Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

# Meeting of the Council of Governors incorporating AMM
# On
# Thursday 24 September 2020 at 3.00pm
# Via Starleaf Video Conferencing

# AGENDA

| | | LEAD | ACTION | TIME / ENC |
|---|---|---|---|---|
| **A** | **COUNCIL BUSINESS** | | | **15:00** |
| A1 | Welcome and Apologies for absence<br>• New and returning governors | SBE | Note | Verbal |
| A2 | Declaration of Governors' Interests<br><br>***1.*** *Governors are reminded that we hold a register of Governors' interests. If your interests change, please inform the Trust Board Office.*<br><br>***2.*** *Do any new interests need registering today?*<br><br>***3.*** *Attention is brought to the requirement to declare any conflicts of interest in relation to general Trust business or specific items on today's agenda. If you need advice on what constitutes a conflict of interest, please consult the Trust Board Office.* | SBE | Note | A2 |
| A3 | Actions from previous meetings | SBE | Review | A3 |
| **B** | **INFORMATION ITEMS/MINUTES** | | | **15:10** |
| B1 | Minutes of Council of Governors held on 23 July 2020 | SBE | Approve | B1 |
| B2 | Any Other Business (to be agreed with the Chair before the meeting) | SBE | Note | Verbal |
| B3 | Items for escalation to the Board of Directors | SBE | Approve | Verbal |
| **C** | **REPORTS / FOR APPROVAL** | | | **15:15** |
| C1 | Trust Constitution | FD | Approve | C1 |
| **D** | **Annual Members Meeting for CoG** | | | |
| D1 | Annual Members Meeting<br><br>- Annual Report and Accounts 2019/2020<br>- Questions and Answers regarding Annual Report and Accounts 2019/2020 | <br><br>SBE<br>SBE | <br><br>Receive<br>Discuss | <br><br>D1<br>Verbal |

| | | | |
|---|---|---|---|
| - Annual Members Meeting – Preview playing of Recorded AMM being shown at 6pm | SBE | - | |

Any further questions relating to the Annual Members Meeting presentation recording can be submitted up to the **1 October 2020** by e-mail and responses will be provided at the October Board of Directors meeting and Council of Governors.

**Questions to be submitted to dbth.trustboardoffice@nhs.net**

| | | | |
|---|---|---|---|
| Date and time of next meeting: | SBE | Note | Verbal |

**Date: 11 November 2020**
**Time: 14:30 – 16:00**
**Venue: Starleaf Video Conferencing**

| | |
|---|---|
| **MEETING CLOSE** | **16:30** |

**Suzy Brain England, OBE**
**Chair of the Board and Council of Govenors**

Updated 10 September 2020

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

**Register of Governors' Interests as 14 July 2020**

The current details of Governors' Interests held by the Trust are as set out below.

**Governors are requested to note the contents of the register – for confirmation at each Council Meeting, and to declare any amendments as appropriate in order to keep the register up to date.**

**Mike Addenbrooke, Public Governor**
Parish Councillor, Braithwell with Micklebring Parish Council

**Ann-Louise Bayley, Public Governor**
Unite Union, Secretary
Delegate, North East Region of UNITE Union to the National Forum Board
Doncaster Trades Council
South Yorkshire TUC
Yorkshire Humberside and N.E TUC
Stand Up To Racism – Chair
Affiliated to the Labour Party
Member of YWT

**Philip Beavers, Public Governor**
Retired Judge – The Family Court
Supplemental Magistrate (past Chairman of the Doncaster Bench)
Independent Person under the Localism Act 2011 for Doncaster MBC and Rotherham MBC, regarding Standards in Public Life
Member of the High Sheriff's Advisory Committee for South Yorkshire
Independent Person under the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015 for Doncaster MBC and Rotherham MBC. relating to designated Senior Officers of the Authorities.
PCC Secretary, St. Mary's Parish church, Tickhill.

**Hazel Brand, Public Governor**
Member, Bassetlaw DC
Parish Councillor, Misterton

School Governor, Misterton Primary School
Member, Citizens' Panel, South Yorkshire & Bassetlaw ICS

**Professor Robert Coleman, Partner Governor**
St Luke's Hospice, Sheffield – Trustee and Deputy Chair of Board
Weston Park Cancer Charity – Trustee
Breast Cancer Now – Trustee

**Linda Espey, Public Governor**
Daughter is a Chief Allied Health Professional for DBTH and RDaSH

**Dr David Goodhead, Public Governor**
Son is a Senior Pharmacist for DBTH
Member of Doncaster Rotary Club
Chair of a Regional DOHSC Mental Health Panel.
Expert Advisor Nationally on NHS Complaints (excluding any comments on alleged negligence in DBTH)

**Geoffrey Johnson, Public Governor**
Doncaster Metropolitan Borough Council – Carers Strategic Oversight Group

**Bev Marshall, Public Governor**
Member, Labour Party
Member, Yorkshire Ambulance Service NHS Trust

**Susan McCreadie, Public Governor**
Community Representative on Fred and Anne Green Legacy Advisory Committee
Director of Captain Cooks Haven Ltd

**Dr Victoria McGregor-Riley, Partner Governor**
Deputy Chief Officer, Director of Strategy, NHS Bassetlaw CCG
Trustee for Bassetlaw CAB
Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

**Susan Shaw, Partner Governor**
Member of Health and Wellbeing Board (Nottinghamshire County Council)
District Counsellor Bassetlaw D.C
Member – Labour Party
Chair of a Charity in Bassetlaw called **Focus on young people in Bassetlaw**

**Clive Tattley, Partner Governor**
Member, Worksop Rotary Club

**The following Governors have stated that they have no relevant interests to declare:**

Kay Brown, Staff Governor
Anthony Fitzgerald, Partner Governor
Steve Marsh, Public Governor
Ainsley McDonnell, Partner Governor
David Northwood, Public Governor
Vivek Panikkar, Staff Governor
Alexis Johnson, Partner Governor
Mandy Tyrrell, Staff Governor

**Interests are yet to be confirmed by:**

Newly elected/re-elected/appointed (being captured in induction process):

Peter Abell – Public Governor – Bassetlaw
Dr Mark Bright – Public Governor – Doncaster
Duncan Carratt, Staff Governor – Non Clinical
Lynne Logan – Public Governor – Doncaster
Tina Harrison – Partner Governor – Doncaster College and University Centre
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Chandrakant Mutalik – Public Governor – Bassetlaw
Mary Spencer – Public Governor – Bassetlaw
Dennis Atkin – Public Governor – Doncaster
Jackie Hammerton – Public Governor – Rest of England
Maria Jackson-James – Public Governor – Rest of England
Sally Munro – Staff Governor – Nursing and Midwifery
Sophie Gilhooly – Staff Governor – Other Healthcare

**Fiona Dunn – Company Secretary**

17 September 2020

Action notes prepared by: Katie Shepherd
Updated: 17/09/2020

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

# Action Log

A3

| | |
|---|---|
| **Meeting:** | Public Council of Governors |
| **Date of latest meeting**: | 23 July 2020 |

| KEY | |
|---|---|
| **Completed** | **On Track** |
| **In progress, some issues** | **Issues causing progress to stall/stop** |

| No | Minute No. | Action | Lead | Target Date | Update |
|---|---|---|---|---|---|

*No previous actions*

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

B1

# COUNCIL OF GOVERNORS

## Minutes of the meeting of the Public Session of the Council of Governors
## Held on Thursday 23 July 2020 at 15:45 to 18:00hrs
## Via Starleaf Videoconferencing

| | | | |
|---|---|---|---|
| **Present:** | | | |
| **Chair** | Suzy Brain England – Chair | | |
| **Public Governors Via Starleaf** | Michael Addenbrooke<br>Philip Beavers<br>Hazel Brand (Lead Governor)<br>Ann-Louise Bayley | Linda Espey<br>David Goodhead<br>Geoffrey Johnson<br>Beverley Marshall<br>Steve Marsh | David Northwood |
| **Staff Governors** | Vivek Panikkar | | |
| **Partner Governors** | Antony Fitzgerald<br>Jackie Hammerton | Victoria McGregor Riley<br>Susan Shaw | Clive Tattley |

| | |
|---|---|
| **In attendance:** | |
| **Board Members** | Richard Parker OBE – Chief Executive<br>David Purdue – Deputy Chief Executive and Director of NM&AHP<br>Rebecca Joyce – Chief Operating Officer<br>Karen Barnard - Director of People and Organisational Development<br>Jon Sargeant – Director of Finance<br>Dr Tim Noble – Medical Director<br>Fiona Dunn Acting Deputy Director of Governance and Quality / Company Secretary<br>Pat Drake, Non-Executive Director and Senior Independent Director<br>Mark Bailey – Non Executive Director<br>Sheena McDonnell – Non-Executive Director<br>Neil Rhodes – Non-Executive Director<br>Kath Smart – Non-Executive Director |
| **In attendance:** | Rosalyn Wilson – Corporate Governance Officer (Minutes)<br>Katie Shepherd – Corporate Governance Officer (IT Support)<br>Adam Tingle - Senior Communications and Engagement Manager<br>Mark Price – NHS Providers<br>Laura Ward – NHS Providers<br>Kim Hutchings – NHS Providers |

| | | | |
|---|---|---|---|
| **Apologies:** | | | |
| **Governor Apologies** | Karl Bower<br>Ainsley MacDonnell<br>Kathryn Dixon | Susan McCreadie<br>Robert Coleman<br>Rupert Suckling | Kay Brown<br>Mandy Tyrell |
| **Board Member Apologies** | None | | |

**ACTION**

**CC23/07/A1** **Welcome and Apologies for Absence (Verbal)**

Suzy Brain England, Chair to the Board welcomed the Council of Governors to the public meeting. Mark Price, Laura Ward and Kim Hutchings from NHS Providers were also welcomed. They will be observing today's meeting to help support with the Trust feedback from the Governwell Effectiveness Survey that has recently been carried out.

**CC23/07/A2** **Declaration of Governors' Interests (Enclosure A2)**

No changes to the declaration of Governors' interests were noted at the meeting and no conflicts of interest for the meeting were declared.

***The Council:***

- ***Noted and confirmed the Declaration of Governors' Interests.***

**CC23/07/A3** **Actions from previous meetings (Enclosure A3)**

**Action 1 –** Agreed to be closed.
**Action 2 –** Agreed to be closed.
**Action 3 –** Agreed to be closed.
**Action 4 –** Agreed to be closed.

**CC23/07/B1** **Chief Executives Report (Presentation)**

Richard Parker welcomed the Council of Governors and thanked them for attending today's meeting. The presentation gave the Council of Governors an oversight on the past and current Trust status with the COVID-19 pandemic.

Richard Parker reflected on the past 12 months and highlighted and summarised a number of achievements:

- The Trust achieved Good CQC Rating
- Conversations have commenced regarding the possibility of the new hospital
- The Trust received the best ever staff survey results
- Sharing how we care projects with the Quality Improvement Team expanded
- The Trust broke even financially for 2019/20

Richard Parker had interactive discussions with the Council of Governors regarding the achievements over the last 12 months.

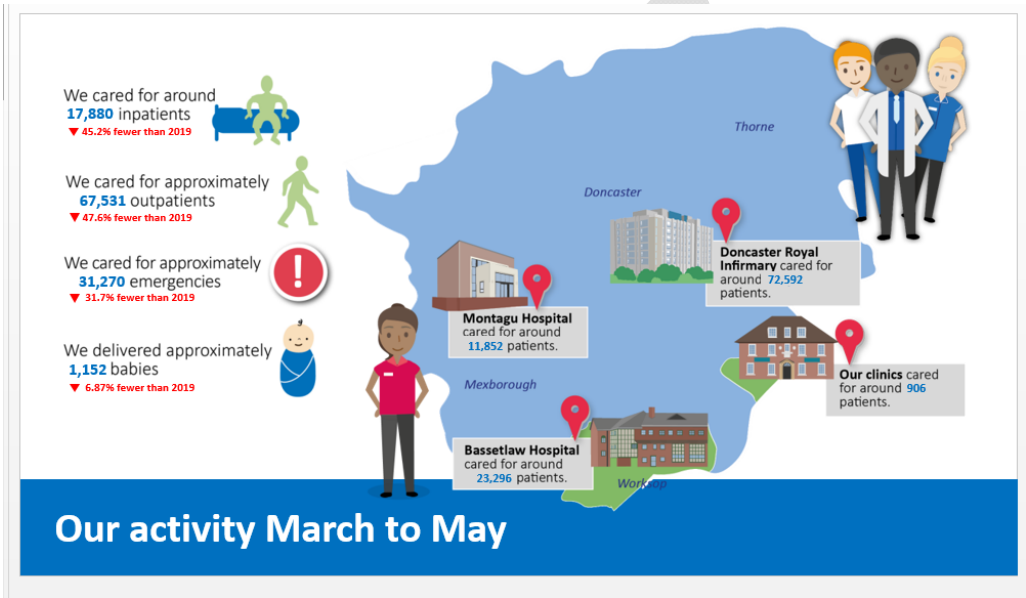
A brief update was given to allow the Council of Governors an understanding on how the Trust has been performing during COVID-19. As of the 20 July 2020 the Trust has;

- Had a total of 63 COVID patients who had received intensive care treatment
- Discharged 475 COVID patients
- 229 patients have passed away (RIP)
- Approximately 2000 colleagues swabbed
- Approximately 30000 antibody tests carried out.

Although the demand for Health Care Services was lower than anticipated the Trust has not seen any huge spikes of positive cases and the curve had also been lower than anticipated from information provided from Public Health England.

It was noted that although the Trust was reporting low new infection rates, the pace of infection rates is slower which means the COVID-19 situation will last longer than initially expected.

Richard Parker updated the Council of Governors on the Trust activity from March to May 2020 and praised staff for their continued efforts on keeping patients and staff safe through COVID-19.




The Trust has also had a number of achievements that should were mentioned:

- Thousands of items of key PPE distributed across sites with **NO** incidents of running out of key stock.
- 40,000 tests carried out by our Pathology Service.
- Over 30,000 virtual Hospital appointments taken place on digital platforms.
- 7 day operational Senior Manager Response.
- Standards of IPC remain high with regular reviews of areas and PPE.
- Regular and consistent communications to staff and general public.
- New sickens absence hotline and virtual visiting introduced during COVID-19.

Richard Parker mentioned that the STAR awards and staff praise would be recognised in a different way due to the social distancing and current situations. Plans are being drawn up to be more inclusive although remaining safe. The Trust is committed staff recognition.

The Trust is currently fundraising for Rainbow Gardens at Doncaster and Bassetlaw sites in memory of the staff members lost during COVID-19 and for an area for staff and patients to enjoy.

Richard Parker talked about the return of elective surgery and that plans are being drawn up in line with national guidance. This is a complex issue and careful thought and consideration is essential to ensure patients and staff are safe throughout.

The Trust has a number of contingencies in place due to COVID-19 which will mean that the blue and yellow areas will remain in place for some time. Trauma will remain at Doncaster Site until Bassetlaw becomes a blue site. Plans are being worked upon with Partners to look at Maternity Services returning to Bassetlaw around November 2020.

Outpatient activity has been increasing with an increase to the Radiology Capacity. Visiting restrictions will be reviewed weekly in line with the local and national guidance.

Staff will continue to wear facemasks and coverings until further guidance is issued by the Government.

Richard Parker concluded his presentation with the Trusts focus over the next few months:

- Preparing for Wave two of COVID-19 which may happen during the winter months.
- Restoration of Services.
- The Trust publication of the People Plan which will include Equality, Diversity and Inclusion.
- Refreshed NHS Plan.
- The Trust Financial and Contractual models.

Richard Parker thanked the Council of Governors for attending and welcomed any questions.

Mike Addenbrooke asked, regarding Cancer patients; they are receiving letters advising them their appointment is cancelled can the trust provide assurance that they won't be overlooked?

Richard Parker advised that the Cancer Pathway has been the most difficult to manage and that all national guidance has been followed. The Trust has maintained 4 of 6 standards.

Cllr Sue Shaw asked with Bassetlaw being made a blue site, when will the communications go out to the general public?
STAR Awards; will there be an opportunity to thank members of the public who have supported the Trust throughout COVID-19?

Richard Parker advised that discussions with 3rd parties such as EMAS, SCUBU and YAS are taking place and once confirmed the communications will go out.

Richard Parker advised that the Trust is looking into an event to thank staff and members of the public. Information will be shared at a later date.

A question was asked regarding the PPE that is required to resume surgery; is the equipment is sterile?

Richard Parker advised that there is enough sterile PPE available to carry out surgical procedures. The wards have been using gowns that meet the required IPC requirements and arrangements in place allowing the Sterile gowns to be used for surgical procedures.

Becky Joyce also added that all trauma group and 2 week wait are now being seen.

David Goodhead asked about the emergency patient presentation and the figure of a 30% decrease in attendance.

Richard Parker responded that the Trust is also concerned about the number of patients presenting in the ED as the Trust noted patients with high level health conditions were also down.

Richard Parker updated Council of Governors regarding the proposed new build Hospital. The Trust is hoping to hear the decision outcome regarding the new hospital build at the end of July, but understands with the current National situation this may be delayed. The Trust is aware that Matt Hancock, Health Secretary, previously asked to come and open the new CT suite and had agreed to revisit. He may combine his visit when he comes to meet Rosie Winterton MP as she is the MP for the locality on where the new build site is proposed.

**CC23/07/C1** **Presentation from Chair, Non-Executive Directors and Lead Governor (Presentation)**

**Suzy Brain England** – Chair to the Board gave a brief update to the Council of Governors.

Regular meetings are being held virtually with Hazel Brand and Linda Espey. Regular update emails are sent to all Governors with a brief outline on what had been discussed.

In September the Trust will welcome the new Governors. Initial induction session will take place on the 21 September.

The Governors have now been "buddied" up with a Non-Executive Director. This is designed to increase communication links and help resolve issues raised more promptly and more personal.

The Governor Advisory Committee will be discussed at the NHS Providers national conference but details on the date for this are still to be published.

The Board are looking at ways to increasing diversity and will be looking at appointing associate Non-Executive Directors to the Board.

**Hazel Brand – Lead Governor**

Due to the overrun of the Chief Executive presentation, Hazel thanked the Council of Governors for their continued support and also a special thank you to Jackie Hammerton, Partner Governor who will be leaving Sheffield Hallam University and moving to Lincoln University so will no longer be a Partner Governor.

Hazel brand advised the Council of Governors that she would circulate her update to the Governors due to time constraints.

**Neil Rhodes – Non-Executive Director**

Neil Rhodes gave a brief update on the work the Finance and Performance Committee and what assurance the committee had been seeking. The main focus over the coming months will be supporting the Trust to be pro-active in its planning for the future post COVID-19 and ensuing that the Trust Finance position remains stable.

**Pat Drake – Non-Executive Director**

Pat Drake gave the Council of Governors assurance that the Quality and Effectiveness Committee (QEC) are seeking assurance from Divisions that they are safe and patient safety is not jeopardised.

The Key areas that QEC have been monitoring throughout COVID-19 are

- Risks, incidents and 'Never Events'.
- Mortality.
- Patient Attendances.
- Discharge Arrangements.
- Personal Protective Equipment (PPE).
- Testing.
- Consenting.
- Complaints.
- Safer Staffing

From September 2020 QEC will be focusing on:

- Stabilisation and recovery - Safety and Governance.
- CQC Action Plan update.
- Appraisals.
- SET Compliance.
- BAME Colleagues and Covid-19 impact.
- QEC Workplan.

**Sheena McDonnell – Non-Executive Director and Freedom to Speak Up Non-Executive Director**

Sheena McDonnell updated the Council of Governors on how the Non-Executive Directors will continue to work in a virtual world and how the vision for this is currently working. Non-Executive Directors are available virtually and have been working behind the scenes on a number of projects. Sheena has been working on governor development with the Company Secretary and how this will work going forward.
Sheena McDonnell also gave a brief update on:

- Charitable Funds Committee.
- Fred and Ann Green Advisory Group.
- Ethics Committee.

**Kath Smart - Non-Executive Director**

Kath Smart gave an update on the highlights from the Audit and Risk Committee (ARC) since the last Council of Governors presentation:

- Unqualified opinion on the Accounts 19/20 from Ernst Young.
- Clean Value for Money opinion.
- "Substantial assurance" given by KPMG on the Head of Internal Audit opinion.
- Signed-off Trust Annual Accounts and Annual Report.

**Internal Audit reports, Six issued from KPMG:**

- Three substantial assurance.
- Two partial assurance.
- One consultancy review.

Kath Smart informed the Council of Governors that ARC also seeks assurance in the following areas:

- Health, Safety and Fire.
- Security Management.
- Counter Fraud.
- Information Governance.

The ARC approved the two below Trust policies at the last committee meeting:

- DBTH Standing Orders, Standing Financial Instructions & Reservation of Powers to the Board.
- DBTH Standards of Business Conduct and Employee Declarations Policy.

**Mark Bailey – Non-Executive Director**

Mark Bailey only started with the Trust as a Non-Executive Director in February 2020 and is not appointed as a Chair of a Committee at present. There is no requirement for him to present at today's meeting.

**CC23/07/D1** **Governor Approvals**

No items to approve.

**CC23/07/E1** **Minutes of Council of Governors held on 13 May 2020 (Enclosure E1)**

There were no amendments required to the minutes. Council to approve.

***The Council of Governors***

- ***Approved the minutes from 13 May 2020.***

**CC23/07/E2** **Minutes of the Annual Members Meeting held on 26 September 2019 (Enclosure E2)**

***The Council of Governors***

- ***Approved the Annual Members meeting Minutes from 26 September 2020.***

**CC23/07/F1** **Questions from Members of the Public**

Questions from members or the public previously submitted prior to meeting. *NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governors post meeting.*

There were no questions submitted from the members or the public.

**CC23/07/G1** **Any Other Business (Verbal)**

There were no items of any other business raised.

**CC23/07/G2** **Items for Escalation to the Board of Directors**

There were no items to escalate to the Board of Directors.

**CC23/07/G3** Date and time of next meeting:

**Date – 11 November 2020**
**Time – 2.30 -5.00pm**
**Venue – Videoconferencing**

**CC23/07/H** **Meeting Close 18:00.**

C1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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|---|---|---|---|
| **Title** | **Review of DBTH NHS Foundation Trust Constitution** | | |
| **Report to** | **Council of Governors** | **Date** | **24 September 2020** |
| **Author** | **Fiona Dunn – Company Secretary** | | |
| **Purpose** | To provide assurance to the Board on its statutory and regulatory requirements | | Tick one as appropriate |
| | Decision | | x |
| | Assurance | | |
| | Information | | |

**Executive summary containing key messages and issues**

The Trust is required to have a constitution which sets out how it is constituted, how it makes decisions and to whom it is accountable. It is based on NHSE/I core constitution statutory guidance issued in 2014. Some of the provisions are required by law while some are discretionary.

The Constitution is required to be reviewed in full every three years. The last review was in January 2018.
Since then, a number of changes have been discussed in various fora including informal and formal governors meetings.

The key changes to the documents are highlighted in yellow.
Please note that other changes that have not been highlighted in yellow were typographically or layout changes and include:

- "He" being changed to "s/he" throughout the documents
- "board of Governors" changed to "Council of Governors"
- Incorrect "section" cross references amended
- Deletion of repeated paragraphs where applicable.

Please note that the changes made to the Constitution are minor and generally clarification type changes as the nature of this document is that it is not designed to cover every eventually.

In reviewing the documents, comments raised at previous meetings have been considered along with reference to the statutory guidance given by NHSI/E.
A review of examples of good practice documents from other Trusts has also been undertaken.

The draft document has previously been circulated to Board members and the Council of Governors prior to this submission for formal approval.

Amendments to the Constitution are required to be approved by both Board of Directors (on 15th September) and by Board of Governors (on 24 September) and then notified to NHSI.

**Key questions posed by the report**

Will the Trust Board and Council of Governors approve the changes proposed to the Constitution.

**How this report contributes to the delivery of the strategic objectives**

The documents support the delivery of the strategic aims by providing a clear, accountable and transparent governance platform through which decisions can be made.

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

The report mitigates risks relating to sound and effective corporate governance.
**F&P6** Failure to achieve compliance with performance and delivery, CQC and other regulatory standards
Leading to;
(i) Negative patient and public reaction towards the Trust
(ii) Impact on reputation

**Recommendation(s) and next steps**

Council of Governors are asked to APPROVE the proposed amendments to the Constitution.
Please note the Board of Directors approved on 15 September 2020.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

# DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

# CONSTITUTION



| | |
|---|---|
| Name and title of author/reviewer: | Fiona Dunn,<br>Company Secretary |
| Approved by The Board of Directors: | + new date |
| Approved by The Council of Governors: | + new date |
| Date Issued: | 30 September 2020 |
| Date of Next Review: | September 2023 |

# Table of Contents

## 1. INTERPRETATION AND DEFINITIONS

In this Constitution:

| | |
|---|---|
| “the 2006 Act” | means the National Health Service Act 2006 as amended from time to time; |
| “the 2012 Act” | means the Health and Social Care Act 2012 as amended from time to time; |
| "Accounting Officer" | means the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act; |
| “Annual Members’ Meeting” | means the annual members’ meeting of the Trust as defined in paragraph 10 of this Constitution. |
| "Appointed Governors" | means the Partner Governors; |
| “Area of the Trust” | means the areas of Bassetlaw District and the Metropolitan Borough of Doncaster (specified in Annex 1 as areas of the public constituency); |
| “Board of Directors” | means the board of directors as constituted in accordance with this Constitution; |
| “CCG Governor” | means each member of the Council of Governors appointed in accordance with the provisions of this Constitution by each of the Clinical Commissioning Groups specified in Annex 3; |
| “Chair” | means the chair of the Trust appointed in accordance with paragraph 25 of this Constitution; |
| “Chief Executive” | means the chief executive officer of the Trust appointed in accordance with the terms of this Constitution; |
| "Constitution" | means this Constitution and all annexes to it; |
| “Council of Governors” | means the Council of Governors as constituted in accordance with this Constitution, which has the same meaning as the council of governors in the 2006 Act and the 2012 Act; |
| "Deputy Chair" | means the Non-Executive Director appointed as deputy chair of the Trust in accordance with paragraph 26 of this Constitution; |
| “Director” | means an Executive Director or a Non-Executive Director on the Board of Directors; |
| "Elected Governor" | means the Public Governors and the Staff Governors; |

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| "Election Scheme" | means the election scheme set out in Annex 4; |
| "Executive Director" | means an executive director of the Trust; |
| "Financial Year" | means a period of 12 months beginning on 1st April in a calendar year and ending on 31st March in the following calendar year; |
| "Governor" | means a Governor on the Council of Governors and being either an Elected Governor or an Appointed Governor; |
| "Health Service Body" | means a body which is a health service body for the purpose of section 9(4) of the 2006 Act; |
| "Lead Governor" | means a Governor elected by the Council of Governors to fulfil the statutory role originally set out by Monitor (now NHS England/NHS Improvement) and to Chair any meetings of Governors when the Chair or Deputy Chair are absent, for whatever reason; |
| "Local Authority" | means the local authorities specified in Annex 3, which are local authorities for an area which includes the whole or part of the area of the Trust; |
| "Local Authority Governor" | means a member of the Council of Governors appointed by a Local Authority in accordance with the provisions of this Constitution and as specified in Annex 3; |
| "Member" | means a member of the Trust; |
| "Membership | means membership of the Trust as determined in accordance with the provisions of this Constitution and as specified in Annex 3; |
| "Monitor" | means the body corporate known as Monitor, as provided by Section 61 of the 2012 Act; incorporated into NHS Improvement in 2016, itself now operating jointly with NHS England |
| "Model Election Rules" | means the model form rules for the conduct of elections published from time to time by the Department of Health and as currently set out in Annex 4; |
| "Non-Executive Director" | means a non-executive director of the Trust; |
| "Partner Governor" | means a member of the Council of Governors appointed by a Partnership Organisation specified in Annex 3; |
| "Partner Organisation" | means those organisations designated as Partnership Organisations for the purposes of this Constitution specified in Annex 3; |
| "Public Constituencies" | means a public constituency as defined in Annex 1; |
| "Public Governor" | means a member of the Council of Governors elected by the |

| | |
|---|---|
| | Members of the Public Constituency; |
| "Secretary" | means the Trust Board Secretary or any other person appointed to perform the duties of the secretary to the Board, including a joint, assistant or deputy secretary; |
| "Senior Independent Director" | means the Non-Executive Director appointed by the Board as the senior independent director of the Trust; |
| "Staff Class" | means a class of Membership within the Staff Constituency as provided for in Schedule 7 to the 2006 Act and as set out in Annex 2; |
| "Staff Constituency" | means the part of the Trust's Membership consisting of the staff of the Trust and which is divided into the classes as specified in Annex 2; |
| "Staff Governor" | means a member of the Council of Governors elected by a Staff Class in accordance with the provisions of this Constitution; |
| "the Trust" | means Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust; |

1.1 Unless the contrary intention appears or the context otherwise requires, words or expressions contained in this Constitution bear the same meaning as in the 2006 Act as amended by the Health and Social Care Act 2012.

1.2 References in this Constitution to legislation include all amendments, replacements, or re-enactments made, and all regulations, statutory guidance or directions.

1.3 Headings are for ease of reference only and are not to affect interpretation.

1.4 References in this Constitution to paragraphs are to paragraphs in the Constitution.

## 2. NAME

2.1 The name of the foundation trust is Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

## 3. PRINCIPAL PURPOSE

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to:

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

## 4. POWERS

4.1 The powers of the Trust are set out in the 2006 Act, and amended by the Health and Social Care Act 2012.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

4.3 Any of these powers may be delegated to a committee of directors or to an executive director.

4.4 Without prejudice to the generality of paragraph 4.1, the Trust may:

4.4.1 provide hospital and other accommodation for the purposes of any of its activities;

4.4.2 provide the services of medical, dental, midwifery and nursing staff, other health care professionals, other staff and volunteers;

4.4.3 provide such other facilities for the care of expectant and nursing mothers and young children as it considers appropriate;

4.4.4 provide such facilities for the prevention of illness, the care of persons suffering from illness and the aftercare of persons who have suffered from illness as it considers appropriate;

4.4.5 provide such other services as it considers are required for the diagnosis and treatment of illness and the care of those suffering from illness;

4.4.6 conduct, or assist by grants or otherwise any person to conduct, research into any matters relating to the causation, prevention, diagnosis or treatment of illness and into any such other matters connected with any service provided by the Trust as it considers appropriate and publish the results of such research;

4.4.7 educate and train its own staff and students and those from other organisations or educational establishments in any trade, profession or other occupation relevant or related to any part of the Trust's functions and collaborate with other organisations in the provision of such education and training;

4.4.8 in fulfilling its statutory duty to co-operate with another body, provide to that body, and receive from it, goods and services on

such terms as the Trust considers appropriate, including terms under which the goods or services are provided for are received free of charge;

4.4.9 provide goods and services outside England;

4.4.10 provide, or assist in providing, information, training and support to voluntary and community bodies within the area of the Trust or providing services within the area of the Trust;

4.4.11 raise charitable funds and, in so doing, appeal for any contributions, donation, grant or gift of money or property;

4.4.12 insure the property of the Trust against any foreseeable risk and take out other insurance policies to protect the Trust when required or enter into arrangements which have a similar effect;

4.4.13 insure the Governors, Directors, volunteer and any employee of the Trust against the cost of a defence to a criminal prosecution brought against them in their capacity as such or against personal liability incurred in respect of any act or omission which is, or is alleged to be, a breach of trust or a breach of duty, unless the Governor, Director, volunteer or employee concerned knew that, or was reckless whether, the act or omission was a breach of trust or a breach of duty or enter into arrangements which have a similar effect;

4.4.14 provide and participate in external quality assurance schemes; and

4.4.15 carry out investigations into any aspect of the activities of the Trust.

## 5. MEMBERSHIP AND CONSTITUENCIES

5.1 The Trust shall have Members, each of whom shall be a Member of one of the following constituencies:

5.1.1 a Public Constituency; or

5.1.2 a Staff Constituency.

5.2 An individual who is eligible to become a Member of the Trust may do so on application to the Trust.

## 6. PUBLIC CONSTITUENCY

6.1 The Public Constituency comprises three areas as set out in Annex 1. Each area of the Public Constituency is to be known by the name listed in Annex 1.

6.2 An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a Member of the Trust provided that:

6.2.1 they have made an application for Membership to the Trust; and

6.2.2 they are not eligible to become a Member of the Staff Constituency; and

6.2.3 they are not otherwise disqualified from Membership under paragraph 4 or paragraph 2 of Annex 6.

6.3 Those individuals who live in an area specified for a Public Constituency are referred to collectively as the Public Constituency.

6.4 The minimum number of Members in each area for the Public Constituency is specified in Annex 1.

## 7. STAFF CONSTITUENCY

7.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a Member of the Trust provided that:

7.1.1 they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

7.1.2 they have been continuously employed by the Trust under a contract of employment for at least 12 months.

7.2 Those individuals who are eligible for Membership of the Trust by reason of paragraph 7.1 are referred to collectively as the Staff Constituency.

7.3 The Staff Constituency shall be divided into four classes of individuals who are eligible for Membership of the Staff Constituency, each class of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.

7.4 The minimum number of Members in each class of the Staff Constituency is specified in Annex 2.

## 8. AUTOMATIC MEMBERSHIP BY DEFAULT AND BY APPLICATION – STAFF

8.1 An individual who:

8.1.1 is eligible to become a Member of the Staff Constituency pursuant to paragraph 7.1 above, and

8.1.2 invited by the Trust to become a Member of the Staff Constituency and a Member of the appropriate Staff Class within the Staff Constituency,

shall become a Member of the Trust as a Member of the Staff Constituency and appropriate Staff Class within the Staff Constituency without an application being made, unless s/he informs the Trust that s/he does not wish to do so.

8.2 The process by which an individual shall be invited or shall apply to become a Member of the Staff Constituency shall be in accordance with the provisions of Annex 6.

## 9. RESTRICTION ON MEMBERSHIP

9.1 An individual who is a Member of a constituency, or of a class within a constituency, may not while Membership of that constituency or class continues, be a Member of any other constituency or class.

9.2 An individual who satisfies the criteria for Membership of the Staff Constituency may not become or continue as a Member of any constituency other than the Staff Constituency.

9.3 An individual must be at least 16 years old at the date of his/her application or invitation (as the case may be) to become a Member of the Trust.

9.4 Further provisions as to the circumstances in which an individual may not become or continue as a Member of the Trust are set out in Annex 6.

## 10. ANNUAL MEMBERS' MEETING

10.1 The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

10.2 Further provisions about the Annual Members' Meeting are set out in Annex 7 – Annual Members' Meeting.

## 11. COUNCIL OF GOVERNORS - COMPOSITION

11.1 The Trust is to have a Council of Governors, which shall comprise both Elected and Appointed Governors and the Chair of the Trust.

11.2 The composition of the Council of Governors is specified in Annex 3.

11.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their Constituency or, where there are classes within a constituency, by their class within that Constituency. The number of Governors to be elected by each Constituency, or, where appropriate, by each class of each Constituency, is specified in Annex 3.

## 12. COUNCIL OF GOVERNORS - ELECTION OF GOVERNORS

12.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.

12.2 The Model Election Rules as may be varied from time to time, form part of this Constitution and are attached at Annex 4.

12.3 A subsequent variation of the Model Election Rules by the Department of Health & Social Care shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 42 of the Constitution (amendment of the Constitution).

12.4 An election, if contested, shall be by secret ballot.

12.5 In the event that a vacancy is not filled by election, or a vacancy arises, the Council of Governors, by agreement at a meeting, may co-opt to that vacancy for an agreed period of time but the co-optee must be from the same constituency as the vacancy.

## 13. COUNCIL OF GOVERNORS - TENURE

13.1 An Elected Governor may hold office for a period of up to 3 years.

13.2 An Elected Governor shall cease to hold office if s/he ceases to be a Member of the Constituency or class by which s/he was elected.

13.3 An Elected Governor shall be eligible for re-election at the end of his/her term but no Elected Governor may hold office for more than nine years. An Elected Governor may not stand for election again on completion of the maximum nine years. An Elected Governor who does not complete the maximum nine-year term may stand for re-election but only for the remaining years to achieve nine years in total.

13.4 An Appointed Governor may hold office for a period of 3 years.

13.5 An Appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her. Or if the appointed governor loses or has no opportunity to report into the appointing organisation.

13.6 An Appointed Governor shall be eligible for re-appointment at the end of his/her term but no Appointed Governor may hold office for more than nine years.

13.7 Service by a current or previous governor as at 26 October 2017 will count towards the maximum time period specified in paragraphs 13.3 and 13.6 above.

13.8 Governors in post on 26 October 2017 that have exceeded nine years' service may complete the remaining portion of their existing term but are not eligible for re-election or re-appointment.

## 14. COUNCIL OF GOVERNORS – DISQUALIFICATION AND REMOVAL

14.1 The following may not become or continue as a member of the Council of Governors:

14.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

14.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

14.1.3 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment

(whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her

14.1.4 A governor, who is the subject of a conduct/disciplinary investigation, will be suspended from governor duties pending the outcome of the investigation (*see section 2.5 Annex 5*)

14.1.5 A governor, who makes a formal written complaint about another governor, non-executive director, director, member of staff, or volunteer, may be requested to stand down as a governor while the complaint is investigated, pending the outcome of the investigation.

14.2 Governors must be at least 16 years of age at the date they are nominated for election or appointment.

14.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

14.4 Provisions for the removal of governors are set out in Annex 5 and the Standing Orders of the Council of Governors.

## 15. COUNCIL OF GOVERNORS – DUTIES OF GOVERNORS

15.1 The general duties of the Council of Governors are:

15.1.1 to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and

15.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public.

15.2 The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.

15.3 Governors must take up the opportunities that the Trust offers to provide them with these skills and knowledge. Refusal to take up a reasonable request for training and development will be a breach of the Governor Code of Conduct.

15.4 As much of the Trust's business e.g. Board meetings and Committees, is carried out electronically, governors must have a working knowledge of commonly used IT platforms, and the equipment to access them.

## 16. COUNCIL OF GOVERNORS – MEETINGS OF GOVERNORS

16.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25 below) or, in his/her absence, the Deputy Chair (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Council of Governors save that if the Chair and Deputy Chair are unable to preside whether for reasons of absence, conflict of interest or otherwise the Senior Independent Director or Lead Governor shall preside.

16.2 The Lead Governor shall be a Public Governor and shall be elected by a majority of the Council of Governors in a secret ballot for a term of up to 3 years. The provisions of paragraph 8 of Annex 5 shall also apply.

16.3 Meetings of the Council of Governors shall be open to members of the public save that members of the public may be excluded from a meeting on the grounds of the confidential nature of the business to be transacted, or for other special reasons stated in the resolution.

16.4 For the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties, and to be able to hold the non-executive directors to account for the performance of the Board, the Council of Governors may require one or more of the non-executive directors to attend a meeting.

16.5 *In extremis*, where the circumstances are beyond the Trust's control, meetings of members and the Council of Governors may be suspended until the circumstances that have caused the cessation of governors' meetings and activities have passed. The Chair is responsible for ceasing or re-starting governors' meetings.

16.6 There may be times and reasons why Council of Governors meetings are held "virtually online" and not in person. The Chair will decide these times in consultation with the Lead Governor

16.7 Members of the public or representatives of Council of Governors are not permitted to record proceedings in any manner unless with the express prior agreement of the Chair (or Deputy Chair). Where permission has been granted, the Chair (or Deputy Chair) retains the right to give directions to halt recording of proceedings at any point during the meeting. For the avoidance of doubt, "recording" refers to any audio or visual recording, including still photography, including use of social media.

## 17. COUNCIL OF GOVERNORS – STANDING ORDERS

17.1 The Council of Governors shall adopt its own standing orders, as may be varied from time to time, for its practice and procedure, in particular for its procedure at meetings.

## 18. COUNCIL OF GOVERNORS - CONFLICTS OF INTEREST OF GOVERNORS

18.1 Governors are required to declare any pecuniary, personal or family interest on nomination for election and on appointment as a governor.

18.2 In addition, governors should declare interests, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors. The governor shall disclose that interest to the members of the Council of Governors as soon as s/he becomes aware of it.

18.3 The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed. The Chair of the meeting decides on exclusion on the facts.

18.4 See also Annex 5, section 7 for declarations of interest.

## 19. COUNCIL OF GOVERNORS – TRAVEL EXPENSES

19.1 The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

## 20. COUNCIL OF GOVERNORS – FURTHER PROVISIONS

20.1 Further provisions with respect to the Council of Governors are set out in Annex 5.

## 21. BOARD OF DIRECTORS – COMPOSITION

21.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

21.2 The Board of Directors should include an appropriate combination of executive and non-executive directors (and in particular, independent non-executive directors) such that no individual or small group of individuals can dominate the board's decision taking.

21.3 All directors should be able to exercise one full vote, with the chairperson having a second or casting vote on occasions where voting is tied.

21.4 The Board of Directors is to comprise:

21.4.1 a non-executive Chair

21.4.2 up to 6 other Non-Executive Directors (one of which may be nominated by the Board, and noted by the Council of Governors, as the Senior Independent Director); and

21.4.3 up to 6 Executive Directors.

21.5 One of the Executive Directors shall be the Chief Executive.

21.6 The Chief Executive shall be the Accounting Officer.

21.7 One of the Executive Directors shall be the Finance Director.

21.8 One of the Executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

21.9 One of the Executive Directors is to be a registered nurse or a registered midwife.

21.10 One of the Non-executive Directors is to be, or have been in the past, a registered medical practitioner, registered dentist, registered nurse, registered midwife, registered pharmacist or other healthcare professional registered with the Health and Care Professions Council.

## 22. BOARD OF DIRECTORS – GENERAL DUTY

22.1 The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

## 23. BOARD OF DIRECTORS – QUALIFICATION FOR APPOINTMENT AS A NON-EXECUTIVE DIRECTOR

23.1 A person may be appointed as a Non-Executive Director only if:

23.1.1 s/he is a Member of the Public Constituency; and

23.1.2 s/he is not disqualified by virtue of paragraph 28 below.

## 24. BOARD OF DIRECTORS – APPOINTMENT AND REMOVAL OF CHAIR AND OTHER NON-EXECUTIVE DIRECTORS

24.1 The Chair and Non-Executive Directors are appointed for a term of up to three years. This may be extended by a further term of up to three years if the needs of the organisation so determine. The Chair and Non-Executive Directors may not usually serve for more than six years, unless it considers such an extension is in the best interests of the Trust.

24.2 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair and the other Non-Executive Directors.

24.3 Removal of the Chair or another Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors attending the meeting.

24.4 The provisions of paragraph 9 of Annex 5 and paragraph 6 of Annex 6 shall also apply.

## 25. BOARD OF DIRECTORS – APPOINTMENT OF DEPUTY CHAIR

25.1 The Board of Directors shall appoint one of the Non-Executive Directors as a Deputy Chair. The Deputy Chair will also be Deputy Chair of the Council of Governors.

25.2 The Deputy Chair shall be appointed for a term of 3 years and shall be eligible for re-appointment at the end of that term but may not serve as Deputy Chair for more than a total of 6 years.

## 26. BOARD OF DIRECTORS - APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE AND OTHER EXECUTIVE DIRECTORS

26.1 The Non-Executive Directors shall appoint or remove the Chief Executive.

26.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

26.3 A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

## 27. BOARD OF DIRECTORS – DISQUALIFICATION

27.1 The following may not become or continue as a member of the Board of Directors:

27.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

27.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his/her creditors and has not been discharged in respect of it;

27.1.3 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

27.1.4 a person who does not satisfy all of the 'fit and proper person' requirements set out in regulation 5(3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; or

27.1.5 a person who falls within the further grounds for disqualification set out in Annex 6.

## 28. BOARD OF DIRECTORS – MEETINGS

28.1 Meetings of the Board of Directors are meetings held in public and shall, therefore, be open to members of the public as observers. Members of the public may be excluded from a meeting for special reasons. Members of the public may not participate in Board meetings.

28.2 Before holding a meeting, the Board of Directors must make available the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must make available the approved minutes of the meeting to the Council of Governors.

28.3 The Chair (or Deputy Chair) shall give such directions as s/he thinks fit in regard to the arrangements for meetings and accommodation of the public such as to ensure that business shall be conducted without interruption and disruption.

28.4 There may be times and reasons why the Board of Directors meetings are held "virtually online" and not in person. The Chair will decide these times in consultation with the Chief Executive Officer.

28.5 Members of the public or representatives of the press are not permitted to record proceedings in any manner unless with the express prior agreement of the Chair (or Deputy Chair). Where permission has been granted, the Chair (or Deputy Chair) retains the right to give directions to halt recording of proceedings at any point during the meeting. For the avoidance of doubt, "recording" refers to any audio or visual recording, including still photography, including use of social media.

## 29. BOARD OF DIRECTORS – STANDING ORDERS

29.1 The Board of Directors shall adopt its own standing orders, as may be varied from time to time, for its practice and procedure, in particular for its procedure at meetings.

## 30. BOARD OF DIRECTORS - CONFLICTS OF INTEREST OF DIRECTORS

30.1 The duties that a director of the Trust has by virtue of being a director include in particular:

30.1.1 A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

30.1.2 A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

30.2 The duty referred to in sub-paragraph 30.1.1 is not infringed if:

30.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

30.2.2 The matter has been authorized in accordance with the constitution.

30.3 The duty referred to in sub-paragraph 30.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

30.4 In sub-paragraph 30.1.2, "third party" means a person other than –

30.4.1 The Trust, or

30.4.2 A person acting on its behalf.

30.5 If a director of the Trust has in any way a direct or indirect interest in a proposed transaction or, arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors.

30.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.

30.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

30.8 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

30.9 A director need not declare an interest –

30.9.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

30.9.2 if, or to the extent that, the directors are already aware of it;

30.9.3 if, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered –

(a) By a meeting of the Board of Directors, or

(b) By a committee of the directors appointed for the purpose under the constitution.

30.10 The Standing Orders for the Board of Directors shall make provision for the disclosure of interests and arrangements for the exclusion of a director declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

30.11 The Standing Orders for the Board of Directors shall make provision for the Board of Directors to determine whether a situation may reasonably be regarded as likely to give rise to a conflict of interest.

30.12 The Standing Orders for the Board of Directors shall make provision for the authorisation of a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

30.13 Where a Non-executive Director has declared a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust, the Board of Directors will disclose details of this to the Council of Governors following any action it takes in accordance with paragraphs 31.1 and 31.2. The Council of Governors may then take further action in accordance with its powers under this Constitution.

## 31. BOARD OF DIRECTORS – REMUNERATION AND TERMS OF OFFICE

31.1 The Council of Governors shall appoint members to form a Nomination & Remuneration Committee. This Committee shall agree the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors. The Committee will ask a general meeting of the Council of Governors to approve its recommendations. The provisions of paragraph 6 of Annex 6 shall also apply.

31.2 A committee of Non-Executive Directors shall be established to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

## 32. REGISTERS

32.1 The Trust shall have:

32.1.1 a register of Members showing, in respect of each Member, the constituency to which s/he belongs and, where there are classes within it, the class to which s/he belongs;

32.1.2 a register of members of the Council of Governors;

32.1.3 a register of interests of Governors;

32.1.4 a register of Directors; and

32.1.5 a register of interests of the Directors.

32.2 The process of admission to and removal from the registers shall be as set out in Annex 6.

## 33. REGISTERS – INSPECTION AND COPIES

33.1 The Trust shall make the registers specified in paragraph 32 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

33.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.

33.3 So far as the registers are required to be made available:

33.3.1 they are to be available for inspection online and free of charge at all reasonable times; and

33.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

33.4 If the person requesting a copy or extract is not a Member of the Trust, the Trust may impose a reasonable charge for doing so.

## 34. DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

34.1 The Trust shall make the following documents available for inspection by members of the public free of charge on the website:

34.1.1 a copy of the current Constitution;

34.1.2 a copy of the latest annual accounts and of any report of the auditor on them;

34.1.3 a copy of the latest annual report and quality accounts;

34.1.4 a copy of the latest Care Quality Commissioning report.

34.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge on the website at all reasonable times:

34.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act.

34.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.

34.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.

34.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

34.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

34.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's or successor body decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

34.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

34.2.8 a copy of any final report published under section 65I (administrator's final report),

34.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

34.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

34.3 Any person who requests a copy of or extract from any of the above documents is to be provided with access to the extract or document online.

34.4 If the person requesting access to a copy or extract is not a Member of the Trust, the Trust may impose a reasonable charge for doing so.

## 35. AUDITOR

35.1 The Trust shall have an auditor.

35.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

35.3 The provisions of paragraph 11 of Annex 6 shall apply.

## 36. AUDIT AND RISK COMMITTEE

36.1 The Trust shall establish a committee of Non-Executive Directors as an audit and risk committee to perform such monitoring, reviewing and other functions as are appropriate. The Council of Governors may appoint up to two governors as observers.

## 37. ACCOUNTS

37.1 The Trust must keep proper accounts and proper records in relation to the accounts.

37.2 NHS Improvement/England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

37.3 The accounts are to be audited by the Trust's auditor.

37.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement/England may with the approval of the Secretary of State direct.

37.5 The functions of the Trust with respect to the preparation of the annual accounts as set out in paragraph 25 of Schedule 7 of the 2006 Act, shall be delegated to the Accounting Officer.

37.6 The provisions of paragraph 12 of Annex 6 shall apply.

## 38. ANNUAL REPORT, FORWARD PLANS AND NON-NHS WORK

38.1 The Trust shall prepare an Annual Report and send it to NHS Improvement/England.

38.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS Improvement/England.

38.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.

38.4 In preparing the document, the directors shall have regard to the views of the Council of Governors.

38.5 Each forward plan must include information about:

38.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

38.5.2 the income it expects to receive from doing so.

38.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 38.5.1 the Council of Governors must:

38.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and

38.6.2 notify the directors of the Trust and its determination.

38.7 A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

## 39. PRESENTATION OF THE ANNUAL ACCOUNTS AND REPORTS TO THE GOVERNORS AND MEMBERS

39.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors.

39.1.1 the annual accounts;

39.1.2 any report of the auditor on them; and

39.1.3 the annual report.

39.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

39.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph39.1 with the Annual Members' Meeting.

## 40. INSTRUMENTS

40.1 The Trust shall have a seal.

40.2 The seal shall not be affixed except under the authority of the Board of Directors.

## 41. AMENDMENT OF THE CONSTITUTION

41.1 The Trust may make amendments to its Constitution only if:

41.1.1 more than half of the members of the Council of Governors voting at a meeting approve the amendments; and

41.1.2 more than half of the members of the Board of Directors voting at a meeting approve the amendments.

41.2 The Constitution shall be formally reviewed by the Council of Governors and Board of Directors every 3 years.

41.3 Amendments made under paragraph 41.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

41.4 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

41.4.1 At least one member of the Council of Governors most likely the Lead Governor must attend the next Annual Members' Meeting and present the amendment, and

41.4.2 The Trust must give the members an opportunity to vote on whether they approve the amendment.

41.5 If more than half of the members present and voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

41.6 Amendments by the Trust of its Constitution are to be notified to NHS Improvement/England. For the avoidance of doubt, NHS Improvement/England's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

## 42. MERGERS ETC. AND SIGNIFICANT TRANSACTIONS

42.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors voting at a general meeting.

42.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction, voting at a general meeting.

42.3 For the purpose of paragraph 42.2, "significant transaction" means a transaction which meets any one of the following criteria:

42.3.1 where the gross assets subject to the transaction are greater than or equal to 25% of the gross assets of the Trust;

42.3.2 where the income attributable to the assets or the contract associated with the transaction is greater than or equal to 25% of the income of the Trust;

42.3.3 where the gross capital of the company or business being acquired or divested, or the effects on the total capital of the Trust resulting from a transaction, is greater than or equal to 25% of the total capital of the Trust following completion of the transaction.

# ANNEX 1 – THE PUBLIC CONSTITUENCY

Table 1

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **Name of the Public Constituency** | **Area of the Public Constituency (as defined by Local Authority boundaries)** | **Minimum Number of Members** | **Number of Governors to be Elected** |
| Bassetlaw | Bassetlaw District Council | 300 | 5 |
| Doncaster | Doncaster Metropolitan Borough Council | 470 | 13 |
| Rest of England & Wales | Any other electoral area in England and Wales with the exception of the above | 50 | 2 |

# ANNEX 2 – THE STAFF CONSTITUENCY

Table 1

| Staff Class | Minimum Number of Members | Number of Governors to be elected |
|---|---|---|
| Medical and Dental Practitioners Staff Class | 75 | 1 |
| Nurses and Midwives Staff Class | 450 | 2 |
| Other Healthcare Professionals Staff Class | 100 | 1 |
| Non Clinical Staff Class | 375 | 2 |
| **TOTAL** | 1000 | 6 |

## 1. CLASSES OF THE STAFF CONSTITUENCY

1.1 The Staff Constituency shall be divided into four classes as follows:

1.1.1 Medical and Dental Practitioners Staff Class;

1.1.2 Nurses and Midwives Staff Class;

1.1.3 Other Healthcare Professionals Staff Class; and

1.1.4 Non-Clinical Staff Class.

1.2 Medical and Dental Practitioners Staff Class

1.2.1 The Members of the Medical and Dental Staff Class are individuals who are Members of Staff Constituency who:

(a) are fully registered persons within the meaning of the Medicines Act 1956 or the Dentists Act 1984 (as the case may be) and who are otherwise fully authorised and licensed to practise in England and Wales or who are otherwise designated by the Trust from time to time as eligible to be Members of this Staff Class for the purposes of this paragraph having regard to the usual definitions applicable at that time for persons carrying on the professions of medical practitioner or dentist; and

(b) who are employed by the Trust in that capacity at the date of their invitation or application under paragraph 7 of the Constitution to become a Member in accordance with the

provisions of Annex 6 and at all times thereafter remain employed by the Trust in that capacity.

1.3 Nurses and Midwives Staff Class

1.3.1 The Members of the Nurses and Midwives Staff Class are individuals who:

(a) are registered under the Nurses, Midwifes and Health Visitors Act 1997 and who are otherwise fully authorised and licensed to practise in England and Wales or are otherwise designated by the Trust from time to time as eligible to be Members of the Staff Class for the purposes of this paragraph, having regard to the usual definitions applicable at that time for persons carrying on the profession of registered nurse or registered midwife and individuals who are health care assistants; and

(b) who are employed by the Trust in that capacity at the date of their invitation or application under paragraph 7 of the Constitution to become a Member in accordance with the provisions of Annex 6 and at all times thereafter remain employed by the Trust in that capacity.

1.4 Other Healthcare Professionals Staff Class

Members of the Other Healthcare Professionals Staff Class are clinical staff who do not fall within paragraphs 1.2 or 1.3 of this Annex 2, including clinical therapists, scientists and technical staff, who are employed by the Trust in that capacity at the date of their invitation or application under paragraph 7 of the Constitution to become a Member in accordance with the provisions of Annex 6 and at all times thereafter remain employed by the Trust in that capacity.

1.5 Non-Clinical Staff Class

Members of the Non Clinical Staff Class are Members of the Staff Constituency who do not come within paragraphs 1.2, 1.3 or 1.4 of this Annex 2.

## 2. MINIMUM NUMBERS AND NUMBERS OF GOVERNORS

2.1 The minimum number of Members in each Staff Class and the number of Governors to be elected by each such Staff Class are given in Table 1.

## 3. CONTINUOUS EMPLOYMENT

3.1 For the purposes of paragraph 7.1.2 of the Constitution, Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether an individual has been continuously employed by the Trust or has continuously exercised functions for the purposes of the Trust.

# ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

## 1. INTRODUCTION

1.1 The Council of Governors shall comprise:

1.1.1 The Chair of the Trust

1.1.2 Governors who are:

(a) elected by the respective Constituencies in accordance with the provisions of this Constitution; or

(b) appointed in accordance with paragraph 2 below.

1.2 The Council of Governors shall at all times be constituted so that more than half the Council of Governors shall consist of Governors who are elected by Members of the Public Constituency.

## 2. BODIES ENTITLED TO APPOINT A MEMBER TO THE COUNCIL OF GOVERNORS

2.1 The following bodies in this paragraph 2 shall be entitled to appoint a Governor or Governors (as the case may be) to the Council of Governors as provided for in this paragraph 2.

2.2 Clinical Commissioning Group Governors

2.2.1 Bassetlaw Clinical Commissioning Group and Doncaster Clinical Commissioning Group shall each be entitled to appoint a Governor in accordance with a process of appointment agreed by each of them with the Trust. The absence of any such agreed process shall not preclude the said Clinical Commissioning Group from appointing its Governors provided the appointment is duly made in accordance with the Clinical Commissioning Group 's own internal processes.

2.2.2 If a Clinical Commissioning Group named in paragraphs 2.2.1 above declines or fails to appoint its Governors within three months of being requested to do so by the Trust, the Trust shall in its absolute discretion be entitled to extend an invitation to any of those other Clinical Commissioning Groups to whom it provides goods and services to appoint Governors in substitution for the Clinical Commissioning Group which has failed or declined to do so. The Trust shall give notice of that invitation to NHS Improvement/England.

2.2.3 If the invitation referred to in paragraph 2.2.2 above is accepted by a Clinical Commissioning Group, that Clinical Commissioning Group shall appoint a Governor and the Clinical Commissioning Group which has previously failed to appoint a Governor shall cease to be entitled to do so, subject to the provisions of paragraph 2.2.7 below.

2.2.4 Subject to paragraph 2.2.6 below, if the invitation is not accepted within a reasonable period or such period as may have been specified in the invitation the Trust shall extend an invitation to any other such Clinical Commissioning Group until the invitation, is accepted and a Governor is appointed.

2.2.5 The Trust shall give notice forthwith to NHS Improvement/England of all invitations the Trust may extend under the preceding paragraph and of any acceptances.

2.2.6 Any Governor appointed under paragraphs 2.2.3 and 2.2.4 above shall serve on the Council of Governors for the period stipulated in Annex 5. At the end of that period the Trust shall in its absolute discretion decide whether to permit that Clinical Commissioning Group which had first failed or declined to appoint a Governor to do so for the next period of office or to invite that Clinical Commissioning Group which had appointed a Governor in substitution to do so.

2.3 Local Authority Governors

2.3.1 Doncaster Metropolitan Borough Council shall be entitled to appoint one Governor in accordance with a process of appointment agreed by it with the Trust.

2.3.2 Bassetlaw District Council and Nottinghamshire County Council shall each be entitled to appoint one Governor in accordance with a process of appointment agreed by each of them with the Trust.

2.3.3 The absence of any agreed process of appointment as referred to in paragraphs 2.3.1 and 2.3.2 above shall not preclude the said local authority from appointing its Governor(s).

2.3.4 If the local authority named in paragraphs 2.3.1 or 2.3.2 above declines or fails to appoint a Governor within three months of being requested to do so by the Trust, the Trust shall consult each local authority whose area includes the whole or part of the area of the Trust and the Trust in its absolute discretion may extend an invitation to any of those local authorities to appoint a Governor in substitution for the local authority which has failed or declined to do so.

2.3.5 A Governor appointed under this paragraph 2.3 shall then serve on the Council of Governors for the period stipulated in Annex 5. At the end of that period the Trust shall in its absolute discretion decide whether to permit the local authority which had failed or declined to appoint a Governor to appoint a Governor for the next period of office (provided it remains eligible to do so) or to invite the local authority which had appointed a Governor in substitution to do so.

2.4 Partner Governors

2.4.1 In addition to the organisation listed in 2.2 and 2.3, other organisations designated as Partner Organisations by the Trust for the purposes of this Constitution are:

(a) Bassetlaw Council for Voluntary Service;

(b) University of Sheffield;

(c) Sheffield Hallam University;

(d) Doncaster College;

(e) Doncaster Deaf Trust;

## 3. COMPOSITION OF THE COUNCIL OF GOVERNORS

| | Electing / Appointing Body | Number of Governors | Total |
|---|---|---|---|
| **1.** | **Public Constituencies** | | **20** |
| | 1.1 Bassetlaw District | 5 | |
| | 1.2 Metropolitan Doncaster | 13 | |
| | 1.3 Rest of England and Wales | 2 | |
| **2.** | **Staff Constituency** | | **6** |
| | 2.1 Medical and Dental Practitioners Staff Class | 1 | |
| | 2.2 Nurses and Midwives Staff Class | 2 | |
| | 2.3 Other Healthcare Professionals Staff Class | 1 | |
| | 2.4 Non-Clinical Staff Class | 2 | |
| **3.** | **Appointed Governors** | | **10** |
| | 3.1 Doncaster Clinical Commissioning Group | 1 | |
| | 3.2 Bassetlaw Clinical Commissioning Group | 1 | |
| | 3.3 Doncaster Metropolitan Borough Council | 1 | |
| | 3.4 Bassetlaw District Council | 1 | |
| | 3.5 Nottinghamshire County Council | 1 | |
| | 3.6 University of Sheffield | 1 | |
| | 3.7 Sheffield Hallam University | 1 | |
| | 3.8 Bassetlaw Council for Voluntary Service | 1 | |
| | 3.9 Doncaster College | 1 | |
| | 3.10 Doncaster Deaf Trust | 1 | |
| | **Total Number of Governors** | | **36** |

## 4. FURTHER PROVISIONS

4.1 Further provisions relating to the composition of the Council of Governors are at Annex 6.

# ANNEX 4 – THE MODEL ELECTION RULES

*The poll*



*Procedure for receipt of envelopes, internet votes, telephone vote and text message votes*



**PART 6: COUNTING THE VOTES**



**PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS**



**PART 8: DISPOSAL OF DOCUMENTS**



**PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION**

**PART 10: ELECTION EXPENSES AND PUBLICITY**

*Expenses*



*Publicity*



**PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES**



**PART 12: MISCELLANEOUS**

**PART 1: INTERPRETATION**

**1. Interpretation**

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this Constitution;

"*Council of Governors*" means the Council of Governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the Council of Governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor elected by the Council of Governors to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"*Monitor*" means the corporate body known as Monitor as provided by section 61 of the 2012 Act (since 2016 known as NHS Improvement/England);

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"*telephone short code"* means a short telephone number used for the purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may

be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

**PART 2: TIMETABLE FOR ELECTION**

**2. Timetable**

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

| **Proceeding** | **Time** |
|---|---|
| Publication of notice of election | Not later than the fortieth day before the day of the close of the poll. |
| Final day for delivery of nomination forms to returning officer | Not later than the twenty eighth day before the day of the close of the poll. |
| Publication of statement of nominated candidates | Not later than the twenty seventh day before the day of the close of the poll. |
| Final day for delivery of notices of withdrawals by candidates from election | Not later than twenty fifth day before the day of the close of the poll. |
| Notice of the poll | Not later than the fifteenth day before the day of the close of the poll. |
| Close of the poll | By 5.00pm on the final day of the election. |

**3. Computation of time**

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;
(b) Christmas day, Good Friday, or a bank holiday, or
(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

**PART 3: RETURNING OFFICER**

**4. Returning Officer**

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

**5. Staff**

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

**6. Expenditure**

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
(b) such remuneration and other expenses as the corporation may determine.

**7. Duty of co-operation**

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

**PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS**

**8. Notice of election**

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.

**9. Nomination of candidates**

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and
(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

**10. Candidate's particulars**

10.1 The nomination form must state the candidate's:

(a) full name,
(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
(c) constituency, or class within a constituency, of which the candidate is a member.

**11. Declaration of interests**

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and
(b) whether the candidate is a member of a political party or pressure group, and if so, which party or pressure group, and if the candidate has no such interests, the paper must include a statement to that effect.

The Trust has guidance available on the types of interest to be declared at nomination.

**12. Declaration of eligibility**

12.1 The nomination form must include a declaration made by the candidate:

(a) that s/he or she is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the Constitution; and,
(b) for a member of the public constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

**13. Signature of candidate**

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,
(b) their declaration of interests as required under rule 11, is true and correct, and
(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

**14. Decisions as to the validity of nomination**

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,
(b) decides that the nomination form is invalid,
(c) receives satisfactory proof that the candidate has died, or
(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
(b) that the paper does not contain the candidate's particulars, as required by rule 10;
(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
(d) that the paper does not include a declaration of eligibility as required by rule 12, or
(e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

**15. Publication of statement of candidates**

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

**16. Inspection of statement of nominated candidates and nomination forms**

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

**17. Withdrawal of candidates**

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

**18. Method of election**

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the Council of Governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the Council of Governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be Council of Governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer may order a new election to fill any vacancy which remains unfilled, on a day appointed by him/her in consultation with the corporation unless the Council of Governors at a meeting agrees to co-option.

**PART 5: CONTESTED ELECTIONS**

**19. Poll to be taken by ballot**

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and
(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and
(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and
(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

**20. The ballot paper**

20.1 The ballot of each voter (including a voter who casts his or her ballot by an e-voting

method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,
(b) the constituency, or class within a constituency, for which the election is being held,
(c) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,
(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

**21. The declaration of identity (public constituency)**

21.1 The corporation shall require each voter who participates in an election for a public constituency to make a declaration confirming:

(a) that the voter is the person:
(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

*Action to be taken before the poll*

**22. List of eligible voters**

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

**23. Notice of poll**

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,
(b) the constituency, or class within a constituency, for which the election is being held,
(c) the number of members of the Council of Governors to be elected from that constituency, or class with that constituency,
(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
(g) the address for return of the ballot papers,
(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and
(m) the contact details of the returning officer.

**24. Issue of voting information by returning officer**

24.1 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),
(b) the voter's voter ID number,
(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.2 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,
(b) the ID declaration form (if required),
(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
(d) a covering envelope;

("postal voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent e-voting information; or
(b) only be sent postal voting information; or
(c) be sent both postal voting information (only if no e-mail) and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

**25. Ballot paper envelope and covering envelope**

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and
(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
(a) the completed ID declaration form if required, and
(b) the ballot paper envelope, with the ballot paper sealed inside it.

**26. E-voting systems**

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:
  (i) enter his or her voter ID number; and
  (ii) where the election is for a public constituency, make a declaration of identity;
  in order to be able to cast his or her vote;

(b) specify:
  (i) the name of the corporation,
  (ii) the constituency, or class within a constituency, for which the election is being held,
  (iii) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,
  (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,
(vi) the date and time of the close of the poll, and
(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
(i) the voter's voter ID number;
(ii) the voter's declaration of identity (where required);
(iii) the candidate or candidates for whom the voter has voted; and
(iv) the date and time of the voter's vote,

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to
(i) enter his or her voter ID number in order to be able to cast his or her vote; and
(ii) where the election is for a public constituency, make a declaration of identity;

(b) specify:
(i) the name of the corporation,
(ii) the constituency, or class within a constituency, for which the election is being held,
(iii) the number of members of the Council of Governors to be elected from that constituency, or class within that constituency,
(iv) instructions on how to vote and how to make a declaration of identity,
(v) the date and time of the close of the poll, and
(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
(i) the voter's voter ID number;
(ii) the voter's declaration of identity (where required);
(iii) the candidate or candidates for whom the voter has voted; and
(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:
  (i) provide his or her voter ID number; and
  (ii) where the election is for a public constituency, make a declaration of identity;

  in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(c) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
  (i) the voter's voter ID number;
  (ii) the voter's declaration of identity (where required);
  (ii) the candidate or candidates for whom the voter has voted; and
  (iii) the date and time of the voter's vote

(d) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(e) prevent any voter from voting after the close of poll.

*The poll*

**27. Eligibility to vote**

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

**28. Voting by persons who require assistance**

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

**29. Spoilt ballot papers and spoilt text message votes**

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be

accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter on a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter on a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(d) the details of the replacement voter ID number issued to the voter.

**30. Lost voting information**

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,
(b) has no reason to doubt that the voter did not receive the original voting information,
(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter on a list ("the list of lost ballot documents"):

(a) the name of the voter
(b) the details of the unique identifier of the replacement ballot paper, if applicable, and
(c) the voter ID number of the voter.

**31. Issue of replacement voting information**

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter on a list ("the list of tendered voting information"):

(a) the name of the voter,
(b) the unique identifier of any replacement ballot paper issued under this rule;
(c) the voter ID number of the voter.

**32. ID declaration form for replacement ballot papers (public constituency)**

32.1 In respect of an election for a public constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

*Polling by internet, telephone or text*

**33. Procedure for remote voting by internet**

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite

the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

**34. Voting procedure for remote voting by telephone**

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

**35. Voting procedure for remote voting by text message**

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

*Procedure for receipt of envelopes, internet votes, telephone votes and text message votes*

**36. Receipt of voting documents**

36.1 Where the returning officer receives:

(a) a covering envelope, or
(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or
(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

**37. Validity of votes**

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and
(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper "disqualified",
(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
(c) record the unique identifier on the ballot paper on a list of disqualified documents (the "list of disqualified documents"); and
(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) on the list of disqualified

documents; and

(c) place the document or documents in a separate packet.

**38. Declaration of identity but no ballot paper (public constituency)[1]**

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",
(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
(c) place the ID declaration form in a separate packet.

**39. De-duplication of votes**

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",
(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
(c) record the unique identifier and the voter ID number on the ballot paper on the list of disqualified documents;
(d) place the document or documents in a separate packet; and
(e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) on the list of disqualified documents;
(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

[1] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

**40. Sealing of packets**

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,
(b) the ID declaration forms, if required,
(c) the list of spoilt ballot papers and the list of spoilt text message votes,
(d) the list of lost ballot documents,
(e) the list of eligible voters, and
(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

**PART 6: COUNTING THE VOTES**

**STV41. Interpretation of Part 6**

STV41.1 In Part 6 of these rules:

"*ballot document*" means a ballot paper, internet voting record, telephone voting record or text voting record.

"*continuing candidate*" means any candidate not deemed to be elected, and not excluded,

"*count*" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"*deemed to be elected*" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"*mark*" means a figure, an identifiable written word, or a mark such as "X",

"*non-transferable vote*" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate, or

(b) which is excluded by the returning officer under rule STV49,

"*preference*" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"*quota*" means the number calculated in accordance with rule STV46,

"*surplus*" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

"*stage of the count*" means:

(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"*transferable vote*" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"*transferred vote*" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"*transfer value*" means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

**42. Arrangements for counting of the votes**

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the Board of Directors and the Council of Governors of the corporation have approved:
  (i) the use of such software for the purpose of counting votes in the relevant election, and

(ii) a policy governing the use of such software, and

(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

(c) by contracting an independent election service serves as organisation approval of the counting systems used

**43. The count**

43.1 The returning officer is to:

(a) count and record the number of:

(iii) ballot papers that have been returned; and

(iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

(b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

**STV44. Rejected ballot papers and rejected text voting records**

STV44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

(a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him/her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him/her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

**STV45. First stage**

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

**STV46. The quota**

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

**STV47. Transfer of votes**

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

(a) a transfer value calculated as set out in rule STV47.4(b), or
(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been

transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

**STV48. Supplementary provisions on transfer**

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

(a) record the total value of the votes transferred to each candidate,
(b) add that value to the previous total of votes recorded for each candidate and record the new total,
(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
(d) compare:
    (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
    (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning

officer, the same order of preference is indicated or the numerical sequence is broken.

**STV49. Exclusion of candidates**

STV49.1 If:

(a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
(b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and
(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub- parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in the

sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:
  (i) the total value of votes, or
  (ii) the total transfer value of votes transferred to each candidate,
(b) add that total to the previous total of votes recorded for each candidate and record the new total,
(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
(d) compare:
  (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
  (ii) the recorded total of valid first preference votes.

STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

**STV50. Filling of last vacancies**

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

**STV51. Order of election of candidates**

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

**PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS**

Council of Governors

**STV52. Declaration of result for contested elections**

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
(b) give notice of the name of each candidate who he or she has declared elected:
  (i) where the election is held under a proposed constitution pursuant to powers conferred on the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust by section 33(4) of the 2006 Act, to the chair of the NHS Trust, or
  (ii) in any other case, to the chair of the corporation, and
(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,
(b) any transfer of votes,
(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
(d) the order in which the successful candidates were elected, and
(e) the number of rejected ballot papers under each of the headings in rule STV44.1,
(f) the number of rejected text voting records under each of the headings in rule

STV44.3,

available on request.

**53. Declaration of result for uncontested elections**

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chair of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

**PART 8: DISPOSAL OF DOCUMENTS**

**54. Sealing up of documents relating to the poll**

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
(b) the ballot papers and text voting records endorsed with "rejected in part",
(c) the rejected ballot papers and text voting records, and
(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,
(b) the list of spoilt ballot papers and the list of spoilt text message votes,
(c) the list of lost ballot documents, and
(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,
(b) the date of the publication of notice of the election,
(c) the name of the corporation to which the election relates, and
(d) the constituency, or class within a constituency, to which the election relates.

**55. Delivery of documents**

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

**56. Forwarding of documents received after close of the poll**

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or
(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chair of the corporation.

**57. Retention and public inspection of documents**

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

**58. Application for inspection of certain documents relating to an election**

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –
  (i) any rejected ballot papers, including ballot papers rejected in part,
  (ii) any rejected text voting records, including text voting records rejected in part,
  (iii) any disqualified documents, or the list of disqualified documents,
  (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
  (v) the list of eligible voters, or
(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of

storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,
(b) time,
(c) place and mode of inspection,
(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and
(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and
(ii) that Monitor (or successor body i.e. NHS Improvement/England) has declared that the vote was invalid.

**PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION**

**STV59. Countermand or abandonment of poll on death of candidate**

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and
(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
    (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
    (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

## PART 10: ELECTION EXPENSES AND PUBLICITY

*Election expenses*

### 60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to NHS Improvement/England under Part 11 of these rules.

### 61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,
(b) travelling expenses, and expenses incurred while living away from home, and
(c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

### 62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

*Publicity*

### 63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and
(b) organise and hold such meetings, whether online or face-to-face, to enable the candidates to speak and respond to questions, or to themselves gain further information.

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,
(b) equivalent in size and content for all candidates,
(c) compiled and distributed in consultation with all of the candidates standing for election, and
(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting (face-to-face or online) to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

**64. Information about candidates for inclusion with voting information**

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,
(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

**65. Meaning of "for the purposes of an election"**

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, in his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

**PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES**

**66. Application to question an election**

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor or successor body (NHS

Improvement/England) for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to Monitor or successor body (NHS Improvement/England) by:

(a) a person who voted at the election or who claimed to have had the right to vote, or
(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and
(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor or successor body (NHS Improvement/England).

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 Monitor or successor body (NHS Improvement/England) shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

**PART 12: MISCELLANEOUS**

**67. Secrecy**

67.1 The following persons:

(a) the returning officer,
(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
(ii) the unique identifier on any ballot paper,
(iii) the voter ID number allocated to any voter,
(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

**68. Prohibition of disclosure of vote**

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

**69. Disqualification**

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,
(b) an employee of the corporation,
(c) a director of the corporation, or
(d) employed by or on behalf of a person who has been nominated for election.

**70. Delay in postal service through industrial action or unforeseen event**

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or
(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

# ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1. Council of Governors: Terms of Office (see also Section 13)

1.1 A Governor:

1.1.1 shall cease to hold office if:

(a) s/he ceases to be a Member of a Trust constituency or, in the case of an Appointed Governor, if the body which appointed him/her withdraws its appointment at any time;

(b) his/her term of office is terminated in accordance with paragraph 3 below and/or s/he is disqualified from or is otherwise ineligible to hold office as a Governor; or

1.1.2 s/he resigns by notice in writing to the Trust.

1.2 Notwithstanding the provisions of paragraph 1.1.1(a) above, a Public Governor elected by a Public Constituency who ceases to be eligible to be a Member of that Public Constituency but who is eligible to be and forthwith becomes a Member of another Public Constituency shall not by virtue of paragraph 1.1.1(a) above cease to hold office but shall continue in office as Public Governor for the Constituency which elected him/her for the remainder of the term for which he was elected.

2. Council of Governors: Removal and Disqualification

2.1 A Governor shall not be eligible to become or continue in office as a Governor if:

2.1.1 s/he ceases to be eligible to be a Member, save in the case of Appointed Governors;

2.1.2 in the case of an Appointed Governor, the appointing organisation withdraws its appointment of him/her;

2.1.3 any of the grounds contained in paragraph 14 of the Constitution apply to him/her;

2.1.4 s/he has within the preceding two years been lawfully dismissed otherwise than by reason of redundancy from any paid employment with a Health Service Body;

2.1.5 s/he is a person whose term of office as the chair or as a member or director of a Health Service Body has been terminated on the grounds that his/her continuance in office is no longer in the best interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;

2.1.6 s/he has had his/her name removed by a direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act and has not subsequently had his/her name included on such a list;

2.1.7 s/he has failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act or has spoken or voted in a meeting on a matter in which they have direct or indirect pecuniary or non-pecuniary interest and s/he is judged to have acted so by a majority of not less than 75% of the Council of Governors at a meeting;

2.1.8 NHS Improvement/England has exercised its powers to remove him/her as a Governor of the Trust or has suspended him/her from office or has disqualified him/her from holding office as a Governor of the Trust for a specified period or NHS Improvement/England has exercised any of those powers in relation to him/her on any other occasion whether in relation to the Trust or some other NHS Foundation Trust;

2.1.9 s/he has received a written warning from the Trust for verbal and/or physical abuse towards Trust staff;

2.1.10 s/he has at any time been placed on the registers of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children and Young Person's Act 1933 to 1969 (as amended);

2.1.11 s/he has within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on him/her;

2.1.12 his/her term of office is terminated pursuant to paragraph 3 below;

2.1.13 s/he is a Member of a Staff Class and any professional registration relevant to his eligibility to be a Member of that Staff Class has been suspended for a continuous period of more than 6 months;

2.1.14 s/he is incapable by reason of mental disorder, illness or injury in managing and administering his property and/or affairs;

2.1.15 the relevant organisation which s/he represents ceases to exist;

2.1.16 s/he is a member of the UK Parliament;

2.1.17 s/he is a Director of the Trust;

2.2 Where a person has been elected or appointed to be a Governor and s/he becomes disqualified from that appointment s/he shall notify the Company Secretary in writing of such disqualification as soon as practicable and in any event within 14 days of first becoming aware of those matters which rendered him/her disqualified.

2.3 If it comes to the notice of the Trust that a Governor is disqualified, the Trust shall immediately declare him/her disqualified and shall give him/her notice in writing to that effect as soon as practicable.

2.4 Upon the giving of notice under paragraphs 2.2 and 2.3 above, that person's tenure of office as a Governor shall thereupon be terminated and s/he shall cease to be a Governor and his/her name shall be removed from the Register of Governors.

2.5 If a complaint is received against a member of the governing body it shall be referred to the Trust Board Chair;

2.5.1 the Chair shall appoint a suitably experienced person to undertake the role of investigating officer on behalf of the Trust

2.5.2 the investigating officer (IO) shall conduct a short initial investigation into the matter to establish whether there may be a case to answer

2.5.3 if the IO determines the matter does not constitute a viable complaint they shall make such a recommendation, in writing, to the Chair. If the Chair accepts that recommendation the matter ends there

2.5.4 if the IO determines there may be a case then a fuller investigation shall commence. At that point the question as to whether the governor about whom a complaint has been made can continue to operate as a governor in the interim shall be considered. The IO shall examine the facts and circumstances known at that time and make a written recommendation to the Chair.

2.5.5 when considering whether suspension is appropriate there shall be a presumption that the governor will remain in office unless there are factors that, on the balance of probability, make that unacceptable. Suspension is a significant step, not to be taken lightly

2.5.6 factors that shall be considered –

Either -

(a) the investigation of the case may be prejudiced unless the governor is suspended, or

(b) having regard to the nature of the allegation and any other relevant considerations the public interest requires that the governor should be suspended

AND

(c) it is not practicable to restrict the role of the governor in any way that may still enable them to continue in their principal role

(d) for example asking a governor to step down temporarily from committee or meeting attendance, or placing restrictions upon them to prevent routine contact with a complainant.

2.5.7 The Chair upon receipt of the IO's report shall determine whether or not suspension shall be made whilst an investigation takes place.

3. Council of Governors: Termination of Tenure

3.1 A Governor's term of office shall be terminated:

3.1.1 by the Governor giving notice in writing to the Company Secretary of his/her resignation from office at any time during that term of office;

3.1.2 by the Trust if any grounds exist under paragraph 2 above;

3.1.3 by the Council of Governors if s/he has failed to attend two consecutive meetings of the Council of Governors unless within one month of the second meeting, the Council of Governors is satisfied that:

(a) the absence was due to reasonable cause; and

(b) the Governor will resume attendance at meetings of the Council of Governors within such period as it considers reasonable.

3.1.4 if the Council of Governors resolves to terminate his/her term of office for reasonable cause on the grounds that in the reasonable opinion of not less than 75% of the Governors present and voting at a meeting of the Council of Governors convened for that purpose that his/her continuing as a Governor would or would be likely to:

(a) prejudice the ability of the Trust to fulfil its principal purpose or of its purposes under this Constitution or otherwise to discharge its duties and functions; or

(b) prejudice the Trust's work with other persons or body with whom it is engaged or may be engaged in the provision of goods and services; or

(c) adversely affect public confidence in the goods and services provided by the Trust; or

(d) otherwise bring the Trust into disrepute or is detrimental to the interest of the Trust; or

(e) it would not be in the best interests of the Trust for that person to continue in office as a Governor; or

(f) the Governor is a vexatious or persistent litigant or complainant with regard to the Trust's affairs and his/her continuance in office would not be in the best interests of the Trust; or

(g) s/he has failed or refused to undertake and/or satisfactorily complete any training which the Council of Governors has required him/her to undertake in his/her capacity as a Governor by a date six months from the date of his/her election or appointment; or from a date when they have been asked to undertake additional training or development for any reason;

(h) s/he has in his/her conduct as a Governor failed to comply and support in a material way with the values and principles of the National Health Service or the Trust, and the Constitution; or

(i) s/he has committed a material breach of any code of conduct applicable to Governors of the Trust and/or the Governors Standing Orders;

(j) a Governor who has breached a code of conduct and has attended a formal Conduct Committee (*see 6.2*), the outcome and recommendation of which is referred to the Council of Governors, has no means of appeal.

3.2 Upon a Governor resigning under paragraph 3.1.1 above or upon the Council of Governors resolving to terminate a Governor's tenure of office in accordance with the above provisions, that Governor shall cease to be a Governor and his/her name shall be forthwith removed from the Register of Governors.

3.3 The Standing Orders adopted by the Council of Governors may contain provisions governing its procedure for termination under these provisions and for a Governor to appeal against the decision terminating his tenure of office, except in the case of 3.1.4j above.

3.4 A Governor who resigns or whose tenure of office is terminated under this paragraph 3 shall not be eligible to stand for re-election for a period of 3 years from the date of his/her resignation or removal from office or the date upon which any appeal against his/her removal from office is disposed of whichever is the later except by resolution carried by a majority of the Council of Governors present and voting at a general meeting. Any re-election would take into account time served as a Governor so that a maximum term would not exceed nine years.

3.5 Where a Governor's membership of the Council of Governors ceases for one of the reasons set out in paragraph 2 or paragraph 3, Elected Governors shall be replaced in accordance with paragraphs 4.1 to 4.4 below and, in the case of Appointed Governors, the Trust shall invite the relevant appointing body to appoint a new Governor to hold office for the remainder of the term of office in accordance with the processes referred to in Annex 3 within 30 days of the vacancy having arisen.

4. Vacancies – Elected Governors

4.1 In the case of an Elected Governor, where a vacancy arises within 6 months of the election then the candidate who secured the next highest number of votes for that Constituency will be appointed.

4.2 If the vacancy arises during the last 6 months of office, the office will remain vacant until it is filled at the next scheduled election.

4.2.1 If a vacancy arises at any other time it will be filled at the next scheduled election, in accordance with the Election Scheme. The Council of Governors may co-opt a member of the appropriate constituency whose term is just finishing, to fill a vacancy until the next scheduled election, but this shall be reserved for where deemed essential for reasons to ensure the full functional of Council of Governors business (see 4.3 below).

4.3 No defect in the election or appointment of a Governor nor any deficiency in the composition of the Council of Governors shall affect the validity of any act or decision of the Council of Governors.

5. Council of Governors: Role

5.1 The Council of Governors and each Governor shall act in the best interests of the Trust at all times and with proper regard to the provisions of the NHS Foundation Trust Code of Governance and any code of conduct for the Council of Governors.

5.2 Subject to the requirement specified in paragraph 5.1 above, each Governor shall exercise his/her own skill and judgement in his/her conduct of the Trust's affairs and

shall in his/her stewardship of the Trust's affairs bring as appropriate the perspective of the constituency or organisation by which s/he was elected or appointed, as the case may be. Public governors are expected to represent all members and the public, and not to promote a single issue or cause.

5.3 Subject to the further provisions of this Constitution and without in any way derogating from them, the Council of Governors shall;

5.3.1 hold the Non-Executive Directors to account in assisting the Board of Directors in setting the strategic direction of the Trust and targets for the Trust's performance and in monitoring the Trust's performance in terms of achieving those strategic aims and targets which have been set; and

5.3.2 observe the activities of the Trust with the view to ensuring that they are being conducted in a manner consistent with this Constitution.

6. Council of Governors: Meetings

6.1 The Council of Governors shall hold not less than 4 general meetings each financial year. However, in extremis (*see para 16.5*), the Chair may decided to suspend Council of Governors' meetings.

6.2 The Council of Governors may appoint committees or sub-committees, consisting of its members, which are relevant and proportionate, to advise and assist it in the discharge of its functions. The outcomes of such committees will be in the form of recommendations to be presented to the Council of Governors. Recommendations presented to the Council of Governors therefore provide a second layer of oversight on a particular matter of interest by governor peers.

7. Council of Governors: Declarations

7.1 A Member of a Public Constituency standing for election as Governor must make a declaration for the purposes of Section 60 of the 2006 Act in the form specified below stating the particulars of his qualification to vote as a Member and that s/he is not prevented from being a member of the Council of Governors by virtue of any provisions of this Constitution.

7.2 The specified form of declaration shall be set out on the Nomination Form referred to in the Election Scheme and shall state as follows:

"I, the above named candidate, consent to my nomination and agree to stand for election to the Council of Governors in the constituency indicated in Section One of this form. I also declare that I am a member in that constituency. I, the above named candidate, hereby declare that I am not:

a. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged

b. a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it

c. a person who within the preceding 5 years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed on him/her

d. excluded by any other provision detailed within the Trust's Constitution

e. agree to support the values of the Trust and abide by the Governor Code of Conduct.

I confirm that, to the best of my knowledge, the information provided on (or in connection with) this form is accurate."

8. Council of Governors: Lead Governor

8.1 No person may serve as the Lead Governor for more than a total of nine years.

8.2 A person elected as the Lead Governor shall cease to be eligible to continue serving as the Lead Governor if s/he ceases to be a Governor or Member and the Lead Governor's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Council of Governors.

9. Council of Governors: Appointment of Senior Independent Director

9.1 A majority of the Governors shall at a general meeting of the Council of Governors agree the appointment of one of the Non-Executive Directors as recommended by the Board of Directors to be the Senior Independent Director for a term of three years. The Senior Independent Director shall be eligible for re-appointment at the end of that term but may not serve as Senior Independent Director for more than a total of six years.

9.2 The Senior Independent Director shall be available to Members and Governors if they have concerns which contact through the normal channels of the Chair, Chief Executive or Finance Director has failed to resolve or for which such contact is inappropriate.

9.3 A person appointed as the Senior Independent Director shall cease to be eligible to continue serving as the Senior Independent Director if s/he ceases to be a Non-Executive Director and the Senior Independent Director's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Council of Governors on the recommendation of the Chair.

# ANNEX 6 – FURTHER PROVISIONS

1. Eligibility for Membership

It is the responsibility of Members to ensure their eligibility and not the Trust, but if the Trust is on notice that a Member may be disqualified from Membership, the Trust shall carry out all reasonable enquiries to establish if this is the case.

2. Public Constituency

2.1 For the purposes of determining whether an individual lives in an area specified as an area for Public Constituency, an individual shall be deemed to do so if:

2.1.1 his/her name appears on the electoral roll at an address within the said area and the Trust has no reasonable cause to conclude that the individual is not living at that address; or

2.1.2 the Trust is otherwise satisfied that the individual lives in the said area.

2.2 An individual who is a Member of the Public Constituency shall cease to be eligible to continue as a Member if s/he ceases to live in the area of the Public Constituency of which s/he is a Member save as may otherwise be provided in this paragraph 2.

2.3 Where a Member of a Public Constituency ceases to live permanently in the area of the Public Constituency of which s/he is a Member s/he shall forthwith advise the Trust that s/he is no longer eligible to continue as a Member and the Trust shall forthwith remove his/her name from the Register of Members unless the Trust is satisfied that the individual concerned lives in some other area of a Public Constituency of the Trust. Where the Trust is satisfied that such an individual continues to live in the area of a Public Constituency of the Trust it shall, if the individual so requests, thereafter treat that individual as a Member of that other Public Constituency and amend the Register of Members accordingly provided the Trust has given that individual not less than 14 days' notice of its intention to do so.

2.4 Where a Member ceases to live temporarily in the area of the Public Constituency of which s/he is a Member, the Trust may permit that individual nonetheless to remain on the Register of Members for that Public Constituency if it is for good cause satisfied that the absence is of a temporary duration only and that the Member will either return to live in the area of that Public Constituency of which s/he is a Member or will live in some other part of the area of the Trust in which case the provisions of paragraph 2.1 shall apply as appropriate.

3. Staff Constituency

3.1 A Member of a Staff Class will cease to be eligible to be a Member of that Staff Class if they no longer meet the eligibility requirements of paragraph 7 of the Constitution and of Annex 2.

3.2 Where an individual is a Member by virtue of their eligibility to be a Member of a Staff Class and they cease to be eligible for Membership of that Staff Class but are eligible for Membership of some other Staff Class then the Trust may give notice to that Member of its intention to transfer him/her to that other Staff Class on the

expiration of a period of time or upon a date specified in the said notice and shall after the expiration of that notice or date amend the Register of Members accordingly.

4. Membership Termination of Tenure

4.1 A Member shall cease to be a Member if:-

4.1.1 they cease to be entitled under this Constitution to be a Member of any of the Public Constituencies or one of the classes of the Staff Constituency;

4.1.2 they resign by notice in writing to the Secretary;

4.1.3 they die;

4.1.4 they are expelled under this Constitution;

4.1.5 if it appears to the Secretary that they no longer wish to be involved in the affairs of the Trust as a Member, and after enquiries made in accordance with a process approved by the Council of Governors they fail to establish that they have a continuing wish to be involved in the affairs of the Trust as a Member.

5. Board of Directors: Disqualification

5.1 In addition to the grounds of disqualification set out in Sections 24 - 26 of the Constitution, a person may also not be or continue as a Director of the Trust if:

5.1.1 in the case of a Non-Executive Director, s/he no longer satisfies the relevant requirements for appointment;

5.1.2 s/he is a person whose tenure of office as a chair or as a director of a Health Service Body has been terminated on the grounds that his/her appointment is not in the interests of public service, or for non-disclosure of a pecuniary interest;

5.1.3 s/he has within the preceding two years been dismissed, otherwise than by reason of redundancy, by the coming to an end of fixed term contract or through ill health, from any paid employment with a Health Service Body;

5.1.4 information revealed by a DBS check is such that it would be inappropriate for him/her to become or continue as a Director on the grounds that this would adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute;

5.1.5 in the case of an Executive Director, s/he is no longer employed by the Trust;

5.1.6 s/he is a person who has had their name removed by a Direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act, and have not subsequently had their name included on such a list;

5.1.7 s/he is the subject of a disqualification order made under the Company Directors' Disqualifications Act 1986;

5.1.8 s/he has failed to sign and deliver to the Secretary in the form required by the Board of Directors confirmation that s/he accepts the Trust's Standards of Business Conduct Policy;

5.1.9 s/he has failed or refused to undertake any training which the Board of Directors requires all Directors to undertake;

5.1.10 s/he is a partner or spouse of an existing Director.

6. Governors and Directors: Communication and Conflict

6.1 Summary

This paragraph describes the processes intended to ensure a successful and constructive relationship between the Council of Governors and the Board of Directors. It emphasises the importance of informal and formal communication, and confirms the formal arrangements for communication within the Trust. It suggests an approach to informal communications, and sets out the formal arrangements for resolving conflicts between the Council of Governors and the Board of Directors.

6.2 Informal Communications

6.2.1 Informal and frequent communication between the Lead Governor, Governors and the Directors is an essential feature of a positive and constructive relationship designed to benefit the Trust and the services it provides.

6.2.2 The Chair shall use his/her reasonable endeavours to encourage effective informal methods of communication including:

(a) participation of the Board of Directors in the induction, orientation and training of Governors;

(b) development of special interest relationships between Non-Executive Directors and Governors;

(c) discussions between Governors and the Chair and/or the Chief Executive and/or Directors through the office of the Secretary;

(d) involvement in Membership recruitment and briefing at public events organised by the Trust.

6.2.3 Governors will be given information on to whom they should report operational issues.

6.3 Formal Communication

6.3.1 Some aspects of formal communication are defined by the constitutional roles and responsibilities of the Council of Governors and the Board of Directors respectively.

6.3.2 Formal communications initiated by the Council of Governors and intended for the Board of Directors will be conducted as follows:

(a) specific requests by the Council of Governors will be made through the Company Secretary to the Chair to the Board of Directors;

(b) any Governor has the right to raise specific issues to be put to the Board of Directors at a duly constituted meeting of the Council of Governors through the Chair. Such issues should be raised with the Chair (or, if it involves the Chair then the Deputy Chair) no less than 10 working days before the meeting in order to be included in the agenda. In the event of disagreement, two thirds of the Governors present must approve the request. The Chair will raise the matter with the Board of Directors and provide the response to the Council of Governors;

(c) joint meetings will take place as and when and in the form as, appropriate between the Council of Governors and the Board of Directors.

6.3.3 The Board of Directors may request the Chair to seek the views of the Council of Governors on such matters as the Board of Directors may from time to time determine.

6.3.4 Communications initiated by the Board of Directors and intended for the Council of Governors will be conducted as follows:

(a) request the Chair to seek the view of the Council of Governors on the Board of Directors' proposals for the Strategic Direction and the Annual Plan;

(b) presentation and approval of annual accounts, annual report and auditor's report;

(c) request the Chair to seek the view of the Council of Governors on the Board of Directors' proposals for developments;

(d) request the Chair to seek the view of the Council of Governors on Trust Performance;

(e) request the Chair to seek the view of the Council of Governors for involvement in service reviews and evaluation;

(f) request the Council of Governors to seek views of the Membership on proposed changes, plans and developments.

6.3.5 Formal communications will normally be conducted as follows:

(a) attendance by the Board of Directors at a meeting of the Council of Governors;

(b) formal reports or presentation by non-executive Directors to a meeting of the Council of Governors;

(c) inclusion of minutes for information on the Agenda of a meeting of the Council of Governors;

(d) reporting the views of the Council of Governors to the Board of Directors through the Chair or Lead Governor;

(e) Governors attend meetings in public of the Board of Directors as observers.

6.3.6 Wherever possible and practical, written communications will be conducted by e-mail, and meetings by video-conferencing.

6.4 Resolving Conflict

6.4.1 The Council of Governors and the Board of Directors must be committed to developing and maintaining a constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of view quickly, through discussion and negotiation.

6.4.2 If as the first step, the informal efforts of the Chair do not achieve resolution of a disagreement or a conflict, the Chair will follow the process described in paragraph 7.4.3 below. The aim is to resolve the matter at the first available opportunity, and only to escalate to the next step if the step taken fails to achieve resolution.

6.4.3 In the event of a conflict between the Council of Governors and Board of Directors, the following action will be taken, in the sequence shown:

(a) the Chair will call a Resolution Meeting of the members of the Council of Governors and Board of Directors, to take place as soon as possible, but no later than twenty working days following the date of the request. The meeting must comprise of two thirds of the Membership of the Council of Governors and two thirds of the membership of the Board of Directors. The meeting will be held in private. The Agenda and any papers for the meeting will be issued in accordance with the Standing Orders of the Council of Governors. The aim of the meeting will be to achieve resolution of the conflict. The Chair will have the right to appoint an independent facilitator to assist the process. Every effort must be made to reach agreement;

(b) if a Resolution Meeting of the members of the Council of Governors and Board of Directors fails to resolve a conflict, the Board of Directors will decide the disputed matter;

(c) if, following the formal Resolution Meeting, and the decision of the Board of Directors, the Council of Governors considers that implementation of the decision will result in the Trust failing to comply with its Constitution, the Council of Governors will refer the specific issue of non-compliance to NHS Improvement/England.

6.4.4 The right to call a Resolution Meeting rests with the following, in the sequence of escalation shown:

(a) the Chair;

(b) the Chief Executive;

(c) two thirds of the members of the Council of Governors;

(d) two thirds of the members of the Board of Directors.

7. Indemnity

Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is

incurred in the execution or purported execution of their Board functions, save where they have acted recklessly. Any reasonable costs arising in this way will be met by the Trust and the Trust shall have the power to purchase suitable insurance or make appropriate arrangements with the National Health Service Litigation Special Health Authority or successor body to cover such costs.

8. Validity of Actions

No defect or deficiency in the appointment or composition of the Council of Governors or the Board of Directors shall affect the validity of any action taken by them.

9. Registers

9.1 The Company Secretary shall be responsible for compiling and maintaining the Registers. Removal from any Register shall be in accordance with the provisions of this Constitution. The Secretary shall update the registers with new or amended information as soon as is practical and in any event within 14 days.

9.2 Register of Members

9.2.1 Members must complete and sign an application in the form prescribed by the Company Secretary; and

9.2.2 the Company Secretary shall maintain the Register of members will be in two parts. Part 1 shall include the name of each Member Registers (see section 32 and 33) and the Constituency or class to which they belong and shall be open to inspection by the public in accordance with paragraph 33 of this Constitution. Part 2 shall contain all the information from the individual's application form and shall not be open to inspection by the public nor may copies or extracts from it be made available to any third party. Notwithstanding this provision, the Trust shall extract such information as it needs in aggregate to satisfy itself that the actual Membership of the Trust is representative of those eligible for Membership.

9.3 Register of Members of the Council of Governors

The Register shall list the names of members of the Council of Governors, their category of Membership of the Board (public, staff or organisation represented) and an address through which they may be contacted which may be the Secretary.

9.4 Register of Interests of the Members of the Council of Governors

Each member of the Council of Governors shall complete and sign a form as prescribed by the Secretary setting out interests to be declared in accordance with the Standing Orders and the register shall contain the names of all members of the Council of Governors and any interests declared including no interests.

9.5 Register of Interests of Directors

The Register shall list the names of Members of the Board of Directors, their capacity on the Board and an address through which they may be contacted which may be the Secretary.

Each Member of the Board of Directors shall complete and sign a form as prescribed by the Company Secretary setting out any interests to be declared in accordance

with the Standing Orders for the Board of Directors and the Register shall contain the names of all members of the Board of Directors and any interests declared including no interests.

10. Auditor

10.1 A person may only be appointed auditor if s/he (or in the case of a firm each of its members) is a member of one or more of the following bodies:

10.1.1 the bodies mentioned in section 3(7)(a) to (e) of the Audit Commission Act 1998; or

10.1.2 any other body of accountants established in the United Kingdom and approved by NHS Improvement/England.

11. Accounts

11.1 The following documents will be made available to the Comptroller and Auditor General for examination at his/her request:

11.1.1 the accounts;

11.1.2 any records relating to them; and

11.1.3 any report of the auditor one them.

11.2 In preparing its annual accounts, the Trust is to comply with any directions given by NHS Improvement/England with the approval of the Treasury as to:

11.2.1 the methods and principles according to which the accounts are to be prepared; and

11.2.2 the information to be given in the accounts.

11.3 The Trust must:

11.3.1 lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and

11.3.2 once it has done so, send copies of those documents to NHS Improvement/England.

11.4 Annual reports and forward plans

11.4.1 The annual report submitted by the Trust to NHS Improvement/England in accordance with paragraph 39.1 is to give:

(a) information on any steps taken by the Trust to secure that (taken as a whole) the actual Membership of its public constituencies is representative of those eligible for such Membership; and

(b) any other information NHS Improvement/England requires.

11.4.2 The Trust is to comply with any decision NHS Improvement/England makes as to:

11.4.3 the form of the reports;

11.4.4 when the reports are to be sent to it; and

11.4.5 the periods to which the reports are to relate.

# ANNEX 7 – ANNUAL MEMBERS' MEETING

## 1. ANNUAL MEMBERS' MEETING

1.1 The Trust shall publicise and hold an annual meeting of its members ('Annual Members' Meeting') prior to 30 September each year (unless the circumstances of para 16.5 apply).

1.2 The following documents are to be presented to the members and governors of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

1.2.1 the annual accounts;

1.2.2 any report of the auditor on them; and

1.2.3 the annual report.

1.3 There may be times and reasons that the Annual Members' Meeting may be held "virtually online" and not face to face. The Chair will decide these times in consultation with the Lead Governor and Board of Directors.

## 2. ADMISSION OF THE PUBLIC AND PRESS

2.1 Members, the public and representatives of the press shall be afforded facilities to attend the Annual Members' Meeting.

2.2 The Chair (or Deputy Chair) shall give such directions as s/he thinks fit in regard to the arrangements for meetings and accommodation of members, the public and representatives of the press such as to ensure that business shall be conducted without interruption and disruption.

2.3 Members, the public or representatives of the press are not permitted to record proceedings in any manner unless with the express prior agreement of the Chair (or Deputy Chair). Where permission has been granted, the Chair (or Deputy Chair) retains the right to give directions to halt recording of proceedings at any point during the meeting. For the avoidance of doubt, "recording" refers to any audio or visual recording, including still photography, or use of social media.

## 3. CHAIR

3.1 The Chair, if present, shall preside at the annual members meeting. If the Chair is absent from the meeting the Deputy Chair shall preside.

3.2 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside.

## 4. NOTICE OF MEETING

4.1 The Company Secretary shall give at least fourteen days notice of the date and place of the Annual Members' Meeting to all Governors. Notice will also be published in communications to Trust members and on the Trust's website. The

notice of the meeting will specify the business proposed to be transacted at it, and will be signed by the Chair or Secretary.

4.2 Lack of service of the notice on any Governor shall not affect the validity of a meeting.

4.3 Before the Annual Members' Meeting, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair or by an officer of the Trust authorised by the Chair to sign on his/her behalf shall be placed on the Trust's website and shall be delivered to every Governor by e-mail or sent by post to the usual place of residence of such Governor if e-mail facility not available, so as to be available to him/her at least three clear days before the meeting.

## 5. PRESENTATION OF THE ANNUAL ACCOUNTS AND REPORTS

5.1 The following documents are to be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

5.1.1 the annual accounts;

5.1.2 any report of the auditor on them; and

5.1.3 the annual report.

## 6. AMENDMENT OF THE CONSTITUTION

6.1 Where an amendment is made to the Constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

6.1.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment(s), and

6.1.2 the Trust must give the members an opportunity to vote on whether they approve the amendment.

6.2 If more than half of the members present and voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.

## 7. QUORUM

7.1 20 members of the Trust excluding Directors and governors of the Trust. However, in extremis (*see para 16.5*), the Chair may decide to review the terms of the meeting.

7.2 Where the Annual Members' Meeting is combined with a Council of Governors meeting for the purpose of receiving the annual accounts and reports, the quorum of the Council of Governors shall also apply.

## 8. VOTING

8.1 Every question at a meeting will be determined by a majority of the votes of the members present and voting on the question and, in the case of an equality of votes, the person presiding shall have a second or casting vote.

8.2 As members, governors may vote at the Annual Members' Meeting except where the matter under consideration is a Constitution amendment regarding the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust).

8.3 With the exception of the Chair, Directors may not vote at the Annual Members' Meeting.

8.4 All questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands.

8.5 If a majority of the members present so request, the voting on any question may be recorded to show how each member present voted or abstained.

8.6 If a member so requests, his/her vote shall be recorded by name upon any vote

8.7 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

## 9. MINUTES

9.1 The names of Governors, Directors and Members present at the meeting shall be recorded.

9.2 The Minutes of the proceedings of a meeting shall be drawn up and maintained as a public record and submitted for final agreement at the next ensuing meeting where they will be signed by the person presiding at it.

9.3 They may be circulated for information prior to the next year's meeting and interim agreement of accuracy acknowledged by the Council of Governors (CoG) .

9.4 Minutes shall be made available to the public in draft (interim CoG accuracy approved) format and then once finally approved at the next AMM.

9.5 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded.

## 10. AGENDA

10.1 A governor or member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least ten clear days before the meeting is notified to Governors and members. Requests made less than ten days before a meeting is notified to Governors may be included on the agenda at the discretion of the Chair.

## 11. MOTIONS

11.1 A Governor or member of the Trust desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting is notified to Governors to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved without notice during the meeting, on any business mentioned on the agenda.

11.2 A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

11.3 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

11.4 When a motion is under discussion or immediately prior to discussion it shall be open to a Governor or member to move:

(i) An amendment to the motion.

(ii) The adjournment of the discussion or the meeting.

(iii) The appointment of an ad hoc committee to deal with a specific item of business.

(iv) That the meeting proceed to the next business.*

(v) That the motion be now put to a vote.*

In the case of sub-paragraphs denoted by * above, to ensure objectivity motions may only be put by a Governor who has not previously taken part in the debate.

11.5 No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

## 12. CHAIR'S RULING

12.1 Statements of Governors and members shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

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NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

# Annual Report and Accounts 2019/20

Doncaster and Bassetlaw Teaching Hospitals

We care

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

# Contents

# 1 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 Doncaster and Bassetlaw Teaching Hospitals (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 undertook throughout the past few years,  came in February 2020 when we were delighted to receive a Care Quality Commission (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 DBTH 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.

# 1 Performance Report

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.

This Annual Report sets 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
24 June 2020

**Richard Parker OBE**
Chief Executive
24 June 2020


# 1 Performance Report

## Who we are and what we do

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

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

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

We provide the full-range of local hospital services, some community services (including family planning and audiology) and some specialist tertiary services including vascular surgery. We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and run three hospitals:

- **Doncaster Royal Infirmary (DRI)**
  DRI is a large acute hospital with 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 Urgent Treatment Centre, 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.

# 1 Performance Report

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:

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

**Strategic 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.

# 1 Performance Report

## 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 in line 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 patients 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 patients 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, and 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 innovate 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 | 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 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, 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 buildings are 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 innovate and effective ways of working not only in patient settings 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 that would result if the Trust was unable to continue as a going concern.

Richard Parker OBE
Chief Executive
24 June 2020

## 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<br><br>(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 |
| Moira 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<br><br>(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, nfor 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 jointed 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
24 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 30th April 2020) | 0 of 0 |
| Alan Chan | Non-Executive Director (left the Trust 9th 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 September 2019 and Chief Operating Officer 11 September 2019) (and Deputy Chief Executive from 1 January 2018) | 10.7.2013 | n/a |
| Jon Sargeant | Director of Finance | 2.10.2016 | n/a |
| Sewa Singh | Medical Director (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 Perform-ance related bonus (bands of £5000) | Long Term Perform-ance related bonus (bands of £2500) | Pension Related benefit (bands of £2500) | Other Remuner-ation (bands of £5000) | Total (bands of £5000) | Salary and fees (bands of £5000) | | Annual Perform-ance related bonus (bands of £5000) | Long Term Perform-ance related bonus (bands -of £2500) | Pension Related benefit (bands of £2500) | Other Remuner-ation (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 1st February 2020) | 0-5 | | | | | | 0-5 | 0 | | | | | | 0 |
| Linn Phipps Non-executive Director (left the Trust 30th 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 9th 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 31st 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 Finance | 135-140 | | | | | | 125-130 | 135-140 | | | | 7.5-10 | | 145-150 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 31st July 2019) | 15-20 | | | | | | 15-20 | 105-110 | | | | 15-17.5 | | 125-130 |
| Rebecca Joyce Chief Operating Officer (Joined the Trust 3rd 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) | Real increase/ (decrease) in pension related lump sum at pension age (Bands of £2500) | Total accrued pension at pension age at 31 March 2020 (Bands of £5000) | Lump sum at pension age related to accrued pension at 31 March 2020 (Bands of £5000) | Cash Equivalent Transfer Value at 1 April 2019 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer value at 31 March 2020 | Employers contribution to stakeholder pension |
|---|---|---|---|---|---|---|---|---|
| | £000k | £000k | £000k | £000k | £000k | £000k | £000k | £000k |
| Richard Parker OBE Chief Executive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 |
| Moira 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
24 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 responsibly 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**

| ***Number of employees who were relevant union officials during the relevant period*** | ***Full-time equivalent employee number (Trust Total)*** |
|---|---|
| 56 | 5,849 (WTE) |

| ***Percentage of time*** | ***Number of employees*** |
|---|---|
| 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% |

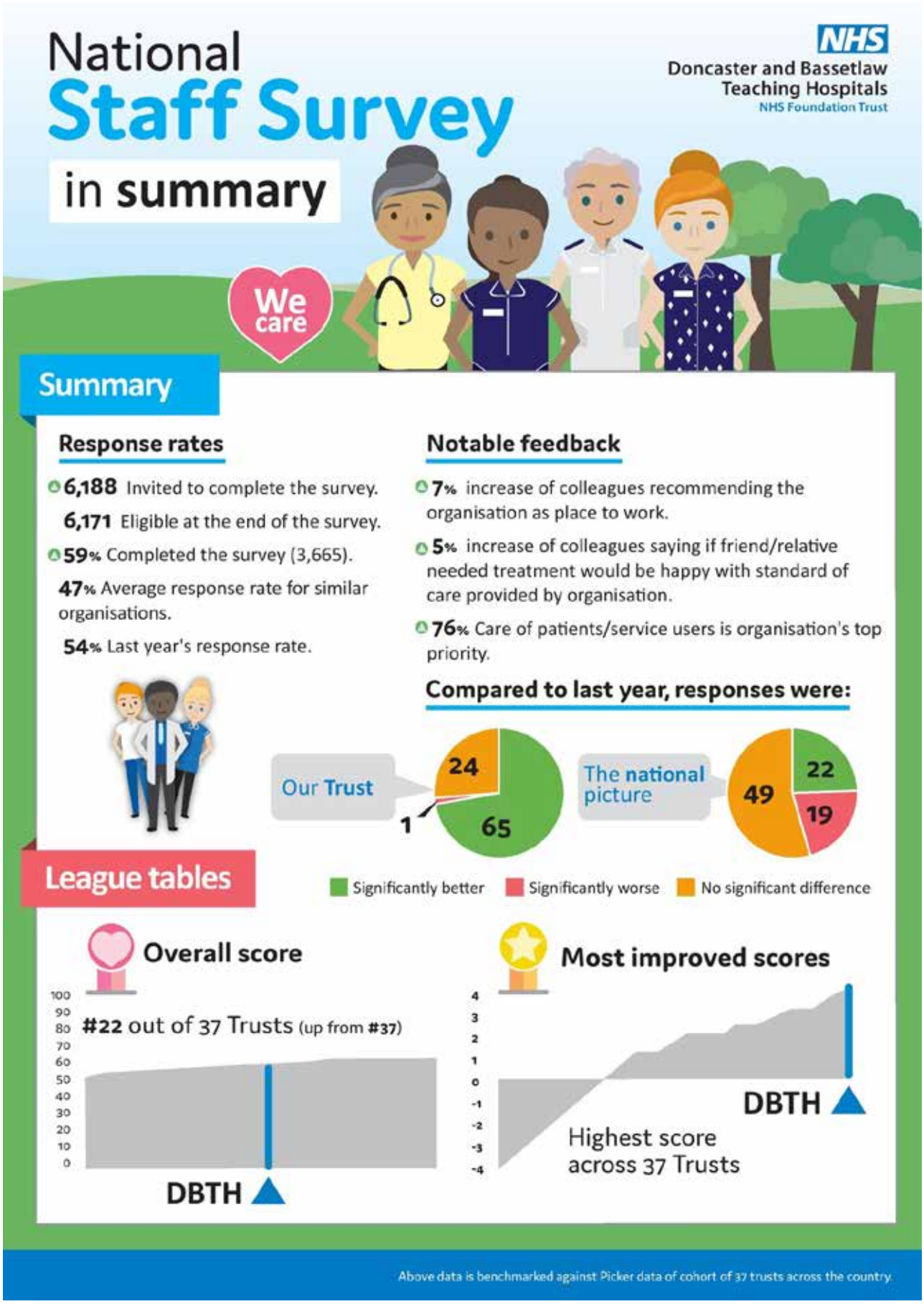
| | |
|---|---|
| Time spent on paid union activities as a percentage of total facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours x100) | 0.017% |

**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.

**Response rate and overall staff engagement**



## 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.

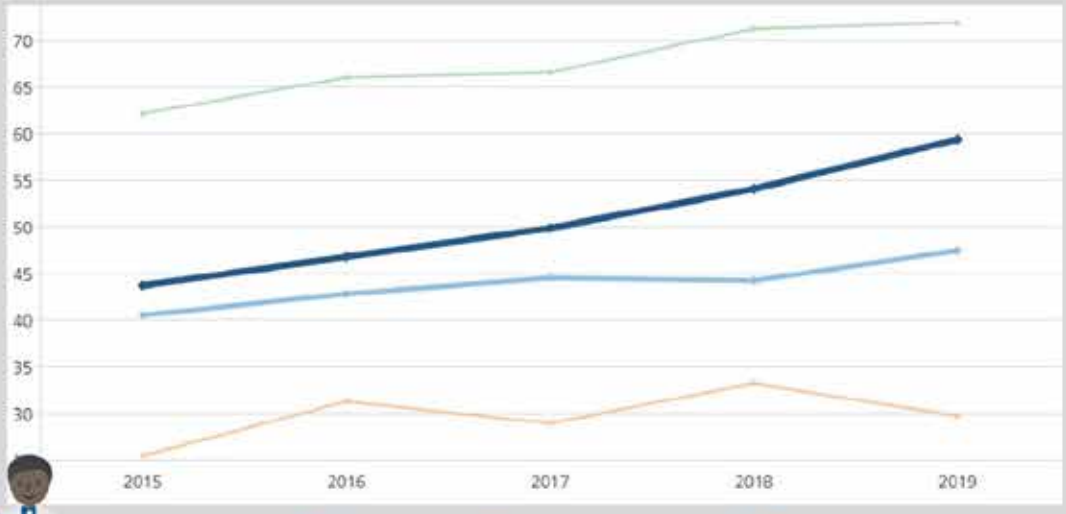
**100%** Last experience of physical violence reported*

*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.

## Overall themes

| | 2018 | no. respondents | 2019 | no. respondents | Statistically significant change? |
|---|---|---|---|---|---|
| Equality, diversity and inclusion | 9.2 | 3,218 | 9.3 | 3,603 | ▲ |
| Health and wellbeing | 5.6 | 3,252 | 5.8 | 3,621 | ▲ |
| Your immediate managers | 6.5 | 3,251 | 6.8 | 3,617 | ▲ |
| Your overall morale | 6.0 | 3,190 | 6.3 | 3,559 | ▲ |
| Quality of appraisals | 4.9 | 2,630 | 5.6 | 3,121 | ▲ |
| Quality of care | 7.3 | 2,892 | 7.5 | 3,282 | ▲ |
| Safe environment - Bullying and harrasment | 8.1 | 3,189 | 8.3 | 3,581 | ▲ |
| Safe environment - Violence | 9.4 | 3,173 | 9.5 | 3,582 | ▶ |
| Culture of safety | 6.5 | 3,214 | 6.8 | 3,586 | ▲ |
| Staff engagement | 6.7 | 3,294 | 7.0 | 3,647 | ▲ |
| Team working | 6.2 | 3,251 | 6.4 | 3,608 | ▲ |

## Completion rates



## 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 immedi-ate 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 feed-back on my work | 57% | 54% | 54% | 56% | 61% | 61% | 61% |
| Q8d. Immediate manager asks for my opin-ion 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 man-agement 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 organisai-ton 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 definitley helped me improve how I do my job | 20% | 20% | 21% | 19% | 23% | 25% | 23% |
| Q19c. Appraisal/performance review: Clear work objectives definitley agreed | 33% | 31% | 31% | 29% | 36% | 36% | 36% |
| Q19d. Appraisal/performance review: Definitley 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 definitley 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. Definitley 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 organisaiton'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 |
|---|---|
| • Operational management<br>• Strategic development<br>• Capital development<br>• Business planning<br>• Financial, quality and service performance<br>• Trust-wide policies<br>• Risk assurance and governance<br>• Strategic direction of the Trust (taking account of the views of the Council of Governors). | • Hold the Non-executive Directors to account for the performance of the Board of Directors.<br>• Appoint and determine the remuneration of the chairman and Non-executive Directors<br>• Appoint the auditors<br>• Promote membership, and governorship, of the Trust<br>• Establish links and communicating with members and stakeholders<br>• Seek the views and represent the interests of members and stakeholders<br>• 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.
- dentifying, 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 |
| Moira 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:

s

| Ref. | Requirement | Disclosure |
|---|---|---|
| A.1.1 | This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. | See Governance Report (p. 62). |
| A.1.2 | The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. | See Accountability Report (p.24);<br><br>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. 62). |
| 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);<br><br>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.69). |
| B.6.1 | The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted. | See Governance Report (p.62). |
| B.6.2 | Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust. | See Governance Report (p.62). |

| | | |
|---|---|---|
| C.1.1 | The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). | See Governance Report (p.62);<br><br>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.77). |
| C.2.2 | A trust should disclose in the annual report:<br><br>(a) if it has an internal audit function, how the function is structured and what role it performs; or<br><br>(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:<br><br>• the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;<br>• 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<br>• if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. | See Audit Committee section (p.62). |

| | | |
|---|---|---|
| D.1.3 | Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings. | n/a. |
| 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.69). |
| 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.69). |

## 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.

**Richard Parker OBE**

Chief Executive (acting in his capacity as Accounting Officer)

24 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 C02 emissions by 34% by 2020 and by 80% for 2050. At the end of 2019/20 the Trust had reduced its C02e 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 positon 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.

Richard Parker OBE
Chief Executive
24 June 2020

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

### Opinion

We have audited the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of changes in equity and the related notes 1 to 45, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Group's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2019/20 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006.

### Basis for opinion

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

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

### Emphasis of matter – Uncertainties with respect to property valuation

We also draw attention to Note 1.23.2 Sources of estimation uncertainty of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations. Our opinion is not modified in respect of this matter.

### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

**Overview of our audit approach**

| | |
|---|---|
| Key audit matters | Going Concern<br>Risk of fraud in revenue recognition<br>Misstatements due to fraud or error |
| Materiality | Overall materiality of £8.6 million which represents 2% of gross expenditure. |

**Key audit matters**

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

In addition to the matter described in the emphasis of matter, we have determined the matters described on the following page to be the key audit matters to be communicated in our report.

| Risk | Going concern |
|---|---|

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 £58 million 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.

Notes 1.2, 1.26 and 20 of the financial statements describe the Financial and operational consequences the Foundation Trust is facing as a result of COVID-19 which is impacting finances, personnel available for work.

***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 least 12 months from the anticipated date of signing the financial statements and agreed underlying assumptions to supporting agreements from commissioners; and
- Read disclosures in the financial statements for completeness and accuracy.

In additional to those procedures set out in our Audit Planning Report, we have also:

- Obtained and read communication from NHSE/I supporting management's assertions regarding future funding; and
- Obtained and read communications from 2 April 2020 announcing the conversion of short-term revenue loans from DHSC in to PDC.

***Key observations communicated to the Audit Committee***

The Trust requirement on PSF/FRF has fallen by over £10 million in the year and is expected to fall again in 20/21 by over £5 million. The Trust has once again hit its control total.

The available bank balance at the reporting date is £30 million which covers a full month of expenditure. In April, commissioners have provided additional advance funding of £60 million, representing two block payments of 20/21 interim arrangement contracts.

Also, in April 2020, it was announced that £72 million 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 and the financial statement disclosures reflect this.

| Risk | Risk of fraud in revenue recognition |
|---|---|

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

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.

### *In responding to the identified risk we:*

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
- Obtained 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.

### *Key observations communicated to the Audit Committee*

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

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

Our review of Department of Health agreement of balances data identified a number of mismatches above our reporting threshold requiring further investigation.

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.

| Risk | Misstatements due to fraud or error |
|---|---|

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.

***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 an understanding of how those charged with governance exercise their oversight of management's controls to prevent fraud.
- Tested journal entries and other adjustments made by management in the preparation of the financial statements.
- For a sample of manual journals, we obtained supporting documentation to understand their purpose and appropriateness. The sample was risk based.
- Tested significant accounting estimates for evidence of management bias, by obtaining supporting information and comparing to other available evidence. This includes accruals, asset valuations, depreciation and provisions.
- Considered the existence of significant unusual transactions during the year, identifying the receipt of and eligibility to PSF and FRF income to supporting documentation.

***Key observations communicated to the Audit Committee***

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.

**An overview of the scope of our audit**

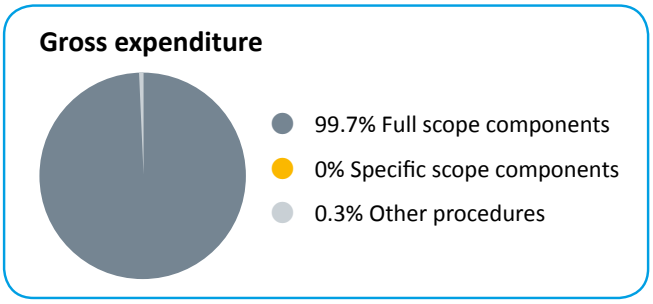
**Tailoring the scope**

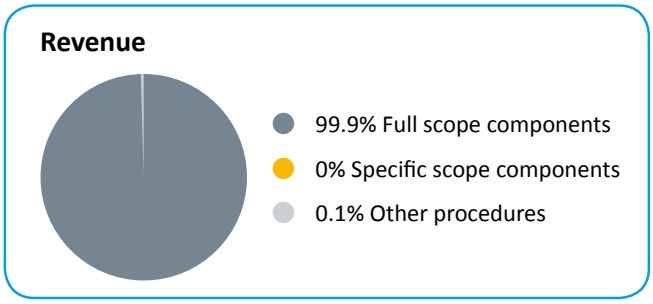
Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust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

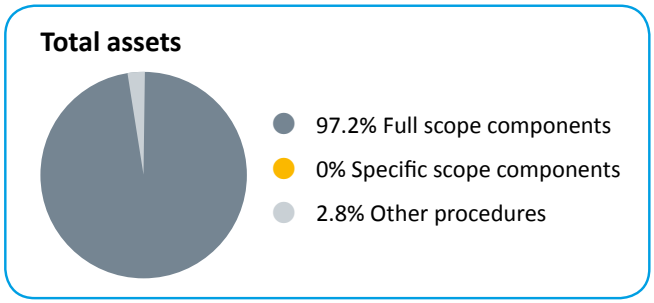
We conducted an audit of the complete financial information of the Foundation Trust. For the consolidated charitable funds and Doncaster and Bassetlaw Healthcare Services Ltd., we performed audit procedures on specific accounts that we considered had the potential for the greatest impact on the significant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

The reporting components where we performed audit procedures accounted for 99.7% (2018-19: 99.9%) of the Group's gross expenditure, 99.9% (2018-19: 99.9%) of the Group's Revenue and 97.2% (2018-19: 96.6%) of the Group's Total assets. The specific scope charitable funds and Doncaster and Bassetlaw Healthcare Services Ltd. components contributed 0.3% (2018-19: 0.1%) of the Group's gross expenditure, 0.1% (2018-19: 0.1%) of the Group's Revenue and 2.8% (2018-19: 3.4%) of the Group's Total assets. The audit scope of these components may not have included testing of all significant accounts of the component but will have contributed to the coverage of significant accounts tested for the Group.

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



**Changes from the prior year**

The only notable change from the prior year is that this was the first year of operation for Doncaster and Bassetlaw Healthcare Services Ltd.

**Materiality**

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

We determined materiality for the Group to be £8.6 million (2018-19: £8.1 million), which is 2% (2018-19: 2%) of gross expenditure. We believe that gross expenditure provides us with a reasonable basis for determining materiality as this is the key activity and performance measure of the Group. The materiality percentage has consistent with that in 2018-19.

We determined materiality for the Trust to be £8.6 million (2018-19: £8.1 million), which is 2% (2018-19: 2%) of gross expenditure. We believe that gross expenditure provides us with a reasonable basis for determining materiality as this is the key activity and performance measure of the Trust. The materiality percentage has consistent with that in 2018-19.

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

**Performance materiality**

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

On the basis of our risk assessments, together with our assessment of the Group's overall control environment, our judgement was that performance materiality was 75% (2018-19: 75%) of our planning materiality, namely £6.5million (2018-19: £6.1million). We have set performance materiality at this percentage due to the Trust having a strong control environment with no significant errors identified in the prior year financial statements.

**Reporting threshold**

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

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.3m (2018-19: £0.3m), which is set at the Whole of Government Accounts reporting threshold for sampled and non-sampled components, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

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

**Other information**

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

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

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

We have nothing to report in this regard.

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

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

**Matters on which we report by exception**

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

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2019/20 requires us to report to you if in our opinion, information in the Annual Report is:

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

We have nothing to report in respect of these matters.

**Responsibilities of Accounting Officer**

As explained more fully in the Accountable Officer's responsibilities statement set out on page 80, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

**Auditor's responsibilities for the audit of the financial statements**

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

**Auditor's responsibilities with respect to value for money arrangements**

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

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

Take informed decisions;

Deploy resources in a sustainable manner; and

Work with partners and other third parties.

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

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

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

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

**Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020 , as to whether the Foundation Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources. We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

**Certificate**

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

**Use of our report**

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

***Stephen Clark***
*for and on behalf of Ernst & Young LLP*
*Birmingham*
*24 June 2020*

# 4 Financial Review

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: 24 June 2020

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2020

| | Group | | Foundation Trust | |
|---|---|---|---|---|
| | **2019/20** | 2018/19 | **2019/20** | 2018/19 |
| | **£000** | **£000** | **£000** | **£000** |
| Operating income from patient care activities | 379,103 | 350,865 | 378,852 | 350,865 |
| Other operating income | 55,419 | 62,860 | 55,464 | 62,580 |
| Operating expenses | (430,268) | (404,254) | (429,149) | (403,793) |
| **Operating surplus/(deficit) from continuing operations** | **4,254** | **9,471** | **5,167** | **9,652** |
| | | | | |
| Finance income | 550 | 424 | 272 | 131 |
| Finance expenses | (1,507) | (1,640) | (1,507) | (1,640) |
| Public Dividend Capital dividends payable | (2,924) | (3,089) | (2,924) | (3,089) |
| **Net finance costs** | **(3,881)** | **(4,305)** | **(4,159)** | **(4,598)** |
| | | | | |
| Other gains / (losses) | (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 | (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 AS AT 31 MARCH 2020

| | Group | | Foundation Trust | |
|---|---|---|---|---|
| | 31 March 2019 | 31 March 2018 | 31 March 2019 | 1 March 2018 |
| | £000 | £000 | £000 | £000 |
| **Non-current assets** | | | | |
| Intangible assets | 6,394 | 6,939 | 6,394 | 6,939 |
| Property, plant and equipment | 204,149 | 197,054 | 204,149 | 197,054 |
| Other investments / financial assets | 7,303 | 8,388 | 550 | - |
| Receivables | 2,619 | 1,695 | 2,619 | 1,695 |
| **Total non-current assets** | **220,465** | **214,076** | **213,712** | **205,688** |
| **Current assets** | | | | |
| Inventories | 6,637 | 5,510 | 5,835 | 5,510 |
| Receivables | 22,635 | 36,342 | 24,993 | 36,334 |
| Non-current assets held for sale and assets in disposal groups | 343 | 343 | 343 | 343 |
| Cash and cash equivalents | 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 | (51,467) | (40,970) | (53,003) | (40,911) |
| Borrowings | (73,295) | (52,682) | (73,295) | (52,682) |
| Provisions | (603) | (823) | (603) | (823) |
| Other liabilities | (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 | (14,675) | (42,265) | (14,675) | (42,265) |
| Provisions | (1,982) | (2,108) | (1,982) | (2,108) |
| Other liabilities | - | (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 | 7,990 | 9,224 | - | - |
| Doncaster & Bassetlaw Healthcare Services Ltd | (1) | - | - | - |
| **Total taxpayers' equity** | **137,634** | **135,565** | **129,645** | **126,341** |

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2020

| | Group | | | | | |
|---|---|---|---|---|---|---|
| | Public dividend capital | Revaluation reserve | Income and expenditure reserve | Charitable fund reserves | DBHS Limited | Total |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| **Taxpayers' and others' equity at 1 April 2019** | **132,0191** | **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 | Revaluation reserve | Income and expenditure reserve | Charitable fund reserves | | Total |
| | £000 | £000 | £000 | £000 | | £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** |

| CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2020 | | |
|---|---|---|
| | Group | |
| | 2019/20 | 2018/19 |
| | £000 | £000 |
| **Cash flows from operating activities** | | |
| Operating surplus / (deficit) | 4,254 | 9,471 |
| **Non-cash income and expense:** | | |
| Depreciation and amortisation | 8,490 | 9,644 |
| Net impairments | 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 PPE and investment property | (9,445) | (8,471) |
| Sales of PPE 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** | **32,079** | **20,627** |

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