Develop Belong Thrive Here at DBTH

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)

Annual Report and Accounts 2021/22

Bassetlaw Hospital | Doncaster Royal Infirmary | Montagu Hospital

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts 2021/22

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

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Chair and Chief Executive's statement

The past 12 months mark one of the most challenging periods within the history of Doncaster and Bassetlaw Teaching Hospitals (DBTH). Despite this, we have, with the support of all colleagues, made great strides forward. We are moving to a position where our recovery can start to begin in earnest, not just to restore services to where they were, but enhancing them, taking what we have learnt throughout the pandemic and moving forward.

In our previous Annual Report, we reflected upon a period of transition for the Trust. We outlined the major changes we made to make our sites as COVID-19 secure as possible, and we detailed how we had coped with the initial waves of COVID-19. However, 2021 and 2022 have been very different in this respect. It has been a period where we have had to learn to live with COVID-19, whilst providing all of the services expected of us, and befitting of our communities. It has meant that we have faced times of great hardship, particularly as we have experienced numerous further waves of COVID-19, with the Omicron variant taking its toll on staff absence, however, we have persevered and we believe that, together, we have so much to be proud of, and a lot to look forward to.

As is detailed in this report, in 2021/22, we have cared for an additional 2,491 COVID-19 patients, and this in addition to 783,461 episodes of care which have taken place within our hospital sites. Our activity this year has far outstripped that seen the year previous, and brings us on parity, if not a little bit beyond, activity in 2019/20 prior to the pandemic.

Since March 2020, we believe Team DBTH has often been ahead of the curve on the important decisions related to COVID-19. Along with the tenacity, determination and can-do attitude of all colleagues, this proactive approach has put us in the best position possible to address the challenges of the pandemic, and we believe this same outlook will help us as we look to recover and move on from these times.

For very different reasons, and while there is cause for optimism, the coming years are going to be equally as challenging as the prior two. Throughout the rest of 2022 and into 2023 and beyond, it is our aim to recover strongly from the impact of the coronavirus, delivering high quality care for our patients and trying to move closer to our goal to be considered to be outstanding.

Additionally, as the overall governance and organisation of the NHS has changed, we also now find ourselves as a crucial part of two Integrated Care Systems in South Yorkshire and Nottinghamshire respectively – one of only a handful of trusts in such a position. The impact of this means that we now have to build stronger relationships with Nottinghamshire colleagues and continue to develop the collaborations in two 'Places' and two Integrated Care Boards (ICB).

Therefore, and as referenced earlier, we believe it is important that we try to get ahead of the curve once again, organising ourselves in such a way as to best deal with these

upcoming challenges, as well as maximising the opportunities that will undoubtedly present themselves.

Much of this work will be driven by our Directorate of Recovery, Innovation and Transformation, and this team will help to identify and remove barriers and challenges. Crucially, the Directorate will look to ensure that divisions and directorates are supported to recover services, so that our clinicians are able to make significant improvements in the services we deliver to our patients to ensure that they receive the very best care and treatment.

Innovations we will further expand upon will include projects such as the Rapid Diagnostic Service, to reduce waiting times for patients, we will also continue to move forward with our ambitious capital programme, with significant investment to be made within Emergency and Urgent Care, as well as keep pushing on in our goal to build a new hospital in Doncaster. To bring these, and many other projects to fruition, we will need the support of all colleagues, and it is our intention to draw upon the collective expertise, dedication and skill of all of Team DBTH to help us in this vision.

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, as well as the ambitions we have. 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 2021/22, along with our plans for 2022/23. 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
22 June 2022

Richard Parker OBE
Chief Executive
22 June 2022

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 in 2022) 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
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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
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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).

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Our vision
The ambition of the Trust

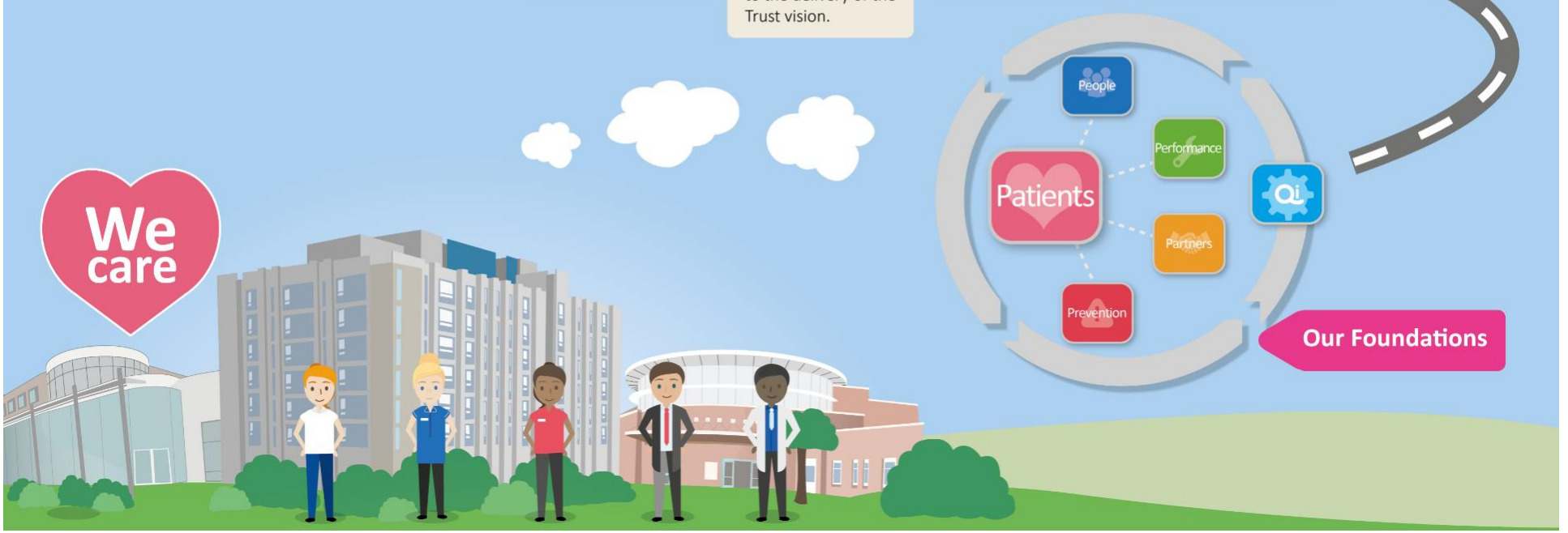
To be the safest trust in England, outstanding in all that we do.

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:** The Trust is in recurrent surplus to invest in improving patient care

Breakthrough
How we will move to deliver our True North in **2021/22**.

- **Objective one:** Achieve measurable improvements in our quality standards and patient experience.
- **Objective two:** At least 90% of colleagues have an appraisal linked to the Trusts Values and feel able to contribute to the delivery of the Trust vision.
- **Objective three:** Team DBTH feel valued and feedback from staff and learners in top 25%.
- **Objective four:** Every team achieves their financial plan for the year.



A timeline of our year

A brief summary of achievements, milestones and developments within our hospitals throughout 2021 and 2022.

April 2021

- **Easing of certain visiting restrictions:** Following a period of restricted visiting, we revised this slightly to allow partners to join mothers in the attendance of 12 and 20 week ultrasound scans.
- **New CT Scanner:** To aid with diagnostic test waiting times, we took delivery of a new CT scanner at Bassetlaw Hospital.
- **Further easing of visiting restrictions:** Further guidance was eased, with parents able to attend antenatal doctors appointments together.
- **Introduction of the Holistic Care team:** The Trust launched the Holistic Care Team, a service made up of a range of health professionals to further improve the care given to patients with complex needs.
- **COVID-19 vaccination programme:** Came to an end at the end of April, with colleagues offered the opportunity to receive the first and second dose of the vaccine.
- **Water leak at Doncaster Royal Infirmary:** The Women's and Children's Hospital suffered a large water leak on 27 April. A large part of the building was rendered inoperable and repair works began shortly after.

May 2021

- **Digital letters:** A new system launched moving correspondence from the Trust to the 'DrDoctor system' which is also used for appointment reminders. Those who are not comfortable with electronic devices can still opt for paper communications.
- **Five year forward:** The Trust launched a consultation asking local people to share their views to help develop the organisation's strategy for the next five years.
- **Building works begin as part of the Women's and Children's Hospital repair and refurbishment:** Following the water leaks earlier in the year, work begins in earnest on a new theatre unit and two inpatient ward areas to the rear of the existing building.

June 2021

- **Easing of adult visiting restrictions:** Following a period of restricted visiting, two adults were allowed to attend for up to two hours a day.
- **DBTH Members' Lecture Series:** The Trust debuted its very first lecture series, focused on the Trust's response to COVID-19.
- **Appointment of Chief Information Officer:** Following a robust recruitment process, Ken Anderson was named Chief Information Officer at the Trust.
- **Digital Transformation:** Phase two of the Trust's Digital Transformation programme began to further enhance the care and treatment of patients.

- **Rainbow Garden at Doncaster Royal Infirmary:** The Trust opened a memorial garden to those we have lost to COVID-19.
- **Visiting restrictions heightened:** As a result of increased COVID-19 activity, visiting restrictions changed to one visitor, for an hour, each day.

July 2021

- **Chief Allied Health Professionals (AHP) appointed:** Following a robust recruitment process, Jodie Roberts was named Chief Allied Health Professional.
- **Bassetlaw joins the Nottingham and Nottinghamshire Integrated Care System:** The district of Bassetlaw now aligns with the Nottingham and Nottinghamshire Integrated Care System (ICS), moving it from the South Yorkshire and Bassetlaw ICS.

August 2021

- **DBTH Pride:** The Trust hosts its inaugural 'Pride Week' celebrating LGBTQ+ colleagues.
- **Over 100,000 COVID-19 tests completed:** Using in-house facilities, over 100,000 tests are undertaken within DBTH to detect coronavirus.

September 2021

- **Trust is first to achieve RACE accreditation:** DBTH is named the first NHS organisation to qualify to use the RACE (Reporting Action Composition Education) Equality Code Quality Mark, following assessment.
- **'Thank you' event for all staff:** The Trust partners with Yorkshire Wildlife Park to host a special event for colleagues.
- **Flu campaign gets underway:** The organisation's inaugural flu vaccination programme begins, with 1,000 colleagues opting for the jab in the first 24 hours.
- **COVID-19 booster programme begins:** Ultimately, 90% of all colleagues will opt for the top-up vaccine.

October 2021

- **Trust secures part of £3 million funding to transform diagnostic care:** The Trust is named as one of two providers in South Yorkshire to secure funding to enhance diagnostic testing at Montagu Hospital and create a Community Diagnostic Centre.

November 2021

- **The Trust is accepted into a national Electronic Patient Record Programme:** DBTH was named as one of only seven hospitals within the country to be accepted into the 'Digital Aspirant Plus' programme.
- **50 nurses joined the Trust as part of international recruitment efforts:** The health professionals joined primarily from India as we looked to fill workforce gaps.

December 2021

- **Self-service system launched within the Emergency Department:** This helps the sign-in process for patients attending the urgent service.
- **Consultation begins to secure the future of 24/7 paediatric services within Bassetlaw Hospital's Emergency Department**: Ultimately just under 2,000 local people had their say on this matter.
- **New theatre and ward areas open within Women's and Children's Hospital:** The project began in May and initially housed paediatric services.
- **Due to an increase in COVID-19 activity, visiting is restricted:** Only in specific circumstances can patients receive visitors during this time.

January 2022

- **Montagu Hospital's Community Diagnostic Centre enters phase one:** During this time a CT and MRI scanner are placed within the site.

February 2022

- **Appointment of Chief People Officer:** Following a robust recruitment process, Zoe Lintin was named Chief People Officer, replacing the existing position held by the Director of People and Organisational Development, Karen Barnard who retired.
- **Serenity Appeal launches:** The scheme seeks to raise to £150,000 to help develop a maternity bereavement suite.
- **Visiting restrictions eased:** Following an easing in COVID-19 activity, visiting restrictions are eased once again.
- **The Trust is visited by Sajid Javid MP, Secretary of State for Health and Social Care:** The Government official toured Doncaster Royal Infirmary and met local residents at Montagu Hospital.
- **Montagu Hospital's Community Diagnostic Centre's phase one is completed:** This follows the successful installation of MRI and CT scanners and over 3,000 diagnostic tests undertaken.
- **Rebecca Joyce, Chief Operating Officer, steps down:** A robust recruitment process to appoint a successor is on-going at the time of writing this report.

March 2022

- **First ever Professional Nurse Advocate is appointed:** The newly created post works with colleagues to offer restorative clinical supervision.
- **Due to an increase in COVID-19 activity, visiting is restricted once again:** Only in specific circumstances can patients receive visitors during this time.
- **Pat Drake, Non-Executive Director, retires:** The former member of the Board of Directors served more than 50 years in the NHS.

Overview of our activity and performance in 2021/22

A note on COVID-19

Covid-19 data (as of 31 March 2022):

- Current Covid-19 patients: **151**
- Total Covid-19 patients in Intensive Care: **Three**
- Total Covid-19 discharges: **4,446**
- Total number of patients who have died: **1,088**
- Total number of patients who have been admitted: **5,717**

Broken down by month:

In total, the Trust cared for an additional 2,491 patients with COVID-19 in 2021/22, this is just 735 fewer than was seen in the previous year, at a time when the majority of services have been restored to near business as usual levels.

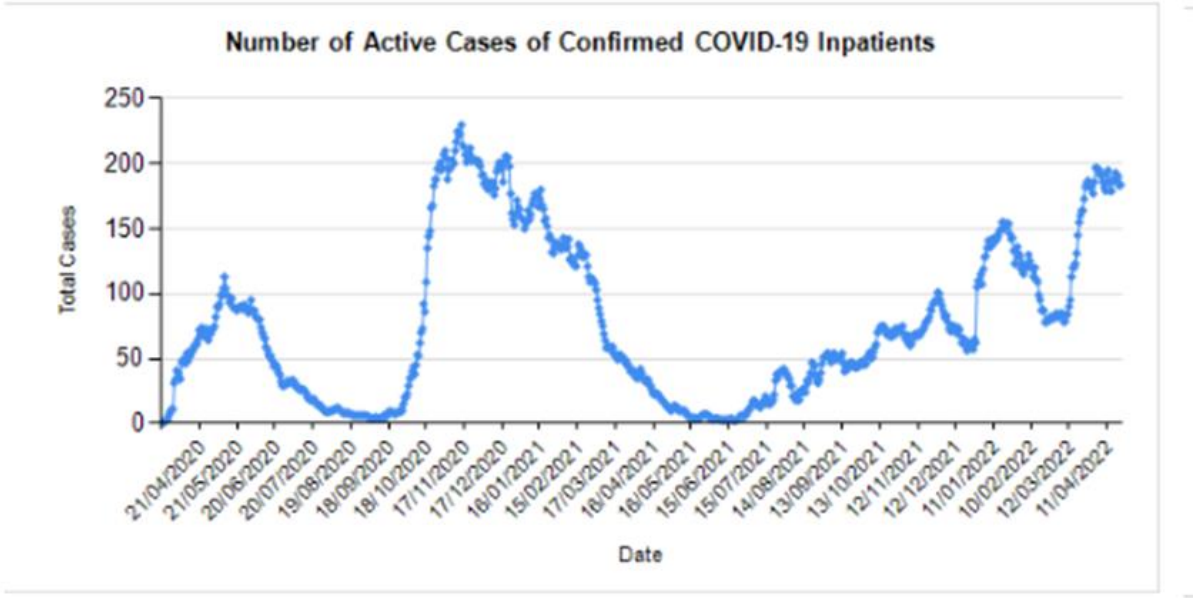


Figure one: Total number of COVID-19 inpatients from March 2020, to April 2022.

Our operational response:

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 another year of challenge and upheaval.

In 2021/22, colleagues worked hard to restore, as much as possible, business as usual within the Trust. This work was made more challenging by the various waves of COVID-19 we

faced, reflected within the fact we had to regularly restrict and ease our visiting guidance, as well as re-prioritise our workload.

To manage this process, the Trust stood up our 'Enhanced Operations Group' at intervals throughout 2021 and 2022 and this was to manage periods of acute activity and pressures. This group consisted of senior managers and health professionals, and met thrice-weekly - this was in addition to usual site management and on-call arrangements.

We also maintained many of the policies and ways of working implemented during the first year of the pandemic - details of which can be read in 2020/21's Annual Report.

In 2021/22, we experienced staff absence and sickness even more acutely, and this resulted in the reduction of certain services for a short-time, and a focus on urgent and emergency work, as well as work related to cancer. As such, this had a knock-on effect on our overall performance, however the process was tightly managed and activity scaled up as soon as possible.

Infection prevention and 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, much of which has been maintained through 2021/22.

From March 2020, 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 Personal Protective Equipment (PPE), and everything in between. This position was routinely monitored and developed as we went through the year, with many restrictions and ways of working still in place.

As has been the case throughout the pandemic, 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 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.

Our teams have also innovated, finding 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 devised and put into operation a system for redeploying colleagues into areas experiencing work force shortfalls, or those under increased strain. This service was set-up

early on during the pandemic and has been maintained ever since and was particularly important in helping with shortfalls that were felt most acutely in March 2022.

As has been already mentioned within the report, with intermittent periods of increased activity, we took the decision at several points throughout the year to restrict all visiting. This also meant maintaining remote working arrangements for, largely non-clinical colleagues, something which will, more than likely, be rolled into business as usual plans once the pandemic passes.

Until further notice, the Trust will continue to work to current arrangements, with senior managers making the appropriate decisions, in conjunction with our Infection Prevention and Control team to ease, or heighten, restrictions.

Vaccination and testing:

The Trust worked, primarily, with NHS Doncaster Clinical Commissioning Group and Primary Care Doncaster in order to deliver our vaccination campaign.

With a long-established record for successful vaccination campaigns, the COVID-19 vaccination programme was no different, and we achieved the following rates of vaccination amongst colleagues within the Trust:

- 97% of all professionals within the Trust received the first dose (Pfizer and Astrazeneca offered).
- 94% of all professionals within the Trust received the second dose (Pfizer and Astrazeneca offered).
- 90% of all professionals within the Trust received the booster dose (Pfizer offered).

Those who opted to not take the vaccine were largely exempt for one reason or another.

Similarly, to aid with efforts to reduce nosocomial COVID-19 spread within our services, all colleagues were, and still are, asked to complete twice-weekly tests for coronavirus using lateral flow devices and to input the results into a bespoke in-house system to monitor any trends and act on any potential outbreaks.

The Trust also implemented specific guidance for colleagues who suspect they have COVID-19, or have tested positive, as follows (at the time of writing this is still Trust policy):

The isolation timetable

- **Day zero** – This is the day your symptoms began, or if asymptomatic the day your positive test was taken.
- **Day one to four** – You do not need to do anything.
- **Day five** – Undertake your first lateral flow test.

- **Day six** – Undertake your second lateral flow test. If the first test is negative, and the second is also, you can return to work on this day. If one is positive, you need to continue until you receive two negative tests two days apart.
- **Day 11** – If you haven't managed to test negative 24 hours apart, regardless you can return to work on this day if you feel well enough to do so.
- **When you are ready to return** – Let your line-manager know and ring **0300 30 45 550** to close down your absence.

If unvaccinated: Colleagues are asked to see out the full 10-day isolation period.

Furthermore, the Trust continued with efforts to screen all tests for COVID-19 in house. As the pandemic began in March 2020, the Microbiology team, which is housed at Doncaster Royal Infirmary, initially sent tests to their counterparts at Sheffield Teaching Hospitals who kindly undertook limited screening on behalf of the Trust. However, given challenges to capacity at the time, and increasing numbers of patients presenting with symptoms of the novel illness, this only allowed for around 50 swabs to be checked per day, and as cases rose so did the pressure on the testing systems.

As a result of efforts within our Microbiology team the first test for coronavirus took place on site on Thursday 9 April 2020. Since that time, we have tested more than 243,000 samples for COVID-19, with colleagues testing more than 700 samples a day during peaks of activity.

The service continued to innovate throughout the pandemic, with colleagues able to utilise in-house testing for the illness, enabling them to return to work quicker if a negative result was achieved. Additionally, the team began to work with Abbott in January 2021 to install rapid testing stations, creating extra screening capacity with results returning in around 13 minutes.

Our activity through 2021/2022

We cared for around **110,051** inpatients

[Last year 86,111]

We cared for approximately **473,932** outpatients

[Last year 337,950]

We cared for approximately **194,994** emergencies

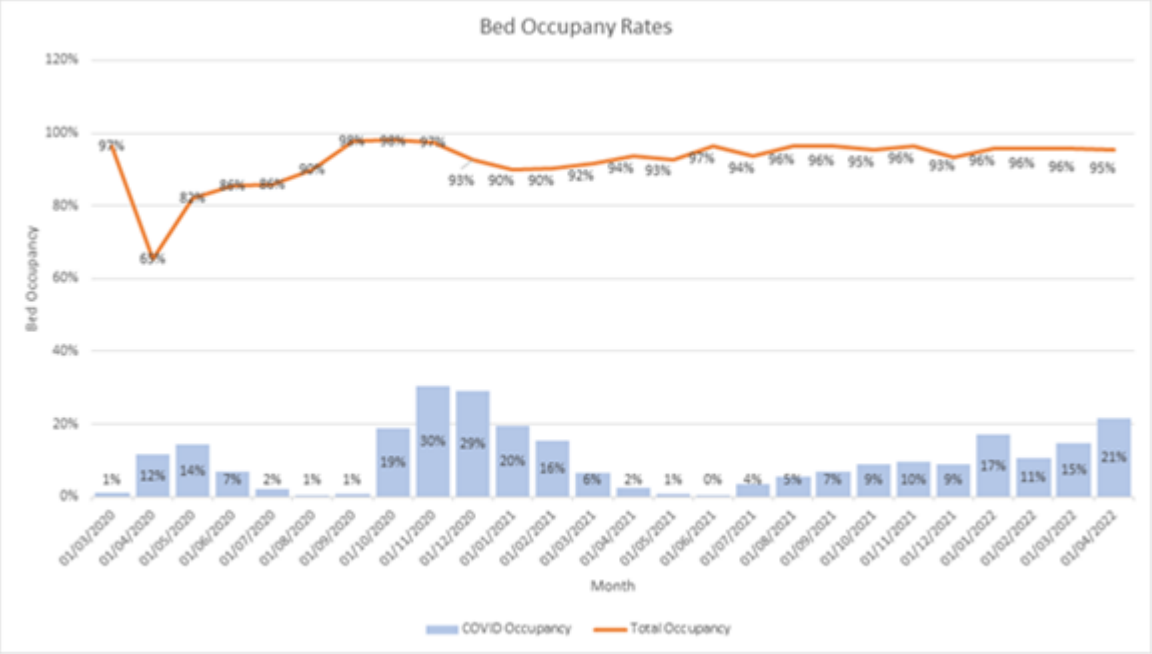
[Last year 147,211]

We delivered approximately **4,484** babies

[Last year 4,287]

Performance analysis 2021/22

In total, the Trust cared for 783,461 patients throughout 2021/22, this is 20,922 more than was the case in the previous financial year. As you can see from the activity infographic, the number of patients we cared for was higher in every single area we have reported, meaning that we have had to deal with additional waves of COVID, in addition to normal hospital activity, making for an incredibly challenging year.



The above graph also tells a similar story, with our COVID-19 activity accounting for between zero and 21% of bed occupancy in the year 2021/22, with the rest being routine referrals or attendances into the Trust.

Emergency care

The organisation achieved 73.26% against the four-hour standard within urgent and emergency care. For comparison, this number was 94.91% for 2020/21.

In total, our Emergency Departments in Doncaster Royal Infirmary and Bassetlaw Hospital, and Minor Injuries Unit at Montagu Hospital cared for 47,783 more patients than the year previous.

At present, a business case is being developed to create a modern centre for urgent and emergency care services at Bassetlaw Hospital, creating an 'Emergency Village'. The new development offers an exciting opportunity to locate the Children's Assessment Unit and Children's Outpatient Department next to the Emergency Department to make best use of specialist nursing and medical staff within the hospital. This creates the option of enhancing children's services within the footprint of the expansion. By co-locating services, this

development also provides the opportunity to secure a permanent overnight inpatient service for children.

18-week referral to treatment (RTT) Patient Pathway

The organisation achieved 68.3% against the 18-Week Referral to Treatment (RTT) Patient Pathway standard. For comparison, this number was 65.7% for 2020/21.

Prior to the pandemic, the Trust had made significant progress, achieving 88% for 2019/20, however, due to the backlog which has been created as a result of COVID-19, this will take some time, and significant effort, to bring performance into line with expectation.

Colleagues innovated in this regard, with the creation of projects such as 'Straight to Test' and our 'One-stop' clinics for specific specialities, as well as better use of software to join up services and reduce any delays in sharing information and corresponding with patients.

Cancer activity and diagnostic tests

The organisation consistently achieved three of the nine cancer targets, with two week wait targets standing at 87.5%.

Similar to the RTT standard, a significant amount of work is being undertaken to improve this area within the Trust.

In 2019, NHS England outlined the intention for local Cancer Alliances to begin to set-up 'Rapid Diagnostic Centres' to provide what is known as a 'single point of access of care' for patients.

This service is now known as the Rapid Diagnostic Service (RDS), with a vision to provide personalised, accurate and speedy investigations, all of which will help us to start treatment quickly if needed, as well as provide a better patient experience.

A tangible example of the work we've undertaken so far is the creation of the Community Diagnostic Centre (CDC) at Montagu Hospital. As part of a five-year development, this has seen the placement of mobile CT and MRI scanners within the Mexborough site, and, in the three months of its operation has seen around 2,500 patients and helped to dramatically reduce our MRI backlog.

There is much more planned for the CDC which is currently being signed-off, but, if successful, will entail millions of pounds worth of investment. As this service was the first within the region to undertake activity, we're particularly proud of it, and can't wait to see it go from strength to strength.

Some of the intention behind the Rapid Diagnostic Service overall, alongside the detection of illness as well as improvement of patient experience, is to reduce health inequalities. With the location of a service such as the CDC in Mexborough, which is within the Dearne Valley, we are placing critical facilities in places which reduce some of the barriers to access for some communities, by placing healthcare closer to home.

The other emphasis on the work we are currently undertaking is about timely referrals, and while there's a lot of work to be done in this regard, we are making progress.

Infection prevention and control

In 2021/22, the Trust registered no Trust-acquired MRSA infections - an improvement over the previous year when this number stood at two. We see some community infection, however we are pleased to minimise any further carriage into our hospitals and underline the strength of our Infection Prevention and Control measures.

In 2021/22, the Trust registered 32 cases of hospital-onset C.Diff infection. This was a reduction from 2020/21 where the number stood at 39.

Looking out for our workforce

At DBTH the health and wellbeing of our colleagues has always been top priority and never more so than in the last twelve months. There is no doubt that, since 2020, we have experienced one of the most challenging periods in our 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. In 2021/22, we had a sickness absence rate for the year of 6.55%, which was around 2% higher than the year previous. This was the result of a combination of factors, including the higher transmissibility of the Omicron variant, as well as the stresses and pressures of the preceding 12 months.

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. This came to an end in mid-2021 as restrictions broadly eased.

In addition to parking, we also offered an enhanced catering offering for all staff to ensure they were able to have access to an appropriate meal whilst on site and working. This included:

- Yellow bus catering
- Smith's Fish and Chips
- Spudbuddies
- Fresh 'n' Local (fruit and vegetable stall)
- Madame Crepe
- Sherwood Fire Pizzas
- El Burrito Box

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 regard 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:

- The Trust's Employee Assistance Programme facilitated by Vivup, offers 24/7 support for all wellbeing needs providing confidential emotional and psychological support for staff.
- Wellbeing Conversations and Wellbeing Appraisals to ensure every member of Team DBTH had a wellbeing conversation during challenging times.

- Provision of Line-managers' wellbeing tools including Team Time, TRiM, Team Huddles, Start well End well and team development.
- The publication of a Wellbeing Support Pack and a similar document to enable leaders to support their teams.
- Introduction of the TLC Service – a service offered to all staff who were absent from work, offering support and even delivering groceries to staff who were asked to isolate or shield, and who lived alone.
- Promotion of self-care through access to change support and proactive lifestyles
- A dedicated counsellor for areas of high pressure (including Department of critical care and respiratory wards – two areas which were most affected by COVID-19).
- A thank you offer was established, supported by the Trust's charitable funds. This included a small voucher at Christmas, providing all colleagues with tea and cake on the NHS' birthday, providing a small bag of sweets on Random Acts of Kindness Day, and a 'Thank You' event at the Yorkshire Wildlife Park.
- Increased Reiki provision for all colleagues and the introduction of a wider range of holistic therapies.
- Introduction of 'Walk and Talk' days in partnership with the Climbing Out Charity.
- Finally we launched three staff network groups: DBTH Disability, Dyslexia and Long-Term Conditions Staff network; DBTH Black, Asian, Minority Ethnic (BAME) Staff Network; DBTH Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual and other sexualities (LGBTQIA+) Staff network. The networks play a vital role in identifying issues, gaps or barriers as well as developing pro-active interventions that improve and enhance organisational culture/behaviours, services or opportunities for staff, patients, or communities.

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 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 has been accordingly factored into our plans and strategies as we look ahead to the future.

We have developed and are in the process of 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 began the process of refreshing our Trust strategy, resetting our objectives and factoring in much that we have learnt throughout the past 12 months. This has also been 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 Integrated Care System and Nottingham and Nottinghamshire Integrated Care System.

Additionally, Jon Sergeant was appointed Executive Director of Recovery, Innovation and Transformation and to lead a directorate of the same name focused on the future. The services which have come together to form this new directorate, and are key in supporting and enabling the improvements envisioned, are Strategy and Improvement, Digital Transformation, Information and Informatics, and the Performance Management Office. Together, the team will focus upon enhancing and developing services and systems across the organisation as the Trust emerges from the challenges of COVID-19, ultimately in a bid to improve patient care and treatment.

Throughout the remainder of 2022 and beyond, it is our aim to recover strongly from the impact of the coronavirus, delivering high quality care for our patients and trying to move closer to our goal to be considered to be outstanding.

Significant changes since 1 April 2022:

- **Rebecca Joyce**, Chief Operating Officer, has left the Trust. A recruitment process is currently underway to appoint a successor.
- **George Briggs**, has been appointed Interim Chief Operating Officer and will join the team in the coming weeks.
- **David Purdue**, Chief Nurse, will leave the Trust in the coming weeks to take up a post at NHS England and Improvement. Abigail Trainer, Director of Nursing, will act into the vacant position until a recruitment process is completed in the summer.
- **Jon Sargeant**, Director of Executive Director of Recovery, Innovation and Transformation, has been named Deputy Chief Executive following David's departure.
- **Andrea Bliss**, Divisional Director for Children and Neonates, has stepped down and retired.
- **Laura Chrum** has been appointed as Director of Nursing for Paediatrics and will join the Trust on Monday 16 May.

- **Pat Drake**, Clinical Non-Executive Director, has retired following 52 years within the NHS. A recruitment process is currently underway to appoint to a vacant Non-Executive Director position.
- **Mr Ray Cuschieri**, Deputy Medical Director, has retired following 33 years at the Trust. Ray is succeeded in post by an expanded Medical Director office.
- **Marie Purdue**, Director of Strategy and Transformation, has left the Trust to take up the new role of Managing Director (Interim) for the South Yorkshire Mental Health, Learning Disability and Autism Alliance.
- **Andrew Barker**, has retired following 31 years at DBTH as Chief Pharmacist. Andrew's deputy, Rachel Wilson, has been appointed to the vacant position.
- **Dr Anurag Agrawal**, has been named Divisional Director of Medicine.
- **Dr Naushad Khan**, has been named Clinical Director for Emergency Medicine.
- **Miss Kathryn Rigby** has been appointed as Clinical Director for Breast, Vascular, Urology and Gastrointestinal
- **Mr Tomas Barani** has been appointed as Clinical Director for Obstetrics and Gynaecology
- **Dr Shivani Dewan** has been appointed as Clinical Director for General Medicine

Sustainable Development Plan

As a Trust, we acknowledge the significant challenges posed by the impact of climate change.

As such, we have developed a Green Plan, which can be viewed here: https://www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy-2017-2022/

We believe it is truly important that we operate as environmentally, economically, and socially sustainable as possible. Implementing the actions presented within our Green Plan will help ensure that the Trust is creating the best environment for our staff and patients, all of which, we believe, will help us in our overall vision of being the 'Safest Trust in England, outstanding in all that we do.'

As one of the largest employers within the two towns we serve, operating across three major sites, we have a significant environmental footprint through our carbon emissions, contribution to air pollution and production of waste materials.

Within the plan, we have detailed a proactive and positive approach that our Trust can take to do our part to reduce and negate the impact that climate change may have on local people.

The comprehensive strategy will enable us to reduce our contribution to these factors and will help to mitigate potential impacts of climate change. Something we believe is our social responsibility.

For the Trust to be a truly sustainable organisation, we need all our staff to play their part in delivering this Green Plan and we strongly encourage all of our colleagues to work together to achieve the aims which are set out in this plan.

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 2021/22 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 third 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 both the Charity and Wholly Owned Subsidiary being published at a later date.

2021/22 in review

As a result of the focus on treating COVID-19 and increasing elective treatment 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 £50.4m in the year, as the Trust received additional income of £3.8m to support the treatment of COVID-19 patients and £46.6m additional patient care income from Clinical Commissioning Groups.

The overall deficit for the Trust was £15.8m, but this includes £18.4m of impairments, as a result of the Trust's annual valuation exercise. Taking this into account, the Trust has a surplus of £2.6m

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 2022 were £46.4m.

Loan Repayments

The Trust made loan repayments of £2.1m in the year.

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 £6m was payable during 2021/22.

Income

We received a total of £502m income in 2020/21, which is growth of £33m from the previous year. The contracting arrangements for 2021/22 remained similar to 2020/21, meaning the vast majority of clinical income came under "Block" arrangements and as such, not linked to activity.

Revenue expenditure

During the year, the Foundation Trust had operating expenses of £494m (excluding impairments). As in previous years, the vast majority of our expenditure is on pay budgets

(staffing) at £322.9m, 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 £35.5m, 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:

- Women's and Children's critical incident - £11.6m
- Targeted Investment Fund for Estates and Technology - £5.3m
- Fire Safety - £4.8m
- Building backlog maintenance - £4.1m

In addition to the expenditure 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 accounted for £25.49m and included 120 projects, some of which are listed below (note all costs are approximates):

- **Electrical incident, reinstatement and recovery (£14.683m):** Works related to the water leak within the Women's and Children's Hospital.
- **Maintenance backlog and critical infrastructure (£7.827m):** Works to improve our electrical infrastructure, fire precautions, water safety, minor repair works, road and footpath upgrades, roofing, window replacement, lifts, ventilation and preparatory works.
- **COVID related works (£620,000):** This includes 72 projects related to safe working, air scrubbing and partitioning wards and corridors.
- **Divisional works (£1,380m):** This includes the enhancement of wards, offices and bathrooms within the hospital.
- **General infrastructure (£535,000):** This includes IT systems, security, site utilisation surveys and rationalisation.

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, once again, 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.

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 2021/22 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. Similar to last year, a number of property improvement areas are to be considered in 2022/23. 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 2021/22 was to recruit, retain and develop sufficient nursing and other clinical staff to ensure safe staffing levels. We are working with partners to increase our international recruitment to help in this regard.

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 2022/23**

I. 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 and will include the provision of an Electronic Patient Record system.
II. We will make best use of our multiple sites to provide access and flexibility within our services
III. 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 and Social Care requires NHS Foundation Trusts to assess 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.

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 throughout the going concern period to 30 June 2023. 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 £46.4m cash in the bank.
- The Trust has delivered a surplus in both 2020/21 and 2021/22.
- There are no licence conditions in place on the Trust from its regulatory body.
- Services will still need to be provided for people in the locations which the Trust serves.

Planning for 2022/23 indicates that the Trust will be in a significant deficit, of c. £25m, and this, coupled with significant capital expenditure plans means that there will be pressures on cash in the short to medium term. However, a proportion of these capital plans will only go ahead if there is available cash, either from Trust cash reserves, or external sources. Also, the Trust has the support of local Commissioners with regards to its financial and clinical plans.

Considering all of the above a cashflow forecast has been prepared which indicates that the Trust will end the next financial year with £13.7m (10 operating days cash). A further reasonably plausible scenario has been considered for the going concern period to 30 June 2023 which models downside risk in relation to inflation, failure to achieve operating targets and further outbreaks of Covid, which equally indicates sufficient liquidity. As a result, the Trust has prepared these financial statements on a going concern basis.

Richard Parker OBE
Chief Executive
22 June 2022

Accountability Report

Directors Report

Composition of the Board

During 2021/22, 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	6 years	1.1 2017	11 of 11
Neil Rhodes	Non-executive Director (Deputy Chair of the Board)	6 years	1.4.2017	10 of 11
Sheena McDonnell	Non-Executive Director	4 Year	1.7.2018	11 of 11
Pat Drake	Non-Executive Director (Senior Independent Director)	4 Year	1.4.2018	11 of 11
Kath Smart	Non-Executive Director	4 Year	1.4.2018	10 of 11
Mark Bailey	Non-Executive Director	3 Year	1.2.2020	11 of 11
Richard Parker OBE	Chief Executive			11 of 11
Karen Barnard	Director of People and Organisational Development (left post March 2022)			9 of 10
David Purdue	Chief Nurse and Deputy Chief Executive			10 of 11
Jon Sargeant	Director of Finance (until November 2021) and Executive Director of Recovery, Innovation and Recovery (from November 2021)			9 of 11
Alex Crickmar	Acting Director of Finance (from November 2021)			5 of 5
Rebecca Joyce	Chief Operating Officer (Left March 2022)			8 of 9
Dr Tim Noble	Medical Director			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 is the Lead Examiner for Chartered Directors for the Institute of Directors. Recently she became a trustee of the NHS Retirement Fellowship.

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 2021/22 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 was focused upon ensuring that patients and the public have a significant voice within the NHS. Pat took 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. Pat left the Trust 31 March 2022.

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 is 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 the 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. Karen left the organisation for retirement in March 2022.

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 Doncaster and Bassetlaw Teaching Hospitals in November 2016 as Director of Finance, leading this service for five years before being named as Executive Director for Recovery, Innovation and Transformation in a secondment capacity. The services which have come together to form this new directorate, and are key in supporting and enabling the improvements envisioned, are Strategy and Improvement, Digital Transformation, Information and Informatics, and the Performance Management Office. Together, the team will focus upon enhancing and developing services and systems across the organisation as the Trust emerges from the challenges of COVID-19, ultimately in an bid to improve patient care and treatment.

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 and left in March 2022 for personal reasons.

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 March 2020.

Alex Crickmar is a Chartered Accountant with significant experience within the NHS, and joined the Trust in March 2018. A graduate of the University of Newcastle, Alex worked as a Senior Manager within PriceWaterhouseCoopers for over ten years, working across both the public and private sectors, specialising within the health service. Following this post, Alex took up the role of Deputy Director of Finance at Yorkshire Ambulance Service for a period of four years, which included a spell of around nine months as Interim Executive Director of Finance and Performance. Since joining DBTH initially as Deputy Director of Finance, Alex has helped to lead and develop the team and these efforts were recognised by the Healthcare Financial Management Association (HFMA) in 2019 when the service was named Yorkshire and Humber Finance Team of the Year. As part of the changes in the Executive Team to support the recovery, innovation and transformation of our services, Alex was subsequently named Acting Director of Finance in November 2021.

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 2021/22 and no charitable donations in 2021/22.

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.

Non NHS	Number	Value '£000
Total bills paid in the year	96,857	£260,222
Total bills paid within target	93,657	£253,580
Percentage of total bills paid within target	**99%**	**97%**

NHS	Number	Value '£000
Total bills paid in the year	3,181	£21,227
Total bills paid within target	2,978	£20,770
Percentage of total bills paid within target	**94%**	**98%**

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 2021/22 the Trust continued to build on the benchmarking work undertaken in previous years, comparing executives' 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.

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 2022, 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 2022/23.

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 sufficient calibre to deliver the Trust's objectives
How the component Operates	Paid monthly	None disclosed	N/A	N/A	Contributions paid by both employee and employer, except for any employee who has opted out of the scheme
Maximum payment	As set out in the Remuneration table. Salaries are determined by the Trust's Remuneration	None disclosed	N/A	N/A	Contributions are made in accordance with the NHS Pension Scheme

	committee				
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 2021/22 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
Karen Barnard	Director of People and Organisational Development	3 of 3

Fair pay comparison

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the financial year 2021/22 was £195k-£200k (2020/21: £195k-£200k), and the increase between 2020/21 and 2021/22 was 0%, based on the mid-points of the pay bandings. This is 4.9 times higher than the salary and allowances of all employees on an annualised basis, divided by the FTE number of employees. (2020/21: 4.6 times) This was 6.38 times (2019/20: 7.21 times) the median remuneration of the workforce, which is £30,933 (2019/20: £26,553).

For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £8k to £393k (2020/21: £8k to £262k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5%. 28 employees received remuneration in excess of the highest-paid director in 2021/22.

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

	2020/21			**2021/22**		
	No. in office	**No. receiving expenses**	**Expenses paid (£)**	No. in office	No. receiving expenses	Expenses Paid (£)
Non-executive directors	6	5	£3,478	6	5	£765
Executive directors	6	0	£0.00	8	2	£0.00
Governors	36	0	£0.00	36	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 2022
Suzy Brain England OBE	Chair of the Board	1.1.2017	Three years and nine months (1)
Sheena McDonnell	Non-executive Director	1.7.2018	Two years and three months (2)
Pat Drake	Non-executive Director (Senior Independent Director)	1.4.2018	Left the organisation 31 March 2022
Kath Smart	Non-executive Director	1.4.2018	Two years (2)
Neil Rhodes	Non-executive Director	1.4.2017	One year
Mark Bailey	Non-executive Director	1.2.2020	Ten months
Richard Parker OBE	Chief Executive	14.10.2013	N/A
Karen Barnard	Director of People and Organisational Development	2.5.2016	Retired from the organisation March 2022
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	Left the organisation March 2022

1. A three-year extension was agreed by the Nominations and Remunerations Committee in March 2022 to reflect the needs of the Trust in the post-Pandemic period.
2. A one-year extension was agreed by the Nominations and Remunerations Committee in November 2021 to reflect the needs of the Trust in the post-Pandemic period.

Name and Title	2020/21							2021/22						
	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	15-20						15-20	15-20						15-20
Mark Bailey Non-executive Director	10-15						10-15	10-15						10-15
Kathryn Smart Non-executive Director	10-15						10-15	15-20						15-20
Sheena McDonnell Non-executive Director	10-15						10-15	10-15						10-15
Patricia Drake Non-executive Director	15-20						15-20	15-20						15-20
Dr Tim Noble Medical Director	165-170				50-52.5		165-170	215–220				70-72.5		290-295
David Purdue Chief Nurse and Deputy Chief Executive	135-140				22.5-25		160-165	140-145				70.72.5		210-215
Richard Parker OBE - Chief Executive	195-200						195-200	195-200				-		195-200
Jon Sargeant – Director of Finance	145-150				40-42.5		185-190	145-150				22.5-25		170-175

Karen Barnard – Director of People and Organisational Development	115-120				25-27.5		140-145	105-110				0-2.5		105-110
Rebecca Joyce – Chief Operating Officer	125-130				42.5-45		165-170	115-120				22.5-25		140-145
Alex Crickmar - Acting Director of Finance								35-40				0-2.5		35-40
Anthony Jones - Acting Director of People and Organisational Development								10-15				0-0		10-15

The 2021/22 Medical Director remuneration includes £28k relating to underpayments in previous years that has been paid within the financial year.

The basis of calculation for pension related benefits is in line with section 7.69 of the Annual Report Manual (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.

	25th percentile pay ratio	Median	75th percentile ratio
2021/22	9.9	7.6	5.4
2020/21	9.3	7.1	5.1

Note: The 2020/21 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 the Chief Executive. Figures were not provided by the NHS Business Services Authority for members that had left the NHS Pension Scheme to allow the disclosure requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21 to be met. As a consequence, the external auditor issued a qualification on the 2020/21 Remuneration Report on this matter. The NHS Foundation Trust Annual Reporting Manual for 2021/22 has been updated to confirm that where a senior manager has opted out of the pension arrangements for the whole of the year, no pension figures should be reported. This updated guidance applies to 2021/22 and 2020/21 comparative guidance. Therefore, there is no qualification in the external auditor's report on the Remuneration Report for 2021/22.

Pension benefits

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

	Real increase/ (decrease) in Pension age	Real increase/(decrease) in pension related lump sum at pension age	Total accrued pension at pension age at 31 March 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2022	Employers contribution to stakeholder pension
	(Bands of £2500)	(Bands of £2500)	(Bands of £5000)	(Bands of £5000)				
	£000k	£000k	£000k	£000k	£000k	£000k	£000k	£000k
Richard Parker *	0 - 0	0 - 0	0 - 0	0 - 0	-	-	-	-
Jon Sargeant	0 - 2.5	-2.5 - 0	50 - 55	105 - 110	996	32	1,050	-
Tim Noble	2.5 - 5	2.5 - 5	65 - 70	140 - 145	1,214	87	1,327	-
David Purdue	2.5 - 5	5 - 7.5	55 - 60	120 - 125	1,010	76	1,108	-
Rebecca Joyce**	0 - 2.5	-2.5 - 0	0 - 0	0 - 0	496	-	-	-
Karen Barnard**	0 - 2.5	0 - 2.5	0 - 0	0 - 0	1,234	-	-	-
Alex Crickmar	0 - 2.5	0 - 0	10 - 15	0 - 0	92	-	108	-
Anthony Jones	0 - 2.5	0 - 2.5	20 - 25	40 - 45	330	-	366	-

* Nil figures as individual is in receipt of pension benefits. Due to updated guidance from NHS England/Improvement, no values are required to be reported

** Individual left Trust during the year

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
22 June 2022

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 2021/22. 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 conducted regular self-assessments of their performance. In 2021/22, 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 2022/23

Audit and Risk Committee

The Audit and Risk 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 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 had a tendered contract for an internal audit function, provided by KPMG until 30 September 2021 and then replaced by 360 Assurance from 1 October 2021. As internal auditors, they 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 applicable 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. EY was reappointed in 2021 following a competitive tender process. Their extended contract runs until 30 September 2024. External auditors review the accuracy of the Annual Accounts and present significant or material matters to the Audit and Risk Committee. For 2020/21, the Trust paid audit fees to the external auditor of £144,000, £25,000 for the Wholly Owned Subsidiary audit and £18,000 for the Charitable Funds Statutory Audit. Value for non-audit work payments stands at zero.

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 6,000 members by March 2022, 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 150,000 page views per month.

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 took place in conjunction with a 'thank you' event at the Yorkshire Wildlife Park. Colleagues nominated their peers, with over 2,000 submissions made.

Health and Wellbeing

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

Education and Research

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 and wider learners. 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 another exceptional one requiring us to adapt and respond to the changing COVID-19-pandemic situation.

Our Training and Education Department continues to lead and support all areas of training including Statutory and Essential Training (SET), Role Specific Training (ReST), the wider up-skilling of staff (to complement the introduction of new roles), supporting on-going Professional Development as well as provide high quality clinical placements for a breadth of pre-registration learners and post-graduate doctors in training. Educational Leads collaborate

with the Clinical Division and Corporate Directorate 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, meeting the quality standards outlined in our education contract. We have also worked closely with the Local Workforce Action Board to help shape and support the key regional priorities: South Yorkshire Region Education Collaborative (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 Clinical and Corporate Directorates to maximise the use of apprenticeships. DBTH continues to not only utilise the apprenticeship levy for its own workforce but also supports local health and care partners.

Although we continued to suspend physical work experience placements due to the challenges presented by COVID-19 (in partnership with our Further Education Institutes and local schools), we remained 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 remain a key partner in delivering training for pre-registration students from a number of Higher Education Institutes (HEIs) and Post Graduate Doctors in Training in collaboration with Health Education England (HEE). This is a significant and important part of core business for DBTH. We are pleased to have achieved a reputation for providing high quality clinical education, which is confirmed by our student and wider learner evaluation feedback and confirmed by our annual external assessments. We have and will continue to work flexibly to support our learners with their education recovery requirements (a legacy from the challenges from Covid). Our ambition to continually improve our feedback and providing assurance to the Board 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.

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 2021/2022) 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.

Report

A new Health and Safety Adviser was appointed by the Trust in June 2021 following the retirement of the previous postholder.

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) continues to provide a Trust annual declaration of compliance performance against the Department of Health and Social Care (DOHSC) NHS Premises Assurance Model (NHS PAM), 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 have been 347 accidents/incidents reported on DATIX that may result in personal injury to staff, visitors and contractors. 14 of the reported incidents were reportable to the HSE under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. A full breakdown of incidents into subcategory and site for the reporting period of April 2021 – March 2022 is illustrated in Table 1.

Table 1: Breakdown of incidents into Subcategory and Site April 2021 – March 2022

	Doncaster Royal Infirmary	Bassetlaw Hospital	Montagu Hospital	External to DBH	Community Clinic	Total
Accident caused by some other means	49	7	12	0	1	69
Collisions	17	1	0	1	0	19
Exposure to electricity, hazardous substance,	8	5	0	0	0	13

infection etc						
Injury caused by physical or mental strain	22	6	4	0	1	33
Moving and Handling Incidents	18	6	3	1	0	28
Sharps related incident, including knives	73	22	7	0	0	102
Slips/trips/falls (includes faints)	53	21	3	1	1	79
Transport related incident	3	1	0	0	0	4
Total	243	69	29	3	3	347

The Trust H&S Adviser, Manual Handling Lead and the Education Department have completed a suite of new Trust manual handling and H&S risk assessment E-learning packages, approved by the Education team as part of the H&S and Manual handling learning needs analysis (LNA). The two courses are currently waiting for a go live date and are targeted at supervisory, middle and higher-level management initially.

The courses are to be used in conjunction with a new Trust H&S Management folder held on the Trust internal shared I.T. drive, which all managers will have access to store risk assessments, SOPs and other relevant documentation on following completion of the E-learning training. As part of the improved risk assessment training programme new clinical and non-clinical risk assessment templates have been produced and approved by the Trust H&S committee; these are available for download on a new dedicated H&S page on Trust Hive, including a suite of H&S factsheets and associated H&S management toolbox talks.

Following successful identification of a new external training provider after the previous company ceased trading during the COVID 19 Pandemic, a new Executive Responsible Person training package is currently under review by the Trust H&S Adviser, Head of Compliance and

the new external H&S consultant; with a focus on updated content, learning outcomes and links to the Trust vision, mission and objectives. It is anticipated that commencement for the updated training package will be in the second quarter of the new financial year 2022/2023.

Following an external Health and Safety consultancy report commissioned by management, 15 recommendations were presented to the Board of Directors framed within an action plan and approved by the Board on the 21 September 2021. Included within the action plan was the requirement to review the current Health and Safety Management systems in place within the Trust and the Health and Safety Culture against a recognised framework; (BS ISO 45001:2018; Standard Occupational Health & Safety (OH&S) Management System). To achieve this a QI project was logged and framed around the reports actions, with initial scoping meetings taking place in November/December 2021. Six further stakeholder workshops (3 at DRI and 3 at BDGH) have been arranged with the first two workshops accomplished in March 2022; the remaining four workshops will be delivered in May and June 2022, with outcomes from the workshops anticipated for the second quarter of the new financial year 2022/2023.

A Trust wide Radon Gas review commenced in November 2021 following recommendations included within the current Trust Radon Gas measurement strategy provided by the Trust Radiation Protection Adviser (RPA). The Trust H&S Adviser arranged for the delivery and installations of radon dosimeters for all three Trust sites from Public Health England (PHE). The dosimeters were installed in various ground and basement level offices over a three month measuring period, they were then be returned to PHE for review with a full report to be provided to the Trust of outcomes and actions if required. Although Bassetlaw Hospital and Montagu Hospital are within radon risk areas identified by PHE it is not anticipated that these will present any high reading counts. The Trust are currently waiting for the results from PHE which will be shared with the Trust RPA and reported to the Trust H&S committee following outcome of the review.

Regular review and update of the electronic Control of Substances Hazardous to Health (COSHH) system Alcumus Sypol continues to be undertaken by the H&S Adviser including substance updates and new information additions to ensure continual improvement. The H&S Adviser is also reviewing the current Trust guidance and documentation available to staff on the Hive to ensure continual improvement of information availability.

Fire Precaution works for 2021/22 were significantly affected by an incident in the Women's and Children's Unit which meant that the East wing of the block was decanted due to loss of power. Consequently, as the wards were repatriated for a period, the fire precautions and Central Delivery Suite refurbishment funding was diverted to the east wards and the East Ward Block works moved to commence in the 2022/23 programme of works, with the agreement of South Yorkshire Fire and Rescue.

Capital fire improvement works completed FY 2021/22 are listed in Table 2

Table 2: Capital Fire improvement work completed FY 2021/22

Site	Block	Project
DRI	DRI 09	Level 6 Theatres (Carried over from 20/21)
DRI	DRI 09	Level 4 Children's Observation Unit
DRI	DRI 09	Level 6 Neo-Natal Unit
DRI	DRI 09	Level 3 M2
BDGH	BDGH 43/44	Level 3 Phase 4 main hospital street compartmentation improvement
BDGH	BDGH 44	Level 2 Maternity main hospital street compartmentation improvement
BDGH	BDGH 50	Phase 1 upgrade to L1 Fire Alarm System
MMH	MMH General	Phase 1 Replacement of obsolete TDM fire alarm network

Finally throughout the reporting period the multi-disciplinary Working Safely Group have continued to work 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 have changed.

Workforce statistics as at 31 March 2022 (subject to Audit)

(excl. bank and locum)	Headcount (Perm)	FTE	Headcount (Other)

Total staff employed as at 31 March 2021	6,327	5217.67	552
Clinical Support	1447	1,201.76	36
Other Healthcare Professionals	711	614.12	33
Medical and Dental	317	298.27	338
Nursing and Midwifery	1857	1,572.15	37
Non-Clinical (Admin & Clerical and Estates & Ancillary)	1995	1,541.37	108

Sickness

	2021/22 Actual	**2021/22 Target**	**Benchmarking data**
Staff Sickness Absence Rate	6.55%	3.50%	2020/21 the rate was 4.35% In 2019/20 the regional average was 5.13%

Staff Cost

	Total £000	Permanently employed total £000	Other total £000
Salaries and wages	**249,115**	**222,661**	**26,454**
Social security costs	**23,677**	**21,833**	**-**
Apprenticeship Levy	**1,190**	**1,074**	**-**
Pension cost – defined contribution plans employer's contributions to NHS Pensions	**26,049**	**25,390**	**-**

Pension cost – defined contribution plans employer's contributions to NHS Pensions paid by NHS England on provider's behalf	**11,405**	**11,133**	**-**
Pension cost - other	**125**	**116**	**-**
Temporary staff – external bank	**14,720**	**-**	**14,720**
Temporary staff – agency/contract staff	**14,614**	**-**	**14,614**
Total Staff costs	**327,407**	**271,419**	**55,988**

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 this has not been possible - instead we did some virtual items.

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 regard 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 2022 – Executive and Senior Directors

Gender (Directors Only)	Headcount	Headcount %
Female	3	30.00%
Male	7	70.00%

Senior managers

Gender	Headcount	Headcount %
Female	170	69.39%
Male	75	30.61%

Equality Information as at 31 December 2021

Gender	Headcount	FTE	Headcount %

Female	5,544	4,557.39	82%
Male	1,221	1,128.52	18%

Age	**Headcount**	**FTE**	**Headcount %**
16 - 20	39	35.33	0.58%
21 - 25	441	414.32	6.52%
26 - 30	745	661.68	11.01%
31 - 35	878	751.75	12.98%
36 - 40	772	655.07	11.41%
41 - 45	599	595.59	10.33%
46 - 50	807	704.75	11.93%
51 - 55	852	729.86	12.59%
56 - 60	867	677.97	12.82%
61 - 65	516	363.58	7.63%
66 - 70	123	81.51	1.82%
71 & above	26	14.57	0.38%

Ethnicity	Headcount	FTE	Headcount %
Any Other	77	74.18	1.14%
Asian	398	376.80	5.9%
Black	156	140.38	2.32%
Chinese	29	27.32	0.43%
Mixed	27	63.95	0.40%
White	5,840	4,835.84	86.9%
Not Disclosed	191	167.43	2.84%

Disability	Headcount	FTE	Headcount %
No	5,593	4,701.88	82.7%
Not Declared	132	109.72	2%
Prefer Not To Answer	3	1.93	0%
Unspecified	809	681.41	12%
Yes	228	190.96	3.4%

Sexual Orientation	**Headcount**	**FTE**	**Headcount %**
Bisexual	43	39.03	0.64%
Gay or Lesbian	72	68.85	1.06%
Heterosexual or Straight	4,089	3,490.77	60.44%
Not Disclosed	2561	2,087.27	37.86%

Our Trust values, set out in the strategic direction, embed 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.

Additionally, Doncaster and Bassetlaw Teaching Hospitals (DBTH) became the first NHS organisation to qualify to use the RACE (Reporting Action Composition Education) Equality Code Quality Mark, following assessment. The new code has been developed to help organisations take action to improve race equality within the workplace. The Race Equality Code draws learning and recommendations outlined in reports, charters, and pledges, with the aim of supporting organisations who are actively tackling diversity and inclusion challenges. It was launched in October last year as part of Black History Month 2020 by Dr Karl George MBE and a national steering group of experts in governance and racial inequalities.

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.

Average & Median Hourly Rates

Number of employees | Q1 = Low, Q4 = High

Mar-21

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	23.4124	18.1892
Female	14.9564	12.7690
Difference	8.4560	5.4202
Pay Gap %	36.1177	29.7992

Quartile	Female	Male	Female %	Male %
1	1,398.00	206.00	87.16	12.84
2	1,384.00	220.00	86.28	13.72
3	1,422.00	182.00	88.65	11.35
4	1,059.00	546.00	65.98	34.02

Mar-22

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	23.4280	18.0998

Quartile	Female	Male	Female %	Male %
1	1,381.00	217.00	86.42	13.58

Female	15.3841	13.2064		2	1,449.00	214.00	87.13	12.87
Difference	8.0440	4.8934		3	1,422.00	209.00	87.19	12.81
Pay Gap %	34.3347	27.0358		4	1,090.00	540.00	66.87	33.13

20/21 comparison

Gender	Avg. Hourly Rate	Median Hourly Rate		Quartile	Female	Male	Female %	Male %
Male	0.0156	-0.0894		1	-17.00	11.00	-0.74	0.74
Female	0.4277	0.4374		2	65.00	-6.00	0.85	-0.85
Difference	-0.4121	-0.5268		3	0.00	27.00	-1.47	1.47
Pay Gap %	-1.7830	-2.7634		4	31.00	-6.00	0.89	-0.89

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 University Of Sheffield 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 (ie. 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 2021/22

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 Invitation To Tender (ITT) ocumentation 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;
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

NHS Staff Survey

Our performance on staff satisfaction is benchmarked against other similar trusts once a year in the NHS National Staff Survey. In 2021/22 our response rate was 63% of all staff (total number of replies 4,072). For comparison, this stood at 50% in 2020/21 (total number of replies 3,157).

The Trust's survey is undertaken and overseen by Picker, as an independent third-party in-line with national guidance. As such, the findings, which are disclosed in the proceeding pages, uses categories which are slightly different to what is listed within the NHS Foundation Trust Annual Reporting Manual, however it contains all elements asked for, specifically:

- Equality, diversity, and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – Bullying and harassment
- Safe environment – Violence
- Safety culture
- Staff engagement

The 2021/22 this process underwent important changes compared to the 2020/21 iteration. The most significant of these changes has been the realignment of the survey questions to the seven People Promise elements enabling consistent and robust measurement of the working experience of our people across the organisation. The below table reflects the Trust level scores in comparison with other South Yorkshire and Bassetlaw organisations:

Indicators (People Promise elements and themes)	2021/22	
	Trust Score	Benchmarking Group Score
We are compassionate and inclusive	7.2	7.2
We are recognised and rewarded	5.7	5.8
We each have a voice that counts	6.7	6.7
We are safe and healthy	5.9	5.9
We are always learning	5.2	5.2
We work flexibly	5.8	5.9
We are a team	6.4	6.6
Staff Engagement	6.7	6.8
Morale	5.6	5.8

In the summary shared from pages 74 to 90, you can view:

- Response rates compared to the prior year
- Areas of improvement/deterioration from the prior year
- Comparisons to benchmarking group (in our case the average across trusts nationally)
- Key areas for improvement

Future priorities and targets

In 2021/22, we registered our highest ever Staff Survey results, with a significant increase in response as compared to the year before. In all, our overall positive scores, in comparison to other trusts, have only slightly diminished (from 38th place last year to 40th place this year) and that the changes are in-line with the NHS Nationally and locally the results reflect how wider NHS staff are feeling.

Unsurprisingly, we saw more people saying they are considering leaving the organisation, which is something we have witnessed as fewer team members are choosing to retire and return, which impacts on our workforce numbers. This situation, along with high levels of sickness because of the covid peaks, resulted in fewer respondents saying there were enough staff to do the job properly (22%), which has such a big impact on job satisfaction that there is no surprise that fewer people would recommend us as a place to work (56%). It will be our target, in the coming years, to improve these scores and to make our Trust as attractive employer as possible.

One of the key positive messages from the survey is that colleagues recognise all the health and well-being initiatives and support such as the Talk-listen-care (TLC) services, holistic therapies, counselling services and much more put in place. 60% of respondents said they recognised DBTH take positive action on health and wellbeing, which is significantly higher than respondents at other trusts. In fact, eight of the 28 questions on health and well-being were significantly higher than at other trusts. This is something we will seek to build upon in future.

Whilst there has been a slight deterioration across all questions, what does give some optimism is that the deterioration takes most of the scores to a comparable level to our scores in 2019/20 and as we begin to learn to live with COVID-19 we need to look to restart and refresh our improvement journey. We will continue to monitor this with regular Pulse surveys, Friends and Family Tests, and other bespoke and local engagements.

Our new Chief People Officer joined the Trust June, who will aim to build upon the commitment of the Board of Directors and Executive Team, to support the recovery of our people. This is one of our top priorities and we seek to provide the services our patients need and deliver high quality, safe care – and Staff Survey findings figures highly in all our Executive Team's individual objectives. Finally, the overall findings have been shared with each division and directorate to create their own local plans to address areas of concern.

Executive summary (part 1 of 2)

This report summarises the findings from the NHS Staff Survey 2021 carried out by Picker, on behalf of DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST. Picker was commissioned by 60 Acute and Acute Community Trusts organisations to run their survey – this report presents your results in comparison to those organisations.

A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared. Your results include every question where your organisation received at least 11 responses (the minimum required).

6576	6500	**63%**	52%	50%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (4072)	Average response rate for similar organisations	Your previous response rate

56%	q21c. Would recommend organisation as place to work
64%	q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation
74%	q21a. Care of patients/service users is organisation's top priority

Comparison to 2020*

Comparison with average*

*Chart shows the number of questions that are better, worse, or show no significant difference

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Executive summary (part 2 of 2)

Top 5 scores vs Picker Average	Trust	Picker Avg
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	51%	44%
q15. Organisation acts fairly: career progression	62%	56%
q16a. Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	92%
q16b. Not experienced discrimination from manager/team leader or other colleagues	94%	91%
q11a. Organisation takes positive action on health and well-being	60%	57%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
q7b. Team members often meet to discuss the team's effectiveness	43%	56%
q3e. Involved in deciding changes that affect work	43%	49%
q3i. Enough staff at organisation to do my job properly	22%	27%
q3f. Able to make improvements happen in my area of work	48%	53%
q7g. Team deals with disagreements constructively	50%	55%

Most improved scores	Trust 2021	Trust 2020
q14d. Last experience of harassment/bullying/abuse reported	48%	44%
q13d. Last experience of physical violence reported	66%	64%
q28b. Disability: organisation made adequate adjustment(s) to enable me to carry out work	71%	69%
q17a. Would feel secure raising concerns about unsafe clinical practice	73%	72%
q9c. Immediate manager asks for my opinion before making decisions that affect my work	52%	51%

Most declined scores	Trust 2021	Trust 2020
q3i. Enough staff at organisation to do my job properly	22%	33%
q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	40%	50%
q21c. Would recommend organisation as place to work	56%	65%
q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	64%	71%
q22a. I don't often think about leaving this organisation	42%	48%

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Tables are based on absolute % differences, not statistical significance

Survey activity

63% Overall response rate (total returned as a % of total eligible)

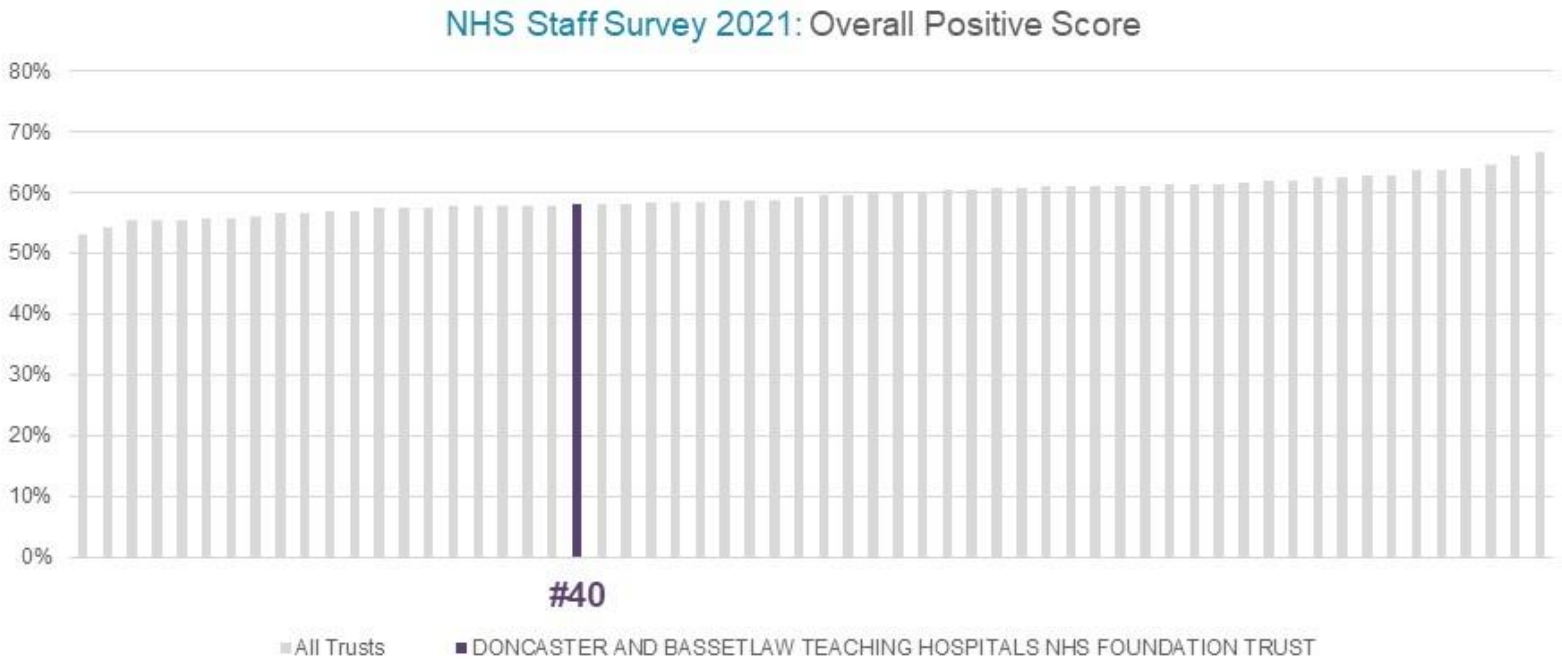
52% Average response rate for similar organisations

Response totals:

Outcome	Paper	Online	Total
Invited	661	5915	6576
Blank	2	0	2
Completed	294	3778	4072
Excluded	0	0	0
Ineligible	0	0	0
Left organisation	17	59	76
Not returned	348	2075	2423
No further mailings	0	0	0
Opted out	0	0	0
Undelivered	0	3	3

League table: overall positive score

The league table shows how your overall positive score is ranked in comparison to the overall positive score of every other Acute and Acute Community Trusts organisation that ran the NHS Staff Survey 2021 with Picker. The overall positive score is the average positive score for all positively scored questions in the survey.



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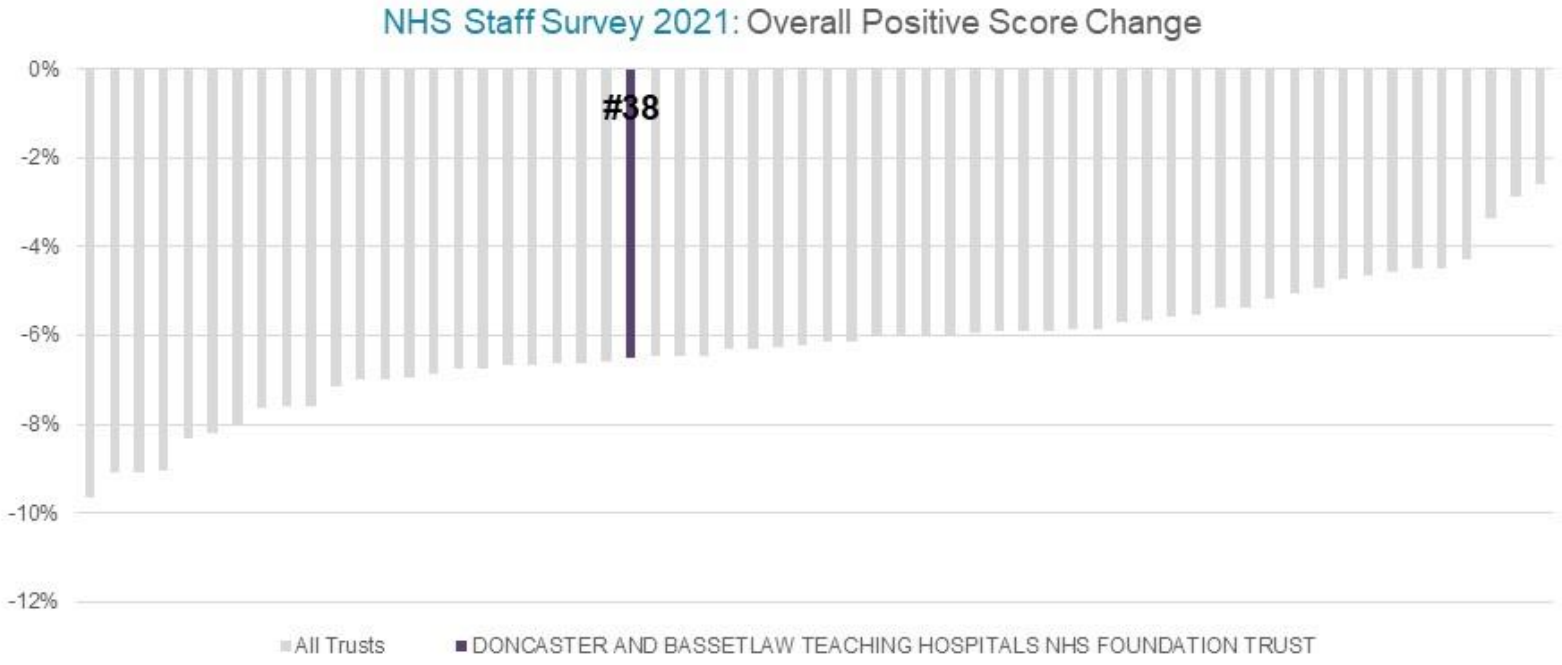
League table: historic positive score

The historical league table shows how your overall positive score changed from the previous survey, and how this change compares to other organisations Acute and Acute Community Trusts who ran the NHS Staff Survey 2021 with Picker.



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YOUR JOB (part 1 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q2a	Often/always look forward to going to work	52%	53%	59%	53%	**49%**	53%	**49%**
q2b	Often/always enthusiastic about my job	70%	71%	75%	71%	**68%**	68%	68%
q2c	Time often/always passes quickly when I am working	73%	73%	77%	74%	73%	74%	73%
q3a	Always know what work responsibilities are	86%	87%	89%	87%	87%	87%	87%
q3b	Feel trusted to do my job	91%	91%	92%	91%	91%	91%	91%
q3c	Opportunities to show initiative frequently in my role	68%	67%	69%	69%	69%	73%	**69%**
q3d	Able to make suggestions to improve the work of my team/dept	71%	69%	72%	70%	**66%**	71%	**66%**
q3e	Involved in deciding changes that affect work	48%	46%	49%	46%	**43%**	49%	**43%**

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

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YOUR JOB (part 2 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q3f	Able to make improvements happen in my area of work	49%	48%	53%	50%	48%	53%	48%
q3g	Able to meet conflicting demands on my time at work	43%	45%	47%	48%	43%	44%	43%
q3h	Have adequate materials, supplies and equipment to do my work	50%	51%	55%	57%	53%	56%	53%
q3i	Enough staff at organisation to do my job properly	28%	28%	30%	33%	22%	27%	22%
q4a	Satisfied with recognition for good work	45%	50%	55%	53%	48%	50%	48%
q4b	Satisfied with extent organisation values my work	39%	43%	49%	46%	41%	42%	41%
q4c	Satisfied with level of pay	28%	35%	38%	35%	29%	32%	29%
q4d	Satisfied with opportunities for flexible working patterns	47%	48%	50%	50%	48%	52%	48%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR JOB (part 3 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q5a	Have realistic time pressures	-	21%	24%	25%	24%	23%	24%
q5b	Have a choice in deciding how to do my work	-	52%	52%	53%	50%	51%	50%
q5c	Relationships at work are unstrained	-	41%	45%	44%	41%	43%	41%
q6a	Feel my role makes a difference to patients/service users	88%	88%	89%	88%	88%	88%	88%
q6b	Organisation is committed to helping balance work and home life	-	-	-	-	41%	43%	41%
q6c	Achieve a good balance between work and home life	-	-	-	-	51%	51%	51%
q6d	Can approach immediate manager to talk openly about flexible working	-	-	-	-	63%	65%	63%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q7a	Team members have a set of shared objectives	68%	69%	72%	69%	68%	72%	68%
q7b	Team members often meet to discuss the team's effectiveness	52%	49%	53%	45%	43%	56%	43%
q7c	Receive the respect I deserve from my colleagues at work	*	68%	71%	68%	66%	69%	66%
q7d	Team members understand each other's roles	-	-	-	-	72%	71%	72%
q7e	Enjoy working with colleagues in team	-	-	-	-	80%	81%	80%
q7f	Team has enough freedom in how to do its work	-	-	-	-	53%	56%	53%
q7g	Team deals with disagreements constructively	-	-	-	-	50%	55%	50%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q7h	Feel valued by my team	-	-	-	-	65%	68%	65%
q7i	Feel a strong personal attachment to my team	-	-	-	-	63%	63%	63%
q8a	Teams within the organisation work well together to achieve objectives	-	-	-	-	53%	53%	53%
q8b	Colleagues are understanding and kind to one another	-	-	-	-	68%	69%	68%
q8c	Colleagues are polite and treat each other with respect	-	-	-	-	69%	71%	69%
q8d	Colleagues show appreciation to one another	-	-	-	-	65%	66%	65%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR MANAGERS

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q9a	Immediate manager encourages me at work	-	63%	68%	67%	65%	68%	65%
q9b	Immediate manager gives clear feedback on my work	54%	56%	61%	59%	58%	61%	58%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	50%	48%	52%	51%	52%	56%	52%
q9d	Immediate manager takes a positive interest in my health & well-being	61%	61%	65%	68%	63%	66%	63%
q9e	Immediate manager values my work	65%	65%	70%	68%	66%	69%	66%
q9f	Immediate manager works with me to understand problems	-	-	-	-	63%	66%	63%
q9g	Immediate manager listens to challenges I face	-	-	-	-	65%	68%	65%
q9h	Immediate manager cares about my concerns	-	-	-	-	64%	67%	64%
q9i	Immediate manager helps me with problems I face	-	-	-	-	61%	63%	61%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 1 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	67%	65%	62%	64%	59%	61%	59%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	48%	50%	51%	52%	51%	44%	51%
q11a	Organisation takes positive action on health and well-being	-	-	-	-	60%	57%	60%
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	70%	68%	71%	72%	69%	69%	69%
q11c	In last 12 months, have not felt unwell due to work related stress	59%	59%	61%	54%	51%	54%	51%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	39%	39%	39%	50%	40%	45%	40%
q11e	Not felt pressure from manager to come to work when not feeling well enough	68%	69%	74%	72%	71%	74%	71%
q12a	Never/rarely find work emotionally exhausting	-	-	-	-	21%	20%	21%
q12b	Never/rarely feel burnt out because of work	-	-	-	-	26%	27%	26%
q12c	Never/rarely frustrated by work	-	-	-	-	18%	20%	18%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 2 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q12d	Never/rarely exhausted by the thought of another day/shift at work	-	-	-	-	32%	34%	32%
q12e	Never/rarely worn out at the end of work	-	-	-	-	15%	17%	15%
q12f	Never/rarely feel every working hour is tiring	-	-	-	-	48%	48%	48%
q12g	Never/rarely lack energy for family and friends	-	-	-	-	33%	33%	33%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	81%	83%	84%	85%	84%	86%	84%
q13b	Not experienced physical violence from managers	99%	100%	100%	99%	99%	99%	99%
q13c	Not experienced physical violence from other colleagues	98%	99%	99%	99%	99%	98%	99%
q13d	Last experience of physical violence reported	63%	62%	63%	64%	66%	67%	66%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	74%	73%	74%	75%	74%	74%	74%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

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YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 3 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q14b	Not experienced harassment, bullying or abuse from managers	87%	89%	90%	90%	91%	89%	**91%**
q14c	Not experienced harassment, bullying or abuse from other colleagues	84%	83%	85%	83%	84%	82%	**84%**
q14d	Last experience of harassment/bullying/abuse reported	42%	42%	47%	44%	48%	48%	48%
q15	Organisation acts fairly: career progression	56%	55%	63%	61%	62%	56%	**62%**
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	95%	96%	96%	96%	92%	**96%**
q16b	Not experienced discrimination from manager/team leader or other colleagues	93%	94%	95%	95%	94%	91%	**94%**
q17a	Would feel secure raising concerns about unsafe clinical practice	69%	68%	72%	72%	73%	73%	73%
q17b	Would feel confident that organisation would address concerns about unsafe clinical practice	56%	55%	61%	60%	58%	59%	58%
q18	Feel organisation respects individual differences	-	-	-	-	71%	69%	**71%**

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR PERSONAL DEVELOPMENT & YOUR ORGANISATION (part 1 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q19a	Received appraisal in the past 12 months	79%	86%	90%	-	81%	82%	**81%**
q19b	Appraisal helped me improve how I do my job	21%	19%	23%	-	18%	21%	**18%**
q19c	Appraisal helped me agree clear objectives for my work	31%	29%	36%	-	31%	31%	31%
q19d	Appraisal left me feeling organisation values my work	26%	26%	33%	-	30%	30%	30%
q20a	Organisation offers me challenging work	-	-	-	-	66%	69%	**66%**
q20b	There are opportunities for me to develop my career in this organisation	-	-	-	-	52%	53%	52%
q20c	Have opportunities to improve my knowledge and skills	-	-	-	-	64%	67%	**64%**
q20d	Feel supported to develop my potential	-	-	-	-	50%	52%	**50%**
q20e	Able to access the right learning and development opportunities when I need to	-	-	-	-	54%	55%	54%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

YOUR PERSONAL DEVELOPMENT & YOUR ORGANISATION (part 2 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q21a	Care of patients/service users is organisation's top priority	71%	72%	76%	80%	**74%**	76%	**74%**
q21b	Organisation acts on concerns raised by patients/service users	69%	69%	72%	74%	**70%**	71%	**70%**
q21c	Would recommend organisation as place to work	51%	54%	61%	65%	**56%**	59%	**56%**
q21d	If friend/relative needed treatment would be happy with standard of care provided by organisation	62%	63%	68%	71%	**64%**	66%	**64%**
q21e	Feel safe to speak up about anything that concerns me in this organisation	-	-	-	67%	**61%**	62%	61%
q21f	Feel organisation would address any concerns I raised	-	-	-	-	50%	50%	50%
q22a	I don't often think about leaving this organisation	-	43%	48%	48%	**42%**	43%	42%
q22b	I am unlikely to look for a job at a new organisation in the next 12 months	-	54%	58%	58%	**52%**	51%	52%
q22c	I am not planning on leaving this organisation	-	57%	63%	64%	**58%**	57%	58%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

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BACKGROUND INFORMATION

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work	-	-	-	69%	71%	71%	71%

Key: '' = suppressed, '-' = question not asked, Empty cell = No historic data*

Picker

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 combatting fraud.

The Acting Director of Finance is nominated to lead counter fraud work and is supported by the Trust's LCFS. We also have an appointed Counter Fraud Champion who assists in raising the profile of counter fraud work and has a detailed understanding of the risks that fraud poses to the Trust. The Acting Director of Finance, Fraud Champion and the LCFS work closely to ensure that our efforts to prevent, deter and detect fraud is fully coordinated and effective. During 2021/22 significant work has been carried out to identify and mitigate fraud risks and our fraud risk assessment is now firmly embedded within our risk management processes.

The NHS Counter Fraud Authority (NHSCFA) provides the national framework through which NHS Trusts seek to minimise losses through fraud. As of April 2021, the Trust is required to comply with the Government Functional Standard GovS 013: Counter Fraud (https://cfa.nhs.uk/government-functional-standard/NHS-requirements) initiated by the Cabinet Office. In our inaugural assessment the Trust has received an overall 'Green' rating and we continue to maintain our contractual obligations in regard to counter fraud compliance with our local Clinical Commissioning Groups.

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%. We also conducted a fraud awareness survey, with approx. 20% of our staff submitting responses. Significant assurance was gained to show that the Trust takes fraud seriously and that our staff can recognise various forms of fraud and cybercrime and would be prepared to report it.

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.

In addition to continuing to raise awareness of fraud against the NHS throughout the year, in November 2021 we also held a Fraud Awareness Month and the Trust was an official supporter of International Fraud Awareness Week in the same month. In the past year it was evident that criminals have used the pandemic to create new fraud risks and as such

during this event we formed a close liaison with the South Yorkshire Police Fraud and Cyber Crime Unit.

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 Acting 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 £2,516k (2020/21: £572k). This increase is a result of the ambitious capital project programme we have embarked upon.

Staff Exit packages for 2021/22

There were no staff exit packages agreed.

High paid and off pay-roll arrangements

For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2022	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 2021 and 31 March 2022, 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 2021 and 31 March 2022	0

Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
The number that were engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
The number that were reassessed for consistency/ assurance purposes during the year	0
The number that saw a change to IR35 status following the consistency review	0

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

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	14

Finance and Performance Committee

The remit of the committee is to provide assurance on the systems of control and governance specifically in relation to operational performance, workforce and financial planning and reporting.

Name	**Role**	**Meeting attendance**
Neil Rhodes – Chair	Non-executive Director	11 of 11
Rebecca Joyce	Chief Operating Officer*	6 of 11
Jon Sargeant	Director of Finance	10 of 11
Pat Drake	Non-executive Director	9 of 11
Kath Smart	Non-executive Director	9 of 11

* Left organisation in year.

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

- Provided assurance on:

- Current financial and operational performance
- Financial forecasts, budgets and plans in the light of trends and operational expectations
- Plans and processes for the implementation of Effectiveness and Efficiency Improvement plans
- Any specific risks in the Board Assurance Framework relevant to the committee.

- Reviewed and developed strategy in relation to clinical site development, estates and facilities, IT and information and finance
- Undertaken deep dives into key service areas, effectiveness and efficiency plans and areas of performance.

Quality and Effectiveness Committee

The 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	6 of 6
Sheena McDonnell	Non-executive Director	5 of 6
Mark Bailey	Non-executive Director	6 of 6
David Purdue	Chief Nurse and Deputy Chief Executive	5 of 6
Dr Tim Noble	Medical Director	5 of 6

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

- Provided assurance on:
  - The effectiveness of clinical governance, clinical risk management and clinical control
  - Compliance with Care Quality Commission standards
  - Adverse clinical incidents, complaints and litigation and examples of good practice and learning
  - Patient experience in terms of care, comments, compliments and complaints
  - Workforce matters including workforce planning, staff engagement, training, education and development, staff wellbeing, equality and diversity, employee relations and HR and OD systems and processes.

- Reviewed and developed strategy in relation to clinical site development, patient experience and person-centred-care, clinical governance, research and development, quality improvement and innovation, people and workforce development and communications and engagement

- Undertaken strategic discussions and deep dives into quality, governance and workforce related issues
- Carried out interrogations of key risks on the Trust's corporate risk register and board assurance framework
- Ensured that the Trust has reliable, up-to-date information about what it is like being a patient experiencing care administered by the Trust

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)	5 of 5
Kath Smart	Non-executive Director	5 of 5
Pat Drake	Non-executive Director	5 of 5
Mark Bailey	Non-executive Director	5 of 5
Karen Barnard	Director of People and Organisational Development	5 of 5
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:

- 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 2021/22 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 (ended 31.03.2022)	2 of 5
Beverley Marshall	Public – Doncaster (ended 21.09.2021)	1 of 2
David Goodhead	Public – Doncaster (ended 31.03.2022)	3 of 5
David Northwood	Public – Doncaster	3 of 5
Dennis Atkin	Public – Doncaster	4 of 5
Geoffrey Johnson	Public – Doncaster (ended 31.03.2022)	4 of 5
Hazel Brand	Public – Bassetlaw (Lead Governor) (ended 31.03.2022)	5 of 5
Jackie Hammerton	Public – Rest of England & Wales	1 of 5
Linda Espey	Public – Doncaster (ended 21.09.2021)	2 of 2
Linda Haglauer	Public – Doncaster (from 21.09.2021)	0 of 3
Lynne Logan	Public – Doncaster	5 of 5
Marc Bratcher	Public – Doncaster (from 21.09.2021)	0 of 3
Lynne Schuller	Public – Bassetlaw	3 of 3
Maria Jackson-James	Public – Rest of England & Wales	1 of 5
Mark Bright	Public – Doncaster	5 of 5
Mary Spencer	Public – Bassetlaw (ended 31.03.2022)	3 of 5
Michael Addenbrooke	Public – Doncaster (ended 31.03.2022)	1 of 5
Mick Muddiman	Public – Doncaster (from 21.09.2021)	2 of 3
Pauline Riley	Public – Doncaster	4 of 5

Peter Abell	Public – Bassetlaw	5 of 5
Philip Beavers	Public – Doncaster (ended 21.09.2021)	2 of 2
Sheila Walsh	Public – Bassetlaw (from 21.09.2021)	2 of 3
Steven Marsh	Public – Bassetlaw (ended 21.09.2021)	1 of 2
Susan McCreadie	Public – Doncaster (ended 31.03.2022)	4 of 5
Dr Vivek Panikkar	Staff – Medical and Dental	3 of 5
Duncan Carratt	Staff – Non-Clinical	5 of 5
Kay Brown	Staff – Non-Clinical	4 of 5
Sally Munro	Staff – Nurses and Midwives	0 of 5
Sophie Gilhooly	Staff – Other Healthcare	0 of 5
Mandy Tyrrell	Staff – Nurses and Midwives (ended 31.03.2022)	2 of 5
Ainsley MacDonnell	Partner – Nottinghamshire County Council	3 of 5
Alexis Johnson	Partner – Doncaster Deaf Trust	1 of 5
Anthony Fitzgerald	Partner – Doncaster CCG	0 of 5
Clive Tattley	Partner – Bassetlaw Community and Voluntary Services (ended 08.01.2022)	4 of 5
Jo Posnett	Partner – Sheffield Hallam University	4 of 5
Phil Holmes	Partner – Doncaster Council	4 of 5
Susan Shaw	Partner – Bassetlaw District Council	4 of 5

Tina Harrison	Partner – Doncaster College and University Centre	0 of 5
Victoria McGregor-Riley	Partner – Bassetlaw CCG	0 of 5
Wendy Baird	Partner – University of Sheffield	2 of 5

During the COVID pandemic these meetings were held virtually and format of meeting changed to presentations from all NEDS, Lead Governor, Chair and Chief Executive and interactive question and answer session in addition to statutory COG business, The executive directors were not required to attend all meetings unless the nature of the business conducted required their attendance in order for them to prioritise the operation service delivery of the business through this challenging time.

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	3 of 5
Mark Bailey	Non-executive Director	5 of 5
Richard Parker OBE	Chief Executive	4 of 5
Karen Barnard **	Director of People and Organisational Development	2 of 5
David Purdue **	Chief Nurse and Deputy Chief Executive	1 of 5

Jon Sargeant **	Director of Finance	2 of 5
Dr Tim Noble **	Medical Director (from 1 April 2021)	3 of 5
Rebecca Joyce **	Chief Operating Officer	2 of 5

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 2022, there were 14,977 members overall. An analysis of our current membership body is provided below:

	Number of members at 31st March 2022
Public Constituency	8,025
Doncaster	4,625
Bassetlaw	2,390

Rest of England and Wales	1,010
Staff Constituency	6,952
Nurses and Midwives	1,885
Non-clinical	2,110
Other healthcare professionals	2,227
Medical and Dental	730
Total	14,977

The Trust's current membership strategy is to improve the quality and quantity of member engagement with a focus on underrepresented groups rather than increasing the overall membership numbers.

The Trust held a virtual member event in June 2021, a DBTH Members' Lecture Series. The Trust debuted its very first lecture series, focused on the Trust's response to COVID-19 pandemic. 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 virtual magazine, Foundations for Health
- Working to ensure contested Governor Elections and improved member participation in the election process

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 sessions.
- 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.
- 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.
- Regular Governor updates by email.

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 on-going 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. 52).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	See Accountability Report (p.35); Remuneration Report (p.41); and Audit Committee section (p.53).
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. 97).
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.35).
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.36).
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	See Remuneration Report (p.41); and Council of Governors section (p.95).
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	See Accountability Report (p.35).

	commitments should be reported to the council of governors as they arise, and included in the next annual report.	
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.101).
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.52).
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.52).
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	See Governance Report (p.52)
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.109).
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.53).
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.53).
D.1.3	Where an NHS Foundation Trust releases an Executive Director, for example to serve as a Non-executive Director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	n/a.
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	See membership section (p.101).
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. 101).
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.101).

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 2022. 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 Teaching 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)
22 June 2022

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 2022 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 Acting 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, 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 2021/22 a review was reported on the design of the risk management framework, which resulted in a significant assurance with minor improvement opportunities rating. It also included a report on the operating effectiveness of the risk management framework, which resulted in a partial assurance with improvement opportunities rating. Nevertheless, the board is currently reviewing its risk management processes to bring a stronger focus on strategic and operational risks in 2022/23.

Other assurance comes from; NHS Improvement and 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 2021/22 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 - 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 2021/22 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:

- The ongoing challenges presented by COVID-19
- 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
- Failure to deliver and organisational development strategy that allows implementation of trust values
- Risks to patient flow due to external availability of care provision, which adversely affects patient experience
- Risks to patient both in terms of flow and communication as a result of the pathways relating to Infection, Prevention and Control measures

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 Non-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.

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 2021 to 31 March 2022 inclusive, and is based on the audits that were completed in this period, with one deferred to 2022/23 due to the impact of COVID-19.

In providing an opinion for the financial year, it is important to reflect on the environment in which the Trust has been required to function. The impact of the pandemic has continued during 2021/22 presenting significant challenges throughout the year. Organisations were

asked to work collaboratively across systems to meet priorities for the year. The system of internal control is designed to manage risk to a reasonable level rather than eliminate all risk of failure.

For the period 1 April 2021 to 31 March 2022 Internal Audit was able to provide an overall opinion of moderate assurance that there is a generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
In providing the opinion, Internal Audit considered three main areas outlined below:
Strategic risk management: moderate assurance

The Trust has reported the BAF to the Board throughout the year however acknowledges that further development is needed. The Trust has engaged external support to develop risk management arrangements.

Individual assignment outturn: significant assurance

Considering work completed by the previous Internal Auditors in the first six months of the year as well as work completed by new auditors in the latter six months, an overall significant assurance opinion is provided, though it should be noted that the following pieces of work received partial/limited assurance opinions and raised high risk issues but actions to address these have been received:

- Medicine Management
- Divisional Governance
- Data Quality

Follow up of internal audit actions: moderate assurance

The Trust's overall follow up implementation rate for the year is 84%. The Internal Audit opinion would normally be decided on first follow up rate (34%), and implementation of high risk and historic actions. However, this year the internal Auditors have taken into account circumstances including the change in internal audit provider mid-year, and the delay in obtaining previous actions and the impact of COVID-19.

Third-party assurances received by the Trust are also made available to Internal Audit and are taken into account in the final Internal Audit opinion

Progress in relation to the delivery of the Internal Audit Plan has been reported regularly to the Audit and Risk Committee.

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 SFIs, in March 2021.

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 2021/22, 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 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 the 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.

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
22 June 2022

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

Opinion

We have audited the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS
Foundation Trust for the year ended 31 March 2022 which comprise the Foundation Trust and Group's Statement of Comprehensive Income, the Foundation Trust and Group Statement of Financial Position, the Foundation Trust and Group Statement of Changes in Equity, the Foundation Trust and Group Statement of Cash Flows, and the related notes 1 to 45, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2021/22 HM Treasury's Financial Reporting Manual (the 2021/22 FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion the financial statements:

- give a true and fair view of the financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and of the Group as at 31 March 2022 and of Foundation Trust's and Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been properly prepared in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust and the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group or Foundation Trust's ability to continue as a going concern for a period of twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's and the Group's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the parts of the Remuneration and Staff report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;

- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of Accounting Officer's responsibilities set out on page 103 the chief executive is the Accounting Officer of Doncaster and Bassetlaw Teaching Hospitals NHS
Foundation Trust. The Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group and the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations of the group or the Foundation Trust, or have no realistic alternative but to do so.

As explained in the statement of the Statement of Accounting Officer's responsibilities, as the Accounting Officer of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, the Accounting Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the group and Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of

assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes, through enquiry of employees to verify Foundation Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue and expenditure, inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Foundation Trust's manual year end income and expenditure accruals, challenging assumptions and corroborating the income to appropriate evidence.

- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Foundation Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.

- To address our fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2022. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts 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.

Use of our report

This report is made solely to the Council of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun
for and on behalf of Ernst & Young LLP
Manchester
22 June 2022

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2022

Foreword to the accounts

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2022, 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 **22 June 2022**

Statement of Comprehensive Income

		Group		Trust	
		2021/22	2020/21	2021/22	2020/21
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	451,183	404,601	451,183	404,601
Other operating income	4	51,161	57,902	50,765	64,301
Operating expenses	7	(512,914)	(457,245)	(511,957)	(463,271)
Operating surplus/(deficit) from continuing operations		**(10,570)**	**5,258**	**(10,009)**	**5,631**
Finance income	12	318	278	25	11
Finance expenses	13	(282)	(336)	(282)	(336)
PDC dividends payable		(5,993)	(4,720)	(5,993)	(4,720)
Net finance costs		**(5,957)**	**(4,778)**	**(6,250)**	**(5,045)**
Other gains / (losses)	14	581	1,438	-	111
Corporation tax expense		(15)	(33)	-	-
(Deficit) / surplus for the year		**(15,961)**	**1,885**	**(16,259)**	**697**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Net Impairments	8	4,743	2,409	4,743	2,409
Revaluations		-	88	-	88
Total comprehensive income / (expense) for the period		**(11,218)**	**4,382**	**(11,516)**	**3,194**
Surplus/ (deficit) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(15,961)	1,885	(16,259)	697
TOTAL		**(15,961)**	**1,885**	**(16,259)**	**697**
Total comprehensive income/ (expense) for the period attributable to:					
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		(11,218)	4,382	(11,516)	3,194
TOTAL		**(11,218)**	**4,382**	**(11,516)**	**3,194**

Adjusted Financial Performance

(Deficit)/ surplus for the period for Trust	(16,259)	697
Surplus for the period for Wholly Owned Subsidiary	65	140
(Deficit) / surplus for the period for non-charity aspects of the Group	(16,194)	837
Add back all I&E impairments/(reversals)	18,775	4,902
Remove capital donations/grants I&E impact	112	(1,615)
Adjusted financial performance surplus	2,693	4,124

Statement of Financial Position

	Note	Group 31 March 2022 £000	Group 31 March 2021 £000	Trust 31 March 2022 £000	Trust 31 March 2021 £000
Non-current assets					
Intangible assets	17	9,990	9,370	9,990	9,370
Property, plant and equipment	18	234,696	225,459	234,696	225,459
Other investments / financial assets	22	9,323	8,741	550	550
Receivables	25	2,371	1,511	2,371	1,511
Total non-current assets		**256,380**	**245,081**	**247,607**	**236,890**
Current assets					
Inventories	24	7,888	7,022	7,411	6,501
Receivables	25	17,712	15,090	17,598	16,549
Cash and cash equivalents	28	47,316	52,085	46,440	50,947
Total current assets		**72,916**	**74,197**	**71,449**	**73,997**
Current liabilities					
Trade and other payables	29	(81,770)	(66,661)	(81,005)	(67,447)
Borrowings	31	(1,872)	(2,112)	(1,872)	(2,112)
Provisions	34	(579)	(637)	(579)	(637)
Other liabilities	30	(1,573)	(1,383)	(1,573)	(1,383)
Total current liabilities		**(85,794)**	**(70,793)**	**(85,029)**	**(71,579)**
Total assets less current liabilities		**243,502**	**248,485**	**234,027**	**239,308**
Non-Current liabilities					
Borrowings	31	(10,793)	(12,618)	(10,793)	(12,618)
Provisions	34	(3,306)	(2,170)	(3,306)	(2,170)
Total non-current liabilities		**(14,099)**	**(14,788)**	**(14,099)**	**(14,788)**
Total assets employed		**229,403**	**233,697**	**219,928**	**224,520**
Financed by					
Public dividend capital		235,793	228,869	235,793	228,869
Revaluation reserve		49,688	44,945	49,688	44,945
Income and expenditure reserve		(65,553)	(49,294)	(65,553)	(49,294)
Charitable fund reserves	44	9,271	9,038	-	-
Doncaster & Bassetlaw Healthcare Services Ltd	45	204	139	-	-
Total taxpayers' equity		**229,403**	**233,697**	**219,928**	**224,520**

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

Signed 

Date **22 June 2022**

Statement of Changes in Equity for the year ended 31 March 2022

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 2021	**228,869**	**44,945**	**(49,294)**	**9,038**	**139**	**233,697**
Surplus/(deficit) for the year	-	-	(16,259)	233	65	**(15,961)**
Net Impairments	-	4,743	-	-	-	**4,743**
Public dividend capital received	6,924	-	-	-	-	**6,924**
Taxpayers' and others' equity at 31 March 2022	**235,793**	**49,688**	**(65,553)**	**9,271**	**204**	**229,403**

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 for the year	-	-	697	1,048	140	**1,885**
Net Impairments	-	2,497	-	-	-	**2,497**
Revaluations - property, plant and equipment	-	(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 2022

Trust	Public dividend capital	Revaluation reserve	Income and expenditure	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021	**228,869**	**44,945**	**(49,294)**	**224,520**
(Deficit) for the year	-	-	(16,259)	**(16,259)**
Net Impairments	-	4,743	-	**4,743**
Public dividend capital received	6,924	-	-	**6,924**
Taxpayers' and others' equity at 31 March 2022	**235,793**	**49,688**	**(65,553)**	**219,928**

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 for the year	-	-	697	**697**
Other reserve movements - charitable fund consolidation adjustment	-	(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**

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 2021/22 £000	Group 2020/21 £000	Trust 2021/22 £000	Trust 2020/21 £000
Cash flows from operating activities					
Operating surplus / (deficit)		(10,570)	5,258	(10,009)	5,631
Non-cash income and expense:					
Depreciation and amortisation	7.1	11,694	9,828	11,694	9,828
Net impairments	8	18,775	4,902	18,775	4,902
Income recognised in respect of capital donations	4	(347)	(2,038)	(347)	(2,038)
(Increase) / decrease in receivables and other assets		(3,157)	8,651	(1,909)	9,552
(Increase) in inventories		(866)	(385)	(910)	(666)
Increase in payables and other liabilities		13,618	14,038	12,611	11,933
Increase in provisions		1,100	233	1,078	233
Movements in charitable fund working capital		544	6	-	-
Corporation tax (paid)		(15)	-	-	-
Other movements in operating cash flows		292	156	347	-
Net cash flows from / (used in) operating activities		**31,068**	**40,649**	**31,330**	**39,375**
Cash flows from investing activities					
Interest received		25	11	25	11
Purchase of intangible assets		(2,241)	(3,956)	(2,241)	(3,956)
Purchase of non-current assets and investment property		(31,858)	(30,526)	(31,858)	(29,134)
Sales of non-current assets and investment property		-	454	-	454
		(34,074)	**(34,017)**	**(34,074)**	**(32,625)**
Cash flows from financing activities					
Public dividend capital received		6,924	91,681	6,924	91,681
Movement on loans from DHSC		(2,056)	(73,025)	(2,056)	(73,025)
Interest on loans		(313)	(562)	(313)	(562)
PDC dividend (paid)		(6,318)	(4,720)	(6,318)	(4,720)
Net cash flows from / (used in) financing activities		**(1,763)**	**13,374**	**(1,763)**	**13,374**
(Decrease) / increase in cash and cash equivalents		**(4,769)**	**20,006**	**(4,507)**	**20,124**
Cash and cash equivalents at 1 April - brought forward		**52,085**	**32,079**	**50,947**	**30,823**
Cash and cash equivalents at 31 March	28	**47,316**	**52,085**	**46,440**	**50,947**

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 2021/22 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 assessment has been made for the period to the end of June 2023 and 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 £46.4m cash in the bank
- The Trust has delivered a surplus in both 2020/21 and 2021/22
- There are no licence conditions in place on the Trust from its regulatory body.
- Services will still need to be provided for people in the locations which the Trust serves.

Planning for 2022/23 indicates that the Trust will be in a significant deficit, of c. £25m, and this, coupled with significant capital expenditure plans means that there will be pressures on cash in the short to medium term. Directors have considered the impact of the COVID pandemic, Brexit and projected inflationary increases in the reasonable downside scenario. However, the Trust has the support of local Commissioners with regards to its financial and clinical plans and has considered whether in the short to medium term, there would be the need to obtain support from central government bodies or pause any capital spending plans.
It is not likely that the Trust will need to take extreme action or require external funding in order to remain liquid in the Going concern period.

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 main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. 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 also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Note 1.4.1 Revenue from contracts with customers (cont.)

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Note 1.4.2 Revenue grants and other contributions to expenditure

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

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider 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 are measured subsequently at valuation. 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 and where they do not meet the definitions of investment properties or assets held for sale.

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.

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	8	57
Dwellings	24	28
Plant & machinery	7	17
Transport equipment	9	9
Information technology	7	12
Furniture & fittings	9	10

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	7	12

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 and 2021/22, 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 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. Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

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

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

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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 are discounted using HM Treasury's pension discount rate of negative 1.30% (2020-21: negative 0.95%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

A nominal short-term rate of 0.47% (2020-21: minus 0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

A nominal medium-term rate of 0.70% (2020-21: 0.18%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

A nominal long-term rate of 0.95% (2020-21: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

A nominal very long-term rate of 0.66% (2020-21: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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 the following rates:

Year 1: 4% (prior year: 1.2%)
Year 2: 2.6% (prior year: 1.6%)
Into perpetuity: 2% (Prior year: 2%)

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 where an inflow of economic benefits is probable. There are no such contigent assets.

Contingent liabilities are not recognised, but are disclosed in note 35, 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 operates a Wholly Owned Subsidiary, 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. 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. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s FReM.

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. The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

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 desktop property revaluation exercise as at 31 December 2021, 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 2021/22.

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 2021-22. 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 2022. 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 0.95% 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.

On 1st April 2022, the Trust is expected to recognise assets of £5.52m, with an equal and offsetting amount within lease liabilities.

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 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)	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income	405,861	363,363
High cost drugs income from commissioners (excluding pass-through costs)	24,067	19,461
Other NHS clinical income	102	258
Community services		
Income from other sources (e.g. local authorities)	3,904	3,578
All services		
Private patient income	1,176	740
Elective Recovery Fund	3,704	-
Additional pension contribution central funding	11,405	11,133
Other clinical income	964	6,068
Total income from activities	**451,183**	**404,601**

The increase in patient care activity income is as a result of an increase in clinical activities as a result of Covid-19 affecting the number of treatments being able to be performed during 2020/21.

Note 3.2 Income from patient care activities (by source)

	2021/22	2020/21
Income from patient care activities received from:	**£000**	**£000**
NHS England	43,029	44,419
Clinical commissioning groups	401,357	354,681
NHS Foundation Trusts	53	6
NHS Trusts	12	-
NHS other	90	-
Local authorities	3,904	3,578
Non-NHS: private patients	765	183
Non-NHS: overseas patients (chargeable to patient)	411	557
Injury cost recovery scheme	1,390	1,046
Non NHS: other	172	131
Total income from activities	**451,183**	**404,601**
Of which:		
Related to continuing operations	451,183	404,601
Related to discontinued operations	-	-

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

Income by Clinical Commissioning Group	2021/22	2020/21
South Yorkshire and Bassetlaw Integrated Care System (ICS)	**£000**	**£000**
Doncaster CCG	275,511	240,599
Bassetlaw CCG	78,493	77,271
Rotherham CCG	10,306	10,108
Barnsley CCG	5,578	5,470
Sheffield CCG	12,191	1,237
Non South Yorkshire and Bassetlaw ICS CCGs	19,278	19,996
	401,357	**354,681**

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

	2021/22	2020/21
	£000	**£000**
Income recognised this year	411	557
Cash payments received in-year	47	72
Amounts added to provision for impairment of receivables	555	448
Amounts written off in-year	47	191

Note 4 Other operating income (Group)

	2021/22	2020/21
	£000	**£000**
Research and development (contract)	567	632
Education and training (including notional apprenticeship levy income)	14,155	13,449
Non-patient care services to other bodies	28,787	23,062
Reimbursement and top-up income	3,808	12,292
Other contract income	1,087	404
Education and training - notional income from apprenticeship fund	989	765
Rental revenue from operating leases	420	232
Donations/grants of physical assets (non-cash) - received from other bodies	203	20
Donated equipment from DHSC for COVID response (non-cash)	-	2,018
Donated equipment from NHSE for COVID response (non-cash)	144	-
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	698	4,448
Charitable fund incoming resources	303	476
Total other operating income	**51,161**	**57,902**
Of which:		
Related to continuing operations	51,161	57,902
Related to discontinued operations	-	-

Non-patient care services to other bodies includes activities such as Lead Unit staff recharges to other NHS organisations. As a result of a change in National Framework in 2021/22, the level of top-up income dropped in year.

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

In both 2020/21 and 2021/22, there was no revenue recognised in the reporting period that was included in within contract liabilities at the previous period end and no revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods.

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2022	31 March 2021
	£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 at both 31st March 2021 and 31st March 2022, 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:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	451,183	404,601
Income from services not designated as commissioner requested services	51,161	57,902
Total	**502,344**	**462,503**

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 2021/22 or 2020/21.

Note 7.1 Operating expenses (Group)

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,587	5,459
Purchase of healthcare from non-NHS and non-DHSC bodies	15,106	5,867
Staff and executive directors costs	322,924	306,109
Remuneration of non-executive directors	130	135
Supplies and services - clinical (excluding drugs costs)	35,987	27,986
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	698	4,448
Supplies and services - general	5,319	7,686
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)	41,146	33,724
Consultancy costs	2,530	560
Establishment	3,572	2,555
Premises	17,885	18,901
Transport (including patient travel)	1,662	1,137
Depreciation on property, plant and equipment	10,095	8,848
Amortisation on intangible assets	1,599	980
Net impairments	18,775	4,902
Movement in credit loss allowance: contract receivables / contract assets	32	1,911
Increase in other provisions	446	363
Change in provisions discount rate(s)	(40)	(60)
Audit fees payable to the external auditor		
audit services- statutory audit	144	98
other auditor remuneration (external auditor only)	43	18
Internal audit costs	106	100
Clinical negligence	16,565	15,448
Legal fees	552	212
Insurance	282	282
Research and development	406	391
Education and training	6,540	5,777
Rentals under operating leases	1,301	1,428
Car parking & security	2,564	849
Losses, ex gratia & special payments	14	5
Other NHS charitable fund resources expended	944	1,022
Total	**512,914**	**457,245**
Of which:		
Related to continuing operations	512,914	457,245
Related to discontinued operations	-	-

Note 7.2 Other auditor remuneration (Group)

	2021/22	2020/21
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	43	18
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	**43**	**18**

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2,000k (2020/21: £2,000k).

Note 8 Impairment of assets (Group)

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	18,775	4,902
Total net impairments charged to operating surplus / deficit	**18,775**	**4,902**
Impairments (and reversals) of property, plant and equipment charged to the revaluation reserve	(4,743)	(2,409)
Total net impairments	**14,032**	**2,493**

The impairments in 2020/21 and 2021/22 arose due to a revaluation exercise on certain buildings under the modern equivalent asset basis.

Note 9 Employee benefits (Group)

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	235,427	232,301
Social security costs	23,677	21,833
Apprenticeship levy	1,190	1,074
Employer's contributions to NHS pensions	26,049	25,390
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	11,405	11,133
Pension cost - other	125	116
Temporary staff (including agency and external bank)	29,534	18,641
Total gross staff costs	**327,407**	**310,488**
Recoveries in respect of seconded staff	-	-
Total staff costs	**327,407**	**310,488**
Of which		
Costs capitalised as part of assets	441	546
Disclosed within:		
Staff and executive directors costs	322,924	306,109
Research and development	406	391
Education and training	3,636	3,442
	326,966	**309,942**

Note 9.1 Retirements due to ill-health (Group)

During 2021/22 there were 5 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £297k (£272k in 2020/21). 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially 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.

HMT published valuation directions dated 7 October 2021 that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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.

	2021/22	2020/21
	£000	£000
Operating lease revenue		
Minimum lease receipts	420	232
Contingent rent	-	-
Other	-	-
Total	**420**	**232**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	397	232
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**397**	**232**

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.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	1,301	1,428
Total	**1,301**	**1,428**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	362	601
- later than one year and not later than five years;	68	137
- later than five years.	-	-
Total	**430**	**738**
Future minimum sublease payments to be received	-	-

Note 12 Finance income (Group)

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

	2021/22	2020/21
	£000	£000
Interest on bank accounts	25	11
NHS charitable fund investment income	293	267
Total finance income	**318**	**278**

Note 13.1 Finance expenditure (Group)

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

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	304	347
Total interest expense	**304**	**347**
Unwinding of discount on provisions	(22)	(11)
Total finance costs	**282**	**336**

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

	2021/22	2020/21
	£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 (Group)

	2021/22	2020/21
	£000	£000
Gains on disposal of property, plant and equipment	-	111
Gains / (losses) on charitable fund investment revaluations	581	1,327
Total gains on disposal of assets	**581**	**1,438**
Total other gains	**581**	**1,438**

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 (£15,838k) (2020/21: £697k). The Trust's total comprehensive income/(expense) for the period was (£11,516k) (2020/21: £3,194k).

Note 16 Discontinued operations (Group)

The Trust does not have any operations that are classified as discontinued in the year ended 31st March 2022.

Note 17.1 Intangible assets - 2021/22

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021	**19,048**	**27**	**19,075**
Additions	2,241	-	**2,241**
Reclassifications	1,150	-	**1,150**
Valuation / gross cost at 31 March 2022	**22,439**	**27**	**22,466**
Amortisation at 1 April 2021	**9,705**	**-**	**9,705**
Provided during the year	1,599	-	**1,599**
Reclassifications	1,172	-	**1,172**
Amortisation at 31 March 2022	**12,476**	**-**	**12,476**
Net book value at 31 March 2022	**9,963**	**27**	**9,990**
Net book value at 1 April 2021	**9,343**	**27**	**9,370**

Note 17.2 Intangible assets - 2020/21

Group and Trust	Software licences	Other (purchased)	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020	**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	**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 18.1 Property, plant and equipment - 2021/22

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 2021	**8,510**	**190,565**	**3,179**	**51,792**	**250**	**13,590**	**5,182**	**273,068**
Additions	-	25,547	-	5,657	-	1,599	192	**32,995**
Additions - donations of physical assets (non-cash)	-	-	-	203	-	-	-	**203**
Additions - donations of physical assets (non-cash)	-	-	-	144	-	-	-	**144**
Impact of revaluations/impairments	180	(19,622)	(526)	-	-	-	-	**(19,968)**
Reclassifications	-	-	-	-	-	(1,150)	-	**(1,150)**
Valuation/gross cost at 31 March 2022	**8,690**	**196,490**	**2,653**	**57,796**	**250**	**14,039**	**5,374**	**285,292**
Accumulated depreciation at 1 April 2021	**-**	**1,445**	**28**	**31,851**	**223**	**9,749**	**4,313**	**47,609**
Provided during the year	-	5,568	116	2,836	5	1,156	414	**10,095**
Impact of revaluations/impairments	-	(5,810)	(126)	-	-	(1,172)	-	**(7,108)**
Accumulated depreciation at 31 March 2022	**-**	**1,203**	**18**	**34,687**	**228**	**9,733**	**4,727**	**50,596**
Net book value at 31 March 2022	**8,690**	**195,287**	**2,635**	**23,109**	**22**	**4,306**	**647**	**234,696**
Net book value at 1 April 2021	**8,510**	**189,120**	**3,151**	**19,941**	**27**	**3,841**	**869**	**225,459**

Note 18.2 Property, plant and equipment - 2020/21 - 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
Valuation / gross cost at 1 April 2020	**8,510**	**182,240**	**3,448**	**58,919**	**440**	**26,828**	**6,598**	**286,983**
Prior period adjustment	-	326	-	(17,219)	(190)	(15,259)	(1,549)	**(33,891)**
Valuation / gross cost at 1 April 2020 - restated	**8,510**	**182,566**	**3,448**	**41,700**	**250**	**11,569**	**5,049**	**253,092**
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**	**190,565**	**3,179**	**51,792**	**250**	**13,590**	**5,182**	**273,068**
Accumulated depreciation at 1 April 2020	**-**	**5,873**	**384**	**46,403**	**332**	**23,929**	**5,913**	**82,834**
Prior period adjustment	-	-	-	(17,037)	(109)	(14,934)	(1,811)	**(33,891)**
Accumulated depreciation at 1 April 2020 - restated	**-**	**5,873**	**384**	**29,366**	**223**	**8,995**	**4,102**	**48,943**
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**	**31,851**	**223**	**9,749**	**4,313**	**47,609**
Net book value at 31 March 2021	**8,510**	**189,120**	**3,151**	**19,941**	**27**	**3,841**	**869**	**225,459**
Net book value at 1 April 2020 - restated	**8,510**	**176,693**	**3,064**	**12,334**	**27**	**2,574**	**947**	**204,149**

The prior period adjustment relates to a data cleanse exercise that took place when a new fixed asset register system was implemented. This identified that the gross cost and accumulated depreciation lines had not been adjusted for assets no longer in use and were therefore overstated in the prior year. There is a nil net effect on asset valuations as it related to the recognition of fully depreciated assets. This has no impact on the Statement of Comprehensive Income.

Note 18.3 Property, plant and equipment financing - 2021/22

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 2022								
Owned - purchased	8,690	195,287	2,635	20,141	22	4,295	647	**231,717**
Owned - equipment donated from DHSC and NHS England for Covid response	-	-	-	1,650	-	-	-	**1,650**
Owned - donated/granted	-	-	-	1,318	-	11	-	**1,329**
NBV total at 31 March 2022	**8,690**	**195,287**	**2,635**	**23,109**	**22**	**4,306**	**647**	**234,696**

Note 18.4 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	189,120	3,151	16,605	27	3,826	869	**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**	**189,120**	**3,151**	**19,941**	**27**	**3,841**	**869**	**225,459**

Note 19 Donations of property, plant and equipment

Doncaster & Bassetlaw Teaching Hospitals Foundation Trust has received donated assets totalling £347k in 2021/22. In 2020/21, donated assets totalling £2,038k were received, £2,018k of which 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 last commissioned a full valuation of its land and buildings as at 31st December 2020, which was undertaken by Cushman & Wakefield.

In 2020/21 and 2021/22, 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	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**8,741**	**7,303**	**550**	**550**
Acquisitions in year	1,567	1,427	-	-
Movement in fair value through income and expenditure	581	1,327	-	-
Disposals	(1,566)	(1,316)	-	-
Carrying value at 31 March	**9,323**	**8,741**	**550**	**550**

The Group investments relate to investments made by Doncaster & Bassetlaw Teaching Hospitals Charitable Funds as part of a diverse investment portfolio.

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 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Drugs	3,048	2,758	2,571	2,237
Consumables	4,840	4,249	4,840	4,249
Energy	-	15	-	15
Total inventories	**7,888**	**7,022**	**7,411**	**6,501**

Inventories recognised in expenses for the year were £53,885k (2020/21: £46,834k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £0k).

The increase in expenditure recognised is as a result of the increase in activity in 2021/22 due to the impact of Covid-19 on 2020/21 activities.

Note 25.1 Receivables

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Contract receivables	13,225	11,584	12,999	13,528
Allowance for impaired contract receivables / assets	(1,812)	(1,945)	(1,812)	(1,945)
Prepayments (non-PFI)	1,630	2,945	1,630	2,945
PDC dividend receivable	329	4	329	4
VAT receivable	4,301	2,502	4,301	2,017
Clinician pension tax provision reimbursement funding from NHSE	39	-	39	-
Other receivables	-	-	112	-
Total current receivables	**17,712**	**15,090**	**17,598**	**16,549**
Non-current				
Contract receivables	2,880	3,042	2,880	3,042
Clinician pension tax provision reimbursement funding from NHSE	1,047	-	1,047	-
Allowance for impaired contract receivables / assets	(1,556)	(1,531)	(1,556)	(1,531)
Total non-current receivables	**2,371**	**1,511**	**2,371**	**1,511**
Of which receivable from NHS and DHSC group bodies:				
Current	6,345	7,273	6,345	7,273
Non-current	1,047	-	1,047	-

Note 25.2 Allowances for credit losses

	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 2021 - brought forward	**3,476**	**-**	**3,476**	**-**
New allowances arising	181	-	181	**-**
Reversals of allowances (where receivable is collected in-year)	(149)	-	(149)	**-**
Utilisation of allowances	(140)	-	(140)	**-**
Allowances as at 31 Mar 2022	**3,368**	**-**	**3,368**	**-**

	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 (write offs)	(785)	-	(785)	
Allowances as at 31 Mar 2021	**3,476**	**-**	**3,476**	**-**

Note 26 Other assets

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

Note 27 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	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
At 1 April	**52,085**	**32,079**	**50,947**	**30,823**
Net change in year	(4,769)	20,006	(4,507)	20,124
At 31 March	**47,316**	**52,085**	**46,440**	**50,947**
Broken down into:				
Cash at commercial banks and in hand	658	444	54	34
Cash with the Government Banking Service	46,658	51,641	46,386	50,913
Total cash and cash equivalents as in SoFP and SOCF	**47,316**	**52,085**	**46,440**	**50,947**

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 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Trade payables	15,881	9,255	15,881	10,092
Capital payables	11,510	10,373	11,510	10,373
Accruals	37,979	32,320	37,791	32,320
Annual leave accrual	5,115	5,119	5,115	5,119
Social security costs	6,685	5,809	6,685	5,809
Other taxes payable	15	33	-	-
Other payables	4,023	3,734	4,023	3,734
NHS charitable funds: trade and other payables	562	18	-	-
Total current trade and other payables	**81,770**	**66,661**	**81,005**	**67,447**
Of which payables from NHS and DHSC group bodies:				
Current	6,509	5,280	6,509	5,280
Non-current	-	-	-	-

The level of 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 2022	31 March 2022	31 March 2021	31 March 2021
	£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 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	1,573	1,383	1,573	1,383
Total other current liabilities	**1,573**	**1,383**	**1,573**	**1,383**

Note 31 Borrowings

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Current				
Loans from DHSC	1,872	2,112	1,872	2,112
Total current borrowings	**1,872**	**2,112**	**1,872**	**2,112**
Non-current				
Loans from DHSC	10,793	12,618	10,793	12,618
Total non-current borrowings	**10,793**	**12,618**	**10,793**	**12,618**

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 2021	**14,730**	**-**	**-**	**14,730**
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,056)	-	-	**(2,056)**
Financing cash flows - payments of interest	(313)	-	-	**(313)**
Non-cash movements:				**-**
Application of effective interest rate	304	-	-	**304**
Carrying value at 31 March 2022	**12,665**	**-**	**-**	**12,665**

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 - restated

Group & Trust	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	2019/20 clinicians' pension reimbursement	Lease Dilapidations	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2021	**1,201**	**1,190**	**178**	**-**	**238**	**2,807**
Change in the discount rate	(27)	(13)	-	-	-	**(40)**
Arising during the year	101	53	274	1,086	-	**1,514**
Utilised during the year	(84)	(131)	(82)	-	-	**(297)**
Reversed unused	-	(35)	(42)	-	-	**(77)**
Unwinding of discount	(11)	(11)	-	-	-	**(22)**
At 31 March 2022	**1,180**	**1,053**	**328**	**1,086**	**238**	**3,885**
Expected timing of cash flows:						
- not later than one year;	84	128	328	39	-	**579**
- later than one year and not later than five years;	348	523	-	46	238	**1,155**
- later than five years.	748	402	-	1,001	-	**2,151**
Total	**1,180**	**1,053**	**328**	**1,086**	**238**	**3,885**

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 (2021/22: £1,180k, 2020/21: £1,201k) and Pensions: injury benefits (2021/22: £1,053k, 2020/21: £1,190K) 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.

2019/20 clinicians' pension reimbursement relates to where the Trust makes good any tax incurred relating to clinicians' pensions through their work in the NHS. This is funded via NHS England, which can be seen by an equal and opposite entry within Receivables.

Note 34.2 Clinical negligence liabilities

At 31 March 2022, £319,033k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (31 March 2021: £231,942k).

Note 35 Contingent assets and liabilities

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Value of contingent liabilities				
NHS Resolution legal claims	86	92	86	92
Gross value of contingent liabilities	**86**	**92**	**86**	**92**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**86**	**92**	**86**	**92**

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 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Property, plant and equipment	1,796	989	1,796	989
Total	**1,796**	**989**	**1,796**	**989**

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.

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Currency risk

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

Credit risk

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

The carrying amount of financial assets represents the maximum credit exposure. Therefore the maximum exposure to credit risk at the reporting date for the Group was £70,462k (2020/21: £71,341k), 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 2022 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	13,823	-	-	**13,823**
Cash and cash equivalents	47,316	-	-	**47,316**
Consolidated NHS Charitable fund financial assets	-	9,323	-	**9,323**
Total at 31 March 2022	**61,139**	**9,323**	**-**	**70,462**

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 2022 under IFRS 9	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	13,709	-	-	**13,709**
Cash and cash equivalents	46,400	-	-	**46,400**
Total at 31 March 2022	**60,109**	**-**	**-**	**60,109**

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 2022 under IFRS 9			
Loans from the Department of Health and Social Care	12,665	-	**12,665**
Trade and other payables excluding non financial liabilities	78,393	-	**78,393**
Consolidated NHS charitable fund financial liabilities	562	-	**562**
Total at 31 March 2022	**91,620**	**-**	**91,620**

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**

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 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
In one year or less	77,521	63,568	77,521	63,568
In more than one year but not more than five years	4,589	5,650	4,589	5,650
In more than five years	9,352	9,141	9,352	9,141
Total	**91,462**	**78,359**	**91,462**	**78,359**

Note 40 Losses and special payments - restated

	2021/22		2020/21	
Group and Trust	number of cases	value of cases	number of cases	value of cases
	Number	£000	Number	£000
Total losses - bad debts	**51**	**64**	**182**	**238**
Special payments				
Compensation under court order or legally binding arbitration award	14	63	17	55
Ex-gratia payments	16	14	10	5
Overtime corrective payments	-	-	1	949
Special severance payments	-	-	1	48
Total special payments	**30**	**77**	**29**	**1,057**
Total losses and special payments	**81**	**141**	**211**	**1,295**

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

Overtime corrective payments relate to a nationally agreed scheme for members of staff who perform a certain level of overtime, and as such, are subsequently eligible for payments relating to additional annual leave. The scheme is a collective scheme and relates to a number of members of staff.

Note 41 Gifts

In 2021/22, the Trust made a non-contractual "Thank You" payment to all members of staff for their efforts during the Covid-19 pandemic. This is recongised within Staff Costs and totalled £1.4m, including employers National Insurance costs.

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.

Note 42 Related parties

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

	2022 Receivables £000	2021 Receivables £000
Other NHS bodies	5,977	7,269
Other bodies (including WGA bodies)	4,305	2,502
	10,282	**9,771**

	31 March 2022 Payables £000	31 March 2021 Payables £000
Other NHS bodies	6,473	5,281
Other bodies (including WGA bodies)	11,976	9,280
	18,449	**14,561**

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

	2021/22	2020/21
	Total Funds	
	£000	£000
Incoming resources	303	476
Resources expended	(944)	(1,022)
Net outgoing resources	**(641)**	**(546)**
Investment Income	293	267
Gains on revaluation and disposal of investment assets	581	1,327
Net movement in funds	**233**	**1,048**
Fund balances at 1 April	9,038	7,990
Fund balances at 31 March	**9,271**	**9,038**

	2021/22	2020/21
	Total Funds	
	£000	£000
Investment assets	9,323	8,741
Cash	604	410
Current liabilities	(656)	(113)
Total net assets	**9,271**	**9,038**

	2022	2021
	£000	£000
Unrestricted income funds	2,630	2,635
Other restricted income funds	6,641	6,403
	9,271	**9,038**

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

	2021/22	2020/21
	£000	£000
Incoming resources	9,059	7,525
Resources expended	(8,994)	(7,385)
Net outgoing resources	**65**	**140**

	2021/22	2020/21
	£000	£000
Current assets	2,199	1,844
Cash	272	728
Current liabilities	(1,717)	(1,883)
Total net assets	**754**	**689**
Share Capital	550	550
Income & Expenditure reserve	204	139
Total net assets	**754**	**689**

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust