	Outpatient new activity (Contracted levels achieved)	Apr-20	0	2238	2238	0	2238	2238	
	Outpatient Follow Up activity (Contracted levels achieved)	Apr-20	0	4125	4125	0	4125	4125	
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	Mar-20	-	65.31%	-	-	67.41%	-	
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	Mar-20	-	33.89%	-	-	31.70%	-	
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	Mar-20	-	0.65%	-	-	0.73%	-	
	Ambulance Handovers Breaches -Number waited >60 Minutes	Mar-20	-	0.14%	-	-	0.16%	-	

Performance (Stroke)	Proportion of patients scanned within 1 hour of clock start (Trust)	Feb-20	48%	50.98%	2.98%	48%	48.25%	0.25%	
	Proportion directly admitted to a stroke unit within 4 hours of clock start	Feb-20	75%	62.75%	-12.25%	75%	56.48%	-18.52%	
	Percentage of all patients given thrombolysis	Feb-20	90%	100.00%	10.00%	90%	100.00%	10.00%	
	Percentage treated by a stroke skilled Early Supported Discharge team	Feb-20	24%	90.48%	66.48%	24%	78.82%	54.82%	
	Percentage discharged given a named person to contact after discharge	Feb-20	80%	82.35%	2.35%	80%	96.01%	16.01%	
	Stroke Strategy - TIA Assessed & Treated within 24 Hours	Feb-20	-	-	-	-	-	-	
	New to Follow Up Ratio (Contract Activity)	Apr-20	-	1:1.84	-	-	1:1.84	-	
	New to Follow Up Ratio (Contract Activity - DCCG)	Apr-20	-	1:1.95	-	-	1:1.95	-	
	New to Follow Up Ratio (Contract Activity - BCCG)	Apr-20	-	1:1.65	-	-	1:1.65	-	
Performance (Theatres & Out Patients)	Out Patients: DNA Rate	Apr-20	8.73%	8.37%	0.36%	8.73%	8.37%	0.36%	
	Out Patients: Hospital Cancellation Rate	Apr-20	4.50%	36.83%	-32.33%	4.50%	36.83%	-32.33%	
	Overdue Follow Ups / Review List / Missing List (over 3 months = 25% overdue / under 3 months = 50% overdue)		25.00%	-	-	25.00%	-	-	
	Typing Backlog (number / date)		3WD	-	-	3WD	-	-	
	Out Patient Booking - 2 weeks prior	Apr-20	95%	52.63%	-42.37%	95%	52.63%	-42.37%	
	Clinic Utilisation	Apr-20	95%	69.69%	-25.31%	95%	69.69%	-25.31%	
	ASIs 7 Days +	Apr-20	0	289	-289	0	289	-289	
	Missing Outcomes 14 Days +	Apr-20	0	287	-287	0	287	-287	
	Theatre Booking - 3 weeks prior	May-20	87%	21%	-66.14%	87%	22%	-64.63%	
	Theatre Booking - 5 weeks prior	May-20	87%	17%	-70.47%	87%	14%	-72.94%	
	Theatre Utilisation	Apr-20	87%	68%	-18.57%	87%	68%	-18.57%	
	Cancelled Operations (For non-clinical reasons)	Apr-20	1%	0.87%	0.13%	1%	0.87%	0.13%	
	Cancelled Operations-28 Day Standard	Apr-20	0	14	-14	0	1	-1	
	ERS Advice & Guidance Response Time	Apr-20	2WD	9	7	2WD	9	7	
	Infection Control Hospital Onset C.Diff	Apr-20	TBC	3	-	TBC	3	-	

Patients	Infection Control Community Onset C.Diff	Apr-20	TBC	1	-	TBC	1	-	
	Infection Control Combined Onset C.Diff	Apr-20	TBC	4	-	TBC	4	-	
	Infection Control MRSA	Apr-20	0	0	0	0	0	0	
	HSMR (rolling 12 Months)	Dec-19	100	99.71	0.29	100	99.71	0.29	
	HSMR : Non-Elective (rolling 12 Months)	Dec-19	100	99.74	0.26	100	99.74	0.26	
	HSMR : Elective (rolling 12 Months)	Dec-19	100	101.20	-1.20	100	101.20	-1.20	
	Never Events	Apr-20	0	1	-1	0	1	-1	
	Sis	Apr-20	-	2	-	-	2	-	
	VTE	Jan-20	95%	95.00%	0.00%	95%	95.28%	0.28%	
	Pressure Ulcers - Category 3	Apr-20	5	6	-1	5	6	-1	
	Pressure Ulcers - Category 2 / UNS / DTI	Apr-20	0	50	-50	0	50	-50	
	Falls with Severe Harm / Lapse in Care / SI	Apr-20	0	0	0	0	0	0	
	Falls with Moderate or Severe Harm	Apr-20	3	2	1	3	2	1	
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	Apr-20	90%	63.0%	27.0%	90%	63.0%	27.0%	
	Complaints Upheld / Paritally Upheld by Parliamentary Health Service Ombudsman	Apr-20	-	0	-	-	0	-	
	Claims CNST (patients)	Apr-20	TBC	2	-	TBC	2	-	
	Claims LTPS - staff	Apr-20	-	2	-	-	2	-	
	Friends & Family Response Rates (ED)	Mar-20	-	-	-	-	2.56%	-	
	Friends & Family Response Rates	Mar-20	-	-	-	-	21.49%	-	
	Emergency Readmissions within 30 days (PbR Methodology)	Mar-20	7%	5.67%	1.33%	7%	6.29%	0.71%	
	DTOC		3%	-	-	3%	-	-	
	Appraisals (rolling 12 months)	Jan-00	90%	-	-	90%	-	-	
	Non-Medical Appraisals - in season (April - July)	Jan-00	90%	-	-	90%	-	-	
	Sickness	Jan-00	4%	-	-	4%	-	-	

People	SET Training	Jan-00	90%	-	-	90%	-	-	
	Vacancies	Jan-00	5%	-	-	5%	-	-	
	Number of Overpayments (rolling 12 months)	Jan-00	TBC	-	-	TBC	-	-	
	Compliance with EWTd	Jan-00	YES	-	-	YES	-	-	
	Time to Fill Vacancies (from TRAC authorisation - unconditional offer)	Jan-00	47WD	-	-	47WD	-	-	
	#N/A	#N/A	-	-	-	-	-	-	
	#N/A	#N/A	-	-	-	-	-	-	
	#N/A	#N/A	-	-	-	-	-	-	
	#N/A	#N/A	-	-	-	-	-	-	

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

(A) 4hr Access

National Target – 95%

Local Target / Trajectory – 90%

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	89.38%	5244	557	10.72%
Bassetlaw	91.27%	2188	191	3.79%
Mexborough	100%	743	0	1.35%
Trust	90.78%	8175	748	8.01%

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Timescale to Achievement
<p>Covid 19 has severely impacted both EDs with departments split into 2 areas to manage 2 simultaneous pathways (yellow & blue patients). Sickness in the consultant and nursing teams have affected the rota with a reduction in substantive workforce. PPE implications (buddying up & donning / doffing) have caused delays. Although lower than usual attendances (46% reduction in April 2020), both sites have seen high acuity on type 1 presentations, especially from the covid pathway Moving staff between areas to meet demand has been a challenge.</p>	<p>Short term –embedding of emergency assessment unit model at DRI supported an improvement in performance towards end of April 2020 by improving flow and reducing crowding in the department.</p> <p>Medium term – robust action plan previously circulated still being implemented. This includes all CQC recommendations</p> <p>Plan for senior team presence Monday – Friday until 10pm to ensure new processes around earlier senior assessment and senior review are embedded.</p> <p>weekly COO led “Quality, Flow and Performance meeting” with Divisional & departmental leadership team</p>	<p>Improvement in performance already realised in April 2020 with achievement of internal improvement trajectory of 90%.</p> <p>Improvement trajectory for May 2020 agreed as 92%</p> <p>Ongoing work with executive meetings to ensure confidence in delivery of targets – currently on plan to delivery locally agreed target for May 2020.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

(B) Ambulance Handover Breaches

National Target – Within 30 Minutes – 100%

Local Target / Trajectory – Less than 15 minutes – 78.4% (tbc for 2020/21)

Between 15 – 30 minutes – 21.6% (tbc for 2020/21)

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
April 2020	Doncaster	1390	71.87%	27.99%	0.14%	49 Minutes
	Bassetlaw	596	41.61%	56.54%	1.85%	1hr 22 mins
	Trust	1986	62.79%	36.56%	0.65%	N/A

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Timescale to Achievement
<p>During April 2020, performance improved in comparison to last month, however we continue to see a smaller reduction in attendances via ambulance. Currently, Covid 19 Infection Prevention & Control processes are challenging for ambulance handovers due to the reduction in capacity and space on both sites. Yorkshire Ambulance Service, East Midlands Ambulance Service and the departments are working closely on a daily basis with escalation plans in place if needed. This collaborative approach has been successful and this is reflected in the improvement in performance with only 0.65% of patients waiting over 30 minutes.</p> <p>Both sites continue to experience challenges with 'batching' of ambulance arrivals at numerous pinch points throughout the day. Whilst these are pre-alerted on the ambulance screen within the department, with the reduction in space and capacity within both Emergency departments, this often leads to delays in handover</p>	<p>On going collaboration with YAS & EMAS to maintain handover times during this unprecedented pandemic & moving in to the new normal.</p>	<p>With ongoing collaboration work is underway for continual improvement, however it is acknowledged that within the current footprints of the Emergency Departments, this will be a continual challenge and will be driven by demand.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

(C) Referral to Treatment (RTT)

National RTT Target – 92%

Local RTT Trajectory – 80.1%

Year End Waiting List Target – as of January 2020 - 29935

The following table summarises the position by specialty compared to the national target of 92% and locally agreed waiting list target. Recovery plans are monitored via the Performance Assurance Framework through weekly service level performance meetings and Divisional Accountability meetings.

Speciality	Waiting List	RTT Percentage
BREAST SURGERY	195	96.4%
CARDIOLOGY	1579	84.2%
CLINICAL HAEMATOLOGY	98	99%
DERMATOLOGY	1014	90.3%
DIABETIC MEDICINE	495	84%
ENT	2775	85.8%
GENERAL MEDICINE	1665	90.39%
GENERAL SURGERY	2006	81.5%
GERIATRIC MEDICINE	111	88.3%
GYNAECOLOGY	1358	90.6%
MEDICAL OPHTHALMOLOGY	265	87.6%
NEPHROLOGY	82	96.3%
OPHTHALMOLOGY	2077	85.9%
ORAL SURGERY	1946	73.4%
ORTHODONTICS	98	93.9%
PAEDIATRIC CARDIOLOGY	81	81.5%
PAEDIATRICS	551	91.8%
PAIN MANAGEMENT	187	94.1%
PODIATRY	161	80.1%
RESPIRATORY MEDICINE	687	85.4%
RHEUMATOLOGY	579	74.8%
TRAUMA & ORTHOPAEDICS	4978	72.3%
UPPER GI SURGERY	99	65.7%
UROLOGY	1411	78.6%
VASCULAR SURGERY	382	87.7%
Grand Total	25006	82.2%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

Incomplete Pathways	April 2020	March 2020
Total (Trust)	25006	26999
% under 18 Weeks (Trust)	82.2%	90.1%
Total (Doncaster CCG)	14877	15904
% under 18 Weeks (Doncaster CCG)	83.1%	90.7%
Total (Bassetlaw CCG)	4851	5266
% under 18 Weeks (Bassetlaw CCG)	83.6%	91.3%

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Timescale to Achievement
<p>The majority of routine activity was stepped down in April 2020 due to the Trust's response to COVID 19 and in line with National Guidance. This has severely affected the achievement of the RTT standard and performance will continue to be affected until routine activity increases significantly. We have been particularly challenged in our ability to offer face to face consultations due to the need to ensure our staff are kept safe and to honour national guidance in relation to patients staying at home.</p> <p>The significant reduction in referrals has also affected the RTT performance by reducing the overall denominator of the waiting list.</p>	<p>Each Division has produced a mobilisation plan to outline the proposed timescales for reintroducing routine elective activity in line with national guidance. A full 'project structure' has been developed to support the innovations required to undertake elective activity safely and appropriately. For example the roll out of telephone and video consultations.</p>	<p>It is envisaged RTT performance will be negatively impacted by Covid 19 for the foreseeable future, due to the inability to provide pre-covid levels of routine activity and also the risk stratification of individual patient pathways. Performance improvement will vary per speciality depending on the interdependencies on diagnostics and the need for aerosol generating procedures. These are all being considered as part of the Divisional mobilisation plans.</p>

(D) 52 Week Breaches

National Target – 0

The Trust reported 10 x 52 week breaches (9 new + 1 reported in March 2020) – all due to Covid 19 related reasons. Performance will continue to be affected until routine activity increases significantly. Whilst significant progress has been made on administrative processes, as per April Board Report, there remains work to do, which is being resumed as priority.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – April 2020

Specialty	52 week breach date	CCG	Breach Reason: (Covid Related Y / N)	Mitigation / Improvement Plan
Trauma & Orthopaedics	14.11.2020	North Lincolnshire	Unable to be treated due to Covid. Pathway indicates opportunity for improvement in RTT administrative clock stop practice	Patients to be re-booked when routine activity can recommence RTT training plan to be rolled out – RTT trainer to commence w/c 18/5.2020
Trauma & Orthopaedics	23.4.2020	Bassetlaw	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence
Trauma & Orthopaedics	24.3.2020	Doncaster	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence
Urology	4.4.2020	Doncaster	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence
Urology	21.11.2020	Doncaster	Unable to be treated due to Covid. Pathway indicates opportunity for improvement in RTT administrative clock stop practice	Patients to be re-booked when routine activity can recommence RTT training plan to be rolled out – RTT trainer to commence w/c 18/5.2020
Oral Surgery	30.4.2020	NHS England	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence
ENT	25.3.2020	Doncaster	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence
ENT	4.4.2020	Doncaster	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence
Ophthalmology	29.4.2020	Doncaster	Unable to be treated due to Covid	Patients to be re-booked when routine activity can recommence

(E) Diagnostics

National Target – 99%

Exam Type	<6W	>=6W	Total	Performance	Longest Breach (weeks)
MRI	447	1161	1608	27.80%	20
CT	1130	1171	2301	49.11%	52
Non-Obstetric Ultrasound	1202	3093	4295	27.99%	50
DEXA	97	194	291	33.33%	16 (x2)
Audiology	20	245	265	7.55%	16
Echo	343	15	358	95.81%	7 (x2)
Nerve Conduction	15	117	132	11.36%	13 (x2)
Sleep Study	63	0	63	100.00%	-
Urodynamic	13	80	93	13.98%	32
Colonoscopy	275	242	517	53.19%	14

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PERFORMANCE EXCEPTION REPORT – April 2020

Flexible Sigmoidoscopy	91	77	168	54.17%	16
Cystoscopy	185	117	302	61.26%	16
Gastroscopy	173	411	584	29.62%	17
Total	4054	6923	10977	36.93%	-

Performance for the Trust, NHS Doncaster and NHS Bassetlaw is outlined below:

	Waiters <6W	Waiters ≥6W	Total	Performance
Trust	4054	6923	10977	36.93%
NHS Doncaster	2734	4431	7165	38.16%
NHS Bassetlaw	949	1773	2722	34.86%

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Timescale to Achievement
All routine diagnostic work were stepped down as COVID planning, in line with National Guidance. This has severely affected the achievement of the diagnostic standard and performance will continue to be affected until routine activity increases significantly. We have been particularly challenged in our ability to offer a full, pre-COVID19, diagnostic routine service due to the need to ensure our staff are kept safe and to honour national guidance in relation to patients staying at home.	Diagnostic services for 'two week waits' and urgent patients continues and we have urged primary care to continuing referring patients through these pathway. Our teams continue to vet all request cards to ensure urgent patients are seen in order of clinical priority. There is a robust process in place to ensure that no urgent patients are missed, with an internal SOP in place for clinical triage. Externally, a review of all non-Obstetric Ultrasound has commenced in partnership with Bassetlaw CCG and this will extend shortly to Doncaster. Currently this is the modality with the greatest number of waiters.	<p>The Trust is considering how it will open more routine capacity with appropriate cleaning, infection control measures and social distancing measures implemented and is working in tandem with divisions, GPs and secondary care referrers to ensure this is a clinically informed process. During this transition period, the Trust to work to manage referral lists in the best interests of our patients.</p> <p>Additionally, active dialogue is taking place with the Integrated Care System to ensure an equitable approach across the region and to take advantage of capacity offered from other parts of the region.</p>

(F) Cancer Performance

Cancer Performance – Trust – March 2020

Standard	Target	Performance
31 Day Classic	96%	100%
31 Day Sub – Surgery	94%	92.9%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	88.2%
62 Day 50/50 Split	85%	89.3%
62 Day – Local Performance (local measure only)	-	94.7%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

62 Day – Shared Performance only 50/50 Split (local measure only)	-	47.8%
62 Day Screening	90%	90.9%
62 Day Consultant Upgrades (local measure only)	85% (local)	81.6%

Cancer Performance - Specialty – March 2020

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	62 Day – Classic 50/50 split	62 Day – Day 38 IPT split	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	85%	90%	85% (locally agreed target – no national standard)
Breast	100%	100%		100%	100%	90.9%	
Gynaecology	100%			100%	100%		
Haematology	100%		100%	100%	100%		100%
Head & Neck	100%			44.4%	44.4%		
Lower GI	100%	100%		87.5%	87.5%	54.5%	75%
Lung	100%			83.3%	69.2%		81.3%
Skin	100%			100%	100%		
Upper GI	100%			100%	100%		60%
Urological	100%	50%	100%	72.1%	70%		100%
Performance	100%	92.9%	100%	89.3%	88.2%	90.9%	81.8%

Cancer Performance by CCG – March 2020

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	62 Day – Classic 50/50 split	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	90%	85% (locally agreed target – no national standard)
Doncaster CCG	100%	97.6%	100%	92.1%	92.3%	73.7%
Bassetlaw CCG	100%	100%	100%	82.1%	92.3%	87.5%

Cancer Performance Exceptions – March 2020

Tumour Group	Breached Standard 31 Day / 62 Day	No of Breaches	Summary of Breach Issues	Summary of Improvement Plan
Breast	Achieved	-	No Issues	No Issues
Gynaecology	Achieved	-	No Issues	No Issues
Haematology	Achieved	-	No Issues	No Issues

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

Head & Neck	62 Day	5	Due to number of shared care pathways, 62 day standard often challenging	<ul style="list-style-type: none"> Roll out of weekly PTL meeting Roll out of twice monthly internal divisional performance meetings with Cancer Services Manager, GM & BM
Lower GI	62 Day	5	Delays in investigating 2ww patients due to national guidance on use of endoscopy during Covid.	<ul style="list-style-type: none"> Guidance now changed – able to re-start some services with ability to scope 2WW patients This has created a large Backlog Roll out of weekly PTL meeting Roll out of twice monthly internal divisional performance meetings with Cancer Services Manager, GM & BM
Lung	62 Day	2	All shared care breaches / complex pathways	<ul style="list-style-type: none"> Commencement of refreshed weekly performance meetings, including Cancer performance input fortnightly
Skin	Achieved	-	No Issues	No Issues
Upper GI	62 Day	1	Delays in investigating 2ww patients due to national guidance on use of endoscopy during Covid. This has created a large Backlog	<ul style="list-style-type: none"> Guidance now changed – able to re-start some services with ability to scope 2WW patients Roll out of weekly PTL meeting Roll out of twice monthly internal divisional performance meetings with Cancer Services Manager, GM & BM
Urological	31 Day / 62 Day	10	Delays due to Covid 19 – theatre capacity Deteriorating position due to covid	<ul style="list-style-type: none"> Roll out of weekly PTL meeting – patient level Roll out of twice monthly internal divisional performance meetings with Cancer Services Manager, GM & BM Full SBAR produced with Action plan – being reviewed at Finance & Performance Committee in May 2020

General Comments – Impact of Covid 19

National Screening Pathways:

- Bowel Cancer – Capacity into Screening Service Practitioner clinics and Colonoscopy lists linked to the 62 day Screening pathway performance decline. Bowel Cancer Screening Programme has not resumed yet.
- Breast Cancer – Screening Programme resumed in May – but numbers will be restricted due to social distancing guidelines.

Faster Diagnostic Standard/62 day

- CT requests that have been in the 'Pause' group will be vetted over the coming few weeks by the Colorectal Consultants.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

- For the Colorectal 2ww referral GPs are now requesting FIT tests as part of the referral process.
- The Trust continues to be challenged by the day 38 timeline in respect of the Inter-provider transfers around allocation of pathways

(G) Stroke

National Target – (Direct Admission within 4 hours) – 75%

February 2020

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	5	25	0	1	1	32
No	4	13	0	2	0	19
Total	9	38	0	3	1	51
Performance	55.6%	65.8%	0	33.3%	100.0%	62.7%

Summary of Breach Issue	No of Breaches
Stroke Unit Bed Availability	4
Delay in Transfer from ED	3
Delay - transport BDGH to DRI	2
Delay at CT Scan	0
Patient Presentation: secondary / late diagnosis of stroke.	8
Patient Needs	1
Exclude – Hospital Stroke	3
Further Investigation Required	0
Stroke Staff Availability	1

Longest delay for direct admission: 1 day, 23 hours, 22 minutes – ‘Patient admitted with dizziness /vertigo to AMU. Referral to Stroke Unit not made until positive MRI’

Issue Identified	Improvement Planned	Responsible Lead	Timescale
Failure to achieve TIA BPT	Review clinic capacity in light of additional medical workforce now in post and future development opportunity for SNP / ACP led clinics	Lead consultant	May-20
	Review clinic coding and clinic outcome documentation to ensure all activity is recorded correctly.	General Manager	May-20
Implementation of HASU / ASU pathway changes	Review and update Operational Policy – include new patient pathways, protocols and SOPs	Stroke Consultant	Dec-20
Late diagnosis resulting in delays to stroke unit within 4 hours to stroke unit	Development of Intra-cranial haemorrhage pathway to improve early stroke diagnosis	Stroke Consultant	Jun-20
Delay in 4 hour admission to stroke unit	Advanced Clinical Practitioner role introduced to increase specialist outreach into ED for early identification of stroke patients.	ACP team	Oct-19
System wide pathway review to improve overall performance for inpatient admissions.	Qii project to include all stakeholders:	Stroke Therapy Lead / Matron / General Manager	Delayed due to Covid-19. Timescales to be set in line with return to BAU.
	<ul style="list-style-type: none"> • ED • CT • Stroke team • Site management team Use SSNAP data to focus on the key areas and draw up an action plan, identifying quick wins and longer term objectives		
Future development of post stroke spasticity management	Development of Post Stroke Spasticity Management for the prevention of contracture and deformity following stroke	Stroke Consultants	2020/2021 - specific timescales to be agreed following return to BAU.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

(H) Cancelled Operations on the Day for Non Clinical Reasons (Theatre & Non Theatre)

National Target – 1%

CCG	Total Activity	No of Cancellations	% Achievement
Trust	1146	10	0.87%
Doncaster	740	3	0.41%
Bassetlaw	287	2	0.70%
Other	119	5	4.2%

Summary of Breach Issue	No of Breaches	Summary of Improvement Plan
Insufficient Time (clinical reasons)	5	All cases planned through theatre planning group using individual consultants pre-agreed nominal timing for each procedure – all captured on Bluespир & all overruns discussed at theatre strategy group.
Equipment Issues	5	All breaches due to lack of gowns – PPE stocktake undertaken daily, all issues escalated to procurement, then to Silver Cell if necessary – national issues, being managed at ICS level

(I) Cancelled Operations – Not Rebooked within 28 Days

National Target – 0

Total cancelled operations not rebooked within 28 days – 14. All breaches due to being unable to rebook due to Covid 19.

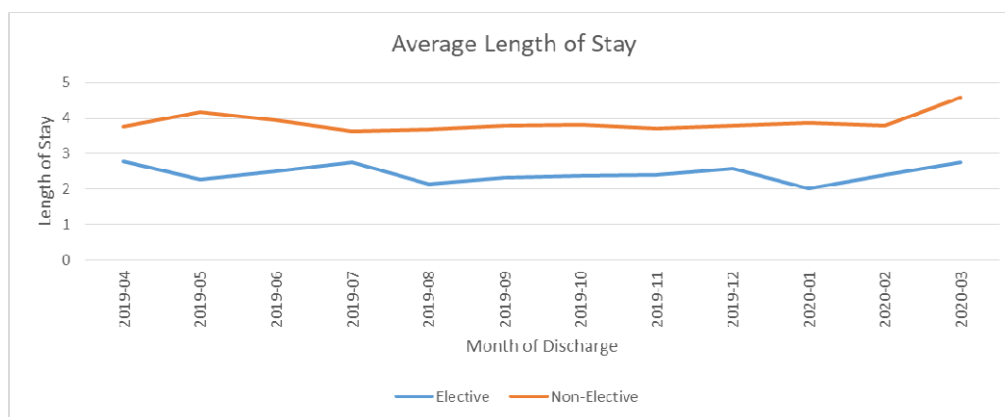
Specialty	Number of Breaches	CCG
Gynaecology	4	Doncaster
Trauma & Orthopaedics	3	2 x Doncaster 1 x Wakefield
Ophthalmology	2	Doncaster
General Surgery	2	1 x Doncaster 1 x North Lincolnshire
Oral Surgery	1	Doncaster
Breast Surgery	1	Newark & Sherwood
Podiatry	1	Doncaster

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – April 2020

Length of Stay

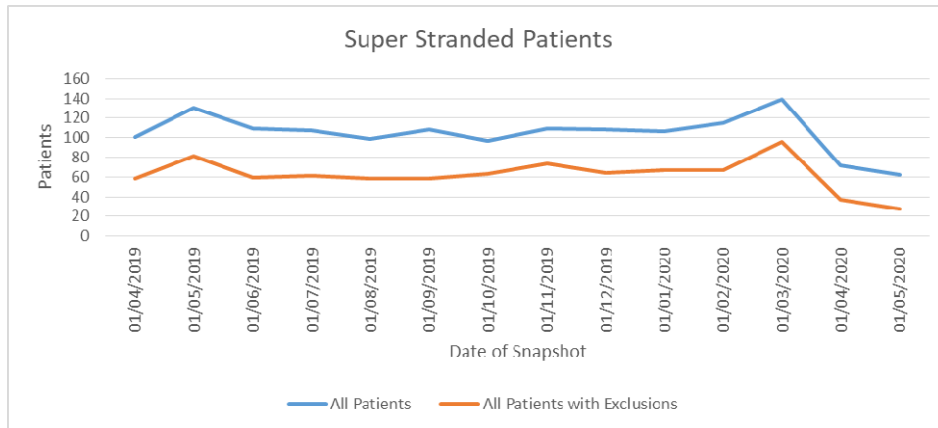
Average Length of Stay



Summary of Main Issues	Summary of Improvement Plan
<p>The main issues with LoS are related to the COVID pandemic, with most patients remaining in acute care for an average of 7 days.</p> <p>Admission numbers have reduced for patients with a short length of stay as this group have not been attending the hospital</p>	<p>In response to the national guidance 'COVID-19 Hospital Discharge Service Requirements' published in March 2020 – partners in Doncaster and Bassetlaw have worked together to</p> <ul style="list-style-type: none"> - ensure capacity in the system to manage discharges from hospital eg. bed bases and access to packages of care - develop a single point of access and - enhance community services to further develop the discharge to assess model. <p>There are daily operational conference calls with partners to discuss pathways, specific patients and any pressures or obstacles to discharge.</p> <p>With the recent increasing incidence of Covid-19 in care homes and bed bases, further guidance was issued advising swabbing of all patients due to be discharged to care homes. During April this has affected our ability to discharge permanent residents and new admissions to care homes. Partners continue to work together to identify solutions to manage these discharges and keep patients safe.</p> <p>Ongoing covid outbreaks within care-homes remains an issue. DBTH are supporting 2 of the 4 Doncaster localities with training and IPC support to the homes, to improve the pathways.</p> <p>Alternative pathways for covid positive patients are being developed.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – April 2020

Super-Stranded Patients



* The exclusions are as follows, based the data available on each snap shot date;

- Any patient who was at Montagu Hospital
- Any patient under the care of Rehabilitation
- Any patient aged under the age of 18
- Any patient on ward PARK, BARL, EPAU, ECL, ED WARD and DIS

Summary of Main Issues	Summary of Improvement Plan
DBTH currently reporting 41 patients who are super-stranded which is a 68% improvement against our trajectory.	Review of these patients only identifies 4 patients who are delayed for anything other than not being medically fit.

Delayed Transfers of Care (DTC)

DTCs are not being collected currently as we have KPIs against the new discharge guidance, 2hr turnaround which has not been met by any patient. This has been superseded by the necessity for swabbing all patients being discharged to Care Homes.

BIR May 2020

In July 2019, NHS improvement changed the definition of Patient safety to be about **maximising the things that go right and minimising the things that go wrong**. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

At DBTH, Patient Safety incidents are subject to initial scoping, investigation and conclusion, therefore the data can sometimes change upon the conclusion of the investigation, once all facts and outcomes are known. The information and data provided in the BIR are accurate at the month end.

Patient Safety

Serious Incidents

There has been one Serious Incident reported in May, which relates to documentation and consent around a patient receiving care in maternity. This takes the total number of Serious Incidents reported, year to date to four, including one Never Event.

All incidents are thoroughly investigated by appropriately trained investigators and progress monitored through the Serious Incident panel.

Falls

There have been 3 falls with severe harm in May. One fall resulted in a severe head injury and has been reported as a Serious Incident. There have been 2 further patients fall and fracture their hip in May and are currently being investigated.

This takes the total number of patients who have fallen and sustained moderate harm to two (both in April) and severe harm to three (all in May). All falls are investigated using the Trust Multi-disciplinary Inpatient Falls Investigation Tool (MiFIT).

Accreditation work for falls worked well throughout 2019/20 with all surgical wards except one (B6) scored green or blue on the RAG rating. All medical wards except one (C2/CCU) scored green or blue on the RAG for the end of the year.

Falls accreditation for 2020/21 has been paused for Q1 due to Covid-19 and will re-start in Q2.

Hospital Acquired Pressure Ulcers (HAPU)

There have been 4 Category 3 HAPU in May 2020. These were on ward 32, B6, FAU and Kestrel.

There were 55 Category 2 HAPU in May and 7 UNS/DRI ulcers taking the total number of reportable HAPU to 66 for the month.

Reporting of HAPU Cat 3 is no longer a Serious Incident, in agreement with the CCG and in line with NRLS reporting. The executive review panel has re-started, using virtual technology to extract learning from these cases.

The total number of Category 3 HAPU is 11, year to date.

Accreditation for the Skin Integrity Team (SIT) worked well through 2019/20 with all surgical wards except two RAG green or blue. Medical wards have scope for improvement with six out of 18 wards RAG amber or red.

SIT accreditation has been paused for Q1 due to Covid-19 and will re-start in Q2.

Infection Prevention and Control

Clostridium difficile

There were 3 cases of Clostridium difficile in May. This is split into 2 cases of Hospital Associated, Hospital Acquired (HOHA) and 1 case which was community onset, hospital acquired (COHA). This takes the number of cases, year to date to 7.

e-Coli Bacteremia

There have been 6 cases of eColi bacteremia which are now having a PIR in the same way as Cdiff to establish learning. This takes the number of cases, year to date to 10.

MRSA bacteraemia

There have been no cases of MRSA Bacteremia for 85 days.

MRSA Colonisation

There have been 1 case of MRSA colonisation, taking the total number of cases, year to date to 5.

The Deep Clean schedule has progressed well in April and May with Seven wards fully completed and six wards partially completed. Work will continue to complete as many wards as possible before winter.

Patient Experience

The total number of complaints for May was 23. Of these, 6 are in local resolution, 12 are on hold and 5 have been closed. The top subjects relate to Covid 19 / Communication/Treatment/Diagnosis/ Admission transfer and discharge

Of the complaints coded with Covid-19 – the issues includes, quality of PPE, Family concerns about patients on Yellow wards, misunderstanding that the hospital was only caring for patients with Covid-19, procedures postponed due to Covid-19 (endoscopy and angiogram) and communication around the need for post mortem when family had been informed the swab for Covid-19 was initially negative.

This takes the total number of formal complaints, year to date to 37.

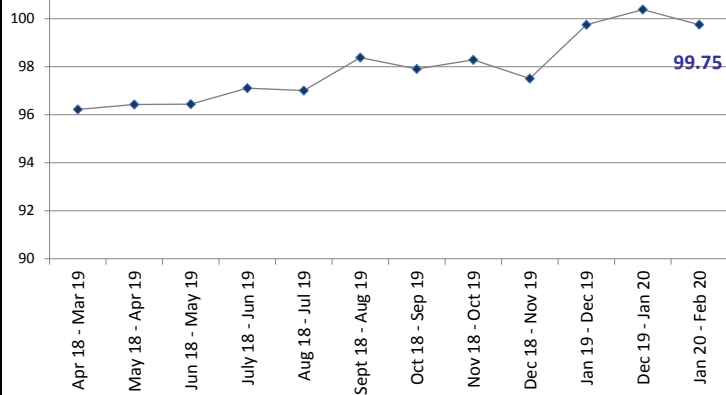
In line with national guidance, visiting times have been renewed so any patient at the end of life can have open visiting for up to 2 family members. Patients with LD, Dementia and those who have been in hospital for a long time can also have unrestricted visiting, depending on individual needs. A log has been kept of all visitors to wards and strict infection, prevention and control precautions have been enforced.

The new initiative put in place by the end of life team, are being continued at the family's individual requests (virtual visiting, comfort hearts, letters to loved ones, telephone support and butterfly remembrance).

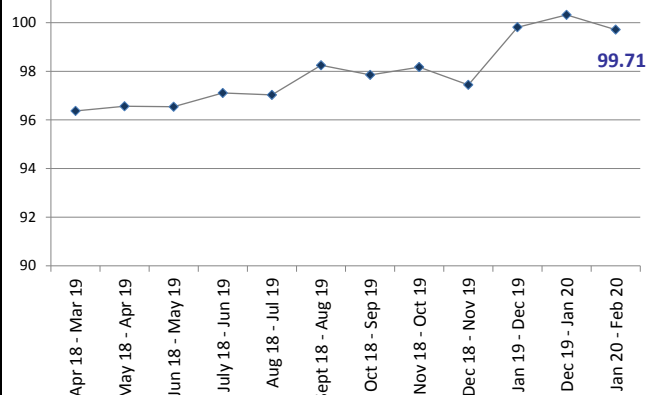
There is no FFT data for April 2020-as this has been paused in line with COVID-19 National Guidance. The Friends and Family Test (FFT), was due to relaunched nationally from 1st April 2020 but this has been deferred until September 2020. Work has continued on developing the new FFT card to allow better feedback about care. PALS team will be collating FFT data once this resumes, and will be focussing on both the quantitative and qualitative aspects of the data.

Hospital Standardised Mortality Ratio (HSMR) - February 2020 (Month 11)

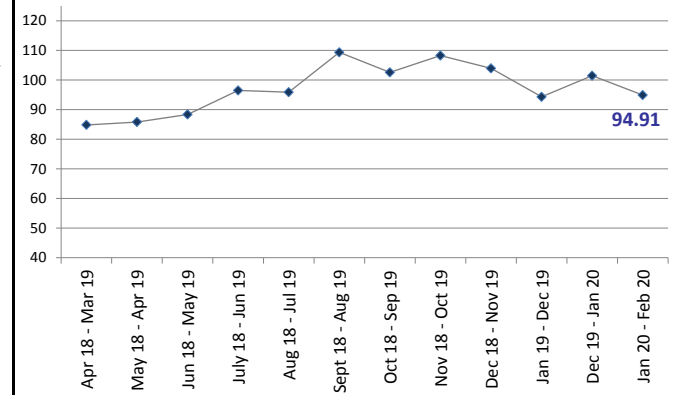
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

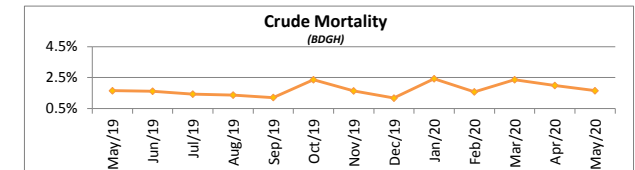
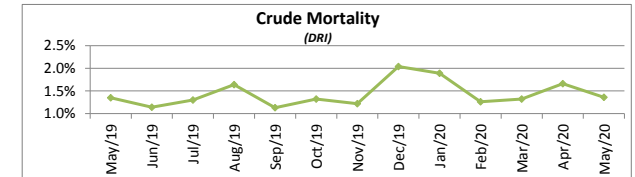
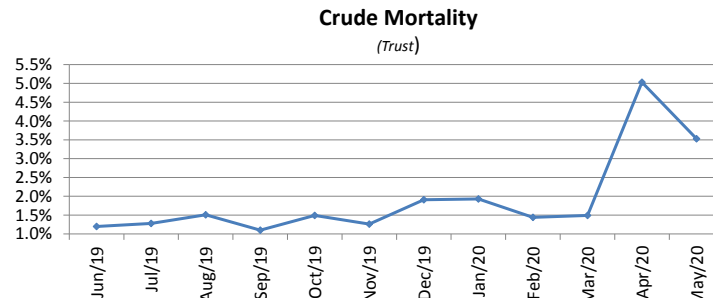


HSMR Trend (monthly)

	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	112.00
February	99.94	97.73	105.44	98.13	90.62
March	90.54	97.37	88.42	101.87	
April	105.91	88.50	98.37	100.82	
May	101.15	96.60	91.20	92.92	
June	80.27	93.67	89.98	99.43	
July	92.56	97.73	107.07	105.95	
August	100.27	87.52	94.65	113.58	
September	90.26	95.34	90.09	84.14	
October	90.29	88.66	96.74	101.90	
November	88.98	82.30	99.04	89.00	
December	82.30	93.52	80.45	102.95	

Crude Mortality (monthly) - May 2020 (Month 2)

(number of deaths/number of patient discharged)



	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Trust	1.20%	1.28%	1.49%	1.12%	1.49%	1.26%	1.91%	1.93%	1.44%	1.69%	5.03%	3.53%
DRI	1.14%	1.30%	1.60%	1.15%	1.32%	1.22%	2.04%	1.89%	1.26%	1.76%	1.66%	1.36%
BDGH	1.61%	1.43%	1.36%	1.20%	2.36%	1.64%	1.71%	2.42%	1.57%	1.75%	1.99%	1.65%

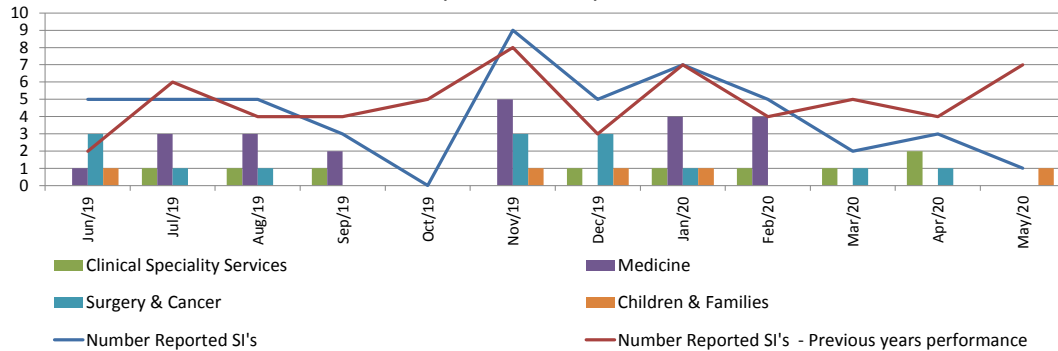
Serious Incidents - May 2020 (Month 2)

(Data accurate as at 05/06/2020)

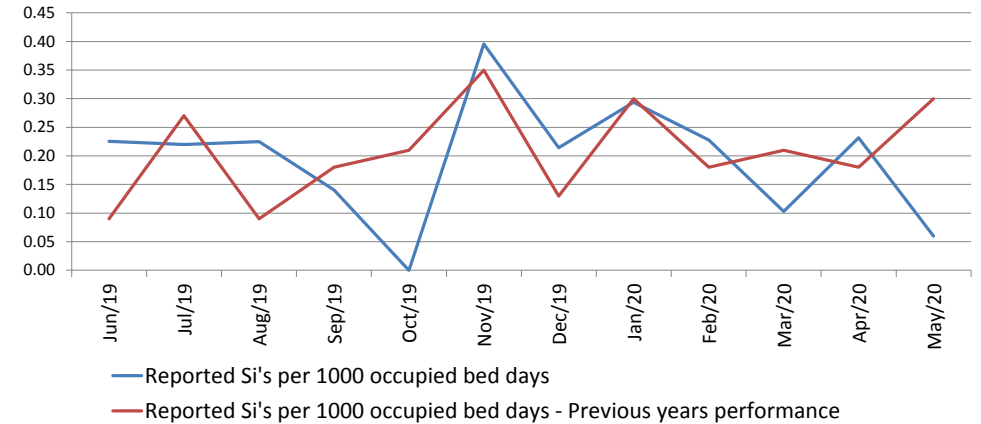
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

**Number Serious Incidents Reported
(Trust & Divisions)**



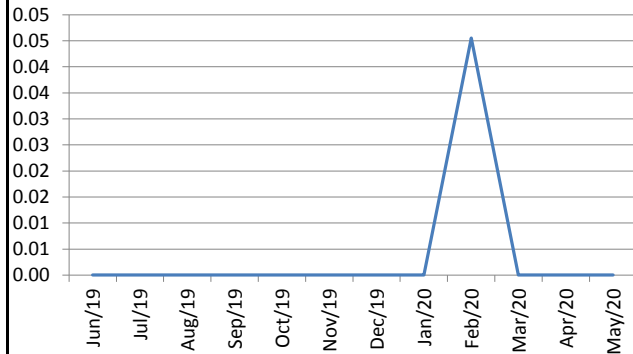
Serious Incidents per 1000 occupied bed days



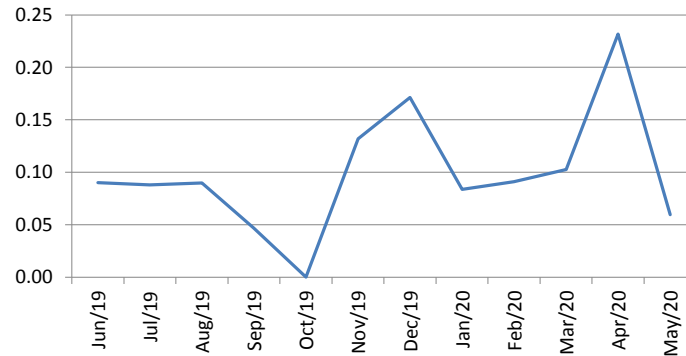
Current YTD reported SI's (April-May 20)	4	Number reported SI's (Apr-May 19)	11
Current YTD delogged SI's (April-May 20)	0	Number delogged SI's (Apr-May 19)	2

Themes

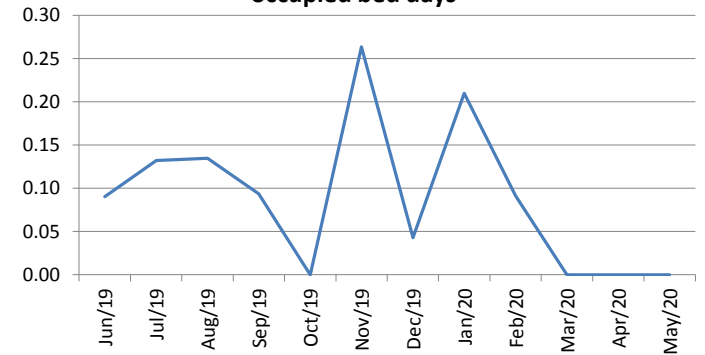
Serious Falls per 1000 occupied bed days



Care Issues per 1000 occupied bed days



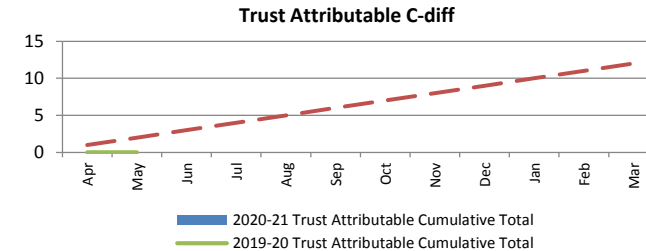
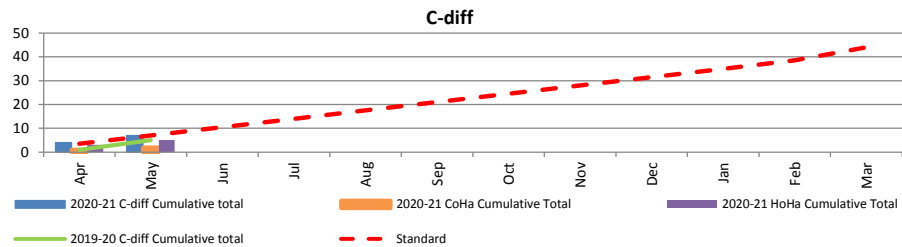
Pressure Ulcers - Cat 3 & 4 (HAPU) per 1000 occupied bed days



Infection Control C.Diff - May 2020 (Month 2)
(Data accurate as at 05/06/2020)

	Standard	Qtr 1	Apr	May	Jun	YTD
2020-21 Infection Control - C-diff	44 Full Year	7	4	3		7
2019-20 Infection Control - C-diff	39 Full Year	5	1	4		5
2020-21 Trust Attributable	12	0	0	0		0
2019-20 Trust Attributable	12	0	0	0		1

	Qtr 1	Apr	May	Jun	YTD
HOHA	5	3	2		5
COHA	2	1	1		2

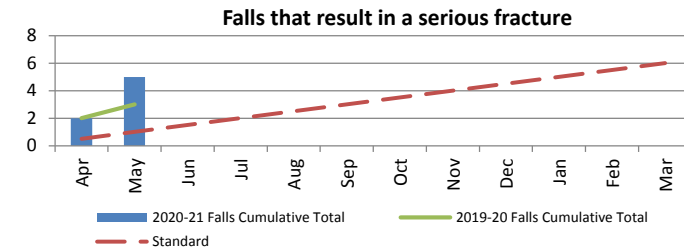


Pressure Ulcers & Falls that result in a serious fracture - May 2020 (Month 2)
(Data accurate as at 05/06/2020)

	Standard	Qtr 1	Apr	May	Jun	YTD
2020-21 Serious Falls	6 Full Year	5	2	3		5
2019-20 Serious Falls	10 Full Year	3	2	1		3

Please note: At the time of producing this report the number of serious falls reported are prior to the RCA process being completed.

	Standard	Qtr 1	Apr	May	Jun	YTD
2020-21 Pressure Ulcers	56 Full Year	121	55	66		121
2020-21 Pressure Ulcers (Cat 3)		11	7	4		11
2020-21 Pressure Ulcers (UNS/DTI Low Harm)		21	14	7		21
2020-21 Pressure Ulcers (Cat 2)		89	34	55		89



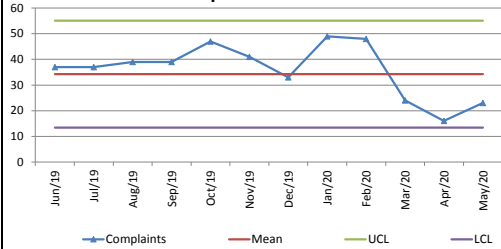
Please note: At the time of producing this report there were 5 PU's awaiting RCA

Complaints & Claims - May 2020 (Month 2)

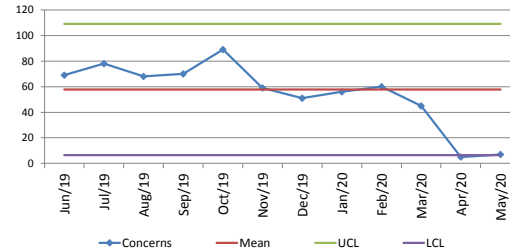
Data accurate as at 05/06/2020

Complaints

Complaints Received



Concerns Received



May 2020 Complaints Received Risk Breakdown



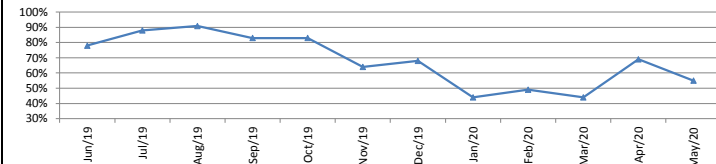
Year to Date Complaints Received Risk Breakdown



Complaints - Resolution Performance (% achieved resolution within timescales)

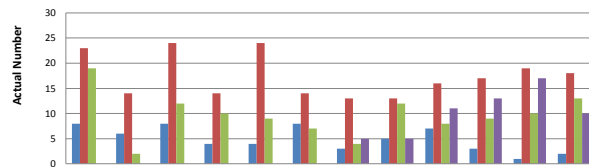
Complaints Closed - Outcome

Complaints Resolution Performance



Please note: Performance as a percentage is calculated on the cases replied and overdue, compared to the due date. Any current investigations that have not gone over deadlines are excluded data.

Closed Complaints - Outcomes



	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Complaints Upheld	8	6	8	4	4	8	3	5	7	3	1	2
Complaints Partially upheld	23	14	24	14	24	14	13	13	16	17	19	18
Complaints not upheld	19	2	12	10	9	7	4	12	8	9	10	13
Outcome not reported	0	0	0	0	0	0	5	5	11	13	17	10

Parliamentary Health Service Ombudsman (PHSO)

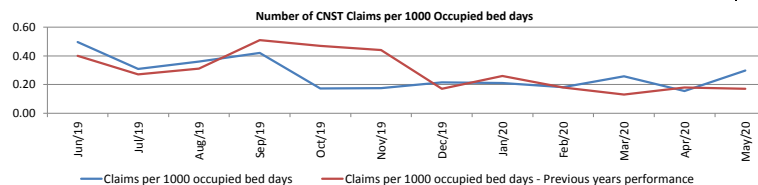
Month	Number of cases referred for investigation	Number Currently Outstanding
Mar-20	0	3

	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	4
		Not Upheld	3
		No further Investigation	0
		Not Investigated	0
		Case Withdrawn	0
		Outstanding	2
2019/20	4	Fully / Partially Upheld	1
		Not Upheld	2
		Outstanding	1
2020/21	0	Outstanding	0

Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2020/21	2	5											7
	2019/20	4	4											90
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1											3
	2019/20	5	4											36

Please note: At the time of producing this report the number of claims reported are provisional and prior to validation



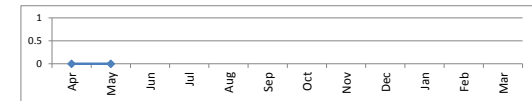
Childrens & Young People - Quality Metrics

May 2020 (Month 2)

(Data accurate as at 5/6/2020)

Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of complaints received - 2020/21	0	0											
Number of complaints received - 2019/20	6	1											



Thematic breakdown (Apr 19 - May 2020)

Diagnosis	0						
Communication	0						
Staff attitude & behaviour	0						
Competence	0						
Treatment	0						
Nursing - ADL	0						
Diagnostic Tests	0						
Admissions/transfers/discharge procedure/sleeper out	0						
Medication	0						
Hospital Environment	0						
Other	0						
Patient equality, diversity and safety	0						
Nutrition & Hydration	0						
Medical records	0						
Complaint Handling	0						
Nursing - Continence	0						
Pain Management	0						

Please note: Thematic analysis is currently not applicable as no complaints have been received during April and May 2020

Please note that a direct correlation between the number of complaints received and the subjects within thematic breakdown can not be made as most of the complaints have more than one subject noted.

Datix Incidents & Serious Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of Datix Incidents Reported - 2020/21	24	25											49
Number of Datix Incidents Reported - 2019/20	33	29											0
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of Serious Incidents Reported - 2020/21 <small>(including de-logged)</small>	0	0											
Number of Serious Incidents Reported - 2019/20 <small>(including de-logged)</small>	0	0											

Duty Of Candour (Doc)

There have been 4 incidents within Children and Young Persons which have triggered Duty of Candour to be completed. Initial communication was completed in 100% of cases, Letter 1 in 33.3% of the records and Letter 2 has been completed on 50% of records.

Please note: An incident which has caused moderate, severe or patient death requires DoC to be completed

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Workforce report, June 2020		
Report to	Board of Directors	Date	June 2020
Author	Karen Barnard, Director of People & OD		
Purpose		<i>Tick one as appropriate</i>	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues	
<p>This report provides an update to the committee in relation to the activities supporting Covid 19 - The key areas of focus in relation to Covid 19 is recruitment activity, redeployment activity and the levels of absence associated with Covid 19 (and non Covid related) together with information in relation to health and wellbeing. As can be seen covid related absences have risen during April as compared with March. The paper details the review of the risk assessment process in relation to individuals which has been undertaken with the support of our Occupational Health Physician and other clinical/medical colleagues. Members will be sighted on the new requirement for all staff within hospitals to wear surgical masks.</p>	
Key questions posed by the report	
Do members of the committee feel assured that appropriate actions are taking place to support our staff during the pandemic period.	
How this report contributes to the delivery of the strategic objectives	
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	
How this report impacts on current risks or highlights new risks	
<p>F&P 8 Inability to recruit right staff and have staff with right skills leading to:</p> <ul style="list-style-type: none"> i) Increase in temporary expenditure ii) Inability to meet FYFV and Trust strategy iii) Inability to provide viable services. i) 	
Recommendation(s) and next steps	
Members are asked to receive this report.	

Workforce report, June 2020

The key components of the report are:

- Covid 19 Update
 - Recruitment Update
 - Redeployment Update
 - Staff Testing – Current position
 - Absence data
 - Health and wellbeing

Covid 19 Update

People Plan				
Redeployment	Recruitment		Bring Back staff	Volunteers/Students
	Risk Assessments	Swabbing	Occupational Health	
Health and Wellbeing	Flexible Working	Caring Issues	Pay Protection	
	Rota integrity	Maintaining ESR	Sickness Returns	

Across the People & OD directorate there has been a range of pieces of work underway as detailed above.

Recruitment Update

There are various recruitment initiatives underway in order to increase the number of staff available to provide additional critical care cover and maintain services across the Trust.

Bringing Back Staff Scheme (BBS)

National scheme co-ordinating the return of registered (formerly registered) staff back to the NHS this include doctors, nurse and AHPs. To date we have had the following:

	Number Sent via BBS	Pending Decision from Recruitment Lead	Directed to join NHS Profession	Given Fixed term Contracts	Not Suitable
Doctors	2	2*			
Nurses	14	0	6	1	7
AHP	7	0	0	1 secondment DWP transfer scheme	6

*one has no licence to practice

Update 15/5/20 - Please note 2 nurses put forward subsequently withdrew their interest and the DWP transferee worked in OH for a week and 2 days before leaving due to their usual role re-commencing.

Workforce report, June 2020

Student Nurses

HEE are coordinating with Universities the placement of student nurses into Trusts. The first phase is to deploy 3rd year student nurses in the final 6 months of their undergraduate programme. They will be paid Band 4 as an Aspirant Nurse. The second phase is 2nd year nursing students, these will be paid at Band 3 as a Clinical Support workers. Midwives and Paediatric student Nurses will be also added to this phase. Phase 3 will be AHP's and we are awaiting information on these. Some of the Student Nurses have been appointed and Newly Qualified Nurses are to commence in September. Induction dates have been arranged by the Education Team to phase their commencement in post and work is being undertaken to create student contracts of employment and job descriptions

Students phases	Number of Nurses
Phase one – Third year students – All started	67
Phase 2nd year – already started –	15
Starting induction on 25th May 2020	24
Starting induction on 1st June 2020	23
Paediatric Nurses starting 25th May	15
Midwives – starting date TBC	21
Phase 3 – AHP – No numbers or dates as yet	N/A

Interim Foundation Year 1 Doctors

HEE have coordinated a process for Trusts to employ interim Foundation Year 1 Doctors who will buddy with our current Foundation Year 1 Doctors. They will be paid as Foundation Year 1 doctors on the new junior doctor contract basic salary £28,243 per annum.

Numbers	Start date
Cohort 1 – 26 FiY1	20 th May 2020
Cohort 2 – 31 FiY1	1 st June 2020

All should remain in post until 4 August if employed directly by DBTH as an F1 Doctor or until shadowing commences in the Trust; they will be an F1 normally the last week in July. Some of the doctors in cohort two have mentioned they will only be able to work approximately 3 weeks due to tenancy agreements coming to an end as they were not due to remain in the locality.

Redeployment Update

As a result of Covid 19 there was a need to swiftly redeploy our workforce to the areas with most need. An initial process was undertaken with divisions to ascertain where the areas of need were and where staff were available for redeployment. As discussions are taking place as to what activity is re-commenced discussions are also taking place with regard to the staff who can return to their substantive role and where it is necessary from both a health condition and service need to retain them in their redeployed role.

Staff Testing – Current position

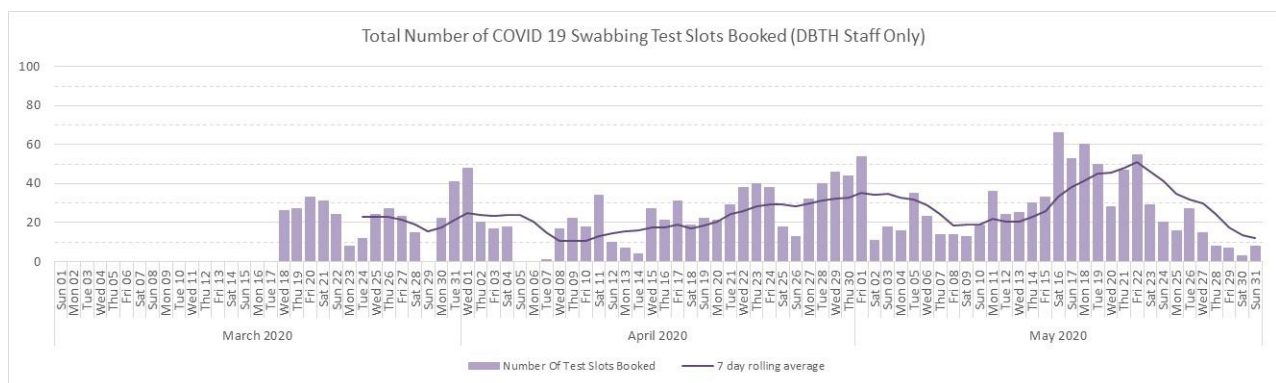
DBTH took the decision to commence staff swabbing earlier than neighbouring Trusts to ensure safe staffing levels to maintain service for the population of Doncaster and Bassetlaw. Drive-Through Swabbing Teams were set up for DBTH staff but also providing support to partner organisations (RDASH, Doncaster CCG, Bassetlaw CCG and Primary Care) to enable swabbing of key staff.

Between 23 March and the 8 June 2020 1935 DBTH staff members were swabbed of which 501 were positive for Covid 19. The breakdown of these staff are within the table below. This information facilitates the identification of hotspot areas of infection – where these are identified all staff within the area are swabbed.

Workforce report, June 2020

Count of PKAbsenceID	Column Labels					
Organisation Level	2020/03	2020/04	2020/05	2020/06	No Date	Grand Total
	14	22	12	2	2	52
272 Children & Families Division	3	5	5	1		14
272 Clinical Specialties Division	12	17	34	2		65
272 COVID-19				1		1
272 Education and Research Directorate	2	2				4
272 Estates & Facilities	3	12	21	4		40
272 Executive Team Board	4	2	2			8
272 Finance & Healthcare Contracting Directorate	1	1				2
272 IT Information & Telecoms Directorate		1				1
272 Medicine Division	14	97	41	10		162
272 Nursing Services Directorate			2			2
272 Performance Directorate		1	7			8
272 Surgery and Cancer Division	13	38	79	12		142
Grand Total	66	198	203	32	2	501

The table below provides details on the number of staff swabbed over the period with a trend line, which as can be seen is reducing.



Following the introduction of the track and trace service we are now receiving details of staff who have been in close proximity to covid positive individuals – they are then required to self isolate for 14 days. In addition we have established an internal process associated with us being notified of our staff who test positive. Members will be aware of the recent announcement that all staff within hospitals must wear face masks and all visitors and outpatients to wear face coverings from 15 June 2020. A further development has been the introduction of antibody testing – DBTH staff have been able to access this testing through their clinical areas, hubs on the DRI and BDGH sites and the drive through at the Keepmoat. This has proved to be very popular with staff with in excess of 6000 staff tested.

As members of the Board will be aware there are a number of risk factors associated with the severity of the illness such as ethnicity, gender and the range of co-morbidities an individual has. Analysis of the colleagues who were covid positive indicates that circa 14% were from a BAME background as compared with 10% of the workforce. In addition 26% of the covid positive colleagues are male as compared with 18% of the workforce. As further information has been provided in relation to the risk factors we have worked with our Occupational Health Physician from Sheffield Teaching Hospitals and local colleagues to revise our risk assessment guidance. This revised guidance was launched earlier this month with a personal circumstances form for all staff to complete which then identifies whether a full risk assessment is required. The risk assessment enables managers with appropriate advice to determine where it is safe for staff to work and what form of PPE is required.

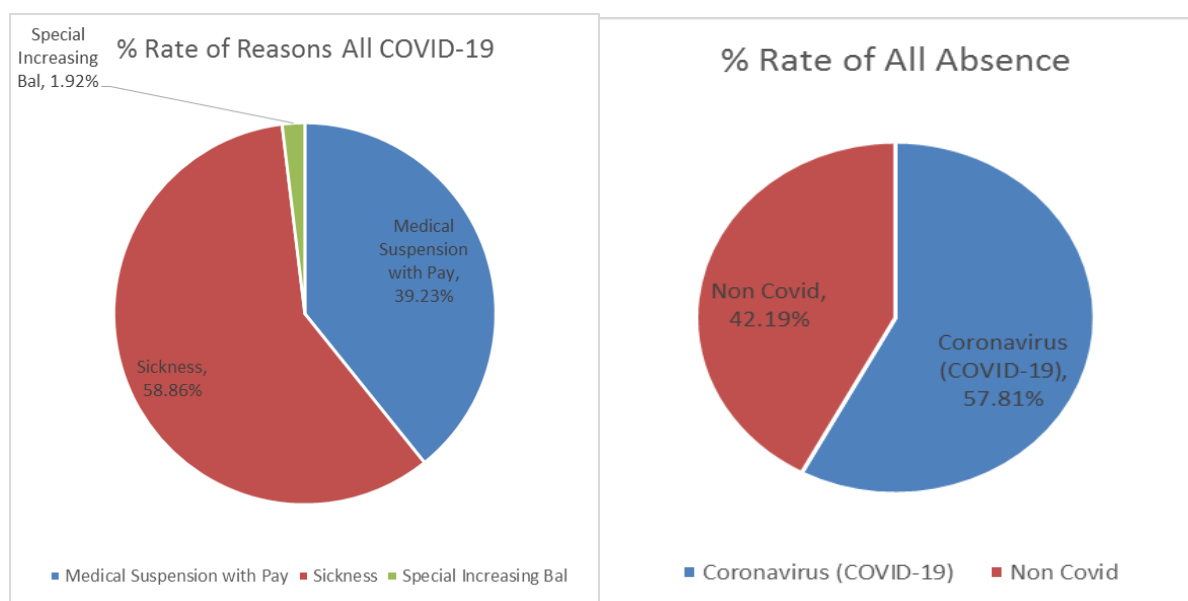
Workforce report, June 2020

Absence data (up to 30 April 2020)

COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not returned	Have returned	% returned
Carers COVID	83	6	77	92.77%
COVID-19 Confirmed	132	47	85	64.39%
COVID-19 Symptoms	539	32	507	94.06%
Medical Exclusion – COVID Shielding	40	33	7	17.50%
Medical exclusion with Covid 19 confirmed	123	19	104	84.55%
Medical exclusion with Covid 19 symptoms	523	72	451	86.23%
Medical exclusion without Covid 19 symptoms	597	158	439	73.53%
Total COVID related absence	2037	367	1670	81.98%

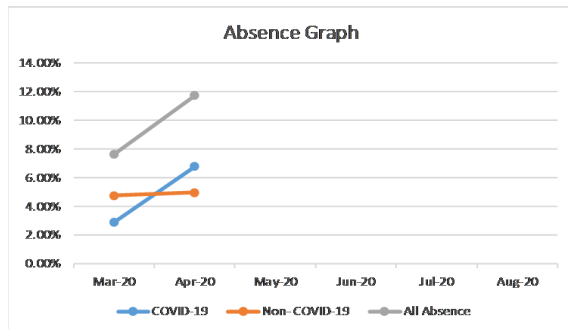
ESR PIE Charts



The next section details the levels of absence both covid and non covid related during March and April. The covid absence data is then presented by Division and directorate together with staff group.

Workforce report, June 2020

Absence percentages – March & April 2020



	COVID-19			COVID-19			All Absence COVID-19		
	Mar-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	870.00	4999.07	2.88%	1345.00	11392.71	6.77%	1743.00	16391.78	4.79%
272 COVID-19				1.00	3.00	1.23%	1.00	3.00	1.23%
272 Chief Executive Directorate	0.00	0.00	0.00%	1.00	12.00	2.20%	1.00	12.00	1.05%
272 Children & Families Division	106.00	575.23	3.09%	145.00	1157.95	6.38%	193.00	1733.17	4.71%
272 Clinical Specialities Division	210.00	1214.72	2.69%	283.00	2415.50	5.55%	383.00	3630.22	4.10%
272 Directorate Of Strategy & Improvement	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Doncaster & Bassetlaw HC Services Ltd	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Education and Research Directorate	28.00	174.79	8.05%	32.00	474.33	22.99%	41.00	649.12	15.33%
272 Estates & Facilities	87.00	432.97	3.08%	120.00	1021.76	7.43%	161.00	1454.73	5.23%
272 Executive Team Board	0.00	0.00	0.00%	3.00	10.40	0.32%	3.00	10.40	0.16%
272 Finance & Healthcare Contracting Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 IT Information & Telecoms Directorate	13.00	103.68	4.70%	6.00	61.20	2.82%	15.00	164.88	3.76%
272 Medical Director Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Medicine Division	254.00	1493.43	3.30%	468.00	3811.88	8.71%	591.00	5305.30	5.95%
272 Nursing Services Directorate	8.00	55.20	2.66%	7.00	69.65	3.42%	12.00	124.85	3.03%
272 People & Organisational Directorate	6.00	51.05	2.74%	1.00	1.60	0.09%	6.00	52.65	1.41%
272 Performance Directorate	29.00	148.05	2.61%	38.00	277.81	5.11%	49.00	425.86	3.83%
272 Surgery and Cancer Division	137.00	749.96	2.69%	248.00	2075.63	7.71%	297.00	2825.59	5.15%

	NON COVID-19			NON COVID-19			All Absence NON COVID-19		
	Mar-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	1047.00	8262.02	4.76%	862.00	8343.14	4.96%	1598.00	16605.16	4.86%
272 COVID-19				0.00	0.00	0.00%		0.00	0.00%
272 Chief Executive Directorate	1.00	3.00	0.50%	3.00	19.30	3.55%	4.00	22.30	1.95%
272 Children & Families Division	131.00	1353.46	7.26%	118.00	1276.84	7.04%	198.00	2630.29	7.15%
272 Clinical Specialities Division	277.00	2024.70	4.49%	237.00	2169.43	4.99%	433.00	4194.12	4.73%
272 Directorate Of Strategy & Improvement	1.00	2.00	0.86%	0.00	0.00	0.00%	1.00	2.00	0.44%
272 Doncaster & Bassetlaw HC Services Ltd	1.00	19.08	8.02%	1.00	14.72	6.26%	1.00	33.80	7.14%
272 Education and Research Directorate	8.00	55.60	2.56%	7.00	103.41	5.01%	12.00	159.01	3.76%
272 Estates & Facilities	98.00	659.44	4.69%	99.00	810.48	5.89%	172.00	1469.92	5.28%
272 Executive Team Board	7.00	116.00	3.38%	5.00	57.60	1.77%	8.00	173.60	2.60%
272 Finance & Healthcare Contracting Directorate	3.00	55.00	1.33%	1.00	7.36	0.18%	4.00	62.36	0.76%
272 IT Information & Telecoms Directorate	12.00	29.14	1.32%	3.00	8.87	0.41%	15.00	38.01	0.87%
272 Medical Director Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Medicine Division	282.00	2279.37	5.03%	208.00	2234.86	5.10%	402.00	4514.23	5.07%
272 Nursing Services Directorate	7.00	97.60	4.70%	6.00	40.08	1.97%	11.00	137.68	3.34%
272 People & Organisational Directorate	5.00	28.00	1.50%	3.00	29.80	1.60%	6.00	57.80	1.55%
272 Performance Directorate	30.00	188.35	3.32%	27.00	246.79	4.54%	48.00	435.14	3.92%
272 Surgery and Cancer Division	187.00	1351.28	4.84%	147.00	1323.61	4.92%	287.00	2674.89	4.88%

	All Absence COVID-19			All Absence NON COVID-19			All Absence		
	Apr-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	1917.00	13261.09	7.63%	2207.00	19735.85	11.73%	3341.00	32996.94	9.65%
272 COVID-19				1.00	3.00	1.23%	1.00	3.00	1.23%
272 Chief Executive Directorate	1.00	3.00	0.50%	4.00	31.30	5.75%	5.00	34.30	3.00%
272 Children & Families Division	237.00	1928.68	10.35%	263.00	2434.78	13.42%	391.00	4363.47	11.87%
272 Clinical Specialities Division	487.00	3239.42	7.18%	520.00	4584.92	10.54%	816.00	7824.34	8.83%
272 Directorate Of Strategy & Improvement	1.00	2.00	0.86%	0.00	0.00	0.00%	1.00	2.00	0.44%
272 Doncaster & Bassetlaw HC Services Ltd	1.00	19.08	8.02%	1.00	14.72	6.26%	1.00	33.80	7.14%
272 Education and Research Directorate	36.00	230.39	10.61%	39.00	577.75	28.01%	53.00	808.13	19.09%
272 Estates & Facilities	185.00	1092.41	7.76%	219.00	1832.24	13.32%	333.00	2924.65	10.51%
272 Executive Team Board	7.00	116.00	3.38%	8.00	68.00	2.09%	11.00	184.00	2.75%
272 Finance & Healthcare Contracting Directorate	3.00	55.00	1.33%	1.00	7.36	0.18%	4.00	62.36	0.76%
272 IT Information & Telecoms Directorate	25.00	132.82	6.02%	9.00	70.07	3.22%	30.00	202.89	4.63%
272 Medical Director Directorate	0.00	0.00	0.00%	0.00	0.00	0.00%		0.00	0.00%
272 Medicine Division	536.00	3772.80	8.32%	676.00	6046.74	13.81%	993.00	9819.54	11.02%
272 Nursing Services Directorate	15.00	152.80	7.35%	13.00	109.73	5.38%	23.00	262.53	6.38%
272 People & Organisational Directorate	11.00	79.05	4.24%	4.00	31.40	1.69%	12.00	110.45	2.96%
272 Performance Directorate	59.00	336.41	5.93%	65.00	524.59	9.65%	97.00	861.00	7.75%
272 Surgery and Cancer Division	324.00	2101.24	7.53%	395.00	3399.24	12.63%	584.00	5500.48	10.03%

Workforce report, June 2020

Divisional breakdown

	COVID-19			COVID-19			COVID-19		
	Mar-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	866.00	4968.07	2.86%	1338.00	11245.85	6.68%	1737.00	16213.93	4.74%
272 Children & Families Division Total	105.00	571.39	3.07%	144.00	1143.55	6.30%	192.00	1714.93	4.66%
272 Children & Family Care Group - Mangement Total	5.00	21.32	2.84%	5.00	60.67	8.49%	8.00	81.99	5.60%
272 Childrens Total	42.00	214.24	3.22%	69.00	460.41	7.07%	85.00	674.65	5.12%
272 GU Medicine Total	1.00	2.77	0.29%	1.00	7.00	0.73%	2.00	9.77	0.51%
272 Womens & Maternity Total	57.00	333.05	3.25%	71.00	615.47	6.18%	99.00	948.52	4.69%
272 Clinical Specialities Division Total	210.00	1214.72	2.69%	283.00	2401.50	5.52%	383.00	3616.22	4.08%
272 Anaes Critical Care & Pain Mangement Total	45.00	269.83	3.12%	55.00	496.29	6.03%	78.00	766.12	4.54%
272 Clinical Therapies Total	61.00	343.06	3.50%	88.00	626.22	6.54%	120.00	969.28	5.00%
272 Medical Imaging Total	13.00	92.09	1.17%	20.00	246.11	3.25%	23.00	338.20	2.19%
272 Outpatient & Clinical Admin Total	13.00	64.53	5.66%	16.00	173.59	15.47%	19.00	238.12	10.53%
272 Pathology Total	27.00	147.79	2.40%	33.00	172.45	2.95%	46.00	320.23	2.67%
272 Pharmacy & Medicines Management Total	19.00	118.59	3.10%	9.00	190.80	5.15%	22.00	309.39	4.11%
272 Theatres & Day Surgery Total	32.00	178.83	2.41%	63.00	496.05	6.91%	76.00	674.88	4.63%
272 Medicine Division Total	254.00	1493.43	3.30%	467.00	3793.28	8.66%	590.00	5286.70	5.93%
272 272 Emergency Care Group Management Total	4.00	25.47	2.02%	7.00	75.95	6.19%	9.00	101.41	4.07%
272 Accident and Emergency Department Total	47.00	289.11	3.41%	78.00	582.82	7.03%	106.00	871.93	5.20%
272 Acute Medicine Total	46.00	321.78	4.12%	85.00	775.93	10.35%	108.00	1097.71	7.18%
272 Cardiology Total	25.00	141.16	3.61%	44.00	432.61	11.37%	49.00	573.77	7.44%
272 Care of the Elderly/Rehabilitation Total	32.00	164.64	2.34%	97.00	656.60	9.66%	111.00	821.24	5.93%
272 Dermatology Total	5.00	27.04	2.92%	4.00	53.80	6.27%	5.00	80.84	4.53%
272 Diabetes & Endocrinology Total	15.00	88.18	3.39%	19.00	129.38	5.20%	30.00	217.57	4.27%
272 Haematology Total	16.00	95.83	8.17%	13.00	119.80	10.79%	23.00	215.63	9.44%
272 Medical Gastroenterology Total	9.00	59.52	3.15%	20.00	112.87	6.05%	26.00	172.39	4.59%
272 Neurology Total		0.00	0.00%		0.00	0.00%		0.00	0.00%
272 Palliative Care Total	5.00	36.00	5.91%	8.00	97.80	16.88%	10.00	133.80	11.26%
272 Renal Total	20.00	101.47	4.61%	30.00	234.55	10.95%	37.00	336.01	7.73%
272 Respiratory Medicine Total	19.00	90.36	2.22%	39.00	378.88	9.66%	49.00	469.24	5.87%
272 Rheumatology Total		0.00	0.00%		0.00	0.00%		0.00	0.00%
272 Specialty Services Care Group - Mangement Total		0.00	0.00%		0.00	0.00%		0.00	0.00%
272 Stroke Total	12.00	52.87	2.48%	23.00	142.29	6.92%	28.00	195.16	4.66%
272 Surgery and Cancer Division Total	136.00	747.56	2.68%	246.00	2074.98	7.71%	295.00	2822.54	5.15%
272 Breast Total	4.00	10.40	1.07%	1.00	4.80	0.51%	5.00	15.20	0.80%
272 Dental Total	2.00	14.00	1.67%	5.00	47.63	5.92%	5.00	61.63	3.76%
272 ENT Total	5.00	24.69	1.33%	12.00	127.56	7.23%	13.00	152.25	4.21%
272 Endoscopy Total	25.00	152.73	4.77%	52.00	404.23	12.96%	62.00	556.96	8.81%
272 Gastro Intestinal Surgery Total	32.00	168.60	2.94%	58.00	570.91	10.46%	69.00	739.51	6.61%
272 Ophthalmology Total		0.00	0.00%	1.00	3.00	0.13%	1.00	3.00	0.06%
272 Surgical Audiology Total		0.00	0.00%		0.00	0.00%		0.00	0.00%
272 Surgical Care Group - Management Total	1.00	2.00	0.20%	4.00	35.00	3.68%	4.00	37.00	1.91%
272 Trauma & Orthopaedics Total	51.00	302.47	3.95%	74.00	612.30	8.27%	92.00	914.77	6.07%
272 Urology Total	12.00	55.72	2.78%	24.00	161.48	8.37%	28.00	217.20	5.52%
272 Vascular Total	4.00	16.95	1.25%	15.00	108.08	8.31%	16.00	125.03	4.70%

	COVID-19			COVID-19			COVID-19		
	Mar-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	866.00	4968.07	2.86%	1338.00	11245.85	6.68%	1737.00	16213.93	4.74%
Add Prof Scientific and Technic	20.00	139.37	2.59%	20.00	262.80	5.07%	31.00	402.17	3.81%
Additional Clinical Services	264.00	1537.06	4.05%	406.00	3202.19	8.73%	527.00	4739.24	6.35%
Administrative and Clerical	99.00	602.85	1.76%	139.00	1343.56	4.03%	182.00	1946.41	2.88%
Allied Health Professionals	35.00	209.23	2.04%	65.00	464.44	4.65%	82.00	673.67	3.33%
Estates and Ancillary	91.00	432.31	3.06%	132.00	1068.41	7.76%	175.00	1500.73	5.37%
Healthcare Scientists	12.00	92.00	2.52%	12.00	129.11	3.59%	18.00	221.11	3.05%
Medical and Dental	23.00	131.18	0.73%	29.00	406.13	2.35%	38.00	537.31	1.52%
Nursing and Midwifery Registered	325.00	1824.08	3.64%	539.00	4369.22	9.01%	688.00	6193.30	6.28%

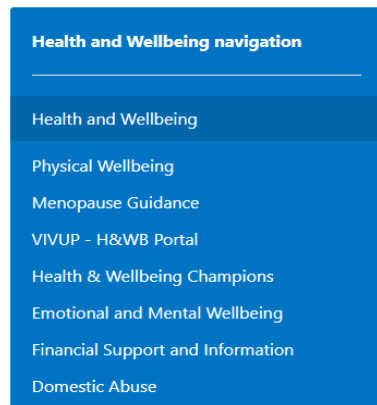
	NON COVID-19			NON COVID-19			NON COVID-19		
	Mar-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	1059.00	8340.41	4.80%	893.00	8535.36	5.07%	1635.00	16875.78	4.93%
Add Prof Scientific and Technic	35.00	277.01	5.15%	28.00	314.45	6.07%	51.00	591.46	5.60%
Additional Clinical Services	313.00	2426.50	6.40%	273.00	2702.56	7.37%	482.00	5129.06	6.88%
Administrative and Clerical	174.00	1264.82	3.70%	125.00	1267.54	3.81%	245.00	2532.36	3.75%
Allied Health Professionals	40.00	205.11	2.00%	26.00	145.99	1.46%	60.00	351.10	1.74%
Estates and Ancillary	114.00	875.65	6.19%	115.00	1004.81	7.29%	198.00	1880.47	6.73%
Healthcare Scientists	14.00	97.21	2.66%	12.00	116.47	3.24%	22.00	213.68	2.95%
Medical and Dental	34.00	184.35	1.02%	21.00	139.57	0.81%	48.00	323.92	0.92%
Nursing and Midwifery Registered	336.00	3009.75	6.01%	294.00	2843.98	5.87%	530.00	5853.73	5.94%

	All Absence			All Absence			All Absence		
	Mar-20			Apr-20			Cumulative		
	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate	Absence Occurrences	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	1925.00	13308.49	7.66%	2231.00	19781.22	11.75%	3372.00	33089.71	9.67%
Add Prof Scientific and Technic	55.00	416.38	7.74%	48.00	577.25	11.14%	82.00	993.63	9.41%
Additional Clinical Services	577.00	3963.56	10.46%	679.00	5904.74	16.09%	1009.00	9868.30	13.23%
Administrative and Clerical	273.00	1867.67	5.46%	264.00	2611.10	7.84%	427.00	4478.77	6.63%
Allied Health Professionals	75.00	414.34	4.05%	91.00	610.44	6.11%	142.00	1024.78	5.07%
Estates and Ancillary	205.00	1307.97	9.24%	247.00	2073.23	15.05%	373.00	3381.19	12.11%
Healthcare Scientists	26.00	189.21	5.18%	24.00	245.57	6.83%	40.00	434.79	6.00%
Medical and Dental	57.00	315.53	1.74%	50.00	545.70	3.16%	86.00	861.22	2.43%
Nursing and Midwifery Registered	661.00	4833.83	9.65%	833.00	7213.19	14.88%	1218.00	12047.03	12.22%

Workforce report, June 2020

Health and Wellbeing

QEC recently received a detailed paper regarding the Trust's approach to health and wellbeing in order to support our people. Below are two extracts from The Hive detailing the offer to staff. Attention is to be drawn to the TLC service (Talk Listen Care) – it is pleasing to note the feedback we have received from colleagues who have been contacted has been very positive.



Home / Health and Wellbeing

Health and Wellbeing

2nd April 2020

If you are having any emotional or mental health problems in relation to COVID 19 please go to the Emotional and Mental Wellbeing tab. At the bottom of the page you will find information and links to various support services. Alternatively visit the TLC page or contact the TLC team on dbth.tlc@nhs.net



As a member of Team DBTH, we want you to feel supported, cared for and enabled to look after your Health and Wellbeing.

We have lots of support and advice to help you look after your Mental, Emotional, Physical and Financial wellbeing.

Look out for the flower logo on all Health and Wellbeing initiatives.

Please visit <http://www.vivup.co.uk> and sign in to our Employee Assist Benefit Scheme. Here you will find a range of NHS benefits and discounts along with support and resources on wellbeing.

Click on the links to the left to access different areas of the trusts Health and Wellbeing offer.

If you have any comments or suggestions please email dbth.health-wellbeing@nhs.net

A poster for the TLC (Talk Listen Care) service. It features a heart with 'We care' and 'TLC' inside, and the text 'Talk Listen Care' and 'Staff Support during Covid-19'. The NHS Doncaster and Bassetlaw Teaching Hospitals logo is in the top right. Below the title, there is an illustration of a hospital building. The text describes the TLC service, its availability, and the team's role. At the bottom, there is a section 'About the team' listing the multi-disciplinary team members.

TLC **Talk Listen Care**
We care
Staff Support during Covid-19

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

The TLC service has been created to support you as member of Team DBTH by responding rapidly during this difficult situation. The TLC service can be used as and when required and can be accessed by emailing dbth.tlc@nhs.net.

Please note: Staff counselling services are also available 24/7 by calling the Vivup Employee Assistance Provision on 03303 800 658 or going to vivup.co.uk.

The team has a wide variety of skills and knowledge and have offered their service because they recognise the importance of supporting staff through difficult times.

The TLC service is here to support you throughout the Covid-19 pandemic. We understand that these are challenging times and we are here to help.

About the team
TLC is a multi-disciplinary team consisting of:

- Chaplaincy
- Safeguarding
- Occupational Health
- Union
- Leadership and OD
- Human Resources
- Coaches
- Patient Safety
- Health and Wellbeing
- Psychotherapists and Counsellors

Workforce report, June 2020

This section of the paper provides members of the Board with detailed DBTH activity data from Vivup and the Employee Assistance Provision (EAP). The data in this report covers the period 1st March 2002 – 31st May 2020. The purpose of this kind of service is to provide additional benefits either monetary or health benefits for our workforce, which in turn helps to differentiate us as an NHS employer of choice.

Key points to note are:

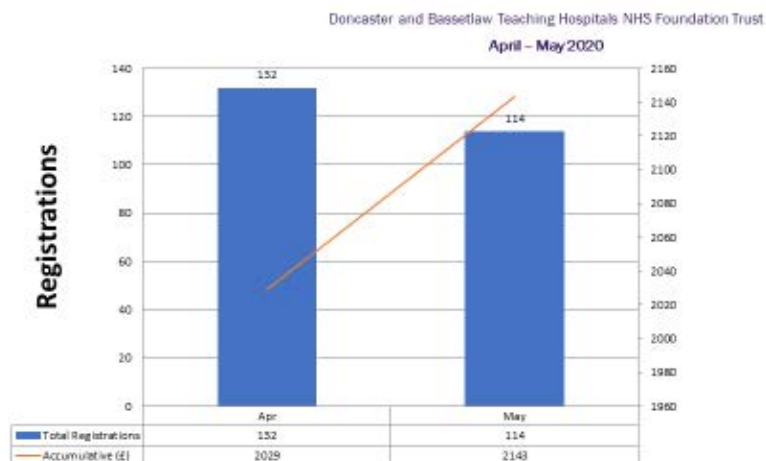
Throughout the COVID pandemic the newly implemented Talk Listen Care (TLC) service has engaged with staff who are absent from work by undertaking employee welfare telephone calls. Signposting to Vivup and EAP formed part of the call. Also all staff contacted received email correspondence with information for Vivup and EAP. In the period (9th April – 6th May 2020), the TLC has documented 857 successful telephone contacts to 736 members of staff and has sent 1,540 TLC e-mails. Feedback on Facebook – 'I am a member of staff who is off poorly with breathing difficulties at the moment. Today I had a call from a lovely gentleman by the name of Steve who at present is working on behalf of our Wellbeing Team. The call really helped me from feeling isolated and guilty at not being at work during this terrible crisis. We talked at length about health issues and what's going on in the world and afterwards I felt my spirits lifted. This phone call made such a difference to my wellbeing, just being able to talk to someone who understands how it feels to be isolating at home whilst feeling guilty that they're not doing their bit.

Hats off to the Trust for providing this service it really means so much. I hope others are benefiting from this amazing service as much as I have.

Thank you DBHT 🙌🙌🙌🙌

This proactive action may account for the rapid increase in staff registrations as reflected in the graph below. A change from 23% of staff registered at this point last year to 34% in May this year. (Figures calculated on a workforce number of 6296)

Total Registrations



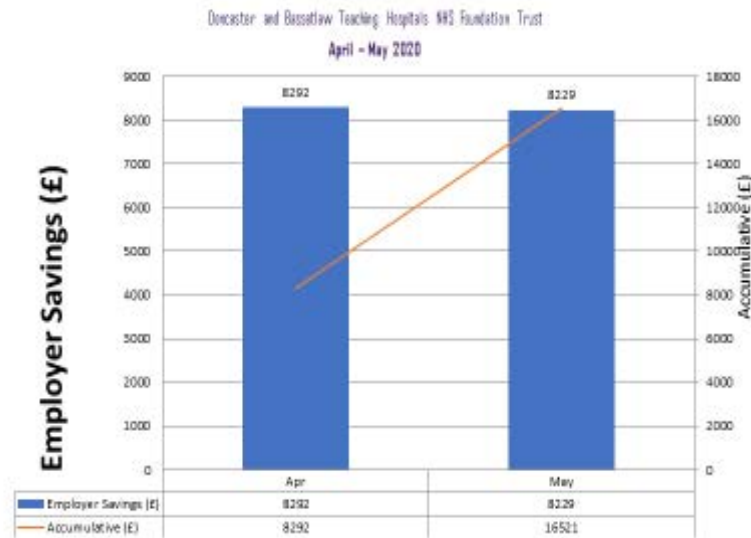
Last years registrations over same months, incredible demand and growth this year!



vivup.co.uk

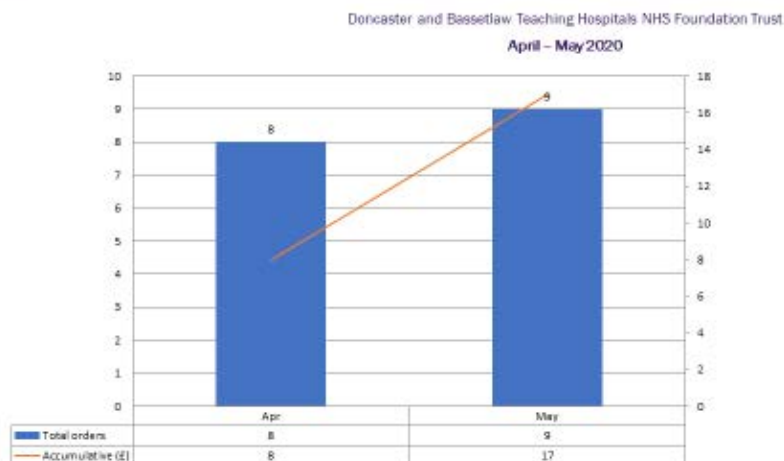
Below are the data which demonstrates the total personal monetary savings made by our staff from the discounts and savings offered through Vivup membership.

Employer Estimated Savings – All Schemes

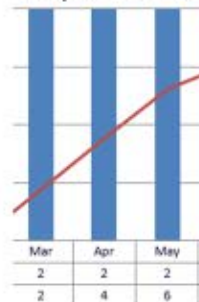


We have observed a significant rise in the number of orders through the cycle to work scheme. This is a positive shift in terms of health and well-being and probably reflective of the move by people to ensure daily fitness and exercise during the lockdown, nervousness around using public transport and car sharing.

Total Orders – Cycle to Work



4x the number of orders
Compared to 2019

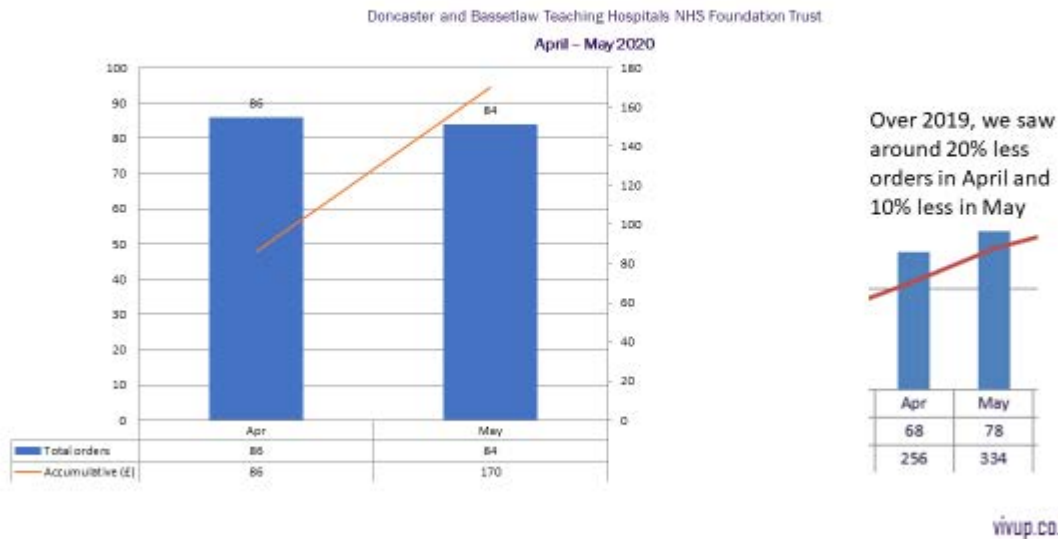


It is important to highlight that the ongoing work around ensuring sufficient quality and the number of cycle bays and sheds on all our hospital sites is still necessary and will help to encourage our workforce to adopt healthy, potentially less risky and environmentally responsible methods of travel to and from work. The cycle to work scheme also facilitates the purchase of electronic bikes.

Workforce report, June 2020

We have also seen an increase in the purchase of home electronics compared to the previous year, this could be attributed to the lockdown period and inability to socialise outside the home whilst recognising a need to maintain connectivity and relationships through enabling technology.

Total Orders – Home Electronics



Employee Assistance Provision (EAP)

Vivup EAP is designed to deliver a tailored approach to support our employee health and wellbeing. The purpose of the service is to improve people's functioning at work by supporting them in any difficult situation, whether at work or in their personal life. The service ensures that staff have access to evidence-based support, which enables our staff to continue to remain at work whilst they may be experiencing;

- Stress
- Anxiety
- Depression
- Relationship difficulties
- Financial and debt worries
- Wellbeing and health issues.

Access to psychological therapy and interventions is further complimented by access through an online portal to information and a comprehensive range of cognitive behavioural therapy workbooks which can be downloaded for use by individuals.

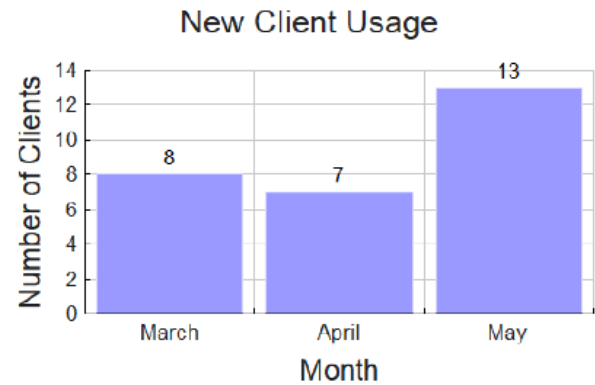
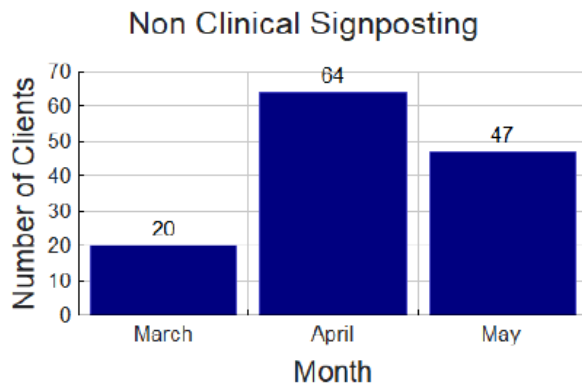
Process

Following an initial telephone assessment and triage process all staff undertake an initial risk assessment and are provided with access to in the moment telephone support where required. Post risk assessment staff requiring access to telephone or face to face counselling are booked in for a telephone assessment with a counsellor. This will include assessment of risk, medication, presenting issues.

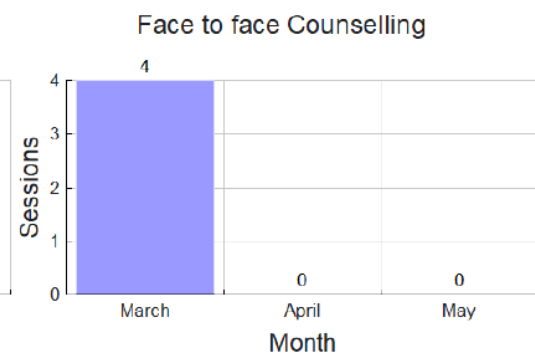
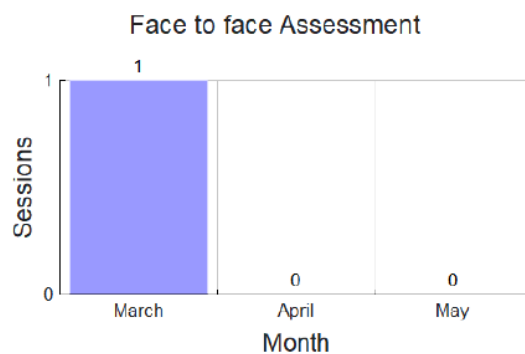
The following dashboard summary highlights that we have seen an increase usage of EAP by staff that have not accessed this service before. This is not surprising given the crisis we have found ourselves in, but it is encouraging that staff are feeling able to reach out for help and support.

Workforce report, June 2020

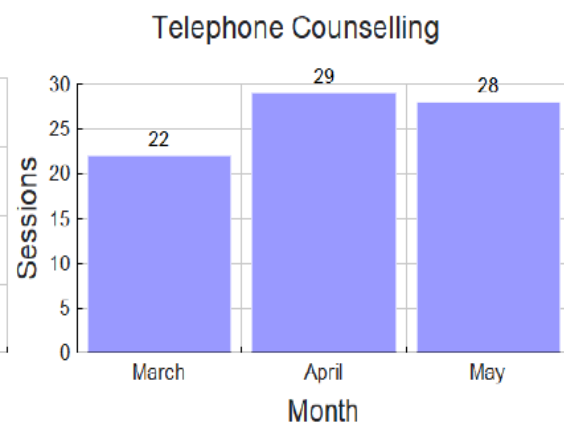
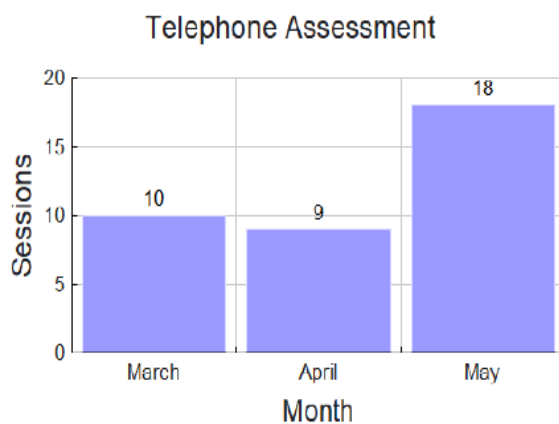
Dashboard Summary



Counselling Methods

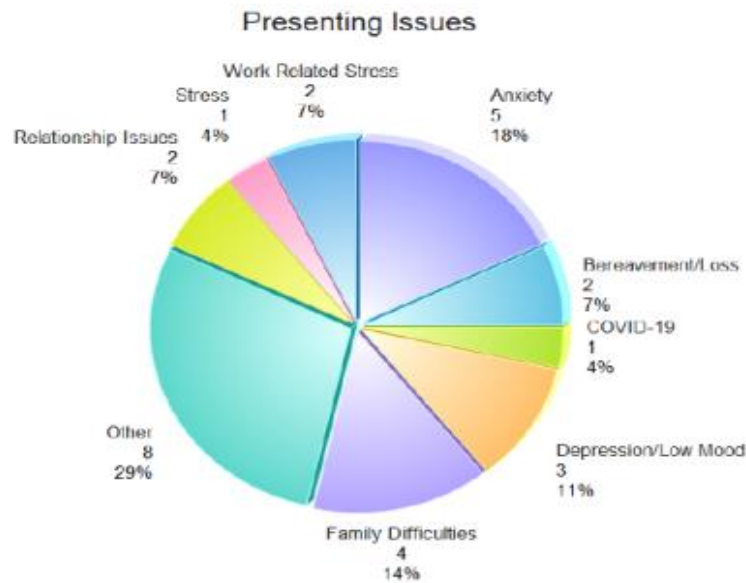


The zero face to face counselling reflects the lockdown period.

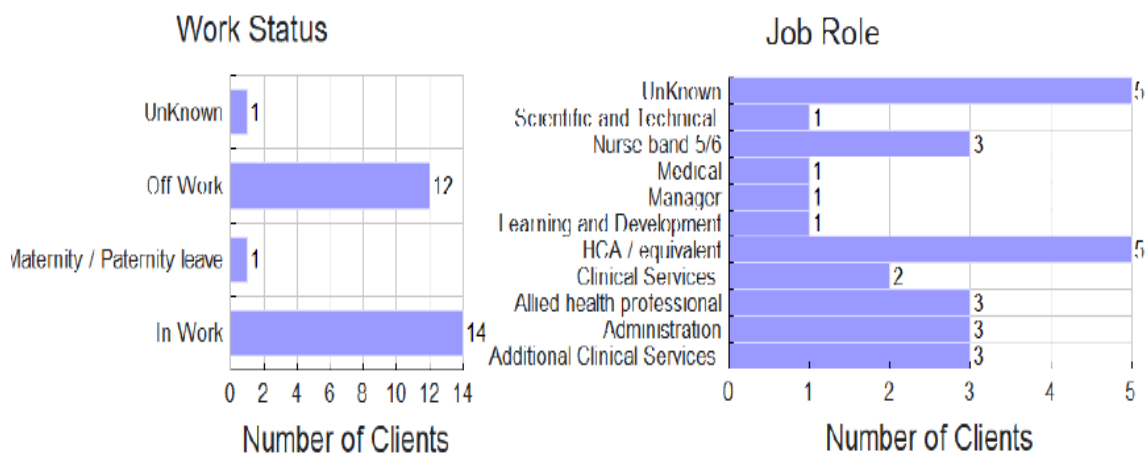


Clearly during the COVID period the EAP service was not allowed to and is still unable to undertake face to face counselling in our hospital, but is using technology to conduct remote face to face sessions with our staff. The following pie chart captures the presenting issues.

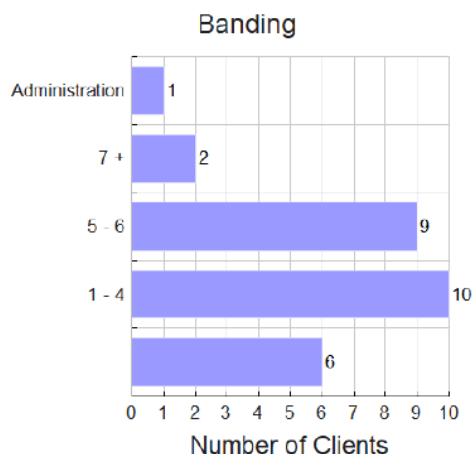
Workforce report, June 2020



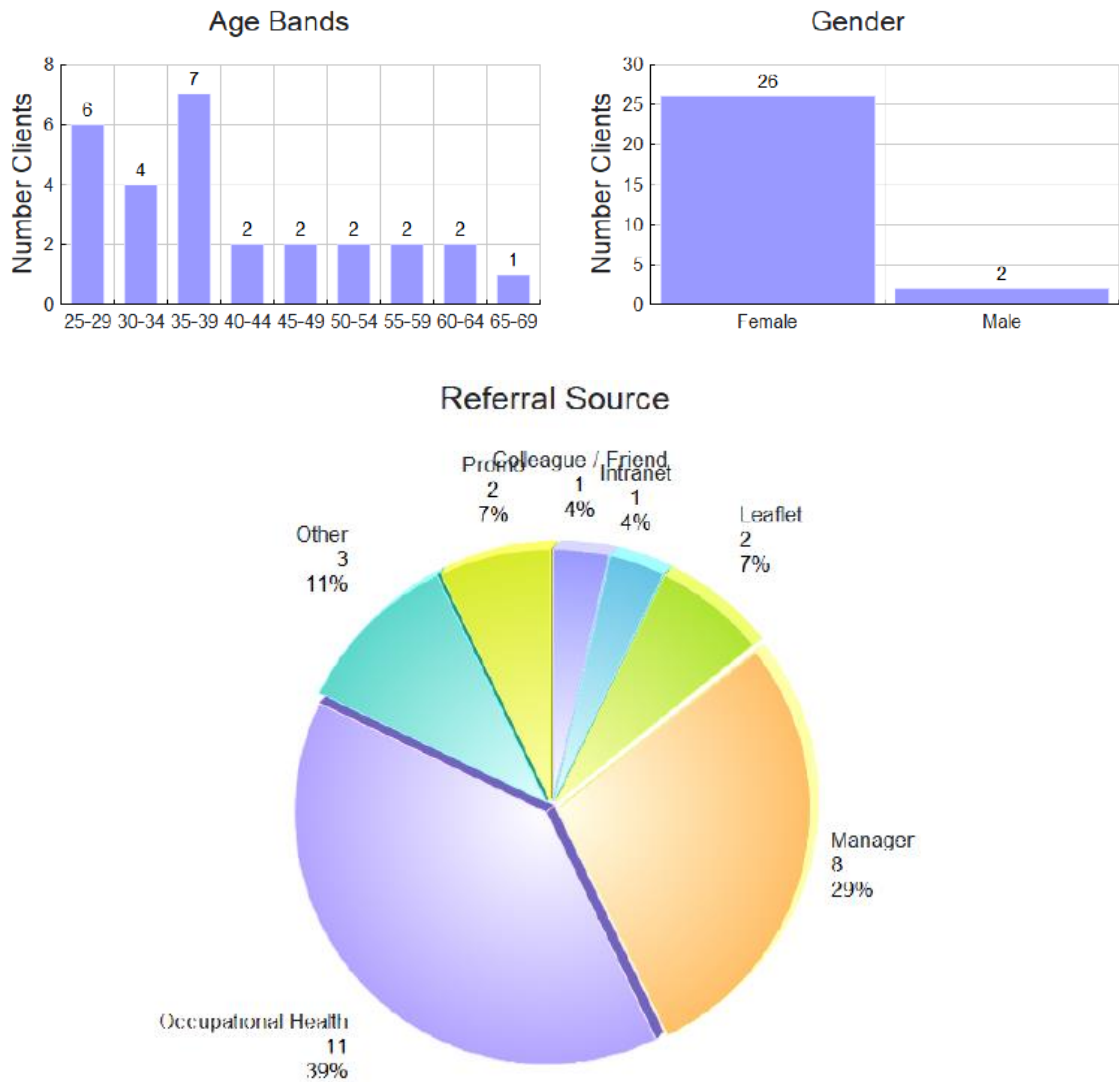
Note: *Other reflects that the counsellor has not yet determined the underlying issue with the client.



The above charts give a breakdown of the roles of the staff accessing the service. It is positive to note that there is a wide range of people from different professional groups and roles accessing the service. And there are staff both in work and off work that are accessing the service in similar numbers. The graphs below reflect staff pay bands, age bands and gender.



Workforce report, June 2020



From the above pie chart it is evident that staff are adopting a range of referral methods to access the services, from occupational health referrals, manager referrals, self-referrals, information from friends, leaflets and colleagues.

The next stage within the recovery phase is to ensure that managers are equipped to support their teams and undertake regular pulse checks with our colleagues.

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Financial Performance – Month 2 May 2020		
Report to	Trust Board	Date	16th June 2020
Author	Alex Crickmar – Deputy Director of Finance Jon Sargeant - Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues
<p>The Trust's deficit for month 2 (May 2020) was £119k before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £119k in order to report a break even financial position at Month 2. The year to date financial position is a £572k deficit before the retrospective top up.</p> <p>It is expected that expenditure will start to increase in the following months as the Trust moves into the next phase of COVID response and activity starts to increase. It should also be noted that the Trust is yet to receive planning guidance for financial arrangements post July.</p>
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none"> • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity • F&P 13 - Inability to meet Trust's needs for capital investment • F&P – 14 - Reduction in hospital activity and subsequent income due to increase in community provision • F&P 16 - Uncertainty over ICS financial regime including single financial control total

**How this report impacts on current risks or highlights new risks**

Update on risk relating to delivery of 2020/21 financial position.

Recommendation(s) and next steps

The Board is asked to note:

- The Trust's deficit for month 2 (May 2020) was £119k before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £119k in order to report a break even financial position at Month 2. The year to date financial position is a £572k deficit before the retrospective top up.
- The significant drop in expenditure relating to reduce activity levels, that is unsustainable going forward as 'normal' workloads return.

FINANCIAL PERFORMANCE

Month 2- May 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
P2 May 2020

1. Income and Expenditure vs. Plan						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	
I&E Perf Exc Impairments & top up	14	(1,983) F	28	(3,631) F	2,116	Employee Expenses					
Income	(34,186)	528 A	(69,075)	419 A	(34,305)	Drugs					
Donated Asset Income	(14)	(14) F	(28)	(28) F	0	Clinical Supplies					
Operating Expenditure	33,134	(2,529) F	21,690	(4,084) F	342	Non Clinical Supplies					
Pay	23,340	(750) F	1,160	(1,400) F	24,090	Non Pay Operating Expenses					
Non Pay & Reserves	9,794	(1,779) F	20,530	(2,684) F	10,064	Income					
Financing costs	1,185	(14) F	2,366	(28) F	1,185	Mixed					
I&E Performance excluding top up	119	(1,997) F	572	(3,659) F	2,116						
Retrospective top up	(119)	(119) F	(572)	(572) F							
I&E Performance including top-up	0	(2,116) F	0	(4,231) F	2,116	Total	0	0 A	0	0 A	0
F = Favourable A = Adverse						4. Other					
Financial Sustainability Risk Rating			Plan	Actual		Monthly Performance		YTD Performance		Annual	
Risk Rating			3	3		Plan	Actual	Plan	Actual	Plan	
						£'000	£'000	£'000	£'000	£'000	
3. Statement of Financial Position						5. Workforce					
All figures £m			Opening Balance	Closing balance	Movement in year	Funded WTE		Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Non Current Assets			213,162	214,259	1,097						
Current Assets			63,216	88,382	25,166						
Current Liabilities			-130,077	-157,383	-27,306						
Non Current liabilities			-16,657	-16,736	-79						
Total Assets Employed			129,644	128,522	-1,122	Current Month	5,954	5,412	254	106	5,772
Total Tax Payers Equity			-129,644	-128,522	1,122	Previous Month	5,955	5,444	257	103	5,803
						Movement	1	31	2	-3	31

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Month 2 Financial Position Highlights

Summary Income and Expenditure Position – Month 2

	Month 2 £000	YTD £000
Income	-34,186	-69,075
Pay		
Substantive Pay	21,680	43,150
Bank	633	1,342
Agency	445	1,128
Recharges	582	1,160
Total pay	23,340	46,779
Non-Pay		
Drugs	567	1,169
Non-PbR Drugs	1,349	2,693
Clinical Supplies & Services	1,682	3,733
Other Costs	6,196	12,936
Total Non-pay	9,794	20,530
Financing costs	1,171	2,338
Deficit Position as at month 1 before retrospective top up	119	572
Retrospective top up	-119	-572
Reported Position	0	0

The Trust's deficit for month 2 (May 2020) was £119k before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £119k in order to report a break even financial position at Month 2. The year to date financial position is a £572k deficit before retrospective top up. Please note that the national guidance from NHS E/I sets out that the retrospective top up is subject to a national assurance process and requires central sign off before it is confirmed and paid. After adjusting for the £119k retrospective top up in month, the Trust's position was c. £2m favourable to budget (£1.7m favourable in April) which was driven by continued reductions in pay and non-pay costs.

The Trust's month 2 financial position includes revenue costs of c. £1.4m relating to COVID (£1.4m in April), of which c. £0.8m relates to pay costs and £0.6m to non-pay costs. The financial governance arrangements regarding COVID expenditure continue to be in place, with 156 orders approved by Gold Command to date.

The clinical income position reported at Month 2 is aligned to the national block arrangements currently in place as previously set out to the Board. Activity levels across most points of delivery (POD) continue to have reduced significantly. This is shown in the table below which set out the percentage movement in activity for the YTD position compared to the monthly average for 2019/20. Some areas have shown some activity increase since Month 1 (e.g. A&E by 36%) however this is from a low base point.

Point of Delivery	% Movement
Daycase	-81.63%
Elective	-67.80%
Non-Elective	-38.09%
OP First	-81.79%
OP Follow Up	-82.09%
OP Procedure	-85.19%

The non-clinical income position was adverse in month by c. £500k which was primarily due to reduced bowl scope activity (£204k) and reduced RTA income (£157k), both of which are impacted by COVID.

The expenditure position in month continues to be driven by reductions in costs (both pay and non-pay) as a result of decreases in planned and emergency activity as set out above, offset in part by increases in spend relating to COVID activity. Pay was lower than Month 1 spend, which was driven by a further reduction in agency spend (c. £200k) in month along with continued reductions in additional sessions and bank spend relating to the activity movements seen. Non-Pay has continued to be favourable to plan in drugs, clinical supplies and other non-pay costs due to lower activity levels. It is expected that expenditure will start to increase in the following months as the Trust moves into the next phase of COVID response and activity starts to increase. It should also be noted that the Trust is yet to receive planning guidance for financial arrangements post July.

Capital expenditure spend in month 2 is £0.9m, including COVID-19 capital spend of £0.3m. This is £0.4m ahead of plan, due to Estates (£0.1m ahead of plan), IT (£0.1m ahead of plan) and COVID-19 (£0.1m ahead of plan). Year to date capital expenditure spend is £2.5m, including COVID-19 capital spend of £1.4m. A revised capital plan submission to the ICS and NHSI/E has been made as set out to the Finance and Performance Committee. The ICS has not submitted the HSDU case as part of an agreed budget for the Trust, however it has requested that the Trust makes a phase 3 covid capital bid for the funding. The Director of Finance has declined to note the scheme as an ICS priority until a full process has been undertaken to agree all priorities across the ICS. There is no clear process to do this at the current time. The Trust has commissioned this work, however to ensure that the facility can be used in the event of a second wave of corona virus later in the year, and to provide resilience for the flu alongside Covid 19 in the coming winter.

The cash balance at the end of May was £66.5m (April: £62.4m). The increase of cash in month is as a result of the Trust receiving PSF funding relating to Q4 19/20 in month, with cash remaining high due to the Trust receiving two months' worth of the block income in April.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 2 (May 2020) was £119k before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £119k in order to report a break even financial position at Month 2. The year to date financial position is a £572k deficit before the retrospective top up.



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Corporate Risk Register		
Report to	Board of Directors	Date	16 June 2020
Author	Fiona Dunn, Acting Deputy Director Quality & Governance/Company Secretary		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

TRUST RISK PROCESSES

The Board is reminded of its three obligations in terms of risk management:

- To understand risks;
- To deal with the risks;
- To define and implement risk management practices.

Prior to the outbreak of the COVID19 pandemic, a large piece of work to review the risk management processes within the Trust was being undertaken. This has included the cleansing of risks and the recording and management of risks at source (on Datix Risk Management System), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board.

The review is addressing the actions arising from the recent Internal Audit review on risk management.

Due to the impact of the COVID19 pandemic and refocus of resources on clinical care, progression of the roll out of training and embedding of the new system has been extremely limited.

CORPORATE RISK REGISTER

The purpose of the Corporate Risk Register is to capture and aid the management of extreme Risks to Operational Delivery within the Trust (risks scoring 15 or above). It is designed to provide a method for the effective and focused management of risks showing the current position and target position.

REVIEW AND REPORTING

The content of the Corporate Risk Register (CRR) is reviewed by the Trust's Executive and Corporate Directors. The process for update was last undertaken during May 2020 – resulting in the summary register attached, dated June 2020.

Updates are highlighted in red text below and the changes are summarised at the bottom of each section.

The heat map (table1) below shows the 31 risks (uniquely referenced) that can be seen to impact on the Trusts Strategic Aims of which 19 (shown in white text) are logged separately on the CRR within the Datix. These significant corporate risks have been triangulated with the Trusts Board Assurance Framework (BAF).

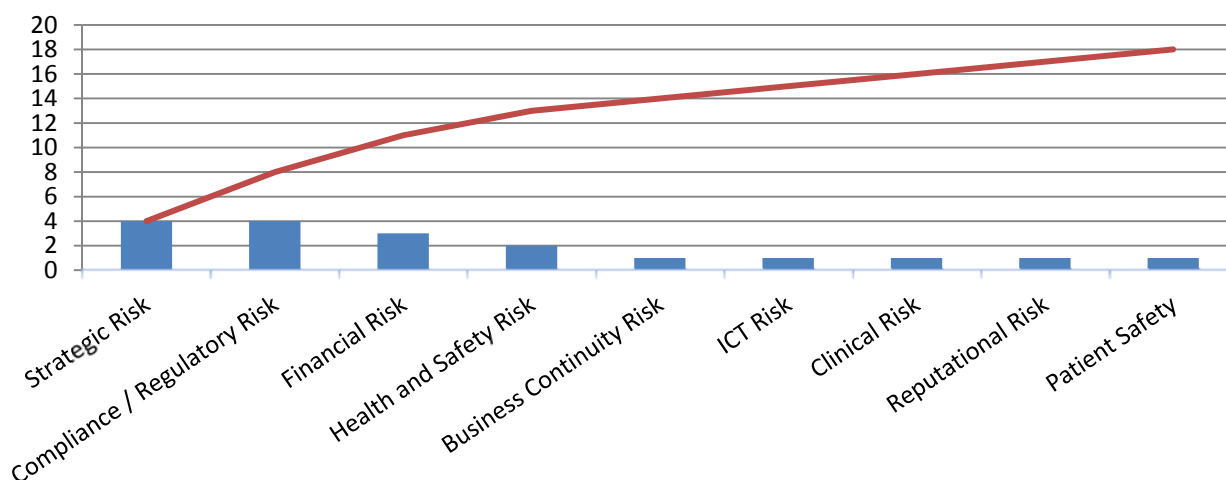
Table 1

Heat Map of individual SA risks refs linked with BAF (White = CRR entries)					
	No Harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2		2 Q&E8, Q&E3	1 Q&E4	2 A&R1, F&P10	2 F&P18, Q&E10
Possible 3		1 Q&E7	3 Q&E5, Q&E2, F&P14	4 Q&E11, F&P5 F&P9, Q&E6	2 F&P11 , F&P19
Likely 4			2 F&P12, F&P15	7 Q&E9, F&P1, F&P3, F&P6, F&P13, F&P8, Q&E1,	4 F&P4, F&P20, Q&E12, F&P12,
Certain 5					COVID 2472

Table 2

Table 2 indicates the risk type for each entry on the CRR.

DBTH Risk Type on CRR



Appendix 1

The CRR attached in appendix 1 shows the summary detail collated from the live DATIX dashboard that is now available for all staff. Detailed analysis of each risk can be found by using the Risk ID located in DATIX risk management system. All mitigating controls and change in risk grading are logged in detail in this Datix system.

Key updates:

1. No new corporate risks have been added between 1/5/2020 and 1/6/2020
2. No corporate risks were rescored during this period **
3. One corporate risk was closed during this period
 - a. Risk ID1245 (F&P5) – Risk of failing to address the effects of medical agency gap - now removed as not an issue as higher rates were paid when it was essential

** The board is asked to note that continued review of existing risks on DATIX has been limited due to the impact of the COVID19 pandemic. However all focus on risk management operationally and strategically has been controlled via specific RISKID 2472 which references all risks identified with the Trust strategic and operational plans needed to respond to the demands of this pandemic. This continues to be reviewed in alignment with the EPRR – CoVID19 Majax Governance process monitored by the Board.

TOP 3 RISKS

COVID Pandemic

Workforce

Finance

Action required:

Continuous review of existing risks and identification of new or altering risks through improving existing processes.

Refocusing and of the Trusts operational risks post COVID along with reviewing the Trusts risk appetite would serve to add further value to the Trusts risk management process.

Key questions posed by the report

Would refocusing of the Trusts operational risks post COVID19 pandemic along with reviewing the Trusts risk appetite serve to add further value to the Trusts risk management process?

How this report contributes to the delivery of the strategic objectives

The attached Risk Register shows corporate risks agreed to be entered on the CRR.
DATIX dashboard Live also is available identifying all Trust risks scoring 15 or above.

How this report impacts on current risks or highlights new risks

The report highlights all high level operational risks to the Trust.

Recommendations

The Board is asked to note the attached Summary Corporate Risk Register.

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1517	Q&E9	03/09/2020	Clinical Specialist Services	Pharmacy (Outpatient), Pharmacy (inpatient)	Availability and Supplies of Medicines	<p>There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring</p> <p>The issues is causing significant disruption and increased workload of the pharmacy procurement and logistics team which compounds the problem. Disruption of work by other professionals involved in supply and administration of medicines is possible as well.</p> <p>There a number of issues causing it:</p> <ul style="list-style-type: none"> - Manufacturing Issues - Central rationing of supplies by CMU - Wholesaler and supply chain issues - Unpaid invoices - Knock on disruption of procurement and logistics teams sometimes delaying response <p>Updated: 25/10/18</p> <p>Further national shortages around products like epipens and the LMWH (daletparin and enoxaparin) are causing further acute shortages of vital and established treatments. Pharmacy are mitigating the risk of the impact of these shortages by purchasing alternative products but because of the nature of these medicines and how frequently they are used, the risk to patients from shortages is more significant now. There is potential for delays in treatment, treatment failure and confusion in spite of mitigation which may lead to error and harm.</p>	Barker, Andrew	Extreme Risk	16	High Risk	Jun-20	↔
2472	COVID1	01/07/2020	Directorate of Nursing, Midwifery and Allied Health Professionals	Not Applicable (Non-clinical Directorate)	COVID-19	World-wide pandemic of Coronavirus, which will infect the population of Doncaster and Bassetlaw (including staff) resulting in reduced staffing, increased workload due to COVID-19 and shortage of beds, ventilators.	Purdue, David	Extreme Risk	25	High Risk	Jun-20	↔
11	F&P1	01/08/2020	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with financial performance and achieve financial plan	<p>Failure to achieve compliance with financial performance and achieve financial plan leading to :</p> <p>(i) Adverse impact on Trust's financial position</p> <p>(ii) Adverse impact on operational performance</p> <p>(iii) Impact on reputation</p> <p>(iv) Regulatory action</p>	Sargeant, Jonathan	Extreme Risk	16	High Risk	Jun-20	↔
7	F&P6	01/06/2020	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory stanadrrs	<p>Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards leading to:</p> <p>(i) Regulatory action</p> <p>(ii) Impact on reputation</p>	Joyce, Rebecca	Extreme Risk	16	High Risk	May-20	↔
1244	F&P3	01/06/2020	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to deliver Cost Improvement Plans in this financial year	<p>Failure to deliver Cost Improvement Plans in this financial year leading to :</p> <p>(i) Negative impact on Turnaround</p> <p>(ii) Negative impact on Trust's financial positon</p> <p>(iii) Loss of STF funding</p>	Sargeant, Jonathan	Extreme Risk	16	Moderate Risk	May-20	↔
19	Q&E1	01/06/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	<p>Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development</p>	Barnard, Karen	Extreme Risk	16	High Risk	May-20	↔
12	F&P4	22/06/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.</p> <p>Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register. leading to</p> <p>(i) Breaches of regulatory compliance and enforcement</p> <p>(ii) Claims brought against the Trust</p> <p>(iii) Inability to provide safe services</p> <p>(iv) Negative impact on reputation</p> <p>(v) Reduced levels of business resilience</p> <p>(vi) Inefficient energy use (increased cost)</p> <p>(vii) Increased breakdowns leading to operational disruption</p> <p>(viii) Restriction to site development</p>	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	May-20	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1410	F&P11	01/06/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Failure to protect against cyber attack	Failure to protect against cyber attack - leading to: (i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation The top 3 DSP risk areas have been recognised as: (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management	Anderson, Ken	Extreme Risk	15	Moderate Risk	May-20	↔
2349	?	01/06/2020	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	Failure to specifically achieve RTT 92% standard	(i) Regulatory action (ii) Impact on reputation (iii) Delayed access for Patients (iv) Potential clinical risk for patients identified via NECs audit (assessed as low) Inability to recruit right staff and have staff with right skills leading to:	Joyce, Rebecca	Extreme Risk	15	Moderate Risk	May-20	↔
16	F&P8	01/06/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	Inability to recruit right staff and ensure staff have the right skills to meet operational needs	(i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services	Barnard, Karen	Extreme Risk	16	High Risk	May-20	↔
1854	Q&E13	01/06/2020	Medical Services	Emergency Department / A & E / Acute	Initial ED BDGH triage assessment processes	C- Sub-optimal quality of the initial triage and clinical assessment processes and clinical oversight of the waiting area. E- Unwell children and adults may not be provided with the full assessments required to provide high quality care. E- Potential of harm to patients.	Carville, Kate	Extreme Risk	16	Moderate Risk	May-20	↔
2426		01/06/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Multiple software systems end-of-support	Installed software versions have gone past the date of supplier support and there has been insufficient internal resources to upgrade and dependencies with multiple software systems being incompatible with the supported software, have prevented these upgrades. This leads to vulnerabilities within our infrastructure. For example, unpatched systems are significantly more vulnerable to cyber attacks. A single compromised device threatens all devices. There is a further vulnerability the Trust faces where we cannot draw on the expertise of the supplier to fix faulty software in a timely manner or at all.	Linacre, David	Extreme Risk	20	High Risk	May-20	↔
2147	F&P21	01/06/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 29 - Edge Protection DRI	Due to the lack of edge protection on flat roofs across the site at DRI there is an increased risk of falls from height, which could result in death or serious injury	Loukes, Simon (Inactive User)	Extreme Risk	15	Moderate Risk	May-20	↔
1807	F&P20 / Q&E12	01/06/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of critical lift failure	Risk of critical lift failure leading to: (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	May-20	↔
1412	F&P12	25/06/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of fire	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register. leading to : (i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation No change to risk - work ongoing.	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	May-20	↔
1855	Q&E14	01/06/2020	Medical Services	Emergency Department / A & E / Acute	Staffing for registered children's nurses in ED BDGH	C- Lack of paediatric nurses in ED E- Breach in safe staffing levels E- Patients at risk of harm. Potential staff injury/sickness	Carville, Kate	Extreme Risk	16	High Risk	May-20	↔
2144	F&P22	01/06/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	EFA/2018/005 - Assessment of Ligature Points	Following the death of a patient using a ligature attached to low level taps in a bathroom (not at DBTH), a subsequent coroners regulation 28 highlighted that there was confusion nationally regarding how ligature points should be assessed and removed. EFA/2018/005 - advises that Trust's should review and update ligature risk assessments, anti ligature policies and associated forms/toolkits. Until this is work complete there is a potential risk of unidentified ligature points existing within Trust properties, which have the potential to lead to an adverse incident occurring.	Timms, Howard	High Risk	12	Low Risk	May-20	↔
2148	F&P23	25/06/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 31 - Unable to Test Fire Dampers - DRI East Ward Block	Fire dampers on the East Ward Block ventilation ducts are connected directly from the damper to the ductwork via a fusible link. It is not possible to test these dampers as they can not be reset once operated. As a result, it is not possible to confirm that the dampers will operate under fire conditions. If the dampers were to fail to operate this would compromise the fire compartmentation of the building, leading to an increased spread of fire & smoke under fire conditions, creating a risk to life and property. Any work to test or replace the dampers is further complicated by the potential presence of asbestos containing materials on joints between ductwork and the dampers. No change to risk - work ongoing	Timms, Howard	High Risk	12	Moderate Risk	May-20	↔

BOARD OF DIRECTORS – 16 JUNE 2020
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 26 MAY 2020

Overview:

The meeting took place by teleconference owing to the Covid 19 critical incident being managed across the Trust. All normal attendees took part and again the first 30 minutes were dedicated to an update on the management of the current emergency situation.

We were pleased to hear that antibody testing was to commence in the near future and look forward to hearing about the overarching testing strategy for DBTH at a future meeting, both covid positive and antibody tests. We were also briefed on the fluctuating position re availability of different elements of PPE and steps being taken to manage that.

We discussed performance thoroughly, looking at the Emergency Department four-hour access data and progress with RTT. In terms of operational performance it became clear that a different focus might well be needed for the months ahead. The normal lens of standard measures are no longer the most helpful. Instead, there needs to be a new approach whereby the committee receives, for assurance, an outline of the plan mapping the road to recovery. As routine services are rebuilt to service community health needs, in a post-covid world, and we begin to deliver more than an urgent and emergency service, F+P need to monitor progress against the service recovery plan until we are able to progress to a regime with targets agreed with NHSi. The chair took an action to discuss with key executives how that monitoring could be established in a proportionate way.

The committee spent a proportion of the meeting looking more closely at the performance of Cancer Services and Urology. The further use of Parkhill Hospital was discussed. Strengths and weaknesses of the services were analysed and progress was noted. As with other services, the challenge going forward will be to clear the backlog of outstanding work.

In terms of Finance, in addition to the comprehensive normal report, we received an overview of the impact of Covid related activities, with a prediction of continuing future spend. There has also been an impact upon the planned capital spending. The meeting received a report setting out a planned reprofiling of capital spend, that would still facilitate the conversion of the former HSDU space into a very well equipped ward area capable of supporting intensive care patients.

The last Trust Board meeting received an interim financial update setting out the government's top up arrangements that enabled books to be balanced despite the inadequacy of block payments in properly funding the trust and the consequent structural monthly gap (circa £2m). We will continue to monitor closely this approach.

The cash position continues to be strong, with significant prepayment of block funds held in Trust accounts.

The workforce report again included a comprehensive update from Karen Barnard as to activity to best profile staff skills and availability against need, and how those staff were being supported, gaining real assurance as to the efforts being made in this area.

In a similar vein to performance issues, the committee agreed it needed to develop a different lens to supplement current measures and processes around both Finance and Workforce matters and a similar discussion will take place as set out in relation to performance.

F+P was pleased to learn a reformatted and more user friendly format of risk register will be received at the next meeting. The relevant risks were considered actively with each paper received at the meeting.

The nature of the current emergency situation means that there is significant overlap between the work of and the spotlight shone by both F+P and QEC on workforce matters. The F+P Chair was grateful for the opportunity to participate in the QEC meeting the same day, which enabled him to have a greater understanding of the issues.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that all were appropriately tracked	None	N/A	N/A
Covid-19 Operational Briefing	The Committee was assured by the personal report of the COO in relation to the management of the current emergency within the Trust and briefed as to progress across the region.	None	N/A	N/A
Integrated performance report	The Committee was assured by the report	F+P Chair to meet with COO, DoF and D of P+OD to agree revised approach to reporting.	NR	June 2020
Financial performance	The Committee was assured by the report, but noted the continuing uncertainty in relation to the block grant funding stream and ad hoc monthly top-ups.	F+P Chair to meet with COO, DoF and D of P+OD to agree revised approach to reporting.	NR	June 2020
Capital Position	The Committee received a report that the committee were able to commend to the Board revising capital plans and budget in line with revised government guidance.	None	N/A	N/A
Workforce Management	The Committee was assured by the report	F+P Chair to meet with COO, DoF and D of P+OD	NR	June 2020

		to agree revised approach to reporting.		
Corporate Risk Register	The Committee noted significant progress with the preparation of an updated risk register and the new approach to be deployed in June	Revised presentation style for Risk Register to be adopted.	FD	June 2020
Information Items	The meeting also received and noted the minutes of a number of sub-committees and approved the minutes of its last meeting.	None	N/A	N/A

No escalations were received by the Committee and there were no escalations to the Board

KEY
CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

Chair's Assurance Report for Board of Directors June 2020

Quality and Effectiveness Committee – 26 May 2020– Pat Drake

This was a full and comprehensive meeting covering all aspects of patient and staff safety, and the interim governance arrangements in place during the pandemic. There remain a number of challenges with respect to moving forward with transitional arrangements to business recovery both clinically and within the workforce.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Actions from previous meetings	The Chair noted progress on actions and was assured that all were being appropriately tracked.			
Patient Safety Process during COVID-19	The Chair felt assured by the work that has gone into the management of patient safety throughout COVID-19 and praised the staff throughout the Trust. Continued updates will now be included as items within the regular Quality Assurance Report.	Updates on Patient Safety Process during COVID-19 to be added to the Quality Assurance Report for the July Meeting	TN	July 2020
Governance Arrangements during COVID-19	The Chair was partially assured by the governance arrangements during COVID-19 and requested the following areas to remain on the agenda for discussion and updates. <ul style="list-style-type: none"> 1- Discharge arrangements 2- Information around segregation – blue/yellow areas 3- Personal Protective Equipment 4- Consenting and MCA (Mental Capacity Act) 	To be added to July's 2020 Agenda	DP	July 2020
Quality Assurance Report	The Chair was partially assured by the report requesting further update on: <ul style="list-style-type: none"> 1- Breast Screening Update – due to be presented at the June Clinical Governance meeting and then to be reported back to QEC in July 2020 for a full update. This is to ensure actions plans are completed and closed appropriately. 	The Chair was now assured that aspects from the Quality Assurance Report from March 2020 were now in place and sufficient evidence was presented to the Chair.	TN	July 2020
QPIA	The Chair was assured by the report.			
Safer Staffing Update	The Chair was assured by the report.			

KEY

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ASSURED

PARTIALLY ASSURED / SOME ACTION TO TAKE

NOT ASSURED / ACTION REQUIRED



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Complaints Update	The Chair was partially assured by the report. It was noted that progress had been made within the Complaints Team and that the decision to not pause the complaints process during COVID-19 has allowed for the continued review of concerns and complaints and before closure by the PALS team. The Chair has asked for a deep dive to be presented to the July QEC meeting to include the new Complaints process and any learning from the complaints process during the COVID-19 pandemic.	To be added to July's 2020 Agenda	DP/LB	July 2020
Workforce and Education Assurance Report	The Chair was partially assured by the report. Karen Barnard to review the sickness absence within the Trust and focus on the areas that were problem areas before the COVID-19 outbreak and to update on the progress of the new sick line reporting system introduced 1 st June. To provide update at the July QEC meeting.	To be added to July's 2020 Agenda	KB	July 2020
Workforce and Educational Assurance Education and Research	The Chair was partially assured by the report. SET training has been suspended during COVID-19 although Adult Life Support was still going ahead with appropriate safety measures in place. Alasdair Strachen will review the SET training compliance process and include in the Education and Research report in July.	To be added to July's 2020 Agenda	DP/AS	July 2020
CQC and Regulatory Compliance	The Chair was assured by the detailed CQC action plan which had been on hold will now be reviewed at every QEC Meeting. There continues to be regular engagement activity with the CQC Inspection and Relationship Managers during the Pandemic however assessment against CQC action plans was suspended, but due to be reintroduced from June. The scheduled external Colposcopy QA review has been postponed for June.	Update to July QEC.	FD	July 2020
Corporate Risk Register	The Chair was assured by the update on both Corporate Risk Register and BAF, the new proposal has been agreed at Board and a full update including all risks including Estates will be provided to the QEC meeting in July 2020.	Update to July QEC.	FD	July 2020
BAF – Board Assurance Framework	The Chair was assured by the update on both Corporate Risk Register and BAF, the new proposal has been agreed at Board and a full update including all risks including Estates will be provided to the QEC meeting in July 2020.	Update to July QEC.	FD	July 2020

No escalations were received by the Committee and there were no escalations to the Board

BOARD OF DIRECTORS – June 2020
CHAIR’S ASSURANCE REPORT
AUDIT AND RISK COMMITTEE (ARC) – Thursday 4 June 2020

Overview:

ARC was undertaken by videoconference and in addition to the 4 NED members in attendance there was: Internal Audit (KPMG); External Audit (EY); the Trust CEO and DoF plus snr Finance Team members, our Governor observer (Bev Marshall) and the Deputy Director for Quality.

The Audit Committee held a private meeting with both sets of auditors, without management present, as required by the Audit Committee Handbook. The outcome was positive in nature and there are no matters to bring to the Boards attention.

On reviewing the 2019/20 Accounts, ARC and management were very pleased to receive an “unqualified opinion” on the accounts and value for money conclusion from EY, which is hugely positive for the Trust. EY added that the Finance Team had been very helpful during a difficult period, and commented that compared to 4 years ago, the Trust was in a remarkable position to have a clean audit opinion, along with “no organisation who has got itself into such a pickle has got out of it in such a positive way”. This should be taken as a huge pat on the back for the Trust, management and the Finance Team.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME-SCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that most were appropriately tracked	None	N/A	N/A
KPMG’s Annual Report and Head of Internal Audit Opinion 2019/20	KPMG’s overall opinion concluded “ <i>Significant Assurance with minor improvements required can be given on the overall adequacy and effectiveness of the organisations framework of governance, risk management and control</i> ”. This is a positive outcome for DBTH.	None	N/A	N/A
DBTH Draft Annual Report 2019/20	ARC reviewed the annual report and subject to some minor queries, commend the report to Board for sign off.	Present to Board	RP	June 2020
DBTH Annual Governance Statement 2019/20	ARC reviewed the AGS and subject to some minor changes, commend the report to Board for sign off.	Present to Board	RP	June 2020
Annual Accounts and Financial Statements	ARC reviewed the Accounts and noted they had been presented and completed within timescales with a positive outcome from EY. ARC’s thanks to	Present to Board & to DoH	JS	June 2020

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME-SCALE
	the Finance Team for their efforts in completion of timely accurate accounts during a difficult period.			
Audit Committee Annual Report	ARC reviewed the report and commends to Board as a true reflection of ARC activity to support the Board during 2019/20	Present to Board for assurance	KS	June 2020
EY External Audit - Audit Results Report – ISA 260	An overall unqualified (clean) audit opinion. The report reviews several aspects of Trust financial performance as follows:- Accounts – misstatement due to Fraud or Error – no matters to report Accounts – Fraud in revenue and expenditure – no matters to report Accounts – Going Concern – Concur with managements view that the accounts should be prepared on a Going Concern basis. Accounts – Valuations – obtained assurance that the valuation of land & buildings is not materially misstated. Value for Money - no matters to report about arrangements to secure economy, efficiency and effectiveness. Assessment of control environment – 1 item reported in relation to HR documentation which ARC will follow up at its next meeting.	Present to Board and a future Council of Governors Item to be followed up at the next ARC.	FD KS	June 2020 (Board) Date TBC (CoG) July 2020
Gifts and Hospitality during Covid-19	ARC received a summary of the corporate gifts & hospitality register being maintained during the Covid-19 period	NONE		

No escalations were received by the Committee, and there were no escalations to the Board.

Kath Smart – Chair of Audit & Risk Committee: 5 June 2020

KEY
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PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

Audit & Risk Committee (ARC) – DBTH - Annual Report 2019/2020

1. Foreword

The purpose of this report is to provide the Board of Directors with assurances that the Audit & Risk Committee (“the committee”) is discharging its duties, delivering its workplan and complying with the Terms of Reference set by the Board. The Terms of reference were recently reviewed, refreshed and revised and approved by Board in March 2020.

The Audit Committee oversees delivery of Internal and External Auditor plans, the sign off on the Annual Accounts, the arrangements in place to prevent and detect Fraud and improvements to risk management arrangements.

The Committee thanks all those who have attended and presented reports, updates, assurances and progress on recommendations.

The ARC met on 5 occasions throughout the year; 23 May 2019, 18 July 2019, 19 November 2019, 6 February 2020 and 23 March 2020 (via teleconference).

2. Terms of Reference – progress during 2019/2020

Governance, Risk Management and Internal Control – The Committee has received reports from Internal Audit which have examined the risk management processes and internal control environment and concluded that risk management processes are working effectively, however, there is improvement needed and the improvement recommendations have been agreed by management and followed up during 2020. Work on DBH risk management and BAF processes continues and has been reported through to Board and its Sub Committees. The BAF and CRR have new owners and the process of developing clearer delineation between strategic risk and operational risk is underway in response to the CQC Report. The Head of Internal Audit Opinion provides a significant assurance with improvements required opinion to reflect “that there is generally a sound system of internal control which is designed to meet your objectives and that generally controls are being consistently applied in all the areas reviewed”

Internal Audit – The Committee has reviewed delivery of the risk based audit plan, the KPIs and the audit reports, to ensure KPMG (Internal Auditors) are providing assurances and highlighting risks to the Trust. Audit Reports are presented at each meeting, with Audit Recommendations being followed up at each Audit Committee. During 2019/20 there were 168 assurance days delivered against a plan of 190days (as at 16/3/2020). This slippage does not affect the HOIA Opinion and audit days delivered were curtailed due to the Covid-19 preparations pausing audit work during March 2020.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

#	Review	Assurance	Recommendations Accepted			
			H	M	L	Total
1	Core Financial Controls and Financial Management	Significant assurance with minor improvement opportunities	-	2	2	4
2	Risk Management and Board Assurance Framework	Significant assurance with minor improvement opportunities	-	3	2	5
3	Corporate Governance	Significant assurance with minor improvement opportunities	-	1	2	3
4	Data Quality (Referral to Hospital Access)*	Partial assurance with improvement requirement	1	4	1	6
5	Clinical Governance Review (WHO Checklist)*	Partial assurance with improvement requirement	1	4	2	7
6	IT Contract Management	Partial assurance with improvement requirement	-	3	-	3
7	Safeguarding	Significant assurance with minor improvement opportunities	-	2	2	4
8	CNST Maternity Incentive Scheme Spot Check	Significant assurance	-	-	1	1
9	Delayed Transfer of Care*	Significant assurance	-	-	1	1
10	Information Governance – DSP toolkit	Significant assurance with minor improvement opportunities	-	1	3	4
11	Capacity Planning	Deferred to 2020/21	-	-	-	-
12	P&OD Effectiveness**	Advisory	-	7	6	13
Total			2	27	22	51

*rating and recommendations for the following reports have been agreed with management, however, we are awaiting formal management responses in order to finalise the reports.

Internal Audit Recommendations – The Committee follows up medium and high audit recommendations at each of its meetings. The table (above) shows the movement in Internal Audit recommendations, and highlights continual progress in reducing the number and risk level of recommendations completed on time. The

Committee believes it is positive to see the reduction of high risk recommendations reported for 2019/2020 from previous years.

Financial Reporting – The Committee commissioned Internal Audit to review arrangements in place for core financial systems and financial management and follow up of previous financial controls recommendations. This year the audit work focussed on Charitable funds, Cash Management and accounts payable, the audit work concluded there was **“significant assurance with minor improvement opportunities”**.

CounterFraud - The Committee has considered progress reports against the workplan, ensured fraud risks are managed and that required standards in relation to Counterfraud are met. The Committee, DoF and Chair of ARC has overseen the submission of the Self Review Tool for Counterfraud, which concluded the Trusts is compliant with national CounterFraud requirements.

Information Governance – The Committee has reviewed overall arrangements for compliance with Information Governance Standards and received the Internal Audit Report on Data Security & Protection Toolkit at its March 2020 meeting which concluded an overall assessment of **“significant assurance with minor improvement opportunities”**.

Health, Safety, Security and Fire – The Committee has developed its approach and is monitoring these key areas via a quarterly Security report and bi-annual Health & Safety reports. The ARC Chair has also attended the Trusts Health & Safety Committee during 2019/20.

External Audit – The 2019/20 External Audit Report (ISA 260) conclusion was presented at the June 4th meeting and concluded that *“subject to the adequate resolution of the outstanding matters listed in the ISA 260, we anticipate being in a position to issue an unqualified audit opinion on the financial statements, before the statutory deadline of 25th June. We also have no matters to report about arrangements to secure economy, efficiency and effectiveness in your use of resources and will issue an unmodified (unqualified) value for money conclusion”*. This is a hugely positive outcome for the Trust and ARC members noted the hard work of the Finance Team, Executive colleagues and the wider Trust in achieving this.

3. **Membership**

Membership consists of the 4 assigned NEDs. In regular attendance is the Director of Finance, the Head of Financial Management, Internal Audit, External Audit and our current Governor representative (Bev Marshall). Directors and Managers attend periodically at request to present reports, updates and progress to the Committee. No meetings have been inquorate and attendance can be seen at Appendix A.

4. **Audit & Risk Committee Effectiveness**

Internal Audit conducted a review of Committee Effectiveness during 2018/ 2019. The ARC was reviewed as part of this independent work which reviewed effectiveness, assurance, committee engagement and CQC Well led. The audit review concluded “significant assurance with minor improvement opportunities”. The Recommendations from this review were followed up by ARC at its March 2020 meeting, and concluded that all recommendations had been implemented. A process is in place for a review of Committee effectiveness, which has been paused due to Covid-19 preparations, and will take place during 2020.

5. Priorities for 2020/2021

Although there are plenty of positives in this report, the Committee is not complacent and still wishes to see improvements in risk management and the delivery of the audit recommendations. Also, of particular focus will continue to be any audit reports which feature less than “substantial assurance” and ARC will continue to work with F&P and QEC to reduce those risks highlighted in those reports.

Areas for the ARC to consider and pursue during 2020/2021

- Delivery of 2020/21 Internal Audit Plan – including any adjustments required for pausing and re-prioritisation of work due to Covid-19;
- Declarations of Interest – Improving compliance with DOI and refreshing the Gifts and Hospitality Policy;
- Tendering processes for audit services to support Council of Governors;
- Continuing to drive down the number of outstanding audit recommendations;

6. Conclusion

The Committee has received management assurances and independent assurances from both internal and external auditors during the year and the Committee concurs that the Trust has a generally sound system of internal control.

Kath Smart

Chair of Audit and Risk Committee

5 June 2020

Appendix A

Name	Role	Meeting attendance
Kath Smart – Chair (from July 2018)	Non-Executive Director	4 out of 5
Sheena McDonnell (from July 2018)	Non-Executive Director	5 out of 5
Neil Rhodes (from May 2019)	Non-Executive Director	2 out of 5
Mark Bailey (from March 2020)	Non-Executive Director	1 out of 1



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Self-certification		
Report to	Board of Directors	Date	16 June 2020
Author	Jon Sargeant – Director of Finance Fiona Dunn–Acting Deputy Director Quality Governance/Company Secretary		
Purpose		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

Executive summary containing key messages and issues

NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). They are also required to confirm they have the required resources available if providing commissioner requested services, and that they have complied with governance requirements.

The Trust is required to self-certify against the following licence conditions:

NHS provider licence conditions

Condition G6(3)	The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution.
Condition G6(4)	Publication of condition G6(3) self-certification.
Condition FT4(8)	The provider has complied with required governance arrangements.
Condition CoS7(3)	The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to foundation trusts that are providers of CRS.

The purpose of self-certification is to carry out assurance that the Trust continues to comply with its licence conditions. It is down to the Trust how it decides to do this but templates have been provided. The Trust's response is given as an appendix.

The completed self-certification templates are required to be made available via the Trust's website.

Key questions posed by the report

Are the Board of Directors assured that the Trust complies with its Licence requirements?

How this report contributes to the delivery of the strategic objectives

N/A

How this report impacts on current risks or highlights new risks

The process asks the Board to examine its governance and Licence requirements. It therefore mitigates against the risk that the Trust fails to have in place adequate arrangements and is not complying with its regulatory duties.

Recommendation

To approve the self-certification documents attached as appendices.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

*Insert name of
organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)

Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

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Worksheet "FT4 declaration"

Financial Year to which self-certification relates

2019/2020

Please
Respond

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement		Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Trust monitors and reviews its systems and processes to ensure they comply with good governance. They were subject to internal audit and Core & Well Led CQC's inspections in 2019 and positive feedback was received with the Trust achieving overall CQC Good status. <div>#REF!</div>
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	New requirements are highlighted through national and regional networks and the Board is appraised through the CEO's report on a monthly basis. <div>#REF!</div>
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Revised Board and committee structures were implemented in June 2017 and audited in Q3 2018/19. The Board agreed a revised scheme of delegation, SFIs and standing orders in March 2019. Accountability structures for corporate and clinical divisions are in place. Individual accountabilities are understood through job descriptions, contracts and appraisals. <div>#REF!</div>
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	<p>The committee architecture gives assurance to the Board that the Trust is operating effectively. The committees scrutinise areas of performance around finance, operations, quality and workforce and escalate appropriately.</p> <p>The Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. 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. 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. The Trust received a Good CQC rating in year.</p> <p>The Finance and Performance Committee provides assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting. In the year the Committee has, on behalf of the Board has provided assurance on:</p> <ul style="list-style-type: none">- 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. <p>The Audit Committee's provides the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to: financial systems; the financial information used by the Trust; controls and assurance systems, risk management arrangements, compliance with law, guidance and codes of conduct, counter fraud activity. The Trust has clear SFIs and Scheme of Delegation that determines the framework for financial decision-making, management and control. Systems of internal control are subject to regular audit and the Audit and Risk Committee provides independent oversight and challenge. There are robust accountability systems in place to monitor effectiveness and efficiency schemes. The Trust has an annual planning process that ensures business plans are developed and supported.</p> <p>The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive and review the BAF and CRR on a frequent basis. The governance, risk and control processes in place ensure the Trust remains compliant.</p> <div>#REF!</div>

5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	Confirmed	<p>There is an effective and robust objective setting and performance review process in place for board members, portfolios are reviewed on an annual basis and skills are refreshed and kept up to date through a range of development opportunities.</p> <p>Board members are actively involved in quality initiatives including ward walkabouts and membership of operational committees. One non-executive has taken on responsibility as a Freedom to Speak Up Guardian. As set out above the Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. 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. 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.</p> <p>There are clear escalation routes throughout the Trust to ensure matters can be escalated and referred up to the Board and Trust Sub-Committees. Board committees also have a standing item on each Board agenda allowing them to escalate to the Board.</p>	#REF!
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	Confirmed	<p>The Trust has in place a formal and rigorous appointments process to the Board. Executive responsibilities and those within the Division structure are reviewed and refined on a regular basis. Key roles often include Board involvement at interview.</p>	#REF!
<p>Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors</p>				
<p>Signature</p> <p>_____</p> <p>Name: Richard Parker - Chief Executive</p>		<p>Signature</p> <p>_____</p> <p>Name: Suzy Brain England - Chair</p>		
<p>Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.</p> <p>A Not applicable.</p>				
OK				

OK

Worksheet "Training of governors"

Financial Year to which self-certification relates

2018/19

Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Richard Parker

Name Suzy Brain England

Capacity Chief Executive

Capacity Chair of the Board

Date 16 June 2020

Date 16 June 2020

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A Not applicable

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Insert name of organisation



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

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Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Please fill details in cell E22

OR

- 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

- 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

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 ends the year with £30.8m cash in the bank
- The Trust has delivered a surplus in 2019/20
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a risk for the Trust. All planning assumptions that the Trust operates under imply that this will be forthcoming. As a result of this, the Trust has a reasonable expectation it will have the required resources available.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Richard Parker

Name Suzy Brain England

Capacity Chief Executive

Capacity Chair of the Board

Date 16 June 2020

Date 16 June 2020

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Not applicable.



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 28 April 2020 via StarLeaf Videoconferencing**

- Present:** Neil Rhodes, Non-Executive Director (Chair)
Karen Barnard, Director of People & Organisational Development
Pat Drake, Non-Executive Director
Rebecca Joyce, Chief Operating Officer
Jon Sargeant, Director of Finance
Kath Smart, Non-Executive Director
- In attendance:** Mark Bailey, Non-Executive Director
Fiona Dunn, Acting Deputy Director of Quality and Governance/Company Secretary
Marie Purdue, Director of Strategy and Transformation
Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
- To Observe:** Bev Marshall, Governor
- Apologies:** None

ACTION

FP20/04/A1 Welcome and Apologies for Absence (Verbal)

Neil Rhodes welcomed the Members and attendees. No apologies for absence were noted.

FP20/04/A2 Conflict of Interest

No conflicts of interest were declared.

FP20/04/A3 Action Notes from Previous Meeting (Enclosure A3)

The following updates were provided;

Action 1 – A discussion took place and was agreed that this action was about the level of confidence in the indicators and would involve a larger piece of work. The target date would be extended to July 2020 with flexibility. On the basis that this action would be moved to the Committee work plan, this action would be closed;

Action 2, 3 and 4 – These item would be moved to the Committee work plan;

Action 5 – Jon provided an update that the grip and control meetings were not taking place at present due to COVID19 priorities and a reintroduction of them would depend on when the Trusts returns to business as usual. It was agreed that this item would be added to the Committee work plan;

Action 6 – A discussion took place that a new BAF would not be fully populated until the Board of Directors undertook the workshop to refresh the Board Assurance Framework. An amendment to the action was agreed and Jon Sargeant would speak with KPMG colleagues, as the BAF forms part of the year-end statements, to ensure they were aware of the current situation in relation to the BAF development, ensuring that the Trust didn't run into difficulties with year-end for 2020/2021.

Action 7 – On the basis that Pat Drake could attend the meeting due on 27 October 2020 which would make the meeting quorate, this action would be closed;

Action 8 – On the basis that Rebecca Joyce had confirmed that there had been no change to the MRI pathway, this action would be closed;

Action 9 – On the basis that this was actioned at the last meeting, this action would be closed;

Action 11 – It was agreed that the target date be moved to July 2020. On the basis that this item would be moved to the Committee work plan, this action would be closed;

Action 12 – On the basis that Rebecca Joyce circulated the Covid-19 Work Streams and Objective paper to the Committee, this action would be closed;

Action 13 – On the basis that the CCG were aware that performance would dip during the response to Covid-19, this action would be closed.

The Committee:

- ***Noted the updates and agreed, as above, which actions would be closed.***

Action: Katie Shepherd would update the Action Log.

KAS

FP20/04/A4 Request for Any Other Business (Verbal)

There were no request for other business.

FP20/04/B1 Operational Briefing – Covid-19 (Verbal)

Rebecca Joyce provided an Operational Update on Covid-19 which included:

- An update that there were currently 69 positive Covid-19 inpatients, ten of which were on ITU;
- A total of 294 Covid-19 positive patients had been treated as inpatients, 42 of which were on ITU, 135 had been discharged, and sadly there had been 90 deaths;
- The number of local and regional Covid-19 hospitalisations were starting to drop which signals as positive;

- A difficult decision had been taken to cancel a set of procedures that could be deferred for a short period, as it was anticipated the Trust would run out of sterile surgical gowns the following day. This was in the context of a regional and national shortage and a challenging supply chain., Richard Parker was leading work with regional colleagues and liaising with national colleagues on PPE;
- Marie Purdue and Jon Sargeant were undertaking significant planning and evaluation work which would support a return to business as usual.

Pat Drake noted that the Quality and Effectiveness Committee due to take place on 26 May 2020 would take a focus on patient and staff safety and include a deep dive into the previous month in terms of outcomes, including that of quality.

Kath Smart asked what the Trust's contingency plan for staff safety was in relation to PPE stocks running low. Becky Joyce advised that an order of 1,000 sterile surgical gowns had been ordered, however it was not known when they would be delivered. Jon Sargeant advised that the current stock was 308 sterile gowns, which provides a two-to-three day supply at restricted activity.

Becky continued to advise that DBTH was working with other providers to test gowns and different sterilisation techniques to assess whether they could be of use more than once. This would be subject to stringent testing and evaluation, working with partners, with no plans to introduce at this stage.

Neil Rhodes asked for clarification if the gowns that were of low stock were the same gowns in use in areas where positive Covid-19 patients were. It was advised that the sterile surgical gowns were of use in sterile areas such as Theatres and this was the particular area of pressure.

Bev Marshall asked for further information on in-house testing arrangements and if they were working okay, If there were any pressures and if the Trust was meeting the demands. Becky Joyce advised that the capacity for testing had been increased for 141 per day, and the capacity to increase to a further 98 if required.

The Doncaster Sheffield Airport testing facility was available which would support Doncaster Council and other staff with testing. Discussion were being had with Bassetlaw CCG colleagues on how we can support the staff testing facility that they want to run in their community.

Further guidance had been required of a need to swab all non-elective patients which was implemented the previous week and it was expected that this would increase to elective patients, although this had not been confirmed.

The Committee:

- ***Noted the verbal Operational Briefing on Covid-19.***

FP20/04/B2 Integrated Performance Report – March 2020 (Enclosure B2)

Rebecca Joyce provided the highlights of the report including:

4 Hour Access

- An achievement of 87.97% against a national target of 95% for 4-hour access;
- A 17.7% decrease in presentations throughout March and approximately 50% reduction for April, however this had started to slowly increase;
- To support and ensure greater focus on ED performance a similar approach to RTT would be taken in the form of weekly cabinet meetings with key players in attendance and would include clear divisional leadership.

Pat Drake noted it had been reiterated that people needed to present in ED if they become ill, as people were presenting with illnesses late. Tim Noble had recorded communications to the public to encourage them to come to hospital if they were ill, and the numbers have increased since the communications were released.

Neil Rhodes advised what the expectation was for April's performance. Becky Joyce advised that a 90% target had been agreed with the divisional team and a 92% position for May.

Neil Rhodes asked if work had been undertaken to compare DBTH ED performance to other Trust's. Becky advised that in her professional judgement and upon gaining a sense from regional colleagues, was that our performance should be better, particularly with an increase in staffing and a drop in attendance.

Jon Sargeant noted that it was important to note the acknowledgement that the performance hasn't improved since the implementation of more staff and presentation of fewer patients as high volumes of patients and staffing issues have been cited as challenges in the past to improving performance.

Cancer

- For February 2020, all 31-day reported targets were achieved;
- The 62-day targets had presented challenges. A lot of planning had been undertaken in relation to cancer patients during the Covid-19 period to protect cancer services, beds, outpatients and theatres with plans, and these have informally been evaluating well;
- Becky Joyce was meeting with Cancer Services on a weekly basis where all aspects of cancer delivery were reviewed to ensure that the team were keeping on track;
- It was advised that the data for March had improved slightly, however there was an approximately 50% reduction in the number of two-week cancer referrals;

Kath Smart noted that at the last meeting, discussions took place that work had been undertaken to protect the staff members to protect the cancer pathway, however the 62-day position was still challenging, and asked what action plan would be undertaken to improve this by the next meeting. Becky Joyce advised that the data was from February 2020, however she would request an action plan from the Cancer Services

Team and would present it as an exception report at May's Committee meeting. Pat Drake added that it would be useful to add in where the blockages were in tertiary referrals.

- Becky Joyce advised that there had been a higher number of cancer patients failing to attend appointments that was expected, however noted that it was not as high as the regular outpatient DNA rate.

Becky Joyce would provide a reflection on the DNA rate and outcomes. It was noted that a clinical review had been undertaken as part of the planning process for Covid-19 to ensure that the more urgent patients were prioritised.

RTT

- RTT had been an area of focus for the Committee and plan was in place to recover the position to achieve the 92% trajectory by 31 March 2020. Prior to the scale down of elective work the position stood at 91.7% at 18/3/2020. There was high degrees of confidence the Trust would have exceeded 92% at year end;
- The position had been analysed and a model created to identify the position the Trust would have been in had Covid-19 not presented. As expected the model demonstrated that the Trust would have hit the trajectory by 31 March 2020 with a 92.7% achievement;
- The actual year-end position on RTT was 90.1% following the scale down of electives for COVID from mid-March;
- Many specialities did meet the 92% trajectory, and only a shorter list of areas that did not which would provide a good indication of where a focus would be taken as the Trust returns to business as usual;
- The importance of the clinical validation exercise was noted in the contribution to the achievement of the 90.1% RTT position at 31 March 2020. Key learning would be taken away from the recovery exercise and to support the sustainability of achieving 92% going forward.

Neil Rhodes asked for the top three things that contributed to the delivery of RTT. Becky Joyce noted that it was the strategy in place to achieve RTT working specifically with specialities directly; maintaining a continued focus with escalation meetings in which Executive level presence made a key difference; providing tailored and focused information reports to assist Specialities and also providing them with weekly trajectories to deliver. The final key area for continued focus was the need to further strengthen the understanding and related actions across operational divisions between activity management, the scheduling of theatres and contractual delivery.

Becky Joyce advised that there were some areas that had initially been particularly challenging with the RTT position that had achieved at the year-end and this was particularly pleasing (i.e. Ophthalmology and Cardiology). However there were some

areas which were less challenging and should have delivered better results. These would take a focus as business returns to normal.

Pat Drake commended the team of the position achieved, and asked that when reporting on 52-week breaches, which were expected to increase in April onwards until routine work resumed and the backlog was addressed, that these COVID related breaches be separated against those that were due to the validation process.

Jon Sargeant noted that it had been a good outcome for the Trust. There would still be work to undertake as the Trust didn't deliver the activity as expected and that the position had been achieved by the validation work. A meeting would take place to ensure that they validation changes would be sustainable in the long-term.

Pat Drake advised that it would be important that the Task and Finish Group for Theatre Cancellations take a forward in the future to ensure that any issues that were identified were dealt with.

Action: Becky Joyce would provide an exception report on the 62-day cancer pathway challenges, including the blockages within tertiary referrals, at the Finance and Performance Committee meeting in May 2020. RJ

Action: Becky Joyce would provide a reflective report on the increase in cancer patient DNA's and their outcomes. RJ

Action: Becky Joyce would separate any 52-week breaches in the Integrated Performance Report, against whether they were due to postponed care because of the Covid-19 pandemic or whether they were a normal validation breach. RJ

The Committee:

- ***Noted the Integrated Performance Report – March 2020.***

Marie Purdue arrived at the meeting.

FP20/04/C1 Financial Impact – Covid-19 (verbal)

Jon Sargeant provided a detailed update on the financial impact that Covid-19 had on the Trust, which highlighted:

- A process had been implemented to track Covid-19 related spend;
- Guidance had been received that the Trust should pay suppliers within 7-days of receipt of invoice. The Trust currently paid invoices at a rate of 9-days within receipt of invoice. It was noted that this change to guidance may present and issue as it was expected that suppliers believe this to be within 7-day of the date of invoice, however it was clarified as 7-days of receipt of invoice which can be upto two-to-three weeks difference. Jon advised that he would be escalating this to NHSI/E;
- Any previously organised revenue developments that had not yet started would have to be put into abeyance until the Covid-19 pandemic was over;

Neil Rhodes asked if it was too early to understand the financial impact on the organisation. Jon Sargeant stated that whilst the direct costs and expenditure relating to the covid response plan were known, there were other costs that would become apparent over time, such as the financial impact of changed referral patterns and systemic changes to service delivery agreed at an ICS level. JS agreed to report back to the committee routinely on the level of covid expenditure as part of the normal report. Jon Sargeant would include a covid section in the monthly finance report to the Committee.

Kath Smart noted that the change to the time that invoices must be paid would support local businesses however wanted a sense on whether the potential of SBS or Finance Team sickness would impact the efficiency of paying the suppliers. Jon Sargeant advised that as a Trust we do pay suppliers very quickly, however it was being monitored to see if we can see a difference in the time-frame. It was noted that the delay may be in the authorisation of invoices. Jon Sargeant would report payment times against the 7 day target in the monthly report.

Mark Bailey advised that the Chair of the Board had sent a communication to NED's detailing comparative spend on Covid-19, and asked for any indication on lessons learnt. Jon Sargeant advised that the Trust was very quick in implementing a process for Covid-19 spend.

Jon Sargeant highlighted that some stock of PPE had been turned down because they were not presenting as value for money, with suppliers in a bidding war with some NHS organisations. It was noted that other Trusts were experiencing delays in supplies ordered with an upfront payment.

Action: Jon Sargeant to include a Covid-19 section in the monthly finance report to the JS Committee.

Action: Jon Sargeant to report payment times against the 7 day target in the monthly JS report.

The Committee:

- ***Noted the Financial Impact – Covid-19 Update.***

FP20/04/C2 Financial Performance – March 2020 (Enclosure C2)

Neil Rhodes recognised the achievements in delivering the control total as close as possible, with the Covid-19 pandemic not presenting a significant impact on the work undertaken.

Jon Sargeant provided the Financial Performance update for March 2020, which highlighted:

- An achievement of PSF had been received very late and therefore the Trust finished the position with a £50k surplus;

- £11.2m CIP had been achieved in year, against a target of £13.2m, an under delivery;
- The year-end cash balance was £30.8m;
- Year-end capital expenditure was £741k behind forecast with spend of £17,975k against the forecast of £18,716k. This includes capital spend of £681k relating to COVID-19, which was assumed to be funded by PDC.

Bev Marshall advised he had heard the announcement two-weeks earlier, about the clearing of historical NHS capital and asked if this had been reflected in the accounts. Jon Sargeant advised that this would not take place until the current financial year, with the transaction taking place in September 2020. It would be backdated to 1 April 2020. The final guidance was being written. This would result in the Trust having public dividend capital, which was the Hospitals version of shareholder interest.

The first draft of accounts were submitted the previous day, and the amendment to the paper was accounted as a post balance sheet event. It does have the recognition on the last year's accounts, however it would impact on the current financial year.

The Committee:

- ***Noted the Financial Performance for March 2020.***

FP20/04/C3 Draft Accounts 2019/20 (Enclosure C3)

Jon Sargeant presented the draft financial statements for 2019/20. Jon highlighted that The Trust was notified on the 23 April 2020 of an additional £426k incentive FRF from NHS E/I. This makes the adjusted surplus position £50k favourable to control total which was previously reported as a £376k deficit.

It was noted that the final accounts would be reported at the Audit and Risk Committee on 22 May 2020, with a reserve date of 4 June 2020 as a contingency.

Any questions relating to the draft accounts should be emailed directly to Jon Sargeant.

It was noted that the final version would have slightly enhanced notes including an analytical review and the main reasons for change. The accounts would also include notes so that they were user friendly to understanding.

Kath Smart commented that it was good that the accounts had been completed in the timeframe and passed on her thank you to the Finance Team.

The Committee:

- ***Noted the draft accounts for 2019/20.***

FP20/04/C4 2020/21 Budget (Enclosure C4)

Jon Sargeant presented the revised interim budget for 2020/21 which had been previously presented to the Board of Directors on 21 April 2020. The paper highlighted a

detailed position of the interim budget to be used during April to July 2020 under the revised financial arrangements.

The interim budget sets out that the Trust had a gap (pre-Covid-19 adjustments) of £2.2m against the proposed funding as calculated by NHSI/E. However if the Trust does receive funding for the increased spend in relation to Covid-19, this would reduce the gap to c£0.8m. Therefore the Trust's approach with NHS E/I would be to ask for the central funding for COVID spend increases and also for the residual gap in funding of £0.8m.

Work was underway with Divisions and Corporate Departments to identify what they spend would be.

The Trust's approach with NHS E/I would be to ask for the central funding for Covid-19 spend increases and also for the residual gap in funding of £0.8m.

The reasons identified for the gap were reconciled in Enclosure 4 and highlighted that the Committee should note a risk that NHS E/I might offset the COVID-19 decreases in spend and if this was the case the gap would be £2.2m.

It was noted that colleagues in the region were experiencing a similar predicament, however it appeared that on a national level that this may not be the case. It was noted that the payment agreed was managed nationally and not regionally which may be why it presents a gap.

Jon Sargeant advised that a budget had not been estimated past four-months because it was suspected that the block contract would be extended, and it isn't known that would be expected in terms of restraints with social distancing, and were therefore waiting for the next set of guidance.

Capital – Revised Plan 2020/21

Jon Sargeant highlighted that there were a number of capital schemes that had been committed to, but were not included in the original draft plan, along with the number of 2019/20 capital schemes that were not delivered by 31 March 2020. It was thought that these issues would result in an unfunded pressure on the 2020/21 capital plan of £1.44m and therefore it would be sought where this can be taken out of schemes.

Jon Sargeant advised that the old HSDU block had been converted into an ICU/Enhanced Recovery Care Area which provided 17 ITU beds with ventilator capacity as there was a worry at the beginning of the Covid-19 pandemic that the Trust would run short on beds with ventilator capacity. It was expected that this scheme be approved for use for elective work and to provide support during winter pressures.

At the beginning of the Covid-19 pandemic, there was also a concern regarding oxygen supply, and therefore the Trust committed £250k for the installation of a second CIE oxygen tank, however it had not yet been fitted.

The Committee:

- ***Approved the proposed interim budget for Months 1-4 during Covid-19 pandemic;***

- *Noted the financial gap and supported the approach being taken with NHSE/I regarding this;*
- *Noted the current capital position and the risks to the capital plan.*

FP20/04/D1 Workforce Report – March 2020 (Enclosure D1)

Karen Barnard presented the Workforce Report for March 2020, which highlighted:

Recruitment

- Various recruitment initiatives were underway in order to increase the number of staff available to provide additional critical care cover and maintain services across the Trust;
- The Bringing Back Staff Scheme had not proved a successful scheme for DBTH at present as only an addition four had been offered to us that had not been suitable;
- Capital had been tasked with undertaking pre-employment checks, however the turnaround time had been slow;
- Across the ICS region former members of staff were going through the NHSP route to result in a greater pool of bank staff to call upon, to reduce the number of agency staff that were utilised;
- The third-year students had started in the Trust and would become pre-graduate nurses upon completion and assessment of competencies. Some had been recruited to start as newly-qualified nurses in September, however there was a number that had placements elsewhere;
- It had been agreed nationally that Year-2 Students would start as Band 3 HCA's, and their time working would contribute towards their training, and the additional cost of this would be incurred as a Covid-19 cost.

Pat Drake noted that there may be issues with the skills mix and supervision of the second year students and staff should be support through that. Karen Barnard advised that support would be given to both student and staff working with students.

- HEE were coordinating a process for Trust's to employ interim Foundation Year 1 Doctors, however the list of names had not yet been received;
- It was proving difficult to get people into post, and that the Recruitment Team were chasing individuals to start work and therefore more work was to be done with this process;
- Staff had been temporarily redeployed into roles to provide additional support to areas that require it, including that of some medical staff;
- The Trust's capacity for testing had increased, however it was presenting an issue for those staff members that don't drive, and so work was underway to set up a process for testing in the community;

- Karen Barnard had been informed that morning that Sheffield Children's Hospital were taking part in some research where asymptomatic staff would be swabbed for Covid-19.

Neil Rhodes advised that the People and Organisational Development Team had undertaken a phenomenal amount of work in the response to Covid-19.

Pat Drake welcomed the up-skilling of staff during the pandemic, and asked that as the Trust moves forward to introduce elective activity, how this would be managed as it would affect budgets, staffing and skill mix. Karen Barnard advised that a people plan was being reviewed as part of the planning work that Marie Purdue and Jon Sargeant were undertaking, which would include financial implications.

It was noted that the recruitment of two administrative roles on hold, as redeployment was being used to fill these vacancies currently. Interviews were being organised for the Maintenance roles.

The Committee:

- ***Noted the Workforce Report for March 2020.***

FP20/04/E1 Corporate Risk Register (Enclosure E1)

Fiona Dunn presented the revised Corporate Risk Register which had been presented to Board who approved the new format. The Committee noted the new risk Covid-19 2472 which collated all individual risks around the management of Covid-19. Marie Purdue's Team were leading on the review of these risks alongside their work streams.

Neil Rhodes thanked Fiona for the improvement in the Corporate Risk Register which highlighted a reasonable level of risk.

Kath Smart asked for clarification on when the further detail on the risk mitigation actions would be added to the Corporate Risk Register. Fiona Dunn advised that she would be able to undertake this piece of work as the risks were managed on Datix, and if therefore happy to work with the Executive's responsible for risks to do so. Fiona Dunn advised that she would aim to have this completed by the next meeting.

The Committee:

- ***Noted the Corporate Risk Register***

FP20/04/F1 Escalation (Verbal)

No issues were identified for escalation to/from:

- F1.1 F&P Sub-Committees;
- F1.2 Board Sub-Committees;
- F1.3 Board of Directors.

FP20/04/G1 Sub-Committee Meetings (Enclosure F1):

- *There were no sub-committee meeting minutes to approve.*

FP20/04/G2 Minutes of the meeting held on 31 March 2020 (Enclosure G2)

An amendment to the wording on Page 4, FP20/03/B2, RTT:

Significant improvements had been seen in a number of areas including Ophthalmology and Becky Joyce was confident that the Trust would have achieved the 92% trajectory by 31 March 2020 under normal circumstances, however the organisation faced the challenge now due to Covid-19. Becky Joyce highlighted that as of 19 March 2020 the RTT performance was provisionally standing at 91.84%.

The Committee:

- *Noted and approved the minutes from the meeting held on 31 March 2020, subject to the above amendment.*

FP20/04/G3 Committee Work Plan (Enclosure G3)

The Committee:

- *Noted the Committee Work Plan.*

FP20/04/G4i Any Other Business (Verbal)

Returning to Normal Business – Financial Control

Jon Sargeant noted that the Trust had responded to the Covid-19 pandemic fantastically, however added that as the Trust was considering returning to normal business, some were not accepting of the decisions made through the governance process and questioning the decisions made. The Procurement Team were being put under pressure to raise orders that had been turned down via the governance process. Jon Sargeant had highlighted this to the Executive Team and wanted to inform the Committee that the issue had been dealt with and that it would be made clear what the governance process was and that ordering should follow the correct processes. The Committee supported the decision to do this.

FP20/04/G4i Date and time of next meeting (Verbal)

i

Date: **Tuesday 26 May 2020**
Time: **TBC**
Venue: **The Board Room, Doncaster Royal Infirmary/ Video-Conference**

Quality and Effectiveness Committee

**Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 28 January 2020 in the Board Room, Doncaster Royal Infirmary**

- Present:** Pat Drake, Non-Executive Director (Chair)
Karen Barnard, Director of People & Organisational Development
Sheena McDonnell, Non-Executive Director
David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals
Sewa Singh, Medical Director
Marie Purdue, Director of Strategy and Transformation
- In attendance:** Lesley Barnett, Deputy Director of Quality and Governance
Andrea Bliss, Interim Head of Nursing, Children and Families Division (QEC28/01/Q1)
Jayne Collingwood, Head of Leadership, People and Organisational Development (QEC28/01/B1)
Dr Lee Cutler, Consultant Nurse, Critical Care, Sepsis Lead and E-Observations (QEC28/01/B2)
Fiona Dunn, Acting Deputy Director for Quality and Governance
Cindy Storer, Acting Deputy Director of Nursing & Midwifery and Allied Health Professionals
Karen Humphries, Clinical Governance & Professional Standards Co-ordinator
Rosalyn Wilson, Corporate Governance Officer (Minutes)
- To Observe:** Mr Willy Pillay – Deputy Medical Director
Clive Tattley, Governor
- Apologies:** Peter Abell, Governor
Jeannette Reay, Head of Corporate Governance / Company Secretary

ACTION

QEC28/01/A1 Welcome and Apologies for Absence (Verbal)

Pat Drake welcomed the members and attendees and the apologies for absence were noted.

QEC28/01/A2 Conflict of Interest

No conflicts of interest were declared.

QEC28/01/A3 Action Notes from Previous Meeting (Enclosure A3)

Action 1 – To come back to March 2020 meeting

Action 2 – Due to come back to March's meeting

Action 3 – Currently going through Divisional Clinical Governance Meetings, update to March meeting

Action 4 – Agreed to be closed

Action 5 – Agreed to be closed

Action 6 – Update requested to March meeting

Action 7 – March for an update

Action 8 – Added to the agenda
Action 9 Agreed to be closed
Action 10 – Agreed to be closed
Action 11 - Agreed to be closed
Action 12 – Is now a regular topic under section C Part 2 agreed to be removed
Action 13 – Awaiting CQC outcome to update in March
Action 14 - Agreed to be closed
Action 15 - Agreed to be closed

The Committee:

- **Noted the updates and agreed, as above, which actions would be closed.**

QEC28/01/A4 Request for Any Other Business (Verbal)

The Committee discussed the outcome of the GMC Survey, noting that the Clinical Governance Committee had not been assured by the results. Due to the timings of the meetings the action plan had not been presented to the Workforce, Education and Resource (WERC) Committee.

Action: GMC survey action plan to be reported to WERC and a future Quality and Effectiveness Committee meeting. **KB**

David Purdue advised that the Coronavirus current presented no identified threat to patients and the wider community at present - but work was ongoing with infection control to look at ways to prevent.

Action: The 2019/2020 Flu data would be provided to the March 2020 Quality and Effectiveness Committee meeting. **DP**

QEC28/01/A5 Terms of Reference (Enclosure A5)

The updated Terms of Reference were noted.

The Executive Team was having a time-out day on 5 February 2020 to agree the Enabling Strategies, which would then be reflected in the Terms of Reference.

It was agreed that, subject to the update on Enabling Strategies, the Terms of Reference could be signed off at the Board of Directors meeting in March 2020,

It was agreed that the Terms of Reference for all Committee meetings would be reviewed annually in February.

The Committee:

- **Agreed the Terms of Reference, subject to the addition of information on Enabling Strategies.**

QEC28/01/B1 Equality, Diversity and Inclusion EDI (Enclosure B1)

Jayne Collingwood presented to the Committee on activity regarding Equality, Diversity and Inclusion (EDI).

The key message regarding EDI for the Trust was “To be a model employer DBTH needs to be an inclusive employer with a diverse workforce at all levels”.

The presentation provided positive updates on EDI events over the past few months including; Black History Month, Jessica Lynn – Trans Gender talk, Rainbow badge pledge, and supporting Pride in Doncaster and Bassetlaw.

Richard Parker attended the staff engagement events and wanted more senior leaders to be present at future events to promote inclusion across the Trust.

Action: Divisional Directors to be asked to promote the EDI Committee and have representation from their teams. KB / (DDs)

The Committee:

- ***Noted the information on the Equality, Diversity and Inclusion.***

QEC28/01/B2 E-Observations Including SEPSIS in Adults (Enclosure B2)

Dr Lee Cutler updated the Committee on the progress of the e-observations (E-obs) roll out, and provided an update on Sepsis in Adults.

E-Obs is saving time within teams to enable staff to enhance the performance of other priorities in clinical areas. The data produced from the E-obs system would support the improvements to patient assessment and provide key data on clinical issues going forward.

E-obs is currently being rolled out in Bassetlaw Hospital. It would go live in February 2020 at Montagu Hospital and would go live in March 2020 at DRI. There have been some software issues at Bassetlaw but have since been resolved and the roll out continues.

Action: A further update on E-obs would be provided to the Quality and Effectiveness Committee in July 2020. DP / (LC)

The new Integrated Pathway of Care (IPOC) had been updated – the digital system would prompt clinicians to do the right thing. This had been supported with staff education on Sepsis across the Trust.

The Committee:

- ***Received the presentation on E-obs and Sepsis in Adults;***
- ***Was assured by the current position on E-obs and Sepsis in Adults.***

QEC28/01/C1 Hot Topics – Identified by the Chair

SEPSIS in Children

Andrea Bliss gave a presentation on Sepsis in Paediatrics.

In February 2016 an Preventing Future Death Report (PFDR) had been issued by HMC - Her Majesty Coroner (The Coroner) to DRI, regarding a significant concern that the Trust had not developed a Paediatric Sepsis Screening Tool in line with a previous NHS England alert. A screening tool had then been developed and introduced in June 2016 by Dr Chadda.

In line with NICE recommendations the Trust replaced the original paediatric sepsis IPOC in March 2017 with age specific Sepsis Screening and Action Tools. Audits of patient records which had been coded for Sepsis are undertaken routinely and, in the cases where use of the ipoc was not evident, there was clear evidence documented in the notes that sepsis had been considered.

Andrea Bliss provided the Committee with assurance that measures were in place to improve the use of Sepsis screening tools and that ward clinical staff were aware of the need for completion and monthly audits would continue with feedback to staff for ongoing improvement.

A paediatric development day is to be arranged for the multi-disciplinary team on care of a child with Sepsis.

Action: An update on the Paediatric Development Day would be provided to a future Quality and Effectiveness Committee meeting for the work plan. DP/CS

Action: Dr Noble to arrange with Dr Chadda the multi-disciplinary development day. TN

The Committee:

- **Noted the Sepsis in Paediatrics update.**

QEC28/01/C1i **HSMR – Mortality Rates – Mr Ray Cushieri (Arrived 14:10)**

Ray Cushieri has worked with the Clinical Coding team, Julie Day and there has been a significant amount of work undertaken in relation to the coding process.

The HSMR is a prompt for exploring the quality of care in an organisation. The level of care that is being delivered in respect of elective admissions which were the subject of this report was reviewed. It would appear that overall care is good.

HSMR has been linked with the Board Assurance Framework. Failure to control the rising elective HSMR will impact on Trust reputation. Work has been undertaken within the Trust and now **All** deaths are now reviewed by the Medical Examiner.

Since January 2019 the elective HSMR has shown a steady rise in comparison with the HSMR for non-elective activity. The rise appears to be steep and in excess of any variation that one would expect and therefore all elective deaths had been audited.

It is to be noted that DBTH is the best performing HSMR Hospital in the region and that there have been no systemic failures in care.

Sewa Singh recommended that there is a workshop on HSMR. The process is complicated but does need further refinement.

Action: Dr Tim Noble to look at developing a workshop for medical staff and clinical coders on improving the data. TN

The Committee:

- ***Noted progress and was assured by the current position.***

QEC28/01/C2 Quality Assurance Report (Enclosure C2)

Part A

Sub-Committees provide reports to the (Clinical Governance Committee) CGC in accordance with the work plan, attached to the terms of reference. The following reports were received at CGC during the time period indicated above, and are summarised below:

- Falls & Bone Health;
- Skin Integrity;
- Radiation Safety Committee;
- Learning from Deaths Quarter 2.

A Discussion took place on the Falls Prevention Tool.

Action: Cindy Storer to ensure the Falls Prevention tool is implemented on the wards. CS

The Skin Integrity report is due in July 2020 as this will be a 6 monthly report. This will go to CGC in June.

Equipment provision and the purchasing of mattresses would go ahead as a key prevention measure.

Within the Learning from Deaths update there has been an Interim measure of taking death certificate to the ward areas. The Bereavement Team may need to work over 6 days, rather than 5 days to ensure the deadlines are met, and families are supported.

It was noted that there are 15 overdue SI actions. A discussion took place and it was noted progress had been made to comply with actions and numbers were reducing.

Pat Drake and Sewa Singh praised the Maternity QI were very professional and had great service user involvement.

Nursing Accreditation: It was noted that attendance for link nurse training in nutrition needs improvement.

Part B – Nursing Workforce Quality Metrics (Hard Truths)

This paper provided the Quality and Effectiveness Committee with detailed information relating to the Nursing and Midwifery Workforce; highlighting issues which may impact upon the Trusts ability to provide appropriate staffing levels and skill mixes. It also updates on the implementation of Care Hours per Patient Day (CHPPD), which has been a required national return since 01 May 2016, and the data submitted to UNIFY.

Recruitment

Proactive recruitment of NQ RN and RM continues with the Trust Assessment Day event and also supports students through their third year placements, to encourage DBTH as a place to work. Workforce planning across the ICS now incorporates plans for international recruitment, return to practice and supporting nursing associates to convert to registered nurse training.

Retention

We have been part of the ICS/NHSi Retention of RN/RM work to be more proactive in how we retain our registered nurses and midwives. This work is ongoing and has been integrated into the inpatient Quality Accreditation Tool (iQAT) for 2020/21.

For January 2020, a new safe staffing newsletter has been developed, to help share the work that goes into keeping areas safely staffed. This has been sent to all Nurses, Midwives and AHPs to encourage conversations around safe staffing. Planned for release in January and June each year to coincide with the SNCT data collection.

Part C

- Patient Story –The patient story was discussed and the learning going forward noted.

The Committee:

- ***Noted the Quality Assurance Report.***

QEC28/01/C3 QPIA

DBTH have a number of work streams/schemes within the CIP Programme for 2019/20. For those schemes that are fully worked up with robust plans, milestones and financial assessments, a Quality Performance Impact Assessment (QPIA) has been undertaken to ensure that the scheme does not adversely compromise care quality or performance. This report presents a summary of those schemes which have been assessed during October to 12th December 19.

The data provides a list including an overview of schemes which have been assessed. Where clarification has been requested, these have been included along with a response providing assurance or mitigation with regards impact on quality.

To date, only one scheme has not been approved at QPIA stage, this being the AAA Screening Room Hire. It was considered that this could have potential impact on the take up of the service, and was removed from the CIP programme as a result. All other CIP schemes which have been assessed to date, have not identified a significant risk to care quality whilst in some instances, the initiative will lead to improvement in care as well as efficiency.

Sewa Singh was able to give the Committee assurance.

The Committee:

- ***Noted the update on the QPIA***

QEC28/01/C4 Quarterly Report – Learning from Deaths (Enclosure C4)

New Guidance was released by the Ministry of Justice in September 2019: “Guidance for registered medical practitioners on the Notification of Deaths Regulations 2019”.

This was expected to come into effect from October 2019. The Nottinghamshire senior Coroner has confirmed that this guidance is to be applied at BH. The Trust awaits a response from the Senior Coroner at Doncaster.

Findings from the SJR's (Structured Judgement Reviews) have generally been very positive, with the majority of reviews demonstrating good/excellent care. The three areas for awareness raising and learning that have been highlighted this quarter, though it must be emphasised that these were only 3 cases, are:

- Ensure the documentation of a MUST score.
- Verification of death should be recorded within the purple IPOC document.
- Documentation of date, time and name of the scribe must continue to be emphasised
-

During Q2 we have met the internal target for issuing MCCD's (Medical Certificate and Cause of Death) within 3 days at DRI in 98% of deaths and at BDGH in 99% of deaths. This is a very significant improvement and one we hope to maintain.

Pat Drake praised the team for their improvements.

The Committee:

- ***Noted the update on the Quarterly Report – Learning from Deaths.***

QEC28/01/D1 Patient Engagement and Experience Response Volunteer (Enclosure D1)

NHS England and NHS Improvement's Response Volunteer Programme contacted Trusts to offer funding and support for successful bids.

We have been successful in our application for 10 response volunteers to be piloted at Doncaster.

The programme focusses on developing a flexible volunteering model and building capacity within trusts to support efforts to reduce winter/seasonal pressures. The programme supports Trusts to optimise their volunteering activity in order to provide greater support during times of increased pressure.

Volunteers are specifically recruited for this role. They will have a bleep device for quick contact and respond where needed (i.e. ward for assistance or escorting to a department).

The provisional plan is to have in a specific location to be based from, likely AMU working with the site managers, flow coordinators and linking with the Divisional bleep holders.

A SOP for contacting the response volunteers with clear guidance on usage (not impinging on paid roles) is in development.

The Committee:

- ***Noted the information on Patient Engagement and Experience.***

QEC12/11/E1 Workforce and Education Assurance report (Enclosure E1)

Karen Barnard presented the Workforce and Education Assurance report, advising that accountability meetings were being held with Divisions on a monthly basis, Karen will also be meeting with the Associate Nurse Directors of each Division to look at key areas such as sickness absence and the high number of qualified staff vacancies.

There were some good messages noted in the data with respect to recruitment and retention figures, and for vacancy levels in the model Hospital comparators.

Appraisals were at the highest level for some time - 85% with significant improvements in Children's and Estates.

SET training within the medical staff requires improvement. Across the SET training areas Adult, Paediatric and Neonatal Resuscitation figures and fire training attendance needed improvement and this was being picked up by the relevant teams and progress will be reported back at the next meeting.

Sewa Singh will liaise with Sheffield Teaching Hospitals for them to support DBTH and provide the life support training sessions to allow the training to be multi-disciplinary.

Pat Drake raised the issue of training thresholds that are amber.

Action: Dr Tim Noble and Karen Barnard to look at the Life Support training across the Trust. **TN/KB**

Action: Karen Barnard and David Purdue to consider and action thresholds. **KB/DP**

The staff survey results will be going to the next Board meeting so will come to a future QEC.

The Committee:

- ***Noted the information in the Workforce and Education Assurance report.***

QEC28/01/F1 Corporate Risk Register (Enclosure F1)

The Chair provided an update in Jeannette Reay's absence.

The changes to the Corporate Risk Register were noted and members were thanked for fully completing the front sheet sections for their papers with reference to risk.

Pat Drake asked if the issue of Paediatric and Neonatal life support was a risk to be considered. David Purdue to raise outside the meeting.

Action: David Purdue to raise outside the meeting. **DP**

The Committee:

- ***Noted the information in the Corporate Risk Register.***

QEC28/01/F2 Board Assurance Framework (Enclosure F2)

The changes to the Board Assurance Framework were noted.

The Committee:

- ***Noted the information in the Board Assurance Framework.***

QEC28/01/F3 CQC and Regulatory Compliance (Enclosure F3)

The Trust was waiting for the official report from the CQC and therefore a Deep Dive scheduled for March 2020.

Action: A deep dive (March 2020) on CQC would be added to the work plan.

RW

There was no specific update provided in month on regulatory compliance.

The Committee:

- ***Noted the update regarding the CQC.***

QEC28/01/G1 Quality Improvement (QI) (Enclosure G1)

The Committee noted the paper.

Marie Purdue would provide a brief paper outlining the outcomes of QI work and learning to future meetings. This would include information on patient/carer involvement.

The Committee:

- ***Noted the information about the Quality Improvement.***

QEC28/01/H1 Governor Issues for Clarification (Verbal)

Clive Tattley

Stated he was assured by the HSMR report and the detail and work being undertaken.

The Committee:

- ***Noted the Governor comments raised, and information provided in response.***

QEC28/01/I1 Sub Committee Minutes and Reports (Enc I1)

The Committee received information from Trust meetings:

- Clinical Governance Committee – 20 December 2019
- WERC – 4 November 2019

The Committee:

- ***Noted the Sub-Committee minutes and reports.***

QEC28/01/J1 Minutes of the meeting held on 11 December 2019 (Enclosure J1)

The Committee:

- *Noted and approved the minutes from the meeting held on 11 December 2019.*

QEC28/01/J2 Committee Work Plan (Enclosure J2)

The Committee:

- *Noted the Committee Work Plan.*

QEC28/01/J3 Any Other Business (Verbal)

No other items of business were raised.

QEC28/01/J4 Date and time of next meeting (Verbal)

Date: **Tuesday 31 March 2020**
Time: **14:00 – 17:00**
Venue: **The Board Room, Doncaster Royal Infirmary**

QEC28/01/K Meeting Close

The meeting closed at 17:15.

AUDIT AND RISK COMMITTEE (ARC)

Minutes of the meeting of the Audit and Risk Committee

Held on Monday 23 March 2020 in the Board Room, Doncaster Royal Infirmary via Tele-conference.

Present:	Kath Smart, Non-Executive Director (Chair)	KS
	Sheena McDonnell, Non-Executive Director	SM
	Neil Rhodes, Non-Executive Director	NR
	Mark Bailey, Non-Executive Director	MBai
In attendance:	Jon Sargeant, Director of Finance	JS
	Matthew Bancroft, Head of Financial Services	MBa
	Clare Partridge, Internal Audit Manager, KPMG	CP
	Rob Fenton, Audit Manager, KPMG	RF
	Dan Spiller – External Audit Manager, EY	DS
	Steven Clarke, External Audit Account Manager, EY	SC
	Fiona Dunn, Deputy Director of Quality and Governance	FD
	Mark Bishop, Counter Fraud and Security Services Manager	MBi
	Rosalyn Wilson, Corporate Governance Officer (Minutes)	RW
	Sean Tyler, Building Maintenance - Head Of Compliance, Estates Item F1 Health & Safety Report	SC
	Ken Anderson, David Linacre, Roy Underwood – Dialled in for Item C1.5 and H1 Data Security and Protection Toolkit	KA/DL/RU
To Observe:	None	
Apologies:	Bev Marshall – Public Governor	BM

ACTION

**ARC/23/03/A
1** **Welcome and Apologies for Absence (Verbal)**

Kath Smart welcomed the Members and attendees and the apologies for absence were noted.

It is to be noted that this meeting was held via teleconference agreed at the Board of Directors 17 March 2020.

**ARC/23/03/A
2** **Conflicts of Interest (Verbal)**

There were no conflicts of interests to note.

Action Notes from Previous Meeting (Enclosure A3)

Action 1 – Gifts, Hospitality & Declarations of Interest - on the agenda for an update, item D3;

Action 2 – Internal Audit now have the 2020 Executive Team meeting dates, Rob Fenton dialled in on 29 January 2020;

Action 3 – C. Partridge agreed to include a KPI on Audit recommendations closure rate & was included in Item C1.7 item now closed ;

Action 4 - Strategic and Operational Leads are now included on both the KPMG reports and tracker, item to be closed;

Action 5 – Not due yet

Action 6&7 – TORs amendments have been made and approved by Board, agreed to close this action.

The Committee:

- **Noted the above updates to the action log;**
- **Agreed that actions marked ‘close’ be considered complete.**

Counter Fraud

Mark Bishop gave the committee a comprehensive update on the Counter Fraud progress report and reported some positive news that Lincolnshire Partnership NHS Foundation Trust have now joined the counter fraud consortium.

Mark Bishop advised the committee that the report provides a full account of counter fraud work undertaken by the Trust's LCFS since the previous report issued in November 2019 and covers the period until March 2020. The report provides details of activity and progress in the four key areas of the Operational Fraud Plan 2019/20. For ease of brevity, the report's key points for noting are outlined in the following sections:

2.4 - 2020/21 Operational Fraud Plan.

2.5 - Fraud Collaboration (Expansion).

2.8 - NHSCFA – Standards for Providers Self-Review Tool (SRT) (Appendix 1).

2.9 - Appointment of a Fraud Champion.

3.1 - SET (Fraud Awareness) status (98%).

3.6 - National Fraud Initiative (NFI) progress update (completed - £27k recovered).

3.9 - New Fraud through the Looking Glass Newsletter released (Appendix 2).

4.2 - NHSCFA Fraud Risk Management – Online Thematic Assessment.

4.5 - Intelligence Bulletins received.

5.1 - National Exercise – Procurement Fraud update.

5.2 - Investigation Referrals (5 new referrals and 5 updates). The current status is:

- 2 cases await a sanction outcome.
- 1 referral is pending transfer to another agency.
- 1 case remains open for investigation.

- 5 referrals closed.
- 2 referrals remain open for further investigation.

In December 2019 the NHS Counter Fraud Authority (NHSCFA) released a briefing note about the creation of a new Fraud Champion role to be introduced across all NHS organisations. The role of champions is an established approach across the NHS and by launching a network of Fraud Champions in all NHS organisations the NHSCFA hope to strengthen the fight against fraud and increase fraud awareness in each individual organisation. The role of Fraud Champion will be to support and promote the fight against fraud at a strategic level and with other colleagues within their own organisation. Fraud Champions will also support LCFSs in the work that they already do.

The criteria for suitable nominations was very strict (details can be found here: https://cfa.nhs.uk/Fraud_Champion) and all NHS bodies were required to submit nominee details by 28/02/2020. Following consultation between the Local Counter Fraud Specialist (LCFS), Director of Finance (DoF) and other Executives at the Trust, Fiona Dunn, Deputy Director of Quality and Governance will be the Trust Fraud Champion.

Over the coming months an online training package will be made available by the NHSCFA direct to the Fraud Champion and further updates will be included in future reports to the Committee.

Questions

Sheena McDonnell queried Item 2.8 as this was required to be signed by Kath Smart Chair of the Audit and Risk Committee & the final submission is 30 April 2020. It was confirmed this was planned to go ahead and the Chair of Audit had a planned meeting/ teleconference with the LCFS to go through and sign in advance of the deadline. It was confirmed that the SRT would be signed off by the LCFS, JS and KS.

Action: Meeting to be arranged for KS and MBI to meet and finalise the SRT on behalf of the ARC committee and circulate once finalised and submitted. Due for submission 30 April 2020. KS/MBi

SMcD felt some of the “Amber” rated areas were a bit harsh, and the LCFS explained why they had been scored that way. JS confirmed he supported the rating.

The Committee discussed concerns regarding the HR systems and the LCFS confirmed that at present there isn't a centralised recruitment process, however, Karen Barnard's forward plan is to move to centralised recruitment which will be reviewed after COVID-19 pandemic.

Action: Centralised recruitment process To add to July/August Agenda RW

NR queried how it will be best to monitor the invoicing over COVID-19 expenditure. JS advised the Committee of the new procurement process in place to manage, account for and report on any Covid-19 expenditure, plus the LCFS has contacted all Procurement staff to ensure they are aware of Covid-19 related invoice fraud.

The LCFS confirmed the 2020/21 Work programme is for noting – standards released by Counter Fraud in January.

The LCFS also confirmed that if due to COVID – 19, he is not available and off work, there will be another counter fraud officer available from the Consortium.

ARC/23/03/C1 Internal Audit Report (Enclosure C1)

Rob Fenton from KPMG gave the committee an update on what the Internal Audit Progress Report means in relation to the Audit plan and the final reports presented

C1.1 Internal Audit Annual Report & Head of IA Opinion 2019/2020 – The Committee noted the important conclusion which confirmed that KPMG’s “overall opinion for 2019/20 is that significant assurance with minor improvements required can be given on the overall adequacy and effectiveness of the organisations framework of governance, risk management and control”. It was also noted this was the position as at 23 March and even in the event of no more audit work being delivered (due to Covid-19) then this conclusion would still stand. ARC members noted the positive opinion, but also noted there was work to do to ensure continuing implementation of recommendations and work to improve those areas which only had a “Partial Assurance” grading.

C1.2 Internal Audit Progress Report – Three reports have been issued since the last ARC, Corporate Governance, DSP Toolkit and Delayed Transfers of Care. All had a “significant assurance with minor improvement opportunities” conclusion. The days delivered were 168/190days and it was acknowledged delays due to the CQC inspections taking priority had impacted upon delivery in some cases, and now the Covid-19 pandemic had halted most audit work to release clinicians and key staff to prepare.

C1.3 – Corporate Governance Audit Report – “Significant Assurance” ARC noted the recommendations had been agreed around the improvements required in documentation.

C1.4 - DTOC Audit Report - One issue raised was the Delayed Transfer of Care audit report (DToC) was not submitted to ARC as it was incomplete. Rob Fenton advised that although evidence was outstanding this would not change the audit outcome score, which was Significant Assurance with minor improvement opportunities, however, the Trust have raised issues within the recommendations.

Action: Jon Sargeant to raise this with David Purdue to get a resolution to the JS DToC report so the report can be issued.

C1.5 - Data Security and Protection Audit Report – The Committee was joined by Ken Anderson, David Linacre and Roy Underwood to talk through this report. ARC members queried the recommendation regarding the Business Continuity test timescales, and were informed that it had been a multi-agency test, and had taken some time to share the outcomes. SMc also queried that the narrative on page 7 required amending to reflect that all NEDs had receive the appropriate IG training at that time.

Action: RF agreed to amend the IG report.

RF

ARC thanked Ken, David and Roy for their hard work on protecting the data & systems held by the Trust

C1.6 – Internal Audit Plan 2020/2021.

Rob Fenton outlined the process undertaken so far, he had discussed the forward plan on a 1:1 basis with Executive Team, and subsequent to this had held the group discussion with Non-Executive Directors. The discussion with the NEDs had resulted in “Complaints” audit being added to the draft plan which was also now supported by the Eds.

SMc followed up on areas from the NED discussion which included Workforce (SET/ Appraisals) and more on safety. It was concluded that the “Workforce” additional areas not to be reviewed at present due to COVID – 19, the SET Training to be reviewed under ESR self-service audit, and Complaints was now included as part of the safety work.

KS commented it would have been useful to see the audit trail of discussions and conclusions within the report.

It was confirmed that no Internal Audit reviews would be carried in Q1 due to the pandemic, and KPMG would be staying in contact with JS to ascertain when to commence audit work.

The Committee:

- Noted the Head of Internal Audit Opinion 2019/20;**
- Noted the Internal Audit Report outcomes for Corporate Governance, DSP and DToC;**
- Noted the Internal Audit Progress report;**
- Approved the Internal Audit Plan for 2020.**

Governor Observations

No Governors present at today’s committee meeting.

External Audit Reports (Enclosure D1)

Dan Spiller updated the committee on the External Audit progress report from EY (Ernst Young).

DS outlined the risks to the organisation that had been presented in the EY Audit Planning Report. It was noted that the risk around 'going concern' had been discussed at length with Jon Sargeant (Director of Finance) due to recent guidance published by NHS Directors of Finance had received suggesting DHSC loans would soon be converted in PDC (Public Dividend Capital). National discussions were still ongoing at this stage and it was noted that due to the COVID-19 pandemic, Jon Sargeant no longer expects this to be forthcoming and as a result, despite some suggestions that going concern may be removed from the plan, Jon Sargeant and EY are in agreement that it remains a risk for 2019/20.

DS outlined that the Audit Planning Report contained reference to an area of focus concerning IFRS 16 Leases implementation. (**IFRS 16** introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months) Due to changes announced recently by NHSI, this implementation has been delayed until 1 April 2021 and as such, there will potentially be no reporting by EY against this area of focus.

It was outlined that Matthew Bancroft has been very proactive and forthcoming in discussions with the COVID-19 situation and that he and DS had held very constructive and positive phone calls and emails to ensure they are both remaining up-to-date on the situation and how it impacts the Audit from both the Trust and EY perspectives.

It was discussed the VFM (Value for Money) Risks on the audit and explained that it would be a surprise for any Foundation Trust not to have some risk around financial sustainability given the underlying deficit current at Doncaster & Bassetlaw Teaching Hospitals Foundation Trust.

The materiality levels for the audit and asked for acknowledgement from the Audit Committee that they were comfortable. Kath Smart agreed that is fine and in line with previous levels.

There is a suggested timetable on page 27 of the EY report but noted that this is likely to have sufficient flex in it as the COVID-19 situation evolves. Dan also pointed out that EY have offered Matthew Bancroft flexibility in the program regarding Doncaster & Bassetlaw Healthcare Services (DBHS, Pharmacy Wholly Owned Subsidiary) which is currently due for audit in May, but depending on the pressures on the Finance team compiling statements for the trust, this may need pushing back later in the year. This will be discussed between EY and Jon Sargeant nearer the time and put on the Agenda for the year end meeting in May 2020.

Dan discussed page 35 of the EY report and brought to the committee's attention the increase in the fees for the year.

Action: DBHS to be added to May Agenda for discussion.

RW

The Committee:

Noted the above updates to the External Audit Reports.

ARC/23/03/E1 ARC Appraisal – Self-Assessment Process

Kath Smart discussed the ARC Appraisal paper with the committee and at present the Trust remains compliant.

It was agreed that when the Trust is back to business as usual after the Covid-19 Pandemic a survey monkey will be developed along with a checklist to review the effectiveness of the Audit and Risk Committee.

Although methodology was agreed and approved by ARC, it was agreed that the timetable would be reviewed at the Year End meeting in May.

Action: RW to liaise with the Communications team to develop the survey monkey once agreed at May's meeting. **RW**

The Committee:

Noted the update on ARC Appraisal, Self-Assessment Process.

ARC/23/03/E2 & E3 Internal Audit Review of Effectiveness and External Audit Review of Effectiveness (Verbal)

Jon Sargeant updated the committee on the progress of the review for both Internal and External Auditors review of effectiveness and it was noted that Jon was outstanding some information that from one of the auditors which was causing a delay in writing the reports.

It was noted that KPMG have performed well this year and that follow up's on audits have improved.

Action: Both KPMG and EY to resend the checklists to Jon Sargeant. **DS/RF**
Action: Jon Sargeant to complete the Effectiveness Review report and circulate to the committee for information. **JS**

The Committee:

Noted the update on Internal Audit Review of Effectiveness and External Audit Review of Effectiveness.

ARC/23/03/E4 Declarations of Interest for Year 2019/2020

Rosalyn Wilson (Roz) Corporate Governance Officer gave a verbal update on the progress of the annual declaration of interests submissions required for 2019-2020.

Roz explained that there were 340 members of staff who require to sign the declaration and currently on 15 have been returned.

It was agreed that due to COVID-19 the 263 Consultants/Medical staff would not be required to sign the declaration before the cut off of 31 March 2020 due to the pandemic staffing requirements at the moment.

ARC members noted that RW was continuing to request forms from all non-clinical staff and thanked her for her efforts.

A full update will be given to the Audit and Risk Committee in May 2020.

The Committee:

Noted the update on Declaration of Interest for year 2019/2020 and that Consultant and Medical staff would be followed up when it was appropriate to do so post Covid-19.

ARC/23/03/E5 CQC and Regulatory Compliance

Fiona Dunn gave the committee an update regarding the CQC action plan and the focus on the 17 MUST do actions. Fiona has developed a centralised action plan and will be managed through the Trusts Quality and Effectiveness Committee.

The CQC have reviewed the Trust action plans and have agreed they are happy with what work is required to achieve the required outcomes.

There were no regulatory compliance items to discuss today but Fiona has assured the committee that there is a clear plan in place to ensure all regulatory assurance visits are managed effectively and reported to Quality and Effectiveness Committee.

The Committee:

- ***Received and noted the update on CQC and Regulatory Compliance.***

ARC/23/03/F1 Bi Annual Report – Health and Safety including Fire - Sean Tyler Dialed in 15:15

Sean Tyler Updated the Committee via Teleconference and advised the report covers aspects of Health and Safety Management at a local Trust level, providing updates on improvements achieved throughout the reporting period 1st August 2019 – 31st January 2020.

It was noted that the report was to be taken as read.

Sean noted that although for the March meeting it was asked that an update was provided on the lone working devices. Unfortunately, due to issues beyond the teams control with the external provider Reliance, their system was unable to provide the data within the required timescale. There has been a review and update of the Trust Lone working Policy which has been approved by the Trust H&S Committee and published on the Hive.

Action: Lone Working devices update to be added to the next Health & Safety update **RW**

The Health & Safety committee provide confirmation that the Trust Anti-Ligature Policy has now been approved and is published on the Hive. There is no Manual handling report for the reporting period due to misalignment of the current reporting periods between the bi annual H&S report to ARC and the Bi annual manual handling report to the Trust H&S committee.

Action: To review the alignment of the Bi annual report to Manual Handling report – RW and KS to look at outside of the meeting. **RW/KS**

There is a requirement to develop a Trust Health and Safety Strategy in order to set out the Trusts aims and objectives utilising the PAM (Premises Assurance Model) as a method of self-auditing for assurance with which performance against the Health & Safety Strategy and Policy can be monitored.

The Health and Safety Executive (HSE) Have conducted unannounced visits across other NHS Trusts in the wider area and are focusing on Manual Handling and Violence & Aggression. They are reviewing Trust policies in place to monitor and safeguard against such incidents. It was suggested that the HSE may attend sites within DBTH and carry out unannounced visits to talk to staff around key areas.

ARC member questions covered additional assurances required around Fire Safety precautions, Asbestos and water safety.

Sean Tyler advised that the working relationship with SYFR (South Yorkshire Fire and Rescue) is positive and they are supporting the Estates Department with carrying out risk assessments that relate to Fire. Estates are meeting with SYFR to update on the Trusts Fire Safety Capital plans due to the Covid-19 pandemic pausing works.

ST also gave assurances around the Asbestos and Water Safety issues and agreed to provide the Chair with additional information from the PAM model to show how these are being managed

The Estates and Facilities were asked in the January meeting to provide an update to Audit and Risk Committee relating to the number of open incidents,

this was raised at the Quality and Effectiveness meeting and the Chair asked for assurance. It was noted that:

- Head of Compliance attended the Clinical Governance Committee on the 15th November to report on the large number of Estates & Facilities (E&F) open incidents on Datix. It was agreed that there were areas for improvement in process and procedure within the E&F with actions for Datix open incident training provision for a number of E&F management identified.

Following attendance at the meeting the Head of Compliance is now working closely with the acting Deputy Director of Quality and Governance, the Deputy Director of Quality and Governance and the Head of Risk Management and Patient Safety to deliver continual improvement in open incident management and risk register review within the E&F. The E&F management area also fully committed to regular attendance at the Patient Experience and Engagement Committee (PEEC) to ensure compliance with the Trust complaints process and procedures.

Items for Escalation to the Board of Directors (Verbal)

Audit and Risk Chair's report will be submitted to the Board of Directors meeting in April 2020.

Sub-Committees (Verbal)

It was agreed to share two Audit Reports that are due with a "Partial Assurance" opinion with QEC (WHO Checklist) and F&P (Data Quality Referral to Access) once they were finalised.

ARC/23/03/J1 Information Governance Group – the minutes were noted
& J2 H&S Committee – the minutes were noted

Other Items

ARC/23/03//K Minutes of the meeting held on 6 February 2020 were agreed as a final version.
1

ARC/23/03//K **Any Other Business – Jon Sargeant – Director of Finance**
2

A letter from NHSE/I was circulated from JS relating to the highlights for the reclaim costs against COVID-19, Jon advised that the Finance Team will be managing this process to ensure appropriate recording, reporting and management of Covid-19 related costs. A flowchart had been developed with Procurement and Finance and JS had oversight of expenditure as it came through the system. The total will be reported to a future meeting as it was at early stages

JS also reported that NHS Annual Planning was on hold, plus contracting is suspended and funding will be paid from Commissioners on a block contract basis for at least 3 months.

JS also outlined his COVID-19 business resilience plan for the Finance function which included splitting the team into two, the Finance Team will rotate working from home so there is the correct mix of staff available for business as usual, COVID and month/year end.

ARC/23/03//K Date and Time of Next Meetings (Verbal)

3

The Committee noted the arrangements for the next meeting:

22 May 2020

09:30 Board Room DRI – *Please note: This meeting may take place via tele/video conference and will be advised nearer the time.*

MANAGEMENT BOARD

**Minutes of the meeting of the Management Board held in on
Monday 11 May 2020, 2.00pm in the Board Room Doncaster Royal Infirmary via Starleaf Conferencing**

- Present:** Richard Parker, OBE – Chief Executive (Chair)
In the David Purdue, Deputy CE and D of N&AHP
Boardroom Eki Emovon, Divisional Director
 Dr Tim Noble, Medical Director
 Marie Purdue, Director of Transformation and Strategy
 Rebecca Joyce, Chief Operating Officer
 Fiona Dunn, Acting Deputy Director of Quality and Governance
 Nick Mallaband, Divisional Director, Medicine
 Antonia Durham – Hall, Divisional Director, Surgery & Cancer Division
 Jochen Seidel, Divisional Director, Clinical Specialties Division
 Fiona Dunn, Acting Deputy Director Quality and Governance
- Via Starleaf:** Ken Anderson – Acting Chief Information Officer
 Emma Shaheen – Head of Communications and Engagement
 Alasdair Strachan – Director of Education and Research
 Jon Sargeant – Director of Finance
 Karen Barnard – Director People, Organisational Development
 Kirsty Edmondson Jones, Director of Estates and Facilities
 Simon Brown, Associate Director of Nursing, Clinical Specialities
 Gill Payne, Deputy Medical Director, Efficiency and Effectiveness
 Lois Mellor, Head of Midwifery
 Jodie Roberts, Deputy Chief Operating Officer
 Cindy Storer, Deputy Director of Nursing, Midwifery and Allied Health Professionals
 Kirsty Clarke, Associate Director of Nursing, Surgery and Cancer
 Mr Ray Cuschieri, Deputy Medical Director
 Mr Willy Pillay, Deputy Medical Director
- In**
Attendance: Rosalyn Wilson, Corporate Governance Officer (Minutes)
- Apologies:** None to be noted.

ACTION

Richard Parker confirmed that Senior Management, Deputy Medical Directors and Associate Directors of Nursing had been invited to this interactive session to support the further development on Finances for 2020/2021 and COVID-19 Stabilisation and recovery plan.

Apologies for absence

MB11/05/A1

The Management Board:

- ***Noted the apologies for absence.***

MB11/05/A2

Matters Arising / Action Log

Action 1 – No further update, Suspended during COVID-19

Action 2 – Not due until July 2020

Action 3 – Suspended due to COVID-19, General Surgery temporarily using the theatres at the moment.

Action 4 to 10 – Agreed that these had been completed and can be closed.

Action: Senior Management Team to review the annual leave allocation over the recent bank Holiday and ensure effective plans are in place for the Spring Bank Holiday.

Management Board

Noted the actions and confirmed that during COVID-19 updates were suspended to be picked up when the Trust returns to business as usual.

MB11/05/B1 Finance Update 2020/2021

Jon Sargeant Director of Finance gave a verbal update on the current finance position for the Trust and asked the Senior Management Team to support plans to ensure we comply with the guidelines set by NHSE/I.

Since the start of the COVID- 19 pandemic a number of changes have been made to the way provider Trusts are funded and the financial regime that they are expected to work in.

Revenue expenditure

The Trust was paid by the local CCG (Clinical Commissioning Group) for work that is completed based on the more work the Trust does the more cash is paid. To achieve this the Trust has to work towards targets set by the CCG's one of the main targets Management Board will be aware of is the RTT target 92%. The Trust agree annually the numbers of patients to be treated and other business rules, within guidelines set by the Department of Health and Social Care (DHSC). Once the CCG agree the targets the next step was to set the financial target known as the control total which states the level of financial delivery the Trust must achieve.

The level of the bonus payment has been sufficient for the Trust to earn as much money as it spends, and therefore breakeven this bonus was £15.6m in 19/20.

All Divisions were set budgets and agreed affordable spending plans these plans also include savings targets. Once agreed financial control ensures a safe delivery of services utilising all resources available to support patient care.

For the past two years the Trust has delivered its financial plan and delivered a small surpluses, this has supported the Trust invest in capital projects such as a new CT scanner suite and investing in additional clinical staff in A&E and Women's and Children's Division.

The Trust's response to the COVID19 Pandemic the Trust Board stood down all non-essential meetings and processes in order to pull resources to care for patients and staff.

To maintain financial control and meet our legal duties the Board agreed that a truncated process would be introduced to allow fast decisions to be taken on expenditure to support the response to COVID 19. Over the period since March 2020 the Trust has spent over £2.5m more than its normal expenditure levels on equipment and estates work to ensure we were in the best possible place to manage the pandemic.

It should now be noted that whilst provision for prompt decision making in relation to COVID 19 costs has occurred, this period has now passed and we are looking to maintain our financial discipline as we move forward.

The first four months of the financial year 2020/2021 block contracts have been set centrally by NHSE/I and are based on an estimate of how much money each Trust needs to break even per month based on spend between November 2019 and January 2020. Extra funding schemes such as 'top up payments' have been created for the intention to provide extra funding to cover any errors that have been made in the central estimates and additional costs to support Trusts during the pandemic.

Although NHSE/I have written to each Trust Board laying out its expectations for Trusts, and costs above the estimates must be justified.

The Trust has also been instructed to pay suppliers within 7 days of receipt of an invoice, to support the general economy by improving cash flow.

The Trust is currently working with NHSE/I and the ICS and discussions are taking place on how DBTH's block contract is significantly short of the money the Trust requires, and in a worst case this shortfall is £2.1m per month. Jon Sargeant is optimistic that this can be resolved but advises that we must expect scrutiny of our current spend.

Capital Funding

DBTH Sets its own capital budget based on cash availability and is part of the annual planning process with NHSE/I and this is monitored by them. The Trust Board has a significant degree of flexibility over its plans as long as it remains within the agreed total. The Trust can agree plans up to £15m without external approval.

The Trust has a good track record of managing its agreed plan. Normally the Trust assesses its capital planning needs with risk based recommendations coming from various sub-committees of the Capital Management Steering Group. The Trust's main capital funding requests come from the following groups:

- Medical Equipment Group
- Estates Management
- IT Steering Group

Once the request has been through the relevant groups they are then reviewed by The Executive Team and the Finance and Performance Committee and the Board of Directors, any additional bids made through the year go through the CIG.

From the 1st of April any schemes relating to COVID-19 will be funded centrally, however, the Trust can only commit to schemes to a value £250k after which central approval (DHSC) is needed. This is against the previous limit of £15m and is a significant restriction on the Trusts freedoms, this applies to all provider Trusts.

The responsibility of overseeing capital expenditure has moved from NHSE/I to the local ICS who will now set the overall capital budget for the region.

There is a lot of uncertainty for the Trust at the moment regarding its financial position for 2020/21, the Trust is yet to complete its budgeting process for both revenue and capital. The Trust has a number of workflows in place and being implemented as an interim measure. Some of the key points are:

- Prompt receipting and processing paperwork from suppliers
- The Trust has set budgets that reflect the current funding arrangements and that should provide sufficient funds for the next four months.
- ANY business cases that were approved by CIG, but hadn't started in the reference period (November-January) must now be deferred.
- Posts that were not part of the run rate (i.e. not covered by temporary staff) will be reviewed at VCF, but are likely not to be approved.
- NO new business cases for non COVID- 19 schemes will be assessed
- Final Prioritisation of the Capital Bids will be assessed by the Executive ahead of the publication of capital guidance by the ICS and NHSE/I.

Once further guidance on the remainder of the financial year and the business and financial rules we operate within are available the Executive Team and Management Board will review these interim measures.

Jon Sargeant reminded Management Board that although some of these project will pause they will not be cancelled.

Jon Sargeant would also like to take this opportunity to thank everybody for supporting the changes to finance processes during COVID-19.

MB11/05/B2 COVID-19 Stabilisation and Recovery Plan

Marie Purdue went through the recovery plan and discussed the national direction given by Simon Stevens, NHS England Chief Executive, the key message was Thank you.

Marie explained the process for the Post Implementation Reviews and the Trust plan to support the areas of change. The SRO (Senior Responsible Officer) for each review gave a verbal update on where they were with the process, what's gone well and what need to continue to happen during and post COVID-19. The team has 41 areas of change to evaluate, 23 of these are full post implementation with a number of priorities which include:

- Elective review including review of non-face to face appointment processes
- Changes to surgical service provision (theatres)
- Maternity consolidation to one site

- Children's services pathways
- Changes to emergency pathways
- Diagnostics – reduction in non-F2F
- Diagnostics – screening changes
- Discharge pathways
- Trauma consolidation
- DCC provision medium/long term
- Screening drive through implementation

The SRO for each of the areas below gave a verbal update on how the reviews have gone and if there is further work to be completed. It was noted the level of work that has gone into each of the reviews has been outstanding in each area during the COVID-19 outbreak although there are a number of constraints that meant that not all staff who wanted to be involved at any one time could due to the government guidance on social distancing.

PPE and staffing were also amongst some of the constraints whilst conducting the reviews.

Elective reduction

Diagnostics and Pharmacy

Emergency pathways (adult)

Critical Care Capacity

Maternity Services Consolidation

Children's Services

Trauma Consolidation

Pathway for Vulnerable Patients

Infection Prevention and Control

People Planning

Estates and Facilities

Ethical Framework

Finance and Performance

IT and Digital

Communication and engagement

Care of Deceased Patients.

Marie Purdue advised management board that a full review of EPRR planning and learning from the experience will go ahead when we are able to, and the results will be shared with the teams so the learning can be implemented.

When the reviews were carried out the key areas of focus were, learning from experience, capture innovation, assessment of risk and benefits and sustainability as the reviews need to ensure that the outcomes are sustainable going forward.

Marie Purdue finished off the presentation with the objectives of the stabilisation and recovery group,

1. To review impact of plans and current state to generate an understanding of medium to long term impact of COVID-19 to inform future planning
2. To work with our DBTH team and partners to identify phases of stabilisation and recovery and triggers/constraints associated with moving between phases

3. To oversee development of associated robust, clinically led specialty plans for reinstating 'non-COVID-19' services safely and in a timely manner
4. To ensure transformation/interim changes made in response to COVID are reviewed and sustained where desirable
5. To review impact of estates limitations and mitigations
6. To review plans to support our people both during and post COVID-19

MB11/05/D1 **Items to Approve**

The Management Board:

- ***Noted the Minutes of the Meeting – 20 April 2020***

MB11/05/D2 **Consultant Vacancy**

Management Board went through the paper presented and there were a number of points that needed to be removed from the job description once rectified this post could then go out to advert as the vacancy has been to the VCF panel and approved.

The Management Board:

Noted the amendments to be made and it was agreed that if following interview that there was a second suitable candidate they could be offered the second post that is due to be recruited too in Geriatrics, this will prevent locum and agency fees.

MB11/05/E2 **Items for escalation to the Board of Directors (Verbal)**

There were no items for escalation.

MB11/05/E3 **Items for escalation from Sub-Committees (Verbal)**

There were no items for escalation.

MB11/05/F1 **Date and Time of Next Meeting (Verbal)**

The Management Board:

- ***Noted the date and time of the next meeting:***

Monday 8 June 2020

StarLeaf Videoconferencing - The Boardroom – Doncaster Royal Infirmary.

MB11/05/G **Close of meeting (Verbal)**

The meeting closed at 17:00

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
ANNUAL BOARD CYCLE OF BUSINESS
PUBLIC SESSION

AGENDA ITEM	LEAD	FREQUENCY	NEXT DUE	MEETING DATES					
				16-Jun-20	21-Jul-20	15-Sep-20	23-Oct-20	17-Nov-20	15-Dec-20
COMMITTEE BUSINESS									
Chair's Welcome and Apologies for Absence	Suzy Brain England	Each Meeting	Next Meeting						
Declaration of Interests	Company Secretary	Each Meeting	Next Meeting						
Conflict of Interests Register	Company Secretary	Annually	Jun-20						
Action Log - Update on Actions from Previous Meetings	Company Secretary	Each Meeting	Next Meeting						
PRESENTATIONS									
Various - As Agreed by Chair	Various	Each Meeting	Next Meeting						
STRATEGY									
Executive Team Objectives - Setting	Richard Parker	Annually	Jun-20						
Executive Team Objectives - Quarterly Updates	Richard Parker	Quarterly	Consider Nxt Mtg				Q1 / Q2		
NHS Long Term Plan	Richard Parker	As Required	Consider Nxt Mtg						
CQC	David Purdue	As Required	Consider Nxt Mtg						
Budget Setting/Business Planning/Annual Plan	Jon Sargeant/Marie Purdue	Annually	Jul-20						
NHSI Plan	Jon Sargeant/Marie Purdue	Annually	Consider Nxt Mtg						
Committees in Common	Company Secretary	As Required	Consider Nxt Mtg		TOR				
SY&B Pathology Programme	Richard Parker	As Required	Consider Nxt Mtg						
Covid19 Recovery Plan	Jon Sargeant/Marie Purdue	As Required	Jul-20						
QUALITY PERFORMANCE AND SAFETY									
Quality and Performance Report	Becky Joyce	Each Meeting	Next Meeting	Apr	May	Jul	Aug	Sept	Oct
Report from Guardian for Safe Working	Jaywant Dugar	Quarterly	Feb-21						
Maternity CNST	David Purdue (Lois Mellor)	Annually	Jul-20						
The NHS Patient Strategy	Sewa Singh (Cindy Storer)	Annually	Jul-20						
Winter Plan	Becky Joyce	Annually	Oct-20						
CAPACITY AND CAPABILITY									
Workforce and Recruitment Plan	Karen Barnard	Annually	Jul-20						
Thematic P&OD Report	Karen Barnard	Each Meeting	Next Meeting						
Workforce Race Equality Standards	Karen Barnard	Annually	Jul-20						
Workforce Disability Equality Standards	Karen Barnard	Annually	Jul-20						
ERIC Return	Kirsty Edmondson-Jones	Annually	Jul-20						
Staff Survey Results	Karen Barnard	Annually	Feb/Mar-21						
Staff Survey Action Plan	Karen Barnard	Annually	Apr-20						
Mixed Sex Accommodation	Kirsty Edmondson-Jones	Annually	TBC						
EU Exit	Becky Joyce	As Required	Feb-20						
FINANCE AND CONTRACT MATTERS									
Finance Report	Jon Sargeant	Each Meeting	Next Meeting	May	Jun	Aug	Sept	Oct	Nov
Control Total	Jon Sargeant	Annually	Jan-21						

Use of Trust Seal	Richard Parker/Company Secretary	As Required	Consider Nxt Mtg						
CCG Contracts	Jon Sargeant	Annually	Private?						
Reference Costs	Jon Sargeant	Annually	Private?						
Going Concern	Jon Sargeant	Annually	Next Meeting						
GOVERNANCE AND RISK									
NHS Providers Licence Self-Assessment / Certification	Company Secretary	Annually	Jul-20						
SO's SFIs, Standards of Business Conduct, Board Powers	Jon Sargeant/Company Secretary	Annually	Jul-20						
Board Assurance Framework	Company Secretary	Quarterly	Jul-20						
Corporate Risk Register	Company Secretary	Quarterly	May-20						
Chair's Assurance Log for Finance and Performance Cttee	Neil Rhodes	Each Meeting	Next Meeting	May	Jun	Jul	Sept	Oct	Nov
Chair's Assurance Log for Quality Effectiveness Cttee	Pat Drake	Bi-Monthly	Next Meeting	May		Jul	Sept		Nov
Chair's Assurance Log for Audit and Risk Cttee	Kath Smart	Quarterly	Next Meeting	May	Jul			Nov	
Chair's Assurance Log for Charitable Funds Cttee	Sheena McDonnell	Quarterly	Next Meeting		Jun		Sept		
Terms of Reference for Finance and Performance Cttee	Neil Rhodes	Annually	Oct-20						
Terms of Reference for Quality and Effectiveness Cttee	Pat Drake	Annually	Oct-20						
Terms of Reference for Audit and Risk Cttee	Kath Smart	Annually	Oct-20						
Terms of Reference for Charitable Funds Cttee	Sheena McDonnell	Annually	Next Meeting						
Board Effectiveness Review	Company Secretary	Annually	Jul-20						
Annual Report of the Finance and Performance Cttee (inc Effectiveness Review)	Neil Rhodes	Annually	Jul-20						
Annual Report of the Quality Effectiveness Cttee (inc Effectiveness Review)	Pat Drake	Annually	Sep-20						
Annual Report of the Audit and Risk Cttee (inc Effectiveness Review)	Kath Smart	Annually	Jun-20						
Annual Report of the Chaitable Funds Cttee (inc Effectiveness Review)	Sheena McDonnell	Annually	Sep-20						
Board Cycle of Business (inc Meeting Dates)	Company Secretary	Each Meeting	Next Meeting						
ITEMS FOR INFORMATION									
Chair and NEDs' Report	Angela O'Mara	Each Meeting	Next Meeting						
Chief Executive's Report	Company Secretary	Each Meeting	Next Meeting						
Minutes of the Finance and Performance Committee	Company Secretary	Each Meeting	Next Meeting	Apr	May	Jun, Jul	Aug	Sept	Oct
Minutes of the Quality and Effectiveness Committee	Company Secretary	Bi-Monthly	Next Meeting			May			Nov
Minutes of the Audit and Risk Committee	Company Secretary	Quarterly	Jul-20	March	May			Jul	
Minutes of the Charitable Funds Committee	Company Secretary	Quarterly	Next Meeting		Mar		Jun		Sept
Minutes of the Management Board	Company Secretary	Each Meeting	Next Meeting	May	June	July	Aug/Sept	Oct	Nov
Minutes of the Council of Governors	Company Secretary	Each Meeting	Next Meeting			May		July	
ICS Update	Richard Parker	Each Meeting	Next Meeting						
Bassetlaw Integrated Care Partnership Bulletin	Company Secretary	As Required	Consider Nxt Mtg	Bulletin	Bulletin	Bulletin	Bulletin	Bulletin	Bulletin
OTHER ITEMS									
Minutes of the Previous Meeting	Company Secretary	Each Meeting	Next Meeting	May	Jun	July	Sept	Oct	Nov
Any Other Business	Suzy Brain England	Each Meeting	Next Meeting						
Governor Questions	Suzy Brain England	Each Meeting	Next Meeting						
Date and Time of Next Meeting	Company Secretary	Each Meeting	Next Meeting	July	Sept	Oct	Nov	Dec	Jan
Withdrawal of Press and Public	Suzy Brain England	Each Meeting	Next Meeting						

Planned for Future Meeting(s)

Items Added to Individual Meetings as Required

Presented as Planned

Not Considered as Planned

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Annual Report – 2019/20		
Report to	Trust Board	Date	16th June 2020
Author	Richard Parker – CEO		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues
Please find attached the 2019/20 annual report which has been updated for feedback received from the Audit Committee.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
This report relates to all the Trust's strategic aims identified in the Trust's BAF and CRR.
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
The Board is asked to approve the 2019/20 annual report for signing.

**Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust
Annual Report and Accounts 2019/20**

**Presented to Parliament pursuant to
Schedule 7, paragraph 25 (4)(a) of the
National Health Service Act 2006**

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Performance Report

Chair and Chief Executive's statement

In late February 2020, we were starting to prepare our year-end reports and were looking forward to celebrating a successful 12 months for the Trust. One month later, and like NHS providers across the country, the Trust has had to change significantly to deal with the Covid-19 outbreak. However, despite the unusual times we find ourselves living in, 2019/20 was a positive year for DBTH and we believe that, whatever the future may hold, we must not lose sight of this.

2019/20 was filled with achievements and improvements, building upon our successes in the previous year. We have consolidated the good progress we made in patient care, treatment and experience in recent years, whilst further strengthening our links with partners both locally and nationally.

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. In August 2019 we refreshed our five-year strategy and updated our breakthrough objectives which we believe plot the coordinates to get to our overall destination of becoming the safest Trust in England, outstanding in all that we do.

While undoubtedly ambitious, our organisational confidence and recent achievements have not gone unnoticed. This year we have welcomed the Secretary of State for Health and Social Care, Matt Hancock, to both Doncaster Royal Infirmary and Bassetlaw Hospital, the Chief Executive of the NHS, Sir Simon Stevens, on two separate occasions and the Prime Minister, Boris Johnson, who visited Bassetlaw Hospital in late 2019.

Perhaps the crowning achievement, and a conclusion to the recovery journey we have undertaken throughout the past few years, came in February 2020 when we were delighted to receive a CQC 'good' rating following inspections which took place in September and October. We are immensely proud of our colleagues and the report recognised a number of areas of quality care, practice and improvement, with an overall positive picture of the Trust.

During their inspection, the inspectors observed many examples of high-quality care and improvements since their last visit. The Trust's cross-site urgent and emergency services received particular praise having improved in all of the seven key domains. Our visitors also described clinicians as demonstrating good infection prevention and control practice as well as emphasising a culture of learning at the Trust in order to improve safety.

This is an achievement which reflects the hard work, commitment and expertise of our colleagues who have worked tirelessly to improve the services we offer patients. On a final note, and typifying the culture which is so abundant at our Trust, the CQC described our colleagues as being caring, supportive of each other and compassionate to both patients and their families – an accolade we rate even higher than the 'Good' rating itself.

Simultaneous to the arrival of our inspection result, we received encouraging feedback from this year's Staff Survey. Ensuring colleagues are proud and content to work here is very important to us and we were delighted to achieve the best results we have ever recorded.

Overall, our organisation's responses were significantly improved from last year's survey and we achieved the most improved score across 38 acute trusts with statistically significant improvements across 10 of the 11 themes in the survey. Most notably there has been significant improvements in the questions relating to staff being able to make improvements, being involved in decisions and senior managers acting on feedback, all of which are now above average.

This has undoubtedly resulted in the huge increase in the number of colleagues who would recommend Doncaster and Bassetlaw Teaching Hospitals as a place to work showing that our colleagues feel more comfortable in their work and that, together, we are moving forward as an organisation.

Not only were the Trust's results significantly improved on previous year's, the feedback and data we collected this year is far richer in terms of showing an accurate representation of the workforce with our response rate being higher than ever. In total, 59% of eligible staff completed the survey, against a national average of 48%. We were delighted to see this willingness to engage with the survey as it confirmed to us that our workforce is keen to work together in order reach our goals and objectives.

Following the launch of our 'Sharing How We Care' newsletter and conference last year, we have implemented a number of improvements this year, guided by our award-winning Sharing How We Care ethos to ensure that our patients remain at the heart of everything we do. As part of this, we have been working hard to improve the quality of information that our patients receive about their care and hospital stay.

Our teams have introduced bespoke welcome boards at the entrances to all of our in-patient areas. The welcome boards are designed to give visitors an overview of things like who works there, what tests may be carried out and what the discharge process is. The boards have been making a real difference in preparing patients and relatives for a hospital stay, ensuring that they are well informed and they know what to expect. We were pleased to see that this work was recognised by the Patient Safety Learning Awards this year and we were able to share this example of best practice with other Trusts.

In addition, our patient safety team introduced a simple, yet innovative, system to ensure that our in-patients are keeping hydrated during their hospital stay to aid their recovery. The introduction of 'traffic light water jugs' in order to monitor the amount that individuals are drinking each day, as well as enabling our clinicians to see how much a patient has drunk at a glance.

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 were able to meet our control total, which was a break even financial position.

This meant that we qualified for bonus payments from NHS England/Improvement (known as Financial Recovery Fund or FRF) which equated to £0.4m, resulting in the second consecutive surplus year end position. An achievement shared by all within the Trust.

As we identified at the beginning of this introduction, we ended this financial year making extensive preparations to treat and care for Covid-19 patients, including physically moving services around our hospital sites and redeploying our workforce to alternative areas. Every member of DBTH has pulled together during this time and, whilst we know we are in the midst of the biggest challenge we have ever faced as a Trust, it has been immensely inspiring to see our colleagues responding so well to such huge changes in the way we work and provide services to our communities – they are truly doing an outstanding job in such extraordinary times.

Overall, as we reflect upon 2019/20 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, everyone else who has worked with us over the past year and our local communities. 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 2019/20, and what we plan to achieve in 2020/21. Finally, we can confirm this annual report for 2019/20 was prepared on a 'group' basis within the Trust and thank colleagues for their efforts in collating this document.



Suzy Brain England OBE
Chair
16 June 2020



Richard Parker OBE
Chief Executive
16 June 2020

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 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 in-patient, day case and out-patient 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 in-patient, day case and out-patient facilities.
- **Montagu Hospital in Mexborough**
Montagu is a small, non-acute hospital with over 50 in-patient 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 out-patient 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 out-patient and other health services at **Retford Hospital**, including clinical therapies and medical imaging.

Our site at the **Chequer Road Clinic** (which has moved premises as of 1 April 2020) 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.

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 (refreshed in August 2019) 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

- To provide outstanding care for our patients.
- Everybody knows their role in achieving the vision.
- Feedback from staff and learners is in the top 10% in the UK.
- The Trust is in recurrent surplus to invest in improving patient care.

Breakthrough objectives

- Achieve measurable improvements in our quality standards.
- 5% improvement in our staff having a meaningful appraisal linked to our vision.
- The Trust is within the top 25% for staff and learner feedback.
- Every team achieves their financial plan for the year.



Overview of our activity in 2019/20

Throughout the past 12 months, we have built upon the achievements of the previous years, improving some aspects of care, while upholding high standards in others.

Highlights throughout 2020/21 extend to our new Care Quality Commission (CQC) rating of 'Good', our best ever Staff Survey results as well as good financial performance up until the final month of the year, all within the context of one of our busiest ever periods for patient activity. Initially, we had planned to reflect much of this work within the following pages, however, with the outbreak of Covid-19, our plans were slightly curtailed, attentions diverted elsewhere and, given the severity of the situation, it would have seemed out of sorts to concentrate on these past successes.

As a result, the following report is much more abridged and shorter than in previous years, however in summary you will be able to explore a very successful year for the Trust. In the next few pages you will read about the numerous awards and accolades granted to our team, as well as understand what our CQC report told us, and what lays ahead in the year to come.

Please note, **this report does not contain a Quality Accounts** section as is usual. This will be published separately later in the year as nationally mandated.

Despite the unusual times we find ourselves living in at the time of writing, 2019/20 was a fruitful year for DBTH and we must not lose sight of this.

Summary of awards and accolades

Members of Team DBTH work incredibly hard to continuously improve our services and deliver the best possible care for patients. A number of them received external acknowledgment for their hard work by being shortlisted for awards or noted for recognition in 2019/20 including:

April 2019

The Trust was shortlisted for a Health Service Journal (HSJ) Value Award, in the category of "Emergency, Urgent and Trauma Care Efficiency Initiative of the Year". The submission was about how innovative Smart-ER technology had been introduced into the Emergency Department (ED), to keep patients engaged in their care when they would otherwise just be waiting for a clinician to see them.

May 2019

In conjunction with the World Health Organisation's (WHO) "No Tobacco Day" (31 May), DBTH officially went smokefree across all its sites. This fed into the wider "Sharing How We Care" (SHWC) initiative, which later went on to win numerous awards (see October 2019 and March 2020).

Mr Muhammad Shahed Quraishi OBE, a Consultant Ear, Nose and Throat (ENT) Surgeon at DBTH, was presented with an "Excellence in Teaching" honour from the Middle East Academy of Otolaryngology – Head and Neck Surgery. He is the first recipient of this new award.

Richard Parker OBE, Chief Executive for the Trust, received an OBE from the Prince of Wales, in recognition of his ongoing contributions to health and social care.

Dr Kirsty Edmondson-Jones, director of Estates and Facilities, was nominated for an "Individual Development" award by the Health Estates and Facilities Management Association (HEFMA). This was to acknowledge her pioneering doctoral research in the field of bioengineering.

June 2019

Simon Stevens, Chief Executive of the NHS, visited Doncaster Royal Infirmary - alongside Richard Barker, NHS North East and Yorkshire Regional Director – for a demonstration of the exemplary Qi work that had been undertaken in the antenatal clinic. The pair left suitably impressed by the project, noting that it was an ideal case study of Qi in action.

June also saw the organisation celebrating a staggering 600 days without any hospital-

acquired Methicillin-resistant Staphylococcus Aureus (MRSA) infections. When first introduced by the department of health, this was originally seen as an unrealistic target for any care provider to achieve. However, through diligence and rigorous IPC measures, DBTH was able to maintain the standard for nearly two consecutive years.

The BBC One Show ran a segment on our appeal for neonatal 'traffic light hats'. Exceeding even the wildest expectations, over 10,000 of the garments were knitted and donated by people from the local area, as well as from across the nation and even from countries as far afield as Canada and Australia. The film crew came on-site to interview maternity staff about the appeal and to showcase the incredible response it had. The resulting episode was aired on Wednesday 19 June 2019.

July 2019

This month saw the Trust host its inaugural "We Care into the Future" event. A conference that was dedicated to highlighting the various career routes that are available within the NHS, including the often overlooked behind the scenes role, this job fayre featured representation from more than 250 professions in the Trust, and had upwards of 8,000 attendees from local schools. A resounding success, "We Care into the Future" went on to receive great attention in the press, multiple award nominations and expressions of interest from other education providers.

DBTH picked up two prizes at the first-ever regional AHP awards. The Clinical Therapies Team took home the trophy for AHP Research, whilst the Adult Speech and Language Therapies Team won the "Quality Improvement Award".

E-Procurement Manager, Sonia Simpson was named "Professional of the Year" by the NHS Skills Development Network (Yorkshire and Humber). On a related note, the wider Procurement Team were also named as "Team of the Year" by the NHS Skills Development Network.

The South Yorkshire and Bassetlaw Nursing Bank Management scheme, which was co-developed by colleagues from Team DBTH, won in the "Workforce Contribution in Health & Social Care Systems" category at the Healthcare People Management Awards.

August 2019

DBTH announced that it was entering into a new partnership with Sheffield Children's NHS Foundation Trust. The goal behind this initiative was to strengthen recruitment, better support the workforce and provide new opportunities for professional development for staff.

The Trust scored positively in its first quarter Friends and Family Test (FFT) survey, which concentrated specifically on Staff Engagement. In all, over 1,600 members of Team DBTH completed the short survey, 78% of whom recommended the Trust as a place to receive care.

Our preceptorship scheme was shortlisted for a prestigious Nursing Times Workforce Award. This was in recognition of how a revamped approach enabled all professional groups to get the same level of support.

September 2019

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

In the National Cancer Patient Experience survey, which evaluates cancer care in the UK, we ranked above the national average at 8.9 out of 10. This placed DBTH as the best scoring in the locality, over Barnsley, Rotherham, Sheffield, Chesterfield and Mid Yorks.

Our Diabetic Eye Screening Programme (DESP) was commended by external assessors, which found the service to be thorough, friendly, and mindful of the patient's individual needs. The evaluation also noted that the programme was achieving all national performance standards.

October 2019

Our SHWC team were selected as the winners of the "Shared Learning Award;" by a panel at the Patient Safety Learning Awards 2019.

Our annual flu campaign commenced, with notable achievements including one vaccinator giving 40 jabs in as many minutes, in addition to two colleagues administering 100 vaccinations in a single morning and afternoon, respectively.

Building upon June's achievement, the Trust celebrated 700 days without MRSA.

November 2019

The NHS Staff survey closed in late November, with the Trust reporting a 59.4% response rate (a five percent rise over the previous year).

In the space of just one month, we managed to vaccinate over 3,000 colleagues against flu, a remarkable achievement.

December 2019

The Trust was in the running for 3 separate categories at the Doncaster Chamber's Business Awards. The communications and engagement team were nominated for their hugely successful Traffic Light Hat campaign, whilst the Leadership and Organisational Development team was also shortlisted for "excellence in people development".

Meanwhile, the Education and Research division ended up winning the "Business and Education Partnership" award for their trailblazing collaboration with Hall Cross School.

The Bassetlaw Integrated Care Partnership (ICP) was nominated for the HSJ's "Best Not for Profit Working in Partnership with the NHS" award.

January 2020

Following an invite from a local MP, Nick Fletcher, Secretary of State for Health and Social Care, Matt Hancock, stopped by at Doncaster Royal Infirmary. The purpose of the visit was to gain a deeper understanding of the challenges that the Trust faces with its aging site, as well as our ambition to build a new hospital within the town.

For the 16th consecutive year, we hosted the Ear Nose and Throat Masterclass, with delegates attending from across the world.

The Trust welcomed a cohort of 10 qualified nurses all the way from the Philippines. Each of them has been assessed against the Nursing and Midwifery Council standards for Registered Nurses.

Experiences of local emergency and out-of-hours services in the local borough were rated mostly positive by patients, in a report published by Healthwatch Doncaster.

February 2020

The result of September's CQC inspection were unveiled, with DBTH being deemed "Good" across each of its sites. This was a positive step after the previous year's "requires improvement" rating. Reflecting this achievement, many individual areas also moved from 'Requires Improvement' to 'Good'.

On a similarly encouraging note, the Staff Survey results came back in February and showed great progress in several areas. In fact, every single theme saw a significant improvement, or at the very least stayed the same. As such, we were able to announce that we had our best results ever.

Lindsay Blanucha, Clinical Support worker in the DRI Central Delivery Suite (CDS), won the "Health, Public Service and Care Apprenticeship of the Year" prize at Doncaster College's annual apprenticeship award ceremony.

The Smart-ER initiative was once again nominated for an accolade, this time by the HSJ partnership awards.

March 2020

QiMET, a homegrown scheme which brings first-year emergency medicine students from Nepal to the Trust for a two year period of study, was nominated for a pair of Health Service Journal (HSJ) awards.

We scooped up two accolades at this year's leading healthcare awards, one for excellence in communication and engagement and the other for strides made in patient safety. The

former was bestowed to the Trust for its traffic light hat appeal, whilst the latter was for our forward-thinking SHWC scheme.

Our Care Quality Commission (CQC) Report in 2019/20

While this is an abridged report, we wanted to pull focus on to our CQC results which, following an inspection in late 2019, moved from 'Requires Improvement' to 'Good' in February 2020. This capped a journey which began in earnest in 2015, with many improvements and enhancements implemented along the way.

While further detail is offered below, during their unannounced inspection in September 2019, the CQC observed many examples of high quality care and emphasised in their report the improvements made since their last visit. Reflecting this within their report, a number of the inspected areas have moved from 'Requires Improvement' to 'Good' - a rating which has also been applied to all three of our main hospital sites.

The team of inspectors described DBTH colleagues as being caring, supportive of each other and compassionate to both patients, their family and loved ones. As the CQC visited a wide variety of services, they identified areas which we will need to enhance, and we have more work to do in order to realise our vision to become the safest trust in England. With that said, the report is, on the whole, very positive and a testament to the hard work and dedication of our health professionals.

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 
Are resources used productively?	Good 
Combined quality and resource rating	Good 

Commentary from the CQC

Our rating of the Trust improved. We rated it as 'Good' because:

- Overall, we rated effective, caring, responsive and well-led as good, and safe as requires improvement. In rating the Trust, we took into account the current ratings of the services not inspected this time. We rated well-led for the senior leadership of the trust as good.

- Doncaster Royal Infirmary was rated as good overall and had improved one rating since the previous inspection. We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- Bassetlaw Hospital was rated as good overall and had improved one rating since previous inspection. We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- Montagu Hospital was rated as good overall and this was the same rating as the previous inspection. All domains were rated as good.
- Retford Hospital was rated as good overall. We previously inspected diagnostic imaging jointly with outpatients, so we cannot compare our new ratings directly with previous ratings. All domains were rated as good. We do not rate effective in outpatients or diagnostic imaging service.

Is it safe?

During the inspection, the CQC concluded the following about the question of 'Is it Safe?'

As a Trust, we are already progressing or have completed work on some of the points highlighted below and are working towards a similar rating of 'Good'.

Our rating of safe stayed the same. We rated it as **requires improvement** because:

- The safe domain was rated as requires improvement at Doncaster Royal Infirmary and Bassetlaw District General Hospital.
- Not all staff were compliant with mandatory training requirements, especially medical staff, and this was similarly reflected at the last two CQC inspections.
- Although staff understood how to protect patients from abuse and services worked well with other agencies to do so, not all staff were compliant with safeguarding training, especially medical staff.
- Although medical staffing in urgent and emergency care services had improved at Bassetlaw District General Hospital, we had concerns about out of hours cover at this hospital and at Doncaster Royal Infirmary. There were also staffing challenges within maternity and diagnostic imaging services.
- The minor injuries unit at Montagu Hospital did not operate a triage system and all children and adults were required to wait in time order to be seen by a clinician. This was not in line with current guidance.
- Diagnostic imaging services did not have an effective equipment quality assurance programme in all areas and staff did not always complete three-point checks to confirm a patient's identity.
- In maternity services, the midwife to birth ratio was worse than the ratio recommended by the Royal College of Midwives. There were also no audit

arrangements in place for surgical safety checklists and there was limited evidence to demonstrate neonatal and maternity early obstetric warning scores were escalated appropriately.

- Although staff kept clear and up-to-date records of patients' care and treatment, some medical staff in outpatients did not always adhere to professional record keeping standards.

However:

- Our rating for urgent and emergency care services improved from inadequate to requires improvement at Doncaster Royal Infirmary. The trust had taken immediate and appropriate action in response to the concerns raised at the last inspection and actions included increasing paediatric staffing levels and allocating a paediatric doctor to the paediatric emergency department every day and night.
- Services controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean, although the trust's birth pool cleaning guidance did not reflect current best practice.
- Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole.

Is it effective?

During the inspection, the CQC concluded the following about the question of 'Is it Effective?'

Our rating of effective improved. We rated it as **good** because:

- Our rating of effective improved for urgent and emergency care and maternity services at both Doncaster Royal Infirmary and Bassetlaw District General Hospital (we do not rate effective for outpatients or diagnostic imaging services).
- Improvements in urgent and emergency care services included the transfer and support of patients between the emergency and specialist departments and the provision of specific paediatric training for non-paediatric trained nurses.
- Improvements in maternity were reflected in the consistent planning and delivery of evidence care and treatment inline with current evidence-based guidance, and the majority of trust policies were now within the review date.
- Services provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent.
- Staff gave patients enough food and drink to meet their needs and improve their health.

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Is it caring?

During the inspection, the CQC concluded the following about the question of 'Is it Caring?'

Our rating of caring stayed the same. We rated it as **good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We found that patients received compassionate care from staff which supported their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Most patients we spoke with felt staff were attentive and took time to explain things. Patients had access to chaplaincy services for those with a faith or none.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, wards supported flexible visiting times for family and carers.

Is it responsive?

During the inspection, the CQC concluded the following about the question of 'Is it Responsive?'

Our rating of responsive stayed the same. We rated it as good because:

- Services were planned and delivered in a way to meet the individual's needs and the local population, taking into account people with complex needs, and there was access to specialist support and expertise.
- The trust had taken appropriate action to address our previous concerns about patient flow within urgent and emergency care services, and the emergency department also provided an oncology service to improve the patient experience at Doncaster Royal Infirmary.
- People could access the maternity service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.

Is it well-led?

During the inspection, the CQC concluded the following about the question of 'Is it Well-Led?'

Our rating of well-led stayed the same. We rated it as good because:

- Executive leaders had the skills and abilities to run the organisation. They understood and managed the priorities and issues the trust faced. They were visible and approachable and supported staff to develop their skills and take on more senior roles.
- The board of directors had a vision for what they wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on patient safety, sustainability of services and were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress, although further work was required to strengthen the goals and objectives to ensure effective monitoring of progress.
- The board of directors and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on a set of shared values that were embedded across the organisation.
- Governance processes were in place across the trust and with partner organisations. However, due to the changing organisational structure not all staff were clear about their roles and accountabilities. There was a new governance structure in place and the board of directors recognised further work was required to strengthen and embed processes within the newly-created clinical divisions and corporate directorates.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The director of finance and the chief executive demonstrated clear insight and good understanding of the previous financial issues and had acted to ensure the issues would not reoccur. There was also a clear capital financing strategy to support the risks in estates and the trust was pursuing some innovative partnerships in financing to tackle the large backlog of maintenance issues.
- The trust compared well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. The trust reported a surplus in 2018/19 and was on track to deliver the 2019/20 control total.

➔ Doncaster Royal Infirmary: **Good**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Services for children and young people	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Mar 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

As you can see from the above, the site is rated **good** for around 72% of inspected services (click to enlarge).

➔ Bassetlaw Hospital: **Good**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Services for children and young people	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

As you can see from the above, the site is rated **good** for 83% inspected services. (click to enlarge).

➔ Montagu Hospital: **Good**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Medical care (including older people's care)	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

As you can see from the above, the site is rated **good** for around 78% of inspected services (click to enlarge).

➔ Retford Hospital: **Good**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

As you can see from the above, the site is rated **good** for around 75% of inspected services (click to enlarge).



A full summary of the report can be found here: <https://www.cqc.org.uk/provider/RP5>

Key developments since the end of 2019/20

The Trust welcomed Mark Bailey as a Non-Executive Directors to the Board on 1 February 2020. This followed the departure of two valued members of the Non-Executive team, Linn Phipps who departed on 30 April 2019 and Alan Chan who departed on 9 May 2019

The Trust said goodbye to one Board Member on 31 March 2020. Mr Sewa Singh left the organisation as Medical Director 31 March 2020 having joined the NHS as a Consultant Vascular Surgeon in 1996.

Finally, Rebecca Joyce commenced in post on 3 June 2019 as Chief Operating Officer, while David Purdue assumed duties as Director of Nursing, Midwifery and Allied Health Professionals in September 2019.

Outbreak of Covid-19

Covid-19 itself was not an internal control issue however this has significantly altered the way we work in the final weeks of the 2019/20 financial year.

As a Trust, we had expected the Coronavirus to peak during and just after Easter. In order to be ready for this, from mid-March we fundamentally changed the way we work. This included the introduction of firm visiting restrictions, moving services and wards around to make them more sustainable, and even switching the majority of our urgent out-patient appointments over to telephone consultations.

We also took steps to ensure we had in place all of the medical equipment we will need and scaled up our intensive care bed capacity from under 30 to 130.

As a team, every single member of staff has worked with one single purpose in mind, and, at the time of writing, have handled the pressures of this unprecedented time as well as we possibly could. The journey back to 'business as usual' will be a slow, methodical and sensitive project which will take place throughout the next financial year.

Principal risks, opportunities 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 2019/20 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 2020/21. Nevertheless, the availability of capital funds to support improvements remains an ongoing challenge.

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

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

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 2019/20 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.

- **Opportunities in 2020/21**

- I. Following the creation of the Education and Research directorate, we will anticipate an increase in the amount of research undertaken at the Trust.
- II. We will further implement digital solutions to support innovative and effective ways of working not only in patient setting but also support functions. Some of this work has been expedited following the outbreak of Covid-19.
- III. Making best use of our multiple sites to provide access and flexibility within our services
- IV. Continue strong partnership working with our established Integrated Care System (ICS) to support improvements to services for regional populations.

Going Concern

The Department of Health requires NHS 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 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 will end the year with £30.8m cash in the bank
- The Trust has delivered a surplus in 2019/20
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

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
16 June 2020

Accountability Report

Directors Report

Composition of the Board

During 2019/20, 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	4 years	1.1 2017	10 of 11
Linn Phipps	Non-executive Director (left the Trust 30 April 2019)	3 years	1.1.2017	1 of 1
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	4 years	1.4.2017	9 of 11
Sheena McDonnell	Non-Executive Director	2 Year	1.7.2018	11 of 11
Alan Chan	Non-Executive Director (left the Trust 09 May 2019)	1 Year	1.7.2018	0 of 1
Pat Drake	Non-Executive Director (Senior Independent Director)	2 Year	1.4.2018	9 of 11
Kath Smart	Non-Executive Director	2 Year	1.4.2018	9 of 11
Mark Bailey	Non-Executive Director	1 Year	1.2.2020	2 of 2
Richard Parker	Chief Executive			11 of 11
Karen Barnard	Director of People and Organisational Development			11 of 11
Moirra Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the Trust on 31.07.19)			3 of 4
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12 September 2019 and Chief Operating Officer 11 September 2019 (and Deputy Chief Executive from 1 January 2018)			10 of 11
Jon Sargeant	Director of Finance			10 of 11
Mr. Sewa Singh	Medical Director (until 31.03.20)			10 of 11
Rebecca Joyce	Chief Operating Officer (from 3.6.19)			8 of 9

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.

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 2018/19 as part of the Non-executive Director appointments processes when it was agreed that all non-executive roles would proceed to open competition. A further one non-executive director was appointed in 2019/20.

Brief details of all Directors who served during 2019/20 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 Directors

Linn Phipps (left the Trust 30 April 2019) 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 Deputy Chair of the Trust; and the Chair of the Finance and Performance Committee for the Trust in which he is 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.

Alan Chan (left the Trust 9 May 2019) 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 Communisis 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.

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 a Doncaster resident, 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.

Mark Bailey commenced as Non-Executive Director in the Trust in February 2020. Mark, a former Group Director for Customers and Services at Rolls-Royce plc, has an extensive background in the private sector having spent over 30 years with the world-renowned engineering company. Initially trained as an engineer, Mark has extensive experience of operating at senior leadership and board level environments while nurturing a specialist interest in strategic development, business growth and customer service transformation. He has also led the introduction of innovative digital solutions throughout his career, something which is a particular focus for the Trust as it looks to further modernise how clinicians use technology to support patient care.

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.

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 (left the Trust 31 July 2019) qualified as a registered general nurse in 1985 from the Sheffield School of Nursing, and become 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, and he became Director of Nursing, Midwifery and Allied Health Professionals in September 2019.

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.

Mr Sewa Singh (left the Trust on 31 March 2020) 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.

Rebecca Joyce joined the Trust on 3 June 2019 as Chief Operating Officer. A graduate from the University of Cambridge, Rebecca joined the Trust from Sheffield where she held the post of Accountable Care Partnership Director since 2017, working across the NHS, Council and Voluntary Sector to develop a more integrated, prevention orientated care system. With almost 20 years' experience within the Health Service, Rebecca's career began in 2000 when she joined the NHS Graduate Management Training Scheme, working in acute and primary care roles across North West London, alongside working for a Not-For-Profit Health Network in Tanzania on the coordination of HIV and AIDs services. Following that she worked within senior hospital operational roles at Imperial NHS Foundation Trust and Ealing Hospital. In 2007, Rebecca moved to Sheffield Teaching Hospitals to take up the role of Operations Director for Specialised Cancer, Medicine and Rehabilitation. Rebecca then transitioned into more transformational and strategic roles, moving into the role of Service Improvement Director for Sheffield Teaching Hospitals in 2014. Rebecca joined DBTH in June 2019.

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. 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 2019/20 and no charitable donations in 2019/20.

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. In 2019/20 the Trust has been in receipt of cash support from the Department of Health and therefore the Trust's cash flow is proactively managed with the aim of paying outstanding invoices within the Public Sector Payment Policy 30 day target.

Non NHS	Number	Value '£000
Total bills paid in the year	95,920	£199,857
Total bills paid within target	76,109	£180,278
Percentage of total bills paid within target	79.3%	90.2%

NHS	Number	Value '£000
Total bills paid in the year	2,972	£18,385
Total bills paid within target	2,091	£14,863
Percentage of total bills paid within target	70.4%	80.8%

Quality Governance

During 2019/20 the Trust underwent a Use of Resource inspection which informed the overall CQC inspection, the inspection assessed the Trust on 5 principals: effective, caring, responsive, well-led and safe. The Trust received an overall rating of 'Good', improving on the previous years' rating of 'Requires Improvement'. 'As part of the Use of Resources inspection the Trust was complemented in the way all areas were focused on not just patient safety but also value for money.

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.

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 the arrangements to govern service quality can be found in the Annual Governance Statement. There are no material inconsistencies to report between the Annual Governance Statement, annual/quarterly board statements, the Board Assurance Framework, 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.

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' role in providing oversight of this.

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

Remunerations Report

Annual Statement on Remuneration

The Appointments and Remuneration Committee (previously known as Nomination 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 2019/20 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executive's remunerations to that of market trends and neighbouring Trust's. Adjustments have been made to the remunerations packages of all executives, thus ensuring the Trust's objective, attract and retain high quality executives.

The Appointments and Remuneration Committee also took the decision to increase the base salary of the Chief Executive following his decision to leave the NHS pension scheme, this decision sees a percentage of the employers pension contributions paid to him directly as base salary. This decision closes an outstanding action following his appointment and brings the remunerations in line with NHS provider averages.



Suzy Brain England OBE

Chair of the Board

16 June 2020

Remunerations 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. All work is taken in respect to the Equality Analysis policy which the Trust holds.

Three 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 managers

As at 31 March 2020, 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 work is taken in respect to the Equality Analysis policy which the Trust holds.

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 2020/21.

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

Remuneration policy – Other employees

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

Early Termination Liability

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

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

Annual Report on Remuneration

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 2019/20 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 two occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	2 of 2
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	2 of 2
Sheena McDonnell	Non-Executive Director	2 of 2
Kath Smart	Non-Executive Director	1 of 2
Pat Drake	Non-Executive Director (Senior Independent Director)	2 of 2
Mark Bailey	Non-Executive Director	1 of 1
Linn Phipps	Non-Executive Director (left the Trust 30 th April 2020)	0 of 0
Alan Chan	Non-Executive Director (left the Trust 9 th May 2020)	0 of 0

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 2019/20 was £190k-£195k (2018/19: £165k-£170k). This was 7.21 times (2018/19: 7.17 times) the median remuneration of the workforce, which is £26,553 (2018/19: £23,363). 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

	2019/20			2018/19		
	No. in office	No. receiving expenses	Expenses paid (£)	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	6	5	£10,372	8	8	£12,030
Executive directors	6	3	£3,011	6	3	£1,097
Governors	39	8	£3,718	35	8	£3,117

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 31st March 2020
Suzy Brain England OBE	Chair of the Board	1.1.2017	Two years nine months
Linn Phipps	Non-executive Director (Left April 2019)	1.1.2017	n/a
Alan Chan	Non-executive Director (Left May 2019)	1.7.2018	n/a
Sheena McDonnell	Non-executive Director	1.7.2018	One year three months
Pat Drake	Non-executive Director (Senior Independent Director)	1.4.2018	One year
Kath Smart	Non-executive Director	1.4.2018	One year
Neil Rhodes	Non-executive Director	1.4.2017	Three years
Mark Bailey	Non-executive Director	1.2.2020	Two years Ten months
Richard Parker OBE	Chief Executive	14.10.2013	n/a
Karen Barnard	Director of People and Organisational Development	2.5.2016	n/a
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (Left July 2019)	3.1.2017	n/a
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12	10.7.2013	n/a

	September 2019 and Chief Operating Officer 11 September 2019) (and Deputy Chief Executive from 1 January 2018)		
Jon Sargeant	Director of Finance	2.10.2016	n/a
Sewa Singh	Medical Director (Left March 2020)	1.4.2012	n/a
Rebecca Joyce	Chief Operating Officer	3.6.2019	n/a

Name and Title	2019/20							2018/19						
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual Performance related bonuses (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 bonuses (bands of £5000)	Long Term Performance related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)
Suzy Brain England OBE – Chair of the Board	50-55						50-55	45-50						45-50
Mark Bailey (Joined the Trust 1 st February 2020)	0-5						0-5	0						0
Linn Phipps Non-executive Director (left the Trust 30 th April 2019)	0-5						0-5	10-15						10-15
Neil Rhodes Non-executive Director	10-15						10-15	10-15						10-15

Alan Chan Non-executive Director (left the Trust 9 th May 2019)	0-5						0-5	5-10						5-10
Kathryn Smart Non-executive Director	10-15						10-15	5-10						5-10
Sheena McDonnell Non-executive Director	10-15						10-15	10-15						10-15
Patricia Drake Non-executive Director	10-15						10-15	10-15						10-15
Sewa Singh Medical Director (left the Trust 31 st March 2020)	160-165						160-165	155-160				0		155-160
David Purdue - Director of Nursing, Midwifery and Allied Health Professionals	130-135				12.5-15		145-150	130-135				0		130-135
Richard Parker OBE - Chief Executive**	190-195						190-195	165-170				0		165-170
Jon Sargeant – Director of	135-140						125-130	135-140				7.5-10		145-150

Finance														
Karen Barnard – Director of People and Organisational Development	110- 115				7.5-10		115- 120	105 - 110				0		105- 110
Moira Hardy – Director of Nursing, Midwifery and Allied Health Professionals (left the Trust 31 st July 2019)	15-20						15-20	105-110				15-17.5		125- 130
Rebecca Joyce – Chief Operating Officer (Joined the Trust 3 rd June 2019)	100- 105				70- 72.5		170- 175	0						0

** The Appointments and Remuneration Committee took the decision to increase the base salary of the Chief Executive following his decision to leave the NHS pension scheme, this decision sees a percentage of the employers pension contributions paid to him directly as base salary. This decision closes an outstanding action following his appointment and brings the remunerations in line with NHS provider averages.

The remuneration report table above has been prepared in-line with 2019/20 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 2.69 of the ARM, and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is: Pension benefit increase = ((20 x PE) + LSE) - ((20 x PB) + LSB)

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

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year; LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year; and LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

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 2020 (Bands of £5000) £000k	Lump sum at pension age related to accrued pension at 31 March 2020 (Bands of £5000) £000k	Cash Equivalent Transfer Value at 1 April 2019 £000k	Real increase in Cash Equivalent Transfer Value £000k	Cash Equivalent Transfer value at 31 March 2020 £000k	Employers contribution to stakeholder pension £000k
Richard Parker OBE	0	0	0	0	0	0	0	0

Chief Executive								
David Purdue Director of Nursing, Midwifery and Allied Health Professionals	0-2.5	0	45-50	115-120	890	21	947	0
Sewa Singh Medical Director	0	0	0	0	0	0	0	0
Jon Sargeant Director of Finance	0 - 2.5	0	45 – 50	105 - 110	881	0	915	0
Karen Barnard Director of People and Organisational Development	0 - 2.5	0 - 2.5	45 - 50	45 - 50	1,065	48	1,144	0
Moir Hardy Director of Nursing, Midwifery and Allied Health Professionals	0	0	0	0	0	0	0	0
Rebecca Joyce – Chief Operating Officer	2.5-5	5-7.5	30-35	60-65	365	44	445	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 been reflected 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
16 June 2020

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 Team 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 4,700 members by March 2020. 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 as is now one of the most followed acute providers in the North of England.

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 2019, we held the annual DBTH Stars event celebration at the Doncaster Dome, with a record-breaking attendance of 400. The event was organised entirely by the Trust's Communications and Engagement team, with support from local sponsors making the ceremony almost entirely cost-neutral. The event was a resounding success for staff and sponsors.

Health and Wellbeing

The Health and Well Being of our people continues to be a strong and consistent focus. We continue to actively develop the staff health and wellbeing services to support our Teams to keep happy and healthy.

Our staff have access to a number of benefits which help them to eat healthy and stay active. The Trust works with initiatives like Cycle to work schemes, doctor bike, Hydrate feel great campaigns, football tournaments and local gyms and individual fitness instructors to provide healthy life style advice, 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 the health and wellbeing offer, staff at DBTH also have access to financial support opportunities, through saving schemes such as Transave and car lease schemes and discounts on high street products through membership of Vivup. Staff can also access through our employee assist provision to self-help resources and counselling services 24 hours a day 7 days per week.

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 Education and Research 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. We are pleased to have achieved a reputation for providing quality education, which is confirmed by Practice Placement Quality Assurance (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.

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

The Trusts H&S Committee continues to meet bi-monthly delivering a formal bi-annual report to the Audit and Risk Committee (ARC) enabling the Chair to escalate areas of concern to the Board via the Chairs assurance report.

In addition the Director of Estates & Facilities (E&F) provides an E&F management KPI report to the Board which includes the Trust 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 Key Lines of Enquiry (KLOE).

The full annual DBTH NHS PAM is provided within the Board report as an appendix. The NHS PAM has been developed into an interactive electronic assurance dashboard which is reviewed bi-monthly by the Trust H&S Committee, and is included as an 'At a Glance' dashboard within the 6 monthly H&S report to ARC.

Throughout the reporting year there has been a decrease in the number of H&S related incidents reported (-70); Skin integrity issues are now being fully reported on Datix and this will increase the overall reporting figures.

Incident reporting for the period of 2019/20 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. 2019/20 has seen a decrease in the number of falls (86), which correlates with the 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 areas are notified to the Falls Prevention Committee (FPC) and actions are taken to review and train those areas if any deficiencies are found.

Externally accredited H&S Responsible Persons training for Senior Managers (Band 8 and above), was completed in November and December 2019 to cover Corporate Directorate and Clinical Division Heads of Department as well as a number of new posts at Non-executive Director and members of staff who could not attend the original training dates were also included. Planning for continued training and refresher training is currently being reviewed for 2020/21.

Regular review and update of the Trust's electronic COSHH system Alcumus Sypol following recommendations and actions from the Trust COSHH Task and Finish group are now delivering continual improvements in the Trust COSHH management process and procedures. COSHH guidance folders are now in place at all ward nurse stations and sluice rooms through the Trust with work currently ongoing to introduce a comprehensive COSHH information and guidance area within the Trust Hive. A number of Divisional clinical COSHH management leads have been identified to undertake train the trainer training sessions with the Trust H&S Advisor with further staff training dates arranged for 2020/21.

The new Lone Worker device contract with Reliance is now in place for the Trust; with approximately 160 new devices in place. Before each device is activated the individual staff member has to complete an e-learning training package with access provided by Reliance. Monthly reports for assurance of staff safety will be available for the Trust responsible person to download and audit following upgrade to the reliance reporting software system.

Workforce statistics as at 31 March 2020

	WTE (Perm)	WTE (Other)
Total staff employed as at 31 March 2020	5,514	335
Registered nursing, midwifery and health visiting staff	1,554	89
Registered Scientific, therapeutic and technical staff	768	19
Support to clinical staff	970	154
NHS infrastructure support	1,592	11
Medical and dental	629	58
Any other staff	0	4

Sickness

	2019/20 Actual	2019/20 Target	Benchmarking data
Staff Sickness Absence Rate	5.06%	3.50%	2018/19 the rate was 4.51%
			In 2017/18 the regional average was 4.4%

Staff Cost

	Total £000	Permanently employed total £000	Other total £000
Salaries and wages	£211,246	£204,309	£6,937
Social security costs	£21,252	£21,252	-
Apprenticeship Levy	£1,030	£1,030	
Pension cost – defined contribution plans employer's contributions to NHS Pensions	£23,866	£23,866	-
Pension cost - other	£117	£117	-
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Temporary staff – external bank	£8,841	-	£8,841
Temporary staff – agency/contract staff	£12,534	-	£12,534
NHS charitable funds staff		-	-
Total Staff costs	£278,886	£250,574	£28,312

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 of our commitment to living our We Care values and creating a compassionate and inclusive culture where everyone is valued.

Our systems and processes are applied consistently and fairly in line with our Fair Treatment for All policy and embedded in good recruitment and retention practices. Details of our equality priorities and some of the actions we take can be found on the Equality and Diversity page of the Trust website www.DBTH.nhs.uk, where we also publish information to comply with our obligations under the Equality Act.

Equality Information as at 31 March 2020 – Directors

Gender (Directors Only)	Headcount	Headcount %
Female	2	40%
Male	3	60%

NB: Directors meeting the NHS improvement definition to be considered a 'senior manager'

Senior managers

Gender	Headcount	Headcount %
Female	133	67.86%
Male	63	32.14%

Equality Information as at 31 December 2019

Gender	Headcount	FTE	Headcount %
Female	5,438	4,442.08	82.51%
Male	1,153	1,060.92	17.49%

Age	Headcount	FTE	Headcount %
16 - 20	46	42.49	0.70%
21 - 25	426	402.52	6.46%
26 - 30	753	664.43	11.42%
31 - 35	755	639.68	11.46%
36 - 40	746	623.22	11.32%
41 - 45	665	564.32	10.09%
46 - 50	815	708.6	12.37%
51 - 55	922	781.3	13.99%

56 - 60	838	641.25	12.71%
61 - 65	502	357.42	7.62%
66 - 70	106	68.19	1.61%
71 & above	17	9.69	0.26%

Ethnicity	Headcount	FTE	Headcount %
Any Other	57	53.89	0.86%
Asian	331	311.09	5.02%
Black	135	120.57	2.05%
Chinese	22	20.91	0.33%
Mixed	66	57.45	1.00%
White	5790	4,785.84	87.85%
Not Disclosed	190	153.55	2.88%

Disability	Headcount	FTE	Headcount %
No	5,436	4,549.04	82.5%
Not Declared	175	145.86	2.7%
Prefer Not To Answer	3	2.20	0.0%
Unspecified	795	660.00	12.1%
Yes	182	146.2	2.8%

Sexual Orientation	Headcount	FTE	Headcount %
Bisexual	26	23.33	0.39%
Gay or Lesbian	48	45.48	0.73%
Heterosexual or Straight	3,194	2,711.86	48.46%
Not Disclosed	2,729	2,223.21	41.40%
Other sexual orientation not listed	1	0.53	0.02%
Unspecified	593	498.88	9.00%

Workforce Race Equality Standards (WRES) 2019 - 2020

We have seen an improvement in the quality of ethnicity data we hold, from 4.5% of staff records having ethnicity data missing in (2018) to 3.5% in 2019. The Roll out of electronic manager self-service facility will continue to create improvements in staff equality data. Training for leaders and managers through Unconscious bias training, Soundbites, Leadership programmes and the Masterclass series give a strong focus on the importance of equality, diversity and inclusion within our organisation.

This year we have submitted the data we hold on the disability profile of our workforce as a requirement for the Workforce Disability Equality Standards. Our action plan puts the Equality Diversity and Inclusion group in a lead role to listen and take action to support our disabled colleagues. Work continues to understand the range of disabilities and long term conditions that exist within our workforce and how we meet their needs.

To support this work we have policies and guidelines in place to encourage recruitment of people with disabilities. Our work in the areas of widening participation, recruitment fairs Project choice which is work experience for people with learning disabilities are helping to make positive strides in this area.

Our leaders and managers are supported to creatively seek and make adequate adjustments to enable us to retain staff that become ill, or develop disabilities.

Freedom to Speak Up

The 'Speaking Up to make a difference' campaign launched by our Freedom to Speak up Guardian and promoted with communications and staff side has started to make a positive impact upon the culture within DBTH. There has also been the creation of Freedom to Speak up Forum and development of the role of Fairness Champions within our organisation.

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

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

Gender Pay Gap

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap data annually.

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. Whereas the gender pay gap shows the differences in the

average pay between males and females and the regulations require both median and mean figures to be reported.

It is therefore possible to have genuine pay equality but still have a significant gender pay gap, for more information visit www.DBTH.nhs.uk/about-us/our-publications

The following data table reflects our Gender Pay Gap across all staff.

Mean and Median gender pay gap in hourly rate

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	22.88	17.22
Female	14.59	12.63
Difference	8.29	4.59
Pay Gap %	36.22%	26.67%

Agenda for Change Staff

Quartile	Female	Male	Female %	Male %
1	1,360	212	86.51%	13.49%
2	1,366	207	86.84%	13.16%
3	1,364	160	89.50%	10.50%
4	890	166	84.28%	15.72%

Agenda for Change Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	14.76	12.16
Female	13.86	12.50
Difference	0.91	0.03
Pay Gap %	6.13%	0.32%

The above table reflects that the gender pay gap for agenda for change staff at 6.13% much lower than that compared to all staff of 36.22%.

- Our Gender Pay Gap across all staff of 36% which equates to £8.28 per hour based upon average hourly rates of pay. The median hourly rate of pay Gender pay gap is 26.6% which equates to £4.59 per hour.
- Although males make up a lower proportion of the total workforce at DBTH (18%), just under half of them (46.2%) are paid in the top earnings quartile.
- There is a larger % gender pay gap between Medical and Dental staff 15.7% compared to consultants at 8.2%.
- Males make up the vast majority of recipients of Clinical Excellence Awards (96 of 120 awarded). These additional payments are received by 8.3% of all males

employed compared to 0.44% of women. The payments will have the impact of inflating the average salaries. All the figures are based on net salaries and so many are further depressed by salary sacrifice schemes which, particularly in the case of childcare, tend to be absorbed by females.

- There has been a small narrowing of the gender pay gap between male and female average hourly rate of -0.96 when comparing March 18 to March 19.
- There has been little movement in the mean and median rates between the reporting period 2018/19 and 2019/20.
- When comparing 2018/19 to 2019/20 clinical excellence award payments the gender pay gap is 10.45.

Gender Pay Gap Action Plan

The actions below are designed to address areas raised in the Gender Pay Gap Report March 2019:

- Through our approaches to agile/flexible working practices we wish to ensure females are encouraged and supported to apply to become Consultants and senior leaders.
- Through our leadership development programmes, access to coaching and mentoring we want to inspire and encourage females to apply and take up senior leadership roles.
- We are actively participating in the national work reviewing reasons for disparity in the achievement of Clinical Excellence Awards.

We will actively review our full staff survey results and staff engagement outputs to share ideas and feedback from women employed by the Trust to shape and inform our plans, strategies and policies.

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 2019/20

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.

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.

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>
56	5,849 (WTE)

<i>Percentage of time</i>	<i>Number of employees</i>
0%	46
1-50%	8
51-99%	2
100%	0

Provide the total cost of facility time	£27,653.57
Provide the total pay bill	£278,886,000
Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	>0.01%

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)	0.017%
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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 2019/20 we continued with an online survey for all staff, and saw our response rates increase, up to 59%. 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.

National Staff Survey

in summary



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Summary

Response rates

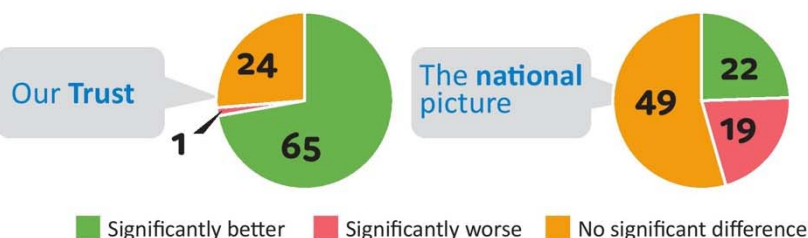
- 6,188 Invited to complete the survey.
- 6,171 Eligible at the end of the survey.
- 59% Completed the survey (3,665).
- 47% Average response rate for similar organisations.
- 54% Last year's response rate.



Notable feedback

- 7% increase of colleagues recommending the organisation as place to work.
- 5% increase of colleagues saying if friend/relative needed treatment would be happy with standard of care provided by organisation.
- 76% Care of patients/service users is organisation's top priority.

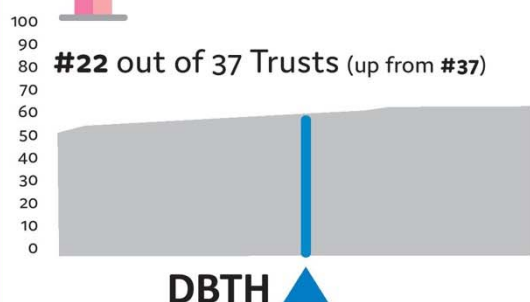
Compared to last year, responses were:



League tables



Overall score



Most improved scores



Above data is benchmarked against Picker data of cohort of 37 trusts across the country.

Top and bottom scores



Top 5 scores (compared to average)

51% Don't work any additional unpaid hours per week for this organisation, over and above contracted hours.

76% In last month, have not seen errors/near misses/incidents that could hurt patients/service users.

90% Organisation acts fairly: career progression.

58% I am unlikely to look for a job at a new organisation in the next 12 months.

85% Not experienced harassment, bullying or abuse from other colleagues



Bottom 5 scores (compared to average)

53% Receive regular updates on patient/service user feedback in my directorate/department.

53% Team members often meet to discuss the team's effectiveness.

66% Disability: organisation made adequate adjustment(s) to enable me to carry out work.

54% Feedback from patients/service users is used to make informed decisions within directorate/department.

63% Last experience of physical violence reported.

Most improved and least improved



Most improved from last survey

42% Appraisal/performance review, organisation values definitely discussed.

33% Appraisal/performance review, definitely left feeling work is valued.

61% Would recommend organisation as place to work.

36% Appraisal/performance review, clear work objectives definitely agreed.

63% I am not planning on leaving this organisation.



Least improved from last survey

62% Don't work any additional paid hours per week for this organisation, over and above.

65% Had training, learning or development in the last 12 months.

39% In the last three months, have not come to work when not feeling well enough to perform duties.

52% I have a choice in deciding how to do my work.

100% Last experience of physical violence reported*

*It is important to note that question has not improved however last years' results was 100% so it is not possible to get better on this question.



Your job

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q2a. Often/always look forward to going to work	82%	81%	82%	82%	83%	81%	83%
Q2b. Often/always enthusiastic about my job	75%	75%	76%	74%	76%	70%	76%
Q2c. Time often/always passes quickly when I am working.	94%	95%	92%	94%	95%	95%	95%
Q3a. Always know what work responsibilities are.	50%	49%	52%	55%	60%	60%	60%
Q3b. Feel trusted to do my job.	89%	86%	86%	86%	88%	88%	88%
Q3c. Able to do my job to a standard I am pleased with.	71%	64%	65%	66%	70%	71%	70%
Q4a. Opportunities to show initiative frequently in my role.	53%	50%	51%	53%	57%	60%	57%
Q4b. Able to make suggestions to improve the work of my team/dept.	94%	94%	94%	92%	93%	94%	93%
Q4c. Involved in deciding changes that affect work.	70%	67%	69%	68%	72%	71%	72%
Q4d. Able to make improvements happen in my area of work.	58%	54%	56%	55%	61%	59%	61%
Q4e. Able to meet conflicting demands on my time at work	44%	43%	43%	45%	47%	47%	47%
Q4f. Have adequate materials, supplies and equipment to do my work	57%	53%	50%	51%	55%	54%	55%
Q4g. Enough staff at organisation to do my job properly	29%	26%	28%	28%	30%	32%	30%
Q4h. Team members have a set of shared objectives	70%	67%	68%	69%	72%	71%	72%
Q4i. Team members often meet to discuss the team's effectiveness	52%	47%	52%	49%	53%	59%	53%
Q4j. I receive the respect I deserve from my colleagues at work	-	-	-	68%	71%	70%	71%
Q5a. Satisfied with recognition for good work	48%	44%	45%	50%	55%	57%	55%
Q5b. Satisfied with support from immediate manager	64%	61%	62%	64%	69%	69%	69%
Q5c. Satisfied with support from colleagues	79%	79%	80%	79%	82%	80%	82%
Q5d. Satisfied with amount of responsibility given	73%	70%	70%	70%	75%	74%	75%
Q5e. Satisfied with opportunities to use skills	69%	67%	67%	68%	71%	72%	71%
Q5f. Satisfied with extent organisation values my work	42%	37%	39%	43%	49%	48%	49%

Your job

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q5g. Satisfied with level of pay	34%	33%	28%	35%	38%	36%	38%
Q5h. Satisfied with opportunities for flexible working patterns	47%	45%	47%	48%	50%	52%	50%
Q6a. I have realistic time pressures	-	-	-	21%	24%	22%	24%
Q6b. I have a choice in deciding how to do my work	-	-	-	52%	52%	54%	52%
Q6c. Relationships at work are unstrained	-	-	-	41%	45%	44%	45%
Q7a. Satisfied with quality of care I give to patients/service users	80%	79%	78%	77%	81%	81%	81%
Q7b. Feel my role makes a difference to patients/service users	89%	88%	88%	88%	89%	90%	89%
Q7c. Able to provide the care I aspire to	67%	64%	64%	64%	69%	69%	69%

Your managers

	Historical					Organisation type	
	2015	2016	2017	2018	2019	Average	Organisation
Q8a. My immediate manager encourages me at work	-	-	-	63%	68%	69%	68%
Q8b. Immediate manager can be counted on to help with difficult tasks	69%	66%	66%	66%	70%	71%	70%
Q8c. Immediate manager gives clear feedback on my work	57%	54%	54%	56%	61%	61%	61%
Q8d. Immediate manager asks for my opinion before making decisions that affect my work	52%	48%	50%	48%	52%	54%	52%
Q8e. Immediate manager supportive in personal crisis	71%	70%	70%	71%	74%	74%	74%
Q8f. Immediate manager takes a positive interest in my health & well-being	62%	60%	61%	61%	65%	67%	65%
Q8g. Immediate manager values my work	66%	65%	65%	65%	70%	72%	70%
Q9a. I know who senior managers are	82%	81%	83%	80%	83%	82%	83%
Q9b. Communication between senior management and staff is effective	41%	34%	38%	36%	42%	41%	42%
Q9c. Senior managers try to involve staff in important decisions	32%	28%	31%	29%	35%	35%	35%
Q9d. Senior managers act on staff feedback	32%	27%	31%	29%	35%	34%	35%

Your health, wellbeing and safety

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	63%	65%	67%	65%	62%	62%	62%
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	42%	46%	48%	50%	51%	45%	51%
Q11a. Organisation definitely takes positive action on health and well-being	27%	26%	29%	25%	27%	28%	27%
Q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	72%	73%	70%	68%	71%	71%	71%
Q11c. Not felt unwell due to work related stress in last 12 months	62%	61%	59%	59%	61%	60%	61%
Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	39%	39%	39%	39%	39%	41%	39%
Q11e. Not felt pressure from manager to come to work when not feeling well enough	64%	66%	68%	69%	74%	75%	74%
Q11f. Not felt pressure from colleagues to come to work when not feeling well enough	76%	78%	79%	78%	80%	78%	80%
Q11g. Not put myself under pressure to come to work when not feeling well enough	7%	7%	6%	6%	7%	9%	7%
Q12a. Not experienced physical violence from patients/service users, their relatives or other members of the public	83%	82%	81%	83%	84%	85%	84%
Q12b. Not experienced physical violence from managers	100%	99%	99%	100%	100%	86%	100%
Q12c. Not experienced physical violence from other colleagues	98%	98%	98%	99%	99%	98%	99%
Q12d. Last experience of physical violence reported	61%	67%	63%	62%	63%	67%	63%
Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74%	73%	74%	73%	74%	71%	74%
Q13b. Not experienced harassment, bullying or abuse from managers	88%	87%	87%	89%	90%	86%	90%
Q13c. Not experienced harassment, bullying or abuse from other colleagues	83%	83%	84%	83%	85%	79%	85%
Q13d. Last experience of harassment/ bullying/abuse reported	42%	42%	42%	42%	47%	46%	47%
Q14. Organisation acts fairly: career progression	87%	84%	82%	85%	90%	83%	90%
Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	96%	96%	95%	96%	92%	96%

Your health, wellbeing and safety

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q15b. Not experienced discrimination from manager/team leader or other colleagues	94%	94%	93%	94%	95%	92%	95%
Q16a. In last month, have not seen errors/near misses/incidents that could hurt staff	82%	81%	82%	82%	83%	81%	83%
Q16b. In last month, have not seen errors/near misses/incidents that could hurt patients/service users	75%	75%	76%	74%	76%	70%	76%
Q16c. Last error/near miss/incident seen that could hurt staff and/or patients/service users reported	94%	95%	92%	94%	95%	95%	95%
Q17a. Organisation encourages reporting of errors/near misses/incidents	50%	49%	52%	55%	60%	60%	60%
Q17b. Organisation encourages reporting of errors/near misses/incidents	89%	86%	86%	86%	88%	88%	88%
Q17c. Organisation takes action to ensure errors/near misses/ incidents are not repeated	71%	64%	65%	66%	70%	71%	70%
Q17d. Staff given feedback about changes made in response to reported errors/near misses/incidents	53%	50%	51%	53%	57%	60%	57%
Q18a. Know how to report unsafe clinical practice	94%	94%	94%	92%	93%	94%	93%
Q18b. Would feel secure raising concerns about unsafe clinical practice	70%	67%	69%	68%	72%	71%	72%
Q18c. Would feel confident that organisation would address concerns about unsafe clinical practice	58%	54%	56%	55%	61%	59%	61%

Your personal development

	Historical					Organisation type	
	2015	2016	2017	2018	2019	Average	Organisation
Q19a. Had appraisal/KSF review in the last 12 months	88%	82%	79%	86%	90%	87%	90%
Q19b. Appraisal/review definitely helped me improve how I do my job	20%	20%	21%	19%	23%	25%	23%
Q19c. Appraisal/performance review: Clear work objectives definitely agreed	33%	31%	31%	29%	36%	36%	36%
Q19d. Appraisal/performance review: Definitely left feeling work is valued	26%	25%	26%	26%	33%	34%	33%

Your personal development

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q19e. Appraisal/performance review: Organisational values definitely discussed	26%	25%	25%	25%	42%	40%	42%
Q19f. Appraisal/performance review: Training, learning or development needs identified	68%	65%	63%	67%	68%	69%	68%
Q19g. Definitely supported by manager to receive training, learning or development identified in appraisal	52%	49%	51%	51%	55%	54%	55%
Q20. Had training, learning or development in the last 12 months	74%	68%	68%	66%	65%	69%	65%

Your organisation

	Historical					Organisation type	
	2015	2016	2017	2018	2019	Average	Organisation
Q21a. Care of patients/service users is organisation's top priority	75%	69%	71%	72%	76%	77%	76%
Q21b. Organisation acts on concerns raised by patients/service users	74%	67%	69%	69%	72%	72%	72%
Q21c. Would recommend organisation as place to work	60%	48%	51%	54%	61%	63%	61%
Q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	64%	59%	62%	63%	68%	71%	68%
Q22a. Patient/service user feedback collected within directorate/department	90%	90%	90%	89%	92%	91%	92%
Q22b. Receive regular updates on patient/service user feedback in my directorate/department	55%	53%	51%	48%	53%	61%	53%
Q22c. Feedback from patients/service users is used to make informed decisions within directorate/department	53%	49%	49%	48%	54%	59%	54%
Q23a. I don't often think about leaving this organisation	N/A	N/A	N/A	43%	48%	45%	48%
Q23b. I am unlikely to look for a job at a new organisation in the next 12 months	N/A	N/A	N/A	54%	58%	53%	58%
Q23c. I am not planning on leaving this organisation.	N/A	N/A	N/A	57%	63%	59%	63%

Future priorities and targets.

Overall experience of being part of team DBTH has shown really positive improvements this year, with the Trust being amongst the most improved nationally.

Work will commence in 2020/21 to consolidate these developments, as well as 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.

We continue to use a range of local systems to monitor progress, in addition to quarterly surveys from the Staff Friends and Family Test, internal social media groups 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 fraud 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 2019/20 was at 98%. To further amplify our efforts, we held a Fraud Awareness Month in November 2019 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 2019/20, we have maintained our collaborative counter fraud arrangement with three 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.

Expenditure on consultancy

The Trust incurred consultancy expenditure of £0.6 million.

Staff Exit packages for 2019/20

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	£0.00

	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 2020, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2020	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

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

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, 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 2019 and 31 March 2020	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 2019 and 31 March 2020

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

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 2019/20. 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.

Performance evaluation of the Board and its committees

The Board and its committees conduct regular self-assessments of their performance. In 2019/20 the Board committed to a review of its risk management and board assurance framework, this review resulted in a 'significant assurance with minor opportunities for improvement' rating. However, the Board is reviewing the risk management processes to bring a stronger focus on risk strategic and operational risks in 2020/21.

Audit and Risk Committee

The Audit Committee's role is to provide the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to:

- Financial systems
- The financial information used by the Trust
- Controls and assurance systems,
- Risk management arrangements
- Compliance with law, guidance and codes of conduct
- Counter fraud activity

The Committee has a Board approved Terms of reference, reviewed on a regular basis. It has four members – all Non-executive Directors, including the Chair of the Committee. One member (the chair) has a recent and relevant financial experience and is a qualified accountant. The committee maintains a formal work plan and action log to ensure that areas of concern are followed up and addressed by the Trust. The Committee reviews the effectiveness of both the internal auditors and the external auditors on an annual basis and tenders the contracts in line with its Standing Orders.

Name	Role	Meeting attendance
Kath Smart – Chair	Non-executive Director	4 of 5
Sheena McDonnell	Non-executive Director	5 of 5
Neil Rhodes	Non-executive Director	2 of 5
Mark Bailey	Non-executive Director (from 01.02.2020)	1 of 1

The Trust has a tendered contract for an internal audit function, provided by KPMG, who 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. 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.
- Reviewing compliance by the Trust with particular laws or regulations.
- Identifying, assessing and recommending controls to mitigate significant risks to the Trust.

The Trust employs Ernst and Young (EY) as its external auditing firm, who were appointed in 2016 following a competitive tender process, their extended contract runs until September 2021. External auditors review the accuracy of the Annual Accounts and presented significant or material matters to the Audit Committee. For 2019/20, the Trust paid audit fees to the external auditor of £102k and £7k for the Charitable Fund Statutory Audit.

Finance and Performance 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 11
Karen Barnard	Director of People and Organisational Development	10 of 11
David Purdue	Deputy Chief Executive (from 1 January 2018) and Chief Operating Officer (until 12 September 2019)	1 of 5
Rebecca Joyce	Chief Operating Officer (from 3 June 2019)	9 of 10
Jon Sargeant	Director of Finance	11 of 11
Pat Drake	Non-executive Director	11 of 11
Kath Smart	Non-executive Director	10 of 11

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 (left on 30 April 2019)	1 of 1
Pat Drake – Chair	Non-executive Director	6 of 6
Sheena McDonnell	Non-executive Director	5 of 6
Karen Barnard	Director of People and Organisational Development	6 of 6
Maira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the on 31 July 2019)	1 of 2
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12 September 2019)	3 of 3
Sewa Singh	Medical Director (until 31.03.20)	3 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,
 - Patient experience in terms of care, comments, compliments and complaints,

- Workforce matters including workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes.
- Reviewed and developed strategy in relation to clinical site development, patient experience and person centred care, clinical governance, research and development, quality improvement and innovation, people and workforce development and communications and engagement.
- Undertaken strategic discussions and deep dives into quality, governance and workforce related issues.
- Carried out interrogations of key risks on the Trust's corporate risk register and board assurance framework.
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust.

Council of Governors

During 2019/20 the Council of Governors met on four occasions. Council of Governors meetings are held in public. The composition of the Council of Governors, including attendance at Council of Governors meetings is shown below

Name	Constituency / Partner Organisation	Meeting attendance
Ann-Louise Bailey	Public – Doncaster (from 01 April 2019)	3 of 4
Beverley Marshall	Public – Doncaster	3 of 4
Dave Harcombe	Public – Doncaster (from 01 April 2019)	3 of 4
David Cuckson	Public – Rest of England & Wales	4 of 4
David Goodhead	Public – Doncaster (from 01 April 2019)	4 of 4
David Northwood	Public – Doncaster	3 of 4
Doug Wright	Public – Doncaster (from 01 April 2019)	2 of 4
Geoffrey Johnson	Public – Doncaster (from 01 April 2019)	4 of 4
Hazel Brand	Public – Bassetlaw (Lead Governor from 06 June 2019)	4 of 4
Linda Espey	Public – Doncaster	4 of 4
Liz Staveley-Churton	Public – Rest of England & Wales (ended 03 January 2020)	4 of 4
Lynne Logan	Public – Doncaster	3 of 4
Mark Bright	Public – Doncaster	4 of 4
Michael Addenbrooke	Public – Doncaster	4 of 4
Peter Abell	Public – Bassetlaw	4 of 4
Philip Beavers	Public – Doncaster	4 of 4
Sheila Walsh	Public – Bassetlaw	4 of 4

Steven Marsh	Public – Bassetlaw (from 01 April 2019)	4 of 4
Steven Wells	Public – Bassetlaw (from 01 April 2019)	0 of 4
Susan McCreadie	Public – Doncaster (from 01 April 2019)	4 of 4
Dr Vivek Panikkar	Staff – Medical and Dental	4 of 4
Duncan Carratt	Staff – Non-Clinical	4 of 4
Karl Bower	Staff – Other Healthcare Professionals	4 of 4
Kay Brown	Staff – Non-Clinical (from 01 April 2019)	4 of 4
Lorraine Robinson	Staff – Nurses and Midwives	3 of 4
Lynn Goy	Staff – Nurses and Midwives (ended 15 October 2019)	1 of 2
Mandy Tyrrell	Staff – Nurses and Midwives (from 01 April 2019)	1 of 4
Ainsley MacDonnell	Partner – Nottinghamshire County Council	2 of 4
Alan Robinson	Partner – Doncaster Deaf Trust (ended 18 November 2019)	0 of 3
Alexis Johnson	Partner – Doncaster Deaf Trust (from 18 November 2019)	1 of 1
Anthony Fitzgerald	Partner – Doncaster CCG	3 of 4
Clive Tattley	Partner – Bassetlaw Community and Voluntary Services	3 of 4
Griff Jones	Partner – Doncaster Council (ended 28 February 2020)	3 of 4
Dr Jackie Hammerton	Partner – Sheffield Hallam University	1 of 4
Kathryn Dixon	Partner – Doncaster College	2 of 4
Prof Robert Coleman	Partner – Sheffield University	2 of 4
Rupert Suckling	Partner – Doncaster Council	2 of 4
Susan Shaw	Partner – Bassetlaw District Council	2 of 4
Victoria McGregor-Riley	Partner – Bassetlaw CCG	2 of 4

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

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

Director	Role	Council of Governors meeting attendance
Suzy Brain England OBE	Chair of the Board	4 of 4
Linn Phipps	Non-executive Director (left on 30 April 2019)	1 of 1
Neil Rhodes	Non-executive Director	4 of 4
Sheena McDonnell	Non-executive Director	3 of 4
Kath Smart	Non-executive Director	3 of 4
Alan Chan	Non-Executive Director (left the Trust 09 May 2019)	0 of 1
Pat Drake	Non-executive Director and Senior Independent Director	4 of 4
Mark Bailey	Non-executive Director (from 01.02.2020)	0 of 0
Richard Parker	Chief Executive	4 of 4
Karen Barnard	Director of People and Organisational Development	4 of 4
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the Trust on 31.07.19)	0 of 2
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12 September 2019 and Chief Operating Officer 11 September 2019 (and Deputy Chief Executive from 1 January 2018)	4 of 4
Jon Sargeant	Director of Finance	2 of 4
Sewa Singh	Medical Director (until 31.03.20)	3 of 4

Nomination and Remuneration Committee of the Council of Governors (previously known as 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 Nomination and Remuneration Committee.

During 2019/20, the Nomination 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:

- Neil Rhodes was re-appointed Non-executive Directors for a term of three years, commencing 1 April 2020.
- Suzy Brain England, re-appointed Non-executive Director for a term of three years commencing 1 January 2020.

The committee was convened on three occasions during the year.

Open advertisement is used for all new appointments. In October 2019 the Committee agreed that one Non-executive Director role would go out for open advertisement.

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

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	3 of 3
Phil Beavers	Public Governor, Doncaster	3 of 3
Hazel Brand	Lead Governor / Public Governor, Bassetlaw (co-opted by agreement of Council of Governors, 31 January 2018)	3 of 3
David Cuckson	Public Governor, Rest of England & Wales	3 of 3
Clive Tattley	Partner Governor	2 of 3
Vivek Pannikar	Staff Governor	2 of 3
Kay Brown	Staff Governor	3 of 3
Lynne Logan	Public Governor, Doncaster	3 of 3
Steve Marsh	Public Governor, Bassetlaw	3 of 3
Jackie Hammerton	Partner Governor	2 of 3

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

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	1 of 1
Phil Beavers	Public Governor, Doncaster	1 of 1
Hazel Brand	Lead Governor / Public Governor, Bassetlaw	1 of 1
David Cuckson	Public Governor, Rest of England & Wales	1 of 1
Kay Brown	Staff Governor	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.

Membership

The trust has two categories of members:

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

At 31 March 2020, there were 15,759 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2020
Public Constituency	9,277
Doncaster	5,403
Bassetlaw	2,745
Rest of England and Wales	1,129
Staff Constituency	6,482
Nurses and Midwives	1,806
Non-clinical	1,968
Other healthcare professionals	2,106
Medical and Dental	602
Total	15,759

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 2019/20 on Public Health and Prevention. The Trust also held an Annual Members' Meeting, where our staff put on health-related displays and stalls.

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

- Continuing to communicate directly with individual members and keeping them informed regarding 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.TrustBoardOffice@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 2020, 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. 61).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief	See Accountability Report (p.19);

	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.	Remuneration Report (p.31); and Audit Committee section (p.62).
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. 66).
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.20).
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.20).
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.31); and Council of Governors section (p.67-68).
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 Accountability Report (p.20).
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.70).
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.63).
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	See Governance Report (p.63).
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts,	See Governance Report (p.61);

	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).	And Auditor's report.
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.84).
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	See Audit Committee section (p.62).
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	n/a.
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: <ul style="list-style-type: none"> the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	See Audit Committee section (p.62).
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the	n/a.

	director will retain such earnings.	
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See membership section (p.70).
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	See membership section (p. 69).
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	See membership section (p.70).

NHS Oversight Framework

NHS England and NHS Improvement's NHS 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 **2** (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 2020. 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 NHS Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20				2018/19			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service cover rating	4	4	4	4	2	2	2	2
	Liquidity rating	4	4	4	4	4	4	4	4
Financial efficiency	I&E margin rating	2	4	4	4	1	1	1	1
Financial controls	I&E margin: distance from financial plan	1	1	1	1	1	1	1	1
	Agency rating	2	2	2	2	2	2	2	2
Overall Rating		3	3	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 and overseeing the use of public funds, 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
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

A handwritten signature in dark ink, appearing to read 'Rt Hon Parker', followed by a period.

Richard Parker OBE

Chief Executive (acting in his capacity as Accounting Officer)

16 June 2020

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 2020 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. In the financial year 2019/20 a review was undertaken of the risk management and board assurance framework, which resulted in a significant assurance with minor opportunities for improvement rating. Nevertheless, the board is currently reviewing its risk management processes to bring a stronger focus on risk strategic and operational risks in 2020/21.

Other assurance comes from; NHS Improvements well led framework, 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.

Governor's assurance is given to the Board through; public board meetings, active questioning of Directors and governor observation opinions. All Governors are invited to observe the public Board meetings and to question Directors, there is also opportunity to provide the Board with governor observation opinions.

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 2019/20 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 Division and Department is responsible for maintaining its own risk register, which is a standing agenda item on the Divisional governance 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.

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 2019/20 in full compliance with the code of governance.

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:

- Inability to recruit right staff and have staff with right skills
- Uncertainty around the immediate financial regime in a post Covid19 environment
- Failure to achieve effectiveness and efficiency savings to address the Trust's underlying deficit
- Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.
- Inability to meet Trusts 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.

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 Trust is committed to improving its Carbon Reduction Performance and has a range of Low Carbon Initiatives in place to ensure delivery. The National NHS Carbon Reduction Targets, which are linked to the UK Climate Change Act 2008, are in place and require Trusts to reduce CO₂ emissions by 34% by 2020 and by 80% for 2050. At the end of 2019/20 the Trust had reduced its CO₂e by 7,426 tonnes and achieved the 34% reduction target.

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 Trust'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, with one deferred to 20/21 due to the impact of Covid 19.

For the period 1 April 2019 to 31 March 2020 Internal Audit was able to provide a 'significant assurance with minor improvement opportunities' opinion 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 two 'significant assurance' reports in relation to:

- CNST maternity incentive scheme
- Delayed Transfers of Care

and five 'significant assurance with minor improvement opportunities' reports relating to:

- safeguarding

- core financial systems,
- information governance
- risk management and board assurance framework
- corporate governance

They also issued three 'partial assurance with improvements required' opinions in respect of:

- Data quality (RTT)
- Clinical governance (WHO checklist)
- IT contract management

Recommendations are being addressed in each case and reported to Audit and Risk Committee on a quarterly basis.

The Trust was subject to a use of resources review by NHSI in September 2019, taken over two days the review informed the Trusts overall CQC assessment from. This review rated the Trust 'Good' for use of resources and complemented the Trust in the way all areas of the Trust were focused on not just patient safety but value for money.

The Trust reacted quickly to the Covid 19 pandemic and instigated an incident based control process that encompassed faster decision making and revised SFI's, in March 2020.

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 Trust's 2019 reference cost index is 98.5%, (2018, 96.3%) which means costs are 1.5% below average.

Information governance

There have been no serious incidents relating to information governance in 2019/20, this includes data loss or confidentiality breach.

Additionally, information governance requirements are reviewed by various committees with data quality forming part of the internal audit annual work plan.

CQC Review

The Board has taken assurance from the CQC inspection outcome. Unannounced and announced inspections by the CQC took place across Trust sites in September and October 2019 and the Trust received an overall rating of 'Good', improving on the previous years' rating of 'Requires Improvement'.

Overall, the CQC rated effective, caring, responsive and well-led as good, and safe as requires improvement. In rating the trust, the CQC took into account the current ratings of the services not inspected. Well-led for the senior leadership of the trust was also rated as good.

The inspection report identified some areas for improvement and a programme of work is in place to address these. Progress against this programme is reported to the Trust's board in-line with the governance and control processes outlined above.

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 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 retained 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.

We have reviewed our strategy and strategic objectives and continue to have 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 continue to monitor our Board governance structures and the arrangements for financial governance including effectiveness and efficiency plans and for quality and effectiveness.

We recognise that our organisation would not exist without its fantastic staff and we have worked hard throughout the year to engage with them on a number of issues including the strategic direction, and wider local health system changes.

Overall, the Trust has seen an improving position on all NHS Constitution Standards due to the recovery / improvement plans implemented throughout 2019/20, with some specific remaining challenges. COVID 19 had a major impact on performance from mid-March

onwards and until recovery plans have been agreed, performance levels will remain uncertain for 2020/2021.

4-Hour Access

2019/20 has seen an overall drop in performance throughout the year, and remains an area of focus into 20/21. However DBTH performance has followed the same national trend month on month, maintaining a significant improvement on the England average. Attendances have continued to increase throughout 2019/20 up to February 2020 – 6% in year, however attendances have reduced significantly since March 2020 due to Covid 19. The Trust reported a year end position of 87.97%.

Referral to Treatment (RTT)

RTT achievement saw a steady increase from August 2019 to December 2019. Between December 2019 and February 2020 we saw a significant improvement of almost 4%, which was a culmination of additional activity and an improvement in administrative management of the Patient Tracking List. There will be focussed work during 2020/2021 to improve underpinning administrative processes for the management of patient pathways.

Due to Covid 19, RTT achievement fell in March 2020, giving a year end position of 90.1%. However, our Information Team modelled the RTT achievement, taking out the impact of Covid 19, which demonstrated we would have achieved 92.7%. The Trust has been better than England average for each month of 2019/20.

The Trust achieved its waiting list target for 2019/20 with the total number of waiters at year end at 26,700 against a target of 31,199.

Diagnostics

Following significant improvements in performance in the first 2 months of 2019/20, we observed consistently high achievements during the summer /autumn months, hitting the 99% target for 3 months during that period.

Due to a higher than normal referral rate to numerous diagnostic modalities, performance fell during November 2019 – January 2020, however a robust recovery plan was implemented in January 2020 which was realised in February 2020 with an achievement 99.05%. The Trust reported a year-end position of 97.03%, with COVID having a significant impact in March 2020.

Cancer

The Trust has Consistently achieved the 31 day cancer standard throughout 2019/2020 with a yearend position of 99.6% During 2019/2020 the Trust has been a pilot site for Day 28 Faster Diagnosis standard, we have consistently achieved the shadow target throughout the year with a year-end position of 82.1% against a target of 75%, this will improve achievement of the 62 cancer standard as we move into 2020/21 by shortening the front end of cancer pathways.

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 continue to participate in the NHSI Quality Improvement Programme and have developed a Trust wide programme. Both the true north statement and breakthrough objectives have been reviewed which then formed the basis of the Trusts appraisal process. 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 2020/21 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.

A handwritten signature in dark ink, appearing to read 'Richard Parker', with a stylized flourish at the end.

Richard Parker OBE
Chief Executive
16 June 2020

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

[TO BE INSERTED]

Foreword to the Accounts

These accounts for the year ended 31 March 2020 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
16 June 2020

ANNUAL ACCOUNTS

[TO BE INSERTED]

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Annual Accounts – 2019/20		
Report to	Trust Board	Date	16th June 2020
Author	Jon Sargeant – Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues
Please find attached the 2019/20 financial statements (as previously presented to Audit Committee).
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none"> • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
The Board is asked to approve the 2019/20 financial statements for signing.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2020, have been prepared by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

Date **4 June 2020**

Statement of Comprehensive Income

	Note	Group		Trust	
		2019/20	2018/19	2019/20	2018/19
		£000	£000	£000	£000
Operating income from patient care activities	3	379,103	350,865	378,852	350,865
Other operating income	4	55,419	62,860	55,464	62,580
Operating expenses	7	(430,268)	(404,254)	(429,149)	(403,793)
Operating surplus/(deficit) from continuing operations		4,254	9,471	5,167	9,652
Finance income	12	550	424	272	131
Finance expenses	13	(1,507)	(1,640)	(1,507)	(1,640)
PDC dividends payable		(2,924)	(3,089)	(2,924)	(3,089)
Net finance costs		(3,881)	(4,305)	(4,159)	(4,598)
Other gains / (losses)	14	(600)	418	-	115
Surplus / (deficit) for the year		(227)	5,584	1,008	5,169
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	(3,116)	(874)	(3,116)	(874)
Revaluations		340	-	340	-
Total comprehensive income / (expense) for the period		(3,003)	4,710	(1,768)	4,295
Surplus/ (deficit) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(227)	5,584	1,008	5,169
TOTAL		(227)	5,584	1,008	5,169
Total comprehensive income/ (expense) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(3,003)	4,710	(1,768)	4,295
TOTAL		(3,003)	4,710	(1,768)	4,295

Statement of Financial Position

	Note	Group		Trust	
		2020 £000	2019 £000	2020 £000	2019 £000
Non-current assets					
Intangible assets	17	6,394	6,939	6,394	6,939
Property, plant and equipment	18	204,149	197,054	204,149	197,054
Other investments / financial assets	22	7,303	8,388	550	-
Receivables	25	2,619	1,695	2,619	1,695
Total non-current assets		220,465	214,076	213,712	205,688
Current assets					
Inventories	24	6,637	5,510	5,835	5,510
Receivables	25	22,635	36,342	24,993	36,334
Non-current assets held for sale and assets in disposal groups	27	343	343	343	343
Cash and cash equivalents	28	32,079	20,627	30,823	19,740
Total current assets		61,694	62,822	61,994	61,927
Current liabilities					
Trade and other payables	29	(51,467)	(40,970)	(53,003)	(40,911)
Borrowings	31	(73,295)	(52,682)	(73,295)	(52,682)
Provisions	34	(603)	(823)	(603)	(823)
Other liabilities	30	(2,503)	(2,178)	(2,503)	(2,178)
Total current liabilities		(127,868)	(96,653)	(129,404)	(96,594)
Total assets less current liabilities		154,291	180,245	146,302	171,021
Non-Current liabilities					
Borrowings	31	(14,675)	(42,265)	(14,675)	(42,265)
Provisions	34	(1,982)	(2,108)	(1,982)	(2,108)
Other liabilities	30	-	(307)	-	(307)
Total non-current liabilities		(16,657)	(44,680)	(16,657)	(44,680)
Total assets employed		137,634	135,565	129,645	126,341
Financed by					
Public dividend capital		137,188	132,019	137,188	132,019
Revaluation reserve		42,454	45,327	42,454	45,327
Income and expenditure reserve		(49,997)	(51,005)	(49,997)	(51,005)
Charitable fund reserves	44	7,990	9,224	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	45	(1)	-	-	-
Total taxpayers' equity		137,634	135,565	129,645	126,341

The notes on pages 7 to 49 form part of these accounts.

Signed

Date

4 June 2020

Statement of Changes in Equity for the year ended 31 March 2020

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	DBHS Limited £000	Total £000
Taxpayers' and others' equity at 1 April 2019	132,019	45,327	(51,005)	9,224	-	135,565
Surplus/(deficit) for the year	-	-	492	(718)	(1)	(227)
Net Impairments	-	(3,213)	-	-	-	(3,213)
Revaluations - property, plant and equipment	-	340	-	-	-	340
Other reserve movements - charitable fund consolidation adjustment	-	-	516	(516)	-	-
Public dividend capital received	5,169	-	-	-	-	5,169
Taxpayers' and others' equity at 31 March 2020	137,188	42,454	(49,997)	7,990	(1)	137,634

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2018	130,161	46,584	(56,557)	8,809	128,997
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 2020

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure £000	Total £000
Taxpayers' and others' equity at 1 April 2019	132,019	45,327	(51,005)	126,341
Surplus/(deficit) for the year	-	-	492	492
Other reserve movements - charitable fund consolidation			516	516
Net Impairments		(3,213)	-	(3,213)
Revaluations - property, plant and equipment	-	340	-	340
Public dividend capital received	5,169	-	-	5,169
Taxpayers' and others' equity at 31 March 2020	137,188	42,454	(49,997)	129,645

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

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

Information on reserves

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.

DBHS Ltd reserve

This reserve comprises the ring-fenced funds held by Doncaster & Bassetlaw Healthcare Services Limited ("DBHS Ltd") which is a newly formed wholly owned subsidiary.

Statement of Cash Flows

		Group	
		2019/20	2018/19
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		4,254	9,471
Non-cash income and expense:			
Depreciation and amortisation	7.1	8,490	9,644
Net impairments	8	135	1,133
(Increase) / decrease in receivables and other assets		12,721	(4,449)
(Increase) / decrease in inventories		(1,127)	16
Increase / (decrease) in payables and other liabilities		2,949	(1,462)
Increase / (decrease) in provisions		(352)	194
Movements in charitable fund working capital		21	(134)
Other movements in operating cash flows		150	5
Net cash flows from / (used in) operating activities		27,241	14,418
Cash flows from investing activities			
Interest received		272	131
Purchase of intangible assets		(297)	(1,294)
Purchase of non-current assets and investment property		(9,445)	(8,471)
Sales of non-current assets and investment property		-	526
		(9,470)	(9,108)
Cash flows from financing activities			
Public dividend capital received		5,169	1,858
Movement on loans from DHSC		(6,962)	5,290
Interest on loans		(1,516)	(1,453)
PDC dividend (paid) / refunded		(3,010)	(3,153)
Net cash flows from / (used in) financing activities		(6,319)	2,542
Increase / (decrease) in cash and cash equivalents		11,452	7,852
Cash and cash equivalents at 1 April - brought forward		20,627	12,775
Cash and cash equivalents at 31 March	28	32,079	20,627

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 2019/20 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 will end the year with £30.8m cash in the bank
- The Trust has delivered a surplus in 2019/20
- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

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

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.

Other subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year except where a subsidiary's financial year end is before 1 January or after 1 July in which case the actual amounts for each month of the Trust's financial year are obtained from the subsidiary and consolidated.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and fair value less costs to sell.

On 28th September 2019, the Foundation Trust invested £550k of Share Capital into a newly formed Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Outpatient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen in Note 46.

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).

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. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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. Some research income alternatively falls within the provisions of IAS 20 for government grants.

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 performance obligations are satisfied. In practical terms this means that treatment has been given, 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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	9	57
Dwellings	21	41
Plant & machinery	7	18
Transport equipment	7	10
Information technology	5	14
Furniture & fittings	8	18

In 2019/20, the Trust extended the useful lives of all assets, excluding land, buildings and dwellings by 2 years.

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	7

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 and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

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 35.2 but is not

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 Corporation tax

As the Trust operated a Wholly Owned Subsidiary in 2019/20, this entity is liable to Corporation Tax regulations. At present, the subsidiary does not have significant assets, and as such, deferred tax is not applicable. As such, the subsidiary is liable to Corporation Tax in line with existing rates.

Note 1.20 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 29 to the accounts.

Note 1.21 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 1.22 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 1.23 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 1.23.1 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 December 2019, which significantly reduces the risk of material misstatement.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.25 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

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.26 Impact of Covid-19

During the final quarter of 2019/20, the Trust started preparing for, and treating, patients with Covid-19. This has resulted in increased expenditure, which has been offset by increased income, but also increased accruals, particularly around an increased annual leave accrual, as staff were allowed to defer annual leave into 2020/21.

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.

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)	2019/20	2018/19
	£000	£000
Acute services		
Elective income	55,975	57,273
Non elective income	106,173	97,326
First outpatient income	23,434	22,975
Follow up outpatient income	24,847	25,390
A & E income	25,681	21,487
High cost drugs income from commissioners (excluding pass-through costs)	20,995	20,674
Other NHS clinical income	105,440	94,601
Community services		
Income from other sources (e.g. local authorities)	3,483	3,488
All services		
Private patient income	2,393	848
Additional pension contribution central funding	10,431	-
Agenda for Change pay award central funding (from DHSC)	-	4,348
Other clinical income	251	2,455
Total income from activities	379,103	350,865

Other NHS clinical income includes clinical activity such as: Obstetrics (£22,460k), Clinical Therapies (£8,379k), Critical Care (£8,060k), Rehabilitation (£6,312k) and Nephrology (£5,882k).

Note 3.2 Income from patient care activities (by source)	2019/20	2018/19
	£000	£000
Income from patient care activities received from:		
NHS England	40,655	29,735
Clinical commissioning groups	329,573	310,002
NHS Foundation Trusts	1	-
Department of Health and Social Care	-	4,348
NHS other	41	34
Local authorities	3,483	3,488
Non-NHS: private patients	2,393	848
Non-NHS: overseas patients (chargeable to patient)	559	471
Injury cost recovery scheme	1,778	1,662
Non NHS: other	620	277
Total income from activities	379,103	350,865
Of which:		
Related to continuing operations	379,103	350,865
Related to discontinued operations	-	-

Note 3.2 Income from patient care activities (by source) cont,

Income by Clinical Commissioning Group	2019/20	2018/19
South Yorkshire and Bassetlaw Integrated Care System (ICS)	£000	£000
Doncaster CCG	219,045	205,856
Bassetlaw CCG	74,775	68,246
Rotherham CCG	9,965	9,279
Barnsley CCG	5,114	5,031
Sheffield CCG	1,934	3,218
Non South Yorkshire and Bassetlaw ICS CCGs	18,740	18,372
	329,573	310,002

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

	2019/20	2018/19
	£000	£000
Income recognised this year	559	471
Cash payments received in-year	82	56
Amounts added to provision for impairment of receivables	315	181
Amounts written off in-year	141	-

Note 4 Other operating income (Group)

	2019/20	2018/19
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	661	758
Education and training (including notional apprenticeship levy income)	11,901	11,382
Non-patient care services to other bodies	23,218	20,940
Provider sustainability / sustainability and transformation fund income (PSF / STF)	16,466	26,957
Other contract income	2,008	1,622
Other non-contract operating income:		
Rental revenue from operating leases	694	690
Charitable fund incoming resources	471	511
Total other operating income	55,419	62,860
Of which:		
Related to continuing operations	55,419	62,860
Related to discontinued operations	-	-

Non-patient care services to other bodies includes activities such as Lead Unit staff recharges to other NHS organisations (£6,642k) and Pharmacy recharges to other organisations (£6,162k).

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

	2019/20
	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,178
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March
	2020
	£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:

	2019/20	2018/19
	£000	£000
Income from services designated as commissioner requested services	379,103	350,865
Income from services not designated as commissioner requested services	55,419	62,860
Total	434,522	413,725

For the Trust, commissioner requested services are patient care activities, as set out in Note 3, including Elective, Non Elective and Outpatient activity.

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 2019/20 or 2018/19.

Note 7.1 Operating expenses (Group)

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,378	4,940
Purchase of healthcare from non-NHS and non-DHSC bodies	10,407	8,258
Staff and executive directors costs	286,551	262,411
Remuneration of non-executive directors	118	132
Supplies and services - clinical (excluding drugs costs)	31,895	31,661
Supplies and services - general	6,073	6,232
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	37,796	36,469
Consultancy costs	614	1,329
Establishment	2,520	2,259
Premises	16,032	15,828
Transport (including patient travel)	1,516	1,509
Depreciation on property, plant and equipment	7,648	8,497
Amortisation on intangible assets	842	1,147
Net impairments	135	1,133
Movement in credit loss allowance: contract receivables / contract assets	779	(119)
Increase/(decrease) in other provisions	(97)	480
Change in provisions discount rate(s)	101	24
Audit fees payable to the external auditor		
audit services- statutory audit	98	72
other auditor remuneration (external auditor only)	11	19
Internal audit costs	92	92
Clinical negligence	14,672	16,628
Legal fees	357	322
Insurance	282	284
Research and development	356	358
Education and training	3,333	2,866
Rentals under operating leases	1,169	498
Car parking & security	720	459
Losses, ex gratia & special payments	3	5
Other NHS charitable fund resources expended	867	461
Total	430,268	404,254
Of which:		
Related to continuing operations	430,268	404,254
Related to discontinued operations	-	-

Staff and executive directors costs - increase in year is as a result of employers pension uplift, to 20.6%, as disclosed in note 10. This has been funded in full (£10,431k) by NHS England.

Consultancy - includes support with regards to Information Services (£152k) and Estates Projects (£108k).

Note 7.2 Other auditor remuneration (Group)

	2019/20	2018/19
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	11	-
2. Audit-related assurance services	-	19
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	11	19

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k (2018/19: £2,000k).

Note 8 Impairment of assets (Group)

	2019/20	2018/19
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	135	1,133
Total net impairments charged to operating surplus / deficit	135	1,133
Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve	3,116	874
Total net impairments	3,251	2,007

The impairment in 2019/20 arose due to a revaluation exercise on certain buildings under the modern equivalent asset basis.

Note 9 Employee benefits (Group)

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	211,246	200,768
Social security costs	21,252	20,182
Apprenticeship levy	1,030	995
Employer's contributions to NHS pensions	23,866	23,038
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	10,431	-
Pension cost - other	117	69
Temporary staff (including agency)	21,375	20,046
Total gross staff costs	289,317	265,098
Recoveries in respect of seconded staff	-	-
Total staff costs	289,317	265,098
Of which		
Costs capitalised as part of assets	354	205
Disclosed within:		
Staff and executive directors costs	286,551	262,411
Research and development	356	358
Education and training	2,056	2,124
	288,963	264,893

Note 9.1 Retirements due to ill-health (Group)

During 2019/20 there were 3 early retirements from the Trust agreed on the grounds of ill-health (0 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £156k (£0k in 2018/19). 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 and Social Care 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

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.

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	694	690
Contingent rent	-	-
Other	-	-
Total	694	690
	31 March	31 March
	2020	2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	312	344
- later than one year and not later than five years;	886	72
- later than five years.	-	-
Total	1,198	416

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.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	1,169	498
Total	1,169	498
	31 March	31 March
	2020	2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,151	513
- later than one year and not later than five years;	240	292
- later than five years.	-	-
Total	1,391	805
Future minimum sublease payments to be received	-	-

Note 12 Finance income (Group)

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	272	131
NHS charitable fund investment income	278	293
Total finance income	550	424

Note 13.1 Finance expenditure (Group)

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	1,501	1,479
Total interest expense	1,501	1,479
Unwinding of discount on provisions	6	161
Total finance costs	1,507	1,640

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

	2019/20	2018/19
	£000	£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)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	-	115
Losses on disposal of assets	-	-
Gains / losses on disposal of charitable fund assets	-	142
Gains / losses on charitable fund investment revaluations	(600)	161
Total gains / (losses) on disposal of assets	(600)	418
Total other gains / (losses)	(600)	418

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 £1,008k (2018/19: (£5,169k)). The Trust's total comprehensive income/(expense) for the period was (£1,768k) (2018/19: £4,295k).

Note 16 Discontinued operations (Group)

The Trust does not have any operations that are classified as discontinued in the year ended 31st March 2020.

Note 17.1 Intangible assets - 2019/20

Group and Trust	Software licences £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	14,795	27	14,822
Additions	297	-	297
Valuation / gross cost at 31 March 2020	15,092	27	15,119
Amortisation at 1 April 2019 - brought forward	7,883	-	7,883
Provided during the year	842	-	842
Amortisation at 31 March 2020	8,725	-	8,725
Net book value at 31 March 2020	6,367	27	6,394
Net book value at 1 April 2019	6,912	27	6,939

Note 17.2 Intangible assets - 2018/19

Group and Trust	Software licences £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2018	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	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 18.1 Property, plant and equipment - 2019/20

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 2019 - brought forward	8,170	174,031	3,240	55,201	415	24,676	6,507	272,240
Additions	-	11,668	-	3,718	25	2,152	91	17,654
Impairments credited to the revaluation reserve	-	(3,324)	208	-	-	-	-	(3,116)
Impairments charged to operating expenses	-	(135)	-	-	-	-	-	(135)
Revaluations	340	-	-	-	-	-	-	340
Valuation/gross cost at 31 March 2020	8,510	182,240	3,448	58,919	440	26,828	6,598	286,983
Accumulated depreciation at 1 April 2019 - brought forward	-	980	276	44,784	332	23,138	5,676	75,186
Provided during the year	-	4,893	108	1,619	-	791	237	7,648
Accumulated depreciation at 31 March 2020	-	5,873	384	46,403	332	23,929	5,913	82,834
Net book value at 31 March 2020	8,510	176,367	3,064	12,516	108	2,899	685	204,149
Net book value at 1 April 2019	8,170	173,051	2,964	10,417	83	1,538	831	197,054

Note 18.2 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	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)
Reclassifications	-	(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	-	-	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	8,425	172,394	3,308	10,570	83	2,333	1,311	198,424

Note 18.3 Property, plant and equipment financing - 2019/20

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	8,510	175,776	3,064	11,398	108	2,876	685	202,417
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	591	-	1,118	-	23	-	1,732
NBV total at 31 March 2020	8,510	176,367	3,064	12,516	108	2,899	685	204,149

The increase in donated assets is as a generous donation from the Cancer Detection Trust.

Note 18.4 Property, plant and equipment financing - 2018/19

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£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 19 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £534k 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 2018/19 and 2019/20, 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.

The desktop valuation exercise was carried out in February 2020 with a valuation date of 31 December 2019, with a review as at 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

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	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
Carrying value at 1 April	8,388	8,025	-	-
Acquisitions in year	6,608	607	550	-
Movement in fair value through income and expenditure	(600)	161	-	-
Disposals	(7,093)	(405)	-	-
Carrying value at 31 March	7,303	8,388	550	-

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 Inventories

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Drugs	3,049	2,136	2,247	2,136
Consumables	3,565	3,351	3,565	3,351
Energy	23	23	23	23
Total inventories	6,637	5,510	5,835	5,510
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £52,123k (2018/19: £46,643k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

The increase in drugs held by the Group is as a result of the formation of Doncaster & Bassetlaw Healthcare Services Limited ("DBHS Ltd") during the year. This, newly formed, wholly owned subsidiary, provides outpatient pharmacy dispensing services, and as such, has an amount of pharmacy drugs within its stock.

Note 25.1 Receivables

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Contract receivables	20,965	34,264	23,325	34,324
Allowance for impaired contract receivables / assets	(1,620)	(1,367)	(1,620)	(1,367)
Prepayments (non-PFI)	2,054	2,085	2,054	2,085
PDC dividend receivable	4	-	4	-
VAT receivable	1,230	1,292	1,230	1,292
Other receivables	-	-	-	-
NHS charitable funds: trade and other receivables	2	68	-	-
Total current receivables	22,635	36,342	24,993	36,334
Non-current				
Contract receivables	3,349	2,170	3,349	2,170
Allowance for impaired contract receivables / assets	(730)	(475)	(730)	(475)
Total non-current receivables	2,619	1,695	2,619	1,695
Of which receivable from NHS and DHSC group bodies:				
Current	15,613	30,337	15,613	30,337
Non-current	-	-	-	-

The decrease in contract receivables is as a result of a significant Provider and Sustainability receivable at 31st March 2019, as a result of financial performance during 2018/19. As a result of the performance of other organisations, the corresponding receivable as at 31st March 2020 is significantly lower.

Note 25.2 Allowances for credit losses - 2019/20

	Group		Trust	
	Contract	All other	Contract	All other
	receivables		receivables	
	and contract assets	receivables	and contract assets	receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2019 - brought forward	1,842	-	1,842	-
New allowances arising	779	-	779	-
Utilisation of allowances	(271)	-	(271)	-
Allowances as at 31 Mar 2020	2,350	-	2,350	-

	Group		Trust	
	Contract	All other	Contract	All other
	receivables		receivables	
	and contract assets	receivables	and contract assets	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	-

Note 26 Other assets

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

Note 27 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	343	-	343	-
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	343	343	343	343

The Trust is expected to sell a building (Chequer Road) soon into 2020/21, subject to restrictions and pressures surrounding Covid-19 being eased.

Note 27.1 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 28 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	
	2019/20	2018/19	2019/20	2018/19
	£000	£000	£000	£000
At 1 April	20,627	12,775	19,740	11,866
Net change in year	11,452	7,852	11,083	7,874
At 31 March	32,079	20,627	30,823	19,740
Broken down into:				
Cash at commercial banks and in hand	1,442	977	541	90
Cash with the Government Banking Service	30,637	19,650	30,282	19,650
Total cash and cash equivalents as in SoFP and SOCF	32,079	20,627	30,823	19,740

As a result of contingency planning with reference to Covid-19, the cash balance held within commercial banks is higher as at 31 March 2020, than it was in the previous year.

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 2020	31 March 2019
	£000	£000
Bank balances	-	-
Monies on deposit	-	2
Total third party assets	-	2

Note 29 Trade and other payables

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Trade payables	6,067	7,976	5,928	7,976
Capital payables	10,374	2,681	10,374	2,681
Accruals	24,723	20,582	26,412	20,582
Social security costs	5,237	5,235	5,237	5,235
PDC dividend payable	-	82	-	82
Other payables	5,052	4,355	5,052	4,355
NHS charitable funds: trade and other payables	14	59	-	-
Total current trade and other payables	51,467	40,970	53,003	40,911

Of which payables from NHS and DHSC group bodies:

Current	6,427	5,747	6,427	5,747
Non-current	-	-	-	-

Note 29.1 Early retirements in NHS payables above

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

	31 March 2020 £000	31 March 2020 Number	31 March 2019 £000	31 March 2019 Number
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-

Note 30 Other liabilities

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Deferred income: contract liabilities	2,503	2,178	2,503	2,178
Total other current liabilities	2,503	2,178	2,503	2,178
Deferred income: contract liabilities	-	307	-	307
Total other non-current liabilities	-	307	-	307

Note 31 Borrowings

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Current				
Loans from DHSC	73,295	52,682	73,295	52,682
Total current borrowings	73,295	52,682	73,295	52,682
Non-current				
Loans from DHSC	14,675	42,265	14,675	42,265
Total non-current borrowings	14,675	42,265	14,675	42,265

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Note 31.1 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 2019	94,947	-	-	94,947
Cash movements:				
Financing cash flows - payments and receipts of principal	(6,962)	-	-	(6,962)
Financing cash flows - payments of interest	(1,516)	-	-	(1,516)
Non-cash movements:				-
Application of effective interest rate	1,501	-	-	1,501
Carrying value at 31 March 2020	87,970	-	-	87,970

Note 32 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 33 Finance leases**Note 33.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor**

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

Note 33.2 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 34.1 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 2019	1,155	1,230	474	72	-	2,931
Change in the discount rate	70	31	-	-	-	101
Arising during the year	45	66	107	79	-	297
Utilised during the year	(102)	(175)	(358)	-	-	(635)
Reversed unused	-	(69)	(1)	(45)	-	(115)
Unwinding of discount	3	3	-	-	-	6
At 31 March 2020	1,171	1,086	222	106	-	2,585
Expected timing of cash flows:						
- not later than one year;	103	172	222	106	-	603
- later than one year and not later than five years;	333	533	-	-	-	866
- later than five years.	735	381	-	-	-	1,116
Total	1,171	1,086	222	106	-	2,585

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 (2019/20: £1,171k, 2018/19: £1,155k) and Pensions: injury benefits (2019/20: £1,088k, 2018/19: £1,230K) are 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.

Note 34.2 Clinical negligence liabilities

At 31 March 2020, £226,992k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (31 March 2019: £225,091k).

Note 35 Contingent assets and liabilities

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities				
Employment Tribunal and other employee based litigation	22	71	22	71
NHS Resolution legal claims	107	139	107	139
Gross value of contingent liabilities	129	210	129	210
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	129	210	129	210
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 36 Contractual capital commitments

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	2,163	2,782	2,163	2,782
Intangible assets	554	1,304	554	1,304
Total	2,717	4,086	2,717	4,086

Note 37 Other financial commitments

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

Note 38 Defined benefit pension schemes

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

Note 39 Financial instruments

Note 39.1 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.

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.

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 £58,640k (2018/19: £63,675k), 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 25.2.

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.

Note 39.2 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	
Carrying values of financial assets as at 31 March 2020 under IFRS 9	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	21,964	-	-	21,964
Cash and cash equivalents	31,178	-	-	31,178
Consolidated NHS Charitable fund financial assets	-	8,206	-	8,206
Total at 31 March 2020	53,142	8,206	-	61,348

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.

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 2020 under IFRS 9	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	21,964	-	-	21,964
Cash and cash equivalents	31,178	-	-	31,178
Total at 31 March 2020	53,142	-	-	53,142

Note 39.2 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 £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2020 under IFRS 9			
Loans from the Department of Health and Social Care	87,970	-	87,970
Trade and other payables excluding non financial liabilities	48,801	-	48,801
Consolidated NHS charitable fund financial liabilities	14	-	14
Total at 31 March 2020	136,785	-	136,785

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £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	38,525	-	38,525
Consolidated NHS charitable fund financial liabilities	-	-	-
Total at 31 March 2019	133,472	-	133,472

Note 39.3 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 39.4 Maturity of financial liabilities

	Group		Trust	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
In one year or less	120,129	89,100	120,129	89,100
In more than one year but not more than two years	222	15,062	222	15,062
In more than two years but not more than five years	645	17,883	645	17,883
In more than five years	15,789	11,427	15,789	11,427
Total	136,785	133,472	136,785	133,472

Note 40 Losses and special payments

Group and Trust	2019/20		2018/19	
	number of cases Number	value of cases £000	number of cases Number	value of cases £000
Total losses - bad debts	253	157	-	-
Special payments				
Compensation under court order or legally binding arbitration award	19	81	35	119
Ex-gratia payments	7	3	22	5
Total special payments	26	84	57	124
Total losses and special payments	279	241	57	124

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

Note 41 Gifts

Neither the Trust or Group made gifts during the year.

Note 42 Related parties

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

	2020	2019
	Receivables	Receivables
	£000	£000
Department of Health	-	17
Other NHS bodies	15,610	30,321
Other bodies (including WGA bodies)	1,230	1,597
	16,840	31,935
	31 March	31 March
	2020	2019
	Payables	Payables
	£000	£000
Other NHS bodies	6,406	5,510
Other bodies (including WGA bodies)	5,270	8,541
	11,676	14,051

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.

Note 43 Events after Balance Sheet Date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Note 44 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".

Summary statement of financial activities

	2019/20	2018/19
	Total Funds	Total Funds
	£000	£000
Incoming resources	471	511
Resources expended	(1,383)	(692)
Net outgoing resources	(912)	(181)
Investment Income	278	293
Gains on revaluation and disposal of investment assets	(600)	303
Net movement in funds	(1,234)	415
Fund balances at 1 April	9,224	8,809
Fund balances at 31 March	7,990	9,224

	2019/20	2018/19
	Total Funds	Total Funds
	£000	£000
Investment assets	7,303	8,388
Current assets	2	68
Cash	901	887
Current liabilities	(216)	(119)
Total net assets	7,990	9,224

	2020	2019
	£000	£000
Unrestricted income funds	2,210	2,237
Other restricted income funds	5,780	6,987
	7,990	9,224

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 45 Doncaster & Bassetlaw Healthcare Services Ltd

On 28th September 2019, the Foundation Trust invested £550k of Share Capital into a newly formed Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Outpatient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen below:

Summary statement of financial activities

	2019/20
	£000
Incoming resources	3,677
Resources expended	(3,678)
Net outgoing resources	<u>(1)</u>

	2019/20
	£000
Current assets	2,494
Cash	355
Current liabilities	(2,300)
Total net assets	<u>549</u>
Share Capital	550
Income & Expenditure reserve	(1)
Total net assets	<u>549</u>

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	ISA 260		
Report to	Trust Board	Date	16th June 2020
Author	Ernst and Young – External Audit		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues
Please find attached the ISA 260 report which is the external audit report on the 2019/20 financial statements (as presented to Audit Committee).
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none"> • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
The Board is asked to note the ISA 260 report.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Audit results report

Year ended 31 March 2020



Building a better
working world

Private and Confidential

4 June 2020



Dear Audit & Risk Committee Members

We have substantially completed our audit of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2020.

Subject to the adequate resolution of the outstanding matters listed in our report, we confirm that we anticipate being in a position to issue an unqualified audit opinion on the financial statement, before the statutory deadline on Thursday 25 June 2020.

We also have no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resources and we will issue an unmodified (unqualified) value for money conclusion

This report is intended solely for the use of the Audit and Risk Committee, Board of Directors and management, and should not be used for any other purpose nor given to any other party without our prior written consent.

We would like to thank your staff for the assistance provided to us during the engagement.

We look forward to the opportunity of discussing with you any aspects of this report or any other issues arising from our work.

Yours faithfully

Stephen Clark

Partner

For and on behalf of Ernst & Young LLP

United Kingdom

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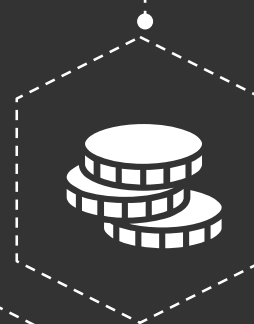
03 Audit Report



04 Audit Differences



05 Value for Money



06 Other Reporting Issues



07 Assessment of Control Environment



08 Independence



09 Appendices



The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter 12 October 2016.

This report is made solely to the Audit & Risk Committee, Board of Directors and management of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit & Risk Committee, Board of Directors and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit & Risk Committee, Board of Directors and management of the Trust for this report or for the opinions we have formed. It should not be provided to any third party without our prior written consent.



01

Executive Summary

Executive Summary

Update to our risk assessment and the scope of our audit

In our audit planning report tabled at the 23 March 2020 Audit and Risk Committee meeting, we provided you with an overview of our audit scope and approach for the audit of the financial statements. We carried out our audit in accordance with this plan, with the following exceptions:

Changes to reporting timescales

On 23 March 2020, NHSE/I wrote to all commissioners and providers setting out changes to the 2019/20 accounts reporting timescales as a result of covid-19. The deadline for submission of audited accounts was changed from 29 May 2020 to 25 June 2020. We have worked with the Trust to deliver our audit in line with the revised reporting timescale.

Changes to our risk assessment as a result of Covid-19

- ▶ **Adoption of IFRS16** - The adoption of IFRS 16 by the DHSC GAM as the basis for preparation of NHS financial statements has been deferred to 2021/22. The Trust will therefore no longer be required to undertake an impact assessment, and disclosure of the impact of the standard in the financial statements does not now need to be financially quantified in 2019/20. We therefore no longer considered this to be an area of audit focus for 2019/20.

Changes to the scope of our audit as a result of Covid-19

- ▶ In March 2020, NHSI removed the requirement for auditors to issue a limited assurance opinion on the quality account/quality report for 2019/20.

Changes in materiality

- ▶ In our Audit and Risk Committee Planning Report, we communicated that our audit procedures would be performed using a materiality of £8.08m. We have considered whether any change to our materiality is required in light of Covid-19. Following this consideration we remain satisfied that the thresholds for planning materiality, performance materiality and our audit threshold for reporting differences reported to you in our Audit Planning Report remain appropriate.
- ▶ The basis of our assessment has remained consistent with prior years at 2% of gross operating expenditure. We updated our planning materiality assessment using the draft financial statements and have also reconsidered our risk assessment. Based on our materiality measure of operating revenue we have updated our overall materiality assessment to £8.6m. This results in updated performance materiality, at 75% of overall materiality, of £6.4m, our threshold for reporting misstatements remains unchanged at £300k.



Executive Summary

Update to the scope of our audit and our risk assessment

Additional audit procedures as a result of Covid-19

Other changes in the entity and regulatory environment as a result of Covid-19 that have not resulted in an additional risk, but result in the following impacts on our audit strategy were as follows:

Revised guidance for Annual Governance Statement and Annual Report - we reviewed these statements to check compliance with revised disclosure requirements.

Information Produced by the Entity (IPE): We identified an increased risk around the completeness, accuracy, and appropriateness of information produced by the entity due to the inability of the audit team to verify original documents or re-run reports on-site from the Trust's systems. We undertook the following to address this risk:

- Used the screen sharing function of Microsoft Teams to evidence re-running of reports used to generate the IPE we audited; and
- Agree IPE to scanned documents or other system screenshots.

Additional EY consultation requirements concerning the impact on auditor reports. The changes to audit risks and audit approach changed the level of work we needed to perform. We have set out the impact on our audit fee on page 27.



Executive Summary

Status of the audit

Our audit work in respect of the Trust audit opinion is substantially complete. The following items relating to the completion of our audit procedures were outstanding at the date of this report.

- ▶ Receipt of bank confirmation from Natwest for Doncaster & Bassetlaw Healthcare Services Ltd
- ▶ Receipt of independent confirmation of charitable fund portfolio balance
- ▶ Review of final Annual Report, Financial Statements and Annual Governance Statement
- ▶ Internal consultation on audit opinion
- ▶ Receipt of signed letter of representations
- ▶ Review of Post Balance Sheet Events up to the date of signing

On the basis of our work performed to date, we anticipate issuing an unqualified auditor's report in respect of the Trust accounts. However, until we have completed our outstanding procedures, it is possible that further matters requiring amendment may arise.

Our audit opinion will need to refer to the following issues which have caused national discussions and are not limited to or specifically centred on circumstances relating solely to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust:

PPE valuation - the valuer, Cushman & Wakefield, in line with a number of other valuers operating in the sector, has included a statement regarding Material Uncertainty of property values as at the reporting date. This is due to the COVID-19 outbreak impacting the real estate and property markets. This statement has been included by management in the financial disclosures of relating to PPE. We draw attention to these disclosures in our Audit Opinion.

Going concern - management have set out their conclusions in relation to going concern, this highlights that the going concern is based on a number of assumptions of funding that are not guaranteed, this is in common with all NHS bodies. We note this reference and draw attention to this in our Audit Opinion.

Executive summary

Audit differences

No amendments have been required that alter the Net Surplus of the Trust (or Deficit of the Group) or the Net Asset Position of the Trust or Group.

Value for money

We have considered your arrangements to take informed decisions; deploy resources in a sustainable manner; and work with partners and other third parties. In our Audit Planning Report we identified a significant risk in respect of financial resilience and sustainability. Our conclusion against this risk is set out in section 5.

We have no matters to report about your arrangements to secure economy efficiency and effectiveness in your use of resources.

Other reporting issues

We have reviewed the information presented in the Annual Report and Annual Governance Statement for consistency with our knowledge of the Trust. We have audited the parts of the remuneration and staff report disclosures that are required to be audited. We have no matters to report as a result of this work.

We have yet to complete the procedures requested of the National Audit Office with respect to the Trust's Whole of Government Accounts submission.

We expect to conclude that the Trust's consolidation schedules agree to your audited financial statements.

We expect to report to the National Audit Office regarding a small number of uncorrected mismatches arising from the NHS Agreement of Balances exercise.

We have no other matters we wish to report.

Executive Summary

Areas of audit focus

In our Audit Planning Report we identified a number of key areas of focus for our audit of the financial statements of Doncaster and Bassetlaw Teaching Hospitals Foundation Trust. This report sets out our observations and conclusions in relation to these areas, including our views on areas which might be conservative and areas where there is potential risk and exposure. Our consideration of these matters and others identified during the period is summarised within the “Areas of Audit Focus” section of this report.

Where applicable we have identified those matters that we consider to be key audit matters. Key audit matters are selected from the matters we communicate to you that in our opinion are of most significance to the current period audit and required significant attention in performing the audit. In accordance with ISA (UK) 701 key audit matters are included in our auditor’s report.

- Risk of fraud in revenue and expenditure recognition
- Misstatements due to fraud or error
- Going concern
- Valuation of land and buildings
- Preparation for IFRS 16

We request that you review these and other matters set out in this report to ensure:

- There are no residual further considerations or matters that could impact these issues
- You concur with the resolution of the issue
- There are no further significant issues you are aware of to be considered before the financial report is finalised

There are no matters, other than those reported by management or disclosed in this report, which we believe should be brought to the attention of members of the Audit and Risk Committee or the Board of Directors.

Control observations

During the audit we identified a small number of observations and improvement recommendations in relation to management’s financial processes and controls. We have issued a detailed management letter at the June Audit and Risk Committee setting out our observations.

We considered whether circumstances arising from COVID-19 resulted in a change to the overall control environment of effectiveness of internal controls, for example due to significant staff absence or limitations as a result of working remotely. We identified no issues which we wish to bring to your attention.

Independence

Please refer to Section 9 for our update on Independence.



02

Areas of Audit Focus



Areas of Audit Focus

Significant risk and key audit matter

Misstatements due to fraud or error

What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

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.

The risks will be most focused around those items of income and expenditure which are non-routine and involve more management estimation and judgment, such as year-end income accruals with commissioners, expenditure accruals that do not arise from the routine purchase orders, provisions, or through omission of expenditure.

What judgements are we focused on?

The risks will be most focused around those items of income and expenditure which are non-routine and involve more management estimation and judgment, such as year-end income accruals with commissioners, expenditure accruals that do not arise from the routine purchase orders, provisions, or through omission of expenditure.

What did we do?

In responding to the identified risk we:

- Considered the nature and form of fraud risks as part of our audit planning, including direct inquiry of management about the risks of fraud and the controls put in place to address those risks. We also obtained and understanding the oversight given by those charged with governance of management's processes over fraud.
- 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 PSF and FRF income and the release of prior year over accrued expenditure to test.

What are our conclusions?

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.

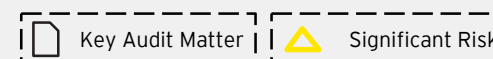
We did not identify any material weaknesses in controls or evidence of material management override.

Through our testing of a sample of journals, we have not identified any matters to report to you.

We have not identified any instances of inappropriate judgements being applied or bias within significant accounting estimates.

We gained assurance that PSF and FRF income reported in the financial statements has been appropriately accounted for.

As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.





Areas of Audit Focus

Significant risk and key audit matter

Risk of fraud in revenue and expenditure recognition

What is the risk?

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

What judgements are we focused on?

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.

We consider the significant risk does not apply to payroll.

What did we do?

In responding to the identified risk we:

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

What are our conclusions?

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

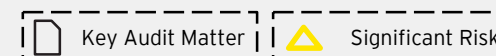
Overall our audit work did not identify any material issues or unusual transactions which may have indicated that the Trust's financial position had been misreported.

Our review of Department of Health agreement of balances data identified a number of mismatches above our reporting threshold requiring further investigation.

More detail on this is included in section 4.

There are no further matters to report to you.

As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.





Areas of Audit Focus

Significant risk and key audit matter

Going Concern

What is the risk?

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.”

The Foundation Trust Audit Reporting Manual states: ‘there is no presumption of going concern status for NHS foundation Trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation Trust to prepare its accounts on the going concern basis, taking into account best estimates of future activity and cash flows.’

The 2018-19 audit opinion on the Trust financial statements included reference to a material uncertainty regarding the Trust’s ability to continue as a going concern for the foreseeable future.

Although 2019-20 has seen an improvement in the cash position of the Trust, at month 9, the Trust has £58m of DHSC loans repayable within the next 12 months. This means that without additional support from the department, the Trust will be unable to meet its immediate financial commitments.

What did we do?

In responding to the identified risk we:

- Obtained and reviewed 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 13 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; and
- Reviewed disclosures in the financial statements for completeness and accuracy.

In addition to those procedures set out in our Audit Planning Report, we have also:

- Obtained and reviewed communication from NHSE/I supporting management’s assertions regarding future funding; and
- Reviewed communications on 2 April 2020 announcing the conversion of short-term revenue loans from DHSC in to PDC.

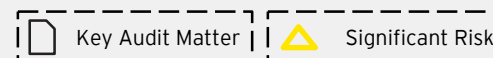
What are our conclusions?

The Trust requirement on PSF/FRF has fallen by over £10m in the year and is expected to fall again in 20/21 by over £5m. The Trust has once again hit its control total.

The available bank balance at the reporting date is £30m which covers a full month of expenditure. In April, commissioners have provided additional advance funding of £60m, representing two block payments of 20/21 interim arrangement contracts.

Also in April 2020, it was announced that £72m of DHSC loans will be converted into PDC in September 2020. Although this increases the fixed costs of the Trust through increased dividend payments, it has removed the requirement for the Trust to either repay the short-term loans from short-term liquidity reserves, or to seek DHSC support to defer repayment of these loans on an annual basis.

We concur with management’s view that the financial statements should be prepared on a going concern basis. We will however, include this as a key audit matter in the Audit Report and draw attention to the assumptions upon which the going concern assertion is predicated in an Emphasis of Matter paragraph in our Audit Report.





Areas of Audit Focus



Further details on procedures/work performed

Valuation of Land and Buildings

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

We have:

- Considered the work performed by the Trust's valuer, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work;
- Held discussions with the valuer to evaluate the impact that market uncertainty caused by the outbreak of COVID-19 has had on the valuation of Land and Buildings at the reporting date;
- Reviewed the assumptions used by the Trust's valuer by reference to external evidence where appropriate;
- Sampled key asset information used by the valuer in performing their valuation (e.g. floor plans to support valuations based on price per square metre);
- Considered the impact of updated guidance on the valuation of specialised assets, in particular the useful economic lives allocated to assets; and
- Tested accounting entries have been correctly processed in the financial statements.

We have obtained assurance that the valuation of Land and Buildings is not materially misstated.

IFRS16 - leases

IFRS 16 Leases was issued by the IASB in 2016. Its main impact is to remove (for lessees) the traditional distinction between finance leases and operating leases. Finance leases have effectively been accounted for as acquisitions (with the asset on the balance sheet, together with a liability to pay for the asset acquired). In contrast, operating leases have been treated as "pay as you go" arrangements, with rentals expensed in the year they are paid. IFRS 16 requires all substantial leases to be accounted for using the acquisition approach, recognising the rights acquired to use an asset.

IFRS 16 is being applied by HM Treasury in the Government Financial Reporting Manual (FReM) from 1 April 2020. However, the new standard will impact on 2019/20, as bodies need to have assessed the impact of the standard for the 2020/21 planning round. IAS 8 requires entities to disclose assessment in the 2019/20 accounts of the possible impact of implementing. All bodies should be in a position to estimate this impact before 1 April 2020 and are therefore expected to make these disclosures unless immaterial.

Following the outbreak of COVID-19, the implementation date of the new standard has been delayed to 1 April 2021.

We will therefore not report any progress against the implementation of this new standard this year.

Although this was communicated verbally to the Audit and Risk Committee in March, our report had already been submitted for inclusion in the papers, therefore we are formalising our communication of this matter in this report.



03

Audit Report



Audit Report

Draft audit report

Our audit report is subject to internal consultation which is currently underway

Our opinion on the financial statements



04

Audit Differences



Audit Differences

In the normal course of any audit, we identify misstatements between amounts we believe should be recorded in the financial statements and the disclosures and amounts actually recorded. These differences are classified as 'known' or 'judgemental'. Known differences represent items that can be accurately quantified and relate to a definite set of facts or circumstances. Judgemental differences generally involve estimation and relate to facts or circumstances that are uncertain or open to interpretation.

Summary of adjusted differences

We have included all known amounts greater than £300k relating to the Trust in our summary of misstatements table below.

We highlight the following misstatements in relation to the financial statements and the disclosures that were identified during the course of our audit. These have been corrected by management:

- ▶ £534k reduction in payables and prepayments to correct accounting entries performed in error for a manual payment made around the year end.
- ▶ There were amendments made to the consolidation schedule for Agreement of Balances purposes exceeding £300k, one relating to the payable position with Sheffield Teaching Hospital (reduced after amendment of £534k error noted above) and two relating to the income position stated as received from NHSE England, management have explained that due to staff absence around the year-end, the number of queries arising on Income and Receivables for Agreement of Balances were higher than expected.
- ▶ Other disclosure amendments were required for notes including PPE, leases and contract receivables.

There were no uncorrected misstatements.

No amendments have been required that alter the Net Surplus of the Trust (or Deficit of the Group) or the Net Asset Position of the Trust or Group.

Mismatches arising from the NHS Agreement of Balances exercise

Following changes to the reporting requirements, the threshold for reporting mismatches on Agreement of Balances have increased to £4m on Income and Expenditure and £500k on Receivables and Payables.

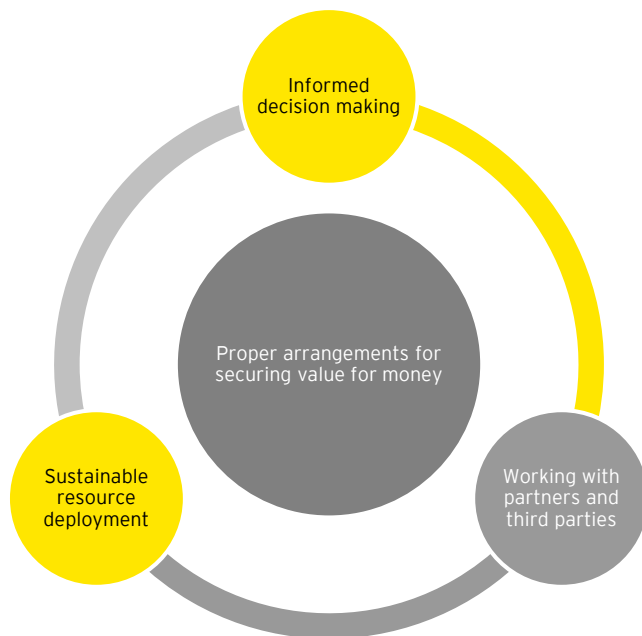
We have performed work on the Trust's submissions for the Agreement of Balances exercise and following amendment noted in the summary of adjusted differences above, we have no mismatches to report exceeding this amount.



05

Value for Money

Value for Money



Economy, efficiency and effectiveness

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This known as our value for money conclusion.

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your 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.

Impact of covid-19 on our Value for Money assessment

On 16 April 2020 the National Audit Office published an update to auditor guidance in relation to the 2019/20 Value for Money assessment in the light of covid-19. This clarified that in undertaking the 2019/20 Value for Money assessment auditors should consider NHS bodies' response to Covid-19 only as far as it relates to the 2019-20 financial year; only where clear evidence comes to the auditor's attention of a significant failure in arrangements as a result of Covid-19 during the financial year, would it be appropriate to recognise a significant risk in relation to the 2019-20 VFM arrangements conclusion.

Overall conclusion

We identified one significant risk in relation to these arrangements. The tables below presents the findings of our work in response to the risk areas in our Audit Planning Report.

We therefore expect having no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resources.

VFM risks

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

'A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public'

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.

The table below presents the findings of our work in response to the risks areas in our Audit Planning Report.

What is the significant VFM risk?	What arrangements did this impact?	What are our findings?
<p>Our planning procedures identified that the financial position and sustainability of the Trust continues to be challenging.</p> <p>The break-even control total for the year of required £13.2m of cost savings to be achieved.</p> <p>As at month 9 there was a reported risk that the Trust would not achieve the control total as CIP achievement was £632k behind plan.</p> <p>The month 9 position illustrated that the year end outturn was a significant challenge, which could easily have deviated further from plan if mitigating actions and savings plans were not delivered.</p> <p>Should the Trust not achieve planned financial performance, a deficit would be recognised and exacerbated by the potential loss of quarter 4 Provider Sustainability Funding which is dependent on achievement of financial and operational performance, increasing the forecast deficit by £5.1m.</p>	<p>Deploying resources in a sustainable manner</p>	<p>The financial control total was delivered, despite cost savings of only £11.2m being delivered.</p> <p>The Trust delivered challenging clinical targets in quarter 4 to achieve an incentivised position with commissioners.</p> <p>The financial achievement in attaining its control total, has been against a backdrop for the Trust, or an improved CQC inspection report in the year. This awarded the Trust a "Good" rating.</p> <p>A number of actions were taken by Trust management in response to the COVID-19 outbreak. These included seeking an increase to Trust credit card limits and introducing a daily "Gold Command" to review unplanned but necessary spend. These two actions in conjunction, ensured discretionary spend was subject to additional, senior level scrutiny, but the Trust was able to purchase quickly when time was of critical importance.</p>



06

Other reporting issues



Other reporting issues

Annual Report including Annual Governance Statement

We are required to give an opinion on the consistency of the Annual Report and other information published with the financial statements and the parts of the remuneration report that are required to be audited. We are also required to review the Annual Governance Statement for completeness of disclosures, consistency with other information we are aware of from our work and whether it complies with relevant guidance. In reviewing the Annual Report and other information published with the financial statements we took account of updated guidance issued to bodies in the light of covid-19.

Financial information within the Annual Report and published with the financial statements was consistent with the Annual Accounts.

The remuneration and staff report was prepared properly and within the rules set and we had no matters to report.

We have reviewed the Annual Governance Statement and can confirm it is consistent with other information that we are aware of from our audit of the financial statements and we have no other matters to report

Whole of Government Accounts

We are currently concluding our work in this areas and will report any matters that arise to the Audit and Risk Committee.



07

Assessment of Control Environment



Assessment of Control Environment

Financial controls

It is the responsibility of the Trust to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the Trust has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. As we have adopted a fully substantive approach, we have therefore not tested the operation of controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control.

We have not identified any significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements of which you are not aware.

We considered whether circumstances arising from COVID-19 resulted in a change to the overall control environment of effectiveness of internal controls, for example due to significant staff absence or limitations as a result of working remotely. We identified no issues which we wish to bring to your attention.

The matters reported here are limited to those deficiencies that we identified during the audit and that we concluded are of sufficient importance to merit being reported to you.

The table below provides an overview of the 'high' and 'moderate' rated observations we have from the 2020 audit.

	High	Moderate	Low	Total
Open at May 2019	0	3	0	3
Closed during FY19/20	0	2	0	2
Linked to new points raised in year	0	1	0	1
New points raised in FY19/20	0	1	1	2
Total open points as at June 2020	0	1	1	2

Status of previous year's recommendations

Below shows the recommendations that were open as at May 2019. We have provided an update on each.

With the exception of the issue that has been noted again within our findings for 2020, these have all been cleared and are regarded as now closed.


Description	Update
The Trust should ensure that proper checks of new starter details are undertaken to ensure no such errors occur.	This has been wrapped up into our new finding in the same area this year.
The Trust should perform a review of the asset register to remove fully depreciated assets and consider requirement to remove from inventory if no longer in use or held by the Trust.	The Trust has performed this exercise and lengthen some asset lives as a response.
During our interim visit in 18/19 there was a large amount of outstanding debtors over one year old (£1.3m). There were not significant debtors identified where it was deemed that the debtor was unlikely to pay.	The Trust continues to commit time and resource to recovering debts. We did not identify any reporting points in this area to bring to your attention this year.

Key:

- A weakness which does not seriously detract from the internal control framework. If required, action should be taken within 6-12 months.
- Matters and/or issues are considered to be of major importance to maintenance of internal control, good corporate governance or best practice for processes. Action should be taken within 6 months.
- Matters and/or issues are considered to be fundamental to the mitigation of material risk, maintenance of internal control or good corporate governance. Action should be taken either immediately or within 3 months.



Assessment of Control Environment

Area	NHS Receivables	Rating	
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Observation

Our work in reviewing the allowance for impaired contract receivables / assets has identified that provisions have been made against bodies within the DHSC group.

Allow the total allowance raised is immaterial (£100k) the DHSC Group Accounting Manual states that


"DHSC group bodies should not normally recognise stage-3 impairments (objective evidence of impairment) for receivables due from other DHSC group bodies, as such amounts are not expected to be irrecoverable.

If in doubt as to whether it is correct to recognise either an expected (stages 1 and 2) or an incurred (stage 3) loss allowance against a body, DHSC group bodies should consult their national body or DHSC Finance."

Management have not consulted with DHSC finance before making the allowance.

Management comment

The Trust has followed the same bad debt policy for the preparation of the 19/20 financial statements as in the previous 2 years. This includes a prudent risk that some of the Trust's old debt (mainly that over 1 year) due from DHSC group bodies is provided for given the time passed since the debt was first raised. We will review the bad debt policy for the 20/21 financial year end.

Area	Payroll and HR	Rating	
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Observation

For the third year in succession we are reporting difficulties in obtaining requested information to support our testing of starters and leavers.

Although it appeared that the process was going to be smoother this year, in that a large amount of information was received within our accepted timescale, we were and still are missing three pieces of evidence; one new starter form and two supporting contracts, one for each of a leaver and a starter. It should be stated, that the Trust has improved in this area for each of the last two years.

As previously reported, poor record and document retention can leave the Trust exposed in disputes and also presents a risk that the Trust may not comply with General Data Protection Regulation (GDPR) or the Data Protection Act. Controls around payroll are of paramount importance given the significance of this balance in the financial statements.

Management comment

The Trust has improved its processes in this area since last year, which is evidenced by a reduction in the number of outstanding pieces of information. This will be further reviewed in year to ensure this is further improved on. The outstanding evidence was mainly as a result direct hire new starters which means they do not go through the central P&OD recruitment team and for leavers it was with regards to letters of resignations which are held locally within Division. These issues will be raised with Divisions to support a further improvement in controls and processes.



08

Independence

Independence

Audit Fees

We confirm there are no changes in our assessment of independence since our confirmation in our audit planning board report dated 23 March 2020.

We complied with the APB Ethical Standards. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning of regulatory and professional requirements.

We consider that our independence in this context is a matter that should be reviewed by both you and ourselves. It is therefore important that you and your Audit Committee consider the facts of which you are aware and come to a view. If you wish to discuss any matters concerning our independence, we will be pleased to do so at the forthcoming meeting of the Audit and Risk Committee on 4 June 2020.

As part of our reporting on our independence, we set out a summary of the fees you have paid us in the year ended 31 March 2020.

We confirm that we have not undertaken non-audit work.

We have undertaken additional consultations relating to providing a safe opinion with regards to PPE Valuations and Going Concern and the timeframe for our audit has exceeded our original planned schedule.

Description	Final Fee 2019/20 £	Planned Fee 2019/20 £	Final Fee 2018/19 £
Statutory Audit Fee	76,000	76,000	60,000
Fee for DBHS Ltd	11,000	11,000	-
Fee for Charitable Fund	6,000	6,000	6,000
Fees for additional procedures due to COVID-19	8,000	-	-
Total Audit Fees	101,000	93,000	66,000
Other assurance services - Quality Report	-	12,000	10,000
Total non-audit services	0	105,000	10,000
Total fees	101,000	105,000	76,000

Relationships, services and related threats and safeguards



The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and your company, and its directors and senior management and its affiliates, including all services provided by us and our network to your company, its directors and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2019 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

Services provided by Ernst & Young

As at the date of this report, there are no future services which have been contracted and no written proposal to provide non-audit services has been submitted.

New UK Independence Standards

The Financial Reporting Council (FRC) published the Revised Ethical Standard 2019 in December and it will apply to accounting periods starting on or after 15 March 2020. A key change in the new Ethical Standard will be a general prohibition on the provision of non-audit services by the auditor (and its network) which will apply to UK Public Interest Entities (PIEs). A narrow list of permitted services will continue to be allowed.

Summary of key changes

- Extraterritorial application of the FRC Ethical Standard to UK PIE and its worldwide affiliates
- A general prohibition on the provision of non-audit services by the auditor (or its network) to a UK PIE, its UK parent and worldwide subsidiaries
- A narrow list of permitted services where closely related to the audit and/or required by law or regulation
- Absolute prohibition on the following relationships applicable to UK PIE and its affiliates including material significant investees/investors:
 - Tax advocacy services
 - Remuneration advisory services
 - Internal audit services
 - Secondment/loan staff arrangements
- An absolute prohibition on contingent fees.
- Requirement to meet the higher standard for business relationships i.e. business relationships between the audit firm and the audit client will only be permitted if it is inconsequential.
- Permitted services required by law or regulation will not be subject to the 70% fee cap.
- Grandfathering will apply for otherwise prohibited non-audit services that are open at 15 March 2020 such that the engagement may continue until completed in accordance with the original engagement terms.
- A requirement for the auditor to notify the Audit and Risk Committee where the audit fee might compromise perceived independence and the appropriate safeguards.
- A requirement to report to the Audit and Risk Committee details of any breaches of the Ethical Standard and any actions taken by the firm to address any threats to independence. A requirement for non-network component firm whose work is used in the group audit engagement to comply with the same independence standard as the group auditor. Our current understanding is that the requirement to follow UK independence rules is limited to the component firm issuing the audit report and not to its network. This is subject to clarification with the FRC.

Next Steps

We will continue to monitor and assess all ongoing and proposed non-audit services and relationships to ensure they are permitted under FRC Revised Ethical Standard 2016 which will continue to apply until 31 March 2020 as well as the recently released FRC Revised Ethical Standard 2019 which will be effective from 1 April 2020. We will work with you to ensure orderly completion of the services or where required, transition to another service provider within mutually agreed timescales.

We do not provide any non-audit services which would be prohibited under the new standard.

Other communications

EY Transparency Report 2019

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2019:

https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/about-us/transparency-report-2019/ey-uk-2019-transparency-report.pdf






09

Appendices





Appendix A

Required communications with the Audit and Risk Committee

There are certain communications that we must provide to the Audit Committees of UK clients. We have detailed these here together with a reference of when and where they were covered.

Our Reporting to you		
Required communications	 What is reported?	  When and where
Terms of engagement	Confirmation by the audit committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Engagement letter October 2016
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	Audit planning report - 23 March 2020
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	Audit planning report - 23 March 2020
Significant findings from the audit	<ul style="list-style-type: none"> ▶ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures ▶ Significant difficulties, if any, encountered during the audit ▶ Significant matters, if any, arising from the audit that were discussed with management ▶ Written representations that we are seeking ▶ Expected modifications to the audit report ▶ Other matters if any, significant to the oversight of the financial reporting process 	Audit results report - June 2020
Going concern	Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: <ul style="list-style-type: none"> ▶ Whether the events or conditions constitute a material uncertainty ▶ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements ▶ The adequacy of related disclosures in the financial statements 	Audit results report - June 2020
Misstatements	<ul style="list-style-type: none"> ▶ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation ▶ The effect of uncorrected misstatements related to prior periods ▶ A request that any uncorrected misstatement be corrected ▶ Material misstatements corrected by management 	Audit results report - June 2020

Appendix A

		 Our Reporting to you
Required communications	 What is reported?	  When and where
Subsequent events	<ul style="list-style-type: none"> ▶ Enquiry of the audit committee where appropriate regarding whether any subsequent events have occurred that might affect the financial statements. 	Audit results report - June 2020
Fraud	<ul style="list-style-type: none"> ▶ Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity ▶ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist ▶ Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving: <ol style="list-style-type: none"> a. Management; b. Employees who have significant roles in internal control; or c. Others where the fraud results in a material misstatement in the financial statements. ▶ The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected ▶ Any other matters related to fraud, relevant to Audit Committee responsibility. 	Audit results report - June 2020
Related parties	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> ▶ Non-disclosure by management ▶ Inappropriate authorisation and approval of transactions ▶ Disagreement over disclosures ▶ Non-compliance with laws and regulations ▶ Difficulty in identifying the party that ultimately controls the entity 	Audit results report - June 2020
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence.</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> ▶ The principal threats ▶ Safeguards adopted and their effectiveness ▶ An overall assessment of threats and safeguards ▶ Information about the general policies and process within the firm to maintain objectivity and independence 	<p>Audit planning report - 23 March 2020</p> <p>Audit results report - June 2020</p>

Appendix A

		Our Reporting to you
Required communications	What is reported?	When and where
External confirmations	<ul style="list-style-type: none"> ▶ Management's refusal for us to request confirmations ▶ Inability to obtain relevant and reliable audit evidence from other procedures. 	Audit results report - June 2020
Consideration of laws and regulations	<ul style="list-style-type: none"> ▶ Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur ▶ Enquiry of the audit committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the audit committee may be aware of 	Audit results report - June 2020
Significant deficiencies in internal controls	<ul style="list-style-type: none"> ▶ Significant deficiencies in internal controls identified during the audit. 	Audit results report - June 2020
Group Audits	<ul style="list-style-type: none"> ▶ An overview of the type of work to be performed on the financial information of the components ▶ An overview of the nature of the group audit team's planned involvement in the work to be performed by the component auditors on the financial information of significant components ▶ Instances where the group audit team's evaluation of the work of a component auditor gave rise to a concern about the quality of that auditor's work ▶ Any limitations on the group audit, for example, where the group engagement team's access to information may have been restricted ▶ Fraud or suspected fraud involving group management, component management, employees who have significant roles in group-wide controls or others where the fraud resulted in a material misstatement of the group financial statements. 	Audit planning report - 23 March 2020 Audit results report - June 2020
Written representations	<ul style="list-style-type: none"> ▶ Written representations we are requesting from management and/or those charged with governance 	Audit results report - June 2020
Material inconsistencies or misstatements of fact	<ul style="list-style-type: none"> ▶ Material inconsistencies or misstatements of fact identified in other information which management has refused to revise 	Audit results report - June 2020
Auditors report	<ul style="list-style-type: none"> ▶ Key audit matters that we will include in our auditor's report ▶ Any circumstances identified that affect the form and content of our auditor's report 	Audit results report - June 2020

Appendix B

Management representation letter

Management Rep Letter

To be dated the same date as the accounts are signed and printed on Trust headed paper

1 Colmore Square,
Birmingham
B4 6HQ,
United Kingdom

This letter of representations is provided in connection with your audit of the consolidated and Trust financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ("the Group and Trust") for the year ended 31 March 2020. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the consolidated and Trust financial statements give a true and fair view of (or 'present fairly, in all material respects,') the Group and Trust financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust as of 31 March 2020 and of its financial performance (or operations) and its cash flows for the year then ended in accordance with applicable law and the accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England.

We understand that the purpose of your audit of our consolidated and Trust financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing, which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 12 October 2016, for the preparation of the financial statements in accordance with applicable law and the accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).
2. We acknowledge, as members of management of the Group and Trust, our responsibility for the fair presentation of the consolidated and Trust financial statements. We believe the consolidated and Trust financial statements referred to above give a true and fair view of (or 'present fairly, in all material respects') the financial position, financial performance (or results of operations) and cash flows of the Group in accordance with applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England, the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor") and are free of material misstatements, including omissions. We have approved the financial statements. statements.

Management representation letter

Management Rep Letter

3. The significant accounting policies adopted in the preparation of the Group and Trust financial statements are appropriately described in the Group and Trust financial statements.
4. As members of management of the Group and Trust, we believe that the Group and Trust have a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with applicable law and the accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England and the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) that are free from material misstatement, whether due to fraud or error. We have disclosed to you any significant changes in our processes, controls, policies and procedures that we have made to address the effects of the COVID-19 pandemic on our system of internal controls.
5. There are no unadjusted audit differences identified during the current audit and pertaining to the latest period presented.

B. Non-compliance with law and regulations, including fraud

1. We acknowledge that we are responsible for determining that the Group and Trust's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
3. We have disclosed to you the results of our assessment of the risk that the consolidated and Trust financial statements may be materially misstated as a result of fraud.
4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the Group or Trust's (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
 - involving financial statements;
 - related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the consolidated or Trust's financial statements;
 - related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the Group or Trust's activities, its ability to continue to operate, or to avoid material penalties;
 - Involving management, or employees who have significant roles in internal controls, or others; or in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the consolidated and Trust financial statements, including those related to the COVID-19 pandemic.

Management representation letter

Management Rep Letter

3. We have made available to you all minutes of the Group and committees of directors held through the year to the most recent meeting and the Trust Board and committees of directors held through the year to the most recent meeting.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Group and Trust's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the 31 March 2020 year end. These transactions have been appropriately accounted for and disclosed in the consolidated and Trust financial statements.
5. We believe that the significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
6. We have disclosed to you, and the Group and Trust has complied with, all aspects of contractual agreements that could have a material effect on the consolidated and Trust financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. We have disclosed to you any cybersecurity breach that either occurred or that third parties (including regulatory agencies, law enforcement agencies and security consultants) had brought to our attention during the period under audit that could potentially be material to the financial statements.

D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the consolidated and Trust financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related litigation and claims, both actual and contingent, and have disclosed in Note 34 to the consolidated and Trust financial statements all guarantees that we have given to third parties.

E. Subsequent Events

1. There have been no events, including events related to the COVID-19 pandemic, subsequent to period end which require adjustment of or disclosure in the consolidated and Trust financial statements or notes thereto.

F. Group Audits

1. There are no significant restrictions on our ability to distribute the retained profits of the Group because of statutory, contractual, exchange control or other restrictions other than those indicated in the Group financial statements.
2. Necessary adjustments have been made to eliminate all material intra-group unrealised profits on transactions amongst parent, subsidiary undertakings and associated undertakings.

G. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the Annual Report.
2. We confirm that the content contained within the other information is consistent with the financial statements.

Management representation letter

Management Rep Letter

H. Agreement of Balances and key judgments

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counter-parties irrespective of whether or not they have been included in the 2019/20 Agreement of Balances Exercise
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2020.

I. Going Concern

1. Note 1.2 to the consolidated and Trust financial statements discloses all the matters of which we are aware that are relevant to the Group and Trust's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

J. Use of the Work of a Specialist

1. We agree with the findings of the specialists that we engaged to evaluate the valuation of Land and Buildings and have adequately considered the qualifications of the specialists in determining the amounts and disclosures included in the consolidated and Trust financial statements and the underlying accounting records. We did not give or cause any instructions to be given to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an effect on the independence or objectivity of the specialists.

Yours faithfully,

(Director of Finance)

(Chairman of the Audit Committee)

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BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 19 May 2020 at 11:30 in the Board Room, Doncaster Royal Infirmary via StarLeaf Video
Conferencing**

- Present:** Suzy Brain England OBE - Chair of the Board (In the Chair)
Mark Bailey – Non-Executive Director
Karen Barnard - Director of People and Organisational Development
Pat Drake - Non-Executive Director
Rebecca Joyce – Chief Operating Officer
Sheena McDonnell – Non-Executive Director
Richard Parker OBE – Chief Executive
David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals
Neil Rhodes – Non-Executive Director and Deputy Chair
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
Tim Noble - Medical Director
- In attendance:** Fiona Dunn – Acting Deputy Director Quality & Governance/Company Secretary
Marie Purdue – Director of Strategy and Transformation
Katie Shepherd – Corporate Governance Officer (Minutes)
Emma Shaheen – Head of Communications and Engagement
Roselyn Wilson – Corporate Governance Officer
- Public in attendance:** Peter Abell – Public Governor – Bassetlaw
Ann-Louise Bayley – Public Governor – Doncaster
David Cuckson – Public Governor – Rest of England & Wales
Dr Mark Bright – Public Governor - Doncaster
Hazel Brand – Public Governor – Bassetlaw
Linda Espey – Public Governor – Doncaster
Lynne Logan – Public Governor – Doncaster
Susan McCreadie – Public Governor – Doncaster
Cllr Susan Shaw – Partner Governor
Mandy Tyrrell – Staff Governor
- Apologies:** None

The Chair of the Board welcomed all in attendance at the virtual Board of Directors meeting, and extended the welcome to the Governors in attendance via the audience functionality.

ACTION**P20/05/A1 Apologies for absence (Verbal)**

No apologies for absence were noted.

P20/05/A2 Declaration of Interests (Verbal)

No declarations of interest were declared.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P20/05/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 – Virtual Meetings – It was agreed that this action would be closed on the basis that all Board and Board-Committee meetings were taking place virtually successfully;

Action 2 – Workforce Plan – This item was not expected until July 2020, however on the basis that this item would be added to the Board Work Plan, this action would be closed;

Action 3 – Council Motion on Climate and Biodiversity Emergency – It was agreed that Karen Barnard would liaise with Kirsty Edmondson-Jones to organise a Board Workshop on this topic;

Action 4 – Freedom to Speak Up Report – Karen Barnard had liaised with the Freedom to Speak Up Guardian, Paula Hill, who had confirmed that the anonymous reporter had not formally reported the hygiene concern to the Estates Service Desk prior to raising with the Freedom to Speak Up Guardian. Karen Barnard advised that as soon as it had been raised with the Freedom to Speak Up Guardian, the Estates Team had promptly responded. This action would be closed;

Action 5 – Board Level Meetings – On the basis that a clear message had been circulated that all Board and Board Committee meetings would take place virtually for the foreseeable future, this action would be closed;

Action 6 – Thank you to Team DBTH – On the basis that a thank you message had been included in the Team Brief, this action would be closed;

Action 7 – Governor Activity – On the basis that Fiona Dunn was working on the timetable of activity for Governors that would be issued soon, this action would be closed;

Action 8 – Virtual Meetings Capacity – The system allows for up to 100 attendees at any virtual Star Leaf meeting, and can be controlled centrally to make the meeting manageable. This action would be closed.

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P20/05/C1 ICS Update (Enclosure C1)

Richard Parker presented the points highlighted in the paper relating to Phase 1 of the Covid19 Pandemic response, including:

Care Homes

It was reiterated to the Board that in the early stages of the Covid19 pandemic response, and before there were any confirmed cases in the UK, it was a requirement to discharge any patients that were fit to be discharge in a planned manner, however many care homes did not have sufficient supplies of PPE and/or had received Infection Prevention and Control training and knowledge. It had been evidenced that a significant spread in Covid19 in care homes was as a result of temporary workers moving between care homes.

Finance Update

The System exceeded its financial plan for the year, which brought in £19m of cash support that would not otherwise had been available had the system not been in balance.

Next Steps

It was noted that, following the Prime Ministers announcement on Sunday 10 May 2020, regarding the plan of the lockdown exit strategy, that the next phase for the ICS and our Trust was to return the diagnostic and elective services to normal in a phased way, prioritising patients with a higher need.

Pat Drake asked for assurance of the testing of patients being discharged to care homes. Richard Parker advised that the requirement was to test patients within two-days of discharge, however this would not impact on a patients discharge date if the patient was deemed medically fit. It was the requirement of the care homes to manage the patients effectively once discharged, utilising PPE and isolation until the results were received. David Purdue advised the Board that he was working with Council colleagues on the discharge pathway of patients and the Trust had been supporting local care homes with Infection Prevention and Control training and knowledge via videoconferencing, including advising on the set-up of the homes and whether they would be able to isolate patients.

Kath Smart asked what the plans were for the ICS for 2020/21. Richard Parker advised that block contracts were in place until at least 30 July 2020, however the Director of Finance was concentrated on this to ensure that running costs were covered. Until the Trust had a full understanding of the balance, there was no degree of certainty what the key issues may be. Jon Sargeant confirmed that it was not known if the block contract would be extended from 1 August 2020.

The Board:

- ***Noted the update from the ICS.***

P20/05/D1 COVID-19 Update (Verbal)

Rebecca Joyce provided an update on the Covid19 Pandemic, and highlighted:

- The number of inpatients at the time of the meeting were 97, with an additional six being treated on ITU;

- It was expected that the Trust would be in receipt of antibody tests and the point of care testing kits soon;
- The Silver Command Cell had been streamlined in response to the reduction in workload within the Operational Management response to Covid19, and therefore the management resource had been reduced whilst still maintaining 8:00 – 20:00 cover of the Major Incident Silver Room;
- Marie Purdue and Jon Sargeant had developed the Post Implementation Review process for Covid19 Plan which would highlight what had worked well, what lessons could be learned and what changes would be made in the future;
- Significant operational planning work was underway with Divisions for scaling up elective services, whilst liaising with partners across the ICS region and in the context of the national guidance;

Neil Rhodes asked, from the work that Jon Sargeant and Marie Purdue had been undertaking, what had been the emergent findings and would change the way the Trust operates in the future. Rebecca Joyce advised that she was the SRO for the Elective Work stream and in particular there were different models of care that had evaluated very well would be likely implemented that would be beneficial. Marie Purdue added that the use of digital technology had been identified both in clinical and corporate areas as something that would be used in the future more as it offers how we can change clinical practice. It was also highlighted that with many staff working from home, that this may change the future environment in contributing to our carbon footprint, and site segregation may impact services for the long-term with the need to segregate patients of Covid19.

Jon Sargeant added that the Trust had lost a significant amount of emergency activity that would have, in normal circumstances been expected, and this signifies that account must be taken of the gradual increase back to normal emergency activity.

The Chair asked when the Board would be in receipt of a thorough overview of the change due to the pandemic. Karen Barnard advised that work was being undertaken to identify what corporate function work would be undertaken on-site and off-site, which would include work place risk assessments and lessons learnt from home-working. This would also include a risk assessment of the canteen facilities.

It was noted that considerations would be taken on activity through the winter months and service configuration.

Richard Parker advised that a plan would be ready for presentation to the July 2020 Board of Directors meeting, which would encompass workforce plans, site plans and restoration of activity plans.

It was noted that there was only a two-day supply of sterile gowns in Yorkshire which were being preserved for emergency work, and therefore meant that a large scale up of activity would need to take these pressures into consideration.

A discussion took place about the implementation of digital technology during the pandemic and the positivity surrounding this, however the Board noted that considerations would need to be taken of whether the implementation of digital technology in the long-term would work for all.

Sheena McDonnell suggested that the Board hold a workshop to discuss the outputs of improvements from the interim changes made during the pandemic to identify any key

principals that might influence the strategic direction. It was agreed that the Board of Directors would hold a virtual workshop to discuss this.

Action: A Covid19 Recovery Plan would be presented to the Board July 2020 meeting which would include workforce plans, site plans and the restoration of activity plans. JS/MP

Action: The Board of Directors would hold a workshop during June 2020 to identify any key principals that might influence the strategic direction based on the initial findings provided by Marie Purdue and Jon Sargeant. JS/MP

The Board:

- ***Noted the update on Covid-19.***

P20/05/D2 Quality and Performance Report (Enclosure D2)

Performance

Rebecca Joyce presented the highlights of the report including:

- The Trust achieved 87.8% for 4-hour access against a national target of 95% for March 2020;
- The 4-hour access position had remained a challenge, and there had been a 46% reduction in patients presenting in the Emergency Department throughout April 2020;
- All national cancer targets had been achieved, with the exception of the 62-day performance targets. A focus had been taken on Urology Cancer Services as the majority of breaches had been identified there.

Pat Drake noted that the year-end RTT position was a positive outcome and advised the Board that this would continue to be monitored at the Finance and Performance Committee to ensure that the position stayed on target. Pat Drake asked that the proposed task and finish group for Theatres would still go ahead to respond to the increasing numbers of cancellations of theatres.

Richard Parker suggested to the Board that the measures used for reporting prior to the Covid19 pandemic may not remain the same in the future due to the new normal following the pandemic. Neil Rhodes added that the reporting of data would require further detail, particularly when comparing with peers where there was still opportunity for improvement. Mark Bailey agreed and added that lessons learned from areas who were performing better should be taken and implemented into other areas. Jon Sargeant noted that whilst benchmarking was important, focus should be taken on what was right for the patient as opposed to having a singular focus on benchmarking against peers.

Workforce

Karen Barnard advised that the paper highlighted the verbal update on March 2020 provided at the last meeting. Karen presented the highlights of the Workforce Paper:

- At the time of the meeting, there had been 350 members of staff that had tested positive for Covid19;
- The 'bring back staff' campaign had offered the Trust 27-members of staff, in which only a small number were suitable;
- A system had been implemented to restrict agency/bank staff from working across Trust's, which includes substantive staff that work for NHSP, to minimise the risk of cross-Trust infection;
- The use of bank and agency staff had reduced due to the closure of some areas during the pandemic.

David Purdue added that there were still a number of wards that were closed. The biggest challenge was the number of Nursing and Midwifery staff that were shielding. Richard Parker advised that as part of the next phase, the Trust would examine as part of the winter plan the resilience of use of temporary workers, as there was a risk to spreading the virus further if it was unknown where temporary workers have worked.

Kath Smart asked for the Trust's position on BAME staff in relation to Covid19. Karen Barnard advised that NHS Employers had issued guidance in relation to BAME staff and a full risk assessment had been developed within the ICS. The review of the results were being finalised with Occupational Health Physicians who would pull the full revised guidance together for all staff. Karen advised further that managers had been informed that individual risk assessments already carried out would need to be reviewed in line with the new guidance.

Quality and Safety

- David Purdue advised that the Trust had a target of no more than 44 cases of Clostridium Difficile for 2019/20, however the Trust reported a total of 45 cases. A further three cases had been reported for 2020/21 and therefore advised that a deep clean annual plan had been agreed, which was taking place whilst there was less bed uptake. It was confirmed that 12 wards had already been deep cleaned, and Theatres would be the next priority.
- For 2019/20 the Trust reported two cases of MRSA bacteraemia for 2019/20, both of which had been fully investigated and highlighted there had been no lapse in care identified;
- The End of Life Team were commended on their support to patients and families during the pandemic. The visiting rules had changed to allow 1 relative to visit patients in the last stages of life.

Pat Drake noted that visiting at the last stages of life were not taking place in all other Trusts. Pat added that it would be useful to provide a benchmark against other Trusts in the reporting of falls. It was agreed that the report be changed for the next Board meeting to reflect this.

Mark Bailey noted the amazing work that the End of Life Team had undertaken during the pandemic, and it was noted that rainbow rooms had been set up for staff, and work had

been undertaken by Karen Barnard and Jayne Collingwood to ensure that staff were supported during difficult times.

Suzy Brain England advised that since the last Board meeting the Trust had lost a second members of staff, Dr Atalla, to Covid19, and advised that the End of Life Team did their best to support Dr Atalla's family in Egypt during this time. The Board noted their care and concern for Dr Atalla's family. Richard Parker advised that this was a very sad loss to the team and the wider organisation. It was noted by the Board that Karen Lanaghan, Lead Nurse – End of Life Care Services, had been outstanding in her role during the pandemic, and in particular with the proactive nature she took with Dr Atalla's family in Egypt so that they could be a part of the funeral, albeit virtually.

Karen Barnard advised that a comprehensive action plan would be discussed at the Quality and Effectiveness Committee on 26 May 2020. There was an active network across the ICS region regarding the health and wellbeing of colleagues, including the next phase which would include ensuring that managers were supported and have the skills to be able to support their team members effectively.

Kath Smart commended staff that had shown such compassion and innovation with patients at the end of life. The Communications and Engagement Team had done an excellent role. Kath added that the HSMR would be discussed in more detail at the Quality and Effectiveness Committee to identify what lessons could be learned.

Sheena McDonnell advised that this was a key time to review what was taking place in the Trust and how by the use of quality improvement methods and listening to the expertise of those in challenging environments, an understanding could be made of the needs of patients and their families at this challenging time.

Sheena McDonnell noted that overdue complaints would be discussed at the Quality and Effectiveness Committee. David Purdue advised there had been a change in leadership in the PALS team and new pathways for complaints had been agreed. The backlog was in a much better position that it had been.

Pat Drake assured colleagues that a focus would be taken on complaints at the Quality and Effectiveness Committee on 26 May 2020, however asked that a deep dive on complaints be provided to the Committee in July 2020. David Purdue further advised that national guidance allowed Trust's to stop the complaints process during the pandemic, but the Trust had taken the decision to follow up any complaints during this time.

Dr Tim Noble echoed the praise for Karen Lanaghan and the support that she offered to Dr Atalla's family.

Dr Noble advised that in looking to the future it was difficult to construct what the services would be, particularly with the offer of wider testing of asymptomatic staff, and the unknown long-term impact that Covid-19 would have on survived patients in relation to respiratory problems. Dr Noble highlighted emerging data from 24 countries that demonstrated that post-operative mortality was up to 20% for those patients that had tested positive for Covid19 in an elective setting, this rose to 26% mortality for emergency surgery.

Pat Drake asked why there was a much higher number of patients admitted to the Trust at the end of life in comparison to other Trusts. Dr Noble advised that hospital was often the right place for people to be cared, specifically for pain medication at the end of life.

Richard Parker added that this had been reviewed by the Board and an update was received from Information Services. Richard advised further that work was being Board of Directors – Public Meeting – 19 May 2020 Page 8 of 15 undertaken to ensure that the end of life pathway were supported in the homes of patients. Dr Noble concluded that the reporting was dependent on coding rules and that local rules were also in place. Where the Trust was being benchmarked nationally, the data may appear different between organisations.

Action: Benchmarking against other Trust's in relation to the numbers of falls reported would be reflected in the Quality and Performance Report for the next Board meeting. DP

Action: A deep dive on Complaints would be provided to the Quality and Effectiveness Committee on 28 July 2020. DP

The Board:

- ***Noted the Quality and Performance Report.***

P20/05/D3 RTT Year End Position (Enclosure D3)

Rebecca Joyce presented to the Board, a summary report of the full RTT Year End Position report that was presented to the Finance and Performance Committee on 28 April 2020, which highlighted:

- Prior to the scale down of activity due to the Covid19 pandemic, as at 18 March 2020, a position of 91.7% had been achieved. Activity was scaled down from this point due to COVID. Without the impact of COVID, Information had modelled a position of 92.7% would have been achieved at year end, which was a very positive position and demonstrated the recovery plan would have been achieved.
-
- The actual reported year-end position was reported as 90.1% due to the impact of Covid19 and the significant reduction in activity from 18 March 2020;
- The Actual Waiting List size (PTL) was reported at 26,700 at year-end, against a target of 31,199, linked to the recovery plan and significant validation work, and a reduction in referrals towards the end of March (COVID related)
- Comparatively against other Trusts, at end of March 2020 we achieved the best outcome in the region, and were within the top quartile of all Trusts nationally.

The Committee commended the work that had been undertaken to achieve 91.7% pre COVID on 18 March and 90.1% at March end. It was noted that the Trust would be in a challenging position for the elective activity due to the Covid19 pandemic, however a significant amount of work went into the recovery of RTT and the experience gained throughout the recovery period would be used to ensure that the position could be recovered when safe to do so. Some learning points were also outlined in the paper to strengthen the future approach.

Jon Sargeant advised that there had been a lot of validation work carried out over the year, this meant that the size of the overall PTL reduced. In the latter part of the year the validation programme ran out from validations at 14 week waits to 18 week waits. This

would have helped the performance figure, but needs to be refocused to 14-weeks as the Trust moved forwards.

The Board:

- ***Noted the RTT Year End Position.***

P20/05/F1 Finance Report – April 2020 (Enclosure F1)

Jon Sargeant, presented to the Board, the Finance Report for April 2020, highlighting:

- The clinical income position reported at Month 1 was aligned to the national block arrangements in place as previously set out to the Board, which was in place until 31 July 2020. It was not known what would happen after this time, however it was expected that the block contract be extended;
- The Trust's deficit for month 1 (April 2020) was £445k before any retrospective top up. However, in line with national guidance the Trust had accrued a central retrospective top up payment of £445k in order to report a break even financial position at Month 1;
- Clinical income for Month 1 was aligned to the national block arrangements in place, however in comparison to the monthly average for 2019/20, elective activity was reported as - 76.99%; non-elective was reported as -42.36% and outpatient activity was reported between 79 – 87% reduction;
- The Trust's financial position also included revenue costs of £1.3m relating to Covid19, of which £0.6m related to pay costs and £0.7m to non-pay costs;
- The cash balance as of 30 April 2020 was £62.4m. The increase in cash was as a result of the Trust receiving two-month' worth of the block income in April;
- Steps had been taken to renegotiate the block contract with the central team and NHSI/E;
- A draft paper would be presented to the Executive Team to demonstrate what the expected capital spend would be post Covid19. This would take into account social distancing and access to wards and clinical areas, and work would recommence in some areas soon prior to the winter period.

Neil Rhodes noted the confidence in the negotiations due to the significant gap in the block contract. Jon Sargeant advised that this would be discussed in further detail at the Finance and Performance Committee meeting on 26 May 2020, however was expecting that the block contract would be realigned as per the response Jon had sent to the ICS.

Neil Rhodes asked for further information on the future of the HSDU Unit as it was an opportunity for the Trust. It was advised that the HSDU Unit work would be completed in time for the winter period at would consist of 17 additional beds at a cost of £2.8m. The Trust spent £450k in April in preparation for the bid. The Unit could be used as either Enhanced Care or Intensive Care. Jon Sargeant advised that £4.7m had been moved from last year's capital plan to this years for the phase 1 Fire Works in Women's & Children Hospital and other areas. The Fire Officers had confirmed that this money must be spent

during 2020/21. Estates and Facilities were working through the HSE rules around safe working through the pandemic to ensure that there was clinical access to areas to maintain care.

Neil Rhodes noted that although the Trust was in unusual times, it was important that the Trust didn't lose the cost improvement culture. Jon Sargeant and Marie Purdue were leading on the Stabilisation and Recovery work which includes the review of patient pathways and service delivery to ensure that they were being delivered efficiently and that they were beneficial. Jon Sargeant advised that the Efficiency and Effectiveness Team were looking at the electronic job planning system linked to Allocate for Medical Staff.

The Board:

- ***Received and noted the Trust's deficit for month 1 (April 2020), however in line with national guidance the Trust had accrued a central prospective top up payment in order to report a break even financial position at month 1;***
- ***Noted the information in the Finance Report for April 2020.***

P20/05/G1 Use of Trust Seal (Enclosure G1)

The Board approved the use of the Trust Seal.

The Board:

- ***Approved the use of the Trust Seal for Seal No. 120 – Community Health Partnership Ltd and DBTH, Under lease for part of Sandringham Road Health Centre;***
- ***Approved the use of the Trust Seal for Seal No. 121 – Community Health Partnership Ltd and DBTH agreement for Grant of ULPA, Part of Sandringham Road Health Centre.***

P20/05/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)

Finance and Performance Committee – 28 April 2020

No questions or comments were raised.

The Board:

- ***Noted the update from the:***

Finance and Performance Committee on 28 April 2020

P20/05/G3 Infection Prevention and Control Board Assurance Framework (Enclosure G3)

David Purdue presented the Infection Prevention and Control Board Assurance Framework which had been completed in the response to Covid19 via the Infection Prevention and Control Team. It was a comprehensive framework which supported the strategic direction by identifying areas of good practice and actions undertaken to mitigate any gaps.

A discussion took place regarding compliance with the national guidance around the discharge transfer of Covid19 positive patients. David Purdue advised that discharge

should take place within three-hours, however this had not been taking place due to care homes not accepting Covid19 positive patients back due to the anxiety around the risk of transmission. A letter had been circulated to all care homes and improvements were being seen with the discharge of patients back to care homes.

Kath Smart highlighted two gaps in assurance, one of which was a reference to cleaning in the document and the capacity to undertake it. David Purdue advised that deep cleans were taking place and a total of 12 wards had been deep cleaned and theatres would be next. All yellow areas were cleaned every four-hours, and the Estates and Facilities Team had a robust cleaning schedule, with agency staff working at weekends to undertake the deep cleans.

The Board:

- ***Noted the information in the Infection Prevention and Control Board Assurance Framework.***

P20/05/G4 Appointment of the Post of Director of Learning Opportunities and Skills (DCS) (Verbal)

Richard Parker advised the Board of the appointment of Riana Nelson to the post of Director of Learning Opportunities and Skills, following the appointment of Damien Allen as Chief Executive of Doncaster Metropolitan Borough Council.

The Board:

- ***Noted the appointment of the post of Director of Learning Opportunities and Skills.***

P20/05/G5 Caldicott Guardian (Verbal)

The Board:

- ***Noted the change of the Caldicott Guardian to Tim Noble, Medical Director.***

P20/05/H1 Information Items (Enclosures H1 – H4)
-H5

The Board:

- ***Noted the minutes of the Finance and Performance Committee meeting held on 31 March 2020;***
- ***Noted the Letter of Thanks from the Yorkshire Organ Donation Service Team;***
- ***Noted the Board work plan;***
- ***Noted the Minutes of the Council of Governors – 30 October 2019 and 30 January 2020;***
- ***Notes the Minutes of the Management Board – 18 November 2019, 20 January 2020, 10 February 2020, 9 March 2020 and 20 April 2020.***

P20/05/I1 Minutes of the Meeting held on 21 April 2020 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 21 April 2020.***

P20/05/12 Any Other Business (Verbal)

No other items of business were raised.

P20/05/13 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/05/13(i) Hazel Brand

Hazel Brand expressed her thanks on behalf of the Governors for the ongoing hard work and dedication across all disciplines through the challenging times.

Hazel Brand advised that she had contacted Governors prior to the Board meeting to collate any specific questions or comments relating to the Board Papers to raise at the meeting on their behalf. Hazel had five questions in total. Two were asked at the meeting:

Questions

1. Can the Board confirm that every patient leaving hospital would be tested for COVID-19 before they go out into the community, and that every elderly patient leaving care, who would be tested, would not go to a care home with COVID-19 on the premises, if they were negative? How would that be administered and who would oversee the process?

David Purdue response: The Trust follows the PHE guidance on swabbing patients. We swab all patients on admission and if negative, again between day 5 and 7. We then re-swab all positive patients at day 14. We have worked with public health to ensure pathways to care homes were safe. We were also supporting a number of care homes with IPC training and review of practices.

2. How were supplies of PPE in reserve now? As last week there were two days' supply of the equipment, and when can the Board be confident they can begin to start routine procedures?

David Purdue response: There were daily updates on PPE availability reported to the Silver Cell (pandemic control centre) every day including the weekend. We also undertake daily stocktakes in all the clinical areas. There were National shortages of PPE at different times of different stock but currently our levels were sufficient. We would plan to commence elective work when directed from the National bodies.

Post Meeting Note

The below questions were answered following the meeting:

3. What was currently happening for cancer patients, who were waiting for in-hospital treatment? When were they going to start getting it routinely and do we know the numbers that were put on hold for chemotherapy, etc.?

Rebecca Joyce response: During Covid19, all suspected cancer pathway work the 2week-wait clinics and medical imaging (where appropriate) continued, but only emergency and urgent operations continued. Most cancer patients fall into the urgent category. For

some specialties such as gynaecology, many cancer patients were brought forward and treated whilst the Trust was preparing for Covid19 and before elective operating was scaled down significantly. This enabled the focus on the most urgent patients during the peak of the Covid19 outbreak to keep all patients safe. Only emergency endoscopic procedures proceeded during Covid19 as they were aerosol generating procedures.

All cancer tumour groups review the referrals coming in and the patients held on waiting list to ensure we were seeing the most clinically urgent patients and to keep a regular check on the patients waiting. Site specific teams have adopted national guidance and there were local standard operating procedures on how to manage patients in accordance with risk stratification. For example, CNS teams have maintained contact with patients to ensure their well-being was regularly monitored and risks managed. There were information reports which help our clinical teams manage the deferred patients.

In terms of inpatient chemotherapy on Ward 18 this had not been affected by Covid19. Patients requiring day case haematology procedures on Chatsfield have been assessed and in some cases chemotherapy regimens adjusted by clinicians in line with risk assessments and national guidance on management during Covid19.

The Trust was increasing the volume of routine outpatient work it does and currently planning this with divisions. Additional urgent endoscopy work was planned for early June. We were also planning how we scale up routine diagnostic and surgical work. There was some emerging evidence regarding increased mortality risk if COVID was contracted pre or post operatively. Hence we don't have a clear date for increased routine operating but were working hard to develop safe and consistent plans internally and with partners.

4. With the lower than average attendance at ED, was it possible to say how many absences were for serious illnesses and how many for what might be termed inappropriate attendances (including weekend drinkers the worse for wear, etc.)?

David Purdue Response: The patients attending ED were generally via ambulances for patients who require to attend. There was an overall reduction in patients attending and we have taken part in a number of campaigns to encourage people primarily, with heart, stroke, gastro conditions and children to attend if they have an urgent need.

5. In the return to normal, was there a timetable for re-instating services at their original location, e.g. maternity services back to Bassetlaw Hospital? Might some of the 'emergency' changes become permanent?

David Purdue Response: We were currently undertaking reviews of the decisions we made as a result of Covid19 and when it was feasible to return to the previous way of working. A decision like moving maternity services cannot be just made permanent and would require public consultation by the CCG.

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/05/14 Date and Time of Next meeting (Verbal)

Date: Tuesday 16 June 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- ***Noted the date of the next meeting.***

P20/05/15 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P20/05/J Close of meeting (Verbal)

The meeting closed at 11:20.



**Suzy Brain England
Chair of the Board**

**Date
04 June 2020**

P20/05/15 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P20/05/J Close of meeting (Verbal)

The meeting closed at 11:20.