NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2020/21

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2020/21

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

Contents

Performance Report

Accountability Report

Financial Review

Performance Report

Chair and Chief Executive's statement

On 21 March 2021, we marked one year since we admitted and cared for our first COVID-19 positive patient. The 52 weeks from the first patients admission have probably been the most extraordinary year in the Trusts history.

Just 12 months ago, our organisation was preparing for a once-in-a-generation pandemic, uncertain as to what to expect and doing all we could to ensure we were able to weather the oncoming storm. Now, one year on, we are proud to reflect upon the compassion, dedication and fortitude shown by colleagues in the face of unprecedented challenge and great uncertainty.

Following the Prime Minister's announcement of a national lockdown on the evening of 23 March, we shared an open letter from the Trust to the people of Doncaster and Worksop, as well as with our colleagues. Despite the anxieties we all collectively felt at the time, the note stated that, once the pandemic was over, we would reflect upon what we have achieved together with a huge sense of pride. While the pandemic is not quite over at the time of writing, we believe this sentiment holds true today.

While we are not yet done with COVID-19, in the 365 days between that first patient and 31 March 2021, we have cared for over 3,269 people and safely discharged over 2,425 to continue their recovery. Colleagues have diligently cared for those suffering the worst effects of the disease and adapted to new ways of working as the country entered lockdown, never complaining or wishing to opt-out.

As a Trust, we saw peaks of activity in May, and again in November, with our hospitals being some of the busiest in the country for a brief period. For their efforts during this time, we would like to place on record our heartfelt thanks to everyone for both their individual and team efforts. In times of emergency, an organisation's true values become clear – and we believe that colleagues across the Trust have truly shown that 'We Care', pulling together in the most difficult of circumstances.

While we have so much to be proud of, like so many across the country we too have lost much-loved colleagues. We cherish the memories of our friends and co-workers, Kevin Smith, Dr Medhat Atalla and Lorraine Butterfield who passed away last year, following brief but extremely brave and determined battles with COVID-19.

Like so many families, words cannot account for the loss we feel, and their absence will be forever felt within our teams. It is our sincere hope that the memorial Rainbow Gardens (more information is available later in this report) we have created, funded generously by our local communities, will provide a lasting monument to those who have been lost.

During such a difficult year, we all wondered when the pandemic would end. However, we believe now more than ever before that there is light at the end of the tunnel. If infections continue to decline, as they are at the time of writing, we may be able to reclaim some normality as we move forwards in 2021/22 and beyond. Only time will tell but, for now, we remain cautiously optimistic.

We couldn't have achieved what we have without the support of those individuals who continued to supply and operate our ambulance, police and fire services, supermarkets and local shops, our streets and neighbourhood teams, all those who delivered the essential items we needed every day, educated our young people, and everyone in between. To every single person defined as a key, or essential worker, you should be proud of what you have achieved and you have our deep thanks and appreciation.

This report, like the one preceding it, will be slightly different from the norm. Within the following pages, we will highlight the collective efforts of colleagues throughout the past 12 months. We have detailed our response to COVID-19, as well as how we continued to care for those who needed routine treatment. Additionally, we have accounted for the money we received, and how we spent it, both in service of beating COVID-19 and to improve our hospital sites now and into the future.

In all, this document is an opportunity to reflect upon this most extraordinary year and, despite the challenges, we believe it is clear that our development as an organisation has been substantial – but in ways we could not have anticipated just 12 months ago.

Finally, we would like to thank staff, governors, members, volunteers, partner organisations, commissioners, regulators, and everyone else who has worked with us over the past year, as well as our local communities. Their positive support has been overwhelming and has contributed to what has been a successful year in many ways, albeit challenging in others.

This Annual Report sets out openly, honestly and in detail, how we performed in 2020/21, along with our plans for 2021/22. Finally, we can confirm this annual report was prepared on a 'group' basis within the Trust and thank colleagues for their efforts in collating this document.

Suzy Brain England OBE
Chair
25 June 2021

Richard Parker OBE
Chief Executive
25 June 2021

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 a teaching hospital operating within 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 system partners in South Yorkshire and Bassetlaw.

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

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 and a smaller site at Retford:

- **Doncaster Royal Infirmary (DRI)**

  DRI is a large acute hospital with over 600 beds, a 24-hour Emergency Department (ED) and trauma unit status. In addition to the full range of district general hospital care, it also provides some specialist services. It has 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. In early 2020 we vacated our Chequer Road Clinic premises which had become increasingly unfit for purpose. Moving our Audiology service less than two miles away to the Sandringham Road Centre, while Mammography and Children's Speech and Language Therapy transitioned to Devonshire House, less than a third of a mile away.

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 and soon to be revised) 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.

Our values:

Guide us in everything that we do.

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

We care

W e always put the patient first.

E veryone counts – we treat each other with courtesy, honesty, respect and dignity.

C ommitted to quality and continuously improving patient experience.

A lways caring and compassionate.

R esponsible and accountable for our actions – taking pride in our work.

E ncouraging and valuing our diverse staff and rewarding ability and innovation.

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Our vision: To be the safest trust in England,

outstanding in all that we do.

Our strategic objectives which will help us get there:

Patients — Work with patients to continue to develop accessible, high quality and responsive services.

People — As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

Performance — We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

Partners — We will increase partnership working to benefit people and communities.

Prevention — Support the development of enhanced community based services, prevention and self-care.

Qi — Working together using methods, tools, data measurement, curiosity and an open mindset to make improvements (Health Foundation).

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Our vision
The ambition of the Trust

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

True north
How we arrive at our vision

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

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

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

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

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

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

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

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

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

Overview of our activity and performance in 2020/21

When drafting our annual report in March 2020, we were anticipating to deliver a document which reflected upon a hugely successful 12 months for our Trust.

This was a year in which we had made huge strides both operationally and in terms of our performance, finally overcoming financial challenges which had come to light in 2016 and, together as a team, we were looking ahead to a brighter future filled with opportunity.

This was a 12 month period which saw the organisation achieve a Care Quality Commission (CQC) rating of 'Good' for the first time in four years, as well as registering our very best Staff Survey results and delivering a small surplus within our financial position. Unfortunately, this period also marked the arrival of COVID-19 into our lives, both personal and professional. As such, the report we delivered last year (as well as the one which we present to you in 2021) is very different to what we had anticipated.

Since March 2020, colleagues throughout our Trust have battled with COVID-19 – an illness which has not only significantly changed the way we work, but the physical flow of our hospital sites. It has meant a reorganisation of our priorities, a revision of our plans and strategies and a year of unprecedented challenge and upheaval.

It has been a year defined by great teamwork and togetherness, but also punctuated with great sadness. COVID-19 has affected everyone, and while many families will have an empty chair when able to come together again,, as an organisation we too have experienced loss with the passing of our beloved colleagues Kevin Smith, Dr Medhat Atalla and Lorraine Butterfield.

Words cannot account for the grief we feel and their absence will be felt forever within the Trust. However, we remember all three for the joy they brought to us, and the care, compassion and professionalism they embodied as members of Team DBTH.

In order to mark our respects and remember our colleagues in future years, a small 'in memory' section is available later in this report on page 33.

Despite the hugely challenging times we have found ourselves in, the Trust has much to be proud of, and particularly in the way that colleagues have dealt with COVID-19. Below is a summary of the number of patients we have cared for who were afflicted with this disease from 21 March 2020 (the date of the first related admission) until 31 March 2021.

Covid-19 data (as of 31 March 2021):

- Current Covid-19 patients: **20**
- Total Covid-19 patients in Intensive Care: **three**
- Total Covid-19 discharges: **2,377**
- Total number of patients who have died: **808**
- Total number of patients who have been admitted: **3,226** (DRI: 2,555 – BH: 559 – MH: 112)

Given the pace of events throughout the past 12 months, we have created a timeline to illustrate the changes, developments and milestones throughout the pandemic, as well as to give readers a greater understanding of the difficulties the Trust has faced.

As this report will make clear, a monumental amount of work has been undertaken from March 2020 to March 2021, making this annual report unlike any other we have produced.

Therefore we will not be focusing as heavily on traditionally reported operational performance (the interruption to services would make any data comparison largely irrelevant), but will instead summarise our activity throughout the past 12 months, the impact of COVID-19 and our next steps as an organisation.

Within the following pages, we have organised our commentary into the following themes and focuses which encompass our approach to the pandemic and the preceding 52 weeks:

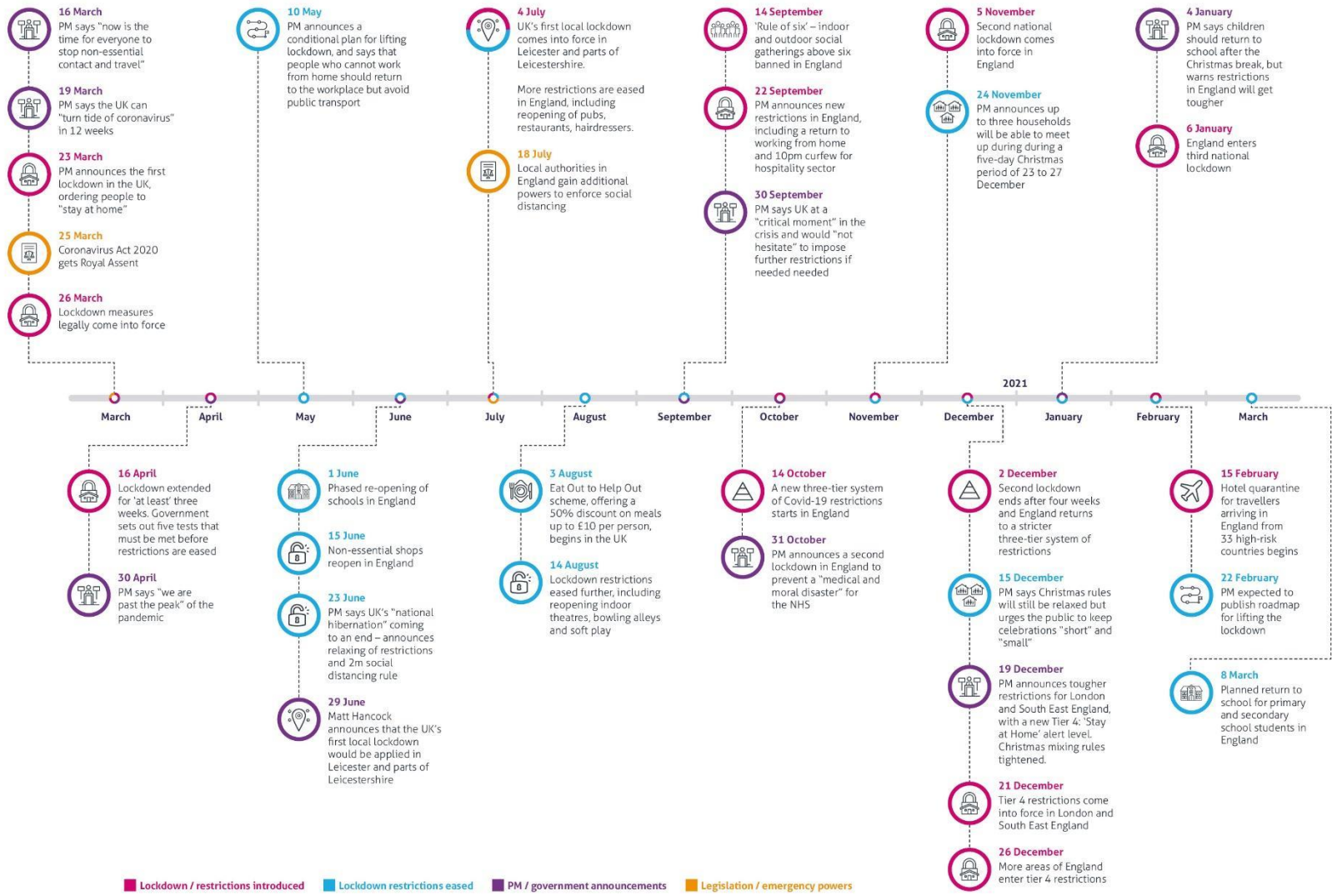
- Safety, care and infection control
- Estates and facilities
- Procurement and personal protective equipment
- Communications and information sharing
- Colleague health and wellbeing
- Vaccination and testing
- Recovery and next steps

Through these sections, you will be able to view our overall activity as an organisation in terms of the numbers of patients cared for, broken down by inpatient, outpatient, and emergency attendances and babies born, as well as overall COVID-19 activity throughout 2020/21.

Finally this report will also contain notes upon our financial performance as well as a full and comprehensive Accountability Report as mandated, in addition to a concluding Quality Account. The latter will be slightly more abridged than usual, marking the final iteration of this particular document and evaluating the targets set in 2019/20 as the reporting expectations will change in the next financial year, as per the Annual Reporting Manual.

In all, 2020/21 has been unprecedented in the scale of challenge we have faced as an organisation. We hope you find the Annual Report for 2020/21 informative, laying out the actions we took and in what context, as well as highlighting the often heroic efforts of our healthcare professionals who make up Doncaster and Bassetlaw Teaching Hospitals.

Timeline of UK coronavirus lockdowns, March 2020 to March 2021



Source: Institute for Government analysis.

A timeline of the year at DBTH

In addition to the national timeline as created by the Institute for Government Analysis on the previous page, below is a calendar of notable events, achievements and milestones at the Trust through 2020 and 2021 – the list is not comprehensive by any means. This encompasses the entirety of the pandemic, as experienced locally.

March 2020

- **9 March:** With the emergence of COVID-19 and the accelerating challenegs across the world, this date marked the first formal meeting of all senior managers to understand the scale of the challenge ahead of the country, and the Trust. The date marks the start of our plans, preparations and measures against the illness.
- **13 March:** As the severity of the situation became apparent, and the vulnerabilities to certain age-groups known, we asked all volunteers over 70 and those with underlying conditions to stay home from this date.
- **17 March:** As COVID-19 began to proliferate throughout the UK, to protect patients and colleagues we restricted visitors to only essential circumstances.
- **19 March:** As per national guidance, we put a short-term pause on all face-to-face outpatient and elective procedures, and began stepping-up virtual arrangements for three months.
- **21 March:** The first patient with COVID-19 is admitted to Doncaster Royal Infirmary.
- **23 March:** To support colleagues and patients, we announce that parking is free on all sites until further notice.
- **23 March:** With much sadness, we confirm the first death related to COVID-19 at Doncaster Royal Infirmary.
- **24 March:** Due to the increase in cases and to reflect the national lockdown measures, all visiting is restricted.
- **24 March:** As the country enters lockdown measures, we introduced free catering and meals to all colleagues to support them while working.
- **25 March:** To assist with staffing, maternity services are consolidated and moved from Bassetlaw Hospital to Doncaster Royal Infirmary as an interim measure.
- **25 March:** With much sadness, we confirm the first death related to COVID-19 at Bassetlaw Hospital.
- **End of the month:** In total we admitted 21 patients with COVID-19 throughout March, and 14 are safely discharged.

April 2020

- **Beginning of April:** Essential works were undertaken on all sites to create separated corridors. We also moved some of our ward areas to maximise and enhance oxygen flow and some colleagues were redeployed to help in areas with increased activity.

Additionally, plans were made to be able to increase intensive care beds from 28 to 130.

- **3 April:** In order to enhance the safe continuation of service, our Dermatology department moved to Montagu Hospital.
- **7 April:** Our Outpatients entrance was moved to South Block to help with footfall, with hand hygiene stations fitted nearby.
- **10 April:** Polymerase Chain Reaction (PCR) was introduced in-house at the Trust, allowing for 100 COVID-19 tests to be undertaken daily. Our assay has been measured as having a sensitivity (chance of producing true negatives) of 96% and a specificity (chance of producing true positives) of 96%.
- **12 April:** With much sadness we shared the news that Kevin Smith, Plaster Technician, passed away following a brief but brave battle with COVID-19.
- **16 April:** Our Research and Development team organised the Trust's entry into medical trials looking at potential COVID-19 treatments.
- **17 April:** As a result of COVID-19 activity, all general recruitment paused, with pandemic related appointments taking precedent.
- **22 April:** With much sadness we shared the news that Dr Medhat Atalla, Consultant Physician and Geriatrician, passed away following a brief but brave battle with COVID-19.
- **27 April:** Our very first 'Rainbow Rooms' were introduced – dedicated spaces for colleagues to use when they need a break, to relax and recharge during difficult shifts.
- **End of the month:** In total, we admitted 324 patients with COVID-19 throughout April, and 163 were safely discharged.

May 2020

- **4 May:** In memory of Kevin Smith, Kevin's wife and Registered Nurse, Diane launched the 'Kev's Wheels appeal' to create a space for wheelchairs within the hospital. Within days over £15,000 was donated.
- **6 May:** A record of 27 patients were discharged on this day, the most in a single day.
- **5 May:** We launched the Doncaster and Bassetlaw Maternity Services Facebook page to assist and support mums and mums-to-be in the area. To-date, 4,300 people follow the page, and the platform has proved to be a huge success.
- **11 May:** This day marked the peak of the first wave locally, with 113 patients receiving care at the hospital.
- **12 May:** Following changes to all visiting, we made the decision to ease this slightly within our Neonatal services, allowing for both parents to visit at different times in the day.
- **13 May:** We marked the successful trial of video consultations within paediatrics, and began the process of rolling this out further, By the end of year, thousands of appointments are carried out in this manner.

- **18 May:** In order to support patients and their family, friends and loved ones to stay in touch, we introduced virtual visiting with the use of specific Trust devices.
- **Middle of May:** The number of inpatients with us began to slowly and consistently decline, reflecting the impact of Lockdown measures and signalling the beginning of the end of the first wave.
- **End of the month:** In total we admitted 263 patients with COVID-19 throughout May, and 162 were safely discharged.

June 2020

- **2 June:** As a result of a sustained decline in admissions related to COVID-19, on this day we eased visiting restrictions to allow individuals to support those receiving end of life care, those with learning disabilities, those with dementia, long-stay patients and maternity.
- **6 June:** As a result of national guidance, the wearing of face covers became mandatory, which also extended to hospital settings – albeit already largely followed.
- **12 June:** In order to pay our respects to those we have lost to COVID-19, we launched our Rainbow Garden appeal to create two memorial spaces at our Doncaster and Bassetlaw sites.
- **End of the month:** In total we admitted 92 patients with COVID-19 throughout June, and 99 were safely discharged.

July 2020

- **1 July:** The first £10,000 was raised for the Rainbow Gardens, and the project received the green-light to go ahead.
- **22 July:** We shared the news that one week has been achieved without an additional COVID-19 admission.
- **24 July:** We shared the news that one week has elapsed without any additional COVID-19 deaths at the Trust.
- **27 July:** Following a successful recruitment campaign, we shared the news that Maternity services will return to Bassetlaw Hospital in November.
- **End of the month:** In total we admitted 29 patients with COVID-19 throughout July, and 43 were safely discharged.

August 2020

- **Beginning of August:** As activity continues to decline, we started to develop plans to ensure a focus upon elective and non-urgent work, using the lull in COVID-19 infection to reduce waiting lists.
- **11 August:** We began an eight day sequence in which we did not admit any additional cases of COVID-19 in our hospitals.

- **19 August:** We began to work through non-urgent and elective work in chronological order, as per Trust plans and strategies.
- **End of the month:** In total we admitted eight patients with COVID-19 throughout August, and seven were safely discharged.

September 2020

- **7 September:** We registered the lowest number of COVID-19 inpatients staying with us since March, at just three.
- **11 September:** We safely discharged our 500th COVID-19 patient.
- **14 September:** We marked one month without registering an additional COVID-19 death
- **15 September:** Following successful fundraising efforts, work went underway on the Bassetlaw rainbow garden, finishing just 15 days later on 30 September.
- **End of the month:** In total we admitted 37 patients with COVID-19 throughout September, and 23 were safely discharged.

October 2020

- **10 October:** As per national guidance, the Trust adopted the usage of the NHS Test and Trace app in specific hospital areas.
- **12 October:** Patient numbers rose sharply to 50, signalling the beginning of a second wave locally.
- **14 October:** Visiting was restricted at Montagu Hospital as four patients contract COVID-19.
- **16 October:** Due to increasing patient admissions and a spiralling infection rate locally, all visiting was restricted again.
- **25 October:** Marked the largest rise of patients in one day throughout the pandemic for the Trust.
- **26 October:** Admission figures outstripped peak seen during the first wave.
- **End of the month:** In total we admitted 499 patients with COVID-19 throughout October and 221 were safely discharged.

November 2020

- **4 November:** Point of care testing arrived at the Trust, complementing existing PCR tests, meaning screening results are known within a few hours of swabbing.
- **5 November:** Second national lockdown was announced and enforced.
- **7 November:** With much sadness, we shared the news that Lorraine Butterfield, Registered Nurse, had passed away following a brief but brave battle with COVID-19.
- **16 November:** We marked the peak of the second wave with 244 inpatients testing positive for COVID-19.

- **Middle of November:** During this time we came under sustained pressure from COVID-19, more than at any time during the pandemic. All focus and efforts were placed upon getting through these challenging times.
- **25 November:** Regular COVID-19 screening was introduced into all clinical areas, with staff expected to undertake two weekly screening using lateral flow device kits.
- **End of the month:** In total, we admitted 575 patients with COVID-19 throughout November, and 409 were safely discharged.

December 2020

- **2 December:** Second national lockdown ends and country returns to tier-system.
- **24 December:** Our in-house vaccination programme got underway with vaccination clinics at Rutland House in Doncaster, and the Keepmoat Stadium initially.
- **End of the month:** In total we admitted 507 patients with COVID-19 throughout December, and 393 were safely discharged.

January 2021

- **Beginning of January:** Admission rates began to very slowly decline.
- **6 January:** Third national lockdown was announced and enforced.
- **End of the month:** In total we admitted 435 patients with COVID-19 throughout January, and 355 were safely discharged. Nationally, the NHS admits one third of all seen COVID-19 patients in this month.

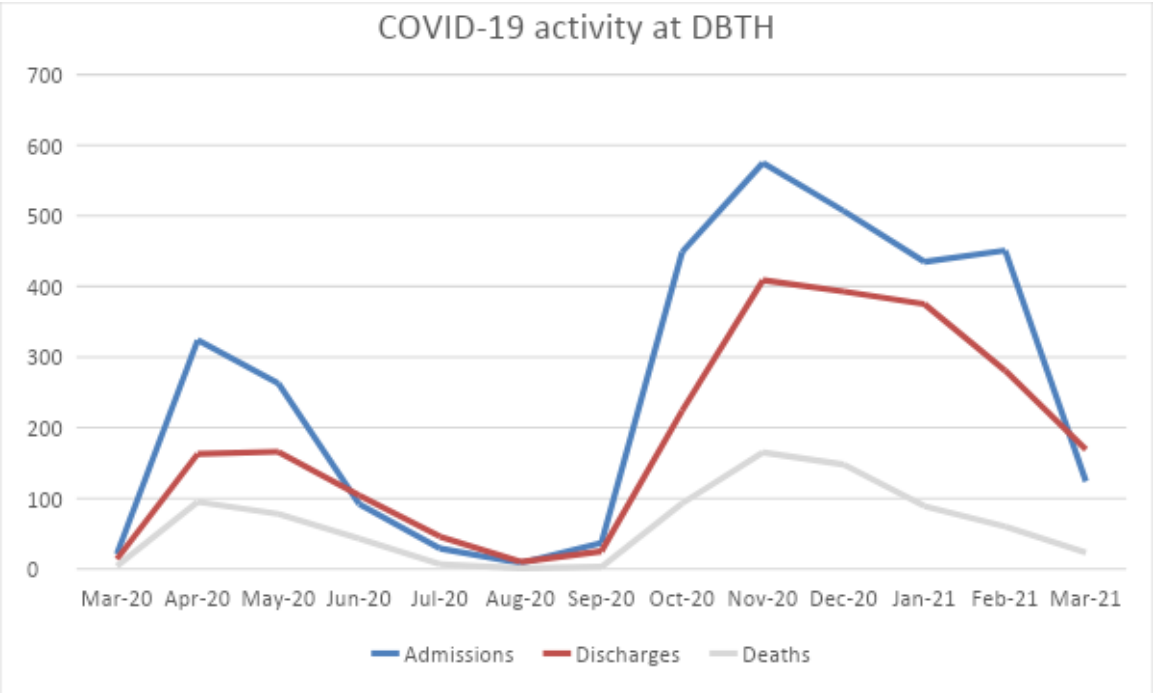
February 2021

- **8 February:** We safely discharged our 2,00th COVID-19 patient.
- **17 February:** We marked the admission of our 3,000th patient.
- **19 February:** Final in-house first dose COVID-19 vaccination clinic was held, with 6,764 colleagues receiving the jab.
- **End of the month:** In total we admitted 315 patients with COVID-19 throughout February, and 267 were safely discharged.

March 2021

- **11 March:** The 100,000th COVID-19 vaccine was administered in Doncaster.
- **12 March:** The Second dose vaccination programme began at the Trust, with an end point of 28 April.
- **21 March:** The Trust marked one year since the first COVID-19 patient was admitted.
- **23 March:** The Trust marked one year since the first COVID-19 patient passed away within our hospitals.
- **29 March:** Visiting restrictions were eased to allow for one named visitor per day, per patient, in most adult areas.

- **End of the month:** In total, we admitted 124 patients with COVID-19 throughout February, and 169 were safely discharged.



To highlight further work beyond the timetable above, throughout the following pages, we have organised our commentary into the following themes, which encompass our approach to the pandemic and the preceding 52 weeks:

A focus upon safety, care and infection control

When news of COVID-19 filtered through from China in late 2019, the broader NHS began to make plans for the potential implications of this new disease. For our part, our planning began in earnest in early March 2020, with senior teams mobilised to make significant changes when the scale of the challenge became apparent. What followed was a period of intensive change for our hospitals.

In the immediate aftermath of COVID-19 reaching the UK, we moved quickly as an organisation. Led by our Executive Team - as well as Director of Infection Prevention and Control, Dr Ken Agwuh - a number of physical changes were made to our sites, while daily 'Enhanced Operations' meetings were convened with senior colleagues across a range of specialities.

As such, the Trust implemented guidelines related to COVID-19, which were shared with all colleagues and regularly updated. This specified everything from treatment to the appropriate usage of PPE, and everything in between. Additionally, informed by predictive modeling of activity, we put in place plans to be able to increase our intensive care bed capacity from under 30, to just under 130 and consolidated several services to increase staffing resilience.

A system of testing was introduced early on (more detail on which can be seen below) with an in-house process developed within 20 days of the first confirmed positive at Doncaster Royal Infirmary. We believed that it was key to ensuring diagnosis was established early, with all admissions tested for COVID-19 upon arrival and specific pathways followed as the results became known. This system is still in place as of the time of writing this report.

Every patient with COVID-19 in our hospitals is, and has to be, cared for in a very specific way, no matter how the illness may be affecting them. This impacts on all manner of areas from what Personal Protective Equipment (PPE) colleagues must wear, to what treatments are used, which areas these individuals are transported through and what infection prevention and control procedures are in place.

In order to aid with the flow of patients - as well as improve our ability to deliver care in terms of increased activity - we moved our Respiratory wards from the top floor of the East Ward Block at Doncaster Royal Infirmary to the sixth floor, thereby enhancing piped oxygen pressures and flow, and consolidating relevant services together. Senior clinicians also kept abreast of any changes and incoming guidance in regards to the treatment of COVID-19, whilst we supported national research into the virus.

The above-mentioned reconfiguration impacted every single area of our hospital sites, as we moved into a system of ‘yellow’ and ‘blue’. The former is an environment with a higher risk of COVID-19 present, and therefore heightened PPE requirements and patient safety protocols. Ultimately, entire areas of our hospitals were designated in this way, with temporary walls erected throughout sites in order to better direct footfall - as well as ensuring those confirmed positive for COVID-19, or suspected, were segregated from the more vulnerable and negative - thereby minimising potential for cross-infection. This system is still in place at the time of writing this report.

Our teams also innovated, delivering new ways of delivering services in a COVID safe way. Our pathology team developed drive through phlebotomy and swabbing for urgent patients at the Keepmoat Stadium in Doncaster, helping to keep some of our most vulnerable patients safe. Similarly, our Cardio-respiratory team established a drive through cardiorespiratory tests.

We also worked closely with our independent sector partner, Ramsay Health, establishing a protected, safe environment for our cancer patients at Parkhill Hospital. Our outpatient services rapidly transferred many face-to-face services to telephone or video appointments. Technology helped establish rapid and efficient ways of working with system partners and colleagues across the Trust, this collaboration being so central to our response to the pandemic.

We also devised and put into operation a system for redeploying colleagues into areas experiencing workforce shortfalls, or those under increased strain. This service was setup early on during the pandemic and has been maintained ever since.

Given the infectious nature of COVID-19, it became clear that our measures of PPE needed to be enhanced, as did the availability of FFP3 masks for colleagues (filtering facepiece masks which protect against solid and liquid toxic aerosols). As such, we organised daily fit mask testing clinics, to ensure these pieces of equipment made an appropriate seal around colleagues' face when worn. In a short number of days, every member of staff working within a clinical setting and undertaking patient observations and related treatments were tested and given their own FFP3 respirator.

With increasing activity in March and into April, we took the decision to restrict all visiting. This also meant asking volunteers to stay at home, vulnerable colleagues to shield and the pausing of some elective and non-urgent appointments and procedures. Where possible, we continued some of this work, and in other cases we switched to virtual clinics, utilising secure platforms to keep in touch with patients. Still in operation today, the Trust intends to keep this new, digital way of working going forward, and it will form a crucial part of our strategy as we build towards a recovery.

The Trust experienced three waves of COVID-19, the first lasting from March to May, and the second from October to December and the third from January to March. While challenging, the initial surge in activity informed our approach later in the year, and helped us to refine, improve and enhance our policies and procedures, and whilst we came under far more strain during the winter, our collective experience meant that we were able to weather this particular storm.

The early foundations we put in place in response to COVID-19 have held firm throughout the past 12 months. Senior colleagues meet daily and weekly to update and escalate various matters, and our Executive Team remains in constant contact, revising and enhancing our response as necessary. In all, the successes we have experienced have been the result of constant vigilance, pouring over the detail and ensuring appropriate plans were in place to meet the challenges ahead of us. Plus, whenever things have not gone entirely as we would have liked, we have learnt from this, ensuring we improve going forward.

A focus upon estates and facilities

In addition to the changes outlined above, we made significant capital investments within our hospital throughout the year – both to combat COVID-19, as well as to enhance the Trust's infrastructure. Works included (note all costs are approximates):

- **Electrical Infrastructure**: Provision of a new electrical substation to replace an older facility and to provide new transformers and back-up generators for electrical resilience at Doncaster Royal Infirmary (£2.7m).
- **Fire precaution works:** Women's and Children's Hospital at Doncaster Royal Infirmary (£2,600,000), internal roads at Bassetlaw Hospital (£400k), Rehab 1 and 2 at Montagu Hospital (£200k), D Block at Doncaster Royal Infirmary (£100k).
- **Prevention of Legionella:** Removal of dead leg piping systems, installation of copper silver dosing, replacement of storage plate heat exchangers (£800k).

- **Works related to Care Quality Commissioning (CQC) recommendations**: Flooring upgrades and sanitary facilities (£350k).
- **Oxygen Resilience:** Installation of additional vacuum insulated evaporator and distribution pipework at Doncaster Royal Infirmary (£770k).
- **Roads and footpaths**: Improvements and repairs (£300k).
- **Medical gas improvements and investments:** Manifolds, pendants, Vacuum connections (£400k).
- **Roof Upgrades:** Minor Injuries Unit, theatres, resuscitation area, Ophthalmology (£800k)
- **Nurse on-call system**: Upgrades and replacement of obsolete equipment (£240k)
- **Emergency lighting:** Upgrades to main corridor areas (£350k)
- **Asbestos abatement:** Routine work across all hospital buildings (£400k)
- **Refrigeration:** Upgrade of chiller plant (£300k)
- **Generator upgrade:** Replacement of standby generator at Montagu Hospital (£150k).
- **Boilers:** Upgrade and replacement at Doncaster Royal Infirmary (£240k).
- **Lifts refurbishment:** Improvements to current lift system at Doncaster Royal Infirmary (£150k).
- **South Block Outpatients reconfiguration:** To aid with COVID-19 pathways and movements across site (£50k).
- **Emergency department flow and ventilation works:** Upgrades to patient entries, pathways and airflow within this area at Doncaster Royal Infirmary (£1,800,000).
- **Staff changing areas:** Refurbishments and enhancements at Doncaster Royal Infirmary theatres (£600k).
- **Endoscopy improvements:** Reconfiguration and ventilation for JAG accreditation (£220k).
- **Diagnostic improvements:** Replacement of existing CT scanner and provision of MRI at Bassetlaw Hospital (£200k).
- **Emergency Village:** Early design work at Bassetlaw Hospital (£250k).
- **ATC ward improvement:** Minor Reconfiguration at Bassetlaw Hospitals (£40k).
- **Doctors' mess:** Provision of new area at Doncaster Royal Infirmary (£150k).
- **Portacabins:** Additional office accommodation (£80k).

A focus upon procurement and personal protective equipment (PPE)

An early challenge experienced by the Trust, as well as providers across the country, was the availability of PPE. To date, we have used around three million items of equipment, from gloves to face coverings, and from early March 2020 have adhered to strict guidance to try and ensure the safety of colleagues.

Led by our Procurement service, the provision of PPE has been a priority throughout the past 12 months. The team regularly undertakes meticulous inventory management audits,

knowing the volume of equipment we have available, as well as sharing accurate and regular updates on how long this stock will last and when we can expect more. This real-time information ensured that, while challenging, we never ran out of PPE.

To support these endeavours, the role of 'PPE Champions' was devised and implemented across the Trust, supported by regular visits from the Infection Prevention and Control (IPC) team. With the data provided by Procurement, we were able to see where usage was most heavy, and whether additional training or support was required to ensure minimal wastage.

Furthermore, Procurement colleagues worked with the local community. This led to donations from local businesses and industry of relevant items, as well as enterprising individuals created appropriate equipment such as scrubs, gowns, masks and visors. As a Trust we owe a debt of gratitude to everyone who supported us in this endeavour.

A focus upon communications and information sharing

Given the significance of the events of the past 12 months, it became evident early on that communications, both internally and externally to the Trust, would be crucial. As such, we put a real emphasis on the sharing of information, ensuring that we were countering any false stories and that our communities and staff came along with us every step of the way as we fought against COVID-19.

To explain this process, we have split the following section into internal and external communications, as follows:

Internal communications:

As the reality of the pandemic became apparent, we created a 'Coronavirus Resource Centre' within the organisation's extranet. Updated daily, this webpage contains all the information colleagues need in regards to COVID-19, from how to access our swabbing service, to PPE guidance, clinical pathways and health and wellbeing support.

This information was shared via daily emails to all staff, as well as routine messaging via the organisation's private Facebook group, newsletters and other communications channels. These efforts have proved invaluable throughout the pandemic, with Communications colleagues being on-hand throughout the day to answer questions from members of staff, sharing relevant guidance and advice on a variety of topics.

The Chief Executive and Executive Team have also been very prominent on these communications channels, sharing their own updates, as well as messages of thanks throughout the 12-month period.

The need to share information was essential as the pandemic progressed, and while the Trust had established and embedded processes for this, one positive from COVID-19 has been the consolidation of communication techniques, with the vast majority of colleagues engaging with organisational news and updates on a daily basis, as well as sharing their own feedback, ultimately improving certain processes within our hospitals.

External communications:

With a number of announcements coming from the Trust throughout 2020 and 2021, we have worked closely with local journalists, as well as utilising our own platforms to share relevant messages with our local communities.

When lockdown came into effect - and our communities took to social media to keep in touch with friends, family and loved ones - we put particular emphasis on these platforms in order to keep local people up-to-date with our activities.

Within a ten-mile radius of Doncaster town centre, there are 320,000 registered and active users of Facebook between the ages of 13 and over 65. Within a ten-mile radius of Worksop town centre, there are 180,000 registered and active users of Facebook between the ages of 13 and over 65. This social network is therefore our main focus, as it is the one most used by our local communities.

On 1 March, our public Facebook page had 11,882 followers (people who are subscribed and receive our content on their news feed). This had taken around seven years to build up to and made us one of the highest followed in the area. By 16 April 2021, we were followed by 45,317 local people, an increase of 281%.

This significant growth means that we are now one of the most followed acute providers in the country, with our weekly reach averaging around 150,000 local users. In total, our social media messages have been seen around 20 million times between March 2020 and April 2021.

As a Trust, we have always made a concerted effort to make the most of Facebook and this activity follows a strategy which we implemented early on in the pandemic. This meant a daily schedule of posts (9am, 12pm and 9pm), with adhoc messages at certain points throughout. We also leave clear gaps of time between posts so as not to detract reach from each other. This continues at the time of writing this report.

Following this work, we have also shared numerous open letters from our Chief Executive, Richard Parker, which have been shared via Facebook and our local papers, while we have worked with our partners across Doncaster and Bassetlaw to share relevant messaging.

Throughout the pandemic, it was our intention to be open and transparent with our communities, detailing the challenges we have faced and why we are asking local people to make such sacrifices. Given the support and positive feedback we have received via our communications channels, this approach has been broadly successful.

We have also found that a constant stream of communication is able to cut through and counter the various forms of misinformation available. As such, we will continue to practice beyond COVID-19.

A focus upon colleague health and wellbeing

At DBTH the health and wellbeing of our colleagues has always been our top priority and never more so than in the last twelve months. There is no doubt that 2020 has been one of the most challenging years in the NHS' history, and colleagues have had to pull together each and every day. As such, it has been vital that we have done our best to keep our people safe, healthy and well – both physically and psychologically.

Led by the Health and Wellbeing team, with input from a range of other services, we offered a variety of avenues of support to our colleagues – with some of our initiatives listed below:

Free car parking and catering: As the challenges of the pandemic became evident, we made the decision to ease all parking restrictions on our hospitals sites, ahead of the same policy mandated by the Government. We also worked with the Council to lessen parking restrictions on nearby roads. Parking has always been a challenge for the Trust but, with fewer patients and visitors coming to site, we felt it was important that colleagues have appropriate access to our hospitals, leaving their vehicles safely and nearby.

In addition to parking, we also funded catering for all staff to ensure they were able to have access to an appropriate meal whilst on site and working. This took the form of meal bags, containing a sandwich, bag of crisps, drink and piece of fruit. The offer was also bolstered by donations of goodies and similar items from local well-wishers, as well as a month-long visit from Yellow Bus Catering (paid for by local company Mechanical FS) which provided a range of hot meals for all staff.

Risk Assessments: All areas, services and departments were required to undertake workplace risk assessments, as well as similar assessments for vulnerable colleagues. These allowed for changes to be made to enhance the safety of certain working environments, whilst also re-deploying those individuals who may be at an increased risk of COVID-19, or alternatively sending them home to shield.

Reiki practitioner: We have worked with Reiki Practitioner, Darren Fox, for a number of years. Proving a popular addition to the team, over 300 staff have accessed this service for free over the past 12 months. Given the challenges of the pandemic, additional clinics were laid on by the Trust and have been invaluable to colleagues looking for ways to relax, recharge or overcome stress.

The Talk, Listen, Care (TLC) service: This in-house service has made over 7,000 calls to absent staff in regards to stress, anxiety, depression, child care problems and COVID-19. This platform was created in order to check-in with colleagues to see what, if any, support was needed for those absent from work.

Mental health support: A range of counselling services and support lines were made available to colleagues, ensuring they had someone to speak to if they felt overwhelmed by the current situation, or simply needed to chat to someone.

Rainbow rooms: These spaces were created across all three sites giving staff a place to go for a well needed break and to recharge. The rooms were filled with tea and coffee and other comforting items. Many of these spaces still exist, and plans are being worked up to make similar areas a permanent fixture at the Trust.

Rainbow Memorial Gardens: This project was devised, with one garden situated at Doncaster Royal Infirmary and another at Bassetlaw Hospital, to remember those lost to COVID-19. With over £40,000 raised by the local community, the first of these gardens opened in September 2020 at Bassetlaw, whilst the Doncaster venue was later completed in April 2021. A garden is already in place at Montagu Hospital and a memorial to all those we have lost to Covid-19, including our three much missed colleagues, placed in each of the gardens.

Staff Physiotherapy Service: A well-established platform that supports people who experience musculoskeletal disorders affecting their muscles, tendons, ligaments, nerves and other soft tissues and joints. The common complaints are back, neck, shoulder and knee pain.

Comfort packs: A staff suggestion, these were created for patients being discharged who had no family support available to them. The packs included toiletries, tea and coffee and other essential items that patients may not have when returning from a hospital stay, particularly during lockdown.

Vivup, our Employee Assistance Provision: This service provides help 24/7, 365 days a year, giving our colleagues access to confidential impartial assistance. This includes counselling for issues such as anxiety and depression. There is also a Listening Line and a Bereavement Support Line set up to provide assistance on a wide range of matters like domestic abuse and financial wellbeing support.

Other items and schemes include:

- Our staff benefits scheme, enabling colleagues to purchase items - from home electronics to cars and gym memberships - through salary sacrifice.
- There are over 50 Health and Wellbeing Champions supporting the Health and Wellbeing Team by sharing information and signposting colleagues to different offers throughout the Trust.
- A Step Challenge was created to encourage our colleagues to get moving, this created much competition between departments and encouraged colleagues to look after their physical health when away from work.
- Free cycle events across our sites giving staff the opportunity to have their bikes serviced for free. As well as promoting the benefits of cycling to work, we also promoted our on-site facilities including shower facilities and secure bike shelters on all sites.
- Routine sharing of a list of free apps available for NHS staff, including Headspace and Sleepio.

- Finally, a Health and Wellbeing Calendar was created - with monthly campaigns running to offer staff access to advice and information on a variety of topics, including sleep, menopause, smoking and alcohol.

Our Trust Health and Wellbeing offer is continually expanding as colleagues share with us their needs and what would support them to better maintain their health and wellbeing. Many of these initiatives created during the months of COVID-19 will be retained, as per the wishes of colleagues.

A focus upon vaccination and testing

In March 2020, we recognised the importance of in-house screening and diagnosis of COVID-19. As such, we developed a system for achieving this in a relatively short time-frame, ordering the relevant equipment to do so.

From 21 March, we offered colleagues symptomatic of COVID-19 the ability to use a newly created drive-thru swabbing service based within the car park of the Old Ambulance Station (across the road from Doncaster Royal Infirmary). To access this, colleagues were asked to ring a dedicated 'Sickness Absence Line'. Following this, the individual would be given an appointment to safely visit the service and receive a swab, alongside household members if necessary. Afterwards samples were sent away to Sheffield Teaching Hospitals, until 9 April when they started to be screened within our own Pathology department. To-date, over 100,000 tests have been completed at the Trust, and the service remains in place (transitioned to Bassetlaw Hospital) at the time of writing this report.

Details on our testing process can be found at the bottom of this section.

In December, we also introduced a programme of regular testing for all clinical colleagues using lateral flow devices. In all, over 5,000 members of staff received a three-month supply of these kits, completing screening twice-weekly, with all results entered into a bespoke digital system. The intention of this process is to reduce asymptomatic carriage of COVID-19 into our hospitals via staff, and therefore reduce nosocomial spread of the illness amongst patients. This testing will continue for the foreseeable future.

Finally, in the same month we began our COVID-19 vaccination programme in partnership with NHS Doncaster Clinical Commissioning Group (CCG), NHS Bassetlaw CCG and primary care organisations within the area.

Moving to in-house clinics in early January 2021, 6,764 first dose vaccines were delivered in the Trust, accounting for the vast majority of colleagues. The second dose programme finished in late April 2021, with over 13,000 doses delivered in total.

Appendix - Testing for COVID-19 at DBTH:

Our Microbiology Team utilise cutting edge technology and techniques to provide an accurate and efficient laboratory identification of COVID-19 (SARS-CoV-2) in our patients

and staff. This information is used by Microbiology Consultants and other Clinicians to diagnose SARS-CoV-2 infection. Our method of choice is magnetic nucleic acid extraction from nose/throat swabs followed by highly specific Real-time PCR to identify the presence of SARS-CoV-2.

We are continuously looking for ways to refine and improve the standards of our service and outlined below is our current system. So far, the team has undertaken over 100,000 tests of SARS-CoV-2.

Sample Type:

- Our sample of choice is a Viral Swab (currently red or green topped) of the Nose and Throat.
- Our Viral swabs contain Viral Transport Media which contains a substance that sustains any viruses present and also antibiotics which will kill any bacteria present. Both of these additives help to keep the sample as pure as possible during transport before being processed and also help to remove the risk of contamination.
- This swab type means our assay is more sensitive or accurate for SARS-CoV-2 than using dry swabs or those in saline.

Sample Preparation:

- Our main SARS-CoV-2 testing is carried out in our Molecular suite, a room that has limited access via a locked door used only by trained staff wearing full PPE.
- All staff working in the Molecular suite are fully competent in the process and understand all safety considerations. Any staff member required to work with this level of Pathogen must be a Biomedical Scientist registered with the Health and Care Professions Council.
- Our testing system has been fully assessed by the Health and Safety Executive and approved as COVID secure.
- All sample processing for SARS-CoV-2 testing is initially carried out in a special safety cabinet that protects our Biomedical Scientists from any risk of infection from the samples. These cabinets also protect the sample from being contaminated by our staff.

Nucleic Acid Extraction

- The prepared samples are then loaded into one of our four Extraction instruments.
- These instruments use heat to break down the components of the samples, releasing Nucleic acid (genetic material) in the form of DNA and RNA.
- All viruses can be DNA or RNA based organisms and SARS-CoV-2 is an RNA virus.
- The instruments then use metal beads to bind to any RNA present and are held in place by magnets.
- The unwanted material is then washed away from the sample leaving the purified RNA known as an eluate.
- This eluate is then ready for PCR testing.

- We also add an internal control that must be detected in the final result to guarantee the sample has been extracted correctly.
- This method of magnetic extraction is more sensitive than other methods of extraction relying on heat alone.

Real Time PCR:

- We use Real time PCR (Polymerase Chain Reaction) to detect SARS-CoV-2 in our samples.
- PCR is a highly sensitive and specific method for detecting the DNA or RNA of any Virus or Bacterium.
- PCR kits or assays are uniquely designed to only look for a specific component of the target organism.
- Primers are used which will only bind to the desired target component. This makes the method highly specific as the gene our primers bind to is only found in SARS-CoV-2.
- We have tested the normal strains of Coronavirus and other "common cold" organisms, such as Rhinovirus, with this assay and not produced any false positives for SARS-CoV-2.
- The PCR method uses cycles of heating and cooling to help the primers bind to the SARS-CoV-2 gene if present. If present, the gene will be amplified and fluorescence will occur.
- This fluorescence is measured throughout the test to give a visual and quantitative result.
- Negative and positive Quality controls are run with every test and all results are checked before authorisation.
- Negative results are sent out by Senior BMS staff and positives telephoned by Consultant Microbiologists.

Our assay has been measured as having a sensitivity (chance of producing true negatives) of 96% and a specificity (chance of producing true positives) of 96%. The LOD (Limit of Detection) of our assay is 30 copies per ul, which means our assay can detect very small levels of the virus.

A focus upon recovery

The unfortunate fact is that COVID-19 will, in all probability, be a fact of life as we move forward beyond the pandemic. This will accordingly be factored into our plans and strategies as we look ahead to the future. In the short-term, we are developing and implementing plans to recover our performance and activity which has been affected by COVID-19, working through waiting lists in order of urgency as well as chronology – and this will be done as we keep a watching brief on levels of COVID-19 infection within our communities.

In the 2021/22 financial year, we will refresh our Trust strategy, resetting our objectives and factoring in much that we have learnt throughout the past 12 months. This will also be done within the context of a transitioning healthcare system within the region, and we will help

facilitate any changes, playing a key partnership role within the region and as part of the South Yorkshire and Bassetlaw Integrated Care System.

Throughout the pandemic, we have been evaluating our approach and it is our intention to, within reason, keep the things that have proven successful, whilst improving in those areas where we can do better. The next 12 months will be full of developments, changes and activity as we set our sights upon a sustainable recovery.

Our activity through 2020/2021

We cared for around **86,111** inpatients

[Last year 103,240]

We cared for approximately **337,950** outpatients

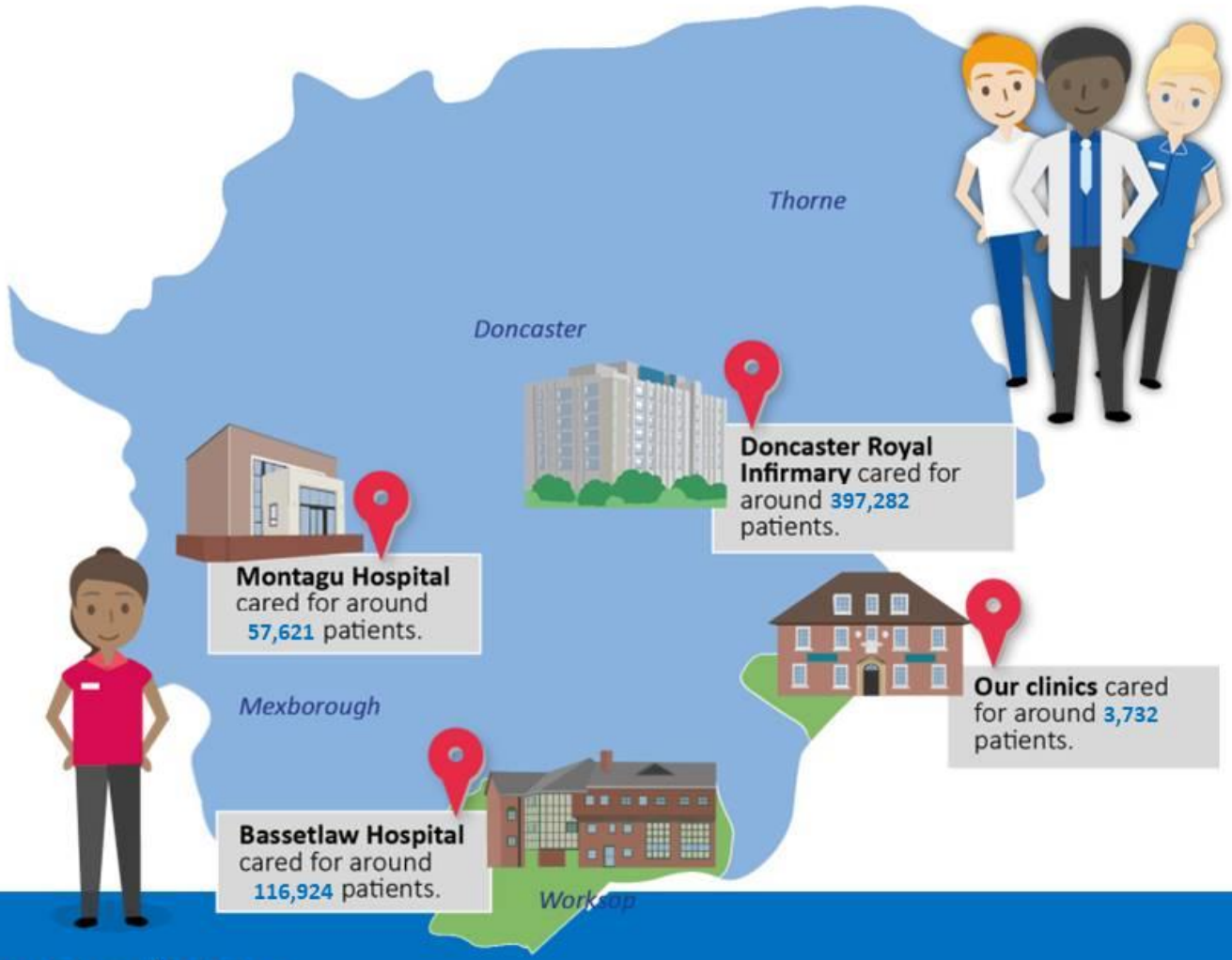
[Last year 425,561]

We cared for approximately **147,211** emergencies

[Last year 165,780]

We delivered approximately **4,287** babies

[Last year 4,730]



In loving memory

The past 12 months have been extraordinary in so many ways. While it is a sad fact that we will unfortunately lose colleagues throughout the course of an ordinary year (and memorialise them appropriately), Team DBTH lost three beloved members in a relatively short period of time due to COVID-19.

Our Chief Executive, Richard Parker OBE, shared the following words about their passing:

Kevin Smith, 23 April 1955 - 12 April 2020

Kevin Smith, a well-respected and hugely popular member of our team, sadly passed away following a brief, but courageous, battle with Covid-19 on Easter Sunday.

A Plaster Technician at Doncaster Royal Infirmary and a valued member of the team for over 35 years, Kev, as he was known to friends and colleagues, was renowned for his warm personality, diligence and compassion. He will be missed beyond all measure by everyone at the Trust.

I am incredibly thankful to colleagues who cared for Kevin, and for their tireless efforts during this time.

As an organisation, we share our collective thoughts, condolences and deepest sympathies with Kevin's wife, Diane, and their loved ones.

Dr Medhat Atalla, 3 January 1958 – 22 April 2020

Our colleague, Dr Medhat Atalla, passed away following treatment for Covid-19 at Doncaster Royal Infirmary.

Dr Atalla became a full-time member of our Trust in 2014, when he was appointed as a Consultant Geriatrician on our Gresley Unit. We were fortunate to have worked with him for many years prior to this, since his arrival in the United Kingdom in the early 2000s, where he cared for many elderly patients in hospitals throughout the North of England.

A hugely popular and respected colleague, Dr Atalla was a very special human being who practised medicine across three continents throughout his career, affecting the lives of so many in such a positive way. He was a truly gentle gentleman and he will be hugely missed by us all.

We would also like to take a moment to thank colleagues who cared for Medhat during his illness, and who did all they could to care for and support him as he bravely battled Covid-19.

As a Trust, we share our deepest sympathies with Dr Atalla's brother and sister, and loved ones in Egypt.

Lorraine Butterfield, 6 January 1957 – 11 November 2020

We are so deeply saddened to note the unexpected passing of our much-loved colleague, Lorraine Butterfield.

A Registered Nurse of many years' experience, Lorraine was a familiar face within our Emergency Department at Doncaster Royal Infirmary, and made such a huge difference to the countless patients she cared for since joining our Trust in 2004.

Colleagues who worked closely with Lorraine describe her as a hugely warm, kind and joyous person, who always had a smile for everyone she came across, as well as an ever-extended helping hand for those in need.

To Lorraine's family we will share our collective thoughts, condolences and sympathies. Lorraine touched so many lives both in her native South Africa, as well as within Doncaster, the town which she made her home. She will be missed desperately.

Financial performance

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

Our financial statements have been prepared in accordance with the 2020/21 FT ARM and follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent to which they are meaningful and appropriate to NHS foundation trusts. Accounting policies are applied consistently in dealing with items considered material in relation to the accounts.

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

2020/21 in review

As a result of the focus on treating Covid-19 in the year, the financial performance of the Trust has reflected, and been affected by the challenges of the pandemic.

Clinical income for the Trust increased by £25.8m in the year, as the Trust received additional income of £18.3m to support the treatment of Covid-19 patients.

The overall surplus for the Trust was £2.7m, as a result of the extra income as detailed above, alongside cost control due to lower elective activity.

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

Working capital

Cash balances for the Trust held at 31 March 2021 were £50.9m.

Loan Repayments

The Trust received £71m of PDC Dividend Equity from the Department of Health and Social Care in 2020/21, and this was used to repay all revenue loans that were outstanding as at 1 April 2020.

Public Dividend Capital (PDC) dividend

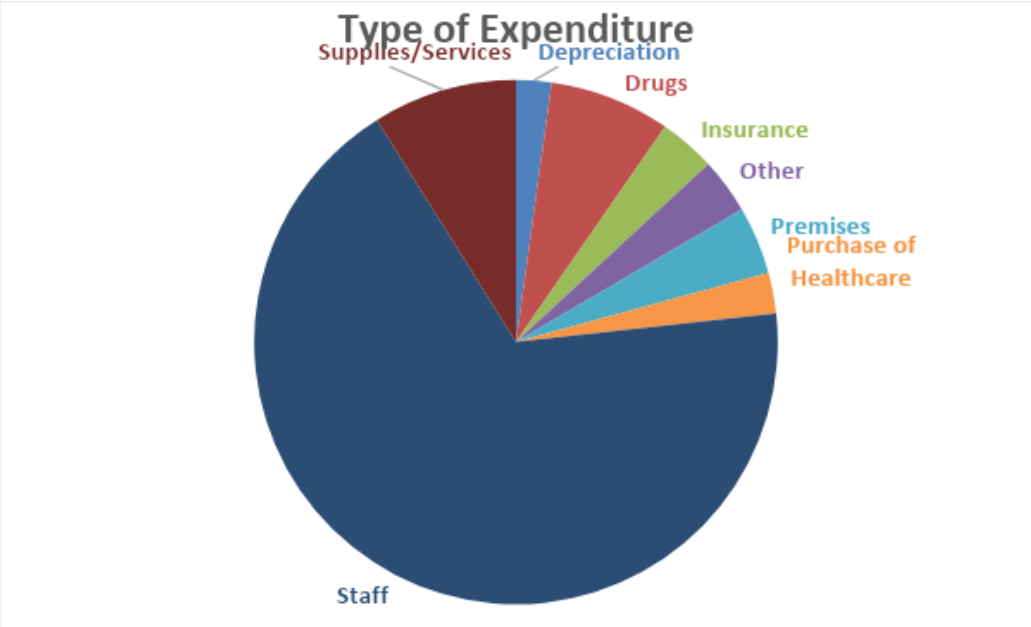
A charge of 3.5% of average relevant net assets is payable to the Department of Health as a PDC dividend, reflecting the forecast cost of the capital we used. A dividend of £4.7m was payable during 2020/21.

Income

We received a total of £469m income in 2020/21, which is growth of £34m from the previous year. The contracting arrangements for 2020/21 changed, compared to previous years, meaning the vast majority of clinical income came under "Block" arrangements and as such, not linked to activity. Such arrangements are due to be wound down by 30 September 2021.

Revenue expenditure

During the year, the Foundation Trust had operating expenses of £458m. As in previous years, the vast majority of our expenditure is on pay budgets (staffing) at £306.1m, with nursing and medical staffing continuing to be our biggest areas of expenditure.



Capital expenditure

Expenditure on larger items with a life of more than one year - typically buildings and equipment - was £36.6m, of which £2m was funded by the Department of Health and Social Care, providing medical equipment to assist with the treatment of patients with Covid-19. The areas of capital expenditure can be summarised as:

- Property Maintenance - £20.3m including Electrical Works, Fire Protection Works and Emergency Department Works
- Medical Equipment - £10m including Covid-19 treatment medical equipment, MRI at Bassetlaw and CT Scanner at Bassetlaw
- IT Software - £4m including Electronic Patient Records project.

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:

- **Ongoing COVID-19 challenges and recovery plans**

Like all providers across the country, COVID-19 has significantly impacted the Trust, and work will have to take place to bring performance and activity back into line. Our focus in the coming financial year is to recover our position as much as possible, working with our regional partners in order to do so.

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

Whilst the Trust has undergone an extensive and detailed budget setting process, the organisation has a number of risks which may affect the delivery of this budget.

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

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

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

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

In 2020/21 the Trust Estate 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 2021/22. 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 nationwide 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, using our teaching hospital status to aid our recruitment processes. We continue to strive to improve the use of locums and our bank workforce, utilising our temporary workforce in a cost-effective and efficient way.

A key challenge for 2020/21 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 2021/22**

I. Following the creation of the Education and Research directorate and related appointments, we will anticipate an increase in the amount of research undertaken at the Trust.
II. We will further implement digital solutions to support innovative and effective ways of working, not only in patient settings but also in support functions. Some of this work has been expedited following the outbreak of Covid-19.
III. We will make best use of our multiple sites to provide access and flexibility within our services
IV. We will continue strong partnership-working with our established Integrated Care System (ICS), in order to support improvements to services for regional populations.

Going Concern

The Department of Health requires NHS Foundation Trusts to decide the going concern status on an annual basis, the 'Going Concern' principle being the assumption that the entity will remain in business for the foreseeable future.

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

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

- Continuing support from local commissioners
- The Trust will end the year with £50.9 million cash in the bank
- The Trust has delivered a surplus in 2020/21
- 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.

All planning assumptions that the Trust operates under imply that this will be forthcoming. As a result of this, the financial statements do not contain the adjustments that would result if the Trust was unable to continue as a going concern.

Richard Parker OBE
Chief Executive
25 June 2021

Accountability Report

Directors Report

Composition of the Board

During 2020/21, 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 OBE	Chair of the Board	5 years	1.1 2017	11 of 11
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	5 years	1.4.2017	10 of 11
Sheena McDonnell	Non-Executive Director	3 Year	1.7.2018	11 of 11
Pat Drake	Non-Executive Director (Senior Independent Director)	3 Year	1.4.2018	11 of 11
Kath Smart	Non-Executive Director	3 Year	1.4.2018	11 of 11
Mark Bailey	Non-Executive Director	2 Year	1.2.2020	11 of 11
Richard Parker	Chief Executive			11 of 11
Karen Barnard	Director of People and Organisational Development			11 of 11
David Purdue	Chief Nurse and Deputy Chief Executive			11 of 11
Jon Sargeant	Director of Finance			11 of 11
Rebecca Joyce	Chief Operating Officer			11 of 11
Dr Tim Noble	Medical Director (from 01.04.20)			10 of 11

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 commitment is as Chair of Keep Britain Tidy. In 2017/18, she was co-opted as a member of the Board of Doncaster Chamber of Commerce, and more recently became the Lead Examiner for Chartered Directors for the Institute of Directors

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.

Brief details of all Directors who served during 2020/21 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 and Trustee of Keep Britain Tidy, 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 was awarded an OBE for 'public service', in particular for her work as Chair of the Department of Work and Pensions Decision Making Standards Committee. Suzy began her career as a journalist and was CEO of the Earth Centre in South Yorkshire.

Non-Executive Directors

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, 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.

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

Sheena McDonnell specialises in leadership and organisational development, as well as governance and transformation. She has extensive experience in both the public and charitable sectors and has held senior roles in housing for the past twenty five years. This includes several years with the Audit Commission, giving her a strong understanding of regulatory and governance requirements. Sheena is now an independent consultant and coach, focused on delivering effective leadership within organisations and individuals. She has

a keen interest in the quality of patient care and the views of patients and communities. Sheena also holds a non-executive role on the board of a leisure trust, encouraging people to be more active more often.

Kath Smart a Doncaster resident, has an extensive background in the public sector, working within the NHS for over a decade as a commissioner in Doncaster, Wakefield and Hull, where she covered 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), whilst 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 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 ensuring that nurse staffing levels are safe, appropriate and that they 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 his service in 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.

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. This particular innovation 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 Operating 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 Chief Nurse 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.

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.

Dr Tim Noble qualified from St Bartholomew's Hospital Medical School in London in 1989, having been born and raised in York. After five years of medical training, he practised in a number of hospitals in the south of England. In 1995, Dr Noble returned to the North of England and completed a research project at Sheffield Teaching Hospitals, qualifying as a specialist in respiratory medicine in 2002. A move to Barnsley Hospital followed in 2003, before he went on to start his career at DBTH in 2006 as a Consultant Respiratory Physician. From 2010 to 2017, the Doncaster resident oversaw the hospitals' respiratory medicine service, as well as undertaking two Clinical Director posts, before becoming Deputy Medical Director in 2017. Dr Tim Noble was appointed Medical Director of Doncaster and Bassetlaw Teaching Hospitals in 2020.

Registers of interests

All Directors and Governors are required to declare their interests, including company directorships, upon 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 2020/21 and no charitable donations in 2020/21.

Payments Practice Code

The Trust has adopted the Public Sector Payment Policy, which requires the payment of non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay these creditors within 30 days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed with the supplier. In 2019/20 the Trust has been in receipt of cash support from the Department of Health and therefore the Trust's cash flow is proactively managed with the aim of paying outstanding invoices within the Public Sector Payment Policy 30 day target.

Non NHS	Number	Value '£000
Total bills paid in the year	87,006	£224,678
Total bills paid within target	85,277	£218,019
Percentage of total bills paid within target	**98%**	**97%**

NHS	Number	Value '£000
Total bills paid in the year	2,865	£18,312
Total bills paid within target	2,693	£18,312
Percentage of total bills paid within target	**94%**	**100%**

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 complimented for the way that 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 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 2020/21 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executive's remuneration to that of market trends and neighbouring Trusts. Adjustments have been made to the remuneration packages of all executives, thus ensuring the Trust's objective to attract and retain high quality executives.

Suzy Brain England OBE
Chair of the Board
25 June 2021

Remuneration policy– Executive Directors

It is the policy of the Nominations and Remuneration Committee of the Board of Directors 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. It also means that salaries will be set 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 it is advised by NHSE/I or where this is thought to be justified by the context.

The primary aim of the Remuneration 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 – Board of Directors 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 2021, three senior managers other than the Executive Directors are not remunerated according to Agenda for Change Terms and Conditions of service.

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

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

decisions regarding appropriate remuneration levels. All work is taken in respect to the Equality Analysis policy which the Trust holds.

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

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

The Trust intends to maintain this remuneration policy for 2021/22.

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 Service or consider severance settlements in accordance with HSG94 (18) and HSG95 (25).

Future Policy Table

Salary/Fees		**Taxable Benefits**	**Annual Performance Related Bonus**	**Long Term Related Bonus**	**Pension Related Benefits**
Support for the short and long-term strategic objectives of the Foundation Trust	Ensure the recruitment/retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	N/A	N/A	Ensure the recruitment/retention of directors of sufficien 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	As set out in the	None	N/A	N/A	Contributions are

payment	Remuneration table. Salaries are determined by the Trust's Remuneration committee	disclosed			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 2020-21 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 Company Secretary attend by invitation in order to assist and advise the committee. The committee was convened on three occasions during the year to discuss appointments and the remuneration of Executive Directors.

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	3 of 3
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	3 of 3
Sheena McDonnell	Non-Executive Director	3 of 3
Kath Smart	Non-Executive Director	3 of 3
Pat Drake	Non-Executive Director (Senior Independent Director)	3 of 3
Mark Bailey	Non-Executive Director	3 of 3

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 2020/21 was £195k-£200k (2019/20: £190k-£195k). This was 7.14 times (2019/20: 7.21 times) the median remuneration of the workforce, which is £27,677 (2019/20: £26,553). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employers' pension contributions and the cash equivalent transfer value of pensions.

Expenses

	2019/20			**2020/21**		
	No. in office	**No. receiving expenses**	**Expenses paid (£)**	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	6	5	£10,372	6	6	£3,478.05
Executive directors	6	3	£3,011	6	0	£0.00
Governors	39	8	£3,718	39	0	£0.00

Senior Managers Service Contracts

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

Name	Position	Date of contract (date commenced in post as senior manager)	Unexpired term as at 31st March 2021

Suzy Brain England OBE	Chair of the Board	1.1.2017	One year and nine months
Sheena McDonnell	Non-executive Director	1.7.2018	One year three months extension (COVID-19)
Pat Drake	Non-executive Director (Senior Independent Director)	1.4.2018	One year extension (COVID-19)
Kath Smart	Non-executive Director	1.4.2018	One year extension (COVID-19)
Neil Rhodes	Non-executive Director	1.4.2017	Two years
Mark Bailey	Non-executive Director	1.2.2020	One year 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
David Purdue	Chief Nurse (and Deputy Chief Executive)	10.7.2013	N/A
Jon Sargeant	Director of Finance	2.10.2016	N/A
Dr Tim Noble	Medical Director	1.4.2020	N/A
Rebecca Joyce	Chief Operating Officer	3.6.2019	N/A

Name and Title	2019/20							2020/21						
	Salary and fees (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Performance related bonus** (bands of £5000)	**Long Term Performance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuneration** (bands of £5000)	**Total** (bands of £5000)	**Salary and fees** (bands of £5000)	**Taxable benefits** Rounded to the nearest £100	**Annual Performance related bonus** (bands of £5000)	**Long Term Performance related bonus** (bands of £2500)	**Pension Related benefit** (bands of £2500)	**Other Remuneration** (bands of £5000)	**Total** (bands of £5000)
Suzy Brain England OBE – Chair of the Board	50-55						50-55	50-55						50-55
Neil Rhodes Non-executive Director	10-15						10-15	15-20						15-20
Mark Bailey Non-executive Director	0-5						0-5	10-15						10-15
Kathryn Smart Non-executive Director	5-10						5-10	15-20						15-20
Sheena McDonnell Non-executive Director	10-15						10-15	10-15						10-15
Patricia Drake Non-executive Director	10-15						10-15	15-20						15-20
Dr Tim Noble Medical Director	-				-		-	165–170				50-52.5		215-220
David Purdue Chief Nurse and Deputy Chief Executive	130-135				12.-15		145-50	135-140				22.5-25		160-165
Richard Parker OBE - Chief Executive	190-195						190-195	195-200				-		195-200
Jon Sargeant – Director of Finance	135-140				7.5-10		145-150	145-150				40-42.5		185-190

Karen Barnard – Director of People and Organisational Development	110-115				7.5-10		115-120	115-120				25-27.5		140-145
Rebecca Joyce – Chief Operating Officer	100-105				70-72.5		170-175	125-130				42.5-45		165-170

The remuneration report table above has been prepared in-line with 2020/21 ARM for Foundation Trusts. The basis of calculation for pension related benefits shows the pension accrued in year multiplied by a factor of 20. This has resulted in large pension related benefits being shown in the remuneration report table above.

The basis of calculation for pension related benefits is in line with section 7.69 of the ARM, and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is:
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.
LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Pension benefits

Salary and pension entitlements of senior managers. * denotes colleague who has left the pension scheme.

	Real increase/ (decrease) in Pension age (Bands of £2500) £000k	Real increase/(decrease) in pension related lump sum at pension age (Bands of £2500) £000k	Total accrued pension at pension age at 31 March 2021 (Bands of £5000) £000k	Lump sum at pension age related to accrued pension at 31 March 2021 (Bands of £5000) £000k	Cash Equivalent Transfer Value at 1 April 2020 £000k	Real increase in Cash Equivalent Transfer Value £000k	Cash Equivalent Transfer value at 31 March 2021 £000k	Employers contribution to stakeholder pension £000k
Richard Parker OBE Chief Executive*	0	0	0	0	0	0	0	0
David Purdue Chief Nurse and Deputy Chief Executive	0 - 2.5	0	50 - 55	115 - 120	947	31	1,010	0
Dr Tim Noble Medical Director	2.5 – 5	0 – 2.5	60 – 65	135 – 140	1,119	59	1,214	0
Jon Sargeant Director of Finance	2.5 – 5	0 – 2.5	45 – 50	105 – 110	915	49	996	0
Karen Barnard Director of People and Organisational Development	0 - 2.5	5 – 7.5	50 – 55	150 – 155	1,144	56	1,234	0
Rebecca Joyce Chief Operating Officer	2.5 – 5	0 – 2.5	30 – 35	60 – 65	445	26	496	0

* Figures were not provided by the NHS Business Services Authority for members that have left the NHS Pension Scheme. Therefore, the Trust has not included any values for this in the table above.

Cash Equivalent Transfer Value (CETV)

The CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. On 1 October 2008, there was a change in the factors used to calculate CETVs as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETV from Public Sector Pension Schemes came into force on 13 October 2008. In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change expected from April 2011. As a result the Government Actuaries Department undertook a review of all transfers factors. The new CETV factors have been used in the above calculations and are lower than the previous factors we used. As a result the value of the CETVs for some members has fallen since 31 March 2010.

Richard Parker OBE
Chief Executive
25 June 2021

Governance Report

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

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

Board of Directors	Council of Governors
● Operational management ● 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).	● 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 external auditors ● Promote membership, and governorship, of the Trust ● Establish links and communicate 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 conducted the performance appraisal of the Chair in 2020/21. The Council of Governors receives 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 2020/21, 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 strategic and operational risks in 2021/22

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 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	5 of 5
Sheena McDonnell	Non-executive Director	4 of 5
Neil Rhodes	Non-executive Director	5 of 5
Mark Bailey	Non-executive Director	5 of 5

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

- Reviewing the Trust's internal control system.

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

The Trust employs Ernst and Young (EY) as its external auditing firm, who were appointed in 2016 following a competitive tender process. Their extended contract runs until September 2021. External auditors review the accuracy of the Annual Accounts and present significant or material matters to the Audit Committee. For 2020/21, the Trust paid audit fees to the external auditor of £92k, £11k for the Wholly Owned Subsidiary audit and £7k for the Charitable Funds Statutory Audit.

Our staff

We can only realise our vision to be outstanding in all that 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 that provide 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 to collective agreements and open feedback forums regarding planned changes.

Our monthly Staff Brief keeps team members informed about important 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. Due to COVID-19, all sessions are purely virtual, filmed and shared via digital platforms.

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 - enjoys a healthy following. It has an average of around 4,000 readers each week.

In 2017 we introduced a staff Facebook 'group' and since then this has grown to over 5,600 members by March 2021, with an active community. This network is administered by the Communications Team and is only open to members of the Trust. This has been followed up by a variety of departments, divisions and service-specific groups, each of which have been very successful in their own right.

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

The Trust also has an extranet, named the Hive, which is accessed daily by colleagues, with an average of around 112,113 page views per month.

A further update related to COVID-19 communications can be found in the performance section of this report.

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' for each month of the year. The winner receives gift vouchers, a certificate and is nominated for the Trust's annual award ceremony.

In 2021, the award ceremony was postponed as a result of COVID-19. As such, we organised alternative schemes to recognise colleagues for their efforts and also worked with the Doncaster Chamber. On that note, the latter dedicated a section of their annual business awards (held virtually) to the local NHS.

In this category the following people were nominated for awards, with around 1,500 members of staff from the Trust casting votes to select the winners (*denote the winners):

The compassionate care award:

- Dr Ken Agwuh, Director of Infection Prevention and Control *
- Toni Peet, Lung Nurse Specialist
- Miriam Boyack, Infection Prevention and Control Pandemic Matron
- Lisa Robins, Health Visitor
- Claire Fry, Nursery Nurse

The unsung hero award:

- Michael Leng, Head Biomedical Scientist in Microbiology
- Richard Somerset, Head of Procurement
- Adam Tingle, Senior Communications and Engagement Manager *
- Emma Dickinson, Health Promotion Practitioner and Single Point of Contact Lead Practitioner
- Jackie Bone, Community Nurse

Outstanding contribution award:

- Respiratory Wards, Department of Critical Care and Intensive Care Unit multi-disciplinary team
- Assessment Units multi-disciplinary team
- Pathology
- Emergency Departments
- Team DBTH *

A further 'Thank You' event will take place in September 2021 at the Yorkshire Wildlife Park, a rearrangement of the initial date set for September 2020. All colleagues have been given one free ticket, with a discount on a further two with family and friends encouraged to attend.

Health and Wellbeing

A comprehensive description of all Health and Wellbeing services is outlined within the performance report section of this report.

Education and training

As part of our promise to colleagues to '*Develop Belong Thrive Here'* and our formal recognition as a Teaching Hospital, we remain committed to the training and education of our staff. We aim to ensure that our workforce is reflective of our local patient needs, enabling safe and excellent care for our patients. This year has been exceptional in the way we have delivered on this promise by adapting and responding to the COVID-19-pandemic, not only in our planning of education provision but also in the direct upskilling of our staff to meet the changing clinical need. On a related note, we have also deployed our education clinical staff to deliver direct patient care and been flexible around the clinical offer for individuals on educational programmes requiring clinical competence in practice.

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) and supporting on-going Professional Development. Educational Leads collaborate with the Division and corporate service leaders to ensure that the Training and Education Department are commissioning and delivering education that is 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 hubs.

With the opportunity afforded by the apprenticeship levy, we have and continue to expand our educational offer across all workforce areas - from entry level to Postgraduate study. The Apprenticeship Operational Group, provides 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.

Although we suspended physical work experience placements (in partnership with our Further Education Institutes and local schools), we remain committed to delivering virtual workshops and opportunities for local learners, so they can explore the variety of roles employed across DBTH, gaining an understanding of the entry criteria and progression routes. We remain a strong partner with our local schools and colleges to ensure learners are work ready.

We have continued to deliver training for pre-registration students from a number of Higher Education Institutes (HEIs). This is an important part of core business for DBTH. We are pleased to have achieved a reputation for providing quality education, which is confirmed by student evaluation feedback. Ensuring this continues to improve and assuring the Board of appropriate governance remains a key priority. We continue to lead regionally and nationally with our multi professional approach and are often approached by other provider organisations to share our experiences.

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.

Research

Over the last year, our research activity has predominantly and rightly focused on COVID-19 studies, which has directly helped grow the national evidence-base to develop treatment of the disease. DBTH has successfully engaged and delivered on a number of national COVID-19 studies, including the recovery trial (supporting the national target of consenting 10% of inpatients with COVID-19 to participate in the study), the ISARIC WHO study, the Canine COVID-19 study and The SIREN study.

The engagement of our patients, staff and the wider public with our research activity has significantly increased during the last year, which we want to build on for 2021/22. We have developed a communication and engagement strategy to help maintain the profile and benefits of being involved in research activity for all.

Alongside actual delivery of studies, we have also started to develop partnerships with our academic institutions (University of Sheffield and Sheffield Hallam University) and local place based organisations (Doncaster Council, RDaSH, CCG) as well as our wider partners across the SYB ICS, with the intention of progressing research activity outside the hospital setting. An example of this is the local vaccine hubs, for which we are working closely with RDaSH and Barnsley. It is our ambition that during 2021 we will progress our clinical academic activity, developing clearer career pathways and growing capacity and capability across all professional staff groups.

Health and safety

The following report covers all aspects of Health and Safety (H&S) Management at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (for the reporting period 2020-2021) through the development and implementation of appropriate systems and processes to effectively manage H&S issues. This includes creating a no-blame culture to reduce H&S incidents and proactively identifying risks, via the delivery of an environment that is safe and secure for patients, staff and visitors and by encouraging staff to report H&S related incidents via the Trust electronic Datix reporting system.

The Trust H&S Committee continues to meet bi-monthly, delivering a formal bi-annual report to the Audit and Risk Committee (ARC) and enabling the Chair to escalate areas of concern to the Board via the Chair's assurance report.

In addition the Director of Estates & Facilities (E&F) provides a Trust annual declaration of compliance performance against the Department of Health (DOH) NHS Premises Assurance Model (NHS PAM), which is now mandatory for the safety and patient experience elements of the annual assurance return to NHSE/I, and is aligned to the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE).

Throughout the reporting year there has been an increase in the number of H&S related incidents likely to result in injury (97) believed to be due to the increase in patient numbers and working with COVID-19 patients. There has also been an increase in the number of falls (163), which correlates with the overall reporting period for the Trust, again believed to be due to the increase in patient numbers and COVID-19.

The location of falls incidents is primarily within the Care of Older Persons, Rehabilitation and Emergency department/wards, where patients are acutely unwell. These are recognised as areas of high likelihood of falls and risk assessments are completed. All identified fall areas are notified to the Falls Prevention Committee (FPC) with actions taken to review incidents and train staff within the areas if falls management deficiencies are found.

Following completion of the externally accredited H&S Responsible Persons training for Senior Managers (Band 8 and above) in December 2019, training was temporarily put on hold due to the COVID-19 Pandemic. As a direct consequence of COVID-19, the current service provider has closed down its training facility, prompting the Trust to enter into discussions about moving to another provider and commencing further role out of the training package for 2021/2022.

Regular review and update of the Trust's electronic COSHH system Alcumus Sypol is undertaken, with no current outstanding actions. Divisional clinical COSHH management leads identified have now completed system user training sessions. COSHH guidance folders are now in place at all ward nurse stations and sluice rooms throughout the Trust with a comprehensive COSHH information and guidance area located on the Trust Hive.

The lone worker device system Reliance risk assessed user group has increased to approximately 180 new devices holders. Following the COVID-19 Pandemic the introduction of the new device reporting portal system from Reliance was placed on hold due to staff

reduction, but is now fully operational. The lone worker identified champions for each division/department have received training on the portal and will now produce monthly user reports from the end of March 2021, to provide assurance that the Trust Policy, Processes and Procedures for lone working are being complied with for assurance and audit purposes.

Following postponement of the fire improvement Capital programme on the 19th March 2020, again due to the COVID-19 Pandemic, the programme of works was reviewed and re-programmed in consultation with clinical Divisions to ensure works did not impact on any wards or access/circulation areas. This led to a reduction in the scope of works undertaken within the reporting period. Capital fire improvement works completed FY 2020/21 are listed in Table 1:

Table 1: Capital Fire improvement work complete FY 2020/21

Site	Block	Project
DRI	DRI 09	Level 1 Lift circulation lobby and stairwell
DRI	DRI 09	Level 6 Lift circulation lobby and stairwell
DRI	DRI 09	Level 5 Administration offices
DRI	DRI 09	Level 3 On all overnight staff accommodation compartmentation improvement
MMH	MMH 02	Level 2 Fire compartmentation improvement
BDGH	BDGH 43/44	Level 3 Phase 3 main hospital street compartmentation improvement
BDGH	BDGH 43/44	Level 4 Phase 4 main hospital street compartmentation improvement

Finally a Working Safely Group was initiated in May 2020 following Government COVID-19 secure workplace guidance, with the Director of P&OD taking the lead role as Senior Responsible Officer (SRO) for the group. The group includes a multi-disciplinary membership, both clinical and non-clinical, with a focus on compliance with all related COVID-19 Guidance documentation to ensure the provision of a safe and secure working environment for staff, patients, visitors and contractors whilst on Trust premises.

Throughout the reporting period the multi-disciplinary team have worked collaboratively on a number of COVID-19 related H&S work streams including: provision of PPE and face fit testing; staff personal risk assessments and safe working environment risk assessments as guidance and circumstances change.

Workforce statistics as at 31 March 2021

(excl. bank and locum)	Headcount (Perm)	FTE	Headcount (Other)
Total staff employed as at 31 March 2021	**6,221**	**5,175.37**	**505**
Clinical Support	1,444	1,194.59	32
Other Healthcare Professionals	703	616.94	21
Medical and Dental	304	287.92	315
Nursing and Midwifery	1,829	1,563.77	46
Non Clinical (Admin & Clerical and Estates & Ancillary)	1,941	1,512.15	91

Sickness

	2020/21 Actual	2020/21 Target	Benchmarking data
Staff Sickness Absence Rate	5.69%	3.50%	2019/20 the rate was 5.06%
			In 2018/19 the regional average was 4.51%

Staff Cost

	Total £000	Permanently employed total £000	Other total £000
Salaries and wages	**232,301**	**222,661**	**9,640**
Social security costs	**21,833**	**21,833**	**-**
Apprenticeship Levy	**1,074**	**1,074**	
Pension cost – defined contribution plans employer's contributions to NHS Pensions	**25,390**	**25,390**	**-**

Pension cost – defined contribution plans employer's contributions to NHS Pensions paid by NHS England on provider's behalf	**11,133**	**11,133**	**-**
Pension cost - other	**116**	**116**	**-**
Temporary staff – external bank	**9,295**	**-**	**9,295**
Temporary staff – agency/contract staff	**9,346**	**-**	**9,346**
Total Staff costs	**310,488**	**282,207**	**28,281**

Equality and diversity

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

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

In late 2020, the Trust employed Equality, Diversity and Inclusion Officer, Qurban Hussain to lead this particular agenda within the Trust.

As a Trust, we reflected our commitment to equality, diversity and inclusion (EDI) as part of our 'WE CARE' values as stated below:

- **W**e always put the patient first.
- **E**veryone counts – we treat each other with courtesy, honesty, respect and dignity.
- **C**ommitted to quality and continuously improving patient experience.
- **A**lways caring and compassionate.
- **R**esponsible and accountable for our actions – taking pride in our work.
- **E**ncouraging and valuing our diverse staff and rewarding ability and innovation.

While this work is being further developed with Qurban's expertise, we continue to host an Equality, Diversity and Inclusion Network, as well as an LGBTQIA Forum which has been recently established by colleagues.

Within our internal communications we make all best efforts to highlight cultural events, as well as awareness days, using these as opportunities to share learning, lectures and other items of engagement for colleagues, should they wish to get involved.

The Trust traditionally has had a presence at the local PRIDE events within the town, however due to COVID-19-19 this has not been possible.

Furthermore, as the challenges of COVID-19 reached the Trust, we introduced specific workplace risk assessments for colleagues defined as Black, Asian and Minority Ethnic. This was to ensure their safety whilst at work, and all were encouraged, although not mandatory, to complete a self-assessment form to flag any health concerns that may make them more vulnerable to COVID-19.

Also, during the COVID-19 vaccination programme, those observing Ramadan were given the option to receive the second dose slightly earlier, before the fast began, to alleviate any concerns they had about taking this during their holy month.

Like so many organisations, we understand there is more to be done in regards to the EDI agenda, and we will continue to develop and improve in the coming years as we further embed this within our Trust.

Equality Information as at 31 March 2021 – Executive and Senior Directors

Gender (Directors Only)	Headcount	Headcount %
Female	3	33.33%
Male	6	66.67%

Senior managers

Gender	Headcount	Headcount %
Female	156	68.72%
Male	71	31.28%

Equality Information as at 31 December 2020

Gender	Headcount	FTE	Headcount %
Female	5,534	4550.48	82.30%
Male	1,190	1103.58	17.70%

Age	Headcount	FTE	Headcount %
16 - 20	40	35.29	0.59%
21 - 25	453	427.75	6.74%
26 - 30	748	661.17	11.12%
31 - 35	820	698.92	12.20%
36 - 40	791	666.82	11.76%
41 - 45	646	554.50	9.61%
46 - 50	839	734.02	12.48%
51 - 55	896	768.18	13.33%
56 - 60	836	646.93	12.43%
61 - 65	521	371.35	7.75%
66 - 70	108	73.57	1.61%
71 & above	26	15.57	0.39%

Ethnicity	Headcount	FTE	Headcount %
Any Other	75	70.65	0.01%
Asian	351	330.80	0.05%
Black	151	136.14	0.02%
Chinese	23	21.72	0.00%
Mixed	66	57.43	0.01%
White	5,924	4923.18	0.88%
Not Disclosed	134	114.15	0.02%

Disability	Headcount	FTE	Headcount %
No	5,547	4670.08	82.50%
Not Declared	141	116.08	2.10%
Prefer Not To Answer	6	4.21	0.01%
Unspecified	833	700.90	12.04%
Yes	197	162.80	2.90%

Sexual Orientation	**Headcount**	**FTE**	**Headcount %**
Bisexual	42	39.21	0.62%
Gay or Lesbian	61	59.45	0.91%
Heterosexual or Straight	3,673	3138.07	54.63%
Not Disclosed	2,371	1926.63	35.26%

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, we hope to create the best possible services for our patients and working environment for our staff.

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

Gender Pay Gap

The Trust uses the national job evaluation framework for Agenda for Change staff to determine appropriate pay bandings. This provides a clear process of paying employees equally for the same or equivalent work. Each grade has a set of pay points for annual progression. The longer period of time that someone has been in a grade, the higher their salary is likely to be, irrespective of their gender.

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

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

Gender	Avg. Hourly Rate	Median Hourly Rate		Quartile	Female	Male	Female %	Male %
Male	22.8791	17.2181		1	1360.00	212.00	86.51	13.49
Female	14.5924	12.6261		2	1368.00	207.00	86.86	13.14
Difference	8.2867	4.5920		3	1392.00	183.00	88.38	11.62
Pay Gap %	36.2197	26.6694		4	1057.00	517.00	67.15	32.85
Mar-20								
Gender	Avg. Hourly Rate	Median Hourly Rate		Quartile	Female	Male	Female %	Male %
Male	23.4124	18.1892		1	1398.00	206.00	87.16	12.84
Female	14.9564	12.7690		2	1384.00	220.00	86.28	13.72
Difference	8.4560	5.4202		3	1422.00	182.00	88.65	11.35
Pay Gap %	36.1177	29.7992		4	1059.00	546.00	65.98	34.02
19/20 comparison								
Gender	Avg. Hourly Rate	Median Hourly Rate		Quartile	Female	Male	Female %	Male %
Male	0.5333	0.9711		1	38.00	-6.00	0.64	-0.64
Female	0.3640	0.1428		2	16.00	13.00	-0.57	0.57
Difference	0.1693	0.8283		3	30.00	-1.00	0.27	-0.27
Pay Gap %	-0.1020	3.1298		4	2.00	29.00	-1.17	1.17

Organisation's Structure and Principal Activities

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

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

- Treatment of disease, disorder or injury
- Nursing care

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

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

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 2020/21

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 question asking whether suppliers are compliant with section 54 (transparency in supply chains etc.) of the Modern Slavery Act 2015. If they are, they are required to provide evidence. If they are not, they are required to provide an

explanation as to why not. In addition, our standard contract contains the following provisions:

The Supplier warrants and undertakes that it will:

I. comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and

II. Notify the authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;

III. At all times conduct its business in a manner that is consistent with any anti-slavery policy of the authority and shall provide to the Authority any reports or other information that the Authority may request as evidence of the Supplier's compliance with this Clause 10.1.29 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery policy.

Supplier Adherence to Our Values

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

Training

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

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

Trade Union Facility Time

Number of employees who were relevant union officials during the relevant period	***Full-time equivalent employee number (Trust Total)***
28	22.4

Percentage of time	***Number of employees***
0%	21
1-50%	7
51-99%	0
100%	0

Provide the total cost of facility time	£16,556.38
Provide the total pay bill	£282,207,000
Provide the percentage of the total pay bill spent on facility time calculated as: (total cost of facility time / total pay bill x100)	0.00586675

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)	96.69

NOTE: As a result of COVID-19 and in agreement with the, National Social Partnership Forum the amount of union time was reduced this year as the health system responded to the challenges of pandemic.

National Staff Survey in summary

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Summary

Response rates

6,339 Invited to complete the survey..

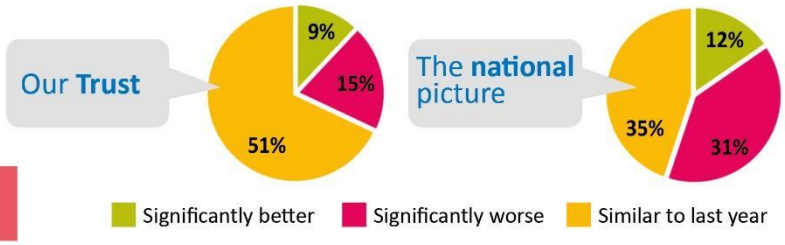
50% Completed the survey (3,157).

49% Average response rate for similar organisations.

Notable feedback

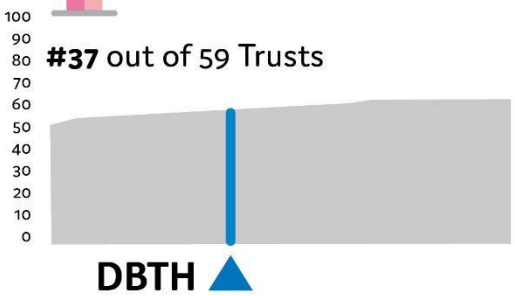
- **91%** Feel trusted to do their job.
- **80%** Believe care of patients is the Trust's top priority.
- **76%** Immediate manager supportive in a pesonal crisis.
- **71%** Are often enthusiastic about the job they do.

Compared to last year, responses were:

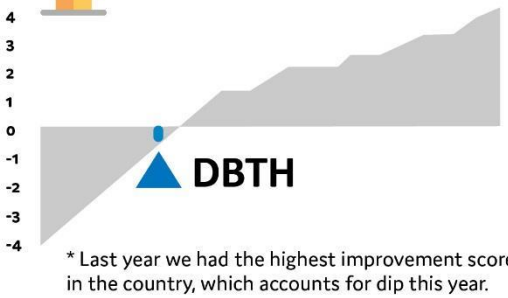


Comparison

Overall score



Most improved scores



* Last year we had the highest improvement score in the country, which accounts for dip this year.

Above data is benchmarked against Picker data of cohort of 59 trusts across the country.

Top and bottom scores

Top 5 scores (compared to average)

52% Don't work any additional unpaid hours per week for this organisation, over and above contracted hours

89% Organisation acts fairly: career progression

96% Not experienced discrimination from patients/service users, their relatives or other members of the public

95% Not experienced discrimination from manager/team leader or other colleagues

90% Not experienced harassment, bullying or abuse from managers

Bottom 5 scores (compared to average)

45% Team members often meet to discuss the team's effectiveness

56% Staff given feedback about changes made in response to reported errors/near misses/ incidents

69% Disability: organisation made adequate adjustment(s) to enable me to carry out work

50% Satisfied with opportunities for flexible working patterns

53% Often/always look forward to going to work

Most improved and least improved

Most improved from last survey

50% In last three months, have not come to work when not feeling well enough to perform duties

80% Care of patients/service users is organisation's top priority

31% Organisation definitely takes positive action on health and well-being

71% If friend/relative needed treatment would be happy with standard of care provided by organisation

31% Enough staff at organisation to do my job properly

Least improved from last survey

45% Team members often meet to discuss the team's effectiveness

54% In last 12 months, have not felt unwell due to work related stress

53% Often/always look forward to going to work

71% Often/always enthusiastic about my job

35% Satisfied with level of pay

The following data is benchmarked against Picker data of cohort of 59 trusts across the country.

Your job

	2016	2017	2018	2019	This year Average	This year Organisation
Q2a. Often/always look forward to going to work	53%	52%	53%	59%	58%	53%
Q2b. Often/always enthusiastic about my job	72%	70%	71%	75%	73%	71%
Q2c. Time often/always passes quickly when I am working.	75%	73%	73%	77%	76%	74%
Q3a. Always know what work responsibilities are.	87%	86%	87%	89%	86%	87%
Q3b. Feel trusted to do my job.	91%	91%	91%	92%	91%	91%
Q3c. Able to do my job to a standard I am pleased with.	78%	77%	78%	79%	80%	79%
Q4a. Opportunities to show initiative frequently in my role.	68%	68%	67%	69%	71%	69%
Q4b. Able to make suggestions to improve the work of my team/dept.	69%	71%	69%	72%	72%	70%
Q4c. Involved in deciding changes that affect work.	44%	48%	46%	49%	49%	46%
Q4d. Able to make improvements happen in my area of work.	47%	49%	48%	53%	54%	50%
Q4e. Able to meet conflicting demands on my time at work	43%	43%	45%	47%	49%	48%
Q4f. Have adequate materials, supplies and equipment to do my work	53%	50%	51%	55%	59%	57%
Q4g. Enough staff at organisation to do my job properly	26%	28%	28%	30%	38%	33%
Q4h. Team members have a set of shared objectives	67%	68%	69%	72%	71%	69%
Q4i. Team members often meet to discuss the team's effectiveness	47%	52%	49%	53%	56%	45%
Q4j. I receive the respect I deserve from my colleagues at work	N/A	N/A	68%	71%	70%	68%
Q5a. Satisfied with recognition for good work	44%	45%	50%	55%	56%	53%
Q5b. Satisfied with support from immediate manager	61%	62%	64%	69%	69%	67%
Q5c. Satisfied with support from colleagues	79%	80%	79%	82%	80%	80%
Q5d. Satisfied with amount of responsibility given	70%	70%	70%	75%	74%	72%
Q5e. Satisfied with opportunities to use skills	67%	67%	68%	71%	72%	70%
Q5f. Satisfied with extent organisation values my work	37%	39%	43%	49%	48%	46%

Your job

	2016	2017	2018	2019	This year Average	This year Organisation
Q5g. Satisfied with level of pay	33%	28%	35%	38%	36%	35%
Q5h. Satisfied with opportunities for flexible working patterns	45%	47%	48%	50%	55%	50%
Q6a. I have realistic time pressures	N/A	N/A	21%	24%	24%	25%
Q6b. I have a choice in deciding how to do my work	N/A	N/A	52%	52%	53%	53%
Q6c. Relationships at work are unstrained	N/A	N/A	41%	45%	45%	44%
Q7a. Satisfied with quality of care I give to patients/service users	79%	78%	77%	81%	82%	79%
Q7b. Feel my role makes a difference to patients/service users	88%	88%	88%	89%	90%	88%
Q7c. Able to provide the care I aspire to	64%	64%	64%	69%	70%	66%

Your managers

	2016	2017	2018	2019	Organisation type Average	Organisation type Organisation
Q8a. My immediate manager encourages me at work	-	-	63%	68%	69%	67%
Q8b. Immediate manager can be counted on to help with difficult tasks	66%	66%	66%	70%	70%	70%
Q8c. Immediate manager gives clear feedback on my work	54%	54%	56%	61%	61%	59%
Q8d. Immediate manager asks for my opinion before making decisions that affect my work	48%	50%	48%	52%	54%	51%
Q8e. Immediate manager supportive in personal crisis	70%	70%	71%	74%	74%	76%
Q8f. Immediate manager takes a positive interest in my health & well-being	60%	61%	61%	65%	68%	68%
Q8g. Immediate manager values my work	65%	65%	65%	70%	71%	68%
Q9a. I know who senior managers are	81%	83%	80%	83%	83%	86%
Q9b. Communication between senior management and staff is effective	34%	38%	36%	42%	43%	43%
Q9c. Senior managers try to involve staff in important decisions	28%	31%	29%	35%	35%	33%
Q9d. Senior managers act on staff feedback	27%	31%	29%	35%	34%	33%

This data is benchmarked against Picker data of cohort of 59 trusts across the country.

Your health, wellbeing and safety

	2016	2017	2018	2019	This year Average	This year Organisation
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	65%	67%	65%	62%	65%	64%
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	46%	48%	50%	51%	46%	52%
Q11a. Organisation definitely takes positive action on health and well-being	26%	29%	25%	27%	32%	31%
Q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	73%	70%	68%	71%	71%	72%
Q11c. Not felt unwell due to work related stress in last 12 months	61%	59%	59%	61%	56%	54%
Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	39%	39%	39%	39%	52%	50%
Q11e. Not felt pressure from manager to come to work when not feeling well enough	66%	68%	69%	74%	73%	72%
Q11f. Not felt pressure from colleagues to come to work when not feeling well enough	78%	79%	78%	80%	77%	78%
Q11g. Not put myself under pressure to come to work when not feeling well enough	7%	6%	6%	7%	8%	6%
Q12a. Not experienced physical violence from patients/service users, their relatives or other members of the public	82%	81%	83%	84%	85%	85%
Q12b. Not experienced physical violence from managers	99%	99%	100%	100%	99%	99%
Q12c. Not experienced physical violence from other colleagues	98%	98%	99%	99%	98%	99%
Q12d. Last experience of physical violence reported	67%	63%	62%	63%	68%	64%
Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	73%	74%	73%	74%	74%	75%
Q13b. Not experienced harassment, bullying or abuse from managers	87%	87%	89%	90%	87%	90%
Q13c. Not experienced harassment, bullying or abuse from other colleagues	83%	84%	83%	85%	80%	83%
Q13d. Last experience of harassment/ bullying/abuse reported	42%	42%	42%	47%	46%	44%
Q14. Organisation acts fairly: career progression	84%	82%	85%	90%	84%	89%
Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	96%	95%	96%	93%	96%

Your health, wellbeing and safety

	2016	2017	2018	2019	This year: Average	This year: Organisation
Q15b. Not experienced discrimination from manager/team leader or other colleagues	94%	93%	94%	95%	91%	95%
Q16a. Organisation encourages reporting of errors/near misses/incidents	49%	52%	55%	60%	60%	61%
Q16b. Organisation encourages reporting of errors/near misses/incidents	86%	86%	86%	88%	88%	87%
Q16c. Organisation takes action to ensure errors/near misses/incidents are not repeated	64%	65%	66%	70%	73%	72%
Q16d. Staff given feedback about changes made in response to reported errors/near misses/incidents	50%	51%	53%	57%	63%	56%
Q17a. Know how to report unsafe clinical practice	94%	94%	92%	93%	95%	93%
Q17b. Would feel secure raising concerns about unsafe clinical practice	67%	69%	68%	72%	72%	72%
Q17c. Would feel confident that organisation would address concerns about unsafe clinical practice	54%	56%	55%	61%	60%	60%

This data is benchmarked against Picker data of cohort of 59 trusts across the country.

Your organisation

	2016	2017	2018	2019	Organisation type: Average	Organisation type: Organisation
Q18a. Care of patients/service users is organisaiton's top priority	69%	71%	72%	76%	80%	80%
Q18b. Organisation acts on concerns raised by patients/service users	67%	69%	69%	72%	74%	74%
Q18c. Would recommend organisation as place to work	48%	51%	54%	61%	66%	65%
Q18d. If friend/relative needed treatment would be happy with standard of care provided by organisation	59%	62%	63%	68%	73%	71%
Q18e. I feel safe in my work	N/A	N/A	N/A	N/A	80%	77%
Q18f. I feel safe to speak up about anything that concerns me in this organisation	N/A	N/A	N/A	N/A	65%	67%
Q19a. I don't often think about leaving this organisation	N/A	N/A	43%	48%	48%	48%
Q19b. I am unlikely to look for a job at a new organisation in the next 12 months	N/A	N/A	54%	58%	55%	58%
Q19c. I am not planning on leaving this organisation.	N/A	N/A	57%	63%	61%	64%

This data is benchmarked against Picker data of cohort of 59 trusts across the country.

Countering fraud, bribery and corruption

Fraud is estimated to cost the NHS over a billion pounds a year that could have been spent on patient care, so everyone has a duty to help prevent it. NHS fraud may be committed by staff, patients and suppliers of goods/services to the NHS and with the onset of Covid-19 there was a potential for external fraud threats to increase.

We have an in-house collaborative counter fraud arrangement with four other local NHS trusts, which allows us to have a Local Counter Fraud Specialist (LCFS) permanently on site, supported by a small team of counter fraud specialists dedicated to combating fraud within both community and secondary care settings.

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 2020/21 was at 98%.

The NHS Counter Fraud Authority (NHSCFA) provides the national framework through which NHS trusts seek to minimise losses through fraud. 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 Director of Finance is nominated to lead counter fraud work and is supported by the Trust's LCFS. During 2020 the role of Counter Fraud Champions was introduced across all NHS organisations, with a view to further strengthening the counter fraud profile by supporting LCFSs in the work which they already do. A Counter Fraud Champion was duly nominated at the Trust.

The Trust has a robust Counter Fraud, Bribery and Corruption Policy and Response Plan which provides a framework for responding to suspicions of fraud and provides advice and information on various aspects of fraud investigations. The Trust also has a Standards of Business Conduct Policy which sets out the expectations we have of all our staff where probity is concerned. The policy also contains a statement from the Chief Executive in relation to ensuring that our organisation is free from bribery and corruption. There are references to counter fraud measures and reporting processes in various other Trust policies and procedures. 2020/21 has also seen closer collaboration between the LCFS with our Freedom to Speak Up Guardian and integration of our whistleblowing procedures.

In addition to continuing to raise awareness of fraud against the NHS throughout the year, in November 2020 we also held a Fraud Awareness Month and the Trust was an official supporter of International Fraud Awareness Week in the same month. Those efforts were however amplified as a result of intelligence received relating to emerging Covid-19 threats in the early part of 2020. As a result the LCFS revisited both the annual work plan and the Trust's local Fraud Risk Assessment, in order to reflect where certain types of fraud were increasing in, or likely to increase in, risk. Based on this, fraud awareness work was substantially increased generally across the Trust, and also targeted at specific areas of heightened risk.

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 https://cfa.nhs.uk/reportfraud). Patients and visitors can also refer suspicions of NHS fraud to the Trust via the same channels.

Expenditure on consultancy

The Trust incurred consultancy expenditure of £572k (2019/20: £614k).

Staff Exit packages for 2020/21

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		1	£48,000
£50,001 - £100,000			
£100,001+			
Total number of exit packages by type		1	£48,000

	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	1	£48,000
Total	0	£0.00

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2021	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 2020 and 31 March 2021, 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 2020 and 31 March 2021	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 2020 and 31 March 2021

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

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	9 of 9
Karen Barnard	Director of People and Organisational Development	6 of 6
Rebecca Joyce	Chief Operating Officer	8 of 9
Jon Sargeant	Director of Finance	9 of 9
Pat Drake	Non-executive Director	9 of 9
Kath Smart	Non-executive Director	8 of 9

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

- Provided assurance on:
  - Current financial and operational performance
  - Workforce performance (responsibility moved to the People Committee in November 2020)
  - 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, 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
Pat Drake – Chair	Non-executive Director	5 of 5
Sheena McDonnell	Non-executive Director	4 of 5
Mark Bailey	Non-executive Director	5 of 5
Karen Barnard	Director of People and Organisational Development	3 of 3
David Purdue	Chief Nurse and Deputy Chief Executive	5 of 5
Dr Tim Noble	Medical Director	5 of 5

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

- Provided assurance on:
    - The effectiveness of clinical governance, clinical risk management and clinical control
    - Compliance with Care Quality Commission standards
    - Adverse clinical incidents, complaints and litigation and examples of good practice and learning
    - 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 (responsibility moved to the People Committee in November 2020).
- 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

People Committee

The People Committee was established in November 2020, as a committee of the Board of Directors. Its remit is to provide assurance on the systems of control and governance specifically in relation to people matters and specifically, but not limited to, the delivery of the People Plan.

Name	Role	Meeting Attendance
Sheena McDonnell	Non-executive Director (Chair)	4 of 4
Kath Smart	Non-executive Director	3 of 4
Pat Drake	Non-executive Director	3 of 4
Mark Bailey	Non-executive Director	4 of 4
Karen Barnard	Director of People and Organisational Development	4 of 4
David Purdue	Chief Nurse and Deputy Chief Executive	4 of 4
Dr Tim Noble	Medical Director	4 of 4

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

- Reviewed 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 the NHS People Plan and developed a strategy to deliver the plan locally
- Reviewed the staff survey results and developed an action plan based on the results
- Scrutinised the leadership offer to ensure it was fit for purpose
- Reviewed Freedom to Speak Up information

Council of Governors

During 2020/21 the Council of Governors met on five occasions. Council of Governors meetings are held in public. The composition of the Council of Governors, including attendance at Council of Governors meetings is shown below

Name	Constituency / Partner Organisation	Meeting attendance
Ann-Louise Bailey	Public – Doncaster	2 of 4
Beverley Marshall	Public – Doncaster	5 of 5
Dave Harcombe	Public – Doncaster (ended 23 June 2020)	1 of 1
David Cuckson	Public – Rest of England & Wales (ended 22 June 2020)	1 of 1
David Goodhead	Public – Doncaster (from 01 April 2019)	5 of 5

David Northwood	Public – Doncaster	5 of 5
Dennis Atkin	Public – Doncaster (from 21 September 2020)	3 of 3
Doug Wright	Public – Doncaster (ended 18 June 2020)	0 of 0
Geoffrey Johnson	Public – Doncaster	4 of 5
Hazel Brand	Public – Bassetlaw (Lead Governor)	5 of 5
Jackie Hammerton	Public – Rest of England & Wales (from 21 September 2020)	2 of 3
Linda Espey	Public – Doncaster	5 of 5
Lynne Logan	Public – Doncaster	4 of 4
Lynne Schuller	Public – Bassetlaw (from 21 September 2020)	3 of 3
Maria Jackson-James	Public – Rest of England & Wales (from 21 September 2020)	1 of 3
Mark Bright	Public – Doncaster	4 of 4
Mary Spencer	Public – Bassetlaw (from 21 September 2020)	3 of 3
Michael Addenbrooke	Public – Doncaster	4 of 5
Pauline Riley	Public – Doncaster (from 21 September 2020)	3 of 3
Peter Abell	Public – Bassetlaw	4 of 4
Philip Beavers	Public – Doncaster	5 of 5
Sheila Walsh	Public – Bassetlaw (ended 22 June 2020)	0 of 1
Steven Marsh	Public – Bassetlaw	4 of 5
Steven Wells	Public – Bassetlaw (ended 20 May 2020)	0 of 1
Susan McCreadie	Public – Doncaster	2 of 5
Dr Vivek Panikkar	Staff – Medical and Dental	4 of 5
Duncan Carratt	Staff – Non-Clinical	4 of 4
Karl Bower	Staff – Other Healthcare Professionals (ended 22 June 2020)	0 of 2
Kay Brown	Staff – Non-Clinical	3 of 5
Lorraine Robinson	Staff – Nurses and Midwives (ended 22 June 2020)	0 of 1
Sally Munro	Staff – Nurses and Midwives (from 21 September 2020)	1 of 3
Sophie Gilhooly	Staff – Other Healthcare (from 21 September 2020)	2 of 3
Mandy Tyrrell	Staff – Nurses and Midwives	1 of 5
Ainsley MacDonnell	Partner – Nottinghamshire County Council	2 of 5
Alexis Johnson	Partner – Doncaster Deaf Trust	3 of 5
Anthony Fitzgerald	Partner – Doncaster CCG	2 of 5
Clive Tattley	Partner – Bassetlaw Community and Voluntary Services	5 of 5
Jackie Hammerton	Partner – Sheffield Hallam University (ended 6 September 2020)	2 of 2

Jo Posnett	Partner – Sheffield Hallam University (from 21 September 2020)	2 of 3
Kathryn Dixon	Partner – Doncaster College (ended 6 August 2020)	2 of 4
Phil Holmes	Partner – Doncaster Council (from 21 September 2020)	0 of 3
Prof Robert Coleman	Partner – Sheffield University (ended 30 November 2020)	2 of 4
Rupert Suckling	Partner – Doncaster Council (ended 27 July 2020)	0 of 2
Susan Shaw	Partner – Bassetlaw District Council	5 of 5
Tina Harrison	Partner – Doncaster College and University Centre (from 21 September 2020)	2 of 3
Victoria McGregor-Riley	Partner – Bassetlaw CCG	3 of 5
Wendy Baird	Partner – University of Sheffield (from 1 February 2021)	0 of 1

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 5
Neil Rhodes	Non-executive Director	5 of 5
Sheena McDonnell	Non-executive Director	5 of 5
Kath Smart	Non-executive Director	5 of 5
Pat Drake	Non-executive Director and Senior Independent Director	5 of 5
Mark Bailey	Non-executive Director	4 of 5
Richard Parker	Chief Executive	5 of 5
Karen Barnard	Director of People and Organisational Development	3 of 5
David Purdue	Chief Nurse and Deputy Chief Executive	1 of 5
Jon Sargeant	Director of Finance	4 of 5
Dr Tim Noble	Medical Director (from 1 April 2021)	3 of 5
Rebecca Joyce	Chief Operating Officer	2 of 5

Nomination and Remuneration Committee of the Council of Governors

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

During 2020/21, 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:

- Pat Drake, whose term of office as Non-executive Director was due to end on 31 March 2021, was extended for one calendar year, to provide continuity and stability required for an effective Board.
- Kath Smart, whose term of office as Non-executive Director was due to end on 31 March 2021, was extended for one calendar year, to provide continuity and stability required for an effective Board.
- Sheena McDonnell, whose term of office as Non-executive Director was due to end on 30 June 2021, was extended for one calendar year, to provide continuity and stability required for an effective Board.

The committee was convened on two occasions during the year.

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

Name	Role	Attendance
Suzy Brain England OBE	Chair of the Board	1 of 2
Phil Beavers	Public Governor, Doncaster	2 of 2
Hazel Brand	Lead Governor / Public Governor, Bassetlaw	2 of 2
David Cuckson	Public Governor, Rest of England & Wales (until 22 June 2020)	0 of 1
Clive Tattley	Partner Governor	2 of 2
Vivek Pannikar	Staff Governor	2 of 2
Kay Brown	Staff Governor	2 of 2
Lynne Logan	Public Governor, Doncaster (until 22 June 2020)	1 of 1
Steve Marsh	Public Governor, Bassetlaw	2 of 2
Jackie Hammerton	Partner Governor (until 6 September 2020)	0 of 1
Jackie Hammerton	Public Governor, Rest of England & Wales (from 1 December 2020)	1 of 1
Victoria McGregor-Riley	Partner Governor, Bassetlaw CCG (from 1 December 2020)	0 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.

As of 31 March 2021, there were 14,969 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2021
Public Constituency	8,907
Doncaster	5,171
Bassetlaw	2,625
Rest of England and Wales	1,111
Staff Constituency	6,062
Nurses and Midwives	1,731
Non-clinical	1,877
Other healthcare professionals	2,000
Medical and Dental	454
Total	**14,969**

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 did not hold a member event during 2020/21 due to the circumstances around the COVID-19 pandemic. However the Trust held a virtual Annual Members' Meeting in September.

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

- Continuing to communicate directly with individual members and keeping them informed regarding governors activities via the member magazine, Foundations for Health
- Inviting feedback from members through the Trust Board 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
- 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 644158, or by post to: Trust Company 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' regular briefing.
- Attendance at Council of Governors' committee meetings
- 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 Company Secretary, Senior Independent Director, and Trust Board 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, People Committee, Charitable Funds Committee
- Governor sponsorship of wards
- Non-Executive Directors buddy arrangements for Governors
- 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, 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 2021, 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 briefings and enabling governors to attend meetings of the committees of the Board, to improve the ways in which governors engage with and hold Non-executive Directors to account for the performance of the Board
- Ongoing review of compliance with the Code of Governance by the Council of Governors and Board of Directors when making decisions which impact on governance arrangements.

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

Ref.	Requirement	Disclosure
A.1.1	This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	See Governance Report (p. 55).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief	See Accountability Report (p.39);

	executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Remuneration Report (p.44); and Audit Committee section (p.55).
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. 85).
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.39).
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.39).
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.44); and Council of Governors section (p.85).
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.39).
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.88).
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.55).
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.55).
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts,	See Governance Report (p.55);

	and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	And Auditor's report.
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	See the Annual Governance Statement (p.97).
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.55).
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: ● the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; ● an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and ● if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	See Audit Committee section (p.55).
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	n/a.

	report should include a statement of whether or not the director will retain such earnings.	
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See membership section (p.88).
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. 88).
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.88).

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).

This segmentation information is the Trust's position as at 31 March 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

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 and England.

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)
25 June 2021

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 2021 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 Chief Nurse is 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 Company 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 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 2020/21 a review was undertaken of the risk management and board assurance framework, which resulted in a significant assurance with minor opportunities for improvement rating. Nevertheless, the board is currently reviewing its risk management processes to bring a stronger focus on strategic and operational risks in 2021/22.

Other assurance comes from; NHS Improvement/England's 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.

Governors assurance is given to the Board through public board meetings, active questioning of Directors and 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 2020/21 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.
- People Committee (from December 2020) - responsible for reviewing systems of control and governance specifically in relation to people matters.
- Finance and Performance Committee – responsible for undertaking monthly scrutiny of financial reporting and progress against effectiveness and efficiency plans.

- Charitable Funds 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 at least 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 Chief Nurse 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 2020/21 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 COVID-19 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 Trust's needs for capital investment

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

The Trust has an effective structure in place for public stakeholder involvement, predominantly through the Council of Governors. The Trust's assurance framework has been informed by partnership working and a variety of external contacts, including:

- Collaborative working between governors and directors. The Council of Governors reviews updates from executive directors on performance, quality, and finance and associated risks at its quarterly meetings and through regular 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, People Committee and Quality and Effectiveness Committee.

Public stakeholders are involved in managing risks through involvement in patient safety review group and patient experience committee as well as a range of patient safety campaigns such as Sharing How We Care, patient experience films and other initiatives.

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

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. - The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for

decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS23 guidance

In response to the NHS's ambitious objective to become the world's first 'net zero' national health service, with a target to achieve net zero carbon emissions by 2040 and an 80% reduction by 2028 to 2032, the Trust is currently developing its 'Green Plan'. Part of this process includes a revision of the way in which carbon emissions are calculated and reported. This work is ongoing and our results for 2020/21 will be available later this year following the finalisation of the annual reporting scope and the publication of our board approved Green Plan.

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

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

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

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

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

The Head of Internal Audit is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit and Risk Committee, which can provide assurance, subject to the inherent limitations described below. The opinion covers the period 1 April 2020 to 31 March 2021 inclusive, and is based

on the 12 audits that were completed in this period, with one deferred to 2021/22 due to the impact of COVID-19.

For the period 1 April 2020 to 31 March 2021 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 controls are being consistently applied in all the areas reviewed.

Recommendations are being addressed in each case and reported to the 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 Trust's overall CQC assessment. 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 and continued into the first months of the financial year.

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

Information governance

There have been no serious incidents relating to information governance in 2020/21, 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, People Committee 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 2021/2022.

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
25 June 2021

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Auditor's Annual Report

Year ended 31 March 2021

02 July 2021

Building a better working world

Contents

Section 1

Executive Summary

Executive Summary: Key conclusions from our 2020/21 audit

Area of work	Conclusion
Opinion on the Trust's:	
Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its expenditure and income for the year then ended. We issued our auditor's report on 25 June 2021.
Parts of the remuneration report and staff report subject to audit	Qualified - The Remuneration Report, did not disclose the Total Accrued Pension at Pension Age, Lump Sum at Pension Age or the Cash Equivalent Transfer Values at Pension Age as at 1 April 2020 and 31 March 2021 for all senior managers. Figures were not provided by the NHS Business Services Authority for members that had left the NHS Pension Scheme. Therefore, the Trust could not disclose all of the required information.
Consistency of the annual report and other information published with the financial statements	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.

Area of work	Conclusion
Reports by exception:	
Value for money (VFM)	We had no matters to report by exception on the Trust's VFM arrangements. We have included our VFM commentary in Section 04.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Trust.
Referrals to the Secretary of State	We made no referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.

Area of work	Conclusion
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	The NAO did not include the Trust in its sample of Department of Health component bodies requiring extended procedures.. We had no matters to report to the NAO.

Executive Summary: Key conclusions from our 2020/21 audit

As a result of the work we carried out we have also:

Outcomes	Conclusion
Issued a report to those charged with governance of the Trust communicating significant findings resulting from our audit.	We issued an Audit Results Report to the 09 June 2021 Audit and Risk Committee. A final updated Audit Results Report was circulated to management on 24 June 2021.
Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2020 Code of Audit Practice.	We issued our certificate on 02 July 2021

Fees

We carried out our audit of the Trust's financial statements in line with the Audit Planning Report where we set out an expected fee of £76,000.

We would like to take this opportunity to thank the Trust's staff for their assistance during the course of our work.

Hassan Rohimun

Associate Partner
For and on behalf of Ernst & Young LLP

Section 2

Purpose and responsibilities

Purpose and responsibilities

This report summarises our audit work on the 2020/21 financial statements.

Purpose

The purpose of the auditor's annual report is to bring together all of the auditor's work over the year. A core element of the report is the commentary on VFM arrangements, which aims to draw to the attention of the Trust or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

Responsibilities of the appointed auditor

We have undertaken our 2020/21 audit work in accordance with the Audit Planning Report that we presented on 25 April 2021. We have complied with the NAO's 2020 Code of Audit Practice, International Standards on Auditing (UK), and other guidance issued by the NAO.

As auditors we are responsible for:

Expressing an opinion on:

- The 2020/21 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report; and
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- To the Secretary of State for Health and Social Care if we have concerns about the legality of transactions of decisions taken by the Trust;
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Section 3

Financial Statement Audit

Financial Statement Audit

We have issued an unqualified audit opinion on the Trust's 2020/21 financial statements.

Key issues

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

On 25 June 2021, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 09 June 2021 Audit and Risk Committee and issued an updated Audit Results Report to management on 24 June 2021. We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Planning Report.

Significant risk	Work undertaken and conclusion
Misstatements due to fraud or error An ever present risk that management is in a unique position to commit 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 carried out procedures for identifying fraud risks during the planning stages, inquired with management about risks of fraud and the controls put in place to address those risks, gained an understanding of the oversight given by those charged with governance of management's processes over fraud. • We considered the effectiveness of management's controls designed to address the risk of fraud, and assessed the nature of any significant unusual transactions identified. • We considered the nature and existence of significant unusual transactions during the year, and performed review and testing as required. • We tested items relating to revenue and expenditure recognition in order to identify indicators of management override of controls e.g. management bias in key accounting estimates and judgements in the financial statements. • We performed risk based testing of journals from the accounting period identified from application of specified audit risk criteria. Our testing of journal entries found no errors. We did not identify any: • material weaknesses in controls or evidence of management override; • instances of material inappropriate judgements being applied which would indicate manipulation in accounting records or fraudulent financial reporting; or • other transactions during our audit which appeared unusual or outside the Trust's normal course of business.

Financial Statement Audit (cont'd)

Significant risk	Work undertaken and conclusion
Risk of fraud in revenue and expenditure recognition We presume that there is a risk that revenue and expenditure may be misstated due to improper recognition or manipulation. We considered that this risk could be increased by the Trust's financial position resulting in a risk that the financial statements could be manipulated to ensure that an agreed financial target was achieved. We have assessed that the risk is prevalent predominantly in: • Completeness and valuation of accruals. • Completeness and valuation of provisions. • Existence and valuation of manual debtors and creditors, and accrued income and expenditure, and specifically in regards to the timing of significant one off income transactions in and around the year end.	• We reconciled income for the period 1 April 2020 to 30 September 2020 to the amounts notified by NHSE/I and bank statements and performed a risk-based review of journal entries made around the changeover point between financial frameworks at the end of September 2020. We then reconciled income for the period 1 October 2020 to 31 March 2021 to the amounts notified by the Integrated Care System and bank statements. • We reviewed the intra-NHS agreement of balances outputs to investigate significant variances between parties to gain assurance that the transactions and balances recorded by the Trust are not materially misstated. • We tested a sample of property, plant and equipment additions to confirm that capitalisation is consistent with the reporting framework and reviewed a sample of transactions recorded in the ledger and payments made from the bank account post year end to confirm that the associated expenditure has been recorded in the correct period. • We considered the completeness of provisions in the financial statements based on our understanding of the Trust. Our testing included the valuation of management judgements for provisions and accruals. We had no errors to report from our completed testing on expenditure and creditors. We therefore concluded that our testing did not identify any: • material misstatements due to revenue and expenditure recognition; or • material issues or unusual transactions which indicate any improper misreporting of the Trust's financial position

Financial Statement Audit (cont'd)

In addition to the significant risks above, we also concluded on the following areas of audit focus.

Other area of audit focus	Conclusion
Going concern assessment and disclosures The Trust is required to carry out an assessment of its ability to continue as a going concern for the foreseeable future, being at least 12 months after the date of the approved financial statements. There is a risk that the Trust's financial statements do not adequately disclose the assessment made, the assumptions used and the relevant risks and challenges that have impacted the going concern period.	Management set out their going concern assumptions in a paper to the Board. This assessment was supported by a cash flow forecast to the end of June 2022. The cash flow forecasting was based on two different scenarios post-September: • The first considered the same arrangements as applies to the first half of the 2021/22 year continuing to apply post September. • The second considered a downside position with a reduction in income post September. Under both of these models, the Trust projects a cash position at the end of June 2022 which will require no additional short-term financial support. We concluded that there is no material uncertainty that exists regarding the going concern status of the Trust.

Other area of audit focus	Conclusion
Valuation of land and buildings Land and buildings are the most significant assets on the Trust's Statement of Financial Position. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements.	We were satisfied that the classification of assets reported in the financial statements were appropriate and that these were not materially misstated. We did not identify any material misstatements in the application of the valuers indexation report to the financial statements. We identified errors in the accounting application of valuation transactions which led to adjustments being performed by management to correct errors outlined on page 11 in relation to understatement of impairment in the Statement of Comprehensive Income. Overall we were satisfied that the valuation of land and buildings was not materially misstated.

Financial Statement Audit (cont'd)

Audit differences

We identified a small number of misstatements in disclosures which management corrected, these related to: the audit fee disclosure note; remuneration report; maturity analysis of financial liabilities; and the accounting policy in relation to inventory.

During the course of our audit we highlighted the following misstatements greater than £0.3m which were corrected by management:

- £5.9m understatement of impairment charge and an opposite £1.1m reversal of impairment. These corrections also resulted in an increase to the Revaluation Reserve of £5.4m and £0.4m increase to the Net Book Value (NBV) of Land and Buildings.
- £0.8m reduction to prepayments and accruals for a 2021/22 invoice that was incorrectly included in both balances in the 31 March 2021 Statement of Financial Position

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

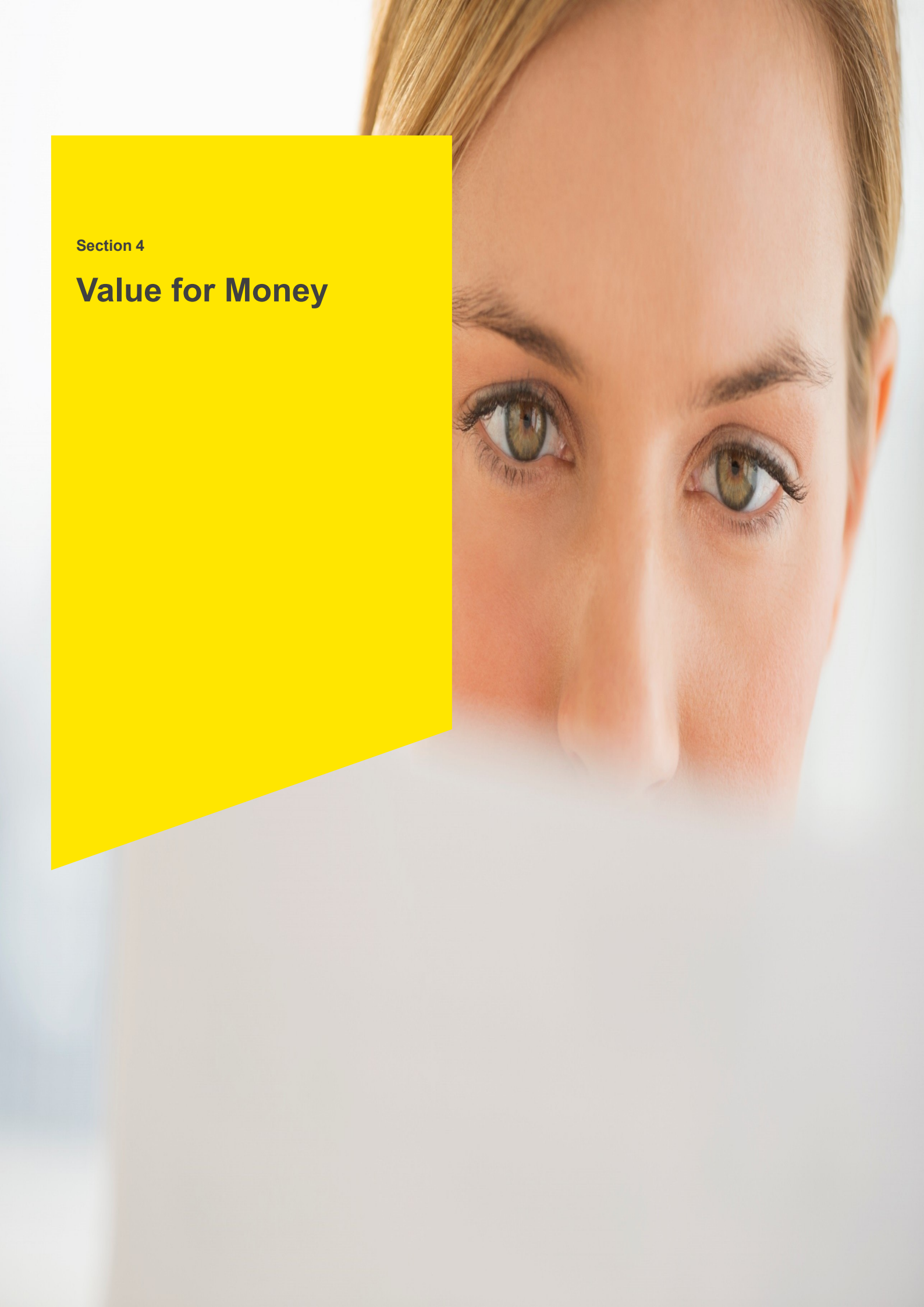
Item	Thresholds applied
Planning materiality	We determined planning materiality to be £6.61m as 2% of gross revenue expenditure reported in the accounts. We consider gross revenue expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the Trust.
Reporting threshold	We agreed with the Audit and Risk Committee that we would report to the Committee all audit differences in excess of £0.3m.

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- Remuneration disclosures: We audited all disclosures and undertook procedures to confirm material completeness
- Related party transactions. We audited all disclosures and undertook procedures to confirm material completeness

Section 4

Value for Money



Value for Money

We did not identify any risks of significant weaknesses in the Trust's VFM arrangements for 2020/21.

Scope and risks

We have complied with the NAO's 2020 Code and the NAO's Auditor Guidance Notes in respect of VFM. We presented our VFM risk assessment to the 09 June 2021 Audit and Risk Committee meeting which was based on a combination of our cumulative audit knowledge and experience, our review of Trust board and committee reports, meetings with the Director of Finance and evaluation of associated documentation through our regular engagement with Trust management and the finance team.

We reported that we had not identified any risks of significant weaknesses in the Trust's VFM arrangements for 2020/21.

We had no matters to report by exception in the audit report.

Reporting

We completed our planned VFM arrangements work in May and June 2021 and did not identify any significant weaknesses in the Trust's VFM arrangements. As a result, we had no matters to report by exception in the audit report on the financial statements.

Our VFM commentary highlights relevant issues for the Trust and the wider public.

VFM Commentary

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

- Financial sustainability
  How the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance
  How the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness:
  How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

Introduction and context

The commentary below aims to provide a clear narrative that explains our judgements in relation to our findings and any associated local context.

For 2020/21 the Trust has operated within a NHS Financial Framework that has taken into account the significant impact that the Covid-19 pandemic has had on the NHS as a whole as well as on individual providers and commissioners. In addition, the Trust has progressed its partnership working with the local Integrated Care System, which has included shared financial targets.

We have reflected these national and local contexts in our VFM commentary.

Financial sustainability

The Trust has had the arrangements we would expect to see to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

The Trust's arrangements for 2020/21 were in the context of changes to the NHS financial framework as part of the coronavirus pandemic response. Transaction flows were simplified in the NHS and the Trust and its commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on local 'system' partnerships of NHS bodies. The Trust derived most of its income from these system arrangements.

How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them

The Trust recognise financial sustainability and the pressures it is facing as a risk within the risk register. The risk register includes actions to mitigate the risk to manage the short and medium-term impact on the Trust's service delivery. These are managed through formal monthly internal reporting on financial pressures, performance against plans and the Trust's liquidity position as well as external reporting to NHSI on the Trusts progress against plans. The risk register is considered frequently by the executive team and is a regular item for Board consideration and that it is subject to review by the Audit and Risk Committee.

How the body plans to bridge its funding gaps and identifies achievable savings

In recent years the Trust has a track record of achieving savings requirements and agreed control totals. However for 2020-21 savings requirements (CIP) were removed as part of national transitional arrangements in response to the pandemic. The Trust have set a £2.8m CIP target for achievement in the first half (H1) of the forthcoming financial year. There exist arrangements to develop mitigating plans in cases where programmes fall behind schedule; management conduct fortnightly performance meetings to monitor plans and progress.

The Trust prepared an operational plan for 2020/21 prior to the national changes in response to the pandemic, and have submitted an operational plan for 2021/22. The Trust formally reports revenue and capital position against their plan to the Finance and Performance Committee on a monthly basis. The Trust reported a strong cash position of £50.9million as at 31 March 2021.

Financial sustainability (continued)

How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities

The Trust has a vision and a long-term strategic plan which articulates how it will deliver its statutory responsibilities.

The Trust translates this into an annual operating plan including the financial plans for enabling sustainable delivery of services. This forms the basis of monthly Trust Board reporting.

The national planning process has been temporarily suspended in response to the pandemic. Prior to this suspension, the Trust had prepared and submitted financial plans and savings targets to meet the agreed control total. In line with other NHS bodies, the certainty of the future funding arrangements are yet to be concluded. While we have not identified any risks to continuing service delivery, detailed medium term financial planning necessarily includes a number of assumptions.

The Trust has had the arrangements we would expect to see to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system

The Trust reports to each Board meeting on key performance areas including Quality and Effectiveness; People and Organisational Development; and Finance and Performance. The Trust's financial plans include reporting on these "True North" strategic areas as part of its mechanisms for monitoring the achievement of targets for each of the key performance areas. Monthly reporting on the financial position to the Finance and Performance Committee links financial risks to strategic risks.

How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans.

The Trust management have maintained appropriate risk management and governance processes throughout the year. The Finance and Performance Committee review a monthly performance report which is then presented to the Board. The report includes actual year to date financial outturn performance as well as the expected/projected outturn position for the financial year. The report also highlights risks to achieving the planned outturn position, any changes to the original plan and how the Trust plans to address new risks.

During the 2020/21 financial year the Department of Health and Social Care made changes to the financial framework for all trusts as part of their response to Covid-19. Further changes are expected for the 2021/22 financial year. The Trust recognises Failure to achieve compliance with financial performance and achieve financial plan within its risk register demonstrating how the Trust identifies significant financial pressures and builds them into their short term and medium-term plans.

The Trust has had the arrangements we would expect to see to enable to make informed decisions and properly manage its risks.

Governance

The Trust's governance arrangements for 2020/21 have taken into account NHSE/I's 28 March 2020 guidance entitled "Reducing the burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic.'

How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud

The Trust's Board Assurance Framework (BAF) is refreshed annually to match its strategic aims and align to strategic priorities and risks. The BAF outlines the actions being undertaken by the Trust to provide assurance that risks are being mitigated to an acceptable level, and is reviewed and updated by the senior management team. The Board of Directors have responsibility for oversight of the BAF.

The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive and review the BAF and Risk Register on a frequent basis.

The Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. The committees of the Board, particularly the Quality and Effectiveness Committee and the People Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement. The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality.

The Trust has a sound and embedded control environment in place. Relevant policies and procedures are in place and used in practice. We identified no issues of concern from the work we have completed.

The Trust has appropriate fraud prevention policies in place. The annual programme of counter fraud work agreed by the Audit and Risk Committee includes fraud prevention. and the committee received reports from the counter fraud specialist throughout the year.

The Trust has had the arrangements we would expect to see to enable to make informed decisions and properly manage its risks.

Governance (continued)

How the body approaches and carries out its annual budget setting process

The Trust has a track record of submitting planning, key data and final financial information to NHSI in line with agreed timetables. The external national planning process has been suspended with a national approach in response to the pandemic.

The Trust's internal budgeting and budget monitoring process has continued throughout the year and reported through Finance and Performance committee monthly.

The Trust develops its financial plan and budget using dual processes:

- Top down: where the Trust quantifies the core financial gap to assess its affordability envelope and inform the scale of the efficiency expectation for forthcoming year. This is developed through the application of national and local planning assumptions, as well as known commitments.
- Bottom up: where the Trust develops a granular level of activity, income, expenditure, workforce, capacity and efficiency planning.

There remains uncertainty over the final income allocations for the second half of 2021-22 and beyond due to the current national and local arrangements, but the Trust have applied a number of policies and processes to ensure resources are used economically, efficiently and effectively in 2020-21.

How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed.

The Trust has the appropriate arrangements in place to set, approve and monitor budgets. The Trust's internal budgeting and budget monitoring process has continued throughout the year, reviewed by management and subsequently reported through the Finance and Performance Committee monthly.

Reporting to the Board also includes the full range of non-financial management information on all the Trust's key performance areas.

Budget meetings with budget holders were maintained throughout 2020-21 and formed the basis for reviewing variances from the 2020-21 base.

Throughout 2020-21 monthly reporting on pay and non-pay cost variance analysis, as well as reporting against capital programme progress, has been the source of executive oversight to enable budget monitoring and therefore assess the sustainability of future financial plans.

Governance (continued)

How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee.

The effective operation of the Board, supported with regular, clear and relevant information, is the Trust's key tool for ensuring that it makes properly informed decisions. Published Board papers are presented with header sheets that provide consideration of the key elements of the Trust strategic aims the report relates to, demonstrating the Board is informed of the relevant areas in making decisions. These executive summaries also draw out the implications in terms of legislation, regulation and resources. The minutes evidence the challenge made by non-executive members and the transparency in decision making.

In response to NHSE/I's 28 March 2020 guidance entitled "Reducing the burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic.' the Trust introduced Gold & Silver Command pandemic management structure amongst other measures to ensure speedy approval of urgently required decisions.

The Audit and Risk Committee is comprised of appropriately skilled and experienced members, it has clear terms of reference which emphasises the Committee's role in providing effective challenge and has an annual work plan to help ensure that it focuses on the relevant aspects of governance, internal control and financial reporting.

How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests).

The Trust has appropriate Governance structures in place to assure itself that appropriate standards and regulations are met. Declarations of interest are a standing item in all board and Audit and Risk Committee meetings.

The Audit and Risk Committee, oversee an annual programme of work that is part of a suite of actions the Trust has in place to monitor adherence to clinical and care related standards and requirements.

The Trust has policies and procedures in place to ensure that staff operate in accordance with relevant legislative and regulatory requirements. These policies and procedures are reviewed and revised regularly.

Safety and quality is monitored by the Quality and Effectiveness Committee, which holds quarterly learning sessions on patient safety.

Improving economy, efficiency and effectiveness

How financial and performance information has been used to assess performance to identify areas for improvement.

The Trust report and monitor financial and non financial performance information through internal governance frameworks. The Board and Audit and Risk Committee oversee financial performance with formal monthly reporting on outturns and financial performance at Finance and Performance Committee monthly meetings.

The Board receives reports on performance in its key areas, which include Quality and Effectiveness; People and Organisational Development; and Finance and Performance. The reports clearly outline performance against planned targets and outcomes. Depending on the performance area, a Board committee will have oversight of the actions being identified and taken to address areas where performance is below plan. Each committee has a process in place for monitoring agreed actions and these are then included in subsequent Board reports.

The Trust has had the arrangements we would expect to see to enable it to use information about its costs and performance to improve the way it manages and delivers services.

How the body evaluates the services it provides to assess performance and identify areas for improvement

The integrated performance report identifies the key performance indicators for key service areas. These are monitored on a regular basis by the Board and Finance and Performance committee and where appropriate for areas performing below target requirements action is taken to address. Safety and quality is monitored by the Quality and Effectiveness Committee, which holds quarterly learning sessions on patient safety.

Trust has an array of ways of measuring its own performance across all aspects of its operations. It brings these together in the form of monthly reporting to the Board against national and local indicators. Where performance is below plan these reports highlight the action being taken to seek the required improvement.

The Trust is also subject to inspection by the Care Quality Commission, and is rated ‘Good’ overall and in all areas in the latest published report. The latest full CQC inspection was published in February 2020.

The Trust publishes an annual Quality Report outlining its performance against a wide range of quality measures. Prior to the pandemic the Quality Report was published as part of the Annual Report and elements were subject to audit. This requirement has been removed for 2019-20 and 2020-21 and the report is published separately.

Improving economy, efficiency and effectiveness (continued)

How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve;

The Trust reports internally on system working and working with commissioners. The Trust reports it has maintained good and supportive relationships with lead commissioners and on the strengthened collaboration and mutual aid between providers and commissioners as part of reporting to Audit and Risk Committee the preparation for production of the 20-21 annual report.

The Trust has an established Finance and Performance Committee which provides oversight of its active partnership role within the local Integrated Care System. The same Committee also receives regular reports from Service Leads on other partnership working and engagement with stakeholders including local CCGs and local authorities. The Committee has a remit to request that Service Leads take action where significant partnerships are not delivering the performance or outcomes that the Trust expects. The Board has a duty to work in partnership with service users, carers, local health organisations, local government authorities and others to provide safe, effective, accessible, and well governed services for patients

How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits.

The Trust faces further challenge and change beyond 2021 which will form part of our 2021/22 VFM arrangements work.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust is an acute provider and the majority of its services are commissioned by local CCGs and some specialist services by NHS England. The Trust monitors outcomes through its governance framework, reporting internally to board and committees and externally via the Annual Governance Report.

For procurement, the Trust uses national contracts or agreements wherever possible, primarily through NHS Supply Chain, the Crown Commercial Service and NHS Commercial Alliance. Where it is not possible to use a national agreement, contracts are advertised in the public domain via the government portal Contracts Finder. The Audit and Risk Committee review cases where single tender waivers have been performed and assess the conditions around such incidences.

Forward look

Looking forward to 2021 and beyond, the Trust is working as part of the local Integrated Care System (ICS) and planning budgets and forecasts for the 2021-22 year on the latest available information and assumptions for arrangements for the second half of 2021-22 and future years. As these arrangements have not yet been formalised the Trust will need to revisit and maintain the Medium Term Financial Plan and monitor savings requirements and achievement as part of securing financial sustainability in the longer term.

Section 5

Other Reporting Issues

Other Reporting Issues

Department of Health and Social Care / NHSI England Group Instructions

We are only required to report to the NAO on an exception basis if there were significant issues or outstanding matters arising from our work. There were no such issues.

Governance Statement

We are required to consider the completeness of disclosures in the Trust's governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance.

We completed this work and did not identify any areas of concern

Report in the Public Interest

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

Other powers and duties

We identified no issues during our audit that required us to use our additional powers under the Local Audit and Accountability Act 2014.

Other Reporting Issues (cont'd)

Control Themes and Observations

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

We have adopted a fully substantive approach and have therefore not tested the operation of controls.

The matters reported are shown below and are limited to those deficiencies that we identified during the audit and that we concluded are of sufficient importance to merit being reported.

Description	Impact
The trust experienced issues with the RAM fixed asset register in Quarter 4, that prevented valuation transactions being inputted. The Fixed Asset Register (FAR) is a vital subledger operating a key role in the financial reporting system which should maintain a robust and detailed chronology of events for each asset. The reporting functionality of the FAR is therefore equally vital to the provision of sufficient management information.	Issues with the fixed asset register should be identified and rectified as soon as possible to prevent any compound impact of further delays to information being entered into the system.
The result of the system issues impacting the FAR was increased manual intervention to perform valuation transactions and create working papers. The working papers that were provided, took much longer as a result and contained errors outlined leading to adjustments being necessary.	Where it is clear that there have been issues and workpapers have been delayed requiring more manual input, there should be increased Quality Assurance procedures performed on the workpapers. Where issues are known in advance, this should be flagged to the audit team to enable a better understanding and more warning.

Other Reporting Issues (cont'd)

Description	Impact
Within our work in testing the starters and leavers process, we have been provided with contracts for starters which were not signed and/or retained to demonstrate that contracts were signed in a timely manner, at the start of individual's contracts. A contract demonstrates the commitment of both parties to their side of an agreement. Retention of this evidences both sides' commitment to the contract. Although the Trust does not feel potentially exposed with respect to employment law it is best practice to retain evidence that employees understand contractual specifics.	A control should be implemented within appropriate timescales following an employee's start date, to ensure contracts are signed and retained.
Our testing in this area we sampled an accrual for an invoice that had been previously paid. This arose where the invoice was raised against two purchase order numbers, but only matched against one in the system. The error identified was individually insignificant (£9k), but due to the nature of the error identified, we could not gain assurance that this error would be prevented in other circumstances. As such we performed the extrapolation which was below our materiality level.	The trust should investigate the cause of this error and implement appropriate mitigating controls.

Follow-up of Prior Year Recommendations

Description	20/21 Update
We identified that provisions were made against bodies within the DHSC group. Although the total allowance raised is trivial (£100k) the DHSC Group Accounting Manual states "DHSC group bodies should not normally recognise stage-3 impairments (objective evidence of impairment) for receivables due from other DHSC group bodies, as such amounts are not expected to be irrecoverable. If in doubt as to whether it is correct to recognise either an expected (stages 1 and 2) or an incurred (stage 3) loss allowance against a body, DHSC group bodies should consult their national body or DHSC Finance." Management have not consulted with DHSC finance before making the allowance.	The Trust continues to provide in line with previous practice, against DHSC bodies. The total amount of provision made is less that £20k.
We experienced difficulties in obtaining requested information to support testing of starters and leavers. We were not provided with three pieces of evidence. Poor record and document retention can leave the Trust exposed in disputes and also presents a risk that the Trust may not comply with General Data Protection Regulation (GDPR) or the Data Protection Act.	As noted in our recommendations we have raised a finding relating to the retention of signed employment contracts.

EY | Assurance | Tax | Transactions | Advisory

Ernst & Young LLP

The UK firm Ernst & Young LLP is a limited liability partnership registered in England and Wales
with registered number OC300001 and is a member firm of Ernst & Young Global Limited.

Ernst & Young LLP, 1 More London Place, London, SE1 2AF.

ey.com

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

Issue of audit opinion on the financial statements

In our audit report for the year ended 31 March 2021 issued on 25 June 2021 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust as at 31 March 2021 and of its income and expenditure for the year then ended;
- gave a true and fair view of the financial position of the Group as at 31 March 2021 and of its expenditure and income for the year then ended; and
- had been prepared properly in accordance with the Department for Health and Social Care's Group Accounting Manual 2020/21 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Certificate

In our report dated 25 June 2021, we explained that we could not formally conclude the audit on that date until we had completed our procedures on the Foundation Trust's value for money arrangements for the year ended 31 March 2021. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Foundation Trust's value for money arrangements.

We certify that we have completed the audit of the accounts 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.

Hassan Rohimun
For and on behalf of Ernst & Young LLP
Manchester
02 July 2021

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2021, 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 **25 June 2021**

Statement of Comprehensive Income

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	404,601	379,103	404,601	378,852
Other operating income	4	57,902	55,419	64,301	55,464
Operating expenses	7	(457,245)	(430,268)	(463,271)	(429,149)
Operating surplus/(deficit) from continuing operations		**5,258**	**4,254**	**5,631**	**5,167**
Finance income	12	278	550	11	272
Finance expenses	13	(336)	(1,507)	(336)	(1,507)
PDC dividends payable		(4,720)	(2,924)	(4,720)	(2,924)
Net finance costs		**(4,778)**	**(3,881)**	**(5,045)**	**(4,159)**
Other gains / (losses)	14	1,438	(600)	111	-
Corporation tax expense		(33)	-	-	-
Surplus / (deficit) for the year		**1,885**	**(227)**	**697**	**1,008**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Net Impairments	8	2,409	(3,116)	2,409	(3,116)
Revaluations		88	340	88	340
Total comprehensive income / (expense) for the period		**4,382**	**(3,003)**	**3,194**	**(1,768)**
Surplus/ (deficit) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		1,885	(227)	697	1,008
TOTAL		**1,885**	**(227)**	**697**	**1,008**
Total comprehensive income/ (expense) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		4,382	(3,003)	3,194	(1,768)
TOTAL		**4,382**	**(3,003)**	**3,194**	**(1,768)**

Adjusted Financial Performance

Surplus/ (deficit) for the period for Trust:	697	1,008
Surplus/ (deficit) for the period for Wholly Owned Subsidiary:	140	(1)
Surplus/ (deficit) for the period for non-charity aspects of the Group	837	1,007
Add back all I&E impairments/(reversals)	4,902	135
Remove capital donations/grants I&E impact	(1,615)	(348)
Remove impact of prior year PSF post accounts reallocation	-	(744)
Adjusted financial performance surplus/(deficit) including PSF, FRF, MRET and Top-Up	4,124	50

Statement of Financial Position

	Note	Group 2021 £000	Group 2020 £000	Trust 2021 £000	Trust 2020 £000
Non-current assets					
Intangible assets	17	9,370	6,394	9,370	6,394
Property, plant and equipment	18	225,459	204,149	225,459	204,149
Other investments / financial assets	22	8,741	7,303	550	550
Receivables	25	1,511	2,619	1,511	2,619
Total non-current assets		**245,081**	**220,465**	**236,890**	**213,712**
Current assets					
Inventories	24	7,022	6,637	6,501	5,835
Receivables	25	15,090	22,635	16,549	24,993
Non-current assets held for sale and assets in disposal groups	27	-	343	-	343
Cash and cash equivalents	28	52,085	32,079	50,947	30,823
Total current assets		**74,197**	**61,694**	**73,997**	**61,994**
Current liabilities					
Trade and other payables	29	(66,661)	(51,467)	(67,447)	(53,003)
Borrowings	31	(2,112)	(73,295)	(2,112)	(73,295)
Provisions	34	(637)	(603)	(637)	(603)
Other liabilities	30	(1,383)	(2,503)	(1,383)	(2,503)
Total current liabilities		**(70,793)**	**(127,868)**	**(71,579)**	**(129,404)**
Total assets less current liabilities		**248,485**	**154,291**	**239,308**	**146,302**
Non-Current liabilities					
Borrowings	31	(12,618)	(14,675)	(12,618)	(14,675)
Provisions	34	(2,170)	(1,982)	(2,170)	(1,982)
Total non-current liabilities		**(14,788)**	**(16,657)**	**(14,788)**	**(16,657)**
Total assets employed		**233,697**	**137,634**	**224,520**	**129,645**
Financed by					
Public dividend capital		228,869	137,188	228,869	137,188
Revaluation reserve		44,945	42,454	44,945	42,454
Income and expenditure reserve		(49,294)	(49,997)	(49,294)	(49,997)
Charitable fund reserves	44	9,038	7,990	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	45	139	(1)	-	-
Total taxpayers' equity		**233,697**	**137,634**	**224,520**	**129,645**

The notes on pages 7 to 49 form part of these accounts.

Signed ……..

Date **25 June 2021**

Statement of Changes in Equity for the year ended 31 March 2021

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 2020	**137,188**	**42,454**	**(49,997)**	**7,990**	**(1)**	**137,634**
Surplus/(deficit) for the year	-	-	697	1,048	140	**1,885**
Net Impairments	-	2,497	-	-	-	**2,497**
Transfer to retained earnings on disposal of assets	-	(6)	6	-	-	**-**
Public dividend capital received	91,681	-	-	-	-	**91,681**
Taxpayers' and others' equity at 31 March 2021	**228,869**	**44,945**	**(49,294)**	**9,038**	**139**	**233,697**

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	132,019	45,327	(51,005)	9,224	-	**135,565**
Surplus/(deficit) for the year	-	-	492	(718)	(1)	**(227)**
Net Impairments	-	(3,213)	-	-	-	**(3,213)**
Revaluations - property, plant and equipment	-	340	-	-	-	**340**
Other reserve movements - charitable fund consolidation adjustment	-	-	516	(516)	-	**-**
Public dividend capital received	5,169	-	-	-	-	**5,169**
Taxpayers' and others' equity at 31 March 2020	**137,188**	**42,454**	**(49,997)**	**7,990**	**(1)**	**137,634**

Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020	**137,188**	**42,454**	**(49,997)**	**129,645**
Surplus/(deficit) for the year	-	-	697	**697**
Transfer to retained earnings on disposal of assets		(6)	6	**-**
Net Impairments		2,497	-	**2,497**
Public dividend capital received	91,681	-	-	**91,681**
Taxpayers' and others' equity at 31 March 2021	**228,869**	**44,945**	**(49,294)**	**224,520**

Statement of Changes in Equity for the year ended 31 March 2020

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019	**132,019**	**45,327**	**(51,005)**	**126,341**
Surplus/(deficit) for the year	-	-	492	**492**
Other reserve movements - charitable fund consolidation adjustment	-	-	516	**516**
Net Impairments	-	(2,873)	-	**(2,873)**
Public dividend capital received	5,169	-	-	**5,169**
Taxpayers' and others' equity at 31 March 2020	**137,188**	**42,454**	**(49,997)**	**129,645**

Information on reserves

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

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

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

DBHS Ltd reserve
This reserve comprises the ring-fenced funds held by Doncaster & Bassetlaw Healthcare Services Limited ("DBHS Ltd") which is a wholly owned subsidiary.

Statement of Cash Flows

	Note	Group 2020/21 £000	Group 2019/20 £000	Trust 2020/21 £000	Trust 2019/20 £000
Cash flows from operating activities					
Operating surplus / (deficit)		5,258	4,254	5,631	5,167
Non-cash income and expense:					
Depreciation and amortisation	7.1	9,828	8,490	9,828	8,490
Net impairments	8	4,902	135	4,902	135
Income recognised in respect of capital donations	4	(2,038)	-	(2,038)	(516)
(Increase) / decrease in receivables and other assets		8,651	12,721	9,552	10,417
(Increase) / decrease in inventories		(385)	(1,127)	(666)	(325)
Increase / (decrease) in payables and other liabilities		14,038	2,949	11,933	4,406
Increase / (decrease) in provisions		233	(352)	233	(352)
Movements in charitable fund working capital		6	21	-	-
Other movements in operating cash flows		156	150	-	-
Net cash flows from / (used in) operating activities		**40,649**	**27,241**	**39,375**	**27,422**
Cash flows from investing activities					
Interest received		11	272	11	272
Purchase of investments - Doncaster & Bassetlaw Healthcare Services Limited		-	-	-	(550)
Purchase of intangible assets		(3,956)	(297)	(3,956)	(297)
Purchase of non-current assets and investment property		(30,526)	(9,445)	(29,134)	(9,445)
Sales of non-current assets and investment property		454	-	454	-
		(34,017)	**(9,470)**	**(32,625)**	**(10,020)**
Cash flows from financing activities					
Public dividend capital received		91,681	5,169	91,681	5,169
Movement on loans from DHSC		(73,025)	(6,962)	(73,025)	(6,962)
Interest on loans		(562)	(1,516)	(562)	(1,516)
PDC dividend (paid) / refunded		(4,720)	(3,010)	(4,720)	(3,010)
Net cash flows from / (used in) financing activities		**13,374**	**(6,319)**	**13,374**	**(6,319)**
Increase / (decrease) in cash and cash equivalents		**20,006**	**11,452**	**20,124**	**11,083**
Cash and cash equivalents at 1 April - brought forward		**32,079**	**20,627**	**30,823**	**19,740**
Cash and cash equivalents at 31 March	28	**52,085**	**32,079**	**50,947**	**30,823**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the DHSC Group Accounting Manual (GAM) which outlines the interpretation of IAS1 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents".

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust and no circumstances were identified causing the Directors to doubt the continued provision of NHS services.

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, as shown within the South Yorkshire & Bassetlaw Integrated Care System (ICS) 5 Year Plan
- The Trust has ended the year with £50.9m cash in the bank
- The Trust has delivered a surplus in both 2019/20 and 2020/21
- 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.
- Additional costs due to the pandemic were supported on an actual cost reimbursement basis for the first half the year and on an advance block payment basis for the second half of the year.

The Trust has also performed a range of cash flow forecasts up to June 2022. Whilst the forecasts have a number of variables, all show that the Trust has a positive cash balance throughout. For the first half of 21/22 national funding arrangements have been confirmed, with the cashflow based on the plan submitted to the ICS and NHSE&I. For the second half of the year a range of options has been modelled including the current arrangements extending into the second half of the year or a return to pre COVID financial arrangements, with both options showing the Trust has a positive cash balance to June 2022.

In April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I) announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow their repayment. The Trust received PDC of £71.1m to repay these loans which had accumulated from prior year deficits and thereby increased the total net assets by £71.1m, strengthening the value of the balance sheet and meaning the Trust is no longer required to generate surpluses to service this historic debt.

As a result of this, the financial statements do not contain the adjustments that would result if the Trust was unable to continue as a going concern.

Note 1.3 Consolidation

NHS Charitable Funds

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

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

• recognise and measure them in accordance with the Trust's accounting policies and

• eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year except where a subsidiary's financial year end is before 1 January or after 1 July in which case the actual amounts for each month of the Trust's financial year are obtained from the subsidiary and consolidated.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Subsidiaries which are classified as held for sale are measured at the lower of their carrying amount and fair value less costs to sell.

The Foundation Trust has an investment of £550k of Share Capital in a Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Out-patient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen in Note 45.

Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

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

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System/Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Note 1.4.1 Revenue from contracts with customers (cont.)

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

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

Note 1.4.2 Revenue grants and other contributions to expenditure

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

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Note 1.5 Expenditure on employee benefits (cont.)

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition

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

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

Note 1.7.2 Measurement

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
• Land and non-specialised buildings – market value for existing use
• Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

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

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

Note 1.7.3 Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

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

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

Revaluation gains and losses

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

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

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

Impairments

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

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

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

Note 1.7.4 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.7.5 Donated and grant funded assets

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

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

In 2020/21, this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Note 1.7.6 Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Land	Not depreciated	
Buildings, excluding dwellings	9	58
Dwellings	18	40
Plant & machinery	7	18
Transport equipment	7	10
Information technology	5	14
Furniture & fittings	8	18

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

Note 1.8 Intangible assets

Note 1.8.1 Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

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

Note 1.8.2 Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

Note 1.8.3 Useful economic life of intangible assets

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

	Min life Years	**Max life Years**
All intangible assets	1	7

Note 1.9 Inventories

Some inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula, and some are valued at Weighted Average Cost.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Cash and cash equivalents

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

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

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

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

Financial assets and financial liabilities at amortised cost

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

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

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

met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition. [Describe any financial

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

Financial assets and financial liabilities at fair value trough income and expenditure

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

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

Note 1.11.2 Classification and measurement (cont.)

Impairment of financial assets

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

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

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.11.3 Derecognition

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

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

Note 1.11.4 Other financial liabilities

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

Note 1.12 Leases

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

Note 1.12.1 The Trust as lessee

Finance leases

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

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

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

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

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

Leases of land and buildings

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

Note 1.12.2 The Trust as lessor

Finance leases

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

Operating leases

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

Note 1.13 Provisions

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

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.2 but is not recognised.

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

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note XX, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
•possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
•present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital (PDC) and PDC Dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts .

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

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

Note 1.17 Foreign exchange

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

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

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

The Trust performs all its transactions in Sterling.

Note 1.18 Corporation tax

As the Trust operated a Wholly Owned Subsidiary in 2020/21, this entity is liable to Corporation Tax regulations. At present, the subsidiary does not have significant assets, and as such, deferred tax is not applicable. As such, the subsidiary is liable to Corporation Tax in line with existing rates.

Note 1.19 Third party assets

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

Note 1.20 Losses and special payments

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

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

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value. Details an be found in Note 41.

Note 1.22 Critical judgements in applying accounting policies

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

Income estimates

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

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

Expense accruals

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

Impairment of trade receivables

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

Provisions

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

Valuation of property, plant and equipment

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites. The application of valuation methodologies and external indices are covered in the accounting policies at note 1.7.

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

Note 1.22.1 Sources of estimation uncertainty

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

The main area of estimation uncertainty within the Trust is the carrying value of the property portfolio and the assumptions used in the determination of fair value at the Statement of Financial Position date. However, the Trust commissioned a property revaluation exercise as at 31 December 2020, which significantly reduces the risk of material misstatement.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

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

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022-23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

IFRS 14 Regulatory Deferral Accounts

Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2023: early adoption is not permitted.

Note 1.25 Impact of Covid-19

Whilst Covid-19 has had a significant impact on the operational performance of the Trust, there have been significant impacts on the financial performance as well. The Trust has received block income from Commissioners in year, which has improved cash flow certainty, and the Trust has received equipment, both capital and revenue, donated by the Department of Health and Social Care. Also, due to operational pressures, staff have carried forward more annual leave days at 31st March 2021, meaning that the Trust has had an increase in its annual leave accrual.

	2020/21
Income	18,258
Non Pay	(17,182)
Pay	(14,339)
	(13,263)
Capital assets donated by DHSC	2,020
Donated income as a result of donated capital assets, not included above and not included in adjusted performance	2,020

Note 2 Operating Segments

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

Note 3 Operating income from patient care activities (Group)

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

Note 3.1 Income from patient care activities (by nature)	**2020/21 £000**	**2019/20 £000 restated**
Acute services		
Block contract / system envelope income	363,363	341,705
High cost drugs income from commissioners (excluding pass-through costs)	19,461	20,785
Other NHS clinical income	258	55
Community services		
Income from other sources (e.g. local authorities)	3,578	3,483
All services		
Private patient income	740	2,393
Additional pension contribution central funding	11,133	10,431
Other clinical income	6,068	251
Total income from activities	**404,601**	**379,103**

As part of the coronavirus pandemic response, transaction flows were simplified in the NHS with providers and their commissioners moving onto block contract arrangements at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership with providers deriving most of their income from system envelopes. Comparatives in the note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2020/21 £000**	**2019/20 £000**
NHS England	44,419	40,655
Clinical commissioning groups	354,681	329,573
NHS Foundation Trusts	6	1
Department of Health and Social Care	-	-
NHS other	-	41
Local authorities	3,578	3,483
Non-NHS: private patients	183	2,393
Non-NHS: overseas patients (chargeable to patient)	557	559
Injury cost recovery scheme	1,046	1,778
Non NHS: other	131	620
Total income from activities	**404,601**	**379,103**
Of which:		
Related to continuing operations	404,601	379,103
Related to discontinued operations	-	-

Note 3.2 Income from patient care activities (by source) cont,

Income by Clinical Commissioning Group	2020/21	2019/20
South Yorkshire and Bassetlaw Integrated Care System (ICS)	**£000**	**£000**
Doncaster CCG	240,599	219,045
Bassetlaw CCG	77,271	74,775
Rotherham CCG	10,108	9,965
Barnsley CCG	5,470	5,114
Sheffield CCG	1,237	1,934
Non South Yorkshire and Bassetlaw ICS CCGs	19,996	18,740
	354,681	**329,573**

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

	2020/21	2019/20
	£000	**£000**
Income recognised this year	557	559
Cash payments received in-year	72	82
Amounts added to provision for impairment of receivables	448	315
Amounts written off in-year	191	141

Note 4 Other operating income (Group)

	2020/21	2019/20
	£000	**£000**
Other operating income from contracts with customers:		
Research and development (contract)	632	661
Education and training (including notional apprenticeship levy income)	14,214	11,901
Non-patient care services to other bodies	23,062	23,218
Provider sustainability / sustainability and transformation fund income (PSF / STF)	-	16,466
Reimbursement and top-up income	12,292	-
Other contract income	404	2,008
Other non-contract operating income:		
Rental revenue from operating leases	232	694
Donations/grants of physical assets (non-cash) - received from other bodies	20	-
Donated equipment from DHSC for COVID response (non-cash)	2,018	-
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	104	-
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	4,448	-
Charitable fund incoming resources	476	471
Total other operating income	**57,902**	**55,419**
Of which:		
Related to continuing operations	57,902	55,419
Related to discontinued operations	-	-

Non-patient care services to other bodies includes activities such as Lead Unit staff recharges to other NHS organisations.

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

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	-	2,178
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2021	31 March 2020
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**-**	**-**

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

As a result of the changing financial framework during 2020/21, the Trust does not have any Partially Completed spells revenue within Receivables, nor Maternity Pathway revenue within Liabilities as at 31st March 2021. As at 31st March 2021, the Trust does not have contract liabilities or remaining performance obligations.

Note 5.3 Income from activities arising from commissioner requested services

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

	2020/21	2019/20
	£000	£000
Income from services designated as commissioner requested services	404,601	379,103
Income from services not designated as commissioner requested services	57,902	55,419
Total	**462,503**	**434,522**

For the Trust, commissioner requested services are all patient care activities.

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

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

Note 6 Fees and charges (Group)

The Group does not have any material fees or charges in either 2020/21 or 2019/20.

Note 7.1 Operating expenses (Group)

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,459	5,378
Purchase of healthcare from non-NHS and non-DHSC bodies	5,867	10,407
Staff and executive directors costs	306,109	286,551
Remuneration of non-executive directors	135	118
Supplies and services - clinical (excluding drugs costs)	27,986	31,895
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	4,448	-
Supplies and services - general	7,686	6,073
Supplies and services - general: notional cost of equipment donated from DHSC for COVID response below capitalisation threshold	104	-
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	33,724	37,796
Consultancy costs	567	614
Establishment	2,555	2,520
Premises	18,901	16,032
Transport (including patient travel)	1,137	1,516
Depreciation on property, plant and equipment	8,848	7,648
Amortisation on intangible assets	980	842
Net impairments	4,902	135
Movement in credit loss allowance: contract receivables / contract assets	1,911	779
Increase/(decrease) in other provisions	363	(97)
Change in provisions discount rate(s)	(60)	101
Audit fees payable to the external auditor		
audit services- statutory audit	98	98
other auditor remuneration (external auditor only)	11	11
Internal audit costs	100	92
Clinical negligence	15,448	14,672
Legal fees	212	357
Insurance	282	282
Research and development	391	356
Education and training	5,777	3,333
Rentals under operating leases	1,428	1,169
Car parking & security	849	720
Losses, ex gratia & special payments	5	3
Other NHS charitable fund resources expended	1,022	867
Total	**457,245**	**430,268**
Of which:		
Related to continuing operations	457,245	430,268
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration (Group)

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	11	11
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**11**	**11**

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k (2019/20: £2,000k).

Note 8 Impairment of assets (Group)

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	4,902	135
Total net impairments charged to operating surplus / deficit	**4,902**	**135**
Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve	(2,409)	3,116
Total net impairments	**2,493**	**3,251**

The impairment in 2019/20 arose due to a revaluation exercise on certain buildings under the modern equivalent asset basis.

Note 9 Employee benefits (Group)

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	232,301	211,246
Social security costs	21,833	21,252
Apprenticeship levy	1,074	1,030
Employer's contributions to NHS pensions	25,390	23,866
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	11,133	10,431
Pension cost - other	116	117
Temporary staff (including agency)	18,641	21,375
Total gross staff costs	**310,488**	**289,317**
Recoveries in respect of seconded staff	-	-
Total staff costs	**310,488**	**289,317**
Of which		
Costs capitalised as part of assets	546	354
Disclosed within:		
Staff and executive directors costs	306,109	286,551
Research and development	391	356
Education and training	3,442	2,056
	309,942	**288,963**

Note 9.1 Retirements due to ill-health (Group)

During 2020/21 there were 6 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £272k (£156k in 2019/20). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

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

Note 10 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

c) Alternative pension schemes

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

Note 11 Operating leases (Group)

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

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

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

	2020/21	2019/20
	£000	£000
Operating lease revenue		
Minimum lease receipts	232	694
Contingent rent	-	-
Other	-	-
Total	**232**	**694**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	232	312
- later than one year and not later than five years;	-	886
- later than five years.	-	-
Total	**232**	**1,198**

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

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

	2020/21	2019/20
	£000	£000
Operating lease expense		
Minimum lease payments	1,428	1,169
Total	**1,428**	**1,169**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	601	1,151
- later than one year and not later than five years;	137	240
- later than five years.	-	-
Total	**738**	**1,391**
Future minimum sublease payments to be received	-	-

Note 12 Finance income (Group)

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

	2020/21	2019/20
	£000	£000
Interest on bank accounts	11	272
NHS charitable fund investment income	267	278
Total finance income	**278**	**550**

Note 13.1 Finance expenditure (Group)

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

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	347	1,501
Total interest expense	**347**	**1,501**
Unwinding of discount on provisions	(11)	6
Total finance costs	**336**	**1,507**

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

	2020/21	2019/20
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
	-	**-**

Note 14 Other gains / (losses) (Group)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	111	-
Losses on disposal of assets	-	-
Gains / (losses) on disposal of charitable fund assets	-	-
Gains / (losses) on charitable fund investment revaluations	1,327	(600)
Total gains / (losses) on disposal of assets	**1,438**	**(600)**
Total other gains / (losses)	**1,438**	**(600)**

Note 15 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The Trust's surplus/(deficit) for the period was £697k (2019/20: £1,008k). The Trust's total comprehensive income/(expense) for the period was £3,194k (2019/20: (£1,767k)).

Note 16 Discontinued operations (Group)

The Trust does not have any operations that are classified as discontinued in the year ended 31st March 2021.

Note 17.1 Intangible assets - 2020/21

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**15,092**	**27**	**15,119**
Additions	3,956	-	**3,956**
Valuation / gross cost at 31 March 2021	**19,048**	**27**	**19,075**
Amortisation at 1 April 2020 - brought forward	**8,725**	**-**	**8,725**
Provided during the year	980	-	**980**
Amortisation at 31 March 2021	**9,705**	**-**	**9,705**
Net book value at 31 March 2021	**9,343**	**27**	**9,370**
Net book value at 1 April 2020	**6,367**	**27**	**6,394**

Note 17.2 Intangible assets - 2019/20

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019	**14,795**	**27**	**14,822**
Additions	297	-	**297**
Valuation / gross cost at 31 March 2020	**15,092**	**27**	**15,119**
Amortisation at 1 April 2019	**7,883**	**-**	**7,883**
Provided during the year	842	-	**842**
Amortisation at 31 March 2020	**8,725**	**-**	**8,725**
Net book value at 31 March 2020	**6,367**	**27**	**6,394**
Net book value at 1 April 2019	**6,912**	**27**	**6,939**

Note 18.1 Property, plant and equipment - 2020/21

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**8,510**	**182,240**	**3,448**	**58,919**	**440**	**26,828**	**6,598**	**286,983**
Additions	-	19,934	383	8,054	-	2,021	133	**30,525**
Additions - donations of physical assets (non-cash)	-	-	-	20	-	-	-	**20**
Additions - equipment donated from DHSC for COVID response (non-cash)	-	-	-	2,018	-	-	-	**2,018**
Impact of revaluations/impairments	-	(12,094)	(493)	-	-	-	-	**(12,587)**
Reclassifications	-	159	(159)	-	-	-	-	**-**
Valuation/gross cost at 31 March 2021	**8,510**	**190,239**	**3,179**	**69,011**	**440**	**28,849**	**6,731**	**306,959**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**5,873**	**384**	**46,403**	**332**	**23,929**	**5,913**	**82,834**
Provided during the year	-	5,291	107	2,485	-	754	211	**8,848**
Impact of revaluations/impairments	-	(9,719)	(463)	-	-	-	-	**(10,182)**
Accumulated depreciation at 31 March 2021	**-**	**1,445**	**28**	**48,888**	**332**	**24,683**	**6,124**	**81,500**
Net book value at 31 March 2021	**8,510**	**188,794**	**3,151**	**20,123**	**108**	**4,166**	**607**	**225,459**
Net book value at 1 April 2020	**8,510**	**176,367**	**3,064**	**12,516**	**108**	**2,899**	**685**	**204,149**

Note 18.2 Property, plant and equipment - 2019/20

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019	**8,170**	**174,031**	**3,240**	**55,201**	**415**	**24,676**	**6,507**	**272,240**
Additions	-	11,668	-	3,718	25	2,152	91	**17,654**
Impairments charged to operating expenses	-	(135)	-	-	-	-	-	**(135)**
Impairments charged to revaluation reserve	-	(3,227)	-	-	-	-	-	**(3,227)**
Reversal of impairments credited to the revaluation reserve	-	(97)	208	-	-	-	-	**111**
Revaluations	340	-	-	-	-	-	-	**340**
Valuation/gross cost at 31 March 2020	**8,510**	**182,240**	**3,448**	**58,919**	**440**	**26,828**	**6,598**	**286,983**
Accumulated depreciation at 1 April 2019	**-**	**980**	**276**	**44,784**	**332**	**23,138**	**5,676**	**75,186**
Provided during the year	-	4,893	108	1,619	-	791	237	**7,648**
Accumulated depreciation at 31 March 2020	**-**	**5,873**	**384**	**46,403**	**332**	**23,929**	**5,913**	**82,834**
Net book value at 31 March 2020	**8,510**	**176,367**	**3,064**	**12,516**	**108**	**2,899**	**685**	**204,149**
Net book value at 1 April 2019	**8,170**	**173,051**	**2,964**	**10,417**	**83**	**1,538**	**831**	**197,054**

Note 18.3 Property, plant and equipment financing - 2020/21

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	8,510	188,794	3,151	16,787	108	4,151	607	**222,108**
Owned - equipment donated from DHSC and NHS England for Covid response	-	-	-	1,834	-	-	-	**1,834**
Owned - donated/granted	-	-	-	1,502	-	15	-	**1,517**
NBV total at 31 March 2021	**8,510**	**188,794**	**3,151**	**20,123**	**108**	**4,166**	**607**	**225,459**

Note 18.4 Property, plant and equipment financing - 2019/20 - restated

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	8,510	175,776	3,064	11,398	108	2,876	685	**202,417**
Owned - donated/granted	-	591	-	1,118	-	23	-	**1,732**
NBV total at 31 March 2020	**8,510**	**176,367**	**3,064**	**12,516**	**108**	**2,899**	**685**	**204,149**

Note 19 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £2,038k. £2,018k was from Department of Health and Social Care, and related to assets associated to the treatment of patients who had contracted Covid-19.

Note 20 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 to ensure that property is stated at fair value. The default frequency of these valuations is currently every five years, in accordance with the FT ARM. However, interim valuations are also carried out as deemed appropriate by the Trust. Valuations are performed by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisals and Valuation Manual. The Trust commissioned a full valuation of its land and buildings as at 31 March 2020, which was undertaken by Cushman & Wakefield.

In 2019/20 and 2020/21, the Trust undertook a revaluation based on a Modern Equivalent Asset basis on its land and buildings.

Note 21 Investment Property

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

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

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**7,303**	**8,388**	**550**	
Acquisitions in year	1,427	6,608	-	550
Movement in fair value through income and expenditure	1,327	(600)	-	-
Disposals	(1,316)	(7,093)	-	-
Carrying value at 31 March	**8,741**	**7,303**	**550**	**550**

The Group investments relate to investments made by Doncaster & Bassetlaw Teaching Hospitals Charitable Funds as part of a diverse investment portfolio. During 2019/20, the level of acquisitions and disposals was high as a result of a new investment manager being engaged.

Note 22.1 Other investments / financial assets (current)

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

Note 23 Disclosure of interests in other entities

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

Note 24 Inventories

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Drugs	2,758	3,049	2,237	2,247
Consumables	4,249	3,565	4,249	3,565
Energy	15	23	15	23
Total inventories	**7,022**	**6,637**	**6,501**	**5,835**

Inventories recognised in expenses for the year were £46,834k (2019/20: £52,123k). Write-down of inventories recognised as expenses for the year were £0k (2019/20: £0k).

Note 25.1 Receivables

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Contract receivables	11,584	20,965	13,528	23,325
Allowance for impaired contract receivables / assets	(1,945)	(1,620)	(1,945)	(1,620)
Prepayments (non-PFI)	2,945	2,054	2,945	2,054
PDC dividend receivable	4	4	4	4
VAT receivable	2,502	1,230	2,017	1,230
Other receivables	-	-	-	-
NHS charitable funds: trade and other receivables	-	2	-	-
Total current receivables	**15,090**	**22,635**	**16,549**	**24,993**
Non-current				
Contract receivables	3,042	3,349	3,042	3,349
Allowance for impaired contract receivables / assets	(1,531)	(730)	(1,531)	(730)
Total non-current receivables	**1,511**	**2,619**	**1,511**	**2,619**
Of which receivable from NHS and DHSC group bodies:				
Current	7,273	15,613	7,273	15,613
Non-current	-	-	-	-

The fall in overall receivables is as a result of the change in Financial Framework that the NHS has been working under during 2020/21. In 2020/21, income from Clinical Commissioning Groups has been received as part of a monthly block, which reduces the amount owed at period end. Also, at March 2020, the Trust was owed Quarter 4 Performance and Sustainability Funding, which was not part of the 2020/21 Financial Framework.

Note 25.2 Allowances for credit losses - 2020/21

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2020 - brought forward	**2,350**	**-**	**2,350**	**-**
New allowances arising	1,911	-	1,911	-
Utilisation of allowances	(785)	-	(785)	-
Allowances as at 31 Mar 2021	**3,476**	**-**	**3,476**	**-**

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2019 - brought forward	**1,842**	**-**	**1,842**	**-**
New allowances arising	779	-	779	-
Utilisation of allowances (write offs)	(271)	-	(271)	
Allowances as at 31 Mar 2020	**2,350**	**-**	**2,350**	**-**

Note 26 Other assets

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

Note 27 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**343**	**343**	**343**	**343**
Disposals made in year	(343)	-	(343)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**343**	**-**	**343**

The Trust sold a building (Chequer Road) in 2020/21, which was designated as being Held for Sale at 31st March 2020.

Note 27.1 Liabilities in disposal groups

The Trust does not have any liabilities in disposal groups.

Note 28 Cash and cash equivalents movements

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

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	**32,079**	**20,627**	**30,823**	**19,740**
Net change in year	20,006	11,452	20,124	11,083
At 31 March	**52,085**	**32,079**	**50,947**	**30,823**
Broken down into:				
Cash at commercial banks and in hand	444	1,442	34	541
Cash with the Government Banking Service	51,641	30,637	50,913	30,282
Total cash and cash equivalents as in SoFP and SOCF	**52,085**	**32,079**	**50,947**	**30,823**

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

Note 29 Trade and other payables

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000 (restated)	£000	£000 (restated)
Current				
Trade payables	9,255	6,463	10,092	5,928
Capital payables	10,373	10,374	10,373	10,374
Accruals	32,320	23,914	32,320	25,999
Annual leave accrual	5,119	1,156	5,119	1,156
Social security costs	5,809	5,237	5,809	5,237
Other taxes payable	33	-	-	-
Other payables	3,734	4,309	3,734	4,309
NHS charitable funds: trade and other payables	18	14	-	-
Total current trade and other payables	**66,661**	**51,467**	**67,447**	**53,003**
Of which payables from NHS and DHSC group bodies:				
Current	5,280	6,427	5,280	6,427
Non-current	-	-	-	-

The increase in annual leave accrual is as a result of staff being unable to take annual leave due to the pressures during the Covid-19 response.

Note 29.1 Early retirements in NHS payables above

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

	31 March 2021	31 March 2021	31 March 2020	31 March 2020
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 30 Other liabilities

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	1,383	2,503	1,383	2,503
Total other current liabilities	**1,383**	**2,503**	**1,383**	**2,503**
Deferred income: contract liabilities	-	-	-	-
Total other non-current liabilities	**-**	**-**	**-**	**-**

Note 31 Borrowings

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Loans from DHSC	2,112	73,295	2,112	73,295
Total current borrowings	**2,112**	**73,295**	**2,112**	**73,295**
Non-current				
Loans from DHSC	12,618	14,675	12,618	14,675
Total non-current borrowings	**12,618**	**14,675**	**12,618**	**14,675**

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, DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £71.1m were classified as current liabilities within the 2019/20 financial statements. The repayment of these loans were be funded through the issue of PDC.

Note 31.1 Reconciliation of liabilities arising from financing activities

Group and Trust	Loans from DHSC	Other loans	Finance leases	Total
	£000	£000	£000	£000
Carrying value at 1 April 2020	**87,970**	**-**	**-**	**87,970**
Cash movements:				
Financing cash flows - payments and receipts of principal	(73,025)	-	-	**(73,025)**
Financing cash flows - payments of interest	(562)	-	-	**(562)**
Non-cash movements:				**-**
Application of effective interest rate	347	-	-	**347**
Carrying value at 31 March 2021	**14,730**	**-**	**-**	**14,730**

Note 32 Other financial liabilities

Neither the Group or Trust has any other financial liabilities.

Note 33 Finance leases

Note 33.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessor

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

Note 33.2 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust as a lessee

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

Note 34.1 Provisions for liabilities and charges analysis - Group and Trust

Group & Trust	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2020	**1,171**	**1,086**	**222**	**106**	**-**	**2,585**
Change in the discount rate	(39)	(21)	-	-	-	**(60)**
Arising during the year	158	234	111	-	238	**741**
Utilised during the year	(83)	(104)	(82)	-	-	**(269)**
Reversed unused	-	-	(73)	(106)	-	**(179)**
Unwinding of discount	(6)	(5)	-	-	-	**(11)**
At 31 March 2021	**1,201**	**1,190**	**178**	**-**	**238**	**2,807**
Expected timing of cash flows:						
- not later than one year;	84	137	178	-	238	**637**
- later than one year and not later than five years;	343	559	-	-	-	**902**
- later than five years.	774	494	-	-	-	**1,268**
Total	**1,201**	**1,190**	**178**	**-**	**238**	**2,807**

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

Pensions: early departure costs (2020/21: £1,200k, 2019/20: £1,171k) and Pensions: injury benefits (2020/21: £1,191k, 2019/20: £1,088K) are calculated based on information provided by the NHS Business Services Authority - Pensions Division. There are uncertainties surrounding these provisions as the amounts incorporate assumptions made concerning the life expectancy of the individuals.

"Other" relates to dilapidation provisions for buildings that the Trust leases.

Note 34.2 Clinical negligence liabilities

At 31 March 2021, £231,942k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (31 March 2020: £226,992k).

Note 35 Contingent assets and liabilities

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Value of contingent liabilities				
Employment Tribunal and other employee based litigation	-	22	-	22
NHS Resolution legal claims	92	107	92	107
Gross value of contingent liabilities	**92**	**129**	**92**	**129**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**92**	**129**	**92**	**129**
Net value of contingent assets	**-**	**-**	**-**	**-**

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

Note 36 Contractual capital commitments

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Property, plant and equipment	989	2,163	989	2,163
Intangible assets	-	554	-	554
Total	**989**	**2,717**	**989**	**2,717**

Note 37 Other financial commitments

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

Note 38 Defined benefit pension schemes

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

Note 39 Financial instruments

Note 39.1 Financial risk management

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

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

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

Currency risk

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

Credit risk

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

The carrying amount of financial assets represents the maximum credit exposure. Therefore the maximum exposure to credit risk at the reporting date for the Group was £71,341k (2019/20: £61,348k), being the total of the carrying amount of financial assets.

With regard to the credit quality of financial assets and impairment losses, the movement in the allowance for impairment in respect of trade receivables during the year is disclosed in note 25.2.

Interest rate risk

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

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

Note 39.2 Carrying values of financial assets

Group	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2021 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	11,150	-	-	**11,150**
Cash and cash equivalents	51,675	-	-	**51,675**
Consolidated NHS Charitable fund financial assets	-	9,151	-	**9,151**
Total at 31 March 2021	**62,825**	**9,151**	**-**	**71,976**

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

Trust	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
Carrying values of financial assets as at 31 March 2021 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	12,609	-	-	**12,609**
Cash and cash equivalents	50,947	-	-	**50,947**
Total at 31 March 2021	**63,556**	**-**	**-**	**63,556**

Note 39.2 Carrying values of financial liabilities

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

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2021 under IFRS 9			
Loans from the Department of Health and Social Care	14,730	-	**14,730**
Trade and other payables excluding non financial liabilities	63,608	-	**63,608**
Consolidated NHS charitable fund financial liabilities	18	-	**18**
Total at 31 March 2021	**78,356**	**-**	**78,356**

Group	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2020 under IFRS 9			
Loans from the Department of Health and Social Care	87,970	-	**87,970**
Trade and other payables excluding non financial liabilities	48,801	-	**48,801**
Consolidated NHS charitable fund financial liabilities	14	-	**14**
Total at 31 March 2020	**136,785**	**-**	**136,785**

Note 39.3 Fair values of financial assets and liabilities

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

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

Note 39.4 Maturity of financial liabilities

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000 (restated)	31 March 2021 £000	31 March 2020 £000 (restated)
In one year or less	63,568	120,129	63,568	120,129
In more than one year but not more than five years	5,650	7,124	5,650	7,124
In more than five years	9,141	9,533	9,141	9,533
Total	**78,359**	**136,786**	**78,359**	**136,786**

This table replaces the previous maturity analysis for financial liabilities. Previously this analysis has been performed on book values. However IFRS 7 (para B11D) requires this analysis to be based on undiscounted future contractual cash flow (ie gross liabilities including finance charges).

Note 40 Losses and special payments

Group and Trust	2020/21 number of cases Number	2020/21 value of cases £000	2019/20 number of cases Number	2019/20 value of cases £000
Total losses - bad debts	**182**	**238**	**253**	**157**
Special payments				
Compensation under court order or legally binding arbitration award	17	55	19	81
Ex-gratia payments	10	5	7	3
Total special payments	**27**	**60**	**26**	**84**
Total losses and special payments	**209**	**298**	**279**	**241**

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

Note 41 Gifts

In 2020/21, the Charity committed expenditure to recognise the efforts of all staff during the year. This included purchasing tickets for staff to visit the Yorkshire Wildlife Park, as well as a small gift voucher, as a token of appreciation. No gifts were made by either the Trust, or subsidiary company in year.

In 2019/20, neither the Trust or Group made gifts during the year.

Note 42 Related parties

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

	2021 Receivables £000	2020 Receivables £000
Department of Health and Social Care	-	-
Other NHS bodies	7,269	15,610
Other bodies (including WGA bodies)	2,502	1,230
	9,771	**16,840**

	31 March 2021 Payables £000	31 March 2020 Payables £000
Other NHS bodies	5,281	6,406
Other bodies (including WGA bodies)	9,280	5,270
	14,561	**11,676**

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

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

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

Note 43 Events after Balance Sheet Date

There are no events after the Balance Sheet date

Note 44 NHS Charitable Fund

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

Summary statement of financial activities

	2020/21	2019/20
	Total Funds	
	£000	£000
Incoming resources	476	471
Resources expended	(1,022)	(1,383)
Net outgoing resources	**(546)**	**(912)**
Investment Income	267	278
Gains on revaluation and disposal of investment assets	1,327	(600)
Net movement in funds	**1,048**	**(1,234)**
Fund balances at 1 April	7,990	9,224
Fund balances at 31 March	**9,038**	**7,990**

	2020/21	2019/20
	Total Funds	
	£000	£000
Investment assets	8,741	7,303
Current assets	-	2
Cash	410	901
Current liabilities	(113)	(216)
Total net assets	**9,038**	**7,990**

	2021	2020
	£000	£000
Unrestricted income funds	2,635	2,210
Other restricted income funds	6,403	5,780
	9,038	**7,990**

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

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

Note 45 Doncaster & Bassetlaw Healthcare Services Ltd

The Foundation Trust has a Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Ltd ("DBHS Ltd"). DBHS Ltd operates at an arms length basis, currently providing Out-patient pharmacy dispensary services at the Doncaster Royal Infirmary site. The summarised financial statements can be seen below:

Summary statement of financial activities

	2020/21	2019/20
	£000	£000
Incoming resources	7,525	3,677
Resources expended	(7,385)	(3,678)
Net outgoing resources	**140**	**(1)**

	2020/21	2019/20
	£000	£000
Current assets	1,844	2,494
Cash	728	355
Current liabilities	(1,883)	(2,300)
Total net assets	**689**	**549**
Share Capital	550	550
Income & Expenditure reserve	139	(1)
Total net assets	**689**	**549**

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust