



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Annual Report and Accounts 2019/20

Doncaster and Bassetlaw Teaching Hospitals



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Hospitals NHS Foundation Trust
Annual Report and Accounts 2019/20

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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 undertaken 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.

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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.

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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.



A handwritten signature in black ink, reading "Suzy Brain England OBE".

Suzy Brain England OBE

Chair

24 June 2020



A handwritten signature in black ink, reading "Richard Parker OBE".

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.

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Doncaster and Bassetlaw Hospitals (pre-2017) was one of the first 10 NHS trusts in the country to be awarded 'Foundation Trust' status in 2004.

This granted the organisation more freedom to act than a traditional NHS trust, although we are still closely regulated and must comply with the same strict quality measures as a non-foundation trust.

Our headquarters are at Doncaster Royal Infirmary:

Chief Executive's Office
Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT
Tel: 01302 366666.

Our strategy, vision, mission, values and objectives

Our Trust strategy for 2017 to 2022, ***Stronger Together***, outlines our plans for the future, working with stakeholders and partners. In turn, this will help us to implement our plans and facilitate high quality services for the communities we serve in Doncaster, Bassetlaw and beyond.

The full strategy (refreshed in August 2019) can be found at:
<https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy-2017-2022/>

Vision

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

Mission

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

Values

Our values show WE CARE:

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

Strategic objectives

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

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- **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.



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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.

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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.

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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.

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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.

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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'.

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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).

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- 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.

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- 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 innovative partnerships in financing to tackle the large backlog of maintenance issues.
- The Trust compared well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. The Trust reported a surplus in 2018/19 and was on track to deliver the 2019/20 control total.

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➔ 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 Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated Feb 2020	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 Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated Feb 2020	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 Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated Feb 2020	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 Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated Feb 2020	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Good Feb 2020	Not rated 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 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.

1 Performance Report

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.

1 Performance Report

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

2 Accountability Report

Directors Report

Composition of the Board

During 2019/20, the following persons were members of the Board of Directors:

Name	Position	Term of office	Term of office from	Attendance at Board meetings
Suzy Brain England	Chair of the Board	4 years	1.1 2017	10 of 11
Linn Phipps	Non-executive Director (left the Trust 30 April 2019)	3 years	1.1.2017	1 of 1
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	4 years	1.4.2017	9 of 11
Sheena McDonnell	Non-Executive Director	2 Year	1.7.2018	11 of 11
Alan Chan	Non-Executive Director (left the Trust 09 May 2019)	1 Year	1.7.2018	0 of 1
Pat Drake	Non-Executive Director (Senior Independent Director)	2 Year	1.4.2018	9 of 11
Kath Smart	Non-Executive Director	2 Year	1.4.2018	9 of 11
Mark Bailey	Non-Executive Director	1 Year	1.2.2020	2 of 2
Richard Parker	Chief Executive			11 of 11
Karen Barnard	Director of People and Organisational Development			11 of 11
Moirra Hardy	Director of Nursing, Midwifery and Allied Health Professionals (left the Trust on 31.07.19)			3 of 4
David Purdue	Director of Nursing, Midwifery and Allied Health Professionals (from 12 September 2019 and Chief Operating Officer 11 September 2019 (and Deputy Chief Executive from 1 January 2018)			10 of 11
Jon Sargeant	Director of Finance			10 of 11
Mr Sewa Singh	Medical Director (until 31.03.20)			10 of 11
Rebecca Joyce	Chief Operating Officer (from 3.6.19)			8 of 9

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

Non-Executive Directors are appointed and removed by the Council of Governors, while Executive Directors are appointed and removed by the Nominations and Remuneration Committee of the Board of Directors.

The Chair of the Board's other main commitments are as Chair of Keep Britain Tidy, Derwent Living and Sheffield Business Improvement District as well as a Lay Representative for Health Education England in Yorkshire and the Humber. In 2017/18, she took on an additional responsibility as an Acute Trust Chair on the board of NHS Providers and more recently co-opted as a member of the Board of Doncaster Chamber of Commerce.

2 Accountability Report

Balance of the Board

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

The Board of Directors considers the balance and breadth of skills and experience of its members to be appropriate to the requirements of the Trust. The skill mix of the Board was considered by the Appointments and Remuneration Committee of the Council of Governors during 2018/19 as part of the Non-Executive Director appointments processes when it was agreed that all Non-Executive roles would proceed to open competition. A further one Non-Executive Director was appointed in 2019/20.

Brief details of all Directors who served during 2019/20 are as follows:

Chair



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

Non-Executive Directors



Linn Phipps (left the Trust 30 April 2019) has a background in the public sector, originally in public transport and local government director roles and is Chair of the Trust's Quality and Effectiveness Committee. For over 15 years she has held a portfolio of Non-executive Director (NED) and consultancy posts. She has been a Non-executive Director/Chair in NHS primary care and in mental health/learning disability care. Her consultancy and non-executive work focuses on coaching, mediation and facilitation; addressing governance and risk; and reducing health inequalities. She has national roles representing the patient and public voice, for example serving on two NICE (National Institute for Health & Care Excellence) committees as a Lay Member, and on NHS England's Patient Online Programme Board as Chair of its Stakeholder Forum. Previously the Chair of Healthwatch Leeds, she is now Deputy Chair. Linn is particularly interested in how patient and public views influence what happens in health and care.

2 Accountability Report



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.

2 Accountability Report



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.

2 Accountability Report



Moira Hardy (left the Trust 31 July 2019) qualified as a registered general nurse in 1985 from the Sheffield School of Nursing, and became Acting Director of Nursing, Midwifery and Allied Health Professionals in January 2017. She has worked in a number of corporate senior nursing roles at Assistant Chief Nurse level before moving to Doncaster as Deputy Director of Nursing, Midwifery & Quality in July 2014. Moira is a strong advocate for patients and promoting positive patient experience. She gained a BMedSci in Nursing Studies from the University of Sheffield in 2000.



David Purdue qualified as a registered general nurse from Nottingham University in 1990 and specialised in cardiac nursing in Nottingham where he set up a number of cardiac nurse-led services, an innovation that won him an award from the National Modernisation Agency. After four years working on the implementation of the National Service Framework for coronary heart disease and then improving access to heart services in the East Midlands, David returned to hospital life in 2004 as clinical nurse manager for cardiothoracics at City Hospital in Nottingham. He joined the Trust in October 2008 as Divisional Nurse Manager for Medicine. David was Associate Director of Performance from 2010. He was Acting Chief Operator Officer from June 2013 until his substantive appointment to the role in July 2013. In 2018, David was appointed Deputy Chief Executive, 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.

2 Accountability Report



Rebecca Joyce joined the Trust on 3 June 2019 as Chief Operating Officer. A graduate from the University of Cambridge, Rebecca joined the Trust from Sheffield where she held the post of Accountable Care Partnership Director since 2017, working across the NHS, Council and Voluntary Sector to develop a more integrated, prevention orientated care system. With almost 20 years' experience within the Health Service, Rebecca's career began in 2000 when she joined the NHS Graduate Management Training Scheme, working in acute and primary care roles across North West London, alongside working for a Not-For-Profit Health Network in Tanzania on the coordination of HIV and AIDs services.

Following that she worked within senior hospital operational roles at Imperial NHS Foundation Trust and Ealing Hospital. In 2007, Rebecca moved to Sheffield Teaching Hospitals to take up the role of Operations Director for Specialised Cancer, Medicine and Rehabilitation. Rebecca then transitioned into more transformational and strategic roles, moving into the role of Service Improvement Director for Sheffield Teaching Hospitals in 2014. Rebecca joined DBTH in June 2019.

Registers of interests

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

The Trust can specifically confirm that there are no material conflicts of interest in the Council of Governors or Board of Directors. The Register of Directors' Interests and the Register of Governors' Interests are available on request from the Foundation Trust Office at Doncaster Royal Infirmary.

Cost allocation and charging

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

Donations

The Trust made no donations to political parties or other political organisations in 2019/20 and no charitable donations in 2019/20.

Payments Practice Code

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

In 2019/20 the Trust has been in receipt of cash support from the Department of Health and therefore the Trust's cash flow is proactively managed with the aim of paying outstanding invoices within the Public Sector Payment Policy 30 day target.

2 Accountability Report

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 Chief Executive had a backdated pay rise in 2019/20, alongside a salary uplift to bring his salary in line with those in a similar role in similar sized organisations, based on benchmarking information from NHS Improvement/England. As a consequence of this pay rise, the Chief Executive Officer independently chose to leave the NHS Pension Scheme.



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.

2 Accountability Report

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).



2 Accountability Report

Future Policy Table

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

Annual Report on Remuneration

Nominations and Remuneration Committee of the Board of Directors

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

The membership of the committee in 2019/20 consisted of the Chair and Non-executive Directors. The Chief Executive, the Director of People and Organisational Development (both of whom withdraw if their remuneration or appointment is considered) and the Trust Board Secretary attend by invitation in order to assist and advise the committee.

The committee was convened on two occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	2 of 2
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	2 of 2
Sheena McDonnell	Non-Executive Director	2 of 2
Kath Smart	Non-Executive Director	1 of 2
Pat Drake	Non-Executive Director (Senior Independent Director)	2 of 2
Mark Bailey	Non-Executive Director	1 of 1
Linn Phipps	Non-Executive Director (left the Trust 30 th April 2020)	0 of 0
Alan Chan	Non-Executive Director (left the Trust 9 th May 2020)	0 of 0

Fair pay comparison

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

The banded remuneration of the highest paid director in the financial year 2019/20 was £190k-£195k (2018/19: £165k-£170k). This was 7.21 times (2018/19: 7.17 times) the median remuneration of the workforce, which is £26,553 (2018/19: £23,363).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employers' pension contributions and the cash equivalent transfer value of pensions.

2 Accountability Report

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 31 st 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
Moirra 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

2 Accountability Report

Name and Title	2019/20							2018/19						
	Salary and fees (bands of £5000)	Taxable benefits Rounded to the nearest £100	Annual Performance -ance related bonus (bands of £5000)	Long Term Performance -ance related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)	Salary and fees (bands of £5000)		Annual Performance -ance related bonus (bands of £5000)	Long Term Performance -ance related bonus (bands of £2500)	Pension Related benefit (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)
Suzy Brain England OBE Chair of the Board	50-55						50-55	45-50						45-50
Mark Bailey (Joined the Trust 1 st February 2020)	0-5						0-5	0						0
Linn Phipps Non-executive Director (left the Trust 30 th April 2019)	0-5						0-5	10-15						10-15
Neil Rhodes Non-executive Director	10-15						10-15	10-15						10-15
Alan Chan Non-executive Director (left the Trust 9 th May 2019)	0-5						0-5	5-10						5-10
Kathryn Smart Non-executive Director	10-15						10-15	5-10						5-10
Sheena McDonnell Non-executive Director	10-15						10-15	10-15						10-15
Patricia Drake Non-executive Director	10-15						10-15	10-15						10-15
Sewa Singh Medical Director (left the Trust 31 st March 2020)	160-165						160-165	155-160				0		155-160
David Purdue Director of Nursing, Midwifery and Allied Health Professionals	130-135				12.5-15		145-150	130-135				0		130-135
Richard Parker OBE - Chief Executive**	190-195						190-195	165-170				0		165-170
Jon Sargeant Director of Finance	135-140						125-130	135-140				7.5-10		145-150

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Karen Barnard Director of People and Organisational Development	110- 115				7.5-10		115- 120	105 - 110				0		105- 110
Moir Hardy Director of Nursing, Midwifery and Allied Health Professionals (left the Trust 31 st July 2019)	15-20						15-20	105- 110				15-17.5		125- 130
Rebecca Joyce Chief Operating Officer (Joined the Trust 3 rd June 2019)	100- 105				70-72.5		170- 175	0						0

**** The Chief Executive had a backdated pay rise in 2019/20, alongside a salary uplift to bring his salary in line with those in a similar role in similar sized organisations, based on benchmarking information from NHS Improvement/England. As a consequence of this pay rise, the Chief Executive Officer independently chose to leave the NHS Pension Scheme.**

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.

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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
Moir Hardy Director of Nursing, Midwifery and Allied Health Professionals	0	0	0	0	0	0	0	0
Rebecca Joyce Chief Operating Officer	2.5-5	5-7.5	30-35	60-65	365	44	445	0

Cash Equivalent Transfer Value (CETV)

The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

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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

2 Accountability Report

Our Staff

We can only realise our vision to be outstanding in all we do through the enthusiasm, innovation, hard work, engagement, values and behaviours of our staff. It is absolutely crucial that we recruit and retain the right people, support their health and wellbeing, enable them to develop the highest level of knowledge and skill, and support them in doing their jobs. We believe that DBTH is an organisation with great people, providing great care, each and every day.

Keeping staff informed and engaged

We engage with our staff in a range of ways, from formal consultation with Staff Side union representatives, through collective agreements, to open feedback forums regarding planned changes.

Our monthly 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.

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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.

2 Accountability Report

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.

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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

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Equality and diversity

We have a richly diverse workforce (see our workforce statistics below), with staff from across the globe working alongside those born in South Yorkshire and Bassetlaw. Respect for each other's unique skills, experience and strengths is an integral element 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%
<i>NB: Directors meeting the NHS improvement definition to be considered a 'senior manager'</i>		

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%

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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.

2 Accountability Report

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%

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Agenda for Change Staff

Quartile	Female	Male	Female %	Male %
1	1,360	212	86.51%	13.49%
2	1,366	207	86.84%	13.16%
3	1,364	160	89.50%	10.50%
4	890	166	84.28%	15.72%

Agenda for Change Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	14.76	12.16
Female	13.86	12.50
Difference	0.91	0.03
Pay Gap %	6.13%	0.32%

The above table reflects that the gender pay gap for agenda for change staff at 6.13% much lower than that compared to all staff of 36.22%.

- Our Gender Pay Gap across all staff of 36% which equates to £8.28 per hour based upon average hourly rates of pay. The median hourly rate of pay Gender pay gap is 26.6% which equates to £4.59 per hour.
- Although males make up a lower proportion of the total workforce at DBTH (18%), just under half of them (46.2%) are paid in the top earnings quartile.
- There is a larger % gender pay gap between Medical and Dental staff 15.7% compared to consultants at 8.2%.
- Males make up the vast majority of recipients of Clinical Excellence Awards (96 of 120 awarded). These additional payments are received by 8.3% of all males employed compared to 0.44% of women. The payments will have the impact of inflating the average salaries. All the figures are based on net salaries and so many are further depressed by salary sacrifice schemes which, particularly in the case of childcare, tend to be absorbed by females.
- There has been a small narrowing of the gender pay gap between male and female average hourly rate of -0.96 when comparing March 18 to March 19.
- There has been little movement in the mean and median rates between the reporting period 2018/19 and 2019/20.
- When comparing 2018/19 to 2019/20 clinical excellence award payments the gender pay gap is 10.45.

Gender Pay Gap Action Plan

The actions below are designed to address areas raised in the Gender Pay Gap Report March 2019:

- Through our approaches to agile/flexible working practices we wish to ensure females are encouraged and supported to apply to become Consultants and senior leaders.
- Through our leadership development programmes, access to coaching and mentoring we want to inspire and encourage females to apply and take up senior leadership roles.

- We are actively participating in the national work reviewing reasons for disparity in the achievement of Clinical Excellence Awards.

We will actively review our full staff survey results and staff engagement outputs to share ideas and feedback from women employed by the Trust to shape and inform our plans, strategies and policies.

Our Supply Chains

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

Slavery and Human Trafficking Statement 2019/20

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

Our Policies on Slavery and Human Trafficking

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

Due Diligence Processes for Slavery and Human Trafficking

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

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

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

The Supplier warrants and undertakes that it will:

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

Supplier Adherence to Our Values

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

Training

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

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

Trade Union Facility Time

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>Full-time equivalent employee number (Trust Total)</i>
56	5,849 (WTE)

<i>Percentage of time</i>	<i>Number of employees</i>
0%	46
1-50%	8
51-99%	2
100%	0

Provide the total cost of facility time	£27,653.57
Provide the total pay bill	£278,886,000
Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	>0.01%

Time spent on paid union activities as a percentage of total facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours x100)	0.017%
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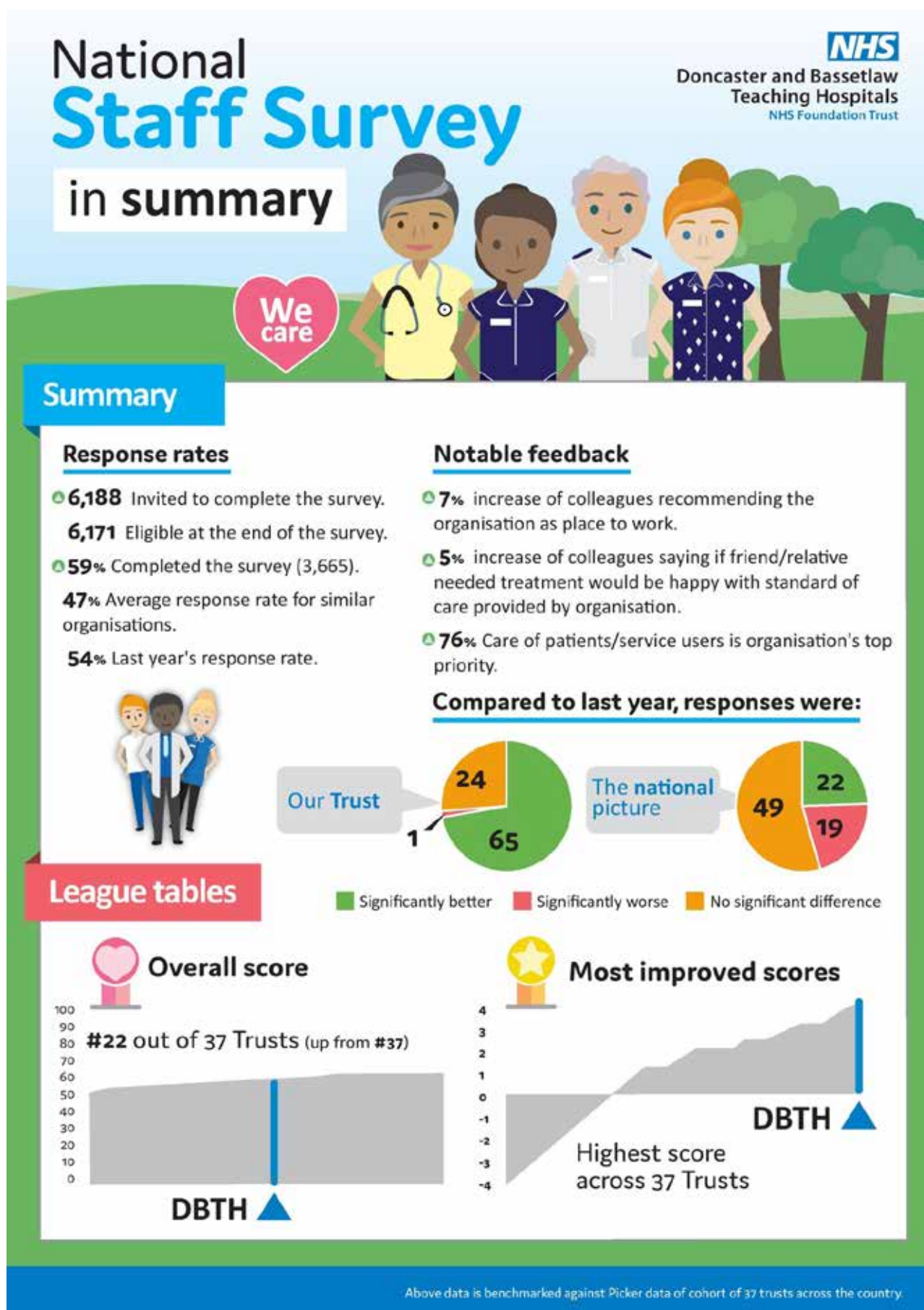
Staff Survey

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

In 2019/20 we continued with an online survey for all staff, and saw our response rates increase, up to 59%. This gives us confidence in the validity of the data and the ability to drill down. We will continue to work with leaders across the Trust to achieve further improvements in response rates.

2 Accountability Report

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

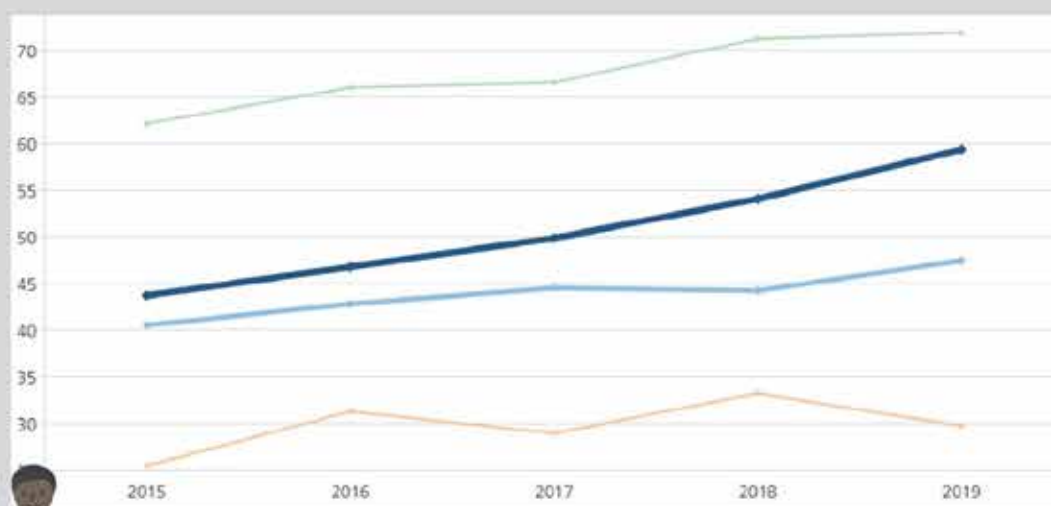


2 Accountability Report

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



Best performing Our Trust Average response Worst performing

2 Accountability Report

Your job

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q2a. Often/always look forward to going to work	82%	81%	82%	82%	83%	81%	83%
Q2b. Often/always enthusiastic about my job	75%	75%	76%	74%	76%	70%	76%
Q2c. Time often/always passes quickly when I am working.	94%	95%	92%	94%	95%	95%	95%
Q3a. Always know what work responsibilities are.	50%	49%	52%	55%	60%	60%	60%
Q3b. Feel trusted to do my job.	89%	86%	86%	86%	88%	88%	88%
Q3c. Able to do my job to a standard I am pleased with.	71%	64%	65%	66%	70%	71%	70%
Q4a. Opportunities to show initiative frequently in my role.	53%	50%	51%	53%	57%	60%	57%
Q4b. Able to make suggestions to improve the work of my team/dept.	94%	94%	94%	92%	93%	94%	93%
Q4c. Involved in deciding changes that affect work.	70%	67%	69%	68%	72%	71%	72%
Q4d. Able to make improvements happen in my area of work.	58%	54%	56%	55%	61%	59%	61%
Q4e. Able to meet conflicting demands on my time at work	44%	43%	43%	45%	47%	47%	47%
Q4f. Have adequate materials, supplies and equipment to do my work	57%	53%	50%	51%	55%	54%	55%
Q4g. Enough staff at organisation to do my job properly	29%	26%	28%	28%	30%	32%	30%
Q4h. Team members have a set of shared objectives	70%	67%	68%	69%	72%	71%	72%
Q4i. Team members often meet to discuss the team's effectiveness	52%	47%	52%	49%	53%	59%	53%
Q4j. I receive the respect I deserve from my colleagues at work	-	-	-	68%	71%	70%	71%
Q5a. Satisfied with recognition for good work	48%	44%	45%	50%	55%	57%	55%
Q5b. Satisfied with support from immediate manager	64%	61%	62%	64%	69%	69%	69%
Q5c. Satisfied with support from colleagues	79%	79%	80%	79%	82%	80%	82%
Q5d. Satisfied with amount of responsibility given	73%	70%	70%	70%	75%	74%	75%
Q5e. Satisfied with opportunities to use skills	69%	67%	67%	68%	71%	72%	71%
Q5f. Satisfied with extent organisation values my work	42%	37%	39%	43%	49%	48%	49%

2 Accountability Report

Your job

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q5g. Satisfied with level of pay	34%	33%	28%	35%	38%	36%	38%
Q5h. Satisfied with opportunities for flexible working patterns	47%	45%	47%	48%	50%	52%	50%
Q6a. I have realistic time pressures	-	-	-	21%	24%	22%	24%
Q6b. I have a choice in deciding how to do my work	-	-	-	52%	52%	54%	52%
Q6c. Relationships at work are unstrained	-	-	-	41%	45%	44%	45%
Q7a. Satisfied with quality of care I give to patients/service users	80%	79%	78%	77%	81%	81%	81%
Q7b. Feel my role makes a difference to patients/service users	89%	88%	88%	88%	89%	90%	89%
Q7c. Able to provide the care I aspire to	67%	64%	64%	64%	69%	69%	69%

Your managers

	Historical					Organisation type	
	2015	2016	2017	2018	2019	Average	Organisation
Q8a. My immediate manager encourages me at work	-	-	-	63%	68%	69%	68%
Q8b. Immediate manager can be counted on to help with difficult tasks	69%	66%	66%	66%	70%	71%	70%
Q8c. Immediate manager gives clear feedback on my work	57%	54%	54%	56%	61%	61%	61%
Q8d. Immediate manager asks for my opinion before making decisions that affect my work	52%	48%	50%	48%	52%	54%	52%
Q8e. Immediate manager supportive in personal crisis	71%	70%	70%	71%	74%	74%	74%
Q8f. Immediate manager takes a positive interest in my health & well-being	62%	60%	61%	61%	65%	67%	65%
Q8g. Immediate manager values my work	66%	65%	65%	65%	70%	72%	70%
Q9a. I know who senior managers are	82%	81%	83%	80%	83%	82%	83%
Q9b. Communication between senior management and staff is effective	41%	34%	38%	36%	42%	41%	42%
Q9c. Senior managers try to involve staff in important decisions	32%	28%	31%	29%	35%	35%	35%
Q9d. Senior managers act on staff feedback	32%	27%	31%	29%	35%	34%	35%

2 Accountability Report

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%

2 Accountability Report

Your health, wellbeing and safety

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q15b. Not experienced discrimination from manager/team leader or other colleagues	94%	94%	93%	94%	95%	92%	95%
Q16a. In last month, have not seen errors/near misses/incidents that could hurt staff	82%	81%	82%	82%	83%	81%	83%
Q16b. In last month, have not seen errors/near misses/incidents that could hurt patients/service users	75%	75%	76%	74%	76%	70%	76%
Q16c. Last error/near miss/incident seen that could hurt staff and/or patients/service users reported	94%	95%	92%	94%	95%	95%	95%
Q17a. Organisation encourages reporting of errors/near misses/incidents	50%	49%	52%	55%	60%	60%	60%
Q17b. Organisation encourages reporting of errors/near misses/incidents	89%	86%	86%	86%	88%	88%	88%
Q17c. Organisation takes action to ensure errors/near misses/incidents are not repeated	71%	64%	65%	66%	70%	71%	70%
Q17d. Staff given feedback about changes made in response to reported errors/near misses/incidents	53%	50%	51%	53%	57%	60%	57%
Q18a. Know how to report unsafe clinical practice	94%	94%	94%	92%	93%	94%	93%
Q18b. Would feel secure raising concerns about unsafe clinical practice	70%	67%	69%	68%	72%	71%	72%
Q18c. Would feel confident that organisation would address concerns about unsafe clinical practice	58%	54%	56%	55%	61%	59%	61%

Your personal development

	Historical					Organisation type	
	2015	2016	2017	2018	2019	Average	Organisation
Q19a. Had appraisal/KSF review in the last 12 months	88%	82%	79%	86%	90%	87%	90%
Q19b. Appraisal/review definitely helped me improve how I do my job	20%	20%	21%	19%	23%	25%	23%
Q19c. Appraisal/performance review: Clear work objectives definitely agreed	33%	31%	31%	29%	36%	36%	36%
Q19d. Appraisal/performance review: Definitely left feeling work is valued	26%	25%	26%	26%	33%	34%	33%

2 Accountability Report

Your personal development

	Historical					This year	
	2015	2016	2017	2018	2019	Average	Organisation
Q19e. Appraisal/performance review: Organisational values definitely discussed	26%	25%	25%	25%	42%	40%	42%
Q19f. Appraisal/performance review: Training, learning or development needs identified	68%	65%	63%	67%	68%	69%	68%
Q19g. Definitely supported by manager to receive training, learning or development identified in appraisal	52%	49%	51%	51%	55%	54%	55%
Q20. Had training, learning or development in the last 12 months	74%	68%	68%	66%	65%	69%	65%

Your organisation

	Historical					Organisation type	
	2015	2016	2017	2018	2019	Average	Organisation
Q21a. Care of patients/service users is organisation's top priority	75%	69%	71%	72%	76%	77%	76%
Q21b. Organisation acts on concerns raised by patients/service users	74%	67%	69%	69%	72%	72%	72%
Q21c. Would recommend organisation as place to work	60%	48%	51%	54%	61%	63%	61%
Q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	64%	59%	62%	63%	68%	71%	68%
Q22a. Patient/service user feedback collected within directorate/department	90%	90%	90%	89%	92%	91%	92%
Q22b. Receive regular updates on patient/service user feedback in my directorate/department	55%	53%	51%	48%	53%	61%	53%
Q22c. Feedback from patients/service users is used to make informed decisions within directorate/department	53%	49%	49%	48%	54%	59%	54%
Q23a. I don't often think about leaving this organisation	N/A	N/A	N/A	43%	48%	45%	48%
Q23b. I am unlikely to look for a job at a new organisation in the next 12 months	N/A	N/A	N/A	54%	58%	53%	58%
Q23c. I am not planning on leaving this organisation.	N/A	N/A	N/A	57%	63%	59%	63%

Future priorities and targets.

Overall experience of being part of team DBTH has shown really positive improvements this year, with the Trust being amongst the most improved nationally.

Work will commence in 2020/21 to consolidate these developments, as well as to improve lower scores seen in this year's Staff Survey, with each of the divisions focussing on their annual business plan and staff engagement.

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

Countering fraud, bribery and corruption

Fraud costs the NHS millions of pounds a year and we recognise within our Trust that it is not a victimless crime as it takes away valuable resources intended for patient care. Everyone has a duty to help prevent fraud as it may be committed by anyone, including staff, patients and suppliers of goods/ services to the NHS.

To ensure we have the right culture and that our staff are able to recognise and report fraud, we require all employees to receive fraud awareness training as part of our Statutory and Essential Training (SET) program; the compliance level for 2019/20 was at 98%. To further amplify our efforts, we held a Fraud Awareness Month in November 2019 and the Trust was also pleased to be an official supporter of International Fraud Awareness Week in the same month.

The NHS Counter Fraud Authority (NHSCFA) provides the national framework through which NHS trusts seek to minimise losses through fraud. The Director of Finance is nominated to lead counter fraud work and is supported by the Trust's Local Counter Fraud Specialist (LCFS). The Trust follows the guidance contained in the NHS Provider Standards and ensures our contractual obligations with our local Clinical Commissioning Groups are adhered to.

The Trust is committed to applying the highest standards of ethical conduct and integrity in its business activities and every employee and individual acting on the Trust's behalf is responsible for maintaining the organisation's reputation and for conducting Trust business honestly and professionally. The Board and senior management are committed to implementing and enforcing effective systems to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010. The Trust has ensured related policies including, the Fraud Policy & Response Plan, Standards of Business Conduct and Whistleblowing outline the Trust's position on preventing and prohibiting bribery. Employees and others acting for or on behalf of the organisation are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments. The Trust will not conduct business with service providers, agents or representatives that do not support the organisation's anti-bribery objectives.

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

During 2019/20, we have maintained our collaborative counter fraud arrangement with three other local acute NHS trusts. This arrangement allows us to have an LCFS permanently on site, supported by a small team of counter fraud specialists dedicated to dealing with fraud in a secondary care setting.

2 Accountability Report

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

2 Accountability Report

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2020	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

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

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
The number that were engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
The number that were reassessed for consistency/ assurance purposes during the year	0
The number that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020.

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	15

Governance Report

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

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

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

Board of Directors

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

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

Performance evaluation of directors

The Chair conducts the performance appraisals of the Chief Executive and Non-Executive Directors. The Senior Independent Director and Deputy Chairman conducted the performance appraisal of the Chair in 2019/20. The Council of Governors approves the objectives of the Chair and Non-executive Directors, and governors and directors feed into the appraisal process by providing commentary regarding the performance of the Chair and Non-executive Directors.

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

Performance evaluation of the Board and its committees

The Board and its committees conduct regular self-assessments of their performance. In 2019/20 the Board committed to a review of its risk management and board assurance framework, this review resulted in a 'significant assurance with minor opportunities for improvement' rating. However, the Board is reviewing the risk management processes to bring a stronger focus on risk strategic and operational risks in 2020/21.

Audit and Risk Committee

The Audit Committee's role is to provide the Board of Directors with a means of independent and objective review of internal controls and risk management arrangements relating to:

- Financial systems
- The financial information used by the Trust
- Controls and assurance systems,
- Risk management arrangements
- Compliance with law, guidance and codes of conduct
- Counter fraud activity.

The Committee has a Board approved Terms of reference, reviewed on a regular basis. It has four members – all Non-executive Directors, including the Chair of the Committee. One member (the chair) has a recent and relevant financial experience and is a qualified accountant. The committee maintains a formal work plan and action log to ensure that areas of concern are followed up and addressed by the Trust. The Committee reviews the effectiveness of both the internal auditors and the external auditors on an annual basis and tenders the contracts in line with its Standing Orders.

Name	Role	Meeting attendance
Kath Smart – Chair	Non-executive Director	4 of 5
Sheena McDonnell	Non-executive Director	5 of 5
Neil Rhodes	Non-executive Director	2 of 5
Mark Bailey	Non-executive Director (from 01.02.2020)	1 of 1

The Trust has a tendered contract for an internal audit function, provided by KPMG, who attend all meetings of the Audit and Risk Committee to report on progress against the annual audit plan and present summary reports of all internal audits conducted. Internal audit's main functions are to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively by:

- Reviewing the Trust's internal control system.
- Undertaking investigations into particular aspects of the Trust's operations.
- Examining relevant financial and operating information.
- Reviewing compliance by the Trust with particular laws or regulations.
- identifying, assessing and recommending controls to mitigate significant risks to the Trust.

2 Accountability Report

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.

2 Accountability Report

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

2 Accountability Report

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.

2 Accountability Report

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.

2 Accountability Report

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

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

Members who wish to contact directors or Governors may do so via the Foundation Trust Office on dbth.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); Remuneration Report (p.31); and Audit Committee section (p.62).

2 Accountability Report

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); 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).

2 Accountability Report

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); 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: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	See Audit Committee section (p.62).
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	n/a.
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: <input type="checkbox"/> the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; <input type="checkbox"/> 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 <input type="checkbox"/> 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).

2 Accountability Report

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.

2 Accountability Report

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.

2 Accountability Report

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

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

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

The Trust is committed to improving its Carbon Reduction Performance and has a range of Low Carbon Initiatives in place to ensure delivery. The National NHS Carbon Reduction Targets, which are linked to the UK Climate Change Act 2008, are in place and require Trusts to reduce CO2 emissions by 34% by 2020 and by 80% for 2050. At the end of 2019/20 the Trust had reduced its CO2e by 7,426 tonnes and achieved the 34% reduction target.

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

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

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

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

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

The Head of Internal Audit is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit and Risk Committee, which can provide assurance, subject to the inherent limitations described below.

2 Accountability Report

The opinion covers the period 1 April 2018 to 31 March 2019 inclusive, and is based on the 10 audits that were completed in this period, with one deferred to 20/21 due to the impact of Covid 19.

For the period 1 April 2019 to 31 March 2020 Internal Audit was able to provide a 'significant assurance with minor improvement opportunities' opinion to reflect that there is generally a sound system of internal control which is designed to meet the Trust's objectives and that generally controls are being consistently applied in all the areas reviewed.

Internal audit issued two 'significant assurance' reports in relation to:

- CNST maternity incentive scheme
- Delayed Transfers of Care

and five 'significant assurance with minor improvement opportunities' reports relating to:

- safeguarding
- core financial systems,
- information governance
- risk management and board assurance framework
- corporate governance

They also issued three 'partial assurance with improvements required' opinions in respect of:

- Data quality (RTT)
- Clinical governance (WHO checklist)
- IT contract management.

Recommendations are being addressed in each case and reported to Audit and Risk Committee on a quarterly basis.

The Trust was subject to a use of resources review by NHSI in September 2019, taken over two days the review informed the Trusts overall CQC assessment from. This review rated the Trust 'Good' for use of resources and complemented the Trust in the way all areas of the Trust were focused on not just patient safety but value for money.

The Trust reacted quickly to the Covid 19 pandemic and instigated an incident based control process that encompassed faster decision making and revised SFI's, in March 2020.

The annual external audit review by EY, as stated in their ISA 260 report, provides an unqualified opinion on the Trust's financial statements.

The Trust's 2019 reference cost index is 98.5%, (2018, 96.3%) which means costs are 1.5% below average.

Information governance

There have been no serious incidents relating to information governance in 2019/20, this includes data loss or confidentiality breach.

Additionally, information governance requirements are reviewed by various committees with data quality forming part of the internal audit annual work plan.

CQC Review

The Board has taken assurance from the CQC inspection outcome. Unannounced and announced inspections by the CQC took place across Trust sites in September and October 2019 and the Trust received an overall rating of 'Good', improving on the previous years' rating of 'Requires Improvement'.

Overall, the CQC rated effective, caring, responsive and well-led as good, and safe as requires improvement. In rating the trust, the CQC took into account the current ratings of the services not inspected. Well-led for the senior leadership of the trust was also rated as good.

The inspection report identified some areas for improvement and a programme of work is in place to address these. Progress against this programme is reported to the Trust's board in-line with the governance and control processes outlined above.

Review of effectiveness

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

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

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

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

We have reviewed our strategy and strategic objectives and continue to have an active role in the developing accountable care partnerships at Place in Doncaster and Bassetlaw and the developing Integrated Care System for South Yorkshire and Bassetlaw (ICS). We continue to monitor our Board governance structures and the arrangements for financial governance including effectiveness and efficiency plans and for quality and effectiveness.

We recognise that our organisation would not exist without its fantastic staff and we have worked hard throughout the year to engage with them on a number of issues including the strategic direction, and wider local health system changes.

Overall, the Trust has seen an improving position on all NHS Constitution Standards due to the recovery / improvement plans implemented throughout 2019/20, with some specific remaining challenges. COVID 19 had a major impact on performance from mid-March onwards and until recovery plans have been agreed, performance levels will remain uncertain for 2020/2021.

4-Hour Access

2019/20 has seen an overall drop in performance throughout the year, and remains an area of focus into 20/21. However DBTH performance has followed the same national trend month on month, maintaining a significant improvement on the England average. Attendances have continued to increase throughout 2019/20 up to February 2020 – 6% in year, however attendances have reduced significantly since March 2020 due to Covid 19. The Trust reported a year end position of 87.97%.

Referral to Treatment (RTT)

RTT achievement saw a steady increase from August 2019 to December 2019. Between December 2019 and February 2020 we saw a significant improvement of almost 4%, which was a culmination of additional activity and an improvement in administrative management of the Patient Tracking List. There will be focussed work during 2020/2021 to improve underpinning administrative processes for the management of patient pathways.

Due to Covid 19, RTT achievement fell in March 2020, giving a year end position of 90.1%. However, our Information Team modelled the RTT achievement, taking out the impact of Covid 19, which demonstrated we would have achieved 92.7%. The Trust has been better than England average for each month of 2019/20.

The Trust achieved its waiting list target for 2019/20 with the total number of waiters at year end at 26,700 against a target of 31,199.

Diagnostics

Following significant improvements in performance in the first 2 months of 2019/20, we observed consistently high achievements during the summer /autumn months, hitting the 99% target for 3 months during that period.

Due to a higher than normal referral rate to numerous diagnostic modalities, performance fell during November 2019 – January 2020, however a robust recovery plan was implemented in January 2020 which was realised in February 2020 with an achievement 99.05%. The Trust reported a year-end position of 97.03%, with COVID having a significant impact in March 2020.

Cancer

The Trust has Consistently achieved the 31 day cancer standard throughout 2019/2020 with a yearend position of 99.6% During 2019/2020 the Trust has been a pilot site for Day 28 Faster Diagnosis standard, we have consistently achieved the shadow target throughout the year with a year-end position of 82.1% against a target of 75%, this will improve achievement of the 62 cancer standard as we move into 2020/21 by shortening the front end of cancer pathways.

The systems for clinical and non-clinical risk management and governance are aligned, with robust processes in place for the monitoring of risks and controls. As part of our work to ensure continuous improvement, we continue to participate in the NHSI Quality Improvement Programme and have developed a Trust wide programme. Both the true north statement and breakthrough objectives have been reviewed which then formed the basis of the Trusts appraisal process. The Trust recognises the need for ongoing development and continuous improvement of its systems of control and assurance to ensure the assurance framework and risk register remain fit for purpose therefore further reviews are expected in 2020/21 with Clinical Governance teams.

2 Accountability Report

Conclusion

Following my review, my opinion is that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has a sound system of internal control that supports the achievement of its policies, aims and objectives. No significant internal control issues have been identified.



Richard Parker 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.

2 Accountability Report

Overview of our audit approach

Key audit matters	<input type="checkbox"/> Going Concern <input type="checkbox"/> Risk of fraud in revenue recognition <input type="checkbox"/> Misstatements due to fraud or error
Materiality	<input type="checkbox"/> 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
	<p>International Auditing Standard (ISA (UK&I) 570, requires auditors to “obtain sufficient appropriate audit evidence about the appropriateness of management’s use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity’s ability to continue as a going concern.</p> <p>The 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.’</p> <p>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.</p> <p>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.</p> <p>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.</p>
	<p><i>In responding to the identified risk we:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtained and reviewed management’s written justification supporting why the financial statements of the Trust are prepared on a going concern basis; <input type="checkbox"/> 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 <input type="checkbox"/> Read disclosures in the financial statements for completeness and accuracy. <p>In additional to those procedures set out in our Audit Planning Report, we have also:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtained and read communication from NHSE/I supporting management’s assertions regarding future funding; and <input type="checkbox"/> Obtained and read communications from 2 April 2020 announcing the conversion of short-term revenue loans from DHSC in to PDC.
	<p><i>Key observations communicated to the Audit Committee</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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.

2 Accountability Report

An overview of the scope of our audit

Tailoring the scope

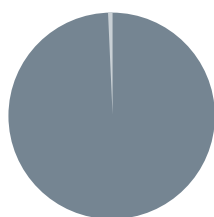
Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust 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.

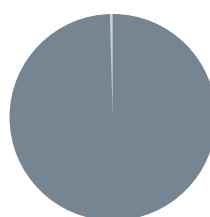
The charts below illustrate the coverage obtained from the work performed by our audit teams.

Gross expenditure



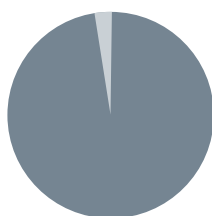
- 99.7% Full scope components
- 0% Specific scope components
- 0.3% Other procedures

Revenue



- 99.9% Full scope components
- 0% Specific scope components
- 0.1% Other procedures

Total assets



- 97.2% Full scope components
- 0% Specific scope components
- 2.8% Other procedures

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.

2 Accountability Report

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

4 Financial Review

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

4 Financial Review

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

4 Financial Review

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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Doncaster and Bassetlaw Teaching Hospitals

Quality Accounts 2019/20



Chief Executive's statement

This year, I am pleased to be able to reflect upon some significant improvements we have made in some of our patient experience quality indicators, while also identifying some areas for further work.

Last year we set a target for all of our Divisions (Medicine, Clinical Specialities, Surgery and Cancer and Children and Families) to increase their patient engagement activities - something which our teams have achieved, with 100% of these areas demonstrating a willingness to actively work with our patients to seek opportunities to improve the quality of care we provide.

The feedback from these engagement activities has resulted in several positive changes which are actively improving our patient experience. These include Quality Improvement (Qi) work undertaken to streamline our complaints, concerns and feedback process to reduce the time taken to respond – something which our patients have said would help them feel they were being listened to. Volunteer feedback also resulted in the procurement of 93 wheelchairs for use around our hospitals which will further improve experience.

Additional Feedback also suggested that patients and visitors would like more information and communication about their stay in hospital. As a result, our nursing senior leadership team, with contributors from across a variety of specialisms have produced bedside folders 'Sharing How We Care For You' containing information about an inpatient stay.

We are also pleased this year to have achieved 100% Duty of Candour compliance against our target of 95% for initial communication contact following identification of an incident. 95.9% of these patients/relatives also received a Duty of Candour letter within 10 days of an incident, against the Trust target of 95%, a slight over performance. Although this target was achieved we aim to be 100% compliant as part of the culture here at DBTH to be open and honest with our patients.

This year, the Trust had a set target to reduce the number of complaints relating to staff attitude and behaviour by 5%. Whilst we did not achieve this target, we intend to focus on making improvements to this end as we look towards our goals for next year. Perceived attitude and behaviour is in itself very subjective and therefore difficult to capture and address, however we have updated our reporting system to deliberately enable more detail in each complaint. This will facilitate more information and enable us to come up with focussed actions to improve.

In terms of clinical effectiveness, over the last 12 months, our overall Hospital Standardised Mortality Ratio (HSMR) has remained within the expected range at 99.16 against our target of 95. Our Standard Hospital Mortality Indicator is 111 for 2019/20 (Jan 19 – Dec 19). This is always higher than the HSMR as it makes no adjustments for palliative care. However, whilst both of these indicators are within the expected range, looking to the upcoming year, we will continue to try and improve the HSMR and SHMI standards, aiming for less than 95 and 100 respectively – however, with Covid-19 considerations this may be difficult.

Whilst this is the first year we have recorded data for the percentage of deaths screened as part of the structured judgement review (SJR), we know that this is behind plan at 58.4% against our target of 80%. However, throughout the year this has shown to be steadily increasing with quarter four of the year recording 70% of deaths screened as part of the SJR process.

This is a particularly significant achievement considering the wider context at the time which saw our Medical Examiner Team and Bereavement office supporting Trust-wide preparations for the Covid-19 pandemic. Considering this mitigating circumstance, we expect that the percentage of deaths being scrutinised through this process will gradually increase with the aim of being 100% compliance by April 2021.

Whilst the number of missed appointments this year was higher than we wanted it to be, we managed to maintain the improvement we achieved last year with the percentage of appointments missed remaining at 10.3%. The Trust undertook a patient engagement exercise in partnership with Healthwatch Doncaster to understand why patients miss their appointments and the findings from this were used to implement several changes including a text system, DrDoctor, which sends reminders to patients about their upcoming appointments.

One of the concerns raised about attending appointments was finding the right department within the hospital. In order to reduce the number of missed appointments specifically in Ophthalmology, the Trust worked with Healthwatch and students from Doncaster College to produce a video showing patients the various ways to get to the department.

Anecdotally, it's important to note that in quarter four, as the Covid-19 pandemic was starting to hit, we expect there might have been some anxiety from those in vulnerable groups may have been anxious about travelling to/attending hospital appointments and this may have had an impact on the numbers of missed appointments.

Whilst the Trust experienced four Never Events this year, we are confident that improvements to safety have been implemented as a result, aided by our culture of learning here at the Trust. Keeping this in mind as we look forward to the year ahead, we recognise that we need to remain focussed on our zero-tolerance to Never Events and seek to improve further.

Two of the Never Events related to wrong-side procedures and another to wrong lens implant – we have implemented a number of safety measures in response to these incidents both relating to staff education and Trust processes for X-ray images and post time-out briefings in theatres. We have also introduced as a standard that lens power calculations should be annotated in long hand for clarity, cross-checked and confirmed verbally with the surgeon.

Whilst the two cases of MRSA reported by the Trust this year were deemed unavoidable after a post infection review, we will focus our attention on the preventative practices we introduced in late 2017 which allowed us to achieve over 700 days without an MRSA infection.

Finally, this year we are very pleased to share that the Trust was awarded a CQC rating of 'good' for 2019/20, including a rating of Good for use of resources. A significant achievement for us, this rating reflects our many improvements to patient care, safety and experience over the last few years and our overall commitment to our vision.

Overall, the CQC rated effective, caring, responsive and well-led as good, and safe as requires improvement. Significantly, the CQC recognised that the Trust has a notable emphasis on the culture of learning in order to improve patient safety.

As we look forward to the year ahead, we recognise that there is more to be done, to maintain our zero tolerance to 'Never Events', and maintain our good performance related to infection control, whilst further developing our approach to reducing the numbers of missed appointments.

As such, we seek to improve our patient safety indicators further and this is reflected in our priorities for improvement in 2020/2021.

As a final note as we look towards the future, in many ways 2020/2021 will be a very unique year, and while we will push towards further improvements and enhancements, Covid-19 will, and has, impact upon what we are able to achieve. However, it is our pledge as a Trust that we will do all we can to further build upon our successes and, ultimately, improve as an organisation whether it is the best of times, or the worst of them.

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



Richard Parker OBE
Chief Executive
9 November 2020



Looking forward to our priorities for improvement in 2020/21

The Trust has reviewed its performance against the quality priorities for 2019/20 and reviewed the risk profile of patient safety, experience and clinical effectiveness. This has meant a number of indicators from 2019/20 have been carried forward and the introduction new indicators for this year.

These indicators will be reported to the Board or the Clinical Governance Committee on a quarterly basis, or more frequently if required. Delivering harm-free care and improving patient experience continues to be the Trust's focus for 2020/2021 and the table below identifies those indicators which are our highest priorities:

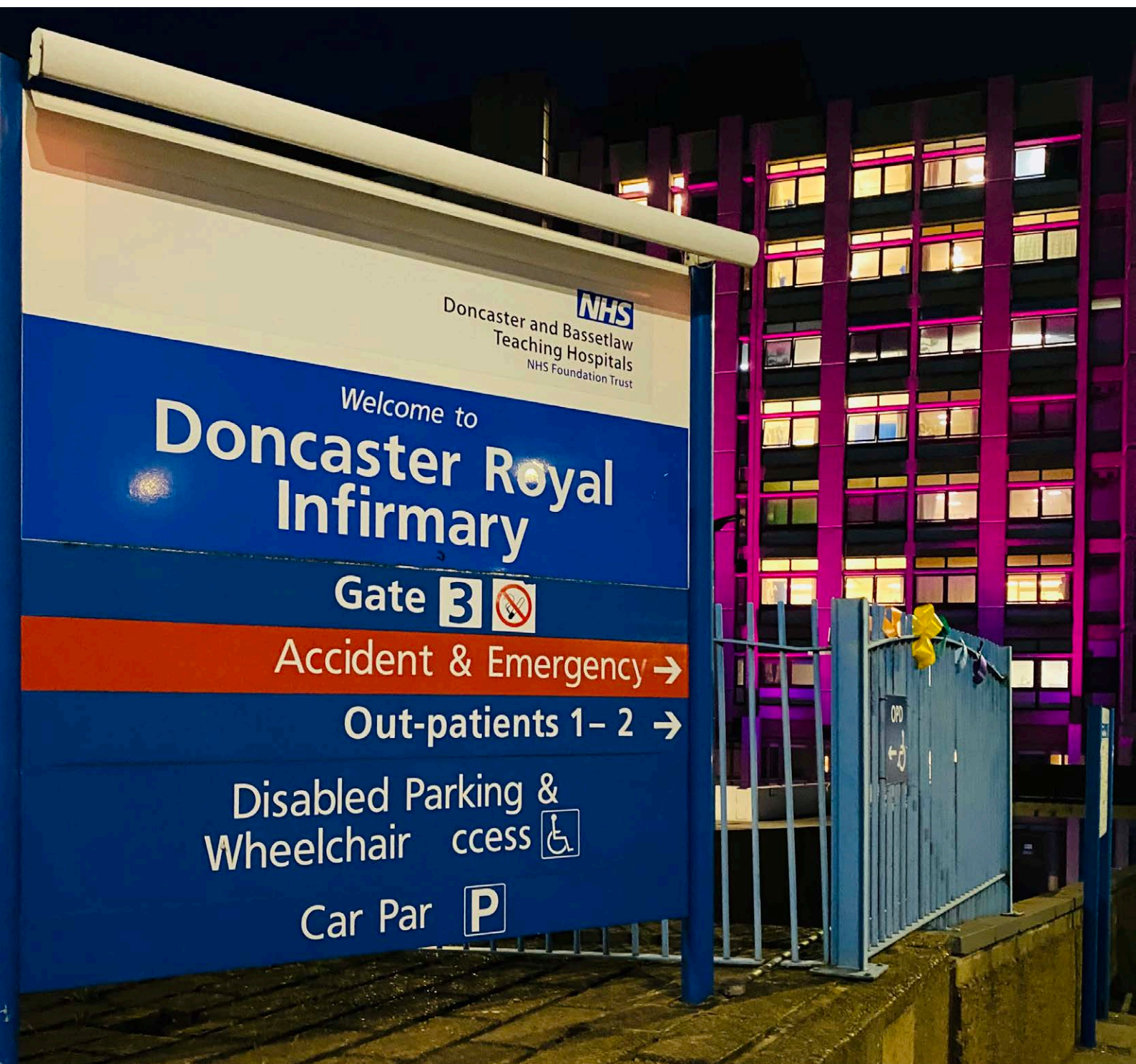
Patient safety quality improvement targets	Target 2020/21	Actual 2019/20
1. Take a zero-tolerance approach to Never Events	0	4
2. Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	2
3. Reduction in patients suffering moderate and severe harm from an inpatient fall	<40	47
4. Reductions in category three hospital acquired pressure ulcers	<50	56

Clinical effectiveness quality improvement targets	Target 2020/21	Actual 2019/20
5. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<95	99.16
6. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	111
7. 80% of deaths screened as part of structured judgement review (SJR) (Governor selection)	80%	58.4%
8. Reduce the number of missed hospital appointments	<7%	10.3%

Patient experience quality improvement targets	Target 2020/21	Actual 2019/20
9. Reduce the number of complaints relating to staff attitude and behaviour	5% reduction based on 2019/20	138
10. Reduction of noise at night for patients (to minimise disturbed sleep)	70%	57.7%
11. Ensure patients feel involved with decisions about their care	95%	93.53%

In identifying the priorities for improvement for 2020/21, the Trust has taken into account the views of:




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










Looking back on our priorities for improvement in 2019/20

Over the last year we have made substantial improvements in delivering harm free care. The following tables provide an overview of our achievements against the quality improvement targets we set for 2019/20.

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

Patient safety quality improvement targets	Target 2019/20	Actual 2019/20	Progress
1. Take a zero tolerance approach to “never events”	0	1	
2. Reduce the number of healthcare associated infections - MRSA bacteraemia	0	2	
3. Implementation and use of NEWS2	>90%	100%	

Clinical effectiveness and patient experience quality improvement targets	Target 2019/20	Actual 2019/20	Progress
4. Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<100	99.16 (Jan 19 – Dec 19)	
5. Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	111.82% (Jan 19 – Dec 19)	
6. 80% of deaths screened as part of structured judgement review (SJR) (Governor selection)	80%	58.4%	
7. Reduce the number of missed hospital appointments	7%	10.3%	
8. Duty of Candour - Initial communications first letter	>90%	100% and 95.9%	
9. Demonstrate increased patient engagement activities in each Division	100%	100%	
10. Reduce the number of complaints relating to staff attitude and behaviour	107	138	

Statements of assurance

Review of service: During 2019/20, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provided and or sub-contracted 45 relevant health services.

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

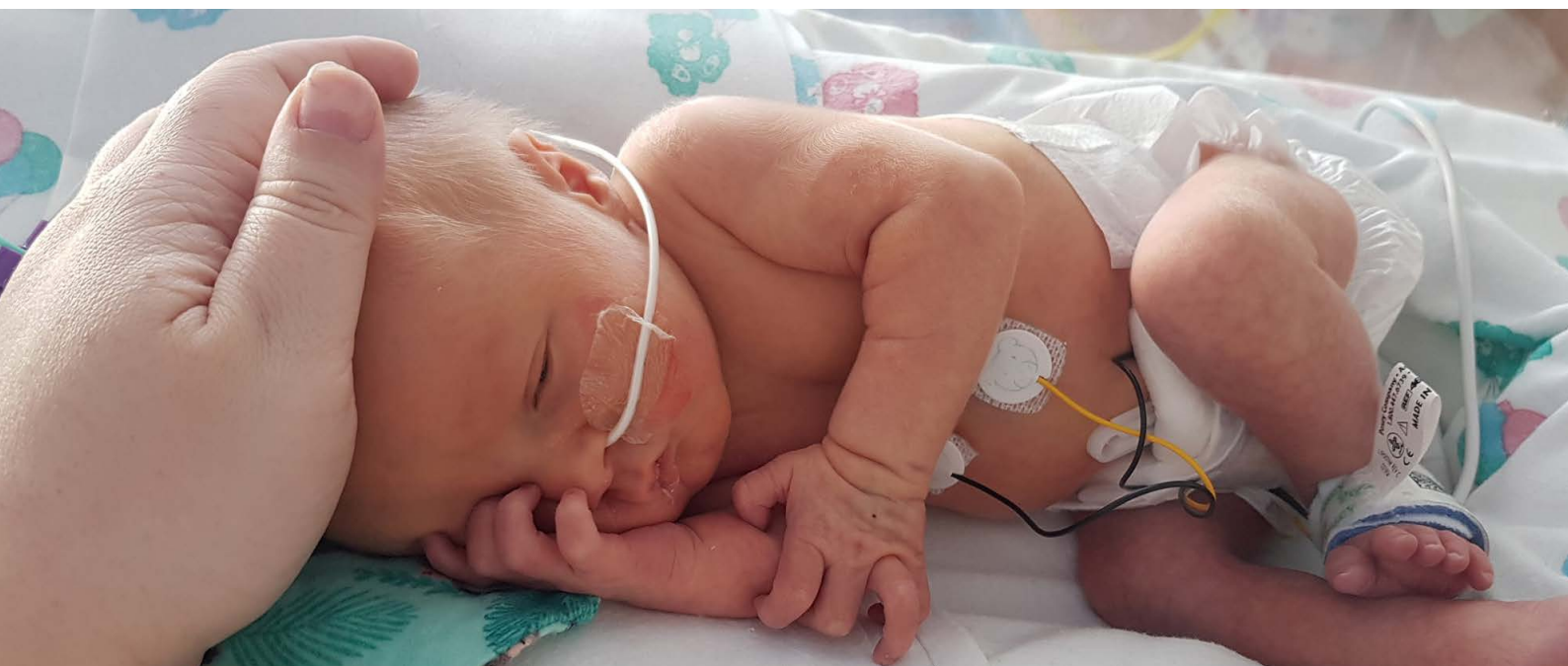
The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant health services by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for 2019/20.

Participation in clinical audits: During 2019/20, 42 national clinical audits and 2 national confidential enquiries covered relevant health services that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

The national clinical audits and national confidential enquiries that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2019/20 are as follows (see table on the next page– ineligible audits stated as NA).



	Trust participation	Data collection completed during 2019/20	% of cases submitted
Assessing Cognitive Impairment in Older People/Care in Emergency Departments	Yes	Yes	100%
BAUS Urology Audit - Cystectomy	NA	N/A	N/A
BAUS Urology Audit - Female Stress Urinary Incontinence (SUI)			
BAUS Urology Audit - Nephrectomy	Yes	Yes	100%
BAUS Urology Audit - Percutaneous Nephrolithotomy	Yes	Yes	100%
BAUS Urology Audit - Radical Prostatectomy	NA	N/A	N/A
Care of Children in Emergency Departments	Yes	Yes	100%
Case Mix Programme (CMP)	YES	YES	100%
Child Health Clinical Outcome Review Programme	N/A	N/A	N/A
Elective Surgery (National PROMs Programme)	Yes	Yes	100%
Endocrine and Thyroid National Audit	Yes	Yes	100%
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	Yes	100%
Feverish Children (care in emergency departments)	Yes	Yes	100%
Inflammatory Bowel Disease (IBD) programme/IBD Registry	Yes	Yes	100%
Learning Disability Mortality Review Programme	Yes	Yes	100%
Major Trauma Audit	Yes	Yes	N/A
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Yes	100%
Medical & Surgical Clinical Outcome Review Programme	Yes	Yes	100%
Mental Health Clinical Outcome Review Programme	Yes	Yes	100%
Mental Health Care Pathway – CYP Urgent & Emergency Mental Health Care and Intensive	N/A	N/A	N/A
Mental Health Clinical Outcome Review Programme	N/A	N/A	N/A
National Asthma and COPD Audit Programme	Yes	On going	N/A
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	On going	100%
National Audit of Care at the End of Life (NACEL)	Yes	Yes	67%

National Audit of Seizure Management in Hospitals (NASH3)	Yes	Ongoing	100%
National Audit of Seizures and Epilepsies in children and young people	Yes	Ongoing	100%
National Bariatric Surgery Registry (NBSR)	Yes	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
National Cardiac Audit Programme (NCAP)	Yes	Yes	100%
National Clinical Audit of Anxiety & Depression	N/A	N/A	N/A
National Early Inflammatory Arthritis Audit	Yes	Yes	
National Clinical Audit of Psychosis	N/A	N/A	N/A
National Diabetes Audit -Adults	Yes	Ongoing	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	40%
National Joint Registry (NJR)	Yes	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	Yes	100%
National Maternity & Perinatal Audit (NMPA)	Yes	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
National Gastro-intestinal Cancer Programme	Yes	Yes	100%
National Ophthalmology Audit	N/A	N/A	N/A
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100%
National Prostate Cancer Audit	Yes	Yes	100%
National Vascular Registry	Yes	Yes	100%
Neurosurgical National Audit Programme	No	N/A	N/A
National Smoking Cessation Audit	Yes	Ongoing	100%
Paediatric Intensive Care (PICANet)	No	N/A	N/A
Prescribing Observatory for Mental Health (POMH-UK)	N/A	N/A	N/A
Sentinel Stroke National Audit programme (SSNAP)	Yes	Ongoing	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	Yes	100%
UK Parkinsons Audit	Yes	Yes	100%
UK Cystic Fibrosis Registry	Yes	Yes	100%
Prescribing Observatory for Mental Health (POMH-UK)	N/A	N/A	N/A
Sentinel Stroke National Audit programme (SSNAP)	Yes	On going	100%

UK Parkinsons Audit	Yes	Yes	100%
UK Cystic Fibrosis Registry	Yes	Yes	100%

The reports of all national clinical audits were reviewed by the Trust in 2019/20 and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

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

The reports of 154 local clinical audits were reviewed in 2019/20 and we intend to take the following actions to improve the quality of healthcare:

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

Participation in Clinical Research

The number of patients receiving NHS services provided or sub contracted by Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust in 2019/20 that were recruited during that period in order to participate in NIHR Portfolio research approved by the Trust was 979.

Unfortunately this fell slightly short of our target of 1000 for the year due to the impact of COVID. However, many research studies were nationally suspended, with confirmation from the NIHR that research activity should focus on the Urgent Public Health (UPH) studies coming through which directly related to the pandemic.

During 2019/20, 57 additional studies were approved to commence within the Trust, which include Clinical Trials of Investigational Medicinal Products (CTIMPs) and Medical Device trials. The Trust supports research in differing roles, either as a sponsoring organisation, a participating organisation or as a participant identification centre. The department of Research and Development is continuing to expand to reflect both the increasing level of research activity and also to support the continuing advancement of research within the Trust, with the Research team providing comprehensive support to researchers during the planning, set-up and delivery phases of research.

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

During this last financial year there was a merger between the Research & Development and the Training & Education departments, to create the new Corporate Directorate of Education & Research. This is a continuation of the Trust's vision for research being realised and the start of a new journey to making research part of core business in all areas of the Trust.

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

A proportion of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at:

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

The monetary total in 2019/20, conditional upon achieving quality improvement and innovation goals, was £3.612m The monetary total associated payment in 2018/19 was £7.316m.

Statements from the Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust during 2019/20

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.

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).



Data quality

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.7% for admitted patient care
- 99.8% for outpatient care
- 97.8% for accident and emergency care

Which included the patients valid General Medical Practice Code was:

- 100% for admitted patient care
- 99.9% for outpatient care
- 99.9% for accident and emergency care

Clinical coding error rate

In line with the DS&P requirements the Trust has undertaken clinical coding audits (diagnoses and procedure coding) during 2019/2020 which resulted in the Trust achieving the mandatory compliance level. The combined results of the audits were:

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

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

The audit consisted of 200 finished consultant episodes covering a wide variety of specialties (100 FCEs) and trauma and orthopaedics (100 FCEs). The Trust continues to focus on improving the quality and depth of clinical coding and has further improved its data quality assurance processes.

The Trust employs a Terminology and Classifications Delivery Service Approved Auditor and a separate Trainer. Additionally the Trust also employs a Clinical Coding Data Quality Systems Manager. This allows the Trust to carry out a regular internal audit programme with feedback and action planning to drive forward further improvements in the quality of the clinically coded data, provide professional training and support to all team members including Trainee Clinical Coders as well as other targeted data quality work packages.

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

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

Maintaining and driving improvements in data quality continues to be an area of high priority and focus for the Trust, during 2019/2020 and this will continue in 2020/2021 and beyond. The Trust continues to invest in data quality resources.

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

- 2019/2020 has seen a major focus on training/re-training of users and rolling out of updated SOPs (Standard Operating Processes) and to support the recently implemented clinical administration structure changes.
- Waiting list data quality, including 18 Weeks data quality, continues to be of high priority for the Trust. This ensures we have high quality data to maintain the accuracy of waiting times to support treating patients in chronological order for the same clinical priority, support demand and capacity modelling and ensure accurate

performance reporting. As part of this work NECS (North of England Commissioning Support Unit) continued in 2019/2020 to provide additional validation support to ensure we have “clean” data across our clinical administration data.

- Significant work was also undertaken to develop and improve waiting list reporting. This work continues in 2020/2021 with further developments to support risk stratification and elective recovery following COVID-19.
- Nationally, data quality is measured by the Secondary Uses Service (SUS) Data Quality Dashboards. For 2019/2020 the Trust had a composite score of 99.6% across a range of indicators against a national comparative score of 96.4% and within Yorkshire and Humber 98.2%. The Trust is consistently above the national and Yorkshire and Humber average. This is a significant achievement for the Trust and demonstrates a strong commitment to high quality data.
- We continue to provide focus on key data quality performance areas through the Trust’s data quality governance structure and the Trust’s performance framework.
- We continue to undertake key regular data quality audits, both to fulfil DS&P and local requirements. We promote the principle of “Right First Time” in respect of recording patient information.

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

Learning from Deaths

During 2019/20 there were 1,986 in hospital deaths. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 450 in the first quarter
- 440 in the second quarter
- 529 in the third quarter
- 567 in the fourth quarter

1,161 cases were screened and 123 structured judgement reviews requested. 52 have been completed (accurate as of 19/8/2020).

In 0 cases was a death subject to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was requested:

- 35 in the first quarter
- 23 in the second quarter
- 19 in the third quarter
- 46 in the fourth quarter

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

In relation to each quarter, this consisted of:

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

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

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

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

- Documentation is often difficult to read. Lacks date and time and printed name/contact number
- Not always clear what the diagnosis is and what the patient is being treated for.
- The term frailty should be described to relatives and carers.
- The majority of care, demonstrated by good documentation is good.

The following actions have been taken following the findings above:

- Feedback given to individual wards and members of staff
- A documentation audit is on the audit calendar and will be undertaken once the Covid-19 pandemic is over.
- Articles have been included in the “Sharing how we care” newsletter.

Seven Day Hospital Services

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

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

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

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

During 2019/20 the Trust continued to monitor compliance against the above measures with quarterly audits being carried out across the Trust.



The Trust is required to report on a core set of indicators. Presented, in the table below is the required data for the last two reporting periods. The data was made available by the Health & Social Care Information Centre.							NHS Trusts & NHS Foundation trusts performance	
					National Average	Doncaster & Bassetlaw NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services by:	Highest	Lowest
The value and banding of the SHMI* for the Trust	1.0011 Banding 2 (2016/17)	1.0202 Banding 2 (2017/118)	1.04 Banding 2 (2018/19)	1.09 Banding 2 (2019/20)	1 Banding 2 (2019/20)	The Trust will continue to implement the measures which have been outlined on page 139 of the Quality Report 2019/20	1.199 Banding 1	0.68 Banding 3
Patient Reported Outcome Measures (PROMs) (EQ 5D Adjusted health gain)	10.69 3.95 (2015)	12.22 3.505 (2016)	11.71 7.31 (2017)	14.14 6.73 (2018)	14.42 17.33 (2018)	PROMs score are actively monitored within the Division and is taken as appropriate in order to improve health gain scores for patients.	25.36 19.202 (2018)	0.206 0.196 (2018)
Hip replacement surgery Knee replacement								
The percentage of patients aged 0 – 16 16 and over Readmitted to a hospital which forms part of the Trust within 28 days of discharge from a hospital which forms part of the Trust during the reporting period	9.5% 13.2% (2015/16)	9.2% 13% (2016/17)	10% 12.9% (2017/18)	10.7% 13.2% (2018/19)	12.5% 14.6% (2018/19)	The Trust’s achievement is just below the national average. We will continue to monitor the views of our service users and implement changes where necessary in order to improve the experience of our patients.	85% (2018/19)	58.9% (2018/19)
The Trusts responsiveness to the personal needs of its patients during the reporting period	70.1% (2015/16)	67.7% (2016/17)	66.7% (2017/18)	65.2% (2018/19)	67.2% (2018/19)		32.9% 46.4% (2017/18)	1.3% 1.8% (2017/18)
Percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	59% (2016)	62% (2017)	66.7% (2017/18)	65.2% (2018/19)	67.2% (2018/19)	The Trust’s achievement is just below the national average. We will continue to monitor the views of our service users and implement changes where necessary in order to improve the experience of our patients.	85% (2018/19)	58.9% (2018/19)
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period		95.55% (Apr 19 – Jun 19)	95.34% (Jul 19 – Sep 19)	95.34% (Jul 19 – Sep 19)	95.33% (Oct19- Dec19)	Trust performance remains on target.	100%	71.59%
The rate per 100,00 bed days of cases of C.difficile infection reported within the Trust among patients aged 2 or over during the reporting period	41.4 (2016/17)	36.1 (2017/18)	35.67 (2018/19)	36.7 (2019/20)	23.5 (2019/20)	Implementing all the measures which have been outlined on page 137 of the Quality Report 2019/20	142.81	0
Number and, where available rate of patient safety incidents within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death	Number:21 Rate: 0.14 (2015/16)	Number: 18 Rate: 0.13 2016/17	Number: 18 Rate: 0.14 2017/18	Number:32 Rate: 0.25 (2018/19)		Incident reporting rates are within the expected range when compared to our class.	Number: 42 Rate: 0.49	Number:0 Rate: 0.0
		0.01% (2015/16)	0.01% 2016/17	0.01% 2017/18		The latest dataset from the National Reporting and Learning System (NRLS) shows the Trust is below the national average. A culture of reporting is promoted and encouraged.		
The Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: It has been extracted from NHS Digital without further amendments, and the Trust has considered underlying reasons for its performance against these indicators, putting action plans in place as required								
* Adjusted average health gain data is not available for Varicose Vein Surgery as case mix adjusted figures are not calculated for organisations with fewer than 30 modelled records. There are only 18 modelled records attributed to the Trust.								

Achievements against quality improvement priorities 2019/20

Take a *zero tolerance* approach to “*never events*”



These are largely preventable patient safety incidents that should not occur if preventative measures have been implemented within the Trust.

Outcome = 4 cases.

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

Period	Number of incidents reported*	Per 1000 occupied bed days
2013/14	3	0.0092
2014/15	1	0.0030
2015/16	2	0.0063
2016/17	1	0.0034
2017/18	0	0.0000
2018/19	1	0.006
2019/20	4	0.0153

During 2019/20 there were 4 ‘Never Events’.

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

The Trust reported 5 ‘Never Events’ in 2019/20, one was delogged following investigation as it was agreed it did not meet the ‘Never Event’ criteria. Following identification and investigation of the incidents, the learning/rec-ommendations from these events are listed as below:

Never Event (2019-8408) Wrong site surgery

1. DBTH principles of safe practice in non-theatre areas is based on national / WHO recommendations are embedded within the Ophthalmology service
2. Introduction of an information display board to share key learning for all staff within the Ophthalmology department
3. To strengthen the ophthalmology departmental induction process for trainee doctors and new starters
4. The ST5 doctor to reflect on his clinical practice
5. This report to be shared across Divisional specialties including areas where LocSSIP’s have been implemented
6. The HCA to reflect on her clinical practice

Quality improvement 1 - patient safety



Target achieved



Close to target



Behind plan

Never Event (2019- 12578) Wrong side stent

1. Before deployment of any device, Doctor 4 should request an X-ray image which includes an instrument or other x-ray identifiable item to confirm that the image is aligned to the patient's anatomy.
2. Develop a process in theatre that ensures that when a new member of the team joins after the 'time out' is completed, they are fully briefed on the surgery.
3. Develop a process where the Radiographer is clear on her instructions regarding orientation of the images.

Never Event (2019-26137) Wrong Lens Implant

1. Following calculation of the lens power, this should be annotated in longhand to ensure clarity.
2. The preoperative review of the patient by the Surgeon, should include cross-checking the plan in the notes, the Bluespier list, the consent form, the selected lens power and marking of the patient. This should be done as a single step process on face to face review of the patient.
3. The elements of the Safer Surgery Checklist should be reinforced to the Ophthalmology surgical team on all sites within DBTH.
4. At 'Time Out', the biometry and the lens packaging, detailing the lens power must be cross checked and confirmed verbally by the Scrub Practitioner and the Surgeon, with the surgeon confirming that the lens selected is appropriate for the eye that is to be operated on.
5. All Ophthalmology doctors who operate independently should audit 25 cataract cases to determine that the power of lens implanted is that which was intended.

Never Event (2020-2218) Overdose of insulin due to abbreviations or incorrect device

- Provide Trust-wide communication on the advice not to withdraw insulin from pen device
- Nurses on AMU to have diabetes education, including not to withdraw from an insulin pen device
- Staff Nurse 1 to undertake the Medicine audit tool, with support of Education team
- Present EDMET audit tool at Clinical Governance Committee for dissemination of event and sign-off of the tool

All the above recommendations are included in action plans which are monitored monthly in the Risk Management Report.

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

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

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

To reduce levels of hospital acquired MRSA bacteraemia



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

Outcome = 2 cases, exceeded target.

Year	Number of reported cases	Per 1000 occupied bed days
2013/14	2	0.0061
2014/15	2	0.0061
2015/16	2	0.0063
2016/17	3	0.0102
2017/18	2	0.0072
2018/19	0	0.0000
2019/20	2	0.0076

We initiated a zero tolerance to MRSA bloodstream infection (BSI) and have been proactive with the search and destroy approach post an MRSA bacteraemia we had after the 28th of October 2017. During 2018/19 the Trust had zero Trust attributed MRSA bloodstream infection, achieving more than 700 days. However, in 2019/20 we reported two cases.

The first case was in September 2019 in a complex surgical patient known to be previously colonised with MRSA and treated at STH. The Post Infection Review showed no lapse in care and deemed unavoidable. The second case was reported in an intravenous drug user (IVDU), also known to be colonised with MRSA and presented during the peak of the COVID-19 pandemic, which made it difficult to identify any earlier to ensure appropriate antibiotic therapy/decolonization.

The MRSA found in the blood cultures have now been identified in two other IVDUs within Doncaster, suggesting community transmission amongst within this group of patients.

We continue to aim for a Zero rate of MRSA Bacteraemia we will continue to:

- I. Identify on admission all previously colonised patients with MRSA, and ensuring if on antibiotic to treat an infection/sepsis they also have anti-MRSA antibiotic, we also advise the use of oral antibiotics if possible to reduce risk of intravenous devices with the increases risk.
- II. Ensure VIP scores are monitored closely and documented in clinical notes to initiate prompt action on their removal if early sign of phlebitis or infection at the cannula sites.
- III. Ensure early initiation and completion of decolonisation treatments and ensuring repeat screening results negative.
- IV. Promote the non-touch technique (NTT) when taking blood cultures to reduce risk of picking up skin flora organism during blood culture procedures in septic patients.

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

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

Quality improvement 2 - patient safety



Target achieved



Close to target



Behind plan

Implementation and use of NEWS2



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

Outcome = NEWS2 was implemented throughout the whole trust and therefore 100% compliance was achieved for 2019/20

For 2019/20 we chose to monitor the implementation and utilisation of NEWS2 throughout 2019/20

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

In using this tool we will aim to transform the speed and effectiveness of patients needing treatment at DBTH.

From October 2019 the use of NEWS2 was enhanced through implementation of electronic observations recording, deterioration tracking and automatic alerting – delivered via the 'Nervcentre' system. This also incorporates Sepsis triggers and alerting. The first phase of implementation involved the whole of the adult wards on the Bassetlaw site. The next phase will involve the DRI site commencing 22 September 2020.

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

The electronic observations system also incorporates analytics and visual dashboards which staff have open access to.

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

Quality improvement 3 - patient safety



Reduce the number of deaths which may have been preventable



Reduce the number of deaths which may have been preventable

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

Outcome = Target achieved HSMR: 99.25 (Jan 19 – Dec 19) SHMI 111.82 (Jan 19 – Dec 19).

Year	HSMR	SHMI
2014	108.68 (Jan 14 – Dec 14)	112.88 (Oct 13 – Sep 14)
2015	95.62 (Jan 15 – Dec 15)	105.7 (Oct 14 – Sep 15)
2016	91.08 (Jan 16 – Dec 16)	102 (Dec 15 – Nov 16)
2017	87.42 (Jan 17 – Dec 17)	101 (Dec 16 – Nov 17)
2018	92.43 (Jan 18 – Dec 18)	101 (Jan 18 – Dec 18)
2019	99.16 (Jan 19 – Dec 19)	111 (Jan 19 – Dec 19)

Over the last 12 months the overall HSMR has remained within the expected range maintaining the improvement over the last 5 years. Case mix continues to be challenging with an ageing population and high level of co-morbidity as evidenced in the depth of coding. The crude mortality follows a similar trajectory. The SHMI including deaths outside hospital within 30 days of discharge also remains in the expected range despite showing an increase from previously. The SHMI is always higher than the HSMR as it makes no adjustments for palliative care.

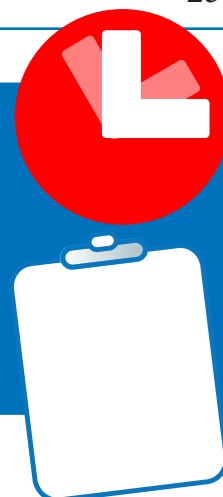
Progress, Monitoring & Reporting: Monitoring of the Trust HSMR and SHMI continues through the Mortality Monitoring Group. Reporting to the Board of Directors takes place monthly.

Data Source: HED. This data is governed by: National definitions

Quality improvement 4 & 5 - clinical effectiveness



80% of deaths screened as part of the structured judgement review (SJR)



Outcome = During 2019/20 there were 1986 deaths during, of which 1161 were screened as part of the SJR process (58.4%) – Target not achieved.

Period	Sepsis Screening
Q1 2019/20	62% (450 deaths/280 screened)
Q2 2019/20	63% (440 deaths/279 screened)
Q3 2019/20	40% (529 deaths/209 screened)
Q4 2019/20	70% (567 deaths/393 screened)

Between April 2019 and December 2019 the Learning from deaths nurses (one whole time equivalent) were screening the notes of deceased patients using an agreed screening tool based on the National Guidance for Learning from Deaths guidelines March 2017.

During this period this individual was also required to provide support for the bereavement officers due to sickness and staff vacancy, which challenged our activity, as well as facilitated an increasing number of viewings of deceased patients in the mortuary. This was also the time that they were assisting in the implementation of the Medical Examiner (ME) team. This unfortunately meant that our performance dropped in October, however it would return to a better standard in January.

The partial Medical Examiner team began to function from January 2020 when a Chief Medical Examiner, three other MEs, plus a new full-time Medical Examiner Officer (MEO) was appointed. Medical Examiner team scrutiny partially took over the process in January 2020. An increase in scrutiny can be seen from Q4 (2019/20) and the Trust could start to see how this scrutiny would then identify those deaths that need further investigation via the Structured Judgement Review methodology.

Late March saw a significant change in all the processes within the bereavement office and medical examiner team office as they assisted and supported all the changes brought into place via the Coronavirus Act 2020. It is noteworthy that during the height of the pandemic the ME function continued to be delivered despite the unprecedented circumstances. We expect the numbers of deaths being scrutinised will gradually increase with the aim of 100% compliance by April 2021.

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

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

Quality improvement 6 – clinical effectiveness



Reduce the number of missed hospital appointments



Outcome = 10.3%, exceeded target

Year	Actual Performance
2017/18	10.7%
2018/19	10.3%
2019/20	10.3%

In 2017, it was highlighted that the Trust was in the bottom 20% of Hospital Trust for performance in patient did not attend - DNA. With over 500,000 hospital appointments each year, over 50,000 appointments are missed. The impact of missed appointments results in significant waste in precious clinical services, reduced patient experience, impact on patient waiting times and financial risk due to waste of appointment time.

The Trust has therefore undertaken a missed appointments improvement project in partnership with Healthwatch Doncaster to engage with people in Doncaster and Bassetlaw to understand why people miss their hospital appointment and to learn how, together, we can improve our services and overall patient experience. An evaluation report was produced with a number of recommendations.

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

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

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

Quality improvement 7 – clinical effectiveness



Target achieved



Close to target



Behind plan

Duty of candour - initial communication and first letter



Duty of Candour is a statutory legal duty to be open and honest with patients, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Outcome = Initial Communication – 100%, Target Achieved. 1st letter compliance – 95.9%, Target Achieved.

Year	Actual Compliance Performance
Initial communica-	100%
1st letter	95.9%

The Trusts target for Duty of Candour compliance is 95%, as a Trust we need to be open and honest, with an aim to be 100% compliant. The initial conversation needs to happen in a timely manner following identification of the incident, therefore within the first 24 hours. 128 incidents were applicable for compliance of Duty of Candour, all 128 incidents have documented verbal initial communication on Datix.

Following the initial discussion the Duty of Candour Letter 1 is to be shared within 10 days. 7 patients/relatives declined any further written or verbal communication and therefore were excluded from further analysis. 116 of the 121 applicable incidents (95.9%) have evidence documented on the Datix reporting system that letter 1 was shared with the patient/relative.

Progress, Monitoring & Reporting: Reporting to the Clinical Governance Committee and Patient Safety Review Group.

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

Quality improvement 8 - patient experience





Demonstrate increased Patient Engagement



We are committed to improving the experience of our patients, families and carers. This means we want to work in partnership with our staff and patients to seek opportunities to improve the quality of care that we provide. We are constantly learning from the feedback that we receive and want to actively listen to our patients to understand what matters to them. We also recognise that sometimes we don't always get it right. In situations like this we pledge to our patients, families and carers that we will work with them to understand where care has not met their expectations and in doing so promise that this will not affect ongoing or future care that they may receive.

Outcome = Achieved

Patient feedback resulted in pulling together all the many forms of patient experience and engagement information in a simple infographic (below).

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

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

The Trust was given verbal assurance that it was using good practice in managing complaints when representatives from the PHSO visited the trust at the beginning of the year.

As part of the commitment to continually improve and monitor the handling of complaints, complainants were asked if they would complete a short questionnaire telling us about their complaint experience. One element of concern related to the time taken to respond.

To streamline the process in the management of all feedback and to improve the timeframes to respond, a Quality Improvement project was undertaken. This included the holding of a series of workshops within which the process was mapped and amended. To support this, the format of the DATIX reporting system was changed.

A further outcome of this project was to ensure positive feedback is captured. A simple and short page was added to DATIX making it faster and easier to report.

As the COVID 19 pandemic was declared, all Trusts were given the opportunity to pause all of the complaints for three. This Trust chose to review all cases and where possible to reply. From April 1 to May 31, the Trust responded to 90 complaints. 18 complaints that were received before April were paused due to COVID 19. Provisional date for re-starting the new process is 29th June.

One of the top themes raised within feedback from patients and visitors relates to 'Communication' This resulted in Beside Folders being circulated providing information about the trust.

The annual volunteer survey identified feedback regarding the lack of wheelchairs for use as patients arrive on site. A business case was produced and 93 additional chairs including 3 bariatric were purchased.

Part of an initiative to reduce the number of missed appointments within Ophthalmology. The trust worked in conjunction with Health watch and students from Doncaster College to produce a video showing patients the various ways to get to the department.

The Trust made a successful bid to NHS England to fund Response Volunteers. Initially the project was to help alleviate the winter pressures. Unfortunately, with the demographic of the volunteers, most of them had to self-isolate and the project was paused until the volunteers are able to return safely.

The FFT process has also undergone a review to relaunch. The Trust has restyled the FFT forms, and now added an electronic option which will be rolled out in Sept-paused nationally due to COVID-19 pandemic.

The poster to highlight this is below.



NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help us understand whether our patients and their carers are happy with the service provided, or where improvements are needed.

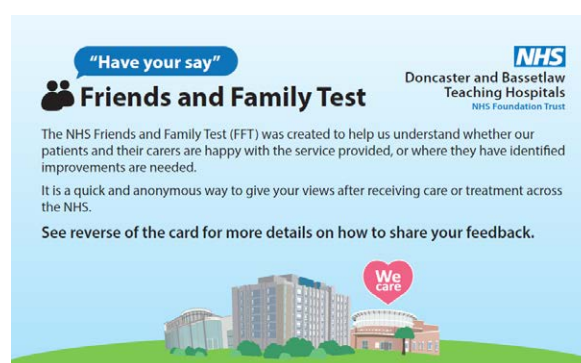
It is a quick and anonymous way to give your views after receiving care or treatment across the NHS.

We value and listen to all feedback given to us.
Please take time and tell us about your experience at Doncaster and Bassetlaw Teaching Hospitals.

This can be done in one of two ways:

- 1 Ask a staff member for an FFT card for the area you have visited or;
- 2 Scan the QR code, or go online at: www.dbth.nhs.uk/fft/

We care



"Have your say"

Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help us understand whether our patients and their carers are happy with the service provided, or where they have identified improvements are needed.

It is a quick and anonymous way to give your views after receiving care or treatment across the NHS.

See reverse of the card for more details on how to share your feedback.

We care

We value and listen to all feedback given to us.

Please take time and tell us about your experience at Doncaster and Bassetlaw Teaching Hospitals.

This can be done in one of two ways:

- 1 Ask a staff member for an FFT card for the area you have visited or;
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Progress, Monitoring & Reporting: Reporting to Patient Experience & Engagement Committee and Clinical Governance Committee

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



**Your
PALS**
in Hospital
Patient Advice and Liaison Service



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

Patient Experience Activity & Feedback 2019/20

Annual Inpatient Survey

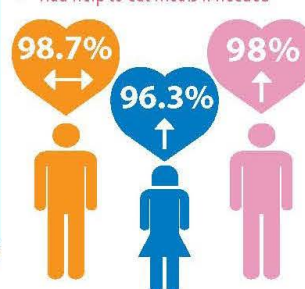
Treated with respect or dignity **98%**
Had confidence and trust in:
a. Doctors **95%** b. Nurses **98%**
c. Other clinical staff **95%**
Enough privacy when being treated or examined:
a. Wards **99%** b. ED **97%**
Well looked after by non-clinical staff **99%**

Picker



What our patients said:

- Treated with care and compassion
- Had opportunity to wash hands before eating
- Had help to eat meals if needed



Recorded Activity



Complaint Themes

Treatment: ↑
Inadequate therapy / Unhappy with outcome / treatment postponed or cancelled.
Diagnosis: ↓
Missed diagnosis or fracture / Time taken to make a diagnosis / Lack of diagnosis.
Appointment / Discharge: (NEW)
Concerns of being discharged too early / Unacceptable wait for appointment.
Staff Attitude and Behaviour: ↓
Insensitive to patient needs / Staff being abrupt or rude.

Family & Friends

28,711 ↑
Responses in total

99.1% ↑
Emergency Department

98.6% ↔
Women's

98.2% ↓
Inpatients

98.6% ↑
Outpatients

☒ **Would recommend our services
to family and friends.**

**Compliments
about our services** 😊

30,751 ↑



Annual End of Life Survey

National summary scores compared with submission summary scores

National summary score

BH submission summary score

DRI submission summary score

Communication with the dying person

7.8

9.8

9.4

Communication with families and others

6.9

9.8

9.7

Needs of families and others

6.0

Individualised plan of care

7.2

9.0

9.5

Families' and others' experience of care

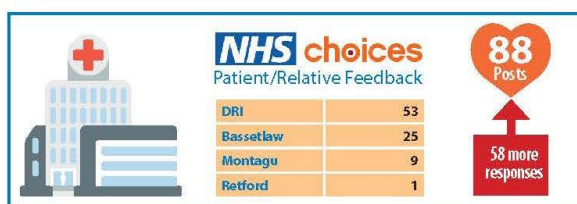
7.0

Workforce/specialist palliative care

7.4

9.4

9.4



Maternity Picker Survey responses

97% treated with respect and dignity
95% had confidence and trust in staff (during labour and birth)
95% were involved enough in decisions about their care (during labour and birth).

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

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



Reduce the number of complaints relating to staff attitude and behaviour



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

Outcome = 138, this demonstrates an increase in the number reported during 2018/19. Target not achieved

In the Quality account for 2019/20 there was an objective to have a 5% reduction on 2018/19 figures. The 2018/19 total was 109, however the final figure for 2019/20 was 138. This is a 26.6% increase, rather than the planned aim of a 5% reduction (with a 5% decrease this figure was expected to be 103 or less). Although there has been an increase it is important to be aware anecdotally, patients place a greater emphasis on staff attitude and behaviour. Perceived attitude and behaviour is in itself very subjective and therefore difficult to capture and address.

Common themes raised by patients/relatives about the attitude of staff have included:

- Abruptness / rudeness
- Insensitive to patient needs / unhelpful
- Conduct / Staff disposition

To address this, a more detailed report relating to feedback regarding staff attitude and behavior is to be presented to the PEEC, with a view to agreeing further actions.

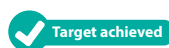
The updated format of DATIX deliberately enables the detailing of the outcome of each subject within a complaint. This will facilitate more information and enable focused actions.

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

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

This data is governed by: National definitions

Quality improvement 10 - patient experience



Review of Quality Performance 2019/20

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

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

National targets and regulatory requirements	2016/17	2017/18	2018/19	2019/20	National target or trajectory 2017/18
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> Urgent GP referral for suspected cancer 	86.5%	85.9%	85.8%	84.8%	85%
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> NHS Cancer Screening Service referral 	93.5%	93.7%	92.8%	86.8%	90%
18 week maximum wait from referral to treatment (patients on an incomplete pathway) <i>Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems</i>	90.5%	89.1%	88%	87.5%	92%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or Discharge <i>Data Source: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust internal systems</i>	91.4%	91.5%	92.6%	88.1%	95%
Maximum 6-week wait for diagnostic procedures	99%	99.13%	98.78%	97%	99%
Venous thromboembolism (VTE) risk assessment	95.02%	95.02%	95.02%	95.3%	95%

2020/21 Quality Improvement Priorities comparative data

The table below shows comparative data to provide additional context:

	Target 2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
Patient safety quality improvement targets						
Take a zero tolerance approach to Never Events	0	4	1	0	1	2
Reduce the number of healthcare associated infections (MRSA bacteraemia)	0	2	0	2	3	2
Implementation & completion of NEWS2	>90%	100%	Not measured	Not measured	Not measured	Not measured
Clinical effectiveness quality improvement targets						
Reduce the number of deaths which may have been preventable - Hospital Standardised Mortality Ratio (HSMR)	<95	99.16 (Jan 19 - Dec 19)	92.43 (Jan 18 - Dec 18)	88.43 (Jan 17 - Dec 17)	93.66 (Jan16 - Dec 16)	95.15 (Jan 15 - Dec15)
Reduce the number of deaths which may have been preventable - Summary Hospital-level Mortality Indicator (SHMI)	<100	111 (Jan 19 - Dec 19)	101 (Jan 18 - Dec 18)	101 (Dec 16 - Nov 17)	102 (Dec 15 - Nov 16)	105.7 (Oct 14 - Sep15)
80% Deaths screened as part of structured judgement review (SJR)* (governor selection)	80%	58.4%	Not measured	Not measured	Not measured	Not measured
Reduce the number of missed hospital appointments	<7%	10.3%	9%	10.2%	Not measured	Not measured
Patient experience quality improvement targets						
Duty of Candour – Initial communication 1 st letter	>90%	100% and 95.9%	Not measured	Not measured	Not measured	Not measured
Demonstrate increased Patient Engagement activities in each Division	100%	100% of Divisions	100%	100%	Not measured	Not measured
Reduce the number of complaints relating to staff attitude and behaviour	5% reduction	107	107	108 (12.9% reduction)	129	144

Comments on the 2019/20 Quality Account were received by:

Comment one: Healthwatch Doncaster

Healthwatch Doncaster are pleased to provide comments and a response to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's (DBTH) 2019-20 Quality Accounts.

Healthwatch Doncaster have been working closely with Doncaster and Bassetlaw Teaching Hospitals on a number of different projects throughout 2019-20 including work around the transformation of outpatients, Urgent and Emergency Care services and implementation of the recommendations of the Missed Appointments project, including Dr Doctor, through the Patient Communications Steering Group.

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

Healthwatch Doncaster recognise DBTH's commitment to quality and improving outcomes for patients. We are assured that the voices and experiences of local people and patients are taken into account and listened to so that services can demonstrate continuous improvement.

Andrew D. Goodall

Chief Operating Officer
Healthwatch Doncaster

Comment two: Health Scrutiny Committee Nottinghamshire County Council

The Health Scrutiny Committee for Nottinghamshire welcomes this opportunity to comment on Doncaster and Bassetlaw Hospital's draft Quality Account.

It is always pleasing to note that patient engagement is a priority and a success, with all areas of the Trust willing to work with patients with the aim of improving care and patient experience. The positive changes to streamline complaints, concerns and feedback processes will help patients to feel listened to and valued. The introduction of the bedside folders "Sharing How We care for You" will also help remove the anxiety sometimes experienced by patients who have questions regarding their stay in hospital.

Complaints by patients about staff attitude and behaviour are being taken seriously by the Trust and although they have not achieved their own target of a 5% reduction, it is intended to pursue this figure and take it in the forthcoming year, we look forward to this figure for complaints being significantly reduced from the 138 of 2019/20.

Missed appointments are frustrating for both clinicians and for those patients who missed out on getting the appointment they so desperately required, "did not arrive" accounted for 10.3% and although an improvement was achieved from the previous year this is still an unacceptable level and work must carry on to reduce this number further.

"Never Events" are something no Trust wants to experience and four in one year is clearly four too many. Reassurance is needed that the safety measures put in place relating to staff education and Trust processes for X-ray and post time-out briefings in theatre will achieve the desired improvements.

It is pleasing to see a CQC overall rating of "Good" for 2019/20 in recognition of the Trust's work in effectiveness, caring, responsive and well led. In relation to the rating of "requires improvement" in the safety domain, the committee looks forward to seeing that the necessary improvements have been embedded, and we are confident that these will be reflected positively in future inspection reports.

The Health Scrutiny Committee would also like to take this opportunity to thank the staff of Doncaster and Bassetlaw Hospitals for all of the work they have undertaken during the particularly challenging time of the COVID-19 pandemic.

Councillor Keith Girling

Chairman of the Health Scrutiny Committee
Nottinghamshire County Council



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